

BEHAVIORAL HEALTH ADVISORY BOARD

General Meeting

Monday, March 20th, 2023, 1:00PM – 3:30 PM

Ventura County Behavioral Health (VCBH)
1911 Williams Drive, Training Room (first floor) • Oxnard, CA 93036

IN-PERSON & VIRTUAL MEETING VIA ZOOM

Zoom Participation

The following information referenced below and at the end of the agenda is provided to you in support of your attending the upcoming BHAB General Meeting via Zoom:

Join the Zoom meeting in the following way:

Join Zoom Meeting: <https://us02web.zoom.us/j/83332714732?pwd=bE43OUJqRHhHa0ExSIR5L1VLMWMyQT09>

Meeting ID: 833 3271 4732

Password: 149553

Dial-In: 669-900-9128

Under AB 2449 New Teleconferencing Rules:

The Ventura County Behavioral Health Advisory Board General Committee may take action at the beginning of the meeting regarding requests for “Just Cause” or “Emergency” allowances provided that related Brown Act guidelines are met. (Guidelines are listed on the last page of this agenda.)

AGENDA

- I. Call to Order
- II. Roll Call to Determine Physical Quorum
- III. Roll Call of Members with Just Cause
 - a. State others present in the room over the age of 18
- IV. Welcome and Introductions
- V. Approval of the Agenda – **ACTION** (Roll Call)
- VI. Approval of the February 27, 2023 Minutes – **ACTION** (Roll Call)
- VII. Public Comments (3 min. per speaker)
- VIII. Chair Comments (10 min.)
- IX. Director’s Report – Scott Gilman (10 min.)
- X. Board Member Comments and Announcements (10 min.)
- XI. Ombudsman Workgroup Report – Liz Warren (20 min.)
- XII. Presentation: Full-Service Partnerships – Dr. John Schipper & Hilary Carson (20 min.)
- XIII. Secretary’s Report / Announcements – Janis Gardner (10 min.)
- XIV. BHAB Committee Reports (5 min each)
 - A. Adult Services Committee (March 2) – Marlen Torres, Chair
 - B. Disparities Reduction Committee (March 7) – Gane Brooking & Chris Tejada, Co-Chairs
- XV. Old Business

- A. Needs Assessment – Status Update – Michael Rodriguez, Chair (5 min.)
- B. Site Visits Resumption – Announcement/Request for site visits – Michael Rodriguez, Chair (10 min.)

XVI. New Business

- A. Annual Report Workgroup
- B. Presentation Requests
- C. Recognition Award Recommendations

XVII. Contracts

Board of Supervisors Approved Agreements – February 7, 2023

1. Fourth Amendment to Memorandum of Agreement (MOA) with VCOE for Wellness Center Services.
2. First Amendment to the Participation Agreement with CalMHSA for Behavioral Health Quality Improvement Program Services.
3. First Amendment to the Participation Agreement with CalMHSA for Peer Support Specialist Certification Services.

Board of Supervisors Approved Agreements – February 28, 2023

1. Resolution Authorizing Lanterman-Petris-Short Act (LPS) Designated Psychiatric Facilities in Ventura County to Petition for Additional 30-Day Involuntary Holds of Persons Determined to be Gravely Disabled for Mental Health Assessment and Treatment, Pursuant to Welfare and Institutions Code Sections 5270.10 et seq.
2. Amendment to the Temporary Staffing and Recruiting Services Agreement with Maxim.
3. Amendment to the Temporary Staffing and Recruiting Services Agreement with Medix.
4. Seventh Amendment to the Agreement with Reality Improv Connection, Inc. for the Provision of Substance Use Services (SUS) Prevention Related Services.

XVIII. Public Comments (3 min. per speaker)

XIX. Adjourn

Next Meeting: Monday, April 17th, 2023

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

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

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

Note: The meeting is recorded.

Public Comments

- The Behavioral Health Advisory Board (BHAB) welcomes comments from the community, consumers, and family members.
- The BHAB operates under the Brown Act. This requires that all meetings be open meetings, with the agenda and minutes posted. A public comment period will be provided on all meeting agendas.
- Due to confidentiality laws, the Board is unable to respond directly to a public comment or to discuss client-specific issues without proper releases from the individuals concerned.
- At all BHAB meetings, the BHAB Assistant provides a Grievance Form for individuals who have concerns. The form is reviewed promptly by VCBH Quality Management. Individuals can also contact the BHAB Assistant to request a VCBH Grievance Form outside a BHAB meeting or call 1-888-567-2122.
- Individuals who have further concerns are welcome to return to the BHAB for assistance.

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

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

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

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

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

Or

2. In-Person Public Comment

If you are attending in-person, you may provide public comment when the Chair invites public comment.

Or

3. Video Public Comment using Zoom

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

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

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

Call-In Public Comment using Zoom

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

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

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

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

Brown Act “Just Cause” or “Member Emergency” Allowance Guidelines for Board Members:

Requirements: A local board/commission member may participate remotely without posting their physical location on the agenda if all the following requirements are met:

1. Quorum at Physical Location - At least a quorum of the members of the board/commission participates in person from a singular physical location clearly identified in the agenda.
2. Public Access - (Both Remote and In-Person) The public may access the meeting through:
 - A two-way audiovisual platform or
 - A two-way telephonic service and a live webcasting of the meeting
 - In-Person Public Access to the physical location.

Circumstances: One of the following circumstances applies:

1. **“Just Cause”** - The member notifies the legislative body at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting. The provisions of this clause shall not be used by any member of the legislative body for more than two meetings per calendar year. **or**
2. **“Emergency Circumstances”** - The member requests to participate in the meeting remotely due to emergency circumstances and the board/commission takes action to approve the request. The board/commission shall request a general description of the circumstances relating to the member’s need to appear remotely at the given meeting. A general description of an item generally need not exceed 20 words and shall not require the member to disclose any medical diagnosis or disability, or any personal medical information.

Procedures:

1. Member Request - A member shall make a request to participate remotely at a meeting pursuant to this clause as soon as possible. The member shall make a separate request for each meeting in which they seek to participate remotely.
2. Board/Commission Response - The board/commission may take action on a request to participate remotely at the earliest opportunity. If the request does not allow sufficient time to place proposed action on such a request on the posted agenda for the meeting for which the request is made, the legislative body may take action at the beginning of the meeting.
3. Disclosure - The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.
4. BOTH Audio & Visual Participation - The member shall participate through both audio and visual technology.
5. Limits to Remote Participation - The provisions of this subdivision [of the Brown Act] shall not serve as a means for any member of a legislative body to participate in meetings of the legislative body solely by teleconference from a remote location for a period of more than three consecutive months or 20 percent of the regular meetings for the local agency within a calendar year, or more than two meetings if the legislative body regularly meets fewer than 10 times per calendar year.

DEFINITIONS:

“Emergency circumstances”: A physical or family medical emergency that prevents a member from attending in person.

“Just cause” means any of the following:

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

For additional information, see pages 4+ of the Brown Act Guide: calbhbc.org/brown-act

Director's Update

BHAB General Meeting 3.20.2023

General Updates:

- General updates will be provided at the meeting.
- This year's legislative session is off to a very active start. Of concern at this time is SB 43 introduced Senator SB 43. This bill would add a new set of criteria to expand the states' current "gravely disabled" criteria under the Lanterman-Petris-Short (LPS) Act to include substance use disorders. Our state association has taken an oppose position. I have attached a copy of the letter for your reference.
- California Behavioral Health Community-Based Continuum Demonstration DHCS will be applying for a new Medicaid 1115 SMI/SED IMD Demonstration waiver to increase access to community-based mental health services and improve mental health services for Medi-Cal beneficiaries DHCS released a draft concept paper for public comment identifying a proposed design for the demonstration, known as the California Behavioral Health Community-Based Continuum Demonstration (CalBH-CBC). The concept paper outlines extensive proposals aimed at strengthening the statewide continuum of community-based services, supporting statewide practice transformations, improving statewide county accountability, and establishing a county option to enhance community-based services and bill for services provided during short-term stays in facilities over 16 beds. If interested in reviewing, you can find the concept paper (44 pages) at CalBH-CBC Demonstration.

Access and Outreach Division:

- Access & Outreach Division – continues to work diligently to support individuals/families accessing care. We continue to evolve as a Division and ensure that we are providing the needed resources to our community through our outreach efforts. We continue to recruit and onboard new staff as we continue to work through staffing shortage.

Adult Services Division:

- VCBH is exploring options in response to the Department of State Hospitals (DSH) request for proposals on the Incompetent to Stand Trial Diversion and Community Based Restoration Infrastructure Project released on March 1, 2023. DSH's objective is to prompt the development of community-based treatment with the capacity to address the needs of 5,000 felony defendants (state-wide) who have been found incompetent to stand trial (FIST) and would otherwise be admitted to the state hospital system. There is the potential for \$93,750 of

infrastructure funding (per bed) and \$228 (per client, per day) for operating expenses for stays lasting up to 18 months. Based on available data and early discussions with our legal partners, Ventura County is believed to potentially have 10-20 FISTs (at any given time) who might be able to benefit from this level of care. Early discussions with potential contractor are underway. The deadline for submission of first benchmark awards is May 1, 2023.

- VCBH has been allocated over \$13 million in DHCS-grant funding to provide bridge housing for homeless individuals and families, including CARE Court participants. VCBH is proposing a “tapestry” of bridge housing options that include: (1) expanding temporary shelter beds; (2) providing motel vouchers; (3) funding for rental assistance at both project-based and scattered site locations throughout Ventura County; and (4) reaching out to board and care operators to inquire if any are interested in contracting with VCBH for the minimum term of three years. Additionally, VCBH is proposing the development of grant-funded case managers dedicated to provide housing navigation and supportive services to the individuals and families served by this grant. Applications are due to DHCS by April 28.
- The identified priorities resulting from the MHS Community Planning Process continues to be posted at https://www.vcbh.org/images/CPPP_3-Year_Plan_Result_-_DRAFT.pdf. Public comment is encouraged and can be directed to MHSA@ventura.org, but will be closing March 20th, 2023. The MHS three-year plan and Annual Update will be posted as a draft in April or May as part of the submission process.
- The MHS-funded Community Mini-Grant Program has launched as a result of the CPP process. Ventura County Behavioral Health’s long-term goal in making this grant funding available is to develop more non-clinical contract providers, therefore, this opportunity is open to community partners that are not currently contracted with VCBH. More detail can be found at <https://www.vcbh.org/en/about-us/news-and-updates/community-wellness-mini-grants-program-notice-of-availability-of-funding>. Applications are due no later than April 4th 2023.
- Next Suicide Prevention Council meeting is April 5, 2023 at 2pm; it will be a hybrid meeting to take place in person in the training room or via zoom. Contact MHSA@ventura.org for more information or see the attached agenda.

Youth and Family (Y&F) Services Division:

Division Highlights

- The Y&F Division is pleased to announce a soft launch of the **Youth Full-Service Partnership (FSP)**. The FSP will be able to provide increased and enhanced field-based services to our highest acuity, unserved or underserved youth (ages 0-21) and their families.

Initiatives and Progress

- In consultation with Quality Improvement, Y&F management are developing **pilot projects** for each team to increase efficiencies and client care and help manage the surge of new clients in need of services.

- The Oxnard region continues to make progress in the development and implementation of the **nurse pilot**. Nurses have been hired and are providing services. These services improve client care and allow for psychiatrist time to be spent more fully on psychiatrist-specific duties.

Collaborations

- On Feb. 28, Y&F Management participated in the **Wellness System Steering Committee retreat** with AB2083 partners (Probation, VCOE, Ambulatory Care, and Public Health). The retreat focused upon cross-system opportunities for increased collaboration for improved care of our shared clients.

Training & Conferences

- The Y&F Division was able to send several line and management staff for training at the **Southern Counties Regional Partnership (SCRIP) Conference: Strategies for Addressing Trauma** on March 7-8.

Substance Use Services (SUS) Division:

Prevention:

- **OD Prevention Staff presented at Southern California Regional Partnership – Pomona 3/7/23**
 - Dan Hicks, Ashley Nettles and Brad Friday represented VCBH SUS Prevention at this regional meeting for health professionals from all over So Cal and shared our local experience. The presentation was well attended, and participants raved about how progressive VCBH prevention efforts are.
- **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 March 23rd, 2023.

- SUS staff met with justice and court partners to streamline the process for people with misdemeanor substance involved charges to access SUS screenings and assessments.
- The first two days of the four day Helping Men Recover for al SUS staff happened last week. The next two sessions are March 20 and March 2.

DUI Program:

- DUI enrollments for the month of February was 186, adding a net positive growth of 80 clients.
- Simi Valley DUI had its first onsite DHCS audit in three years with excellent outcomes, with the SUTs staff (Maria DiBattista) supporting our co-located site with the audit and the exit interview.

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. 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:** Policy Office has continued to support the Standardized Screening and Transition tool implementation, working on finalizing operational guidelines and supporting documents to be included with associated policies and trainings. Additionally, Policy Office has also begun reviewing and revising all Billing Policies in preparation for the Payment Reform roll out effective July 1st, 2023. Policy Office continues its review and standardization of policy archives, while concurrently implementing a fully electronic policy approval and archive management system. Finally, in collaboration with the Office of Health Equity and Cultural Diversity, Policy Office initiated efforts to identify systemic changes to policy language in order to create more accessible and equitable policies to support Behavioral Health integration.
- **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, QA staff, VCBH leadership, and CBOs to resolve identified CalAIM compliance, quality of patient care, or utilization of services issues.
- **Training:** Committed to the provision of quality care, VCBH has contracted with the Academy of Cognitive Behavioral Therapy for over a decade to create a standard of care foundation to ensure all clinical staff are trained in Cognitive Behavioral Therapy (CBT) – an Evidence Based Practice which embraces cultural differences, as it uses one’s world view to conceptualize presenting issues and develops a collaborative relationship between provider and clients to work together to achieve recovery. In an effort to further enhance cultural competency in our service delivery, VCBH has confirmed an exciting new learning opportunity where CBT

conceptualization and tools will be taught by the developer of the model in Spanish: April 26 & 27 Trial-Based Cognitive Therapy: Expanding CBT Tools

- Completed Scopes of Work for relevant training and trainers for 2023-2024. The Department has identified need and capacity to support 32 students in the 23-23 Academic Year – application process is open, and Training and Personnel staff will be attending 6 Educational Partners Job and Career Fairs (between February and April) to recruit students for educational practicum and graduates to apply for county employment. In the process of identifying Round 2 Awarded SCRP funded Loan Repayment awards to 13 staff in various job categories (clinical and non-clinical).

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, transitioning 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 workgroups/SuperUsers are actively engaged in training and workflows. CalMHSA has re-defined their weekly meeting on specific topics and separate ones focused on data conversion topics. Conversion file development is underway in preparation for round 1 of testing.
- **CalAIM Documentation Reform:** All Three Standardized Screening tools have been installed in Avatar LIVE environment and they are ready for use. Training videos have been created in addition to Spanish translations embedded into the tools.
- **Opeeka P-CIS:** The implementation of the Youth & Family CANS Assessment Analysis Tool (P-CIS) continues. Currently working on Admin set-up functionality. Opeeka is pending State portal access to begin testing.
- **FSP Client Key Event Tracking:** The MHSA Data Coordination Project implementation continues. Law Enforcement Arrest import is scheduled to begin 4/3/2023. 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.
- VCBH successfully submitted the BHQIP March submission report to DHCS on March 1, 2023. All units/departments worked collaboratively with the CalAIM Team to ensure timely submission. CalMHSA has released the new Standardized Screening and Transition of Care Tools trainings through their Learning Management System. Identified county staff and contracted providers have been assigned to complete the CalMHSA trainings. Along with CalMHSA’s training, VCBH-specific trainings are expected to be released on March 16, 2023. The standardized screening and transition of care tools are estimated to go live on March 27, 2023.
- Payment Reform is underway. VCBH has begun holding informational Q&A sessions for County managers and clinical administrators. Additional Q& A sessions will be held on March 30, 2023, for direct line staff and contracted providers. CalMHSA’s provider-level training is expected to be released June 1, 2023. In addition, VCBH is working on developing internal practitioner-type training for staff to focus on the specific implications of each provider type/taxonomy.
- 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 presentations and workgroups 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.



March 13, 2023

Honorable Susan Eggman, Chair
Senate Health Committee
1021 O Street, Room 3310
Sacramento, CA 95814

RE: SB 43 (Eggman) Behavioral Health: OPPOSE

Dear Senator Eggman:

On behalf of the County Behavioral Health Directors Association of California (CBHDA) which represents the county behavioral health directors for California's 58 counties, I write to respectfully oppose SB 43, which would add a new set of criteria to expand the state's current "gravely disabled" criteria under the Lanterman-Petris-Short (LPS) Act and modify hearsay evidentiary standards for conservatorship hearings.

CBHDA's membership agrees with concerns expressed by the author and sponsors that too many individuals suffer without adequate and appropriate treatment and housing, and we share in the urgency to bring about real change to address the needs of unhoused individuals with serious mental illness and substance use disorders (SUDs). Counties specialize in providing a full continuum of prevention, outpatient, intensive outpatient, crisis and inpatient and residential mental health and substance use disorder services, primarily to low-income Californians who have Medi-Cal or are uninsured. Counties also have responsibility for involuntary commitments under the LPS Act. We have found that for a small subset of our clients, conservatorships can be effective in helping individuals with significant mental health conditions by compelling inpatient treatment.

Our membership consists of psychiatrists, social workers, peers, therapists, and substance use disorder counselors, who work day in and day out to bring treatment and recovery to millions of Californians. It is this expertise which brings us to oppose SB 43 on the basis that the proposed expansion of LPS is overly broad and ultimately would not benefit the clients and communities we serve. These changes would also further stigmatize behavioral health conditions, and frustrate our clients and the public, who want to see real action to meaningfully address the needs of those with substance use and mental health disorders.

Expansion of the involuntary treatment and conservatorship criteria in the ways proposed under SB 43 would be unprecedented. It would allow for clinicians to detain and conserve large numbers of individuals who have ever had a SUD or alcohol use disorder (AUD) based on a prediction that their SUD alone (rather than as a co-occurring condition with SMI) will put them at risk for being unable to care for themselves. Under the criteria proposed in this bill, there would be no requirement to prove that an individual lacks capacity to make decisions for themselves, or that they are at imminent risk of harming themselves or others. This would constitute an enormous, gross overreach of the state's power. We are concerned it would also have the compounded effect to dissuade individuals from voluntarily seeking the help they need, as an SUD diagnosis would open an individual up to potential conservatorship. The proposal also has significant equity implications and threatens California's progress addressing equity and disparities for Black, Latinx, Indigenous, LGBTQ+ and other historically marginalized populations.

Below, we outline our members' concerns in more detail, and respectfully request your consideration of these points as we believe that, ultimately, we share in your commitment to end the suffering of individuals with significant behavioral health needs.

Prevalence Concerns

A significantly larger portion of the state's population would become eligible for conservatorship under this bill due to the inclusion of SUDs as stand-alone criteria. For example, many more Californians experience a substance use or alcohol use disorder in their lifetime than a serious mental illness (SMI) and these numbers are on the rise, due, in part, to the pandemic, but also spurred by broader legalization of recreational drugs.¹ For example, 15.1% of U.S. adults reported new or increased substance use due to pandemic-related stress in a September 2020 study.² Under current law, individuals with SMI who need involuntary treatment typically comprise less than 1% of the general population. However, lifetime prevalence for substance use disorders is closer to 10%. According to a report by the California HealthCare Foundation (CHCF), 16% of young adults have a substance use disorder.

Therefore, this change in policy would expand the portion of the population potentially subject to conservatorship from around 1% to around 10%.

Equity Concerns

Given our nation's history with disproportionately incarcerating Black, Indigenous, and Latinx individuals for drug-related crimes,³ and the existing disproportionality of Black Californians involuntarily detained and conserved, we urge policymakers to consider the equity implications of such a policy shift. Based on an analysis of discharge data from the California Department of Healthcare Access and Information (HCAI) compared to their White counterparts, Black and Latinx Californians were 57.2% and 154.5%, respectively, more likely to be placed on a 5150 hold. These disparities were also seen in gender with females being 52% more likely to be detained for 5150, compared to males.

Given these examples of health inequity, the concern with large-scale involuntary SUD treatment is that it could result in overrepresentation of people of color, LGBTQ+, and other historically marginalized people being forced into more coercive treatment, which is often traumatizing. Voluntary treatment is more effective.

Treatment Efficacy Concerns

For those who require involuntary commitment, serious mental illness can often be effectively treated without intrinsic motivation given the strong biological causes of its symptoms. Involuntary treatment is less effective for SUDs because intrinsic motivation plays a much larger role in the efficacy and outcomes due to the biopsychosocial nature of substance use disorders. Without intrinsic motivation, individuals are at much higher risk for relapse and overdose when stepped down from restricted treatment settings.

A peer reviewed study of research from around the world suggests that coerced and involuntary treatment is actually less effective in terms of long-term substance use outcomes, and more dangerous

¹ Hasin DS, Sarvet AL, Cerdá M, et al. US Adult Illicit Cannabis Use, Cannabis Use Disorder, and Medical Marijuana Laws: 1991-1992 to 2012-2013. *JAMA Psychiatry*. 2017;74(6):579–588. doi:10.1001/jamapsychiatry.2017.0724

² Czeisler MÉ, Lane RI, Wiley JF, Czeisler CA, Howard ME, Rajaratnam SMW. Follow-up Survey of US Adult Reports of Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic, September 2020. *JAMA Netw Open*. 2021;4(2):e2037665. doi:10.1001/jamanetworkopen.2020.37665

³ Drug Policy Alliance, The Drug War, Mass Incarceration and Race, 2018: https://drugpolicy.org/sites/default/files/drug-war-mass-incarceration-and-race_01_18_0.pdf

in terms of overdose risk.⁴ In fact, a Massachusetts study that compared overdose related deaths for individuals who received voluntary treatment and SUD treatment via involuntary commitment found that individuals who were involuntarily committed for SUD treatment were more than twice as likely to die from an overdose related death than those who had gone through voluntary treatment.⁵

In addition, medication treatment does not currently exist for methamphetamines. This is significant because amphetamines are the primary drug used by individuals in SUD treatment through the public safety net programs in California⁶.

To be effective, SUD care often requires longer-term treatment (generally months if not years), and relapse, which could be a justification in itself for conservatorship under this bill, is a common aspect of recovery over the long run.

Jail and Prison Are the Only Forms of Involuntary SUD Treatment

Today, the only form of involuntary treatment for substance use disorders that exists in California is incarceration. As a result, California has no established system of care for involuntary SUD treatment outside of jails and prisons. If the law were to change to allow for involuntary treatment, and the conservatee required a locked treatment setting, those are non-existent for SUD treatment services outside of carceral settings. This reality begs the question of where individuals captured under this change in law would go once the court orders involuntary treatment.

Capacity Concerns

The treatment, workforce, and housing capacity to support such a policy change also presents a major gap which would not be addressed through this legislation. A build out of delivery networks to support this policy change would take years, with new, sustained dedicated state resources would be needed, above and beyond investments already made by the state through initiatives such as the one-time Behavioral Health Continuum Infrastructure Program (BHCIP) over the course of the last couple of years.

California would need to significantly increase its residential and inpatient SUD treatment capacity, which is limited due to the structural underfunding described in more detail below. In addition, there would also be an inadequate supply of step-down care options, including board and care facilities and housing to prevent conservatorships of a long duration and violations of federal and state requirements to serve individuals in the least restrictive setting.

These challenges sit on top of the most intense behavioral health workforce crisis our state has experienced, and at a time when state initiatives are attempting to significantly expand services both inside our public safety net, through initiatives such as our Medi-Cal mobile crisis benefit, diversion from jails and state hospitals, and expanded services in schools, primary care, jails, and through parity enforcement of private insurance. This expansion, along with the rapid expansion of tele behavioral health services has created immense opportunity for our workforce, and driven up salaries and vacancy rates.

⁴ D. Werb, A. Kamarulzaman, M.C. Meacham, C. Rafful, B. Fischer, S.A. Strathdee, E. Wood, The effectiveness of compulsory drug treatment: A systematic review, *International Journal of Drug Policy*, Volume 28, 2016, Pages 1-9, ISSN 0955-3959, <https://doi.org/10.1016/j.drugpo.2015.12.005>

⁵ State of Massachusetts Chapter 55 Overdose Reports: <https://www.mass.gov/service-details/chapter-55-overdose-report>

⁶ Valentine, A., Brassil, M. Aurrera Health Group, 2022 Edition — Substance Use in California - California Health Care Foundation, <https://www.chcf.org/publication/2022-edition-substance-use-california/>

A recent UCSF analysis found that the state of California is facing a significant workforce gap, particularly for SUD counselors.⁷ Despite the fact that SUD counselors account for close to 70% of the SUD workforce in the county behavioral health safety net, graduates of certificate and associate degree programs for SUD counselors based at colleges and universities have decreased significantly in the last five years.

No Funding Support for Long-Term Inpatient and Residential SUD Treatment

In addition to treatment efficacy and capacity considerations, the federal and state governments provide no reimbursement for long-term residential and inpatient drug treatment, even under Medi-Cal. California was the first state in the nation to waive Medicaid's prohibition on paying for inpatient and residential substance use disorder treatment with our Drug Medi-Cal Organized Delivery System (ODS) waiver which has been implemented through a phased in approach over the last six years. The Drug Medi-Cal ODS waiver allows for limited coverage of these services.⁸

LPS petitions are filed with the court and the court decides if appointing someone to direct care for the individual is warranted. If courts were to order involuntary SUD treatment, they would not be bound by what Medi-Cal or other insurance payers would cover, leaving counties with a significant unfunded mandate. This structural lack of reimbursement, across our major public and private insurance payers has directly led to the scarcity of SUD residential and inpatient treatment capacity. Furthermore, there are very few treatment settings that have the capacity to serve individuals with complex co-occurring medical, SUD and mental health treatment needs. California needs to invest more in consistent, sustainable reimbursement for longer-term residential and inpatient SUD treatment to both prevent the deterioration of individuals and to assist with long-term treatment and recovery. Addressing reimbursement for involuntary long-term inpatient and residential care, which would not be reimbursed through Medi-Cal or other payers, particularly those in locked settings, would need to be addressed in order to ensure adequate access to humane treatment.

Scope of Practice Concerns

Today, LPS conservatorships are centered around the county specialty of mental health diagnosis and treatment. Counties involuntarily detain and treat based on mental health conditions with mental health services. By adding physical health conditions as a basis for conservatorship, the state would require counties to develop a new set of medical services to evaluate and assess physical health risks and status. However, under any LPS structure, counties would still only be able to treat the mental health or SUD needs of the individual which are within the county behavioral health system's scope. Changes to the LPS definition of gravely disabled do nothing to address unmet medical needs, but rather allow for legal detention and commitment for behavioral health services. Involuntary medical evaluation and treatment falls under probate law and is addressed through medical clinicians and courts.

As outlined above, our members are concerned that conservatorships on the basis of an individual's substance use disorder alone would constitute a significant expansion of conservatorships which unfortunately would not be clinically effective in supporting long-term recovery or addressing the state's homelessness crisis. In addition, this bill would not address the capacity, treatment, workforce, reimbursement and other structure that would need to be built out in order to implement such a sweeping change. Ultimately, what many of our unhoused clients need is housing, which unfortunately would not be provided through this bill. Without adequate treatment types, options for reimbursement of

⁷ Coffman, Janet and Fix, Margaret, Building the Future Behavioral Health Workforce: Needs Assessment: Executive Summary, Healthforce Center at UCSF, February 2023: https://static1.squarespace.com/static/5b1065c375f9ee699734d898/t/63e695fee785253f65f4b6f0/1676056064594/CBHDA_Needs_Assessment_Executive_Summary_FINAL_2-23.pdf

⁸ The 37 counties that have opted into the ODS waiver can only receive reimbursement if they maintain a 30-day average length of stay for residential and inpatient treatment.

SUD treatment, or new housing to assist with long-term stability in recovery, we fear California will see no significant positive impact from these sweeping changes to involuntary commitment laws. It is for these reasons that we must respectfully oppose SB 43. We look forward to continued dialogue on the important issues raised through this bill, and request consideration of our concerns. If you have any questions, please do not hesitate to contact me at mcabrera@cbhda.org.

Sincerely,



Michelle Doty Cabrera
Executive Director

Cc: Honorable Members of the Senate Health Committee
Reyes Diaz, Senate Health Committee
Marjorie Swartz, Senate Pro Tempore Toni Atkins
Joe Parra, Senate Republican Policy Office
Tim Conaghan, Senate Republican Policy Office
Anthony Archie, Senate Republican Fiscal Office
Michelle Baass, Director, DHCS
Jacey Cooper, Medicaid Director, DHCS
Tyler Sadwith, DHCS
Carol Gallegos, DHCS
Richard Figueroa, Office of Governor Newsom
Stephanie Welch, CalHHS
Mary Ader, Assembly Speaker Rendon
Judy Babcock, Assembly Health Committee
Gino Folchi, Assembly Republican Caucus



Detention Services Division

Health & Programming Unit Ribbon Cutting Ceremony

*The Ventura County Sheriff's Office
would like to cordially invite you to attend
the ribbon cutting ceremony for the
opening of the Health & Programming
wing at the Todd Road Jail*

Date: Wednesday, April 5, 2023

Time: 10:00am – 12:00pm
Doors open at 9:30am

Location: Todd Road Jail
600 S. Todd Road
Santa Paula, CA 93060



150
YEARS
OF SERVICE

VENTURA COUNTY SUICIDE PREVENTION COUNCIL

MEETING AGENDA • WEDNESDAY, APRIL 5, 2023

ZOOM LINK

Meeting ID: 961 7046 1357

Passcode: 765584

Dial-in: 669 900 6833

[Click to join Zoom meeting](#)

IN-PERSON MEETING SITE

VCBH 1911 Williams Drive Oxnard, CA 93036

Large Training Room, 1st floor

- Parking is available behind the building
- Enter through the “F” Door Entrance, 3rd door to the left

2:00 PM MEETING STARTS: Welcome, introductions, housekeeping items

2:10 PM GUEST SPEAKERS

- 1. VCBH RISE Program • Laticha Perez, LMFT, Clinic Administrator**
VCBH’s RISE Program can help if someone has or appears to have mental health problems and is unable or unwilling to access help. RISE’s field-based outreach team makes contact, provides ongoing support to navigate challenges, and access care.
- 2. VCBH Mobile Crisis Team • Ruby Avila-Herrera, LMFT, Clinic Administrator**
VCBH’s Mobile Crisis Team operates 24/7, providing crisis intervention services for psychiatric emergencies.
- 3. Didi Hirsch Mental Health Services • Rebecca Zeitlin, LMFT, Crisis Line Director**
Didi Hirsch operates 988 in five Southern California counties— including Ventura County. Certified crisis counselors also answer calls for the Teen Line, the national Disaster Distress Helpline, and use Crisis Text to communicate with those who are deaf or hard-of-hearing.

3:10 PM COUNCIL UPDATES

- 1. Mental Health Services Act (MHSA) Community Planning Process**
- 2. Empower Up Mental Health Youth & Young Adult Wellness Fair**
- 3. Strategic Plan Update**

3:30 PM ANNOUNCEMENTS

- State your name, and if applicable, agency/organization. Share information re: upcoming events, volunteer opportunities, workshops, concerns, suggestions, etc.
- Feel free to pass out flyers, brochures, etc. or place on the resource table.
- 2-3 minutes per person allowing equitable & inclusive opportunities for all speakers

4:00 PM ADJOURN: Informal networking may continue until 4:30 pm.

VENTURA COUNTY SUICIDE PREVENTION COUNCIL

Together We Can Make a Difference

VISION

Ventura County Suicide Prevention Council is comprised of countywide stakeholders who are dedicated to reducing suicides by offering help and hope to people of every culture, gender, and socioeconomic group throughout their lifespans.

MISSION

Our purpose is to promote help and hope to everyone at risk or affected by suicide. We engage in collaborative dialogue to raise public awareness, identify resources, and provide education, and we strive to support innovative suicide prevention and intervention initiatives.

JOIN US

If you are interested in joining the Ventura County Suicide Prevention Council, to request a presentation, training, and/or for more information, please email:

MHSA@ventura.org

UPCOMING 2023 BIMONTHLY MEETINGS

- Wednesdays from 2PM to 4PM
- June 14th, August 2nd, October 4th, December 13th
- **All Meetings Held In-Person & Virtually**

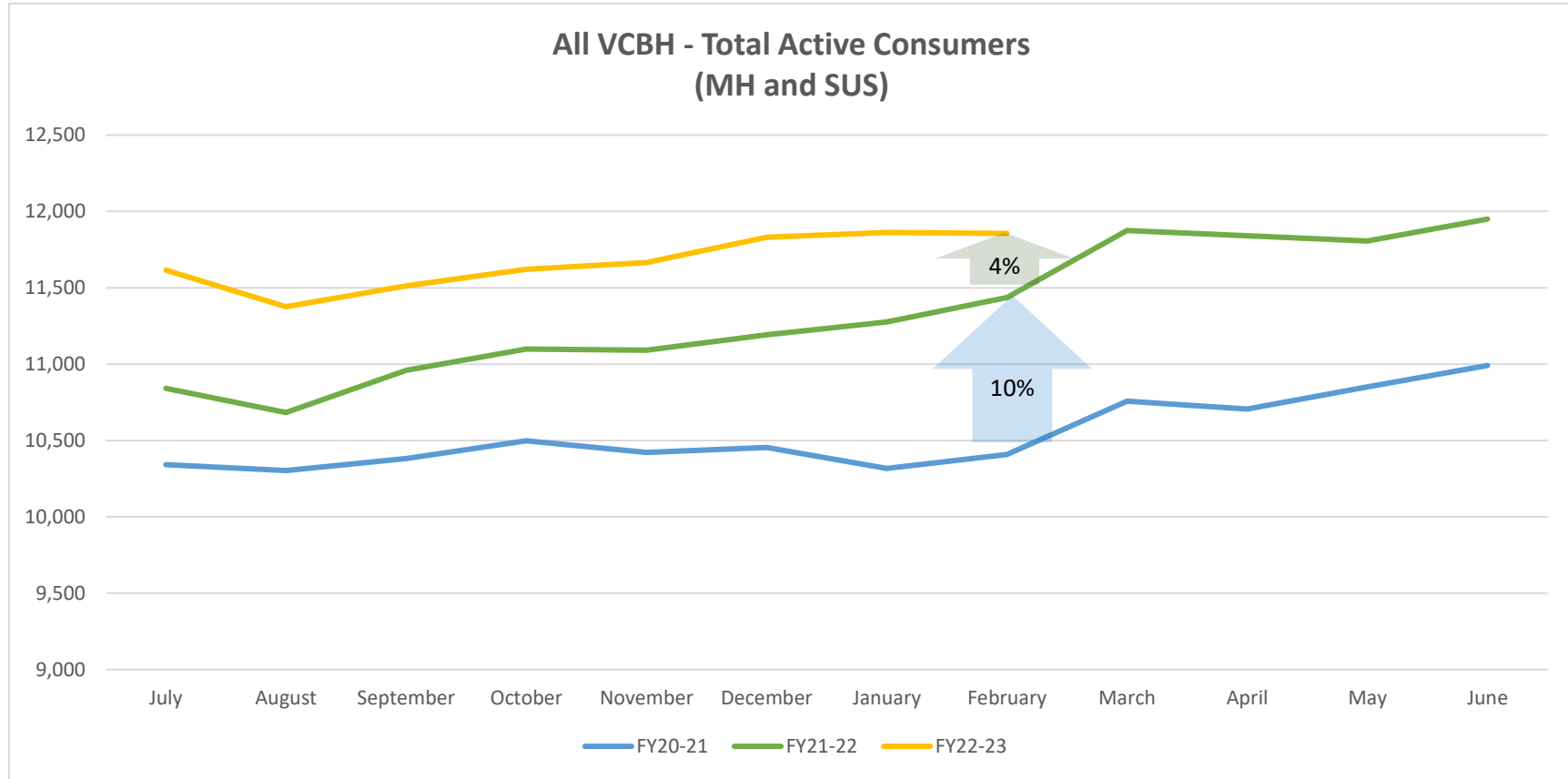


VENTURA COUNTY BEHAVIORAL HEALTH

Total Active Consumers In The Month Of February

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

As of 3/3/2023



**Percent change compares FY to previous FY (e.g., FY21-22 and FY22-23 had a percent change of 4%)*

VENTURA COUNTY BEHAVIORAL HEALTH

Total Active Consumers In The Month Of February

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

As of 3/3/2023

All VCBH SUS - County & Contractor MH Adult - County & Contractor MH Y&F - County & Contractor VCBH STAR Adult Crisis	VCBH Treatment Programs County & Contractor Includes outpatient and residential
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	VCBH Program Group					
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis
Total Consumers With Open Episode	11,855	973	6,085	4,195	1,011	400

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	2,893	35		2,678	280	26
16-25	2,504	191	865	1,373	224	76
26-59	5,083	703	3,976	144	442	229
60+	1,375	44	1,244		65	69
Not Reported						
Grand Total	11,855	973	6,085	4,195	1,011	400

Total Consumers With Open Episode Preferred Language	VCBH Program Group					
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis
English	9,853	907	5,100	3,391	818	335
Spanish	1,161	48	532	468	144	34
Mixteco	7	1	4	2	2	
Non-Threshold Language	79	2	64	8	6	1
Not Reported	755	15	385	326	41	30
Grand Total	11,855	973	6,085	4,195	1,011	400

Total Consumers With Open Episode Ethnicity	VCBH Program Group					
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis
Latinx	6,157	559	2,769	2,652	500	133
Non-Latinx	4,021	346	2,749	801	240	136
Not Reported	1,666	67	563	739	268	130
Declined to State	11	1	4	3	3	1
Grand Total	11,855	973	6,085	4,195	1,011	400

Total Active Consumers At Each Location *** Program Service Location	VCBH Program Group					
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis
CAMARILLO	468		99	369		
FILLMORE	185	33		156		
MOORPARK	2			2		
OXNARD	6,315	712	2,783	1,918	1,011	400
SANTA PAULA	889		612	277		
SIMI VALLEY	1,355	84	756	535		
THOUSAND OAKS	1,274	67	913	314		
VENTURA	2,279	95	1,195	1,014		
Outside Ventura County (Contractor)	148	126	22			
Grand Total	12,915	1,117	6,380	4,585	1,011	400

*** Consumers may be counted under multiple locations

Total Consumers With Open Episode Residence Region - City	VCBH Program Group					
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis
Conejo Valley	970	81	560	253	82	51
Conejo Valley-Newbury Park	252	23	143	68	25	16
Conejo Valley-Oak Park	34	3	11	15	5	1
Conejo Valley-Thousand Oaks	638	53	380	159	46	33
Conejo Valley-Westlake Village	46	2	26	11	6	1
Moorpark	348	21	137	167	25	10
Moorpark	348	21	137	167	25	10
Ojai	225	25	109	79	18	6
Ojai	169	22	85	54	12	6
Ojai-Oak View	56	3	24	25	6	
Oxnard Plains	5,310	428	2,727	1,950	462	148
Oxnard Plains-Camarillo	780	53	453	252	51	19
Oxnard Plains-Oxnard	4,115	341	2,082	1,524	370	118
Oxnard Plains-Port Hueneme	393	32	183	165	37	11
Oxnard Plains-Somis	22	2	9	9	4	
Santa Clara Valley	1,215	74	516	561	98	42
Santa Clara Valley-Fillmore	372	33	146	173	35	10
Santa Clara Valley-Piru	49	4	16	26	9	2
Santa Clara Valley-Santa Paula	794	37	354	362	54	30
Simi Valley	1,352	112	669	490	110	44
Simi Valley	1,352	112	669	490	110	44
Ventura	2,109	206	1,202	584	198	81
Ventura	2,109	206	1,202	584	198	81
Not Reported / Out of County	326	26	165	111	18	18
Grand Total	11,855	973	6,085	4,195	1,011	400

Residence cities do not reflect consumer service location.

BHAB Ombudsman Workgroup Report – February 27, 2023

Historical Context

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

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

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

Seven Types of Ombudsmen

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

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

Organizational Ombudsman

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

Advocate Ombudsman

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

California Department of Healthcare Services

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

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

(From their website.)

D R A F T

Ventura County Behavioral Health Ombudsman (VCBHO)

Mission:

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

Advantages of an Ombudsman:

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

Disadvantages of an Ombudsman:

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

DRAFT

Ventura County Behavioral Health Ombudsman (VCBHO)

Role:

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

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

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

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

Ventura County Behavioral Health Grievance Process

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

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

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

BHAB General Meeting Minutes October 19, 2020

VI. Public Comments

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

XII New Business

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

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

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

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

BHAB General Meeting Minutes – March 15, 2021

XIII Old Business

C. BHAB Ombudsman/Peer Advocate Hiring Update

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

April 26, 2022

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

❖ Paragraph Four (page six of seven)

Access & Outreach Division

“One (1) Program Administrator III is requested to develop and work independently as the Ombudsman for VCBH and assist clients in navigating through services. This addition is offset by the deletion of one (1) Program Administrator I. One (1) Management Assistant II position is requested to support the new Access & Outreach Division Chief.”

❖ Paragraphs Three and Four (page seven of seven)

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

Ventura County Behavioral Health
Board Letter Summary of Contracts for February 2023

Date	Contractor	Amount	Term	Description
2/7/2023	Ventura County Office of Education (VCOE)	\$5,613,388	December 8, 2020 through December 31, 2026	<p>Fourth Amendment to Memorandum of Agreement (MOA) with VCOE for Wellness Center Services. On December 8, 2020, Ventura County Behavioral Health (VCBH) entered into an MOA with VCOE in order to provide Wellness Center services. Though VCBH was awarded \$5,999,930 in total grant funding, only \$4,475,228 was paid to VCOE to support services. In order to support the project, VCBH needed to: hire one (1) Wellness Clinician and one (1) Community Service Coordinator, secure evaluation services via Evalcorp (VCBH provider), and cover administration costs. Therefore, a total of \$1,524,702 were retained by VCBH. Pursuant to the separate MOA with VCOE, this additional funding will be used by VCOE to expand Wellness Center services to existing school locations within Ventura County. Additionally, new Wellness Centers will be established in two (2) new high schools, Foothill Technology High School and Pacific High School. The additional funds will also support the existing Wellness Center grant services by expanding on the existing service model to support early identification and linkage to services to help mitigate the progression of mental illness. Annually, VCOE has noted 28,000 visits to the Wellness Centers to seek mental health services and supports. It is expected that 3,500 students will be impacted through the program's awareness, education, and outreach services through the use of this new funding. The Fourth Amendment to the MOA with VCOE adds the funding for the services described above and extends the term of the MOA for an additional one year and six months from December 8, 2020 to December 31, 2026. Source of Funding is Mental Health Student Services Act (MHSSA) Grant.</p>
2/7/2023	California Mental Health Services Authority (CalMHSA)	\$207,590	February 7, 2023 through June 30, 2024	<p>First Amendment to the Participation Agreement with CalMHSA for Behavioral Health Quality Improvement Program Services. California Advancing and Innovating Medi-Cal (CalAIM) is a DHCS initiative to reform and transform the Medi-Cal program and, in turn, improve the quality of life and health outcomes of Medi-Cal members. Over the course of several years, CalAIM will implement a broad delivery system, program and payment reform across the Medi-Cal system, and build upon the successful outcomes of various pilot programs to completely transform the delivery of behavioral health services for Medi-Cal beneficiaries. To support various CalAIM initiatives over the next five years (2022-2027), VCBH entered into a Participation Agreement with CalMHSA for Behavioral Health Quality Improvement Program (BHQIP) services. CalMHSA, is a Joint Powers Authority created by California counties in 2009 to jointly develop and fund mental health services and education programs for members. Under the Participation Agreement, CalMHSA is assisting participating members, including Ventura County and VCBH, in operationalizing the CalAIM BHQIP requirements and deliverables that fall under the following categories: (1) payment reform, (2) policy changes, and (3) data exchange. Through the Participation Agreement, CalMHSA is: (1) developing a training package for county employees, including the operationalization of policy changes, (2) drafting boilerplate language for provider contracts, (3) conducting a landscape analysis of documentation audit practices and drafting updated Utilization Management protocols, (4) facilitating data exchange between the county and Managed Care Plan to improve care coordination activities and inform process improvement projects, and (5) providing project management resources as needed. The First Amendment to the Participation Agreement with CalMHSA revises the Participation Agreement to provide the opportunity for member counties to engage support from additional Subject Matter Experts at established hourly rates. Under the First Amendment to the Participation Agreement, counties are able to request the following type of assistance: (1) Fiscal/Payment Reform Subject Matter Expert Services at an hourly rate of \$200 per hour, (2) Interoperability Subject Matter Expert Services at an hourly rate of \$200 per hour, (3) Data Analytics Subject Matter Expert Services at an hourly rate of \$200 per hour, and (4) Ad Hoc Services for services not otherwise specified in the Agreement, but that would aid in support of CalAIM implementation, at a rate of \$200 per hour. Once the First Amendment to the Participation Agreement is signed, the hours/funding remaining from the initial BHQIP Participation Agreement, for project management and clinical services hours, will be combined into a single flexible spending account to utilize for the new services and project management and clinical services. There are approximately 234 hours (\$46,812.50) remaining on the BHQIP Participation Agreement from the project management and clinical service hours that will be transferred to a flexible spending account under the First Amendment. No additional hours are being requested and no additional dollars will be paid to CalMHSA through this First Amendment beyond the existing total maximum amount of \$207,590. Source of Funding is BH-QIP Funds.</p>
2/7/2023	CalMHSA	\$77,463	January 1, 2023 through December 31, 2024	<p>First Amendment to the Participation Agreement with CalMHSA for Peer Support Specialist Certification Services. CalMHSA, a Joint Powers Authority created by California counties in 2009 to jointly develop and fund mental health services and education programs for members, entered into participation agreements with interested counties to provide them with a Peer Support Specialist Certification program. A Peer Support Specialist is an individual who has self-identified as having personal lived experience with the process of recovery from mental illness or substance use disorder, either as a consumer of these services or as a parent, caregiver or family member of the consumer. Peer Support Services are defined as culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals. Peer Support Services aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the process of recovery. The Peer Support Specialist Certification program was developed in response to Senate Bill 803, Beall (SB 803) which tasked the Department of Health Care Services (DHCS) to establish statewide standards and requirements for Medi-Cal peer support specialists. On July 22, 2021, DHCS released Behavioral Health Information Notice 21-041, establishing statewide requirements for peer support specialist certification and has since worked with CalMHSA to implement and administer all components of the Peer Support Specialist Certification Program. On February 7, 2022, the Board approved a Participation Agreement with CalMHSA for Peer Support Specialist Certification program services. The Participation Agreement's initial term was considered a pilot program that covered the 12-month period of January 1, 2022 through December 31, 2022, in the amount of zero dollars. CalMHSA requested the Participation Agreement be amended to: (1) extend the term of the agreement by an additional two years through December 31, 2024 and (2) include payment provisions now that the program has launched. The First Amendment to the Participation Agreement requires VCBH to remit payment to CalMHSA of an initial administrative fee of \$9,713 and \$67,750 for Peer Support Specialist certification services, for a total "not to exceed" amount of \$77,463. The "not to exceed" amount reflects VCBH's best projection of the services needed at this time and costs involved to continue to onboard peer support specialists in various VCBH programs. Source of Funding is Proposition 63 Mental Health Services Act (MHSA) funds.</p>

2/28/2023	Inpatient Psychiatric Facilities	\$0	indefinite	Resolution Authorizing Lanterman-Petris-Short Act (LPS) Designated Psychiatric Facilities in Ventura County to Petition for Additional 30-Day Involuntary Holds of Persons Determined to be Gravely Disabled for Mental Health Assessment and Treatment, Pursuant to Welfare and Institutions Code Sections 5270.10 et seq. The proposed resolution provides additional options and ultimately flexibility in helping treat individuals who are Gravely Disabled. Specifically, pursuant to WIC 5270.10 et seq., the resolution would authorize LPS designated inpatient psychiatric facilities in Ventura County to petition the superior court to hold gravely disabled individuals for up to two additional 30-day periods for continued treatment. In order to protect the civil liberties of individuals involuntarily held, WIC 5270.10 et seq. authorizes the use of these additional psychiatric holds only for as long as the individual remains gravely disabled and subject to continued court oversight. Presently, there are two LPS designated inpatient psychiatric facilities in Ventura County, namely the Ventura County Medical Center Inpatient Psychiatric Unit and Vista Del Mar Hospital. WIC Section 5270.10 et seq. has been available for adoption by California counties since 1989. Staff's research suggests that Ventura County is among the last counties of any significant size not to have adopted it. It has been implemented for years throughout the State, most notably in both Santa Barbara County and Los Angeles County. Unlike the 72-hour and the 14-day holds authorized by WIC Sections 5150 and 5250, the authority to use the additional involuntary holds under WIC Section 5270.10 et seq. is not automatic. Instead, in order to use the additional 30-day holds, county boards of supervisors must elect to authorize their use by adopting a resolution that finds: (1) that any additional costs incurred by the county in the implementation of the additional 30-day holds are funded either by (i) new funding sufficient to cover the costs incurred by the county's election to use the additional 30-day hold; (ii) funds redirected from cost savings resulting from the use of the additional 30-day hold; or (iii) a combination thereof and (2) that no current service reductions will occur as a result of the use of such additional 30-day holds. (Welf. & Inst. Code § 5270.12.) With the use of the additional 30-day involuntary holds authorized by WIC Section 5270.10 et seq., VCBH staff anticipates that there will be less need and use of conservatorships (including temporary conservatorships) such that costs associated with establishing and managing conservatorships will be reduced and redirected to cover the costs of implementing the use of the additional 30-day holds.
2/28/2023	Maxim Healthcare Services Holdings, Inc. (Maxim)	\$1,000,000	July 1, 2022 through June 30, 2023	Amendment to the Temporary Staffing and Recruiting Services Agreement with Maxim. On June 21, 2022, the Board approved three (3) agreements for medical personnel temporary staffing and recruiting services with Maxim, Medix Staffing Solutions, Inc. (Medix), and TheKey of California, LLC for a combined maximum contract amount of \$1,300,000. VCBH received authorization for an additional increase of \$950,000 for a revised combined contract maximum amount of \$2,250,000 to address current VCBH staffing vacancies and ensure continued service provision to meet the needs of the consumers served by VCBH through the end of FY 2022-23 (June 30, 2023). There is also an existing variable pool of \$340,000 which is authorized for flexibility to increase the contract maximums based on services provided through fiscal year end. Given the approved combined increase, the Maxim agreement is being increased from \$600,000 to \$1,000,000 (\$400,000 increase). Currently, the VCBH staffing vacancy rate is 26.1%. These contractors have proven to be a vital source of staffing services during the ongoing staffing shortage. Source of Funding is Short Doyle Medi-Cal Federal Financial Participation (SD/MC FFP), Drug Medi-Cal Federal Financial Participation (DMC-ODS FFP), State General Fund, and 2011 Realignment (Trust N520-719C), and 1991 Realignment (Trust N510-717C) funds.
2/28/2023	Medix Staffing Solutions, Inc. (Medix)	\$850,000	July 1, 2022 through June 30, 2023	Amendment to the Temporary Staffing and Recruiting Services Agreement with Medix. On June 21, 2022, the Board approved three (3) agreements for medical personnel temporary staffing and recruiting services with Maxim, Medix, and TheKey of California, LLC for a combined maximum contract amount of \$1,300,000. VCBH received authorization for an additional increase of \$950,000 for a revised combined contract maximum amount of \$2,250,000 to address current VCBH staffing vacancies and ensure continued service provision to meet the needs of the consumers served by VCBH through the end of FY 2022-23 (June 30, 2023). There is also an existing variable pool of \$340,000 which is authorized for flexibility to increase the contract maximums based on services provided through fiscal year end. Given the approved combined increase, the Medix agreement is being increased from \$300,000 to \$850,000 (\$550,000 increase). Currently, the VCBH staffing vacancy rate is 26.1%. These contractors have proven to be a vital source of staffing services during the ongoing staffing shortage. Source of Funding is Short Doyle Medi-Cal Federal Financial Participation (SD/MC FFP), Drug Medi-Cal Federal Financial Participation (DMC-ODS FFP), State General Fund, and 2011 Realignment (Trust N520-719C), and 1991 Realignment (Trust N510-717C) funds.
2/28/2023	Reality Improv Connection, Inc.	\$399,920	July 1, 2022 through June 30, 2023	Seventh Amendment to the Agreement with Reality Improv Connection, Inc. for the Provision of Substance Use Services (SUS) Prevention Related Services. Reality Improv Connection, Inc. provides informational and educational engagement projects for youth, young adults, and parents. These projects address underage and binge drinking, impaired driving, prescription and illicit drug use, and examine a range of health disparities using school and community-based workshops, performances, and new media (podcasts, blogs, e-news, and text). Media and health promotion efforts include all suppressing opioid overdose, consequences of early and frequent cannabis use, and the risks of vaping, along with a range of pro-social and collaborative mental wellness activities, consistent with the SAMHSA Strategic Prevention Framework. In the first six months of FY 2022-23, Reality Improv Connection, Inc. documented 4,925 unduplicated youth and young adults participating in prevention content across 248 different workshops and presentations. Giving special attention to those from higher-need school communities, Reality Improv Connection, Inc. significantly expanded the use of interactive and immersive technologies for substance use prevention and health promotion, recording 13,414 plays of educational games online, and assisted young people in developing digital health messaging for use in reaching diverse audiences, using high-quality audio and video. The Seventh Amendment to the Agreement with Reality Improv Connection, Inc. is for a one-year term (July 1, 2022 through June 30, 2023) and represents an increase of \$101,019 to the maximum agreement amount from the prior fiscal year to increase opioid overdose prevention efforts, especially among vulnerable youth and young adult populations, by adding new staff positions in support of these efforts. Capacity expansion also includes: (1) a new and larger digital media studio space, (2) production assistance for prevention audio and video content, and (3) assistance with editing, organization, and storage of public service announcements (PSAs) and other digital assets. Additionally, Substance Abuse Prevention and Treatment Block Grant American Rescue Plan Act (SABG ARPA) supplemental funding will be used for continued support of online services, with upgraded software to offer Zoom Webinar and the 3-D interactive "BRITeworld" platform; aiding large-scale interactive events and increasing use of prevention content countywide. Source of Funding is Substance Abuse Prevention and Treatment Block Grant (SABG) and SABG American Rescue Plan Act (ARPA) funds.