

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, February 27, 2023, 1:00 – 3:30PM

BHAB Members Present:

Michael Rodriguez, Chair	Chris Tejeda, 1 st Vice Chair
Nancy Borchard, 2 nd Vice Chair	Janis Gardner, Secretary
Elizabeth R. Stone, Member-At-Large	Liz Warren
Matt LaVere, BOS	Carol J. “C.J” Keavney
Jennifer Morrison	Naomi Marrufo
Claudia Armann	Soledad Barragan
Cheryl Heitmann	Patricia Mowlavi
Kevin Clerici	Marlen Torres

Guests:

Lorena Suarez, SP Interpreter	Ariana Del Zotto, SP Interpreter
Shawn Pewsey, VCSO	James Espinoza, VC District Attorney
Jason Canger, VC County Council	Robert O’Riley, BOS 5 th District
Pete LaFollette, Client Network	Tina Wang, VC CEO
Herman Corteza, Pacific Clinics	Lourdes Solorzano, BOS 1 st District
Erin Olivera,	Roberta Griego, NAMI
Ratan Bhavnani, NAMI Volunteer	Staci Hall, FIND

Ventura County Behavioral Health (VCBH) Staff Present:

Scott Gilman, Director

Dr. Loretta Denering, Assistant Director

Dr. John Schipper, Adult Services Division Chief

Monica Neece, Suicide Prevention Coordinator

Esperanza Mata, MHSA Community Service Coordinator

Jakeline De Leon, Management Assistant/Zoom Engineer

- I. **Call to Order** – The meeting was called to order at 1:01PM by 1st Vice Chair Chris Tejada. Lorena Suarez and Ariana Del Zotto, 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 Agenda** – The Behavioral Health Advisory Board General Committee agenda for February 27, 2023, was approved (Stone/Gardner/Passed). The agenda was approved as written by majority vote through roll call.
- V. **Approval of the January 23, 2023, Minutes** – The Behavioral Health Advisory Board General Committee minutes for January 23, 2023, were approved (LaVere/Heitmann/Passed). Ms. Stone and Ms. Warren abstained.
- VI. **The Brown Act *New Normal* Discussion** – Director Scott Gilman provided an overview of the new Brown Act rules. Beginning in March, the new Brown Act rules will go into effect and the emergency declaration by the governor will end February 28th. The Brown Act rules will be applying to all subcommittees of the Behavioral Health Advisory Board as well. The new Brown Act Rules state there must be a physical quorum present to do business and if there is not a physical quorum present, the meeting should be canceled or rescheduled. Actions may also need to be taken for members joining the meeting via Zoom through “Just Cause” or “Emergency Circumstance” and if anyone over the age of 18 is present, they must provide their name. If

members are not able to attend the meeting in person, to please notify the BHAB management assistant, Ms. De Leon by noon Friday.

VII. Public Comments – NONE.

VIII. Chair Comments – Chair Rodriguez commented he celebrated his father's 80th birthday in the past weekend and was able to see his family which reminded him that they need to cherish each day and continuously strive to improve themselves, services, and meaningful access to services. Chair Rodriguez also commented about the new Brown Act Rules and provided a brief overview of the rules.

IX. Director's Report – Director Gilman presented his report. In cooperation with OASIS Health Care and Many Mansions, an application was sent for funding through the California Infrastructure plan or VCHIP for 19.75 million to help finance the 120 bed facility. The draft of the community feedback for the MHSA plan has been posted on the VCBH website. The report includes the new addition of the out of county placements and it will be included the report quarterly. New trend data has also been added to the report on pages 1 through 4 for fiscal year 2021 compared to fiscal year 2022 and 2023 for the total active consumers. Lastly Ms. De Leon shared her screen to display the Community Wellness Mini-Grants Program – Notice of Availability of Funding. Dr. Shipper and Director Gilman provided an overview of the program and the application guidelines. The Community Wellness Mini-Grants program can be found at the VCBH website under News and Updates:
<https://www.vcbh.org/en/about-us/news-and-updates>.

X. Board Member Comments & Announcements – Ms. Morrison requested to have BHAB General meeting announcements posted on the VCBH website more than one week prior to the next BHAB General meetings. Chair Rodriguez and Director Gilman will be following up on Ms. Morrison's request.

XI. Secretary's Report / Announcements – Secretary Gardner provided her report and announcements. She announced February is Black History Month and congratulated Chair Rodriguez and Ms. Torres for their reappointment to the board by the Board of Supervisors. There are currently two openings for BHAB members in Supervisor Parvin's office and James Espinoza is one of the candidates for the Veteran vacancy for the BHAB. Ms. Gardner also mentioned Dianne McKay was appointed to the BHAB by the Board of Supervisors. The Mixteco Indigena Community Organization Project (MICOP) will be hosting a fundraiser on March 17th at 5:30PM at the Consulate of Mexico, 5151 W 5th Street in Oxnard, CA. Residents and dignitaries celebrated the opening of the the Port Hueneme Teen Center, a collaboration

between the City and Port Hueneme. Teens 13-18 can congregate at the center to receive education and career support, character, leadership development and life skill training. The site will also provide social/emotional health for teens to recover from COVID 19 disruptions. The Teen Center is located at the Ovene Community Center and will be open Monday-Friday 3:00-7:00 p.m. Two workers will be employed to assist the teens. An English and math tutor will also be available. The Board of Supervisors approved MOU's, including wellness centers services funding, from MHSSA, and CALMESA. Director Gilman added that disability rights organizations filed a petition requesting an injunction on implementation of CARE Courts as being unconstitutional, the state responded to their concerns and disability rights organizations filed another briefing appealed to the supreme court, requesting an injunction.

XII. BHAB Committee Reports

A. Disparities Reduction Committee (November 1 & January 3) –

Secretary Gardner provided the report for the Disparities Reduction committee on behalf of Ms. Torres. The committee has not been able to meet due to the lack of a quorum and the next Disparities meeting will be March 7th at 4:30PM.

B. Adult Services Committee (January 5) – 1st Vice Chair Tejeda provided a report for the Adult Services committee. A quorum was not met however, they continued the discussion to outline goals and areas they would like to focus on such as whole service partnerships in the county. They will also follow up on the Stepping Up Initiative and MHSA programs.

C. Prevention Committee (January 10) – Secretary Gardner provided a report for the Prevention Committee. VCBH Substance Use Services Chief, Raena West attended the Prevention committee, Greg Bergan provided an update for MHSA, and VCBH Prevention Services Manager, Dan Hicks, presented Adapting Efforts During Covid and Prevention Services Update 2020-2023. She also mentioned prevention services created a new digital outreach strategic plan of collaboration, addressing health disparities, opiates, fentanyl, underage binge drinking, addiction and a healthy choices campaign. Overdose Prevention programs have increased, their Naloxone kits are in 52 sites, and substance use prevention education is offered to parents in Spanish. Lastly, the Fentanyl is Forever campaign trucks are going around Ventura County, six days a week and the drivers have a supply of resources both in English and Spanish.

D. Youth & Family Committee (February 8) – Mr. Clerici provided a report for the Youth and Family Committee. Youth and Family Division Chief, Cheryl Fox provided an update on CalAIM, a new clinic administrator, the

pilot program and finding a nurse to join the treatment team. The next meeting will be April 12 and there will be a presentation on a pediatric mental health collaborative.

- E. Transitional Age Youth Committee (February 15)** – Ms. Stone provided a report for the TAY committee. There was a quorum halfway through the meeting. They discussed goals such as outreach and engagement for the TAY committee and had a presentation from the new mobile crisis team.

- XIII. Presentation: Peer Support: Values, Funding, and Next Steps** – Ms. Stone shared her screen with the committee and provided a PowerPoint presentation on the peer support values, funding, and next steps. Ms. Stone's presentation and flyers will be attached to these minutes.

XIV. Old Business

- A. Needs Assessment: Status Update** – Chair Rodriguez provided an update. EvalCorp has begun contacting members of the Executive committee for interviews.

- B. Site Visits Resumption: Announcement/Requests for Sites** – The BHAB will resume site visits utilizing existing protocols for site visits. To request site visits please contact Chair Rodriguez at michael.rodriquez@venturra.org and the BHAB management assistant at bhabadmin@ventura.org. Ms. Stone requested to visit the Crisis Residential Treatment Center, any board members whom would like to join, can email her elizabeths.bhab@yahoo.com. 1st Vice Chair Tejada also requested to visit the TIM Unit at the Ventura County Jail and Jail-based Competency program. Sergeant Pewsy commented he will coordinate the site visit(s) with Chair Rodriguez.

XV. New Business

- A. Brown Act Public Emergency Allowances/Teleconferences: Requirements for Local Brands and Commissions: Continue to Meet Remotely or via a Hybrid Remote/In-Person Model** – (Stone/Armann/Passed). The motion was approved by majority vote through roll call.

- B. Annual Report Workgroup** – The annual report workgroup for the last fiscal year was approved (Stone/Gardner/Passed). The motion was approved by majority vote through roll call. Any board members who would like to join the workgroup can contact Chair Rodriguez at Michael.rodriquez@ventura.org.

C. Ombudsman Workgroup Report – Due to time constraints, his item will be tabled for the next BHAB General meeting.

D. Presentation Requests – All presentation requests can be sent to Chair Rodriguez at Michael.rodriquez@ventura.org and bhabadmin@ventura.org with a description of the subject and who will be conducting the presentation.

E. 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 and bhabadmin@ventura.org. 1st Vice Chair Tejada is coordinating Jerry Harris' recognition.

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

XVII. Public Comments – Secretary Gardner thanked Ms. Stone for her presentation. Ms. Morrison asked if they could check with the membership beforehand if they are able to continue the meeting past 3:30PM to make sure members do not miss items.

XVIII. Adjournment – The meeting was adjourned at 3:45PM by Chair Michael Rodriguez.

Next Meeting Date – March 20th, 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	X				
District 5	09/15/20-09/15/23	Soledad Barragan	E	X	X	X	E	E	E	X				
District 3	01/26/21-01/26/24	Nancy Borchard	E	X	X	X	X	E	X	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	X				
District 1	04/27/21-04/26/24	Genevieve Flores-Haro	X	X	X	X	X	E	X	E				
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	X				
District 1	05/11/21-05/10/24	Cheryl Heitmann	X	X	X	X	X	E	E	X				
District 2	01/08/22-01/07/25	Carol J. Keavney	E	X	X	E	X	X	X	X				
BOS	01/01/22-12/31/24	Supervisor Matt LaVere	X		X	X	E	E	X	X				
District 3	09/13/22-12/01/23	Naomi (nomi) Marrufo			X	X	E	E	E	X				
District 4	02/09/21-02/09/24	Jennifer Morrison	X	E	X	E	E	X	X	X				
District 2	03/15/20-03/15/23	Patricia Mowlavi	X		X	X	X	X	E	X				
District 5	01/25/20-01/24/23	Michael Rodriguez	X	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	X				
District 4	09/18/21-09/17/24	Christopher Tejeda	X	X	X	X	E	X	X	X				
District 5	01/11/20-01/24/23	Marlen Torres		E			E	E	E	X				
District 5	04/21/22-03/22/24	Liz Warren	X	X	X	X	X	X	X	X				
District 2	09/17/22-09/16/25	Dianne McKay								E				
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

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, no later than noon Friday. 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 **Effective March**

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

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

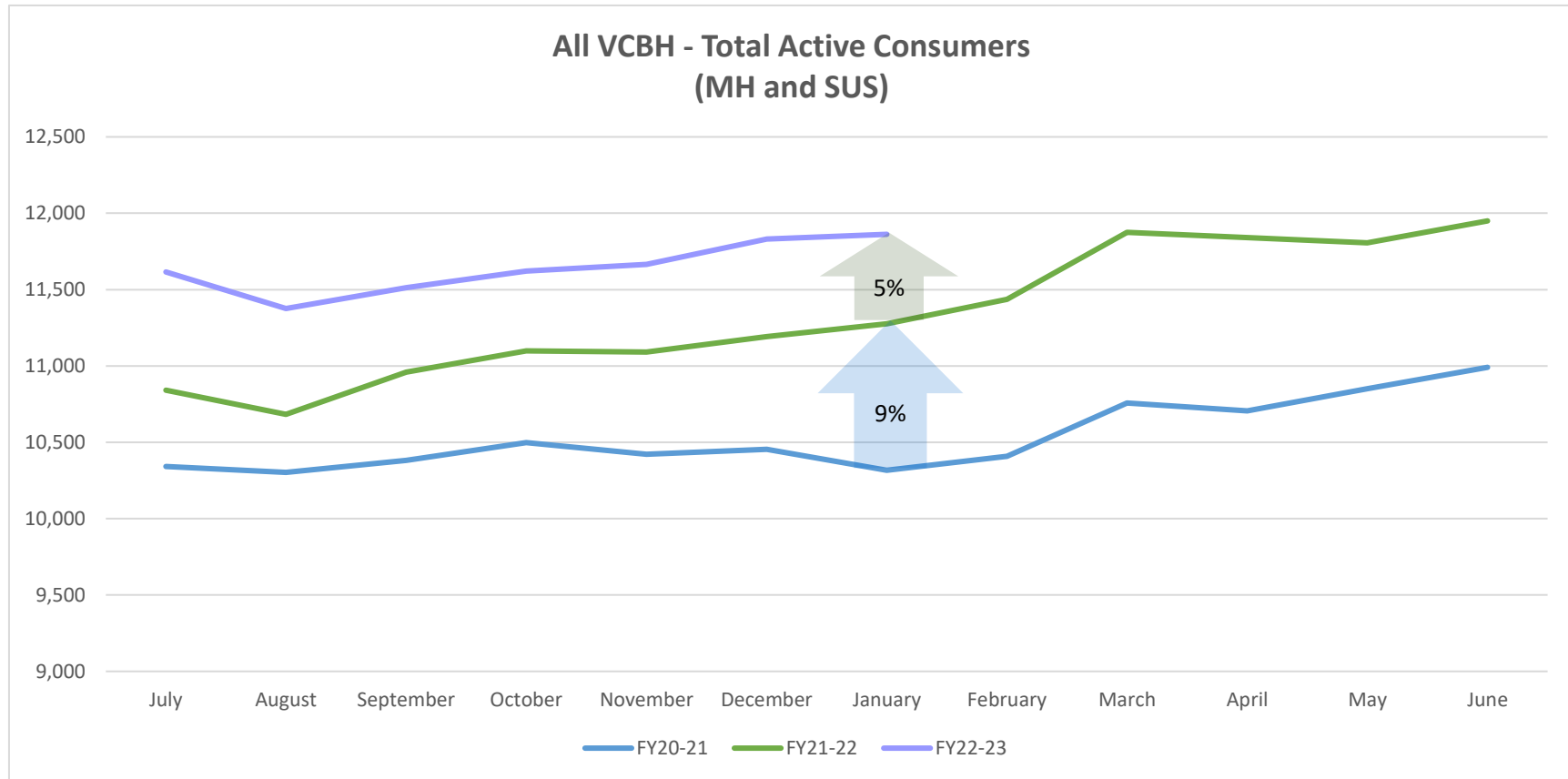
Level	Facility	Location	Available beds	Clients in placement
	Horizon View	Camarillo	16	16
	Sylmar Health & Rehabilitation Center	Sylmar	n/a	16
	California Psychiatric Transitions	Delhi	n/a	2
	Crestwood MHRC	Bakersfield	n/a	2
	Parkside Healthcare	El Cajon	n/a	19
	View Heights	Los Angeles	n/a	27
Total				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
Preferred Language						
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
Ethnicity						
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
Program Service Location						
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.



V E N T U R A C O U N T Y

BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency

COMMUNITY MINI-GRANTS PROGRAM
Notification of Availability of Funding

APPLICATION GUIDELINES 2023

ISSUED: February 23, 2023

DUE: April 4, 2023

Ventura County Behavioral Health
Community Mini-Grant Application Summary

Announcement/Purpose

Ventura County Behavioral Health (VCBH), a department of the County of Ventura, invites grant applications from qualified applicants for mini-grants to fund community projects for the period of May 12, 2023 through June 30, 2024, in accordance with the terms, conditions and specifications contained herein in this notification of Community Mini-Grant funding availability. Grants may be awarded up to a maximum of \$30,000. Projects must address the needs of unserved and underserved populations. Applications will be accepted until 5:00 p.m. on April 4, 2023 at VCBH, 1911 Williams Drive, Suite 200, Oxnard, CA 93036 (Administration Reception). Late applications will not be accepted.

Timeline (subject to change)

Application Packet is Released.....	February 23, 2023
Applicant Intent to Apply.....	April 4, 2023
Applicant Questions Due to VCBH.....	March 21, 2023
Applicant Question Responses Released.....	March 28, 2023
Applications Due by 5:00 p.m.....	April 4, 2023
Contractor Selection/Notification.....	April 17, 2023
Contracts Finalized.....	April 24, 2023
Operations Initiated by Contractor.....	May 12, 2023

Intent to Apply

Each applicant is responsible for indicating their intent to apply by April 4, 2023 via email to Maryza Seal, VCBH Contracts Manager, at Maryza.Seal@ventura.org. Please provide your name, phone number, email address, and organization name for which you are affiliated. **To be able to submit an application, your organization must indicate its intent to apply.** Any application addenda, Questions and Answers, or updated information will be made available through email distribution to the list of individuals that indicate their intent to apply and will also be posted on the VCBH website, on the News & Updates section located at: <https://www.vcbh.org/en/about-us/news-and-updates>.

Applicant Application Questions

Applicants are to review this notification of Community Mini-Grant funding availability to ensure applicants understand all requirements and have the information needed to complete and submit an application. Any questions related to this Community Mini-Grant program may be directed to the VCBH Contracts Manager, Maryza Seal, **via email** at Maryza.Seal@ventura.org by March 21, 2023. No late questions will be accepted. The VCBH Contracts Manager is the only individual authorized to answer questions related to this Community Mini-Grant program.

INTRODUCTION AND GOAL OF THE COMMUNITY MINI-GRANT PROGRAM

Learning how the community is keeping people well.

It is believed thousands of people in Ventura County are getting their wellness needs met through their natural networks of family, friends, faith groups, and community groups, and are not accessing local government for deeper-end mental health services. Ventura County's Community Mini-Grants Program recognizes these natural networks and provides funding for the contribution community makes in keeping people well. The goal is to learn from and build upon what these natural networks can provide through this program.

SIZE OF GRANTS

Funding for this program is provided by the California Department of Mental Health, Mental Health Services Act (MHSA) and is contingent upon the state's fiscal distribution of MHSA funding to the County of Ventura. VCBH will award competitive grants to support community-based projects or programs that are helping to promote overall wellness among county residents. The Community Mini-Grants Program has \$300,000 to award. Requests can range from \$5,000 to \$30,000. Based on the competitive nature of this program and the limited funds available, it is strongly encouraged that requests made are commensurate to the project outlined in your timeline and budget.

EXAMPLES OF FUNDING

VCBH anticipates making funding available for new contract providers to pilot engagement events or programs. The long-term goal is to for VCBH to develop more non-clinical contract providers and options through these Community Mini-Grants (e.g., drop-in centers, after school programs, indigenous/culturally informed interventions, etc.). Below, is the listing of categories and examples of projects or programs within those categories that work as non-traditional approaches to wellness (the examples in the categories below are only examples and applicants are not limited to these examples):

1. Community Engagement Events:

- A. For one-time events or activities, Community Mini-Grants can provide up to \$10,000 per event to connect with parents, caregivers and/or providers to increase awareness about a topic or resource available in the community.
- B. For one-time events or activities, Community Responsive Mini-Grants can also provide up to \$10,000 per event for:
 - i. Mental health awareness or early childhood development workshops.

- ii. Community groups/activities such as book clubs, cooking classes, neighborhood centers, family-based or parenting groups, civic or cultural organizations.
- iii. Exercise or relaxation activities such as weight training, yoga, hiking, meditation, martial arts, and sports teams.
- iv. Creative/expressive activities such as music, dance, writing, art, crafts, performance.
- v. Strategies or training that advances racial equity for individuals with Mental Health or Substance Use challenges.
- vi. Any other venue or experience that leaves the participant with a sense of belonging and well-being.

2. Time-Limited Pilot Programs:

A. Community Mini Grants can be used to support Time-Limited Programs for up to \$30,000. Time-Limited Pilot Programs must be time-limited in nature and need to establish a target population as well as how many children, families or providers will be served, and what the intended outcome will be. **Examples:** An 8-week art class for children and grandparents focusing on Latino culture or a 10-week parent training for LGBTQ youth. Other examples can include:

- i. Community groups/activities such as book clubs, cooking classes, neighborhood centers, family-based or parenting groups, civic or cultural organizations focused on well-being and community.
- ii. Exercise or relaxation activities such as weight training, yoga, hiking, meditation, martial arts, and sports teams.
- iii. Creative/expressive activities such as music, dance, writing, art, crafts, performance.
- iv. Training to provide and lead group discussions/activities among peers.
- v. Programs or groups that advances racial equity or awareness for individuals with Mental Health or Substance Use challenges.
- vi. Any other venue or experience that leaves the participant with a sense of belonging and well-being.

WHO IS ELIGIBLE TO APPLY

VCBH invites Community Mini-Grant Program applications from the following:

1. Nonprofit organizations that are tax-exempt under Section 501(c)3 of the Internal Revenue Code.
2. Non-incorporated groups with a 501(c)3 fiscal agent (these groups must partner with a qualified organization for fiscal management of the grant).
3. Faith-based organizations, that demonstrate that they operate a social service program or activity that is open to the public.
4. Government and education entities.

One application per project will be accepted, however, multiple applications within and between each category are allowed per provider.

GENERAL APPLICATION REQUIREMENTS

Requirements

To be considered for a grant award:

1. Projects must serve unserved or underserved people from priority populations or regions in which health disparities are prevalent.
2. Projects/programs must be new.
3. Projects must use a community-based approach to wellness that clearly shows:
 - A. The project follows a peer-based approach.
 - B. Participants from the community are involved and have meaningful input in the development of the project.
 - C. The project promotes individual empowerment, resiliency, and self-determination for participants.
 - D. The project offers new approaches to community wellness.
4. Projects should include the recruitment of people from diverse sources.

The most competitive applications will:

1. Demonstrate the anticipated positive impact on overall wellness among

participants.

2. Leverage other resources, programs and partners to expand the project and/or demonstrate sustainability, if applicable.
3. Include the recruitment of people from diverse sources.
4. Include a reasonable project scope and budget.

Restrictions

Ventura County will not award grants to and/or for:

1. Replacing an existing program.
2. Organizations and programs designed for lobbying activities and/or to elect candidates to public office.
3. Fundraising.
4. Endowment funds.
5. Retirement of past debts or existing obligations.
6. Scholarships, fellowships, travel grants and technical or specialized research.
7. Organizations that discriminate on the basis of age, disability, ethnic origin, gender, sexual orientation, gender identity, race or religion.

GRANT REPORTING GUIDELINES

Grantees shall submit two project reports: (1) an interim report that is due halfway through the project's duration and (2) a final report that is due six weeks after conclusion of the project. The reports shall include:

1. Information on project completed to date.
2. Demographic information about the people served in the program or project (i.e., ethnicity, age, gender, primary language spoken, number of veterans served).
3. Description of program or project activities including what was learned and any new partnerships or collaborations gained as a result of the activities.
4. Any recommendations to the county on future support for community wellness programs.

5. An income and expense report detailing how funds were spent and a discussion of any discrepancies from the proposed budget.

Failure to submit reports on time will disqualify the grantee from future funding from VCBH, and/or lead to recoupment of any payments made to the provider for contractual non-compliance.

HAVE QUESTIONS?

Applicants are to review this notification of Community Mini-Grant funding availability to ensure applicants understand all requirements and have the information needed to complete and submit an application by the submittal deadline. From the release of this notification of Community Mini-Grant funding availability, applicants have four (4) weeks to identify and ask questions. Any questions related to this Community Mini-Grant program may be directed to the VCBH Contracts Manager, Maryza Seal, **via email** at Maryza.Seal@ventura.org **by March 21, 2023**. No late questions will be accepted. The VCBH Contracts Manager is the only individual authorized to answer questions related to this Community Mini-Grant program.

Questions and Answers will be made available **by March 28, 2023** through email distribution to the list of individuals that indicate their intent to apply and will also be posted on the VCBH website on the News & Updates section, located at: <https://www.vcbh.org/en/about-us/news-and-updates>.

HOW TO APPLY

The following five (5) items will be used to score applications. The maximum possible score for each required item is shown in parentheses. Grant proposals should be clear, well organized, and follow the structure outlined below. All five items must be completed to be considered for a grant.

1. **Cover Sheet (5 points)** - Failure to include a complete cover sheet on ATTACHMENT A will result in disqualification.
 - A. Name and address of applicant (or fiscal agent) applying and submission date
 - B. Project name
 - C. Amount requested
 - D. Contact name(s) and original signature(s)
 - E. Contact phone numbers, e-mails and fax

2. **Organization Overview: Who are you? (10 points)**

- A. A brief history of your agency/group; include your organization’s mission and goals. *(300 words)*
- B. Describe experiences or knowledge you have that would support this community wellness project. *(300 words)*

3. Project Narrative: What do you want to do? (45 points)

- A. Briefly describe your project, including who you are targeting, how you plan to do outreach, and the number of people you expect to participate. If you are requesting funds for a renewal project, include a brief update on the project. *(300-500 words)*
- B. Explain how your project will involve working with peers who have similar personal experiences around wellness. *(300 words)*
- C. Check TWO (2) of the following that best apply to your project. Write how your project addresses each of the two (2) that you checked below. Be sure to re-state the wording of the boxes you check in your description. *(300 words per box checked)*

- Explain how your project will work with the community, other groups or agencies and county service providers;
- Explain how your idea or approach will allow for the greater community to access not only your project, but other services or programs in the county that addresses wellness;
- Explain how your idea or approach will build individual empowerment, resiliency and self-determination for unserved or underserved Placer residents;
- Explain how your project will contribute to learning. For example, a new way of promoting community wellness, change in an existing approach, or introduction to a new community-driven project addressing wellness;
- Describe how your approach to community wellness can be used in the future by other community-based groups or agencies;
- Describe how your project will work within the community to achieve one or both of the following: build additional networks of support and contribute to further discussion around wellness within the community;
- Explain ways you plan to attract other resources, programs, and partners to expand your project;

- Explain how you plan to incorporate new approaches and settings for community wellness.

4. Project Timeline (10 points)

- A. In a chart or simple list format, describe the project’s main activities with a timeline. *Limited to three (3) pages*

5. Project Budget (30 points) - Failure to include a complete proposed budget on ATTACHMENT B will result in disqualification.

- A. Detailed line-item budget with other sources of support.
- B. Up to 15% of requested funds may be used for indirect costs, including fiscal agent fees.

6. Internal Review Services (IRS) 501 (c) (3) tax-exemption – Provide a copy of your IRS 501 (c) (3) tax-exemption designation letter.

7. Board of Directors Information – Provide a listing of your Board of Directors that includes their names, titles, affiliation, and contact information.

8. Organization-Wide Operating Budget – Provide a copy of your current fiscal year (July 1, 2022 through June 30, 2023) organization-wide operating budget.

9. Recent Audit, Financial Review, IRS Form 990 or Year-End Income and Expense Statements – Provide a copy of your recent audit, financial review, IRS 990 or year-end income and expenses statements signed by your Treasurer.

GRANT SUBMISSION FORMAT AND CHECKLIST

To be considered responsive, applications should address all items identified in this notification of Community Mini-Grant funding availability. Applications should be prepared in such a way as to provide a straightforward and concise discussion of the applicant’s ability to provide the services for which grant funding is sought.

Please note that some application questions require that the applicant provide a detailed response and/or attachments. Failure to provide a complete response will result in rejection of an application. Emphasis should be concentrated on conformance to the instructions, responsiveness to VCBH funding requirements, and on completeness/clarity of content.

Application Formatting Instructions

- 1. Times New Roman or Arial font

2. 12-point font with one-inch margins on 8.5" x 11" paper
3. Include page numbers on each page
4. Each section (numbers 1 through 9 in the "How to Apply" section) and all attachments should be clearly labeled
5. Adhere to page limits in each specified section
6. Binder clip applications

In order to facilitate the evaluation and comparison of all submitted applications, applicant proposals should be submitted in the format described in this notification of Community Mini-Grant funding availability. Format instructions must be adhered to; all requirements and requests for information in the application must be responded to; all requested data must be supplied. Please provide six (6) copies of your application. Failure to comply with these requirements will be cause for rejection.

Please use the ATTACHMENT C MINI-GRANT APPLICATION CHECKLIST to ensure submission of a complete application. If any item shown in ATTACHMENT C is not included in your application, your application will be found incomplete and will be denied.

SUBMITTING YOUR PROPOSAL

Completed hard copy grant applications should be submitted to Maryza Seal, VCBH Contracts Manager, VCBH, 1911 Williams Drive, Suite 200, Oxnard, CA 93036 (Administration Office Reception), no later than 5:00 p.m., April 4, 2023. An electronic copy of your proposal is also due to Maryza Seal, VCBH Contracts Manager, at Maryza.Seal@ventura.org, by 5:00 p.m., April 4, 2023.

Applicants are allowed to submit more than one application within and between each category. If an applicant submits more than one application, each application shall be marked "Alternate Application 1", "Alternate Application 2", etc. Each application shall be submitted in accordance with the terms and conditions in this notification of Community Mini-Grants funding availability.

Bidders are responsible for making certain their applications are received on or before the application submittal deadline. The receiving time in at the VCBH Administration Office Reception will be the governing time for acceptability of applications---no late submittals will be allowed.

MODIFICATION OF PROPOSALS

If an applicant wishes to make modifications to their grant application that has already been submitted to VCBH, they must withdraw the application to make the modifications. All modifications must be made and submitted in accordance with the terms and conditions of this notification of Community Mini-Grants funding availability. **It is the responsibility of the applicant to ensure that modified proposals are resubmitted to VCBH before the**

submittal deadline. Proposals cannot be changed or modified after the submittal deadline.

ADDENDA

VCBH will issue written addenda to make changes, additions, or deletions to this notification of Community Mini-Grant funding availability. Addenda will be sent to all known applicants that complete an intent to apply and said addenda will be made via email distribution and on the VCBH Website, News & Updates section located at <https://www.vcbh.org/en/about-us/news-and-updates>. It is the responsibility of each applicant to ensure that VCBH has their correct contact name, organization name, address, phone, and email information on file.

REVIEW PROCESS

A selection panel convened by VCBH will review grant applications and make funding recommendations to the Department. Applications will be scored based on the grant proposal guidelines and applicant’s demonstration of a community-based approach to promote Prevention and Early Intervention and overall wellness. All funding decisions relating to this proposal process are final; there is no appeals process. Funding awards will be announced by April 17, 2023.

ADDITIONAL INFORMATION

If during the evaluation process, VCBH is unable to determine an applicant's ability to perform, VCBH has the option of requesting any additional information that VCBH deems necessary to determine the applicant’s ability. The applicant will be notified and permitted three (3) business days to comply with any such request.

GRANT AWARD, INSURANCE, AND PAYMENT TERMS

If awarded a grant, grant awardees will be required to complete a Purchase Order Agreement with VCBH in advance of receiving the grant funds. Grant awardees will be required to provide certificates of insurance that are commensurate to the proposed services that will be provided. Customary payment terms are net 45 days for work performed.

VENTURA COUNTY BEHAVIORAL HEALTH

Community Mini-Grants Application

ATTACHMENTS

Attachment "A"

COVER SHEET

Applicants must use this Cover Sheet form to submit an application.

Name of Applicant (Agency) or Fiscal Agent:	
Mailing Address:	
Physical Address:	
Business Phone:	Fax:
Contact Email:	Website
Executive Director (of fiscal agent if relevant):	Applicant's Federal ID#:
Applicant's Operating Budget:	Date Agency Founded:
Contact Person:	Contact Phone:

Program/Project Name:	
Grant Amount Requested:	

To be signed by board member of the Applicant/Agency:

The Board of Directors approves this application to Ventura County Behavioral Health for a grant.	
Signature:	Print name:
Title:	Date:

To be signed by fiscal agent (if any):

As fiscal agent for the proposed applicant, we are responsible for maintaining full discretion and control over the grant funds received for the program/project stated herein.	
Signature:	Print name:
Title:	Date:

Attachment "B"

BUDGET

Applicants must use this Budget form to submit an application. If your program/project crosses fiscal years, please allocate the cost across the fiscal years in the appropriate column below. A fiscal year is July 1st to June 30th.

Name of Applicant: _____

Project name: _____

Total project budget: _____ Project Fiscal Year: FY 22-23 FY 23-24

Amount requested from Ventura County Behavioral Health: _____

Other sources of project/program support (including cash, in-kind, other):

Source	Secured	Pending	Amount
1.			\$
2.			\$
3.			\$
4.			\$
Total revenue from all sources for this program/project*			\$

*Include proposed funds from Ventura County Behavioral Health.

Proposed Budget	FY 22-23 Ventura County Behavioral Health	FY 23-24 Ventura County Behavioral Health	Other Sources of Funding	Total Project Budget
Personnel Expenses				
Salaries				
Benefits				
Personnel Subtotal				
Operating Expenses				
Facility Rental				
Program Supplies				
Office Supplies				
Mileage/Transportation				
Print & Copy				
Communications				
Others (please list):				
Operating Subtotal				
Indirect Costs (up to 15%)				
Total Project Budget				

ATTACHMENT "C"

COMMUNITY MINI-GRANT APPLICATION CHECKLIST

The following required documents must be included in your submission (check all items that are being submitted):

<input type="checkbox"/>	Attachment A: Cover Sheet
<input type="checkbox"/>	Organization Overview: Who you are?
<input type="checkbox"/>	Project Narrative: What do you want to do?
<input type="checkbox"/>	Project Timeline
<input type="checkbox"/>	Attachment B: Project Budget
<input type="checkbox"/>	Copy of IRS 501(c) (3) tax-exemption designation letter
<input type="checkbox"/>	List of Board of Directors
<input type="checkbox"/>	An organization-wide operating budget for the current fiscal year
<input type="checkbox"/>	Copy of most recent audit, financial review, IRS Form 990 or year-end income and expense statement signed by your Treasurer

ATTACHMENT "D"

DEFINITIONS

Community. A group of individuals who know each other well enough that they already act together or can imagine acting together and supporting each other.

Collaboration. "Community Collaboration" means a process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill a shared vision and goals. (CCR Title 9, § 3200.060)

Empowerment. Teaching individuals to do things for themselves instead of others doing for them. To increase individuals' sense of self-efficacy, the belief in their ability to make goals and accomplish them.

Non-traditional mental health approaches. Activities not specifically designed for mental health promotion, but that through peer interaction may enhance or replace traditional mental health approaches in various ways. (Refer to Examples of Funding on page 3)

Peer-based approach. A service or program that is designed and implemented by, for, and from those with similarly lived experiences. Program need is identified by the peer group, and peers are involved at all levels including program design, operation, and staffing. Program/Project

- New – Organizations seeking funding for the development of a new program/project as defined in the application narrative.

Resilience. The personal qualities of optimism and hope, and the personal traits of good problem-solving skills that lead individuals to live, work and learn with a sense of mastery and competence.

Self-determination. People have the freedom to determine their own course of action and to take responsibility for the results of that action. People and their expressed needs come first. Services are provided based on the individuals' own goals and decision making.

Underserved. Persons and/or family members who have received or are currently receiving traditional mental health service and those services have not, or are not, effectively meeting their needs.

Unserved. Persons who are unlikely or unable to seek help from any traditional mental health or social service.

Wellness. A dynamic state of physical, mental, and social well-being; a way of life which equips the individual to realize the full potential of his/her capabilities and to overcome and compensate for weaknesses; a lifestyle which recognizes the importance of nutrition, physical fitness, stress reduction, and self-responsibility. Wellness has been viewed as the result of four key factors over which an individual has varying degrees of control:

human biology, environment, health care organization (system), and lifestyle. (Source: Community Services and Supports Three-Year Program and Expenditure Plan Requirements)

Peer Support:

Values Funding Next Steps

Presentation to the BHAB General Meeting

February 27, 2023

update after last presentation on 12/19/2021

Elizabeth R. Stone, MA

Project Coordinator – FIND: A Friend in Deed
peer directed services and advocacy

“Peer Support is an evolving field in behavioral health care, but it ‘shows up’ as a natural human response whenever one person is able to **comfort** and provide the **wisdom of experience** to another person who is going through a shared personal challenge.

“Experiential knowledge or the “experiential credential” allows people who have gone through a particular challenge to have the credibility to offer hope and a source of inspiration to those who are currently in the midst of similar challenges in their lives.”

Peers =
Partnerships
grounded in
Shared
Lived
Expertise

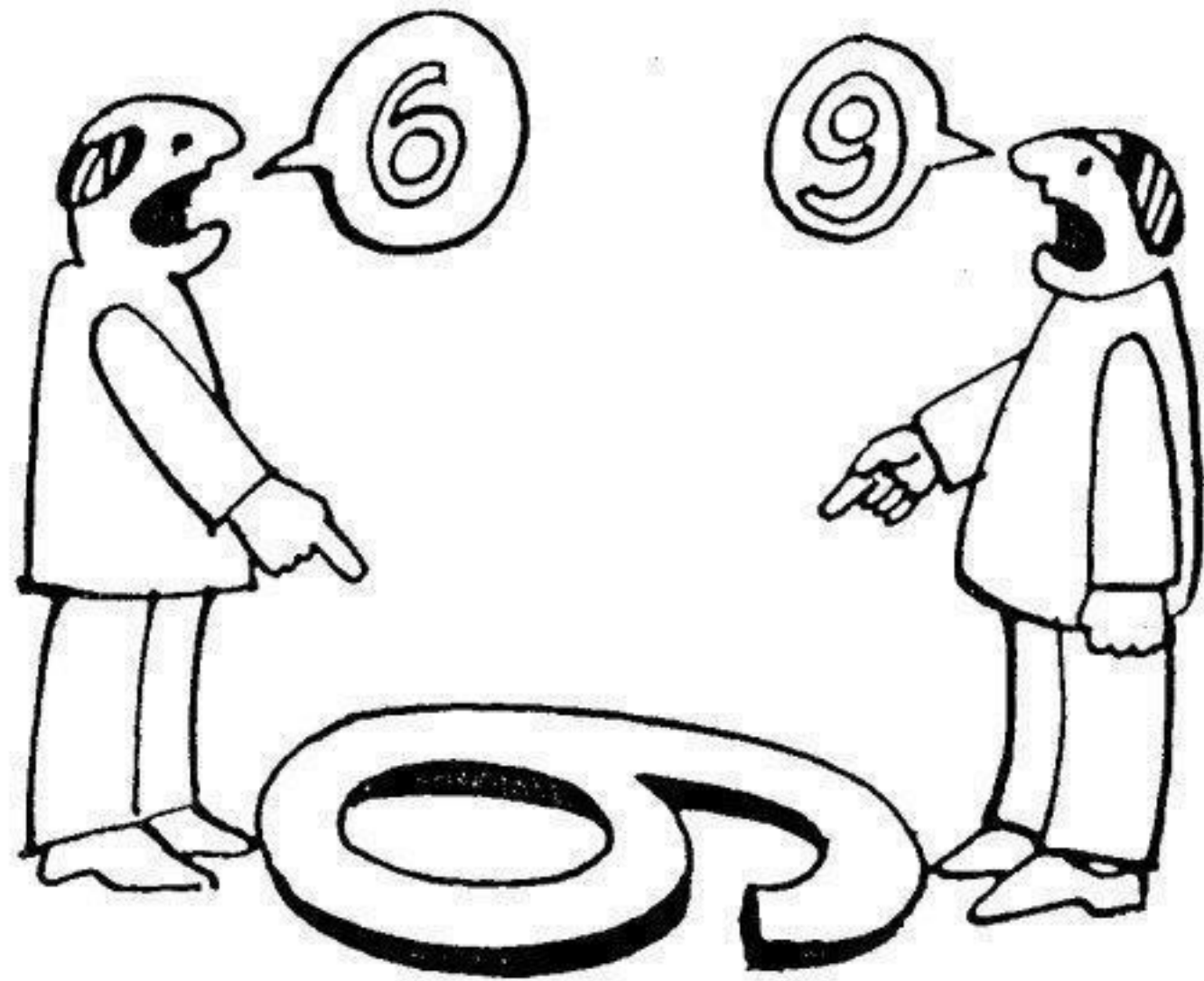


By offering empathy and validation in addition to offering needed resources and strategies for overcoming challenges, **Peer Support Specialists change lives.**

They embody the potential for recovery for people who confront the stigmas associated with serious mental illness, substance use disorders, and they **model hope for a better future.**

Terms Defined in SB803 : ***(authorizing legislation)***

(g) "**Peer support specialist**" means an individual who is 18 years of age or older, who has **self-identified** as having lived experience with the **process of recovery** from mental illness, substance use disorder, or both, either as a **consumer** of these services or as the **parent or family member** of the consumer, and who has been **granted certification** under a county peer support specialist certification program."



The Clash of Perception

(from Pat Deegan, PhD)

Psychiatrist

You are getting better
Your symptoms are gone
You are more in control
You are stable
You are functioning again

Me (client)

*Your cure is disabling me
My symptoms no longer bother you
Haloperidol is controlling me
I can't think or feel
My life is without meaning or passion*

It is important to remember that this clash of perceptions I am describing went ***largely unspoken and unacknowledged***. The psychiatrist and I did not sit down and have a thorough discussion of our divergent perspectives. It is also important to see there is a terrible ***power imbalance*** here. This clash of perception occurred between a psychiatrist and myself during one of my most vulnerable times.

Because of his enormous power in relation to me,
the psychiatrist's interpretation of me became the only valid story.
His story about me became the truth and my story,
my experience and my voice were silenced.

We Need to



Keep You Safe

Nothing About Us Without Us

empowerment
human rights
independence
integration
self-help
self-determination

Disability Justice
(vs. ablism or sanism)

James I Charlton

Terms Defined in SB803 :

(authorizing legislation)

(i) “**Recovery**” means a process of change through which an individual improves their health and wellness, lives a self-directed life, and strives to reach their full potential. This process of change recognizes cultural diversity and inclusion, and honors the different routes to resilience and recovery based on the individual and their cultural community.”

Research: Ten World Studies Demonstrate Recovery Is Possible

<u>STUDY</u>	<u>Sample Size</u>	<u>Average Length in Years</u>	<u>Subjects Recovered and/or Improved Significantly</u>
M. Bleuler (1972 a & b) <i>Burgholzi, Zurich</i>	208	23	53%-68%
Huber et al. (1975) <i>Germany</i>	502	22	57%
Ciampi & Muller (1976) <i>Lausanne</i>	289	37	53%
Tsuang et al. (1979) <i>Iowa 500</i>	186	35	46%
Harding et al. (1987 a & b) <i>Vermont</i>	269	32	62%-68%
Ogawa et al. (1987) <i>Japan</i>	140	22.5	57%
DeSisto et al. (1955 a & b) <i>Maine</i>	269	35	49%
Hinterhuber (1973) <i>Austria</i>	157	30 (approx.)	75%
Kreditor (1977) <i>Lithuania</i>	115	20+	84%
Marinow (1986) <i>Bulgaria</i>	280	20	75%

Risk is inherent in the experience of life.
It is up to us to make choices
about how we will live our lives
and it is not up to health care professionals
to protect us from the real world.

Define what wellness is
for each of us on an individual basis
and explore how to address and relieve those symptoms which
prevent us from leading full and rich lives.

We need to be asked
what supports we would need
to take new risks and
change our assumptions
about our fragility and our limitations.

Mead and Copeland,
What Recovery Means to Us

Why Can't You Understand I'm Trying To HELP You?



Find the Balance between extreme attitudes

“running the person’s life
for him/her”

Get the person to
do what I want or
think is best

(Protect)

“letting the person do
whatever he/she wants”

Let the person
do whatever
he/she wants

(Neglect)



Support & Empower

- ✓ Deep Listening
- ✓ Menu of Options
- ✓ Person Chooses
- ✓ Build Skills for Success

**Dignity of Risk
&
Duty to Care**

Patricia Deegan, PhD

MISPERCEPTION:

some consumers are too sick

- They aren't interested in participating, are too comfortable, are "institutionalized", are "delusional", have no goals, etc.

REALITY:

people can and do recover

- Staff communicates messages of hope and a belief that life can improve
- Organization utilizes recovery-oriented education, training, and tools to facilitate person-centered planning
- On-going partnerships assess and plan for each indicated stage of change



person-centered

from a
tool box
of resources,
opportunities
are crafted
to meet
individual
interests and needs

Ethical & Practice Guidelines:

PSS is . .	Therefore, in PRACTICE
Voluntary	Support Choice
Hopeful	Share Hope
Open-minded	Withhold judgement about others
Empathetic	Listen with emotional sensitivity
Respectful	Be curious & embrace diversity
Facilitative of Change	Educate & Advocate
Honest and direct	Address difficult issues with caring & compassion
Mutual & Reciprocal	Encourage peers to give and receive
Equally shared power	Embody equality
Strengths focused	See what's STRONG, not what's wrong
Transparent	Set clear expectations and use plain language
Person driven	Focus on the PERSON, not the problems

A person's language reveals :
how one wants to be perceived
and by extension –
how one wants to be treated

although identities
can be imposed
or resisted
or accepted by others or self

Worldview =>
Expectations about Support

Based on interviews that examined:

- Attributes of self
- Description of professionals
- Experience of decision-making processes
- References to subjectivity

FOUR TYPES emerged:

1. Inward Expert
2. Outward Entrustor
3. Self-Aware Observer
4. Social Integrator

Could you help me understand what that means to you?





\$ \$ \$ \$ \$ \$

(funding)

Key Terms Defined:

(g) “***Peer support specialist***” means an individual who is **18** years of age or older, who has **self-identified** as having lived experience with the **process of recovery** from mental illness, substance use disorder, or both, either as a **consumer** of these services or as the **parent or family member** of the consumer, and who has been **granted certification** under a county peer support specialist certification program.

(h) “***Peer support specialist services***” means **culturally competent** services that promote engagement, socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths. Peer support specialist services include, but are not limited to, prevention services, support, coaching, facilitation, or education that is **individualized** and is conducted by a certified peer support specialist.

A variety of funding streams are available to support training and peer services for all population types within county-run peer programs, regardless of a peer support specialists' certification status.

Specialty Mental Health Services

Currently within the county mental health plans (MHPs), peers may provide SMHS under the "other qualified provider" category of California's Medicaid State Plan.

Drug Medi-Cal Organized Delivery System

Peers are allowed to provide components of recovery services within DMC-ODS.2 Counties must comply with the peer requirements ...

Drug Medi-Cal

Currently, peer services are not eligible for reimbursement under DMC.

The Community Mental Health Services Block Grant may be used to fund peer training and peer services through qualified community programs which may include community mental health centers, child mental health programs, psychosocial rehabilitation programs, mental health peer-support programs, prevention, and mental health primary consumer-directed programs

The Mental Health Services Act (MHSA).

County allocations of MHSA funding may be used to provide and support peer services

The Substance Abuse Prevention and Treatment Block Grant (SABG) is administered by DHCS. Peer training and services are an allowable use of SABG funds, and, as subrecipients, counties are responsible for developing SUD prevention, treatment, and recovery programs and services to address their particular regional and patient population needs.

In alignment with SB803,
the Department of Health Care Services (DHCS)
established statewide requirements for the
development of a program to certify
Peer Support Specialists,
creating a
new Medi-Cal Provider type
and service categories
that will be reimbursable through Medi-Cal.

CalMHSA

(California Mental Health Services Authority)

will be the coordinating body for statewide administration
(decisions subject to DHCS approval)

* ***convening stakeholder advisory meetings bimonthly***

- 1 – curricula
- 2 – approve trainers
- 3 – create and administer exam
- 4 – maintain records
- 5 – determine costs/fees

*many decisions and actions remain **pending**
and **under development** at this time !!*

Compassion. Action. Change.

Certified Peer Support Specialists

* General (2022)

* Specializations

+ Parent/Caregiver/Family Member (2022)

+ Homelessness (2023)

+ Justice System (2023)

+ Crisis (2023)



Statewide expansion of California's **behavioral health peer-run workforce**, as well as all other behavioral health professions, to improve consumer **access to and productive participation in** behavioral health services.



Focused on addressing critical gaps across the **community-based behavioral health continuum** by providing **\$2.2 billion** in 6 grant rounds to construct, acquire and expand **properties** and invest in **mobile crisis infrastructure**.



For adults who are or are at risk of homelessness and/or with behavioral health conditions, provides **\$805 million** for acquisition, construction, and rehabilitation to preserve and expand **adult and senior care facilities** that serve **SSI applicants and recipients**

Medical necessity =

community inclusion and participation,
independence and/or productivity

*(What it Takes, p. 18,
SH re Michigan Medicaid waiver)*

A Better Medi-Cal for Californians **CalAIM seeks to transform health care for Californians**

CalAIM's bold transformation aligns all elements of Medi-Cal into a system that is standardized, simplified, and focused on helping enrollees live healthier lives. Success requires the investment and sustained commitment of a broad network of health partners, including plans, providers, and community-based organizations, with incentives to achieve a high quality of service.

**Peer support specialists and community health workers
will advance California's effort to promote health equity
by providing culturally competent services.**

- **Enhanced Care Management**

Enhanced Care Management is person-centered care management provided to the highest-need Medi-Cal enrollees, primarily through in-person engagement where enrollees live, seek care, and choose to access services.

- **Community Supports** (also known as “In Lieu of Services”)

Medi-Cal managed care plan partners will begin offering “Community Supports,” such as housing supports and medically tailored meals, which will play a fundamental role in meeting enrollees’ needs for health and health-related services that address social drivers of health.

- **Behavioral Health Delivery System Transformation**

DHCS will strengthen the state’s behavioral health continuum of care for all Californians and promote better integration with physical health care. CalAIM will streamline policies to improve access to behavioral health services, simplify how these services are funded, and support administrative integration of mental illness and substance use disorders treatment.

- **Delivery System Transformation**

CalAIM will explore other ways to improve care, including: developing a long-term plan of action for foster youth; seeking a federal waiver for short-term residential treatment for members with a Serious Mental Illness or Serious Emotional Disturbance; piloting full integration of physical health, behavioral health, and dental health in one managed care plan; and [piloting a universal member release of information consent and process](#) to facilitate the data exchange needed to successfully implement CalAIM.

•**Services and Supports for Justice-Involved Adults and Youth**

These initiatives help California address poor health outcomes and disproportionate risk of illness and accidental death among justice-involved Medi-Cal eligible adults and youth as they re-enter their communities.

•**Integrated Care for Dual Eligible Beneficiaries**

Through CalAIM, DHCS is implementing policies that promote integrated and coordinated care for dual eligible beneficiaries, including the statewide expansion to Medicare Medi-Cal Plans (MMPs or Medi-Medi Plans) - a special kind of Medicare Advantage Plan that coordinates Medicare and Medi-Cal benefits for beneficiaries who are eligible for both programs.

•**New Dental Benefits**

CalAIM will expand key dental benefits statewide, including a tool to identify risk factors of dental decay, and silver diamine fluoride for children and certain high-risk populations. Statewide pay-for-performance initiatives will reward dental providers for focusing on preventive services and continuity of care.

•**Providing Access and Transforming Health (PATH)** . CalAIM will build up the capacity and infrastructure of on-the-ground partners, such as community-based organizations (CBOs), public hospitals, county agencies, tribes, and others to successfully participate in the Medi-Cal delivery system as California widely implements Enhanced Care Management and Community Supports and Justice Involved Services.

•**Population Health Management**

Managed care plans will be required to implement a whole-system, person-centered strategy that includes assessments of each enrollee's health risks and health-related social needs, focuses on wellness and prevention, and provides care management and care transitions across delivery systems and settings.

Community Wellness Mini-Grants Program

Notification of Availability of Funding Ventura County Behavioral Health Community Mini-Grants Program

Notice is hereby given that Ventura County Behavioral Health (VCBH) has issued a Notice of Availability of Funding on **February 23, 2023** for applications for Community Mini-Grants Program funding. Through the Community Mini-Grants Program, VCBH is making funding available through competitive grants for new contract providers to pilot community engagement events or programs. Projects must address the needs of unserved and underserved populations in Ventura County.

DHCS has expanded the eligibility for all Behavioral Health Workforce Development (BHWD) projects to allow existing grantees from all projects to apply for all other projects.

PWI/EPOC current grantees are therefore now eligible to apply to the Mentored Internship Program (MIP), Round 2 Request for Applications (RFA). Applications are now being accepted and are due March 15, 2023, at 5 PM PT.

This initiative provides grant funding to nonprofit provider organizations, Tribal organizations, and county-operated providers of behavioral health services in underserved and diverse communities to support behavioral health internship programs. Organizations can apply for up to \$500,000 to develop, implement, and maintain an in-house Mentored Internship Program (MIP) that will help to create a sustainable workforce in the arena of prevention, treatment, and recovery from substance use disorders. Because the **MIP, Round 2 is funded by Opioid Settlement Funds**, priority for funding will be given to organizations that propose to **specifically train more professionals who work with individuals who have or are at risk of developing opioid use disorder (OUD).**

Current PWI and EPOC grantees (also now known as Round 1 grantees) may *not* apply for PWI, Round 2 or EPOC, Round 2 Requests for Application (RFAs), because you **are immediately eligible for Round 2 funding on a non-competitive basis, based on your performance and compliance in Round 1**, and you are opting into a No-Cost extension of your Round 1 subcontract dates.

Although your organization may *NOT* apply for **PWI or EPOC Round 2 funding**, which is **intended to provide funding to more peer-run organizations (PWI) and peer-run start-up organizations (EPOC)**, we are sharing this information with you because we hope you will encourage other peer-run behavioral health (BH) organizations with which you are familiar to apply.

The overarching goal of both PWI and EPOC is to expand, enhance, and elevate the peer voice in California's BH workforce.

Thank you in advance for helping to spread the word about these RFAs to support your colleagues in the peer-run BH workforce space in California.

Both the PWI, Round 2 and EPOC, Round 2 RFAs will be released on February 28th, 2023, with an Informational Webinar scheduled for March 8, 2023, 12 PM- 1 PM for both distinct RFAs.


Next
Steps





originally developed by:
Collaborative Support Programs of New Jersey
Institute for Wellness and Recovery Initiatives

Personal Medicine = Rediscovering Personal Interests...

- **Volunteering**
 - **Seeking employment opportunities**
 - **Exploring nature**
 - **Parenting**
 - **Reclaiming a lost role**
 - **Enjoyable activities/hobbies**
- 
- A close-up photograph of an adult's hand in a red and orange striped sweater cuff holding a child's hand. The background is a blurred outdoor scene with green grass and a blue sky.

Relationship :

The Most Important Tool

Instill Hope

Promote Full Participation

**Respond to Crisis
Differently**

Uphold Informed Consent

**Strive for Community
Integration**

**Recognize the
Power of Language**

Support Felt Needs

Honor the Power of Choice

Be Trauma Informed

**Afford Dignity of Risk &
Right to Try**

**Develop Self-Help/Peer
& Natural Supports**

Satisfaction:

- Responsibility that reflects the level of training and lived experience
- Feeling respected by supervisors and colleagues
- Feeling respected by the peers who receive service
- Perception of having sufficient training to do the job
- Working in community settings and/or peer-run programs
- More hours of training to qualify as a PSS
- Perception that their peer support skills are utilized

Challenges:

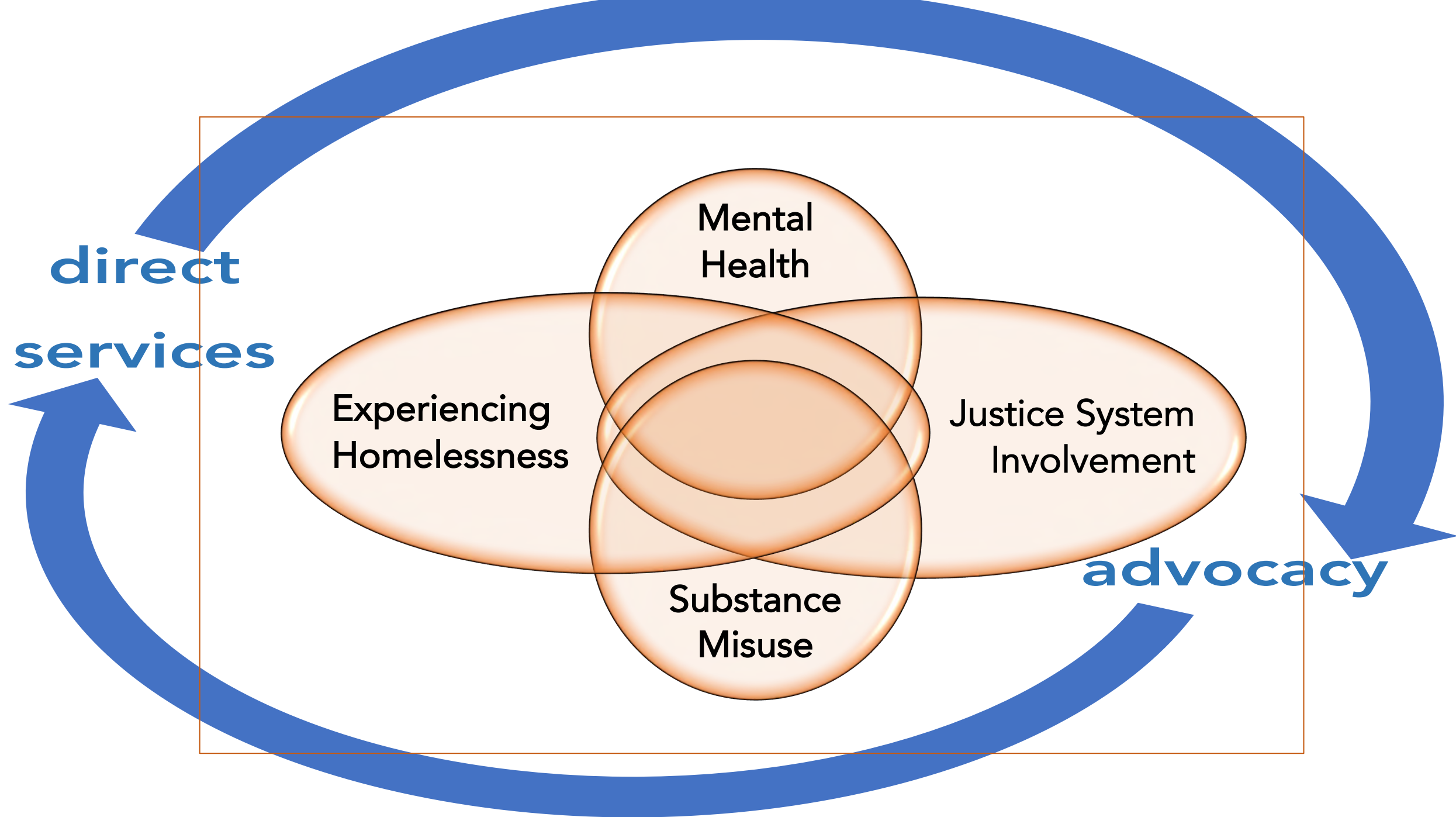
External/ Organizational Challenges	Individual/ PSS Practice Challenges
Lack of recovery orientation in work setting, medical model orientation	Recovery orientation = shared power, reciprocity, mutuality
Emphasis on academic training	Lived experience/expertise
Lack of job description or clarity	Role confusion or ambiguity
Provider concerns about confidentiality, dual relationships, role conflict	Role blurring, suppression of peer identity, concerns about cooptation (peer drift)
Absence of peer training or leadership	Role minimalization, disempowerment
Low wages, lack of career ladder	Perceived tokenism, job attrition
Negative staff attributes	Perceived stigmatization

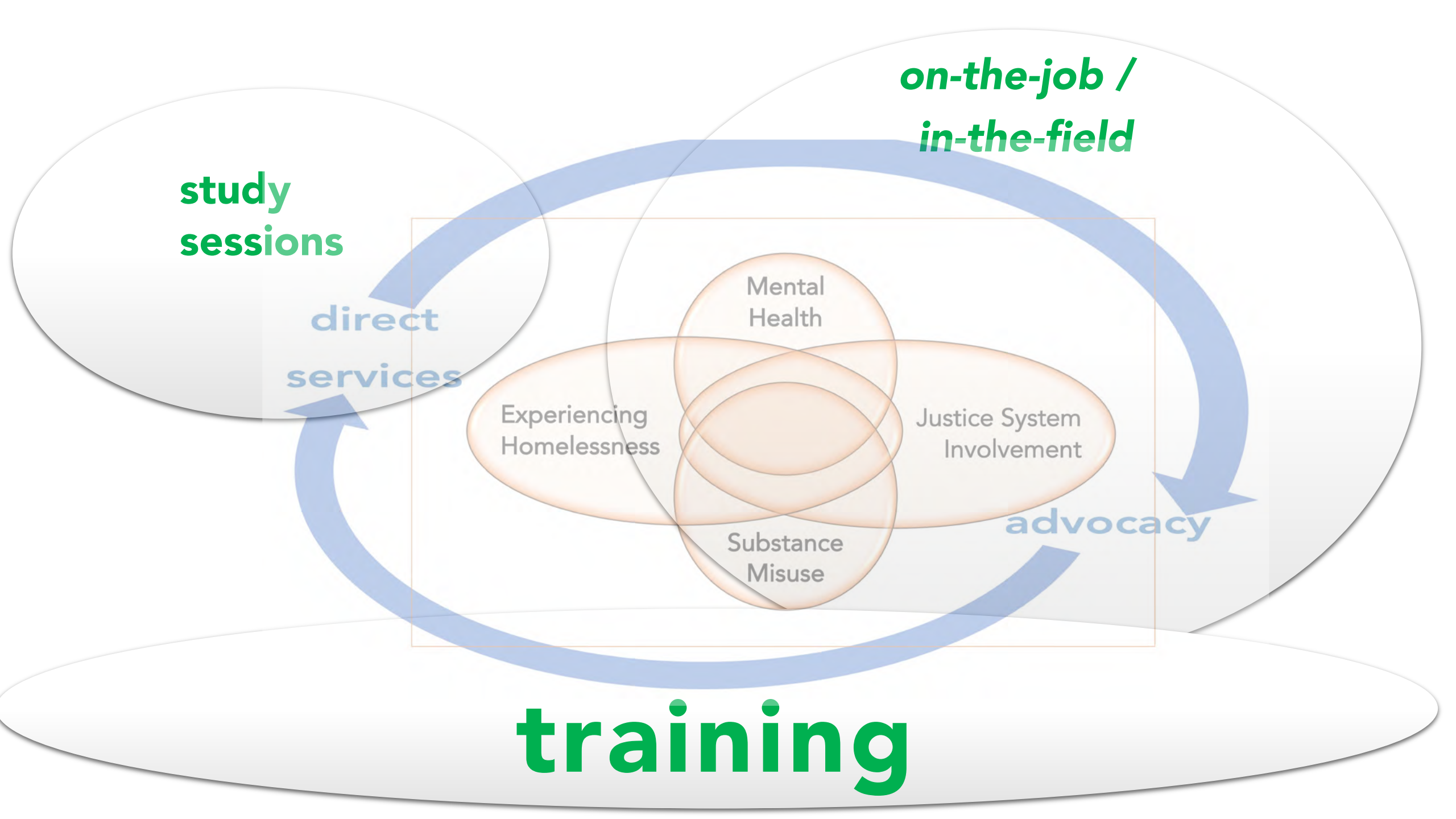
a . friend .
f i n d .
i n . d e e d

peer directed services
and advocacy

Guided By Evidence-backed Practices

- ✓ Intentional Peer Support (IPS)
(Shery Mead)
- ✓ Psychiatric Rehabilitation
(Boston University, CASRA)
- ✓ 8 Dimensions of Wellness
(Peggy Swarbrick, SAMHSA)
- ✓ True Livelihood:
Workforce/Job Development
(Denise Bissonnette)





MISSION:

To expand the service and support options available to people with current or previous experiences of mental health challenges, substance misuse, being unhoused, or interacting with the justice system by providing robust pre-employment and on-the-job training for full spectrum service delivery and advocacy from the perspective of people with lived expertise.



a.friend.
find
peer directed services
and advocacy
indeed



Next Steps

- Additional groups**
- ✧ Mad Studies reading group
 - ✧ Alternatives to Suicide
 - ✧ Surviving Interpersonal Violence

Certification Training for Specializations:

- ✧ Experiences of Homelessness
- ✧ Justice System Involvement
- ✧ Used Crisis Services

Peer Warmline

- ✧ 4:30-7:30pm
- ✧ 7 days a week

Storage Project

- ✧ Designed/Managed by Advisory Council
 - ✧ 7 days a week

**-> on-going and
on-the-job training**

Peers Where We NEED Them!

✧ Emergency Departments

✧ Locked facilities:

hospitals, jails

✧ Peer Respite

Legal capacity

- as a PERSON
- with AGENCY



The Right to Exercise Legal Capacity

the right to
make decisions for oneself
and
to have those
decisions respected by others

Supporting Shared Decision-making

Programs

Peer Respite

Soteria House

Peer-Directed Programs

Approaches

Common Ground - commongroundprogram.com

eCPR - emotional-cpr.org

Psychiatric Rehabilitation - cpr.bu.edu

Open Dialogue

Intentional Peer Support - intentionalpeersupport.org

Tools

Psychiatric Advance Directives - www.nrc-pad.org

WRAP - wellnessrecoveryactionplan.org

Decision Aids

Challenges

People living with extreme distress or experiences of mental health challenges remain seen by others as incapable or dangerous ('lacking insight'); and therefore need others to make decisions for us.

Positive responses

- Advocacy that challenges those beliefs
- Adopting Shared Decision-Making in current programs
- Developing additional program options
- Education and training on programs, models, and tools
- Advocating for legal mechanisms that protect our rights

What gives
your life meaning?



for more information:
a.friend.in.deed.ventura@gmail.com



Data questions for County/VCBH

- How many individuals were **sponsored by VCBH** to become Certified PSS (Peer Support Specialists)?
 - Of these, how many were grandparented in?
 - And how many will newly receive training?
- In which contracted CBO's are the *sponsored* individuals working?
- In which VCBH programs are the *sponsored* individuals working?
 - How many are working in Mental Health services?
 - How many are working in Substance Use Services?
- **Within VCBH** how many PSS are currently working:
 - As VCBH employees?
 - Via contracted CBO's?
- How many PSS are right now (applications approved and exam passed) **Certified** and can begin to bill Medi-Cal?
 - Where are these Certified PSS working?
- Which training vendor(s) are people opting to use?
- Please explain the almost \$78,000 paid to CalMHSA.
 - What does it cover?
 - How was this amount determined/negotiated?
 - Will this be a recurring cost/charge?
 - How does this amount compare to what is being paid by other Counties across the State?



Saying the Right Thing

There are many different terms. Ask people what they mean by them. Ask what they prefer.



Mental Health

Mental health is defined differently by different people. One definition is anything people do to take care of their emotional well-being.



Mental Illness

Mental illness is also defined differently by different people. Generally, it is a problem related to thoughts, feelings, or behaviors and it lasts a significant amount of time and is disruptive.



DSM Mental Disorder

The American Psychiatric Association publishes the Diagnostic and Statistical Manual of Mental Disorders to describe clinical definitions of mental health problems including mood disorders, anxiety disorders, psychotic disorders, and many others. The validity of these labels is debated within the scientific community.



Recovery

When used in mental health, the term "recovery" does not necessarily mean that the person is completely free of symptoms – it may mean that the person has developed a balanced sense of stability and coping that fits their personal quality-of-life goals.



Patient

While clinicians still often use the word "patient," the history of stigma associated with ideas such as "mental patient" have made this word offensive to many.



Consumer

The term "consumer" is one of many terms to describe someone with lived experience. It is meant to be empowering, but some find it offensive.



Peer

A peer has had personal experience living with a mental health, substance use, or trauma condition.



Other Terms

Consult the companion webinar to learn about some other terms including "psychiatric survivor," "user," and "person with lived experience"

Quick-Tips



Use person-first language

- Do Say "she has schizophrenia" instead of "~~She is schizophrenic~~" - this avoids defining someone by a label



Avoid assumptions

- Do not assume that the person sees their life as a "struggle" or "problem" without their initiating that conversation
- Do not assume that the person needs help
- Do not assume that treatment will work quickly, or even at all, when supporting someone



Emphasize choices

- Remind the person it is their choice to disclose or seek support, and that they have many options

Ask productive, non-offensive questions like:



What do you mean when you say ____?



What do you want me to know when you say ____?



What terms do you prefer I use?



What role, if any, do you want me to play? How can I be helpful?



You have choices. What do you want to do?





Supporting Diverse Choices

People have *diverse perspectives* about all sorts of topics. When it comes to mental health experiences, here are some ideas to think about to ensure you are validating all perspectives equally.

Why People Form Different Views in Mental Health

People have different **roles, cultures, beliefs, and experiences** which lead them to become part of various mental health communities, to prefer different terminologies, and to access different clinicians and services.

What Kinds of Choices Can People Make

Given that people have so many different perspectives in mental health, they can make a variety of different choices including:

- Beliefs About the Nature of the Problem**
- Preferences for Labels, Diagnoses, and Other Language Usage**
- Types of Treatment to Pursue**
- Who They Want to Tell and What They Want to Tell Them**
- What Kind of Support to Pursue**
- Where to Live**
- What Kind of Lifestyle They Want to Have**

🗨️ Can you think of other choices?

How to Validate Someone's Perspective and Choices

- 1. Appreciate Their Point of View:** Remember people have a lot of choices in mental health and each person decides their own right answers.
- 2. Listen:** Do not interrupt, then repeat back what they said (without sharing your opinion or advice)
- 3. Acknowledge Their Voice:** Tell them you know they have their own opinions and choices.
Remember, when we validate we respect someone's voice but we don't have to agree with them
- 4. Respect Their Choice:** Emphasize that they have choices and honor the decisions they make.
- 5. How to Share Additional Information:** Don't negate, elaborate.

Checklist for Validating Diverse Mental Health Choices


🗨️ Are you:

- Equally respectful to people who call themselves patients, peers, consumers, survivors, or users of services? And to people who do not feel their sensitivities are an illness?
- Able to support someone who has chosen an alternative way of addressing their mental health situation just as much as you support someone who is following the exact advice of a medical clinician?
- Aware that mental health professionals, family members, and people living with mental health histories may have different perspectives of a situation and able to validate them all?
- Able to not form a judgment when someone talks to you about their mental health situation?
- Able to not give your opinion when someone talks to you about their mental health situation?
- Accepting of a mental health situation without trying to fix it?
- Supportive to anyone who talks to you about mental health regardless of whether you agree with their perspective?



Getting Past Positions

When people share their views, they often share their *positions* (the specific things that they want) rather than their *interests or needs* (the reasons they want them). In order to have productive conversations, it is important to shift the conversation to discuss someone's underlying concerns and needs, rather than stay stuck in positions.

<p>Positions</p>  <p>Needs</p>	<p><u>An iceberg is a helpful metaphor for appreciating positions and interests</u></p> <p><i>Positions</i> are the smaller piece of ice that is above the water line – they are superficial, we can see them, and they do not tell the full story.</p> <p><i>Interests or Needs</i> are the large piece beneath the water's surface. They contain more substance, and are more impactful and permanent.</p>
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Quick-Tips

- ⊗ Remember to do your best to understand one another's ideas rather than critiquing them
- ⊗ Use open-ended questions to learn about why the person has formed their position
- ⊗ Do **not** respond to a position with a counter-position or assess if it is a good idea

Some Common Needs in Mental Health Conversations

- | | | |
|------------|-------------|------------|
| ★ Respect | ★ Stability | ★ Privacy |
| ★ Safety | ★ Inclusion | ★ Fairness |
| ★ Autonomy | ★ Support | ★ Trust |

Questions to Ask to Uncover Interests and Needs

- "Why do you want _____?"
- "What would _____ do for you?"
- "What do you mean by _____?"
- "What are specific examples of _____?"

Tips for Engaging Challenging Conversation Topics

Trauma

- ⊗ Recognize that anyone can have experienced trauma and use trauma-informed practices with everyone (be sensitive, empowering, and transparent)
- ⊗ Do not ask about traumatic experiences, but be supportive if the person brings them up

Labels and Diagnosis:

- ⊗ Recognize labels may relate to disempowering or stressful past experiences
- ⊗ Listen reflectively to appreciate the labels and language each person prefers, and their feelings regarding different labels

Sensitivities:

- ⊗ Avoid criticizing someone for ways they are sensitive (ex. don't say they are overreacting)
- ⊗ Remember treatment could be a sensitive subject; it is often a source of pain, stress, and trauma

Lifestyles:

- ⊗ Try to appreciate why a person wants a certain lifestyle even if you do not feel it is realistic
- ⊗ Ask questions in support of their goals rather than emphasize criticisms or limitations

A PERSON AND A MENTALLY ILL PATIENT

By Wally Kisthardt

We use words in many ways, to understand our being.
And we know our point of view affects what we are seeing . . .
A diagnosis is a powerful word, it's true.
For once a 'disorder' is defined, it's the lens that we look through.

A person gets excited; with a patient it is manic.
A person has concerns; with a patient it is panic.
A person is expressive; a patient's histrionic.
A person can get better; while a patient's often chronic.

A person may get angry; a patient becomes agitated.
A person is a creative thinker; a patient's thoughts are not related.
A person may be sad; a patient is depressed.
A person may be childlike; a patient is regressed.

A person may be cautious; with a patient it is guarded.
A person may change her mind; a patient must finish what is started.
A person tries to influence; a patient manipulates.
A person gets a second opinion; a patient triangulates.

A person is an activist; a patient's antisocial.
A person is a visionary; a patient is delusional.
A person lives in a home; a patient in a facility.
A person has many strengths; a patient has a disability.

A reminder to us all that mental illness does not nullify personhood.
And each and everyone we try to help may not behave as we think they should.
Don't let their illness shift our sights from the gifts that people possess,
And we will see the wonder in each life and the joys of each success.

from

You Validate My Vision: Poetic Reflections on Helping, Caring and Loving

by Wally Kisthardt

Find the Balance between extreme attitudes

“running the person’s life
for him/her”

Get the person to
do what I want or
think is best

(Protect)

“letting the person do
whatever he/she wants”

Let the person
do whatever
he/she wants

(Neglect)



Support & Empower

- ✓ Deep Listening
- ✓ Menu of Options
- ✓ Person Chooses
- ✓ Build Skills for Success

**Dignity of Risk
&
Duty to Care**

Patricia Deegan, PhD

Overview of Peer Support Staff (PSS) on Hospitalization and ED Utilization

Study Typology of PSS	Definition	Impact of PSS on hospitalization/ ED usage	Key factors that mediate Outcomes
Crisis and respite services	Programs and services that provide an acute response to individuals who are experiencing a psychiatric emergency and need an urgent response.	Provides alternatives to hospitalization and ED use. Fosters stability and community tenure.	Peers are employed to provide services. Training and certification standards exist. Services are reimbursable.
Transition in levels of care	Programs and services designed to provide assistance and support to individuals who are involved in changes to their treatment services that involve new providers or settings and levels of acuity.	Helps reduce/ prevent crisis, crisis relapse, hospital readmission, ED use.	Services are covered under Medicaid state plans. Peer specialists are integrated in the health care system. Community has other supportive resources and services to support clients.
Community-based services to promote recovery and resiliency	Programs and services designed to provide ongoing engagement, support, and activation for those who have successfully established recovery and illness management plans.	Keeps individuals healthy in the community and helps prevent hospitalization.	Peers are part of health care team and provide input into medical records. Track record of success in the community. Supported by other providers. Peers focus on whole health.

What is Recovery?

An ongoing dynamic interactional process between a person's strengths, vulnerabilities, resources and the environment that involves a personal journey of actively self-managing a psychiatric disorder while reclaiming, gaining and maintaining a positive sense of self, roles and life beyond the mental health system (in spite of the challenge of psychiatric disability).

It involves learning to approach each day's challenges, to overcome disabilities, to live independently and to contribute to society and is supported by a foundation based on hope, belief, personal power, respect, connections and self-determination .

— **Onken, Dumont, et. al.**

Recovery is a process, a way of life, an attitude and a way of approaching the day's challenges....
Recovery involves "a conspiracy of hope".

--- **Patricia Deegan, Ph.D.**

Having hope is crucial to recovery.

— **Leete**

Self-defined processes in which people are supported in their right to engage in uncovering and discovering that can lead to transformation and healing.

— **Prescott**

Recovery is a continuous, deeply personal, individual effort that leads to growth, discovery and the change of attitudes, values, goals and perhaps roles.

--- **William Anthony**

People can fully recover from even the most severe forms of mental illness. Though they have recovered from their mental illness they, as everyone, continue to heal emotionally. In most cases they no longer need medication and use holistic health and peer support to continue their healing.

--- **Daniel Fisher, Ph.D.**

Recovery is... the awakening of hope after despair... moving from withdrawal to engagement and active participation in life... active coping rather than passive adjustment... no longer viewing oneself primarily as a mental patient and reclaiming a positive sense of self... a journey from alienation to purpose.

--- **Priscilla Ridgeway, Ph.D.**

Recovery involves hope, courage, adaptation, coping, self-esteem, confidence, a sense of control or free will.

--- **Blanch, et. al.**

One of the elements that makes recovery possible is the regaining of one's belief in oneself.

--- **Judi Chamberlin**

- Recovery does not mean an outcome of cure (Deegan, 1996; Walsh, 1999).
- Recovery occurs even though symptoms reoccur (Anthony, 1993). People still struggle with the episodic nature of their symptoms, grieve the losses they have sustained and struggle with the reoccurring multiple traumas they have experienced.
- The recovery process itself can trigger symptomatic responses as a person becomes more active on his or her own behalf and opens up to more vulnerabilities (Spaniol, Gagne & Koehler, 1999). Part of recovery is this process of risk taking.

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?