

BEHAVIORAL HEALTH ADVISORY BOARD
General Meeting

Monday, February 27, 2023, 1:00PM – 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=bE43OUJqRHhHa0ExSIR5L1VLMWMyQT09>

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 January 23, 2023 Minutes – **ACTION** (Roll Call)
- VI. The Brown Act *New Normal* – Discussion
- VII. Public Comments (3 min. per speaker)
- VIII. Chair Comments (10 min.)
- IX. Director’s Report – Scott Gilman (10 min.)
- X. Board Member Comments and Announcements (10 min.)
- XI. Secretary’s Report / Announcements – Janis Gardner (10 min.)
- XII. BHAB Committee Reports (5 min each)
 - A. Disparities Reduction Committee (November 1 & January 3) – Marlen Torres, Chair
 - B. Adult Services Committee (January 5) – Gane Brooking & Chris Tejada, Co-Chairs
 - C. Prevention Committee (January 10) – Janis Gardner, Chair
 - D. Youth & Family Committee (February 8) – Kevin Clerici, Chair
 - E. Transitional Age Youth (TAY) Committee (February 15) – Elizabeth R. Stone, Chair
- XIII. Presentation: Peer Support: Values, Funding and Next Steps –Elizabeth R. Stone (20 minutes)
- XIV. Old Business
 - A. Needs Assessment – Status Update – Michael Rodriguez, Chair (5 min.)
 - B. Site Visits Resumption – Announcement/Request for site visits – Michael Rodriguez, Chair (10 min.)

XV. New Business

- A. Brown Act Public Emergency Allowances / Teleconferences – Requirements for Local Boards and Commissions – Continue to Meet Remotely or Via a Hybrid Remote/In-Person Model – Michael Rodriguez, Chair – **ACTION** (Roll Call) (5min.)
- B. Annual Report Workgroup – **ACTION** (Roll Call)
- C. Ombudsman Workgroup Report – Liz Warren (20 minutes)
- D. Presentation Requests
- E. Recognition Award Recommendations

XVI. Contracts

The Board of Supervisors did not approve any relevant agreements during this period.

XVII. Public Comments (3 min. per speaker)

XVIII. Adjourn

Next Meeting: Monday, March 20th, 2023

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.

Director's Update

BHAB General Meeting 2.27.2023

General Updates:

- General updates will be provided at the meeting.

Access and Outreach Division:

- A&O continues to evolve as a Division and finding ways to streamline processes to allow for a smoother transition to appropriate care for individuals and families that are reaching out for care. We continue to collaborate with our local schools and attend events within the community to provide awareness of mental health and how to access appropriate care.

Adult Services Division:

- VCBH in partnership Oasis Healthcare LLC and Many Mansions submitted an application for Round 5 of the Behavioral Health Continuum Infrastructure Plan (BHCIP) funding on 2/13/23. The requested amount was revised down to \$19.75M to help fund the construction of a 120-beds mental health rehabilitation center in Camarillo. Letters of support from various partners (i.e., elected representatives, other county agencies, etc.), including the BHAB are being collected for submission. BHCIP's Round 5 is focused on "Crisis and Behavioral Health Continuum" with \$480M of available funding. Announcements of awards are expected to take two months from the time of submission.
- A draft outline of the MHSA Three-Year Plan is being prepared for public posting. It is based on the input gathered during the community planning process and will allow for additional community input prior to the development of the final plan.

Youth and Family (Y&F) Services Division:

Division Highlights

- Beginning February 2023, Y&F Division Chief and Senior Manager will be visiting all Y&F teams in-person. This will be an opportunity to provide updates, engage in dialogue and receive feedback from direct service staff. The first session was held on Feb. 14 at the Simi Valley Y&F Team meeting.

Initiatives and Progress

- VCBH has contracted an eating disorder (ED) certified Dietician that will provide enhanced ED services to clinically appropriate clients diagnosed with an ED.

- VCBH and AB2083 partners are planning the next phase of Integrated Core Practice Model (ICPM) implementation for our county agencies and partners. In March there will be a Train the Trainers training and in April two cohorts of interagency staff will be trained in ICPM.

Collaborations

- VCBH participated in the Court Appointed Special Advocates (CASA) Juvenile Dependency panel on January 26, 2023. This is an opportunity for new CASA workers to learn about Child Welfare, Mental Health Services and Court requirements for youth in dependency.
- Y&F Management attending the quarterly Crisis Intervention Trained (CIT) Stakeholder meeting on Jan. 26, 2023. This is an opportunity to collaborate with countywide Law Enforcement, hospitals, and other community crisis partnerships on behalf of clients that utilize these services.

Training & Conferences

- n/a

Substance Use Services (SUS) Division:

Prevention:

1. **Mobile billboards—LED Trucks launched in February expanding Fentanyl is Forever Campaign:** Featured this month are attention-grabbing LED trucks which serve as mobile billboards with both static and dynamic content (still images and, when parked, PSA videos) to inform residents about the risks of using any illegal drug and linking to resources.



LED truck with prevention media in Santa Paula. Routes throughout county.

- Trucks are out 6 days per week, reaching roadways and destinations across Ventura County.
- Drivers have a supply of resource materials in Spanish and English to share if approached by residents.
- www.FentanylVenturaCounty.org

2. OD Prevention Staff to present at Southern California Regional Partnership – Pomona 3/7/23

Dan Hicks, Ashley Nettles and Brad Friday will be representing VCBH SUS Prevention in March at this regional meeting for health professionals from all over So Cal, sharing our local experience. Based upon our use of data and outreach to vulnerable populations, VCBH was asked to present.

3. National Fentanyl Awareness Day March 9th

In collaboration with the Ventura County Sheriff’s Office, the County Office of Education, local school districts, and multiple community-based organizations, Prevention Services is hosting and producing a Fentanyl education event called “Fake Pills, Real Danger” for all secondary schools and shared in classrooms county-wide on this date.

In addition, the first floor of the Hall of Administration will feature a fentanyl awareness display encouraging visitors and employees alike to learn about the risks and prevent tragedy.

Treatment Services:

- Department of Health Care Services is conducting annual monitoring of VCBH Substance Use Services. The audit is reviewing for compliance in our interagency agreements, state and federal regulations with respect to DMC ODS and Substance Use Block Grant (SABG) services. Submissions for the review were submitted in early January and the virtual on-site review is scheduled for March 2023.
- New SUD Residential and Withdrawal Management:
 - Our developer partners at Jackson House have received approvals to move forward with construction of the in-county Substance Use Disorder Residential/Withdrawal Management facility. This will bring us 29 in-county residential (ASAM levels 3.1, 3.3, and 3.5)/withdrawal management (ASAM-WM 3.2) beds. They anticipate completion in December 2023/January 2024. This will be in addition to the efforts at VCMC for the higher-level hospital-based withdrawal management services (ASAM 3.7 and 4.0) and will allow for step-down placement after the medically managed withdrawal management at the hospital.
- Aegis Oxnard location has been awarded the State Opioid Response -3 grant to assist in the opioid epidemic in Ventura County. This grant period is from Jan 1, 2023 to June 30, 2024. The goal of this grant is to break down the barriers in place to access MAT. Aegis will be able to help patients in Ventura and surrounding Counties by:
 - Access MAT at \$0 to them. This means we can cover patients who are uninsured, undocumented, and underinsured (high share of costs, deductibles, co pays) MediCal is still the first resort if they are eligible as MediCal will cover MAT at 100%.
 - Access to transportation aid to get to and from our treatment center

**If a patient is closer to one of our other Aegis locations, they we can assist in a courtesy dose to those locations so that the patient can access the grant funds but still receive treatment at their preferred location.

March 2023 Trauma-Informed Treatment for Men training for all SUS Treatment and DUI staff:

TOPIC: Helping Men Recover

PRESENTER: Dan Griffin

WHEN: March 8, March 9, March 20 and March 21, 2023

9:00am to 4:30pm

1911 Williams Drive

DESCRIPTION:

This new framework, developed by Mr. Griffin and colleagues, integrates the latest thinking on addiction and recovery, relational cultural theory, male psychological development, and trauma. Current treatment models and theories fail to adequately consider the relational needs of men; often omit a clear understanding of the impact of the socialization process on men; fall short of adequately addressing the impact of abuse and trauma that is so strongly linked with addiction and the life of the male addict; and often ignore any social context and/or the consequences of political, social, and economic power. Attendees will have the opportunity to go through some of the exercises from the curriculum, Helping Men Recover, co-authored by Mr. Griffin, Dr. Stephanie Covington, and Mr. Dauer.

Quality Division:

Quality Assurance:

- Supports both MH and DMC-ODS providers through compliance efforts. QA staff is working with CalAIM team on standardized screening tools implementation to support clinic level staff. In addition, QA will host Q+A sessions to support recent CalAIM rollouts. Continuous tracking and updates on providers licensing and credentialing requirements are monitored on a monthly basis. Improves workflow for Medi-Cal site certification. QA reviews SUS Treatment Authorization Requests for approval and recently coordinated the annual SABG & DMC Reviews. Provides support to Medical Records Team related to requests received/records maintained. Grievances and appeals from beneficiaries are being addressed, resolved and tracked for quality improvement effort.
- **VCBH Policy Office:** Latest policy update covers release of confidential information, as well as updates to accessing specialty mental health services and care coordination policies, incorporating January 1, 2023 CalAIM rollout of the Standardized Screening and Transition of Care Tools. Additionally, Policy Office is reviewing and standardizing policy archives, while concurrently implementing a fully electronic policy approval and archive management system.
- **Utilization Review:** UR Team transitioned to the Concurrent Chart Reviews process. However, approximately 5% of out-of-county hospitals still need to transition to the

Concurrent Review process. UR maintains the quarterly chart reviews of non-hospital programs, and an administrative exit feedback meeting is held to address compliance issues findings and reinforce CalAIM implementation. UR collaborates with the CalAIM team, VCBH leadership, and CBOs to resolve identified CalAIM compliance, quality of patient care, and utilization of services issues.

- **Training:** Began identifying relevant training and trainers in the planning of the Annual Training Plan. Entering Mentored Internship Program (MIP) grant Quarter 4. Department has identified need and capacity to support 32 students in the 23-23 Academic Year. Attending 5 Educational Partners Job and Career Fairs (between February and April) to recruit students and graduating students to apply for county employment. Training for Clinical supervision series has begun and is well received and appreciated. Awarded SCRP funded Loan Repayment awards to 26 staff in various job categories (clinical and non-clinical). Restarted quarterly offering of MHFA through CEO Training to make available county wide. Trained 2 Trainers in Non-Violent Crisis Intervention to replace previous de-escalation training. This will allow us to use the same language as many of our community partners, such as VCMC and school districts, as well as develop relevant training using Evidence Practice and Program specific needs.

Quality Improvement:

- **EQRO:** The final reports for the FY 2022-23 Mental Health and DMC-ODS external quality reviews that happened November 8th-10th have been received. They are posted on the vcbh.org website under “Reports & Performance.” We are now focusing on improvement efforts based on the opportunity areas and formal recommendations.
- **Audits & Reviews:** The QI team will be leading all audits and reviews for the department, transition the work from the QA team. We are beginning to prepare for the DHCS MHP Triennial Audit, scheduled for August 2023, as well as the MHSA Program Review, scheduled for September 2023.
- **PIPS:** QI now has 5 performance improvement projects (PIPs) that address various areas for improvement. We are working on interventions 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). In addition, we are in the process of developing a new MH PIP to support VCPOP and a SUS PIP on engagement in services continues.
- **Performance Metric Tracking:** QI is building out ongoing tracking and reporting of key performance metrics and is 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.
- **Strategic Plan:** To support VCBH Strategic Plan efforts, QI prepared baseline and year 1 data summaries that demonstrate current state and/or progress towards the goals and objectives.

Electronic Health Record:

- **CalMHSA EHR:** CalMHSA gap analysis now in the review stage. CalMHSA trainings at standstill pending system development. Conversion file development is underway.
- **CalAIM Documentation Reform:** All three Standardized Screening tools have been installed in Avatar LIVE environment and they are ready for use.
- **Opeeka P-CIS:** The implementation of the Youth & Family CANS Assessment Analysis Tool (P-CIS) continues. Currently working on Admin set-up functionality. Opeeka to begin testing CANS data submission to the State.
- **FSP Client Key Event Tracking:** The MHSA Data Coordination Project implementation continues. Homeless system (HMIS) interactions for this client population is now complete. We continue to work with Law Enforcement engagements. 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.

California Advancing and Innovating Medi-Cal:

- VCBH's CalAIM unit (California Advancing and Innovating Medi-Cal) continues to coordinate CalAIM efforts across the department. The CalAIM team's support includes providing technical support in a variety of ways to both staff and contracted providers; and ongoing communication and collaboration with contracted county partners and the local managed care health plan continue to help facilitate a smooth implementation experience.
- The Standardized Screening tools and Transition of Care tool launched on January 1, 2023. DHCS has indicated that policies and procedures are required to be in place by March 1st and that the training of mental health providers should be conducted thereafter. VCBH has updated its policies and procedures and sent notification via email to county staff and subcontractors reassuring county staff and subcontractors that full implementation of the tools will launch once appropriate training is provided. CalMHSA will provide general training for the Standardized Tools through their Learning Management System. In addition to CalMHSA's training, VCBH-specific training is currently being developed for county staff and subcontractor providers. More information to come.
- The CalAIM Team presented updates on Payment Reform to contracted providers during the recent Quarterly Quality Meeting held on January 26, 2023, regarding upcoming contract changes and key documentation coding changes. The CalAIM team continues to work collaboratively with the Fiscal/Billing department to prepare contracted providers for the upcoming payment reform changes (effective July 1, 2023). CalMHSA will be developing a provider-level CPT Code Training. Additional information will be communicated as it is received.
- DHCS has released a concept paper for the CalAIM Behavioral Health Administrative Integration initiative, which aims to consolidate Medi-Cal programs for Specialty Mental Health Services and Drug Medi-Cal or Drug Medi-Cal Organized Delivery System services into a single county-based

behavioral health program by 2027. VCBH will begin to assess our current system and identify areas to begin integration to meet the requirement and support the beneficiary experience.

- VCBH is preparing to transition to a new Electronic Health Record system (Streamline/SmartCare) on July 1, 2023. The CalAIM team continues to attend weekly CalMHSA's Semi-Statewide Shared EHR "Kick-Off" meetings and EHR demonstrations 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 Adult Division placements as of 2/4/23

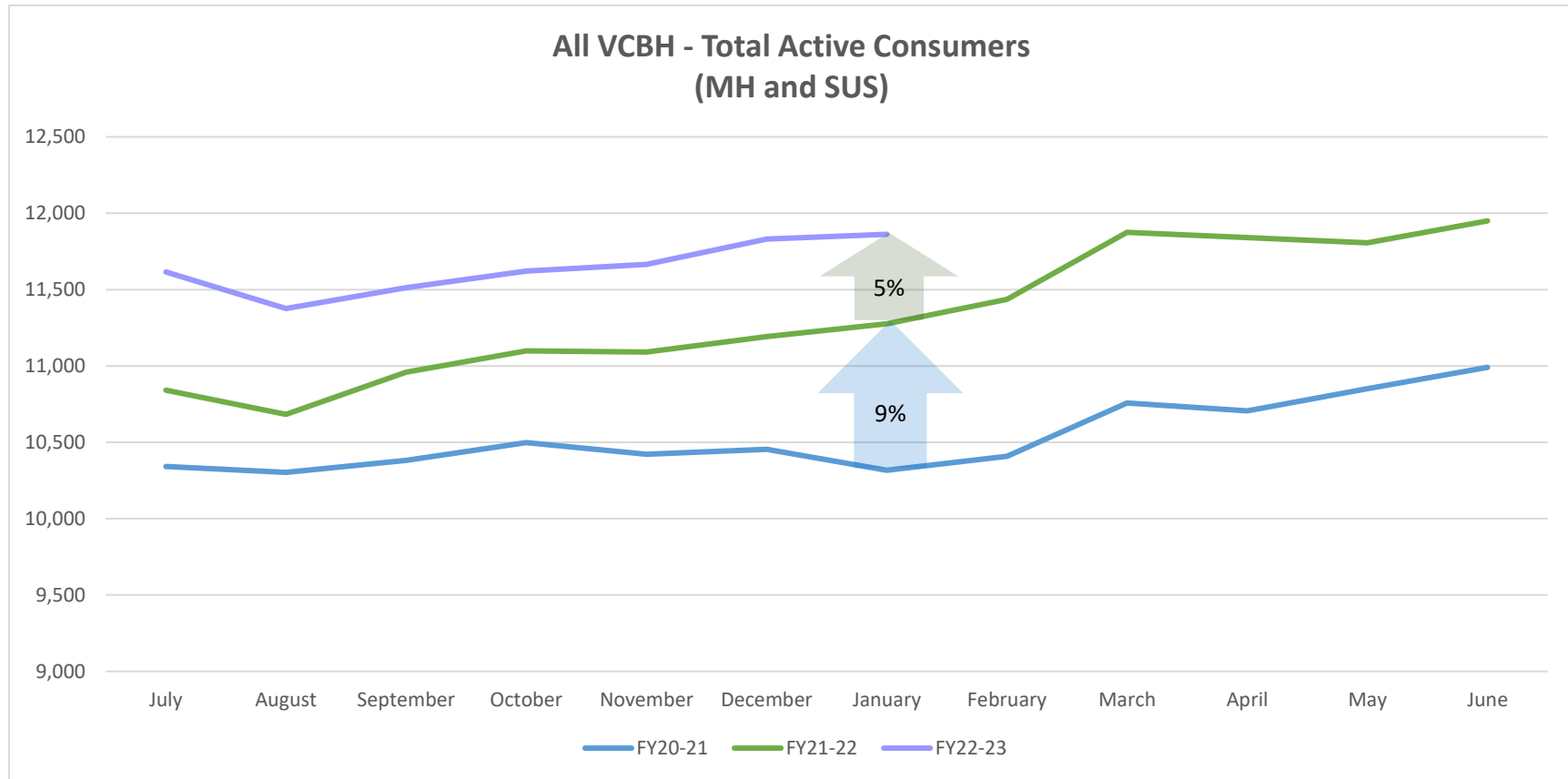
Level	Facility	Location	Available beds	Clients in placement
	Horizon View	Camarillo	16	16
	Sylmar Health & Rehabilitation Center	Sylmar	n/a	16
	California Psychiatric Transitions	Delhi	n/a	2
	Crestwood MHRC	Bakersfield	n/a	2
	Parkside Healthcare	El Cajon	n/a	19
	View Heights	Los Angeles	n/a	27
Total				82
Unlocked	Hillmont House	Camarillo	15	15
	Crestwood The Bridge	Bakersfield	n/a	0
	Ann Sippi Clinic, Bakersfield	Bakersfield	12	12
	Ann Sippi Clinic, Los Angeles	Los Angeles	12	12
	Casa de Esperanza (Casas B, C, and D)	Camarillo	45	45
Total				
Board & Cares	Casa de Esperanza (Casa E)	Camarillo	15	15
	Brown's Board & Care	Oxnard	10	10
	Cottonwood	Saticoy	24	23
	Sandra Jarmon's	Oxnard	6	6
	Sunrise Manor	Oxnard	60	59
	Thompson Place (formerly La Siesta)	Ventura	26	26
Total				
Residential Care for the Elderly	The Elms	Ventura	54	53
	Oak Place (formerly Hickory House)	Camarillo	34	34
Total				
Skilled Nursing Facilities	Telecare La Paz	Paramount	n/a	6
	Pasadena Senior Living	Pasadena	n/a	1
	Vista Knoll	Vista	n/a	7
Total				
Out-of-County Placements	Various Board & Cares, Room & Boards, SNFs	Los Angeles	n/a	53

VENTURA COUNTY BEHAVIORAL HEALTH

Total Active Consumers In The Month Of January

Open episodes in January 2023 with billing activity in prior 12 months

As of 2/3/2023



**Percent change compares FY to previous FY (e.g., FY21-22 and FY22-23 had a percent change of 5%)*

VENTURA COUNTY BEHAVIORAL HEALTH

Total Active Consumers In The Month Of January

Open episodes in January 2023 with billing activity in prior 12 months

As of 2/3/2023

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 Program Group					
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis
Total Consumers With Open Episode	11,862	1,039	6,076	4,123	1,034	396

Total Consumers With Open Episode Age Group *	VCBH Program Group					
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis
0-15	2,858	33		2,654	263	37
16-25	2,456	192	848	1,325	235	77
26-59	5,168	768	3,978	144	472	218
60+	1,379	45	1,249		64	64
Not Reported	1	1	1			
Grand Total	11,862	1,039	6,076	4,123	1,034	396

Total Consumers With Open Episode	VCBH Program Group					
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis
English	9,890	967	5,108	3,337	862	311
Spanish	1,167	56	531	469	139	36
Mixteco	9	1	4	4	2	
Non-Threshold Language	86	3	65	12	6	2
Not Reported	710	12	368	301	25	47
Grand Total	11,862	1,039	6,076	4,123	1,034	396

Total Consumers With Open Episode	VCBH Program Group					
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis
Latinx	6,165	591	2,749	2,627	489	149
Non-Latinx	4,012	368	2,743	784	251	133
Not Reported	1,673	80	579	710	289	113
Declined to State	12		5	2	5	1
Grand Total	11,862	1,039	6,076	4,123	1,034	396

Total Active Consumers At Each Location ***	VCBH Program Group					
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis
CAMARILLO	437		94	343		
FILLMORE	180	32		153		
MOORPARK	4			4		
OXNARD	6,394	823	2,738	1,846	1,069	403
SANTA PAULA	870		588	282		
SIMI VALLEY	1,360	81	751	544		
THOUSAND OAKS	1,273	58	931	298		
VENTURA	2,242	85	1,190	994		
Outside Ventura County (Contractor)	114	91	23			
Grand Total	12,874	1,170	6,315	4,464	1,069	403

*** Consumers may be counted under multiple locations

Total Consumers With Open Episode	VCBH Program Group					
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis
Residence Region - City						
Conejo Valley	966	86	563	249	83	43
Conejo Valley-Newbury Park	251	24	138	66	28	16
Conejo Valley-Oak Park	30	2	11	16	2	
Conejo Valley-Thousand Oaks	639	59	388	155	48	24
Conejo Valley-Westlake Village	46	1	26	12	5	3
Moorpark	348	24	142	164	29	8
Moorpark	348	24	142	164	29	8
Ojai	224	23	106	77	24	10
Ojai	172	21	85	52	18	9
Ojai-Oak View	52	2	21	25	6	1
Oxnard Plains	5,338	475	2,733	1,928	454	160
Oxnard Plains-Camarillo	769	46	450	244	50	28
Oxnard Plains-Oxnard	4,155	392	2,091	1,515	367	115
Oxnard Plains-Port Hueneme	393	35	180	162	35	17
Oxnard Plains-Somis	21	2	12	7	2	
Santa Clara Valley	1,209	77	501	558	93	42
Santa Clara Valley-Fillmore	372	33	143	172	31	11
Santa Clara Valley-Piru	49	6	16	23	6	2
Santa Clara Valley-Santa Paula	788	38	342	363	56	29
Simi Valley	1,341	113	668	480	119	44
Simi Valley	1,341	113	668	480	119	44
Ventura	2,090	200	1,193	561	209	75
Ventura	2,090	200	1,193	561	209	75
Not Reported / Out of County	346	41	170	106	23	14
Grand Total	11,862	1,039	6,076	4,123	1,034	396

Residence cities do not reflect consumer service location.

SITE VISITS - Suggested Procedures

I. PURPOSE With the goal of providing high quality, accessible mental/behavioral health services and programs, delivered efficiently and effectively, with client-centered outcomes, the purpose of MHB Site Visits is to fulfill the following CA WIC 5604.2 duties of the board:

1. Review and evaluate the community's mental health needs, services, facilities and special problems.
2. Review any County agreements entered into pursuant to Section 5650.
3. Advise the Board of Supervisors (or local governing body) and the local Mental/Behavioral Health (MH/BH) Director as to any aspect of the local mental health program.

II. ROLE OF MENTAL HEALTH BOARD (MHB)

1. Learn about program, service and/or facility;
2. Educate the Mental/Behavioral Health Board/Commission (MHB) member(s) about the program/facility;
3. Educate the program and clients/consumers about the role of the MHB;
4. Solicit information on consumer satisfaction and concerns;
5. Make recommendations to the MH/BH Director and/or public officials based on site visit findings.

III. ROLE OF COUNTY MENTAL HEALTH/BEHAVIORAL HEALTH SERVICES STAFF

It is important to understand the MH/BH services staff's role overseeing contractors. Program monitoring is measured by various means and processes:

1. Quantity: number of clients served, number of referrals, admissions, discharges, reduction of waiting lists, etc.
2. Quality: improve an illness, restore or improve social and vocational functioning, maximize client and family members sense of well-being and personal fulfillment, prevent injury to others and to the client, specific percentage improvement upon completion of specific task, upgrading efficiency, stimulating morale, utilization of staff, appropriate supervision, training, evidence based programs utilized, etc.
3. Time: timeliness of service, deadlines met, frequency, number of days to complete, etc.
4. Cost: use of budgetary resources, percent variance from allocation, cost per client, cost per service unit, etc.
5. Consumer/Client satisfaction written surveys examine the adequacy and appropriateness of the services being provided and the extent of the desired outcomes from the client's perspective.

IV. RECOMMENDED MHB SITE VISIT PROCEDURES

- A. **Make Contact** - MHB staff (or MHB member) makes contact with the provider, describing purpose of the site visit, and requesting date for site visit.

Continued on Next Page

SITE VISITS - Suggested Procedures *Continued*

- B. Review Contract** - MHB Staff will provide MHB members who plan to conduct the site visit (less than a quorum) with the current county contract (including budget) related to the site to be visited.
- C. Tour facility** - MHB Members (less than a quorum):
1. Observe interaction between staff and clients/consumers. (Is it respectful? Are clients/consumers comfortable interacting with staff?)
 2. Take note of condition of facility, including:
 1. Common Areas
 2. Dining Area
 3. Program Areas
 4. Client/Consumer Bedrooms (if invited/appropriate)
 5. Outdoor Areas
 3. Check to see if there are Posted Grievance Procedures and/or Access to Patients Rights Advocate Contact Information
 4. Meeting with site/facility staff (before or after tour): Discussion with program/facility director/staff. Discussion could be guided by questions in the [Site Visit Observation Form \(Sample\)](#)
- D. Report to MHB**
1. Provide completed “Site Visit Observation Form” to the Executive Committee
 2. Once reviewed by the Executive Committee and the MH/BH director or staff, and approved for presentation to the MHB by the Executive Committee, the report can be placed on the agenda for presentation at an upcoming MHB meeting.
 3. MHB staff (or Executive Committee) will send a courtesy copy of the report to the contractor, along with the date/time that the report will be heard by the MHB.
 4. The MHB shall request County staff to follow-up with the MHB whenever major deficiencies are identified.

Behavioral Health Advisory Board Site Visit Report

Date: _____

Facility / Program: _____ Location: _____

Contact Person: _____ Phone #: _____ E-mail: _____

BHAB Review Team: _____

FACILITY / PROGRAM DEMOGRAPHICS

1. **Age Group Served:** (Check all that apply)

Children (0 - 12) Adolescents (13 - 17) TAY (18 - 25) Adults (18 - 61) Older Adults (60 +)

2. **Number of Clients Served:**

Maximum possible: _____ Monthly Avg. _____ and / or Daily Avg. _____

3. **Services Provided:** (i.e.: Counseling, Therapy, Medication management, Nursing, etc.)?

4. **Miscellaneous Additional Services:** (i.e.: transportation, follow-up care, community activities or support, etc.)?

5. **Number of on-site staff having direct client contact:**

6. **What kind of training does your organization provide the staff, and how often?**

7. **Which professionals are involved directly with clients** (i.e. Psychiatrist, Psychologist, MFT, ADT, LCSW, Nurse) **and how often?**

8. **Are peer support specialists/individuals in recovery utilized to support your clients? How many and how often? Are family members involved? How?**

9. **Describe Groups - education/support?**

10. **Facility/Program Physical Layout** (i.e. indoor rooms, outdoor areas, recreational areas)? (Attach floor plan if available)

BHAB Reviewer Response

What do clients typically do during the day (i.e. work, attend programs)?

[Empty response area for client activities]

Staff identified program needs ?

[Empty response area for staff identified program needs]

Overall Impression or Brief Summary (key points, including appearance of clients and facility)?

Board Member Recommendations for Program Needs?

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**MENTAL HEALTH BOARD
FACILITY/PROGRAM OBSERVATION REPORT**

BY: _____
Board Member Names

**This Report Is Based On A Personal Visit From One Or More Members
Of The Napa County Mental Health Board**

Date Of Site Visit:

Program/Facility Name:

Street Address:

Program Supervisor/Contact
(Name & Phone #):

Observations / Staff Interview

1. How does the staff interact with individuals? For example, does the staff appear compassionate, patient, caring, rushed, indifferent or perfunctory?
2. Are individual grievance procedures prominently posted? **Y/N** Are grievance forms readily available to the individual? **Y/N** Is the current Patients' Rights Advocate's contact information posted? **Y/N**
3. What are desired outcomes/treatment goals? How often are these achieved?
4. What are two or three obstacles your program, staff and individuals face which may make it difficult to achieve these outcomes/goals?

5. (Will not apply to all programs): Do some individuals require re-entry to the program/facility after discharge? If yes, what percentage return and why?
6. (Will not apply to all programs): How many individuals are engaged in your program? How often do they visit? What programs are the best attended?
7. What efforts are made to provide linguistically and culturally competent services/programs? Do the people you serve reflect the ethnic make-up of the community?
8. Does your agency's Board of Directors, owners or management include any mental health consumer members? **Yes / No**
9. Does your agency's staff include any peer providers? **Yes/No** Are peer providers consumers, family members or caretakers of adults with mental illness? Are they paid or volunteers?
10. How many people seeking services/involvement did your organization turn away over the course of a year? Why? (Qualifications? Behavioral? Medical? Waiting List? Other? – please specify)
11. Is there any other aspect of the program you'd like to share with us today?

SITE VISIT SUMMARY

MENTAL HEALTH BOARD MEMBERS TO COMPLETE THESE QUESTIONS AFTER VISITING THE PROGRAM

1. What Is Your Overall Impression Of The Facility/Program, Including Strengths And Limitations?
2. Any Recommendations For This Facility Or Program for the Mental Health Board to consider?

BHAB Ombudsman Workgroup Report – February 27, 2023

Historical Context

The word “Ombudsman” evolved from the Swedish ombudsman signifying “the legal representative.” Initially, the Swedish legislature made the designation of the ombudsman in early 1800, with the translation of ombudsman as “the official investigator of citizen complaints.” This person was acknowledged as “the person of legal capabilities and superior virtue.”

The ombudsman is independent, unbiased and provides cost-free services. They investigate complaints when problems have been inappropriately managed, or individuals undergo unfair consequences, some situations like maladministration, included examples are inconsistent delay, negligence to follow procedures, bias, disrespect, presenting inadequate suggestions.

In order to receive and investigate complaints from aggrieved parties against a county agency or organizational entities in an impartial, independent, and confidential manner, an ombudsman can be used for different issues in several domains, some examples are below:

Seven Types of Ombudsmen

1. Organizational Ombudsman
2. Classic Ombudsman
3. Advocate Ombudsman
4. Hybrid Ombudsman
5. Legislative Ombudsman
6. Executive Ombudsman
7. Media Ombudsman

After reviewing the various types of ombudsmen, the workgroup identified the two types of ombudsmen they think best fit the needs of the community. The workgroup is recommending one of the following - the **Organizational Ombudsman**, or the **Advocate Ombudsman**. Descriptions of both ombudsmen options follow.

Organizational Ombudsman

While working in the private and public sector, an organizational ombudsman receives and investigates complaints made by an entity's members, employees, or contractors about its practices or policies. Serving as a designated unbiased individual in a particular organization, an organization ombudsman assists in dealing with the conflicts at an informal level for the organization with a wide range of procedures from conflict coaching to informal mediation. Only the ombudsman is responsible to respond to the concerns and disputes reported by individuals to the administrative office and can report trends, integral problems, and organizational issues to high-level officials and employees in a confidential manner. An organizational ombudsman is an informal resource, i.e., cannot engage in any formal administrative process related to the issues brought to their attention. An example of an organizational ombudsman is the university ombudsman. An organizational ombudsman could interrogate or operate with the informal processes described in an official agreement, and direct various inquiries legitimately and independently.

Advocate Ombudsman

An advocate ombudsman can be allocated in both the public and private sector for evaluating allegations, but it is also required to defend or advocate at the place of individuals or groups of people identified as persecuted. However, an advocate ombudsman is generally found in organizations such as long-term care amenities or agencies, and the organizations that specifically operate with juvenile offenders. An advocate ombudsman can represent the interests of constituents in terms of several policies, practiced by chartering entities, government agencies, or other organizations and can begin action when entitled in the judicial, administrative, or legislative forum.

California Department of Healthcare Services

Medi-Cal Managed Care and Mental Health Office of the Ombudsman

The Medi-Cal Managed Care and Mental Health Office of the Ombudsman helps solve problems from a neutral standpoint to ensure that our members receive all medically necessary covered services for which plans are contractually responsible. The Mental Health Ombudsman is designed to create a bridge between the Mental Health Plan system and individuals, family members and friends of individuals, in need of mental health services by providing information and assistance in navigating through the system. The Ombudsman will not automatically take sides in a complaint. We consider all sides in an impartial and objective way. It is our job to help develop fair solutions to health care access problems.

(From their website.)

D R A F T

Ventura County Behavioral Health Ombudsman (VCBHO)

Mission:

The Ventura County Behavioral Health Ombudsman (VCBHO) is designated neutral and works independently as an intermediary to assist any individual that interacts with Ventura County Behavioral Health with exploring and determining options to resolve conflicts, problematic issues, or concerns. The VCBHO provides a confidential avenue to address complaints and resolve issues at the lowest possible level. They propose policy and procedural changes when systemic issues are identified. The VCBHO's primary objective is to advocate for a fair process and fair administration of services.

Advantages of an Ombudsman:

- Cost-free services,
- An autonomous system, i.e., independent from the institution, the individual and organization,
- Reports are created (a record) while methodically addressing issues emerging under a county agency or while deploying a county program/service,
- Improper practices could be corrected, and
- An ombudsman of the county may provide reconciliation along with impartial investigation.

Disadvantages of an Ombudsman:

- An ombudsman is unable to render instantaneous solutions for very complicated problems,
- The individual with the complaint has no sway on the investigation, an ombudsman does not advocate for the individual or the county agency, or organization
- Specific decisions, made by an ombudsman, are not obligatory.

Ventura County Behavioral Health Ombudsman (VCBHO)

Role:

The VCBHO responds to inquiries from a variety of agencies and individuals. They may be contacted by a consumer, a family member, a community member, or staff from an agency. The VCBHO listens, answers questions, analyzes the situation and context of any complaint or issue, reviews the application of Ventura County Behavioral Health policies and procedures, advocates for the fairness of a process as opposed to advocating for an individual party, provides information and at times advice and develops options, suggests appropriate referrals, and recommends a possible resolution. The VCBHO appraises the Health Care Agency and Ventura County Behavioral Health of significant trends and may recommend changes in policies and procedures.

The VCBHO does not disclose and may not be required to disclose information provided in confidence, except to address an imminent risk of serious harm to an individual or others where there is no other responsible option. The VCBHO may disclose information relevant to the complaint when in possession of a signed release form and consent from the individual. There is no cost to receive services from the VCBHO.

The Ombudsman Workgroup recommends the Behavioral Health Advisory Board move forward again and request Ventura County Behavioral Health to create the position of an independent Ombudsman.

If the issue/complaint cannot be resolved by the VCBHO then the Ombudsman refers the individual(s) or agency staff to Ventura County Behavioral Health (VCBH) to file a formal complaint and begin the formal state regulated grievance process.

Ventura County Behavioral Health Grievance Process

The Ventura County Behavioral Health Department's Grievance Process falls under VCBH Quality Assurance.

It has a phone line (888) 567-2122 with voicemail that is staffed by two or three clinicians; an MFT / LCSW. The staff will take incoming calls/complaints. The voicemail is monitored throughout the day. The call can be about anything and the staff gets the information from the call.

A letter is drafted acknowledging receipt of the complaint and mailed to the individual making the complaint within five days. The staff will then contact the appropriate entity, i.e., clinic to inform them of the complaint. **Under state regulations the complaint must be resolved within 90 days. The complaint is reported to the state.**

BHAB General Meeting Minutes October 19, 2020

VI. Public Comments

- Liz Warren commented on agenda item XIII.F. – Ombudsman/Peer Advocate for Assistance with Access of Services.
- Carole Shelton spoke regarding advocacy for services for a family member with mental health challenges and Intellectual/Development Disabilities (I/DD).
- Evelyn McGrath spoke regarding advocacy for services for a family member with mental health challenges and hardships.

XII New Business

F. Ombudsman / Peer Advocate Assistance with Access or Services Issues

Mr. Bhavnani suggested a motion to make a recommendation to VCBH to consider an Ombudsman or an equivalent position. He noted that this item was discussed at its August Executive Committee, was brought forward to the General meeting in September however was tabled due to lack of time. The idea would bring a formal process in place to directly assist families with resolving difficulties accessing services. Mr. Bhavnani moved to make a recommendation to VCBH to consider an Ombudsman or equivalent position to help resolve service issues; Dr. Cortese seconded. Ms. Gardner asked for additional information on how the position would be funded and implemented. Mr. Bhavnani advised that previous positions of this nature were funded through the Mental Health Services Act (MHSA). Ms. Stone asked for Dr. Johnson's response on VCBH's support that was reported at a previous meeting. Dr. Johnson confirmed that discussions had taken place and that VCBH supports the concept to hire a staff member to assist with navigating the mental health system and that MHSA funding would be used. Mr. Bhavnani stressed the importance of ensuring that the person assists with health navigation and problems that may arise once services are received.

Liz Warren made a public comment regarding the wide array of work that VCBH's previous Community Liaison had done that included case management, problem solving and assisting people with housing, shelter, and food. Dr. Johnson welcomed input from Mr. Bhavnani, Liz Warren and others interested to collaborate with VCBH in writing the job description to ensure the essence of what is seen for the proposed position is captured.

Mr. Bhavnani restated the motion. The motion carried unanimously by roll call.

BHAB General Meeting Minutes – March 15, 2021

XIII Old Business

C. BHAB Ombudsman/Peer Advocate Hiring Update

Dr. Sevet Johnson noted that the position will be requested through the budget process and upon approval, VCBH will process the necessary paperwork to begin working on the job description and recruitment process.

April 26, 2022

Excerpts from April 26, 2022 (page 6 of 7) letter submitted by HCA Director Barry Zimmerman to the Ventura County Board of Supervisors requesting 55 additional positions (additions and deletions) for the Ventura County Behavioral Health Department at the request of Behavioral Health Director Dr. Sevet Johnson.

❖ Paragraph Four (page six of seven)

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.”

❖ Paragraphs Three and Four (page seven of seven)

“In support of these critical behavioral health services, VCBH recommends that your Board adopt the attached resolution adding fifty-five new regular full-time equivalent positions and deleting two regular full time equivalent positions within VCBH, effective April 24, 2022, to meet the increasing caseload and program requirements described above. This Board Letter has been reviewed by the County Executive Office, Auditor-Controller's Office, County Counsel and Human Resources. If you have any questions regarding this item, please contact VCBH Assistant Director Loretta Denering or HCA Assistant Chief Financial Officer Narcisa Egan at (805) 981-1881.”