

**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, January 23, 2023, 1:00 – 3:30PM

**BHAB Members Present:**

Michael Rodriguez, Chair	Chris Tejeda, 1 <sup>st</sup> Vice Chair
Nancy Borchard, 2 <sup>nd</sup> Vice Chair	Janis Gardner, Secretary
Elizabeth R. Stone, Member-At-Large	Liz Warren
Matt LaVere, BOS	Carol J. “C.J” Keavney
Jennifer Morrison	Genevieve Flores-Haro
Claudia Armann	Cmdr. James Fryhoff

**Guests:**

Lorena Suarez, SP Interpreter	Priscila Hazrun, SP Interpreter
Shawn Pewsey, VCSO	Martha Johnson, VC HCA
Sara Rivera, Public Health	Carmen Wyttenbach, VC APS
Mark Stadler, CIT	Tina Wang, VC CEO
Scott Walker,	Lourdes Solorzano, BOS 1 <sup>st</sup> District
Maureen Hodge, CMHS	Roberta Griego, NAMI
Heidi Allison, Nates Place	Larry Rhodes, Nates Place
Ratan Bhavnani, NAMI Volunteer	Sherri Block, VCMC/Inpatient Psychiatric Unit
Vanessa Cortez, Pacific Clinics	Mary Haffner, NAMI Member

**Ventura County Behavioral Health (VCBH) Staff Present:**

Scott Gilman, Director

Dr. Loretta Denering, Assistant Director

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

Dr. John Schipper, Adult Services Division Chief

Cheryl Fox, Youth & Family Services Division Chief

Daniel Hicks, Prevention Behavioral Health Manager

Monica Neece, Suicide Prevention Coordinator

Katie Stefl, MHSA Program Administrator

Karen Lee, Quality Management Lead

Esperanza Mata, MHSA Community Service Coordinator

Jakeline De Leon, Management Assistant/Zoom Engineer

- I. **Call to Order** – The meeting was called to order at 1:03PM 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 Janis Gardner conducted the roll call; a quorum of the board members was present.
- III. **Welcome & Introductions** – All BHAB members introduced themselves.
- IV. **Approval of the December 19, 2022, Agenda** – The Behavioral Health Advisory Board General Committee agenda for December 19, 2022, was approved (Warren/Armann/Passed). It was motioned to approve as written carried by majority vote through roll call. Vice Chair Tejada abstained.
- V. **Approval of the Agenda** – The Behavioral Health Advisory Board General Committee agenda for January 23, 2023, was approved (Armann/Warren/Passed). Ms. Stone requested to move the CIT Deputy and CIT Officer of the Year Award Ceremony before the minutes. Ms. Armann and Ms. Warren accepted the amendment. The agenda was approved as amended by majority vote through roll call. Sherriff Fryhoff abstained.
- VI. **Approval of the November 21, 2022, Minutes** – The Behavioral Health Advisory Board General Committee minutes for November 21, 2022, were approved (Gardner/Armann/Passed). Ms. Warren commented on agenda item #9, in the fourth sentence she would like to add “Board and Cares”. Under agenda item #13, Site Visit Discussion, she would like to add “as a

result of site visits” and “would” needs to be inserted as well. She would also like to add, “new programs that could be developed”, and “maintenance issues”. Amendment was accepted (Gardner/Armann/Passed). Minutes were motioned to approve by majority vote through roll call. Ms. Stone abstained.

- VII. Approval of the December 19, 2022, Minutes** – The Behavioral Health Advisory Board General Committee minutes for December 19, 2022, were approved (Warren/Armann/Passed). Ms. Stone commented she did not receive the agenda ahead of time and would like it to be addressed. Chair Rodriguez stated he believes some members may not have received it due to there being too many large attachments. Moving forward the minutes will be sent separately or multiple emails will be sent if needed. Minutes were motioned to approve by majority vote through roll call. Vice Chair Borchard, Ms. Flores-Haro, Ms. Stone, and Vice Chair Tejeda abstained.
- VIII. CIT Deputy & CIT Officer of the Year Award Ceremony** – The CIT Deputy and CIT Officer of the Year Award Ceremony was hosted at the BHAB General Meeting by Mark Stadler. Mr. Stadler first presented an award to Scott Walker for his work and service in the Crisis Intervention Team. Sheriff Fryhoff informed the committee that he will be assigning another law enforcement representative for the BHAB and Prevention Committee. Mr. Stadler presented the CIT Officer of the Year Award to Officer Andrew Garcia and Detective Nora Starna. He presented the CIT Deputy of the Year Award to Jason Havelka. Lastly, Scott Walker and Rebbecca Carpenter presented the Susan Lucky Award to Lizette Garcia.
- IX. Public Comments** – A written comment via email was presented by Ms. De Leon from Pete Lafollette. The comment will be attached to the minutes. Maureen Hodge from Community Memorial Health System commented she has been in contact with the county and other non-profits to build a behavioral health integration and wellness building. Ms. Stefl from MHSA announced the Community Planning Process survey and presentations are available at [www.welnesseveryday.org](http://www.welnesseveryday.org) and asked for feedback on the items presented.
- X. Chair Comments** – Chair Rodriguez commented he attended a Juvenile Defense conference from the CA Public Defense Association over the weekend in Monterey, CA, including a training on adolescent brain development. The training reminded him that certain parts of the brain develop at different stages/times and therefore, we must consider brain development stages when addressing meaningful access to behavioral treatments that are appropriate to an individual’s needs.

- XI. Director's Report** – Director Gilman presented his report. He is working with VCBH staff on communicating with the public to ensure they are being heard and matters are being addressed. On the first page of the Director's report, is a photograph of the VCBH Disaster Service Worker Team that helped at the emergency shelter at the Ventura County Fairgrounds. Next, he highlighted the efforts to increase local inpatients beds. VCBH has been partnering with OASIS, however more funding is needed and if funding is not available, they are creating a plan B to move the project forward. There are two different inpatient substance abuse programs that will be opening soon, one will be at the hospital and Jackson House. He provided an update on the efforts to increase housing for the population. Lastly, Ms. De Leon shared her screen with the committee and presented Director Gilman's informational flyer, the *Brown Acts New Normal*; Director Gilman provided a brief explanation of the *Brown Acts New Normal*.
- XII. Board Member Comments & Announcements** – Ms. Warren commented she attended the quarterly CAL BHBC meeting where they provided an update on the Data Notebook. She also commented the new chair of MHSAOA, Tom Horrick, is supporting the ALCOVE model and they are funding additional ALCOVE models and drop-in centers; the empath units are being discussed throughout the state and moving forward a priority area will be full service partnerships (FSPs), performance outcomes and requirements to release pressure off Care Court. Lastly, Ms. Warren commented they received confirmation from Dr. Schipper that they will receive a VCBH presentation on FSPs for the upcoming BHAB General meeting in March. Andrea Wagner provide an update: there were 3,000 applicants and there are currently 135 certified peers. Ms. Morrison asked if the board can examine the process of psychiatrists meeting with patients in person in Ventura County and if the county can look at customizing treatment for clients seeking occupational therapy; have the therapists meet with them at the facilities they are staying at. Ms. Flores-Haro commented she seconds Ms. Morrison's comment about psychiatric providers and the retention of bilingual psychiatric providers.
- XIII. Secretary's Report / Announcements** – Secretary Gardner provided her report. There are two openings for the Behavioral Health Advisory Board, coming from Supervisor Parvin's office. Supervisor Gorell has chosen someone and if the Board of Supervisors approves the nominee, they will have a new board member. There is an opening for a psychiatrist and a veteran or veteran's advocate, if there are veteran's or veteran advocates in the BHAB membership, they can email Chair Michael Rodriguez.

**XIV. BHAB Committee Reports**

**A. Disparities Reduction Committee (November 1 & January 3) –** No report was provided.

**B. Transitional Age Youth Committee (December 21) –** Ms. Stone provided a report. There was not a quorum, therefore they had an open discussion for resource sharing.

**XV. Presentation: Nate’s Place, A Wellness and Recovery Center –** Ms. De Leon shared her screen with the committee and presented Ms. Allison’s PowerPoint presentation for Nate’s Place, A Wellness and Recovery Center. The PowerPoint presentation will be attached to the minutes.

**XVI. Old Business**

**A. Needs Assessment: Status Update –** Chair Rodriguez provided an update. He has been in communication with EvalCorp, they will be conducting interviews with board members, and they are in the process of meeting with other individuals in the community.

**B. Site Visits Resumption – Discussion –** Secretary Gardner opened the Site Visit Resumption discussion. Ms. De Leon sent out the current Ventura County site form as well as examples from two other counties and their site procedure forms. Ms. Borchard commented she approves of the current site form as is. Ms. Stone commented it concerns her that there is an emphasis on staff rather than people receiving services; not engaging with people receiving services; and she asked how much flexibility is available to incorporate new questions and add data. Secretary Gardner and Vice Chair Borchard responded to Ms. Stone’s question stating they can add those questions as long as individuals receiving treatment give their consent. Ms. Warren commented from her experience she is looking at the safety, the living conditions and in the past Ventura County Behavioral Health asked the client network to do focus groups for which they sat down with the facilities and shared the data afterwards to develop programs. Ms. Warren also commented that members need to keep in mind not all residents will want to speak to any members. Vice Chair Tejada commented there is plenty of open area to note in the current form and believes the current form allows flexibility. He also commented before visiting each site, they can print out the most recent contract they have with the state or county as a guiding rubric and believes they should use the current form. Ms. Morrison commented she hopes to have Hillmont House as one of the sites and Secretary Gardner explained to Ms. Morrison the site visit procedure. Chair Rodriguez stated since most agree with the current form, they can begin to explore sites.

## **XVII. New Business**

- A. 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. They are moving forward and approved the arched fence barrier on the 118/23 bridge. Vice Chair Tejeda requested to have a presentation on this project once completed. The board agreed to remove this item from the agenda.
- B. February 2023 General Meeting Dates (4<sup>th</sup> Monday due to Holiday)** – Chair Rodriguez reminded all members, there will be a legal holiday on the 3<sup>rd</sup> Monday of February, therefore, the next General meeting will be February 27<sup>th</sup> at 1PM.
- C. Presentation Requests** – All presentation requests can be sent to Chair Rodriguez at [Michael.rodriquez@ventura.org](mailto:Michael.rodriquez@ventura.org) and [bhabadmin@ventura.org](mailto:bhabadmin@ventura.org) with a description of the subject and who will be conducting the presentation.
- D. 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.rodriquez@ventura.org](mailto:Michael.rodriquez@ventura.org) and [bhabadmin@ventura.org](mailto:bhabadmin@ventura.org). Chair Rodriguez informed the committee Vice Chair Tejeda is coordinating Jerry Harris' recognition.
- XVIII. Contracts** – Ms. Stone commented she would like to have more information on the third contract approved by the Board of Supervisors, December 13<sup>th</sup> of 2022. Chair Rodriguez requested Vice Chair Tejeda to take the lead on this item as the Chair of the Adult Services Committee and coordinating a small presentation for the Adult Services Subcommittee and potentially extending it to the BHAB General meeting. Chair Rodriguez advised all members to review the contracts, discuss them at their subcommittee meetings, and then bring the discussion to the General meeting, if appropriate.
- XIX. Public Comments** – Secretary Gardner commented on the site visit form, she believes question #9 is a good opportunity to note recreational activities. No other public comments were made.
- XX. Adjournment** – The meeting was adjourned at 3:52PM by Chair Michael Rodriguez.

**Next Meeting Date – February 27<sup>th</sup>, 2023, from 1:00PM – 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	X	X					
District 5	09/15/20-09/15/23	Soledad Barragan	E	X	X	X	E	E	E					
District 3	01/26/21-01/26/24	Nancy Borchard	E	X	X	X	X	E	X					
District 3	01/13/22-01/12/25	Gane Brooking				X	X	E	E					
District 1	10/07/21-10/06/24	Kevin Clerici	X	X	X	X	X	E	E					
District 1	04/27/21-04/26/24	Genevieve Flores-Haro	X	X	X	X	X	E	X					
LE	09/10/19-09/10/22	Cmdr. James Fryhoff			E				X					
District 3	04/15/21-04/14/24	Janis Gardner	X	X	X	X	X	E	X					
District 1	05/11/21-05/10/24	Cheryl Heitmann	X	X	X	X	X	E	E					
District 2	01/08/22-01/07/25	Carol J. Keavney	E	X	X	E	X	X	X					
BOS	01/01/22-12/31/24	Supervisor Matt LaVere	X		X	X	E	E	X					
District 3	09/13/22-12/01/23	Naomi (nomi) Marrufo			X	X	E	E	E					
District 4	02/09/21-02/09/24	Jennifer Morrison	X	E	X	E	E	X	X					
District 2	03/15/20-03/15/23	Patricia Mowlavi	X		X	X	X	X	E					
District 5	01/25/20-01/24/23	Michael Rodriguez	X	X	X	X	X	X	X					
District 2	03/01/22-02/28/25	Elizabeth R. Stone	X	X	X	X	X	X	X					
District 4	09/18/21-09/17/24	Christopher Tejeda	X	X	X	X	E	X	X					
District 5	01/11/20-01/24/23	Marlen Torres		E			E	E	E					
District 5	04/21/22-03/22/24	Liz Warren	X	X	X	X	X	X	X					
District 2	09/17/22-09/16/25	Dianne McKay												
District 4		VACANT												
District 4		VACANT												
Optional Practicing Psychiatrist		VACANT												

Present = X

District 1: Supervisor LaVere

District 2: Supervisor Gorell

District 3: Supervisor Long

District 4: Supervisor Parvin

District 5: Supervisor Lopez

## DeLeon, Jakeline

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**From:** pete lafollette <plafollette@yahoo.com>  
**Sent:** Tuesday, January 17, 2023 10:59 AM  
**To:** senator.beall@outreach.senate.ca.gov; bhabadmin;  
senator.limon@outreach.senate.ca.gov; mhsa@dhcs.ca.gov  
**Subject:** PC/Policy Quote: U. S. Senate Finance Committee

**WARNING:** If you believe this message may be malicious use the Phish Alert Button to report it or forward the message to [Email.Security@ventura.org](mailto:Email.Security@ventura.org).

----- Forwarded Message -----

“For too long, mental health and physical health have been deeply separated in this country...These policies will begin to allow health care providers to work together more than ever before to connect their patients with the mental health care they need with robust improvements for crisis response and stabilization, which is critical to safeguarding Americans struggling with their mental health...And we will continue working to bring these and other mental health care improvements to Americans in need and to take important steps toward improving care quality and generating cost savings for patients...we look forward to hearing feedback from stakeholders on how we can further enhance these policies.This is a critical step in creating a true continuum of crisis care for mental and behavioral health issues that provides the right services at the right time to those who need them and we won't stop

working until that's a reality for those in mental health crisis and their loved ones, of High-quality care for Americans grappling with a mental health crisis that is an urgent and growing need. This bipartisan legislation will help medical providers merge behavioral health care and primary care services while increasing access to crisis stabilization services, and we are grateful to the committee for their work on this issue.”

-UNITED STATES SENATE COMMITTEE ON FINANCE

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Re: your March 12 article, "Grant to fund mental health":

The Ventura County Behavioral Health Department's \$7.6 million state grant to expand services puts the cart before the horse and

is padding an already stuffed eight-figure total budget.

The reason the state's Mental Health Services Act contains the word "supports" is so people that are in recovery can use fewer services, thus more cost effective, if they are in the community support system of self -help and peer support.

This has proved to reduce the need for high-end services and allows for a quicker response when there is a need. That's why MHSA is "services and supports."

Many family and clients are in favor of support funding. So many people with mental health challenges have no family, or people run from the only family they have - people need a support system to get and stay well, but most of all, to save lives.

On crisis intervention, more services do help but without support, people in stress - who know they need services - don't get services when needed.

The solution is to reduce the need and increase the access.  
Right amount of care, for the right amount of time. Most important, offer services when needed - not tomorrow, but today.

With increasing and frequent school shootings, it is vital that mental illness is recognized and treated at early stages and not as retroactive disease after a crisis incident.

Society also needs to be spared the huge expense of institutional, hospitalization and correctional treatment - these lessons can be learned from successful recovery model consumers and by the original intent of the services act.

- Pete LaFollette,

Ojai

The writer is a Mental Health Services Act consumer advocate. - Editor

## Director's Update

### BHAB General Meeting 1.23.2023

#### General Updates:

Thank you VCBH Disaster Response Team!

#### Disaster Service Workers:



Left to Right: Vince Franco, Jennifer Dougherty, Deanna Ruiz, Wayne Hotchkiss, Julie Ehret, Scott Gilman

Not Pictured: Michael White, Bernita Brazier, Latcha Perez

Due to the recent series of weather events Ventura County opened an emergency shelter at the fairgrounds. Throughout the duration (1/13-1/17) of the five-day shelter operation VCBH deployed **10 staff** and provided over **105 hours of service** as part of the counties Mass Care and Shelter Group. VCBH provided assistance to over **180 registered shelter clients** during course of the shelter operation.

#### Update on Efforts to Increase Local Inpatient Bed Capacity for Mental Health & Substance Use:

- Inpatient Mental Health – VCBH in partnership Oasis Healthcare LLC and Many Mansions is preparing an application for Round 5 of the Behavioral Health Continuum Infrastructure Plan (BHCIP) funding. Twenty-five million dollars is being sought to help fund the construction of a 120-bed mental health rehabilitation center intended to address the needs of both conserved and court-ordered clients. BHCIP's Round 5 is focused on "Crisis and Behavioral Health Continuum" with \$480M of available funding.

- Hospital Based Medical Detox – Ventura County Medical Center’s Addiction Medicine program recently received a \$300,000 grant that will allow them to open a 12-bed inpatient detox Unit. This will be the first of its kind in Ventura County and very needed. Emergency Rooms have a high volume of Drug and Alcohol addicted patients that need to safely detox and withdraw. Dr. Tipu Khan will be establishing an Addiction Medicine Fellowship so doctors can be trained. Here is the You Tube link where Dr. Tipu Khan requests funding support <https://youtu.be/EfYpuqsywPY> . Addiction touches everyone regardless of race, age or zip code. We can likely make solid strides with public health, behavioral health, and homelessness with this program.
- Substance Use Disorder Residential and Withdrawal Management – Our developer partners at Jackson House have finally 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.

#### **Update on Efforts to Increase Housing for VCBH Customers:**

- Permanent Supportive Housing (HUD, MHSA) - All VCBH PSH projects are reserved for low-income clients with mental health disability. Most client residents are required to pay 1/3 of their income towards the cost of rent and VCBH, MHSA or HUD, pays the rest. VCBH funds and/or supports units in all cities and unincorporated Ventura County. Following is a description of our PSH units:
  - 14 site specific properties totaling 181 units (mostly 1 bedroom, however, we do have some 2 bedrooms and at least two 3-bedroom units).
  - 1 scattered site grant serving 26 households.
  - 105 additional PSH units in the pipeline under the No Place Like Home (NPLH) program.
- VCBH provides supportive services for a minimum of 20 years for each PSH unit.
- Contracted Adult Residential Facilities (MHSA)
  - 5 Board and Cares (18-59 yrs) totaling 126 beds.
  - 2 RCFE (60+ yrs) totaling 90 beds.

**Note:** Residents at ARFs receive 24-hour care, including all meals, transportation, medication management along with social and recreational activities. The 7 contracted ARFs agree to accept client’s SSI in lieu of rent and VCBH provides some supplemental funding.

- **Non-Licensed, Independent Community Based Living (MHSA):** VCBH provides funding in the form of “loans” to clients seeking to live in non-licensed shared living situations such as sober living homes and room and boards. VCBH does not inspect these homes, nor do we place clients in them or recommend one over another. Although funding is in the form of a loan to the client VCBH pays the property manager directly.

- Motel stays are not considered “housing” although VCBH does make motel placements and pay for them on occasion. Motel stays are classified as temporary, transitional housing and/or emergency shelter.
- VCBH Case Managers provide housing navigation for all clients with housing need, a very complicated, non-linear, and lengthy process.

### ***Access and Outreach Division:***

- We are excited to welcome a new addition to our Access & Outreach Leadership – Laticha Perez, LMFT recently promoted to the role of Clinic Administrator of RISE Program. As she gets acquainted with all of RISE – we are ensuring the ongoing communication and partnership with our community partners that regularly make referrals into our Rise Program.
- We are also excited to welcome new staff into our division as we are actively recruiting to ensure we have the appropriate staffing to serve individuals/families accessing services.
- We continue to work diligently to ensure we are reducing unneeded touch points and support individuals get connected to appropriate resources.

### ***Adult Services Division:***

- VCBH in partnership Oasis Healthcare LLC and Many Mansions is preparing an application for Round 5 of the Behavioral Health Continuum Infrastructure Plan (BHCIP) funding. Twenty-five million dollars is being sought to help fund the construction of a 120-beds mental health rehabilitation center intended to address the needs of both conserved and court-ordered clients. BHCIP’s Round 5 is focused on “Crisis and Behavioral Health Continuum” with \$480M of available funding.
- The community planning events which help inform the MHSA Three-Year Plan concluded last month with more than 100 individuals participating. Feedback will be analyzed, and a preliminary plan will be circulated in February/March. It is still possible to provide feedback -- ideas, priorities, or solutions --- via the survey tool used in association with the community meetings. Please note that question one refers to the in person or video facilitation of the findings and can be skipped. The survey will close January 25, 2022.

#### **Links to the feedback survey**

English: [FY 22/23 CPP - Community Planning Process - English Survey \(surveymonkey.com\)](https://www.surveymonkey.com/s/fy2223-cpp-community-planning-process-english-survey)

Español: [FY 22/23 CPP - Proceso de Planificación Comunitaria - Español Survey \(surveymonkey.com\)](https://www.surveymonkey.com/s/fy2223-cpp-proceso-de-planificacion-comunitaria-espanol-survey)

- Next Suicide Prevention meeting is February 1<sup>st</sup> at 2pm it will be a hybrid meeting to take place in person in the training room or via zoom. Contact [MHSA@ventura.org](mailto:MHSA@ventura.org) for more information.

## ***Youth and Family (Y&F) Services Division:***

### Division Highlights

- The Y&F Division is pleased to share the following administrative update:
  - Effective Jan. 23, 2023: Kathleen “Kat” Leanos Baca, LCSW will be joining the Y&F Division as newly promoted Clinic Administrator for the Santa Paula and Fillmore clinics.

### Initiatives and Progress

- Oxnard Region YF has hired 2 RNs to join our multidisciplinary team. currently in training and integrating them into our YF infrastructure.

### Collaborations

- VCBH Management and Juvenile Facility (JF) Probation Management met to discuss VCBH staffing challenges and strategic planning for the upcoming year. VCBH is prioritizing the hiring of clinical staff for the JF. After hiring there will be increased an enhanced services including the provision of Evidence-Based Practice groups such as Seeking Safety, Moral Reconciliation Therapy, and Dialectical Behavioral Therapy. Another goal is to increase the number of youths enrolled in the Insights Full-Service Partnership.

### Training & Conferences

- Oct. 6, 2022: CAs Stephanie Cowie and Laura Nagle provided mental health training to the new class of CIT Academy trainees.
- Nov. 16, 2022: CA Stephanie Cowie provided Mental Health Risk Assessment Training for VCOE schools; Phoenix, Gateway, and Odyssey
- Jan. 5, 2023: VCBH ERSES staff attended IEP Basics Training provided by VCOE.

## ***Substance Use Services (SUS) Division:***

### Prevention Services:

- **Persons Experiencing Homelessness and SAFE CHOICES Campaign:** Over the last 10 months, SUS Prevention Services has been expanding messaging and outreach to vulnerable groups, emphasizing services provided by the County and local agencies. The ongoing Safe Choices campaign, running from April 2022 through present has included:
  - Resource Cards – small, pocket-size cards with key information, including food, one-stop centers, naloxone kits and more (see graphic).
  - DMV Video Screens – “Safe Choices” video still running across the county at Department of Motor Vehicles locations; all VC offices (5), May 2022 – present.



- Recycling Bin Posters; 4 Ventura locations  
Downtown, April 2022 – present
- Transit Posters, **All** Gold Coast Transit buses (61),  
with high visibility for target populations; and  
*average of 5,000 passenger trips per day*. Apr. –  
Sept. 2022
- [www.safechoicesvc.org](http://www.safechoicesvc.org)
- We have also partnered with the CEO’s office, Continuum of Care to make hygiene kits with OD prevention information available for the 2023 Survey of Persons Experiencing Homelessness. With this effort, branded hygiene kits with health and safety information are provided.

**Safe Choices Campaign** [www.SafeChoicesVC.org](http://www.SafeChoicesVC.org)

**DISSEMINATION**

- **Resource Cards**
- **DMV Video Screens**  
All offices (5)  
May 2022– present
- **Recycling Bin Posters**  
4 Ventura locations  
April 2022– present
- **Transit Posters**  
All buses (61)  
Apr. – Sept. 2022

*Average 5,000  
passenger trips per day,  
20–30 minutes per trip*

- **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 completed or currently pursuing the “Institutional Kit Program” include: **COMPLETED**
  - Oxnard Union High School District, Fillmore Unified, Hueneme Elementary, Conejo Valley Unified, Ojai Unified, and Moorpark Unified.

**ON DECK:**

- Santa Paula Unified
- Cal Lutheran University
- CSU Channel Islands
- Oak Grove School
- Las Virgenes District
- Oxnard Elementary School District
- Pleasant Valley School District
- Questions about OD Rescue Kits can be directed to the NO-OD phone line [805 667-6663](tel:8056676663)

### 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 are submitted in early January and the virtual on-site review is scheduled for March 2023.
- The Simi Valley clinic had an unannounced site audit from the DHCS licensing division in December, with zero deficiencies.

### DUI Program:

- DUI program noncompliance rate (the % of clients who default on their agreed-upon payment plan) remains below our pre-covid average. The rate increase has not impacted collections.
- Program experienced a decline in the census due to the court holiday closures, and the number of new enrollments is just under December 2019 levels.
- DUI had a large cohort of successful on-time completions (with a rate of disqualification well below the State average).
- The Ventura Court has advised that they are resuming pre-covid reopening in January and that the clients who have failed to enroll since 2020 will be prioritized.
- DUI clinics anticipate a surge of new enrollments and plan to fill vacancies to support the requests for new enrollments.

### **Quality Division:**

#### Quality Assurance

- **QA** 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. Continuous tracking and updates on providers licensing and credentialing requirements are monitored monthly. Improves workflow for Medi-Cal site certification. Grievances and appeals from beneficiaries are being addressed, resolved and track for quality improvement effort.
- **VCBH Policy Office:** Latest policy update covers medical equipment management plan, stock medication orders, SABG requirements, and adverse incident reporting. The updates to the release of confidential information policy are currently in the roll-out implementation phase. Additionally, Policy Office implemented a cross-functional BHIN Workgroup that reviews and assesses agency-wide impact of DHCS behavioral health notices.
- **Utilization Review (UR):** UR Team continues to transition from Retrospective chart reviews to Concurrent chart reviews. With the recent addition of 2 more Psychiatric Hospitals, approximately 95% of the hospitals that the UR team reviews have transitioned to the Concurrent Review Chart Review process. Starting this month, Quarterly reviews administrative exit reviews included the Senior Nurse to address questions regarding Medication Support.
- **Training:** Began identifying relevant training and trainers in the planning of the Annual Training Plan. Currently working on the 2<sup>nd</sup> year application for Mentored Internship Program (MIP) grant. Training for Clinical supervision series has begun and is well received and

appreciated.

### Quality Improvement

- **EQRO:** We recently received the draft reports from the FY 2022-23 Mental Health and DMC-ODS external quality reviews that happened November 8<sup>th</sup>-10<sup>th</sup>. We are now focusing on improvement efforts based on the opportunity areas and formal recommendations. Once the reports are finalized, they will share and posted to the [vcbh.org](http://vcbh.org) website.
- **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 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.
- **QMAC:** The Quality Management Action Committee (QMAC) Special Interest Group met in December; they provided feedback on the public-facing data dashboard. QI continues to recruit consumer/family/peer and community stakeholders for the QMAC. Names can be sent to [vcbh.quality@ventura.org](mailto:vcbh.quality@ventura.org)
- **Strategic Plan:** 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 continue and will do so through end of January 2023. We continue to work with CalMHSA IN performing gap analysis as well as reviewing the conversion file requirements. A SmartCare test environment is now available.
- **CalAIM Documentation Reform:** Standardized Screening tools have been installed in our Avatar Test environment. They are currently being reviewed with a goal of having them ready for training and release prior to January 1, 2023.
- **Opeeka P-CIS:** The implementation of the Youth & Family CANS Assessment Analysis Tool (P-CIS) continues. Admin staff have been trained and are in the process of testing system setup functionality. Avatar CANS assessments are submitted nightly to Opeeka.
- **FSP Client Key Event Tracking:** The MHSA Data Coordination Project implementation continues. Currently, notifications are received from the VCMC and Santa Paula hospitals regarding Emergency Room visits. We continue to work with 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.

### ***California Advancing and Innovating Medi-Cal:***

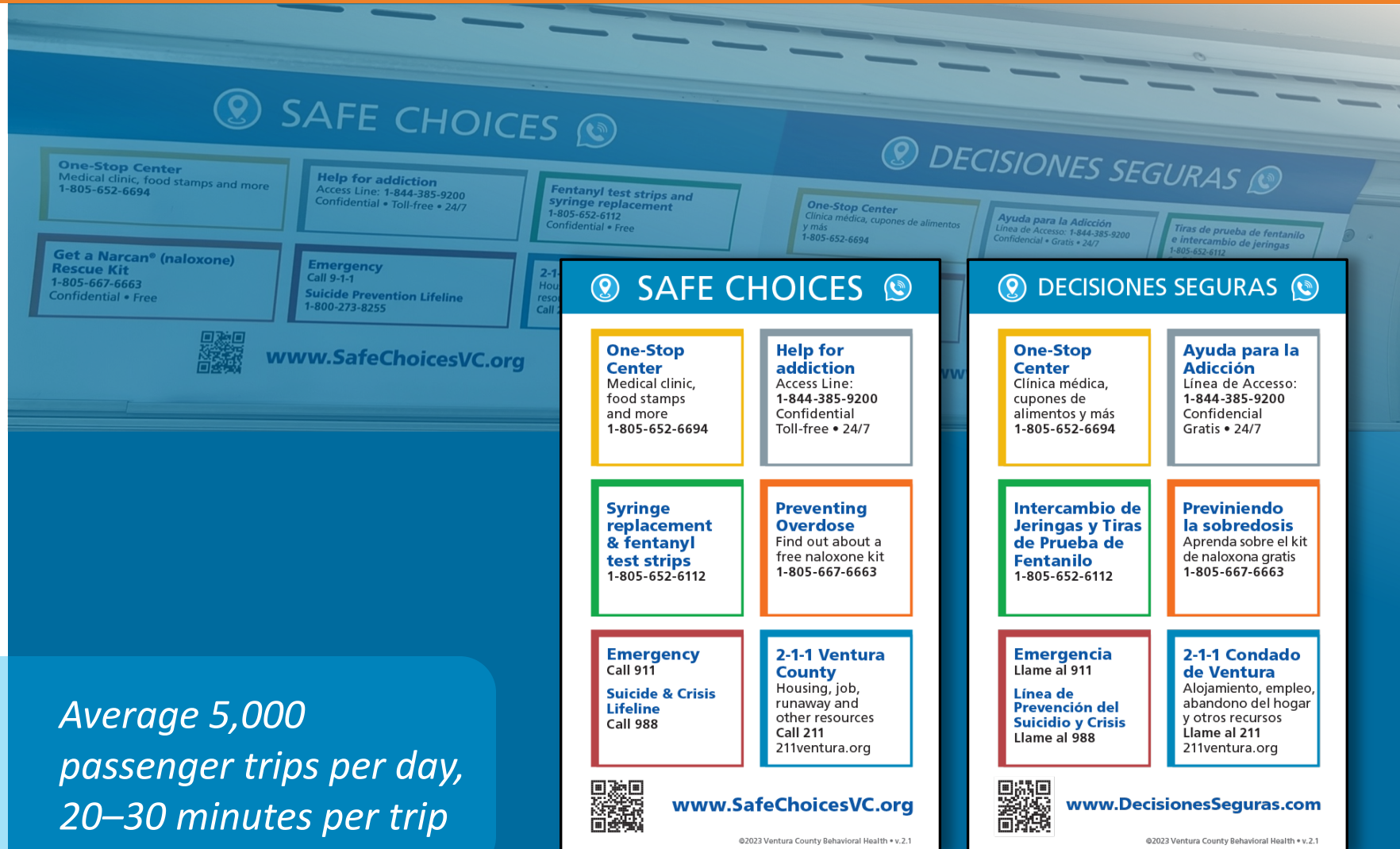
- VCBH's CalAIM unit (California Advancing and Innovating Medi-Cal) continues to coordinate CalAIM efforts across the department. The CalAIM team's support includes providing technical support in a variety of ways to both staff and contracted providers; and ongoing communication and collaboration with contracted county partners and the local managed care health plan continue to help facilitate a smooth implementation experience.
- On January 1, 2023, the Department of Health Care Services (DHCS) launched the Standardized Screening tools and Transition of Care tool. Although these tools launched on January 1<sup>st</sup>, DHCS has indicated that policies and procedures are required to be in place by March 1<sup>st</sup> and that the training of mental health providers should be conducted thereafter. VCBH will implement the tools once appropriate training is provided. Like the launch of Documentation Redesign, CalMHSA will provide a general training for the Standardized Tools through their Learning Management System. In addition to CalMHSA's training, VCBH-specific training will be provided. More information to come.
- The CalAIM team continues to work collaboratively with the Fiscal/Billing department to prepare contracted providers on the upcoming payment reform changes (effective July 1, 2023). Additional information will be communicated to contracted providers regarding contract changes and key documentation coding changes as it's received.
- CalMHSA has extended the grandparenting application deadline through June 30, 2023. The CalMHSA peer certification website has been updated to reflect this information. No other changes were made to the requirements or scholarship deadlines. The deadline for the curriculum in areas of specialization for crisis, justice involved, and unhoused has also been extended to July 1, 2023. CalMHSA has released an approved fee schedule for the application for certification, exam fee and retake exam fee. The fee schedule has been posted on the CalMHSA peer certification website.
- VCBH 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.

# Safe Choices Campaign

[www.SafeChoicesVC.org](http://www.SafeChoicesVC.org)

## DISSEMINATION

- **Resource Cards**
- **DMV Video Screens**  
All offices (5)  
May 2022 – present
- **Recycling Bin Posters**  
4 Ventura locations  
April 2022 – present
- **Transit Posters**  
All buses (61)  
Apr. – Sept. 2022



**VENTURA COUNTY BEHAVIORAL HEALTH**

Total Active Consumers In The Month Of December

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

As of 1/5/2023

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

\*\*VCBH enrolled consumers only

	VCBH Program Group							
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis	CSU**	IPU**
<b>Total Consumers With Open Episode</b>	<b>11,832</b>	<b>1,042</b>	<b>6,033</b>	<b>4,114</b>	<b>1,069</b>	<b>403</b>	<b>18</b>	<b>59</b>

\*\*VCBH enrolled consumers only

Total Consumers With Open Episode Age Group *	VCBH Program Group							
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis	CSU**	IPU**
0-15	2,910	33		2,666	302	35		
16-25	2,419	193	849	1,286	234	80	1	17
26-59	5,142	768	3,946	162	473	225	15	37
60+	1,361	48	1,238		60	63	2	5
<b>Grand Total</b>	<b>11,832</b>	<b>1,042</b>	<b>6,033</b>	<b>4,114</b>	<b>1,069</b>	<b>403</b>	<b>18</b>	<b>59</b>

\*\*VCBH enrolled consumers only

Total Consumers With Open Episode Preferred Language	VCBH Program Group							
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis	CSU**	IPU**
English	9,944	979	5,108	3,337	896	340	18	50
Spanish	1,150	47	523	478	141	29		7
Mixteco	10	1	5	3	2	1		
Non-Threshold Language	80	2	63	11	4	1		
Not Reported	648	13	334	285	26	32		2
<b>Grand Total</b>	<b>11,832</b>	<b>1,042</b>	<b>6,033</b>	<b>4,114</b>	<b>1,069</b>	<b>403</b>	<b>18</b>	<b>59</b>

\*\*VCBH enrolled consumers only

Total Consumers With Open Episode	VCBH Program Group							CSU**	IPU**
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis			
Latinx	6,142	592	2,716	2,606	522	141	4	25	
Non-Latinx	3,993	370	2,723	783	271	131	13	27	
Not Reported	1,686	80	590	722	273	130	1	7	
Declined to State	11		4	3	3	1			
<b>Grand Total</b>	<b>11,832</b>	<b>1,042</b>	<b>6,033</b>	<b>4,114</b>	<b>1,069</b>	<b>403</b>	<b>18</b>	<b>59</b>	

\*\*VCBH enrolled consumers only

Total Active Consumers At Each Location ***	VCBH Program Group							CSU**	IPU**
	Program Service Location	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			18	59	
Outside Ventura County (Contractor)	114	91	23						
<b>Grand Total</b>	<b>12,874</b>	<b>1,170</b>	<b>6,315</b>	<b>4,464</b>	<b>1,069</b>	<b>403</b>	<b>18</b>	<b>59</b>	

\*\*\* Consumers may be counted under multiple locations

\*\*VCBH enrolled consumers only

Total Consumers With Open Episode	VCBH Program Group						CSU**	IPU**
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis		
<b>Residence Region - City</b>								
<b>Conejo Valley</b>	<b>978</b>	<b>87</b>	<b>573</b>	<b>258</b>	<b>87</b>	<b>37</b>	<b>1</b>	<b>2</b>
Conejo Valley-Newbury Park	254	27	139	71	27	12	1	1
Conejo Valley-Oak Park	30	1	10	18	4			
Conejo Valley-Thousand Oaks	647	56	395	156	53	23		1
Conejo Valley-Westlake Village	47	3	29	13	3	2		
<b>Moorpark</b>	<b>358</b>	<b>22</b>	<b>138</b>	<b>176</b>	<b>27</b>	<b>15</b>		
Moorpark	358	22	138	176	27	15		
<b>Ojai</b>	<b>220</b>	<b>22</b>	<b>102</b>	<b>74</b>	<b>23</b>	<b>7</b>		
Ojai	171	20	86	50	16	6		
Ojai-Oak View	49	2	16	24	7	1		
<b>Oxnard Plains</b>	<b>5,322</b>	<b>471</b>	<b>2,712</b>	<b>1,909</b>	<b>474</b>	<b>165</b>	<b>5</b>	<b>24</b>
Oxnard Plains-Camarillo	751	45	442	236	41	31	1	4
Oxnard Plains-Oxnard	4,149	391	2,079	1,505	379	115	4	18
Oxnard Plains-Port Hueneme	396	34	179	159	49	18		2
Oxnard Plains-Somis	26	1	12	9	5	1		
<b>Santa Clara Valley</b>	<b>1,190</b>	<b>78</b>	<b>501</b>	<b>537</b>	<b>99</b>	<b>37</b>	<b>4</b>	<b>5</b>
Santa Clara Valley-Fillmore	366	31	146	168	30	11		2
Santa Clara Valley-Piru	44	4	15	20	6	2		
Santa Clara Valley-Santa Paula	780	43	340	349	63	24	4	3
<b>Simi Valley</b>	<b>1,363</b>	<b>114</b>	<b>664</b>	<b>488</b>	<b>134</b>	<b>54</b>	<b>1</b>	<b>5</b>
Simi Valley	1,363	114	664	488	134	54	1	5
<b>Ventura</b>	<b>2,063</b>	<b>208</b>	<b>1,175</b>	<b>566</b>	<b>205</b>	<b>73</b>	<b>6</b>	<b>20</b>
Ventura	2,063	208	1,175	566	205	73	6	20
<b>Not Reported</b>	<b>338</b>	<b>40</b>	<b>168</b>	<b>106</b>	<b>20</b>	<b>15</b>	<b>1</b>	<b>3</b>
Not Reported	338	40	168	106	20	15	1	3
<b>Grand Total</b>	<b>11,832</b>	<b>1,042</b>	<b>6,033</b>	<b>4,114</b>	<b>1,069</b>	<b>403</b>	<b>18</b>	<b>59</b>

Residence cities do not reflect consumer service location.

## The Brown Act *New Normal* (AB 2449) Teleconferencing Rules effective March 1, 2023, unless emergency order is extended.

1. AB 2449 requires a quorum of members be physically present. If there is not a physical quorum there is no quorum even if other members are teleconferencing.
2. Members of the public may participate in person, by phone or by teleconferencing.
3. A member may only teleconference for publicly disclosed "**just cause**" or in "**emergency circumstances**" approved by the legislative body.
4. Any member request for just cause or emergency circumstances should be stated on the record at the beginning of each meeting. Location is no longer required.

### 5. **Just Cause**

- a. A childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely.
- b. A contagious illness prevents the member from attending the meeting in person.
- c. A need related to a defined physical or mental disability that is not otherwise accommodated for.
- d. Traveling while on official business of the Brown Act Bode or another state or local agency.
- e. Just Cause is limited to two instances per calendar year.

### 6. **Emergency Circumstances**

- a. A physical or family medical emergency that prevents a member from attending the meeting in person. No other reason qualifies.
- b. No protected medical information needs to be given.
- c. No more than 3 consecutive months.
- d. Brown Act Body must vote to approve the emergency circumstance.

## **Procedure**

### **1. Just Cause**

- a. Notify Chair and staff at the earliest opportunity. We will determine if we have a physical quorum Friday afternoon.
- b. Members can make request as late as the beginning of the meeting.
- c. Provide general description of justification for remote attendance.
- d. Staff will document the request.
- e. No vote or action needs to be taken.

### **2. Emergency Circumstances**

- a. Notify Chair and staff as soon as possible.
- b. Member must provide a general (under 20 words) description.
- c. Request will be added to the beginning of the agenda for approval.

3. Members attending virtually must clearly state on the record if any other individual age 18 or older are present and nature of relationship.

4. Both video and audio are required to be on for entire meeting.

---

### Sample Agenda

1. Call to Order
2. Roll Call to determine Physical Quorum (*if no quorum meeting is adjourned*)
3. Roll Call of Members with Just Cause
  - a. State others present in room over age of 18
4. Requests for Emergency Circumstances
  - a. Chair requests a motion to approve remote attendance for \_\_\_\_\_ . Chair then requests a second. Brief description given.
  - b. Chair calls for vote to approve the request.
5. Approval of Agenda
- 6.

# Nate's Place

A WELLNESS AND RECOVERY CENTER



The Mission at Nate's Place, A Wellness and Recovery Center is to deliver targeted programs, healthy replacement activities, and peer support recovery coaching to teens and young adults (ages 13-25), to maintain sobriety and mental health in a safe, healthy manner.

# Why Nate's Place?

[Video: Nate's Story:](https://www.youtube.com/watch?v=LxHOZQnUyQU&list=PPSV)

<https://www.youtube.com/watch?v=LxHOZQnUyQU&list=PPSV>



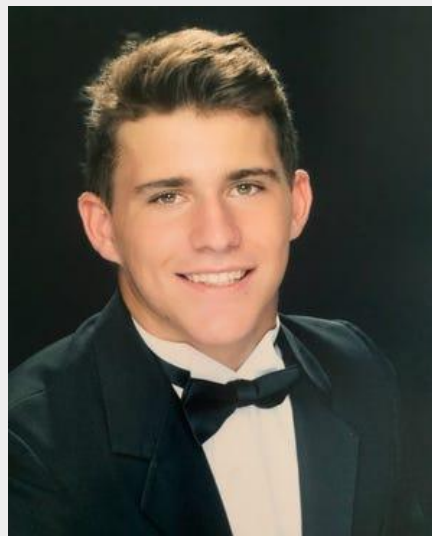
# Organizational History

## Nate's Story

Nate's Place was founded in memory of Nate Rhoades, who sadly passed away at the age of 21 after a car accident on January 20, 2022.

Nate's Place is a Tribute to Nate's:

- Recovery as a Teen
- Peer Support & Mentorship
- Healthy Recreational Activities & Fitness
- Ability to Uplift & Inspire Others



# Organizational History

## Founder History

Larry Rhoades: 40 years of experience in sales, management and logistics

Heidi Allison: 22 years working with adults and teens with mental health disorders, SUD

- Licensed Clinical Social Worker (L.C.S.W.)
- Former VCBH Employee (PSW IV), Santa Paula Adult Clinic 2004-2014
- Expertise in evidence-based treatment, Dialectical Behavior Therapy (DBT); Cognitive Behavior Therapy (CBT)
- Adjunct Professor: CSUDH, CSULA
- Current MediCal and Medicare Provider
- Completed Peer Support Specialist Training CalMSA (80 hrs)

## Board/Advisory Profile

### Governing Body

- 3 Licensed Therapists
  - Counseling agency owner with 10 Therapists in Ventura County
- 3 with experience in Recovery
- Business, Entrepreneurship, Corporate Public Relations and Media Relations expertise, Entertainment industry

# Statement of Need in Ventura County

## Substance Use Disorders

- In Ventura County, SUD most prevalent in ages 18-25 (2x the state rate)
- In CA, in 2019, 20.7% of people ages 12-25 had an SUD

## Opioid Crisis

- In 2022, over 200 Ventura County residents died from an opioid drug overdose (33% increase from 2021)
- VC Opioid Abuse Suppression Task Force declared Public Health Crisis

## Mental Health

- Mental health conditions in teens had increased further during the pandemic as 37% of high school students report that they have experienced poor mental health
- Depression to become #1 cause of disability by 2030

## Gap in Services

### Teens and Young Adults are *Most* Susceptible to Peer Influence

Nate's Place provides a **Sense of Community** for at-risk teens and young adults



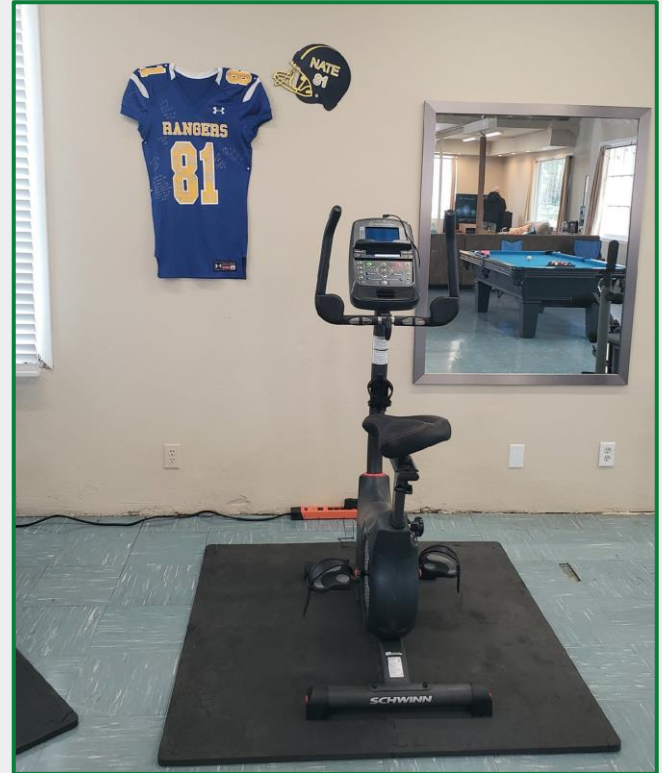
- ZERO programs in V.C. incorporate Peer Support Recovery Coaching and Healthy Recreational Activities
- Limited accessibility for low income and/or MediCal participants
- Most SUD/Co-occurring disorders treatment is for adults, with private pay/insurance other than MediCal

# Organizational Overview

Client Demographics	Focus	Services
<ul style="list-style-type: none"><li>● At-risk teens and young adults (Transitional Age Youth, TAY), ages 13-25.</li><li>● Low to middle income socioeconomic status.</li><li>● Includes all ethnicities, cultural backgrounds, LGBTQ (provide culturally sensitive services).</li><li>● Oxnard and Ventura Students/Residents.</li></ul>	<ul style="list-style-type: none"><li>● <b>Substance Use Services (SUS)</b></li><li>● <b>Prevention and Early Intervention (PEI)</b></li><li>● Co-occurring SUS/Mental Health Disorders</li><li>● Aftercare Services</li></ul>	<ul style="list-style-type: none"><li>● Intake Assessment</li><li>● Peer Support Recovery Coaching</li><li>● Healthy Recreational Activities</li><li>● Group Counseling and Education Groups</li><li>● Medical Visits, Exams</li><li>● AA/NA Meetings (Young Persons)</li><li>● Family Support Groups</li><li>● Individual Counseling</li></ul>

## Peer Support Recovery Coaching

- Trained Peer Support Recovery Coaches (with lived experience), mentor and support participants to help them maintain sobriety and stable mental health
- 3-6 hours per week of 1:1 engagement, coaching, support, and role modeling
- Goal Setting, Treatment Planning, Groups
- Assist participants in identifying at least 2 healthy activities



## Healthy Recreational Activities

**Fitness & Recreation**      Weight Lifting, Boxing, Rock Climbing, Hiking, Fishing, Ping pong, Pool, Hacky sack, Juggling

**Art & Music Therapy**      Native American Drumming and Guitar Lessons, Art Therapy Groups

**Holistic**      Mindfulness Meditation, Yoga, Journaling

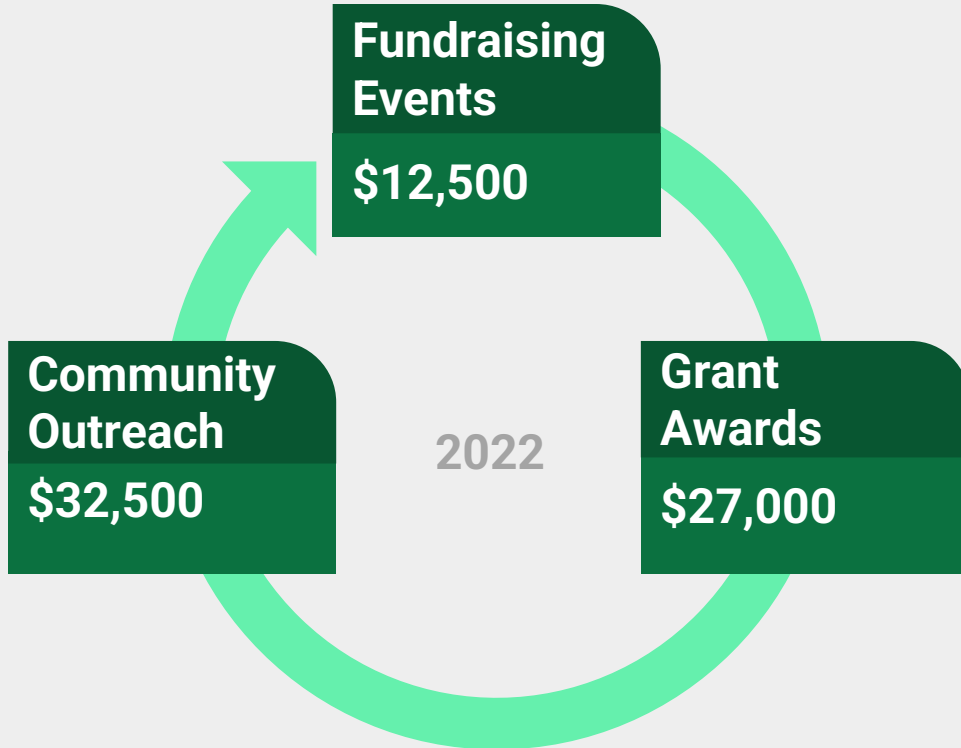


## Counseling and Medical Treatment

- Initial Intake (ASAM Assessment); Assess Risks
- Groups
  - Education/Counseling (“Seeking Safety”)
  - 12-step Meetings (AA/NA for Young Persons)
  - Weekly Group Topics (peer pressure, triggers, identifying emotions, relapse prevention, family relationships, etc.)
  - Family Support Groups and Psychoeducation
- Medical Exams, Med Assistance by VCMC Residents
- Individual Therapy as needed
  - Referrals and Linkage



# Fundraising Strategy



- Oxnard Union High School District's Peer Wellness Centers
- Nordhoff High School's Peer Wellness Centers
- VCMC's Behavioral Health/Addiction Clinic
- Substance Use Treatment Programs and Behavioral Health Providers
- Trails By Potter
- Fishing Company at Fisherman's Wharf for at-risk teens
- OneLegacy Foundation

# Organizational Status



## Fundraising



\$300,000 Goal - June 2023; Awarded 2 Grants to date; Applying for 4-5 Grants Monthly.

## Grand Opening



Thursday, 2/23/23 at 5:00 P.M.  
Open doors to clients on 2/28/23.

## Initial Staffing



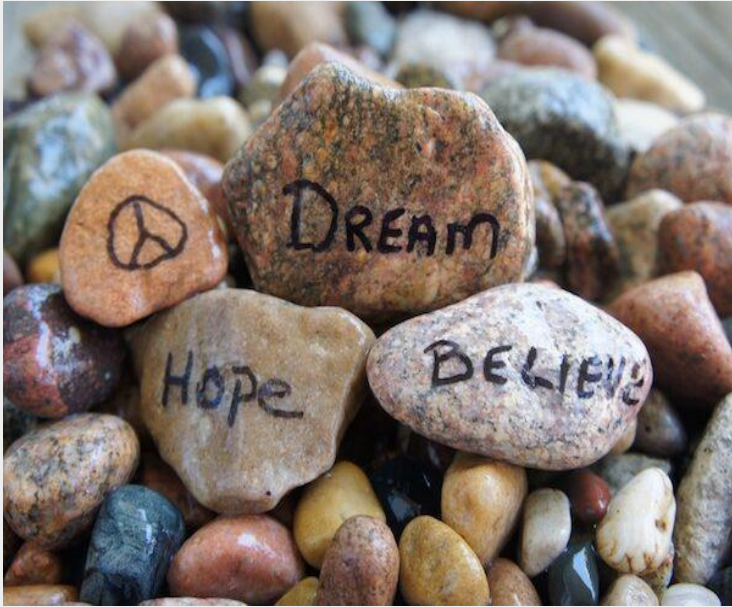
2-3 Peer Support Recovery Coaches, 1 Addiction Counselor, 2 Activity Associates, 1 Administrative Associate.  
Credentialing (in process), then MediCal Certification;

## DHCS



Working on Employee Handbooks, Policy & Procedures, etc.

- Reduction in SUD, Relapse, Mental Health Symptoms
- Increased Sense of Community among Teen/Young Adult Participants
  - ◆ Social Support, Sense of Belonging
  - ◆ Incorporate Healthy Recreational Activities into daily routines
  - ◆ Improved Relationships with Providers
- Increased Accessibility to SUD/Mental Health Services
  - Transportation support via van; MediCal; Afternoon & Evening Hours, Open on Saturday
- Reduce Generational Cycles of SUD/Mental Health = Community Resilience
- Increase Safety and Reduce City/County Costs
  - ◆ Reduction in hospitalizations, overdoses, traffic accidents, criminal justice involvement, emergency service utilization



***Thank You!***

[natesplacewellness.org](http://natesplacewellness.org)

805-628-2552

[natesplacewellnesscenter@gmail.com](mailto:natesplacewellnesscenter@gmail.com)

# References

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  - [Ventura County Responds](#)
  - [Source](#)
- VC Opioid Abuse Suppression Task Force declared Public Health Crisis
  - [Coast Ventura County](#)
- Mental health in teens had declined further during the pandemic as 37% of high school students report that they have experienced poor mental health
  - [CDC \(March 2022\)](#)
- Depression to become #1 cause of disability by 2030
  - [National Library of Medicine](#)

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**Ventura County Behavioral Health**  
**Board Letter Summary of Contracts for December 2022**

Board Date	Contractor	Amount	Term	Description
12/6/2022	PathPoint	\$511,305	July 1, 2022 through June 30, 2023	<b>Third Amendment to the Agreement with PathPoint for Adult Rehabilitation Services.</b> On May 6, 2022 the Department of Health Care Services (DHCS) released Behavioral Health Information Notice (BHIN) No: 22-026, outlining new requirements for Peer Support Services for Medi-Cal providers. Among other things, Peer Support Services are defined as culturally competent individual and group services that promote recovery, engagement, and socialization. As of July 1, 2022, the Short Doyle Medi-Cal claiming system was updated to reflect Peer Support Services as its own separate and distinct service. Therefore, in response to that notice (BHIN NO: 22-026), providers were asked to submit budget modifications that either added Peer Support Services if they were not already being provided/included in their Agreements, and/or to list the cost for Peer Support Services as a separate and distinct service. In addition, VCBH is modifying its Peer Support Services Agreements as follows: (1) Exhibit A (Scope of Work) to include new language related to the Peer Support services to establish these services as separate and distinct and (2) Exhibit B (Payment Provisions) to delineate the case management units of service that are provided by Peer Support service providers and those provided by all other service providers. Specifically, the Agreement with PathPoint is being amended to cover the cost of adding one (1) Full Time Equivalent (FTE) employee and the purchase of new equipment such as an agency cellphone and a laptop in order to support the new position. The additional expense increases the current budget from \$476,739 to \$511,305 (an increase of \$34,566). Source of Funding is Short Doyle/Medi-Cal (SD/MC) Federal Financial Participation (FFP) and 1991 Realignment (Trust N520-717C).
12/6/2022	Turning Point Foundation (TPF)	\$435,742	July 1, 2022 through June 30, 2023	<b>Sixth Amendment to the Agreement with TPF – Growing Works for Psychiatric Rehabilitation-Oriented Services.</b> On May 6, 2022 the DHCS released BHIN No: 22-026, outlining new requirements for Peer Support Services for Medi-Cal providers. Among other things, Peer Support Services are defined as culturally competent individual and group services that promote recovery, engagement, and socialization. As of July 1, 2022, the SD/MC claiming system was updated to reflect Peer Support Services as its own separate and distinct service. Therefore, in response to that notice (BHIN NO: 22-026), providers were asked to submit budget modifications that either added Peer Support Services if they were not already being provided/included in their Agreements, and/or to list the cost for Peer Support Services as a separate and distinct service. In addition, VCBH is modifying its Peer Support Services Agreements as follows: (1) Exhibit A (Scope of Work) to include new language related to the Peer Support services to establish these services as separate and distinct and (2) Exhibit B (Payment Provisions) to delineate the case management units of service that are provided by Peer Support service providers and those provided by all other service providers. The Amendment to the Agreement with TPF – Growing Works covers the cost of adding one (1) FTE and .2 FTE for additional oversight. The additional expense increases the maximum contract amount from \$325,000 to \$435,742 (an increase of \$110,742). Source of Funding is Proposition 63 Mental Health Services Act (MHSA) and SD/MC FFP.
12/6/2022	TPF	\$1,184,294	July 1, 2022 through June 30, 2023	<b>Fifth Amendment to the Agreement with TPF – REHAB for Social Rehabilitation Services.</b> On May 6, 2022 the DHCS released BHIN No: 22-026, outlining new requirements for Peer Support Services for Medi-Cal providers. Among other things, Peer Support Services are defined as culturally competent individual and group services that promote recovery, engagement, and socialization. As of July 1, 2022, the SD/MC claiming system was updated to reflect Peer Support Services as its own separate and distinct service. Therefore, in response to that notice (BHIN NO: 22-026), providers were asked to submit budget modifications that either added Peer Support Services if they were not already being provided/included in their Agreements, and/or to list the cost for Peer Support Services as a separate and distinct service. In addition, VCBH is modifying its Peer Support Services Agreements as follows: (1) Exhibit A (Scope of Work) to include new language related to the Peer Support services to establish these services as separate and distinct and (2) Exhibit B (Payment Provisions) to delineate the case management units of service that are provided by Peer Support service providers and those provided by all other service providers. The Amendment to the Agreement with TPF – REHAB covers the cost of certifying an existing Peer Counselor .55 FTE at the Ventura location and adding a new .55 FTE at the Oxnard location. The additional expense increases the maximum contract amount from \$1,169,340 to \$1,184,294 (an increase of \$14,954). Source of Funding is SD/MC FFP and 1991 Realignment (Trust N520-717C).
12/6/2022	California Department of State Hospitals (DSH) and California Mental Health Services Authority (CalMHSA)	\$0	July 1, 2022 through December 31, 2022	<b>Amendment to the Memorandum of Understanding (MOU) with the California DSH and CalMHSA for the Utilization of State Hospital Beds, to Extend the Term of the MOU and Increase Bed Utilization Rates.</b> DSH has jurisdiction over all state hospitals which provide services to persons with mental disorders, in accordance with Welfare and Institutions Code (WIC) section 4100, et seq. Under WIC section 4330, counties must reimburse DSH for their use of state hospital beds and services. The amendment to the MOU for state hospital bed utilization services was not received from DSH and CalMHSA until October 14, 2022. Because of the need to continue to secure state hospital beds for VCBH clients/patients and for continued negotiation services from CalMHSA, VCBH authorized the acquisition and payment for bed utilization services and ongoing negotiation services prior to receiving approval of the amendment to the MOU with DSH/CalMHSA. The existing MOU between DSH, CalMHSA, and participating counties defines the patient referral process, bed types and uses, admission and discharge procedures, treatment coordination procedures, compensation requirements, and other requirements related to patient and records management. The MOU has been beneficial in stabilizing hospital bed costs, standardizing levels of care, and delineating admissions and discharge processes. The amendment extends the term of the MOU for a six-month period, July 1, 2022 through December 31, 2022, to allow additional time for DSH and CalMHSA to negotiate and finalize a new MOU for the provision of state hospital bed utilization and related services for FY 2022-23 (Final FY 2022-23 MOU). The amendment also increases the daily bed rates for FY 2022-23 as follows: (1) intermediate care facility beds increase from \$626 to \$728, (2) acute facility beds increase from \$626 to \$753, and (3) skilled nursing facility beds increase from \$775 to \$806. Source of Funding is 1991 State Realignment (Trust N510-717C).
12/6/2022	CalMHSA	\$1,402	July 1, 2022 through June 30, 2023	<b>Participation Agreement with CalMHSA for the Negotiation of a New MOU with DSH for State Hospital Bed Utilization.</b> CalMHSA is a joint powers authority comprised of counties and cities with mental health programs. On behalf of its members, CalMHSA annually negotiates an agreement with DSH for the utilization and payment of state hospital bed space and associated services. CalMHSA and DSH are in the process of negotiating an agreement for FY 2022-23; however, that new agreement is not complete. CalMHSA also serves as a liaison agency for ensuring compliance with the terms and conditions of the MOU. The Participation Agreement with CalMHSA authorizes CalMHSA, on behalf of participating counties including the County, to negotiate a new contract with DSH for state hospital bed utilization services and rates. The Participation Agreement goals include: (1) contracting with DSH for access to and use of state hospital beds, (2) ensuring DSH compliance with CalMHSA's contract with DSH, (3) analyzing cost containment strategies that will create efficiencies in the utilization of state hospital beds, (4) establishing standardization of services and consistency in services, (5) identifying and determining the feasibility of utilizing alternatives to state hospital resources, and (6) evaluating opportunities for the development of programs for special populations requiring 24-hour treatment services. Under the terms of the Participation Agreement, CalMHSA charges VCBH \$1,402 for FY 2022-23, which is the same amount charged by CalMHSA for similar services in prior fiscal years. Both the amendment to the MOU for state hospital bed utilization services and the Participation Agreement for related negotiation services were not received from DSH and CalMHSA until October 14, 2022. Because of the need to continue to secure state hospital beds for VCBH clients/patients and for continued negotiation services from CalMHSA, VCBH authorized the acquisition and payment for bed utilization services and ongoing negotiation services prior to receiving approval of the amendment to the MOU with DSH/CalMHSA and the new Participation Agreement with CalMHSA. Source of Funding is 1991 State Realignment (Trust N510-717C).

12/13/2022	California Department of Social Services (CDSS)	\$2,096,756	August 1, 2022 through June 30, 2029	<p><b>Ratification of the Ventura County Behavioral Health Director's Acceptance of CDSS Community Care Expansion (CCE) Preservation Program Non-Competitive Funds.</b> California has a shortage of licensed adult and senior care facilities that accept individuals receiving Supplemental Security Income/State Supplementary Payment (SSI/SSP). Adult Residential Facilities or "ARF" include both Board and Care for adults ages 18-59 and Residential Care for the Elderly (RCFE) for people ages 60 plus. These facilities are commonly known as assisted living facilities and can cost anywhere from \$5,000 to \$10,000 per month for a private room. Licensed ARFs provide 24-hour care for clients in need of a high level of support but who do not yet require skilled nursing services. Licensed ARFs provide room and board, all meals and snacks, medication management, social and recreational activities and transportation to residents. VCBH contracts with eight (8) licensed ARFs that accept SSI/SSP clients for a total available bed count of 231 beds. The contracted facilities accept people receiving SSI and SSP who endorse their monthly payment to the ARF operator in the amount of \$1,060 per month to cover room and board in addition to all living expenses. Not only is there a shortage of licensed ARFs that accept SSI and SSP, but existing facilities are closing at an alarming rate due to these low payments from high needs residents. Many licensed ARF operators in Ventura County have closed in the last ten years choosing instead to sell their properties. The CDSS CCE Preservation Program is one part of the total \$805 million CCE program, which was established through Assembly Bill 172, passed by the Legislature in 2021. Funds have been allocated by the State to county governments through a non-competitive award process. Counties are tasked with designing and implementing local programs that will preserve existing licensed adult and senior care facilities and disbursing funds accordingly. Specifically, the CCE Preservation Program funds construction and rehabilitation projects and provides operating subsidies to preserve existing licensed ARFs throughout the State. On July 5, 2022, VCBH received notice from the CDSS that it was being awarded \$2,096,756 in CCE Preservation Program non-competitive funds, with \$1,533,389 available for Capital Project (CP) Program expenses for the period starting August 1, 2022 through December 31, 2026, and \$563,367 available for Operating Subsidy Payment (OSP) Program expenses for the period starting August 15, 2022 through June 30, 2029. These funds will be utilized to improve licensed ARFs in Ventura County serving residents who are recipients of SSI/SSP. The CCE Preservation Program requires VCBH to submit an implementation plan for the utilization and prioritization of CCE Preservation funding by January 15, 2023. Source of Funding is CCE Preservation Grant and Proposition 63 MHSA.</p>
12/13/2022	California Department of Health Care Services (DHCS)	\$109,062,000	July 1, 2021 through June 30, 2024	<p><b>Amendment No. A01 to State Standard Agreement No. 21-10037 with the California DHCS for the Provision of Drug Medi-Cal Organized Delivery System (DMC-ODS) Substance Use Disorder (SUD) Services.</b> In December 2018, VCBH began implementing DMC-ODS, a new system of health care service delivery for Medi-Cal beneficiaries that includes the provision of SUD services, modeled after the American Society of Addiction Medicine (ASAM) criteria for SUD treatment services. Essential components include: (1) treatment services available to beneficiaries, (2) beneficiary procedures for moving through different levels of the continuum of care, (3) beneficiary access and data collection information, (4) coordination procedures for mental health service beneficiaries with co-occurring disorders, (5) coordination procedures for provision of physical health services, (6) county coordination assistance needs, (7) the availability and accessibility of adequate number and types of service providers in the county, (8) county procedures for timely access to care and service requirements, (9) training options that will be made available to service providers, (10) county technical assistance needs, (11) quality assurance procedures and oversight, (12) procedures to ensure the county will use evidence-based practices, (13) telehealth services, (14) contracting process and procedures, (15) medication assisted treatment plans, (16) residential services authorization processes, and (17) a mechanism for sharing information and coordinating service delivery for beneficiaries served. On September 14, 2021, the Board approved State Standard Agreement No. 21-10037 between the County and DHCS for VCBH's provision of DMC-ODS SUD services for FY 2021-24 which identifies and provides covered DMC-ODS services for SUD treatment for Medi-Cal beneficiaries within VCBH's service area. VCBH must meet conditions and requirements for the array of SUD services that are provided under the DMC-ODS waiver to receive federal and state allocated funds. Specifically, the Agreement details the: (1) program offerings and system access requirements, (2) program integrity requirements, (3) beneficiary protection requirements, (4) data and information submission requirements, (5) approved county proposed rates for all services, (6) revenue and expenditure reporting requirements, (7) funding usage and reimbursement requirements, (8) audit and record requirements, (9) various requirements associated with conducting business with the State of California, (10) information confidentiality and security requirements, and (11) privacy and information security provisions (as defined under the Health Insurance Portability and Accountability Act of 1996 and California Information Practices Act). Under the Agreement, VCBH provides the following DMC-ODS SUD services: adult/adolescent outpatient, intensive outpatient and narcotic/opioid treatment services, as well as Drug Medi-Cal adult/adolescent residential treatment, withdrawal management, recovery support services, care coordination and case management, physician consultation programs, medication assisted treatment and a 24/7 beneficiary Access Line. The Amendment revises the current Agreement to: (1) update the Indian Health Care Providers enrollment, certification, service provision, and rate requirements, (2) add requirements related to the timely provision of covered substance use disorder services that are appropriate for each beneficiaries' condition, consistent with good professional practice, and in line with established provider networks, policies, procedures, and quality assurance monitoring systems that ensure clinical appropriateness, (3) revise some grievances and appeals resolution and notification timeframes, (4) revise and add requirements related to nondiscrimination, language assistance, and information access for individuals with limited English proficiency and/or disabilities, (5) add additional Discrimination Grievance Coordinator and grievance reporting requirements, (6) add new professional staff requirements related to Alcohol or other drug counselors, Medical Directors of Narcotic Treatment Programs, and Peer Support Specialists, (7) add DMC-ODS services assessment, access, and level of care determination criteria, and (8) add new mandatory and optional DMC-ODS covered services and requirements. Source of Funding is Drug Medi-Cal (DMC) Federal Financial Participation (FFP) Funds-93.778 and State General Fund.</p>
12/13/2022	CAREGIVERS: Volunteers Assisting the Elderly	\$766,285	September 1, 2022 through June 30, 2027	<p><b>Agreement with CAREGIVERS: Volunteers Assisting the Elderly for Managing Assets For Security and Health (MASH) Senior Supports for Housing Stability Services.</b> On May 10, 2022, VCBH sought Board approval to submit a MHSA Innovation Project to combat housing concerns for at risk seniors in Ventura County. The multi-phase M.A.S.H project was created in order to provide a number of services for seniors who have either already lost stable housing or will be losing their current housing, including for example, assistance with finding new housing, financial education to maintain current residence, and counseling services. In order to support this project and provide direct services to seniors, the new Agreement with CAREGIVERS: Volunteers Assisting the Elderly, for M.A.S.H. senior support for housing stability services is needed, in the amount of \$766,285, effective September 1, 2022 through June 30, 2027. Source of Funding is Proposition 63 MHSA, SD/MC FFP.</p>
12/13/2022	Evalcorp	\$74,328	January 1, 2023 through December 31, 2026	<p><b>Agreement with Evalcorp for Data Collection and Analysis Services.</b> In order to support the M.A.S.H. Innovation Project and complete the required data analysis and performance outcomes to the Mental Health Services Oversight and Accountability Commission (MHSOAC), the new agreement with Evalcorp is needed, in the amount of \$74,328, effective January 1, 2023 through December 31, 2026. Source of Funding is Proposition 63 MHSA and SD/MC FFP.</p>