

**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, June 26, 2023, 1:00 – 3:30PM

**BHAB Members Present:**

|  |                              |
|--|------------------------------|
| Michael Rodriguez, Chair                   | Chris Tejeda, 1st Vice Chair |
| Nancy Borchard, 2 <sup>nd</sup> Vice Chair | Janis Gardner, Secretary     |
| Elizabeth R. Stone, Member-At-Large        | Claudia Armann               |
| Soledad Barragan                           | James Espinoza               |
| Genevieve Flores-Haro                      | Carol J. “C.J” Keavney       |
| Supervisor Matt LaVere                     | Naomi (Nomi) Marrufo         |
| Dianne McKay                               | Jennifer Morrison            |
| Shawn Pewsey                               |                              |

**Guests:**

|                                   |  |
|-----------------------------------|--|
| Ratan Bhavnani, NAMI Volunteer    | Cece Casey, Family Member                  |
| Rachelle Dean, VCDA               | Kathryn Ehret, VC BOS District             |
| Roberta Griego, NAMI              | Priscila Hazrun, Spanish Interpreter       |
| Brenda Holmes, Community Member   | Aaron Kitzman, CIT                         |
| Martha Knutson, VC County Council | Pete LaFollette, MHSA Advocate/Stakeholder |
| Chris Lee, CMH                    | Robert O’ Riley, VC BOS 5th District       |
| Erin Olivera, Community Member    | Lorena Suarez, Spanish Interpreter         |
| Maria Torres, Community Member    | Alejandra Valencia, Community Member       |
| Caridad Vazquez, Community Member | Scott Walker, VC COSSUP                    |
| Tina Wang, VC CEO                 |  |

Ventura County Behavioral Health (VCBH) Staff Present:

Scott Gilman, Director

Dr. John Schipper, Adult Services Division Chief

Dan Hicks, Prevention Services Manager

Katie Stefl, MHSA Program Administrator

Andrea Wallace, Administrative Assistant to VCBH Assistant Director and Director

Jakeline De Leon, Management Assistant/Zoom Engineer

- I. **Call to Order** – The meeting was called to order at 1:04PM by Chair Rodriguez. Lorena Suarez and Priscila Hazrun, Spanish Interpreters, introduced themselves and provided instruction on the interpretation services available for the meeting.
- II. **Roll Call to Determine Physical Quorum** – Secretary Janis Gardner conducted the roll call; a physical quorum of the board members was present.
- III. **Roll Call of Members with Just Cause** – Roll call of members with Just Cause was conducted by Chair Rodriguez.
  - a. **State others present in the room over the age of 18.**
- IV. **Welcome & Introductions** – All BHAB members introduced themselves.
- V. **Approval of the Agenda** – The Behavioral Health Advisory Board General Committee agenda for June 26, 2023, was approved (Armann/McKay/Passed). Agenda item XV. A. was tabled to next month's agenda. It was motioned to approve as amended by majority vote through roll call.
- VI. **Approval of the May 15, 2023, Minutes** – The Behavioral Health Advisory Board General Committee minutes for May 15, 2023, were approved (Armann/Keavney/Passed). It was motioned to approve as written by majority vote through roll call.
- VII. **Public Comments** – A written comment was submitted from Pete LaFollette. Ms. De Leon read the comment and it will be attached to these minutes. No other public comments were made.

- VIII. Election of Officers for Fiscal Year 2023-24 – Nominating Committee –** Ms. Keavney presented the slate of officers for Fiscal Year 2023-24 on behalf of the nominating committee. The nominees are as follows: Janis Gardner for Chair, Liz Warren for 1<sup>st</sup> Vice Chair, Elizabeth Stone for 2<sup>nd</sup> Vice Chair, Jennifer Morrison for Secretary, and Michael Rodriguez for Chair Emeritus. The motion to approve the nominating committee’s recommendation of officers for fiscal year 2023-24 was approved (LaVere/McKay/Passed).
- IX. Continue Appointment of New Member-At-Large to Six-Month-Term –** Chair Rodriguez felt it was best that the new chair makes the appointment. Secretary Gardner announced she will be appointing Soledad Barragan as Member-At-Large. It will be an action item for the July General meeting.
- X. Chair Comments –** Chair Rodriguez commented there are many different perspectives, all perspectives are valid, and they can still have informed discussions about behavioral health treatment systems and delivery. He also commented on the importance of diversity and representing a diverse community to better mental health services. He thanked all members for their work and commented it was an honor to work with everyone.
- XI. Director’s Report –** Director Gilman presented his report. The new electronic health record goes live July 1<sup>st</sup>, 2023. The goal is to have individuals immediately receive primary care without going through the assessment process first. On July 1<sup>st</sup>, VCBH also has a deadline to finish contract negotiations with providers moving to the new payment model. The director’s report also includes a list of the organizations that were awarded the mini grants. Lastly, Ms. De Leon shared her screen and presented Governor’s Newsom’s Transformation of Behavioral Health Services fact sheet. Director Gilman spoke of Governor’s Newsom’s Transformation of Behavioral Health – VCBH is taking resources from one bond and moving it to another bond, the two timelines are January 2025 and January 2026, and this scrapes 3% of the funds to go to workforce development for noncounty behavioral health providers. All information is found in the director’s report and will be attached to these minutes.
- XII. Board Member Comments & Announcements –** Ms. Stone, Supervisor LaVere, and Ms. Gardner thanked Chair Rodriguez for his service as chair of the Behavioral Health Advisory Board. Vice Chair Tejada invited the committee to the Adult Services subcommittee meeting on Thursday, July 6 at 10AM. Secretary Gardner announced beginning on July 25<sup>th</sup>, the Prevention Committee will be held on the fourth Tuesday of every other month. Supervisor LaVere announced that at the Board of Supervisors meeting, they will be considering an item to purchase a building in Port

Hueneme as the future home of a community wellness center and a one stop shop for behavioral and public health services. Ms. Stone commented she attended the CA Behavioral Health Planning Council and put forward the Data Notebook, which will arrive in August, and committees on legislation and housing – more information can be found on the Planning Council’s Facebook page. Ms. Stone also shared that the VC Behavioral Health Advisory Board is doing very well as a board.

**XIII. Secretary’s Report / Announcements** – Secretary Gardner provided her report. June is National Pride month and June 19 is a national Ventura County holiday. Secretary Gardner also reminded all BHAB members that per the bylaws, all members need to join at least one of the five standing committees. The BHAB management assistant, Jakeline De Leon, can provide the times and dates of such meetings. The rest of the Secretary’s report will be attached to these minutes for more information.

**XIV. BHAB Committee Reports**

**A. Prevention Committee (May 9)** – Secretary Gardner provided her report for the Prevention Committee. There was not an in-person quorum therefore no minutes will be provided. However, there was a presentation from Cici Romero and Cris Telles from TAY Pacific Clinics TAY Tunnel. TAY Tunnel empowers individuals of 18 to 25 to take an active role and create positive lifestyle changes within a supportive, safe, and understanding environment.

**B. Youth & Family Committee (June 14) (Canceled)**

**C. Transitional Age Youth (TAY) Committee (June 21)** – Ms. Stone gave her report. They had an in-person quorum and had a presentation from Harbor House and Pi House by Denise Cortez. They have several different programs and mainly for individuals that are unhoused. Ms. Cortez mentioned the services they have available at the house as well as the requirements to be housed. Ms. Stone also shared that the Housing Manager for VCBH announced there is a grant from the COC to provide support for TAY unhoused individuals. Lastly, the TAY committee will be focusing on resources for the LGBTQIA+ community.

**XV. Old Business**

**A. Ombudsman Workgroup Report** – This item was tabled to next month’s agenda.

**B. Site Visits Resumption** – Chair Rodriguez announced if members are interested in organizing a group, to please contact the BHAB assistant,

Ms. De Leon, at [bhabadmin@ventura.org](mailto:bhabadmin@ventura.org) and Chair of the BHAB, Janis Gardner, beginning July 1<sup>st</sup>. The site visit forms will be sent out to all BHAB members for their information. Ms. Morrison suggested bringing to discussion unlocked facilities with substance use issues.

**XVI. New Business**

**A. Annual Report Workgroup** – Chair Rodriguez informed the committee this is still a work in progress and asks the chairs of each committee to turn in all items in order to begin preparing for the draft report to present to the BHAB, then to the Board of Supervisors and CAL BHBC.

**B. Presentation Requests** – All presentation requests can be sent to the Chair, Janis Gardner beginning July 1<sup>st</sup>, and at [bhabadmin@ventura.org](mailto:bhabadmin@ventura.org) with a description of the subject and who will be conducting the presentation. Secretary Gardner requested to have TAY Tunnel present for the full BHAB. Ms. Stone requested a presentation on the mentor internship and SB 326 on housing.

**C. Recognition Award Recommendations** – All recognition recommendations can be sent to the Chair, Janis Gardner beginning July 1<sup>st</sup>, and BHAB management assistant with a description of the recommendation as well as the reason behind the recommendation at [bhabadmin@ventura.org](mailto:bhabadmin@ventura.org).

**XVII. Contracts** – Chair Rodriguez announced there were 30 approved agreements and encouraged committees to review the contracts and report back to the BHAB, if appropriate. Ms. Stone requested to have a chart or list of providers and the contracts they hold.

**XVIII. Public Comments** – NONE.

**XIX. Adjournment** – The meeting was adjourned at 2:55PM by Chair Michael Rodriguez.

**Next Meeting Date – July 17<sup>th</sup>, 2023, from 1:00PM – 3:30PM.**

## Behavioral Health Advisory Board General Meeting Attendance

| 2022-23                          | Terms             | Members                | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June       |
|----------------------------------|-------------------|------------------------|------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| District 1                       | 03/11/21-03/10/24 | Claudia Armann         | X    | X   | E    | X   | E   | X   | X   | X   | X   | X   | X   | X          |
| District 5                       | 09/15/20-09/15/23 | Soledad Barragan       | E    | X   | X    | X   | E   | E   | E   | X   |     | X   | X   | X          |
| District 3                       | 01/26/21-01/26/24 | Nancy Borchard         | E    | X   | X    | X   | X   | E   | X   | X   | X   | X   | X   | X          |
| District 3                       | 01/13/22-01/12/25 | Gane Brooking          |      |     |      | X   | X   |     |     |     |     |     |     |            |
| District 1                       | 10/07/21-10/06/24 | Kevin Clerici          | X    | X   | X    | X   | X   | E   | E   | X   | E   | X   | E   | E          |
| Veteran Rep                      | 10/14/21-10/13/24 | James Espinoza         |      |     |      |     |     |     |     |     |     | X   | X   | X          |
| District 1                       | 04/27/21-04/26/24 | Genevieve Flores-Haro  | X    | X   | X    | X   | X   | E   | X   | E   |     | X   | X   | Just Cause |
| District 3                       | 04/15/21-04/14/24 | Janis Gardner          | X    | X   | X    | X   | X   | E   | X   | X   | X   | X   | X   | X          |
| District 1                       | 05/11/21-05/10/24 | Cheryl Heitmann        | X    | X   | X    | X   | X   | E   | E   | X   | X   | X   | X   | E          |
| District 2                       | 01/08/22-01/07/25 | Carol J. Keavney       | E    | X   | X    | E   | X   | X   | X   | X   | E   | X   | X   | X          |
| BOS                              | 01/01/22-12/31/24 | Supervisor Matt LaVere | X    |     | X    | X   | E   | E   | X   | X   | X   | X   | E   | X          |
| District 3                       | 09/13/22-12/01/23 | Naomi (Nomi) Marrufo   |      |     | X    | X   | E   | E   | E   | X   | X   | X   | X   | X          |
| District 2                       | 09/17/22-09/16/25 | Dianne McKay           |      |     |      |     |     |     |     | E   | X   | X   | X   | X          |
| District 4                       | 02/09/21-02/09/24 | Jennifer Morrison      | X    | E   | X    | E   | E   | X   | X   | X   |     | X   | X   | X          |
| Law E. Rep                       | 03/28/23-03/27/26 | Sergeant Shawn Pewsey  |      |     |      |     |     |     |     |     |     | X   | X   | X          |
| District 4                       | 04/25/23-04/24/26 | Dalia Robkin           |      |     |      |     |     |     |     |     |     |     | X   | E          |
| District 5                       | 01/25/20-01/24/23 | Michael Rodriguez      | X    | X   | X    | X   | 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   | X   | X   | X   | X          |
| District 4                       | 09/18/21-09/17/24 | Christopher Tejeda     | X    | X   | X    | X   | E   | X   | X   | X   | E   | X   | X   | X          |
| District 5                       | 01/11/20-01/24/23 | Marlen Torres          |      | E   |      |     | E   | E   | E   | X   | E   |     | E   |            |
| District 5                       | 04/21/22-03/22/24 | Liz Warren             | X    | X   | X    | X   | X   | X   | X   | X   | X   | X   | X   | E          |
| District 2                       |                   | VACANT                 |      |     |      |     |     |     |     |     |     |     |     |            |
| District 4                       |                   | VACANT                 |      |     |      |     |     |     |     |     |     |     |     |            |
| Optional Practicing Psychiatrist |                   | VACANT                 |      |     |      |     |     |     |     |     |     |     |     |            |

Present = X

- District 1: Supervisor LaVere
- District 2: Supervisor Gorell
- District 3: Supervisor Long
- District 4: Supervisor Parvin
- District 5: Supervisor Lopez

## DeLeon, Jakeline

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**From:** pete lafollette <plafollette@yahoo.com>  
**Sent:** Friday, June 23, 2023 11:29 AM  
**To:** DeLeon, Jakeline  
**Cc:** bhabadmin  
**Subject:** PETE LAFOLLETTE VCBH General Meeting PC June 26

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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

Care Court Act ballot passage will be like revoking self determined diversion programs- negatively changing recovery progress for life. The contrast with the services act could not be any wider, of real people in recovery and wellness verses cold raw institutions, embezzlement and larceny on a scale not seen since the robber baron days. That will be all that's left of the MHSA and not the pure vision, Infinite hope and demonstrated results from the Survivor Culture- where it all originated. Changes in MH funding head towards forced treatment and away from peer sourced recovery and support. If you didn't follow the SB1338, it is setting up for a huge step backwards In process and administration in MHSA funding.- many agencies who usually register MHSA status quo weigh in SB1338 having a chilling effect for progress, with the BIG agencies like NAMI CA being in support, or others who's budget's stand to be padded by the bill. But the overall curve of consumer testimony for Care Court goes against it as it is written and registers for amendments to be made, or it stands to become a quagmire as MHSA already is, to be further co-opted.

Pete LaFollette  
MHSA Advocate/Stakeholder

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

“For too long, mental health and physical health have been deeply separated in this country...These policies will begin to allow health care providers to work together more than ever before to connect their patients with the mental health care they need with robust improvements for crisis

response and stabilization, which is critical to safeguarding Americans struggling with their mental health...And we will continue working to bring these and other mental health care improvements to Americans in need and to take important steps toward improving care quality and generating cost savings for patients...we look forward to hearing feedback from stakeholders on how we can further enhance these policies.This is a critical step in creating a true continuum of crisis care for mental and behavioral health issues that provides the right services at the right time to those who need them and we won't stop

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

-UNITED STATES SENATE COMMITTEE ON FINANCE

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

The Ventura County Behavioral Health Department's \$7.6 million state grant to expand services puts the cart before the horse and is padding an already stuffed eight-figure total budget.

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

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

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

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

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

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

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

- Pete LaFollette,

Ojai

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

## Director's Update

### BHAB General Meeting 6.26.2023

#### **General Updates:**

- **June has the following days of significance to highlight:**

- LGBTQ+ Pride Month
- National PTSD Awareness Month
- National Men's Health Week – June 12-18
- Father's Day – June 18
- Juneteenth – June 19
- National PTSD Awareness Day – June 27

- **Mini Grant update, NOTIFICATION OF INTENT TO AWARD**

Ventura County Behavioral Health (VCBH) announces its intent to award grants/contracts for Community Mini-Grant related services to:

1. Two Trees Community Inc.
2. Westminster Free Clinic
3. National Health Foundation
4. Mesa
5. Nyeland Promise
6. Ventura County Family Justice Center Foundation
7. Amplify Arts Project Girls Rock SB
8. No Limits Theater Group, Inc.
9. Boys & Girls Club of Greater Oxnard and Port Hueneme
10. Childhood Matters
11. Autism Society Ventura County
12. Candela Group
13. Ventura County Clergy and Laity United for Economic Justice
14. Oxnard Performing Arts Center Corporation
15. Women of Substance & Men of Honor
16. De Colores Multicultural Folk Arts, Inc.
17. The Elite Theater Company
18. Santa Paula Town Hall – Adelante
19. Namba Performing Arts Space Inc. and Rock and Roll High
20. Open Door Studio
21. Nate's Place a Wellness and Recovery Center
22. Lucha/Poder Popular
23. Big Brothers Big Sisters of Ventura County

- VCBH MHSa is delighted to announce the award of 22 community mini grants using MHSa Prevention and Early Intervention (PEI) funds. Grants ranging from \$5,000 to \$30,000 have been awarded to various grassroots or faith-based nonprofit organizations and one public agency, all of which are new vendors for VCBH.

- These unique and creative programs target a broad base of ages and underserved populations, including Black, Indigenous, and People of Color (BIPOC), Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ+), Latinx, transitional age youth (TAY), low income, persons with intellectual challenges, juvenile justice-involved youths, youth exposed to trauma (domestic violence, sexual assault, etc.), food insecurity, older adults. Most programs will reach deeply into underserved communities such as Santa Paula, Oxnard, Nyeland Acres, Port Hueneme, the Avenue area in Ventura, and Nyeland Acres.
- Services being or to be provided are among these age groups: 41% for children and teens, 14% for teens and young adults, 9% for Transitional Age Youth (ages 18-25 years), 18% for families, and the remaining services are for adults, intergenerational activities, Latinx women (adults) and persons with intellectual delays or who are neurodiverse.
- Examples of projects include workshops to address the impact of oppression, stigma, and trauma; equine-assisted psychotherapy; an indigenous based leadership program; peer led outdoor activities; using the arts for healing from trauma and stigma; community engagement events; and many other activities.
- Projects range from a one-day event to ongoing services through June 2024. Service launch dates for projects range from June 2023 to the end of June 2024 depending on the project.

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

- We are almost at 1.5 years since Access and Outreach Division was created. We are excited that we continue to evolve as a Division and continue to work within the department in streamlining efforts to support faster linkage to the appropriate level of care – for those needing to access services. Thank you to our community partners that invite us to be at the various community outreach events – providing information of services and resources. We continue to work on engaging individuals and supporting with navigating the various resources needed. Excited to be recruiting and onboarding new staff – to continue to support the needs of the community.

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

- Happy to report the women’s empowerment event presented by Dr. Dulce Lopez, *Metamorphosis: The Transformation of Women Toward Their Inner Light*, was a big success. More than a hundred and seventy (170) participants enjoyed dinner, music, and the opportunity to visit a wide array of resource tables (list below) before settling in for the interactive talk conducted in Spanish (with English translation). Capping off May is Mental Health Month and held in Santa Paula, the 90-minute talk focused on self-empowerment, healing, and well-being. Dr. Lopez is a very engaging speaker and got rave reviews (the door prizes were a big hit too!).

Resources on site:

Promotores Y Promotoras Foundation

Westminister Free Clinic

Child Protective Services

Public Heath Nutrition Education

Prevention SUS

Gold Coast

Cada Mujer Cuenta

CDR Fillmore

- The Mental Health Services Act (MHSA) Three-Year Planning process is nearing completion. The Community Planning Process included input received in four (4) separate public meetings (held in-person and on Zoom, during both daytime and evening hours), from online submissions via the Wellness Everyday website, and from VCBH and other professional staff. The MHSA Three-Year Plan for FY2324 thru FY2526, along with the Annual Update for FY2223, is calendared for the Board of Supervisors June 20, 2023. Following its local county approval, it will be sent to the Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission. After approval at the state level, the county may commence with the activities outlined in the plan.
- VCBH using MHSA Prevention and Early Intervention funds launched the STAY suicide prevention campaign in February, 2023. It focuses on people in high-risk groups and prompts friends and loved ones to reach out to them. Outlets for the STAY messaging have included the digital billboard at the Ventura Auto Center and currently employs a LED billboard truck (traveling designated routes and parking at selected events), mall signage (i.e., Pacific View and The Oaks), 30-second YouTube spots, public service announcements streaming on Spectrum (i.e., in-banner display ads on websites such as VCStar.com, USNews.com, ClassicCars.com, etc.). Advertising metrics indicate the STAY campaign is performing very well. It is running at more than twice the national average for “click through rate”; the interaction rates are very high, indicating the audience is finding the video element of the STAY campaign engaging.
- Earlier this month, Many Mansions hosted an “unveiling” of the Rancho Sierra Senior Apartments (RSSA) which are being constructed on South Lewis Road in Camarillo. The broader site which is undergoing major improvements (e.g., water distribution, roads, etc.) is already home to Growing Works, Villa Calleguas, and both Hillmont House and Casa de Esperanza (among other programs). Several members of the Board of Supervisors, Dr. Johnson, and other county and state dignitaries helped break ground on the 1.95 acre site. The modular construction not only allowed for those in attendance to see and walk through units as they will be once completed, but will also serve to shorten construction time. The resident seniors are expected to be able to start moving in as soon as Spring 2024. Twenty-four of the fifty total units at RSSA will be set aside for VCBH clients (i.e., low-income and 62+ years of age). MHSA’s No Place Like Home funding has contributed approximately \$6.4M to this \$38M project.

- VCBH is delighted to announce the award of twenty-three (23) community mini-grants using MHSA Prevention and Early Intervention (PEI) funds. Grants ranging from \$5,000 to \$30,000 have been awarded to an array of nonprofit organizations and one public agency, all of which are new vendors for VCBH. These programs focus on a myriad of underserved populations, including:

- Black, Indigenous, and People of Color (BIPOC)
- Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ+)
- Latinx
- Transitional age youth (TAY),
- Low-income
- Persons with intellectual challenges
- Juvenile justice-involved youths
- Youth exposed to trauma (i.e., domestic violence, sexual assault, etc.)
- Food insecurity
- Older adults

Of the 22 mini-grants being processed by VCBH, twelve (12) were processed for services provided in FY 22-23 with additional services being provided in FY 23-24. The remaining eleven (10) providers will begin services in FY 23-24. Though some have been sent over for review and/or processing, many are still pending documentation from the provider in order to get their agreements in place.

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

#### **Division Highlights**

- In May VCBH administrators participated in a two-day, Statewide Collaborative Convening with partnering agencies to continue to discuss Wellness System Collaboration and Implementation efforts in our County. This Child, Youth, and Family Wellness System means every door will be a “right door” for a family to ask for the support they need—with no blame, shame, or fear—to keep their family strong and together.

#### **Initiatives and Progress**

- The Y&F Division sent 11 direct care staff and CBO staff to the June Integrated Core Practice Model (ICPM) Training. The training of staff in ICPM is one of the AB2083 deliverables of which VCBH is a signatory.

#### **Collaborations**

- CA Raudel Flores and BHC Raquel Montes volunteered for the MHSA “Empower Up” event for 9<sup>th</sup>-12<sup>th</sup> grade students on Thurs. 5/4 at Cal Lutheran University. This event was a day for young people to gather in one space to empower one another to elevate mental well-being.

- 5/1/2023 BH Manager Monica Torres attended the Community Advisory Committee (CAC) as an agency representative. The CAC is made up of family members, school staff and agency representatives. The CAC facilitates the communication and exchange of information between schools and families, advises the administration of the SELPA (Special Education Local Plan Area) regarding their concerns and collaborates to solve them. CAC promotes activities that benefit students with disabilities and sponsors training for parents of children with disabilities.

### **Training & Conferences**

- May 2<sup>nd</sup> Y&F staff received Eating Disorder (ED) Training: Assessment/Assessment Tools, Case Conceptualization, and Commonalities of ED.

### **Other**

- n/a

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

#### **Prevention:**

- **“Speak Up on Fentanyl!” video targets young people with hard-hitting message.**
  - Prevention services recently unveiled their latest video PSA, now streaming countywide on multiple platforms, including Spectrum, Simi Valley TV, and Spanish and English radio
  - Check it out at <https://youtu.be/L3hP5DzhGAE>
- **June 6<sup>th</sup> BOS – County Opioid Abuse Suppression Taskforce (COAST) “COAST- Fentanyl”**
  - 9:30 a.m., with speakers from VCBH, Sheriff’s Office, office of the District Attorney, Office of the Medical Examiner, and Public Health.
  - Strong interest from members of the Board, the community, local agencies.
- **Ventura Naloxone Standing Order issued in collaboration with Ventura Public Health**
  - The new naloxone standing order authorizes the distribution of intra nasal naloxone to management employees of County of Ventura, its agencies and department.
  - It authorizes County offices to maintain supplies of intra nasal naloxone on premises within a First Aid Kit or similar container (“Institutional Kit”) for the purpose of administering naloxone to a person who is experiencing an opioid overdose.
- Overdose prevention outreach program now distribute the 8 mg naloxone spray, Kloxxodo.
- **Fentanyl test strip distribution pilot**
  - VCBH Prevention Services have partnered with local NTP providers Aegis and Western Pacific to distribute Fentanyl Test Strips to clients at the programs and are also available to the community. Four Aegis and one Western Pacific locations began operations as test strip distribution sites and anyone wanting to access the strips may do so at any of the locations. Consumers will be given five test strips at a time and to get a refill they

need to complete a survey about their use of the strips including what drugs were tested and if it impacted their decision to use or not.

### **Treatment Services:**

- Department of Health Care Services conducting annual monitoring of VCBH Substance Use Services – DMC-ODS and SABG March 23<sup>rd</sup>, 2023. The results were provided this month and we had very few deficiencies.
- SUTS clinics have increased toxicology testing at intake using Millennium Health.
- SUS operations staff have been preparing for the new EHR – SmartCare which will be live July 1.
- SUTS staff have started implemented Adolescent Seeking Safety groups.

### **DUI Services:**

- DUI program had a gain of 41 clients in the month of May. New enrollments were 174, with a high show rate across the system. Currently the DUI program across 5 sites has 1,526 active clients. The Ventura DUI rate of non-compliance is only 14%.

### ***Quality Division:***

#### **Quality Assurance:**

The QA Team is supporting both MH and DMC-ODS providers with compliance efforts through the establishment of Monthly QA Office Hour (Zoom meeting). QA is maintaining a working CalAIM FAQ page for VCBH Clinics and CBOs, that assists in answering regulation related questions. In preparation for the EHR transition scheduled for July 2023, some of our team members are assigned as SmartCare Superusers. Superusers are actively testing the new EHR and will provide feedback related to necessary training components. In the last month, the team started unannounced onsite visits to ensure public facing informing materials are available as required by policies and regulations. QA reviews SUS Treatment Authorization Requests for approval and has established a review process for the SmartCare transition period. The QA team is providing support to the Medical Records Team related to requests received/records maintained. Grievances and appeals from beneficiaries are being addressed, resolved, and tracked for quality improvement effort. The Site Certification Team is working on 14 VCBH Medi-Cal Site recertification's.

- **VCBH Policy Office:** Policy Office continues to lead the Fiscal policy development workgroup to support Fiscal and Billing teams in further development of policies to support Payment Reform roll out effective July 1<sup>st</sup>, 2023, and Fiscal operations thereafter, in compliance with regulatory and contractual obligations. In May, Policy Office moved toward a full electronic approval process and archival process, ahead of schedule. Additionally, Policy Office, in collaboration with the Quality Assurance team, implemented the revised People in Care Issue Resolution policy and distributed associated training to impacted staff. Finally, Policy Office continues to work with the Office of Health Equity and Cultural Diversity to establish an operational guideline for use of language and public-facing documents to create more accessible and equitable policies and materials in support of Behavioral Health integration.

- Utilization Review:** The 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. The UR team started using the CalMHSA UR Tools.
- 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 offered an exciting new learning opportunity where CBT conceptualization and tools taught by the developer of the model in Spanish. The April 26 & 27 Trial-Based Cognitive Therapy: Expanding CBT Tools was well received by attendees, with positive evaluations.

In addition, VCBH is in the process of certifying 5 Mental Health First Aid Trainers to provide this EBP in Spanish. MHFA is a nationally recognized Evidence Based Practice (EBP), focused on teaching skills to identify, understand and respond to the signs of mental illness and substance use. 2 Youth Trainers completed Spanish certification. Implementation plan is being developed.

Continued efforts to collaborate with local Educational Partners to support 32 students (graduate and undergraduate) in the 23-24 Academic Year. VCBH has proudly been awarded eligibility for \$330,000 funding for Year 2 of the Mentored Internship Program grant at 2 sites (for a total of \$660,000) – official grant award letter is pending budget approval. Continuing to identify Round 2 recipients of SCRPF funded Loan Repayment awards to 13 – 19 staff in various job categories (clinical and non-clinical).

**Quality Improvement:**

- Audits & Reviews:** The QI team is leading all audits, reviews, and corrective action plans (CAPs) for the department. The annual DHCS DMC-ODS and SABG review to monitor Substance Use Services was conducted at the end of March; the findings report was recently sent and is being reviewed. We are beginning to prepare for the DHCS MHP Triennial Audit (August 22-24), as well as the MHSA Program Review (September 26-28). The date for the FY 23-24 External Quality Review (EQRO) has been set for December 5-7.
- Quality Improvement Committee:** We are working on developing a new/revised structure for ongoing quality management monitoring and use of data-driven decision making across the department. In doing so, we will be modifying the Quality Management Action Committee (QMAC) to be more focused on the voice and needs of the community, including representation of individuals in care, and ensure a process of continuous quality improvement. An interest survey has been sent to verify interest in attendance and request additional involvement of community representatives. Interested in participating? Email [vcbh.quality@ventura.org](mailto:vcbh.quality@ventura.org)

- **EQRO:** The final reports for the FY 2022-23 Mental Health and DMC-ODS external quality reviews that happened November 8<sup>th</sup>-10<sup>th</sup> 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.
- **PIPS:** QI now has 5 performance improvement projects (PIPs) that address various areas for improvement. We have developed 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 developing a new MH PIP to support identification of individuals who should be enrolled in 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.

#### **Electronic Health Record:**

- **CalMHSA EHR SmartCare:** The EHR team is actively engaged in the data migration/conversion phase of the project. SuperUsers are actively engaged in training and workflows. The team has successfully met the Round 3 and Dry Run upload milestone. The team is on track to upload final files by June 27. The team meets daily to ensure timely completion. CalMHSA is providing weekly meetings on specific topics and separate ones focused on data conversion topics.
- **Data Gaps Analysis:** EHR and QI are working to establish an interim solution for data needs that will not be in Smartcare, while longer term solutions are being assessed and evaluated.
- **Trainings:** In-person and zoom trainings begin the first week of June. Trainings and/or QA sessions will be continued through July.

#### ***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.

#### June 2023: Strategic Initiatives

- VCBH has received confirmation from DHCS on successfully completing all milestones/deliverables for the March BHQIP submission report.

- Payment Reform is fast approaching. VBCH has met with all contracted providers to review rates and contracts. VCBH executive leadership has also established a meeting specifically aimed to enhance communications between the leadership team from VCBH and contract provider agencies and provide high-level updates on the upcoming payment reform changes.
- The VCBH EHR team continues to work diligently to prepare for the transition to a new Electronic Health Record system (SmartCare) on July 1, 2023. VCBH EHR training team will begin to hold weekly in-person and Zoom training webinars for all VCBH staff and contracted providers starting the week of June 7th. Identified superusers will be utilized to assist in the trainings and provide additional support to their respective clinics. In addition to the VCBH internal training, staff and contracted providers have been assigned to complete CalMHSA's training courses through their Moodle learning management system site. Instructions on how to register has been emailed out to all VCBH county staff and contracted providers.

| <b>Applicant</b>  | <b>FY22-23 VCBH Grant Request</b> | <b>FY23-24 VCBH Grant Request</b> | <b>Total VCBH Grant</b> | <b>Total Project Cost</b> |
|---|-----------------------------------|-----------------------------------|-------------------------|---------------------------|
| Two Trees Community, Inc.<br>Community Outreach Center        | \$ 28,000.00                      |                                   | \$ 28,000.00            | \$ 35,000.00              |
| Westminster Free Clinic                                       |                                   | \$ 30,000.00                      | \$ 30,000.00            | \$ 42,386.00              |
| Namba Performing Arts Space, Inc.<br>and BRITE/Reality Improv | \$ 29,946.00                      |                                   | \$ 29,946.00            | \$ 35,446.00              |
| National Health Foundation Fiscal<br>Agent for FIND           | \$ 13,060.00                      | \$ 13,495.00                      | \$ 26,555.00            | \$ 26,555.00              |
| Mesa<br>(Mesa Independent Living)                             |                                   | \$ 19,000.00                      | \$ 19,000.00            | \$ 24,500.00              |
| Nyeland Promise   | \$ 6,000.00                       | \$ 19,000.00                      | \$ 25,000.00            | \$ 33,450.00              |

|   |              |              |              |               |
|---|--------------|--------------|--------------|---------------|
| Ventura County Family Justice Center Foundation                           |              | \$ 30,000.00 | \$ 30,000.00 | \$ 30,000.00  |
| Amplify Arts Project Girls Rock SB  |              | \$ 30,000.00 | \$ 30,000.00 | \$ 72,876.00  |
| NAMI-VC Let's Talk Program for High Schools                               | \$ 1,117.96  | \$ 9,554.04  | \$ 10,000.00 | \$ 10,672.00  |
| No Limits Theater Group Inc. dba No Limits for Deaf Children and Families |              | \$ 30,000.00 | \$ 30,000.00 | \$ 77,412.00  |
| Boys & Girls Clubs of Greater Oxnard and Port Hueneme                     |              | \$ 30,000.00 | \$ 30,000.00 | \$ 126,928.00 |
| Childhood Matters   |              | \$ 4,945.00  | \$ 4,945.00  | \$ 6,842.50   |
| Autism Society Ventura County   | \$ 15,000.00 | \$ 15,000.00 | \$ 30,000.00 | \$ 34,000.00  |

|  |              |              |              |              |
|--|--------------|--------------|--------------|--------------|
| Candela Group  | \$ 11,235.00 | \$ 17,665.00 | \$ 28,900.00 | \$ 28,900.00 |
| Ventura County Clergy and Laity<br>United for Economic Justice | \$ 7,000.00  |              | \$ 7,000.00  | \$ 7,000.00  |
| Oxnard Performing Arts Center<br>Corporation (OPAC)            |              | \$ 30,000.00 | \$ 30,000.00 | \$ 30,000.00 |
| Women of Substance & Men of<br>Honor                           | \$ 17,000.00 | \$ 16,900.00 | \$ 33,900.00 | \$ 46,400.00 |
| De Colores Multicultural Folk Arts,<br>Inc.                    |              | \$ 13,627.50 | \$ 13,627.50 | \$ 13,627.50 |
| The Elite Theater Company                                      | \$ 15,000.00 | \$ 15,000.00 | \$ 30,000.00 | \$ 40,000.00 |
| Santa Paula Town Hall - Adelante                               | \$ 20,073.00 |              | \$ 20,073.00 | \$ 20,073.00 |

|  |              |              |              |              |
|--|--------------|--------------|--------------|--------------|
| Namba Performing Arts Space In. and Rock and Roll High | \$ 15,750.00 |              | \$ 15,750.00 | \$ 19,500.00 |
| Open Door Studio                                       |              | \$ 23,600.00 | \$ 23,600.00 | \$ 29,000.00 |
| Nate's Place a Wellness and Recovery Center            |              |              | \$ 30,000.00 |              |
| NAMI-VC Promoting Workplace Wellness                   | \$ 9,665.70  | \$ 20,334.90 | \$ 30,000.60 | \$ 40,946.00 |
| LUCHA Fiscal Agent for Poder Popular                   | \$ 29,986.25 |              | \$ 29,986.25 | \$ 56,061.25 |
| For the Need Foundation                                | \$ 11,400.00 | \$ 11,400.00 | \$ 22,800.00 | \$ 36,000.00 |
| Big Brothers Big Sisters of Ventura County             | \$ 30,000.00 |              | \$ 30,000.00 | \$ 80,000.00 |
| Inlakech Cultural Arts Center - Lucha                  | \$ 30,304.00 |              | \$ 30,304.00 | \$ 70,608.00 |

|   |               |               |               |                 |
|---|---------------|---------------|---------------|-----------------|
| Santa Paula Latino Town Hall -<br>Holistic Health | \$ 29,859.75  |               | \$ 29,859.75  | \$ 30,000.00    |
|   | \$ 320,397.66 | \$ 379,521.44 | \$ 729,247.10 | \$ 1,104,183.25 |

|              |              |
|--------------|--------------|
| \$ 1,117.96  | \$ 9,554.04  |
| \$ 9,665.70  | \$ 20,334.90 |
| \$ 29,946.00 |              |
| \$ 11,400.00 | \$ 11,400.00 |
| \$ 30,000.00 |              |

| <b>FY 22-23</b> | <b>FY 23-24</b> | <b>Total</b>        |
|-----------------|-----------------|---------------------|
| \$82,129.66     | \$41,288.94     | <b>\$123,418.60</b> |
| \$238,268.00    | \$338,232.50    | <b>\$576,500.50</b> |
| \$90,150.00     |                 | <b>\$90,150.00</b>  |
| \$148,118.00    | \$338,232.50    | <b>\$486,350.50</b> |



# GOVERNOR NEWSOM'S TRANSFORMATION OF BEHAVIORAL HEALTH SERVICES

*Housing with Accountability. Reform with Results.*

- Major effort to pass a bond for 10,000 new clinic placements and homes.
- First reform in nearly two decades since voters passed the Mental Health Services Act in 2004.
- Focus on housing with accountability for people with mental health needs, including veterans and unhoused people.

Together with the Legislature, local officials, labor leaders, community organizations, and more, Governor Gavin Newsom is proposing a major transformation of the State's behavioral health care system – making good on decades-old promises. This effort will **build 10,000 new beds with \$4.68 billion funded by a bond on the March 2024 ballot** to provide the resources needed to care and house those with the most severe mental health needs and substance use disorders.

The package focuses on **five solutions** to transform California's behavioral health system through **housing with accountability and reform with results**:

1. Reforming the Mental Health Services Act to provide services to the most seriously ill and to treat substance use disorders
2. Building a workforce to reflect and connect with California's diversity
3. Focusing on outcomes, accountability, and equity
4. Housing and behavioral health treatment in unlocked, community-based settings
5. Housing for veterans with behavioral health challenges

## LEGISLATIVE PACKAGE

- **SB 326: REFORM** – After nearly 20 years, this bill would **modernize and reform the Mental Health Services Act (MHSA)**, which was passed as Proposition 63 by voters in 2004. This legislation would expand services to include treatment for those with substance use disorders – in addition to care for the most seriously mentally ill – provides more resources for housing and workforce, and continues community support for prevention, early intervention, and innovative pilot programs – all with new and increased accountability for outcomes and through an equity lens.

- **AB 531: BUILD – A \$4.68 billion general obligation bond** to build 10,000 new clinic beds and homes that would be on the March 2024 ballot. This would be the single largest expansion of California's continuum of behavioral health treatment and residential settings. It will create new, dedicated housing for people experiencing homelessness who have behavioral health needs, with a dedicated investment to serve veterans, allowing Californians experiencing behavioral health conditions to have a place to stay while safely stabilizing and healing.

Combined, these two bills will build out the State's capacity to provide behavioral health care and housing with **strengthened accountability for results**, while creating good jobs. These reforms will complement and build upon Governor Newsom's [Behavioral Health Expansion and Reform efforts](#) to provide care - from prevention and early intervention to outpatient, crisis, inpatient, and supportive care and supplements the work currently underway with the implementation of CARE Court.

The behavioral health legislative package will go to the **voters for approval in March 2024**, after consideration and approval by Legislature and Governor Newsom's signature in 2023.

## SB 326: REFORM

### **REFORMING BEHAVIORAL HEALTH CARE FUNDING TO PROVIDE SERVICES TO THE MOST SERIOUSLY ILL AND TO TREAT SUBSTANCE USE DISORDERS.**

- Expands services to include treatment for substance use disorders (SUDs) alone and allows counties to use funds in combination with federal funds to expand SUD services. Because of this expansion to cover SUD, the bill updates the name of the MHSA to the Behavioral Health Services Act (BHSA).
- Recognizes the need for housing to address a variety of serious behavioral health disorders.
- Modernizes county allocations **(92%)** to require the following priorities and encourage innovation in each area:
  - 30% for Housing Interventions for children and families, youth, adults, and older adults living with serious mental illness/serious emotional disturbance (SMI/SED) and/or SUD who are experiencing homelessness or are at risk of homelessness.
    - Authorizes housing interventions to include rental subsidies, operating subsidies, shared housing, family housing for children and youth who meet criteria, and the non-federal share for certain transitional rent.

- Half of this amount (50%) is prioritized for housing interventions for the chronically homeless. Up to 25% may be used for capital development.
  - 35% for Full Service Partnership (FSP) programs, which are the most effective model of comprehensive and intensive care for people at any age with the most complex needs. These funds will be used to expand the number of FSP slots available across the state and are key to CARE Court being successfully implemented.
  - 30% for Behavioral Health Services and Supports, including early intervention, workforce education and training, capital facilities and technological needs, and innovative pilots and projects, to strengthen the range of services individuals, families, and communities need. A majority of this amount must be used for Early Intervention.
  - 5% for Prevention through population-based programming on behavioral health and wellness. For example, in school-linked settings, this prevention funding must focus on school-wide or classroom-based mental health and substance use disorder programs, not individual services.
- Creates a **new total state-directed funding (3%)** to workforce investments, leveraging existing federal funding, and benefitting the entire state system.
- Continues the **funding for state implementation (5%)** of the policy, including development of statewide outcomes, oversight of county outcomes, training and technical assistance to counties, research and evaluation, and policy administration.

## **EXPANDS THE BEHAVIORAL HEALTH WORKFORCE TO REFLECT AND CONNECT WITH CALIFORNIA'S DIVERSE POPULATION.**

***The proposal recognizes and supports the critical need to expand a culturally-competent and well-trained behavioral health workforce to address behavioral health capacity shortages and expand access to services.***

- Provides up to 3% of annual BHSAs for the California Health and Human Services Agency (CHHS) to implement a statewide behavioral health workforce initiative, including leveraging federal dollars through a workforce initiative under BH-CONNECT; a proposed Medicaid demonstration waiver that will draw down significant additional federal matching dollars for this purpose.
- Authorizes counties to also fund additional, local workforce initiatives using resources from their local BHSAs allocation prioritized for Behavioral Health Services and Supports.

## **FOCUSING ON OUTCOMES, ACCOUNTABILITY, AND EQUITY.**

***OUTCOMES: The proposal replaces the existing plan with a new County Integrated Plan for Behavioral Health Services and Outcomes, including all local behavioral health funding and services.***

- Requires counties to demonstrate coordinated behavioral health planning using all services and sources of behavioral health funding (e.g., BHSA, opioid settlement funds, realignment funding, federal financial participation), in order to provide increased transparency and stakeholder engagement on all local services.
- Requires stratified local data analysis to identify behavioral health disparities and consider approaches to eliminate those disparities.
- Requires the Department of Health Care Services (DHCS) to work with counties and stakeholders to establish outcome metrics for state and county behavioral health services and programs.

***ACCOUNTABILITY: The proposal establishes a new, annual County Behavioral Health Outcomes, Accountability, and Transparency Report to provide public visibility into county results, disparities, spending, and longitudinal impact on homelessness.***

- Requires counties to report annual service utilization data and expenditures of state and federal behavioral health funds, unspent dollars, and other information. Authorizes DHCS to impose corrective action plans on counties that fail to meet the requirements established by this section.
- Authorizes up to 2% of local BHSA revenue to be used for local resources to assist counties in improving plan operations, quality outcomes, reporting fiscal and programmatic data and monitoring subcontractor compliance for all county behavioral health funding, on top of the existing 5% county administrative costs.
- Reduces authorized local prudent reserve amounts in the BHSA to allow for needed investments while still saving for an economic downturn.

***EQUITY: The proposal connects the Behavioral Health System statewide for all Californians.***

- For those with Medi-Cal health insurance: Authorizes DHCS to align the terms of the county behavioral health plan contracts regarding administration, infrastructure, and organization with Medi-Cal managed care plan contracts.
- For those with commercial health insurance: Directs the Department of Managed Health Care (DMHC) and DHCS to develop a plan with stakeholder engagement for achieving parity between commercial and Medi-Cal mental health and substance use disorder benefit. This may include, but is not limited to, phasing in alignment of utilization management, benefit standardization, and covered services.

## AB 531: HOUSING

### HOUSING AND BEHAVIORAL HEALTH TREATMENT IN COMMUNITY-BASED UNLOCKED SETTINGS.

***The proposal places a General Obligation Bond on the March 2024 ballot for construction of unlocked community-based behavioral health treatment & residential care settings.***

- A recent RAND study indicates the state has a shortage of at least 6,000 behavioral health beds. This lack of sufficient capacity leads not only to unnecessary long lengths of stays in locked settings and hospitals, but contributes to the growing crisis of homelessness and incarceration among those with severe mental illness and substance use disorders.
- To address this long-standing challenge, the Governor is proposing to use a general obligation bond to build up settings that will help ensure those with the greatest needs have access to high quality, unlocked, community-based residential care, including “step-down” community-based facilities, where people can reside short-term after a behavioral health crisis hospitalization and then transition to lower levels of care that can better support long-term success.
- Bond funding would be used to construct, acquire, and rehabilitate unlocked, voluntary, community-based residential care settings for individuals with behavioral health needs, increasing the availability of care settings that support rehabilitation and recovery.
- Among Californians experiencing homelessness, nearly 40,000 have a severe mental illness and over 36,000 have a chronic substance use disorder.

### HOUSING FOR VETERANS WITH BEHAVIORAL HEALTH CHALLENGES.

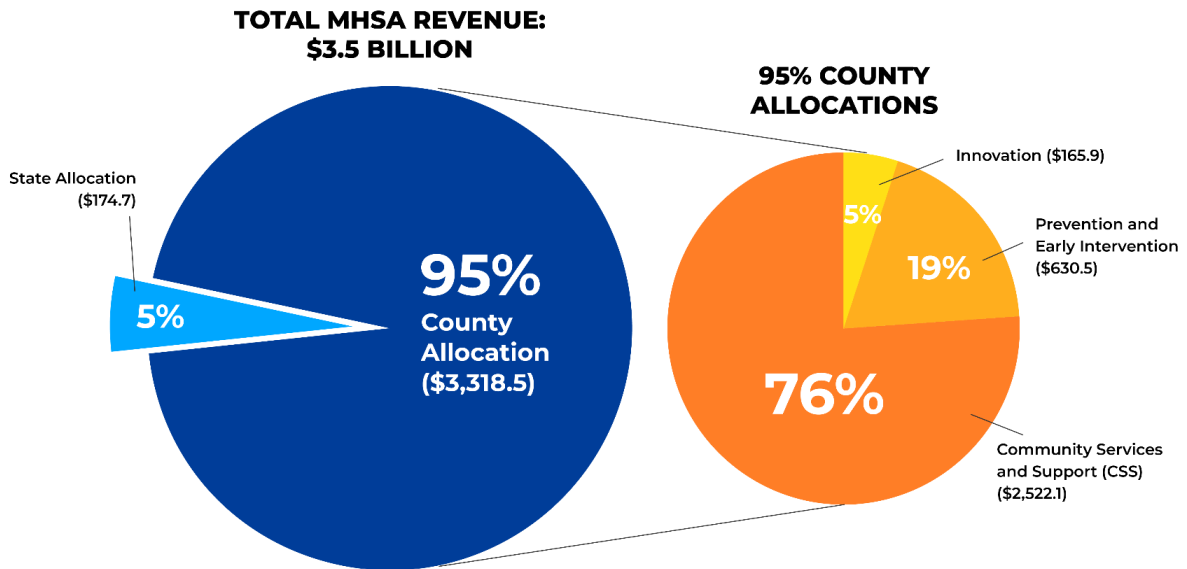
***The proposal dedicates a portion of the bond to housing for veterans at risk of, or experiencing, homelessness with behavioral health needs.***

- Upwards of 50% or more of homeless veterans suffer from mental health issues and upwards of 70% or more are affected by SUD.
- Bond funding would be disbursed as grants for new construction, acquisition, rehabilitation, or preservation of affordable multifamily housing to provide interim, transitional, and permanent supportive housing for veterans who are homeless, or at risk of homelessness, and living with behavioral health challenges.

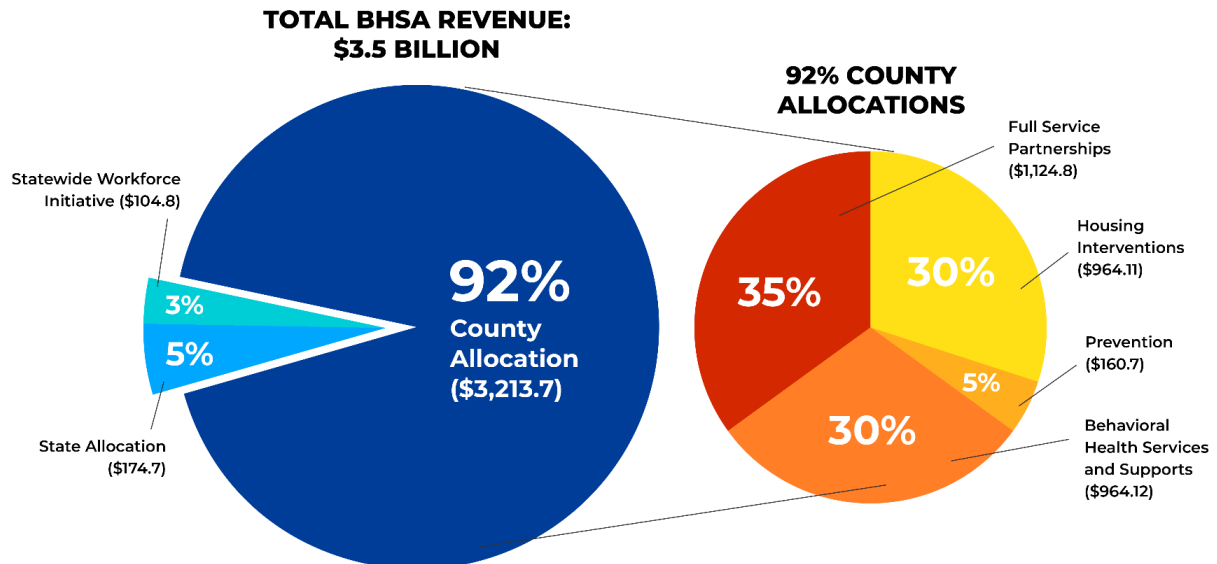
**Figure 1. Comparison of Existing MHSa Allocations and Proposed BHSA Allocations**

*(Dollars in Millions)*

## CURRENT ALLOCATION



## PROPOSED ALLOCATION



## Commonly Used Acronyms/Terms

- AB 1421 or Laura's Law – Assembly Bill 1421
- ACT – Assertive Community Treatment
- AOD – Alcohol and Other Drugs
- AOT – Assisted Outpatient Treatment
- APA – American Psychology Association
- BHCIP – Behavioral Health Continuum Infrastructure Program
- BHS – Behavioral Health Services
- Board and Care – Augmented Board and Care
- BOS – Board of Supervisors
- Brown Act
- CalAIM – California Advancing and Innovating Medi-Cal
- CalMHSA – California Mental Health Services Authority
- CEO / CAO – County Executive Officer / County Administrator's Officer
- CBHDA – California Behavioral Health Director's Association
- CBO – Community Based Organization
- CF/TN – Capital Facilities/Information Technology
- CHHS – California Health and Human Services Agency
- Clubhouse Model
- COLA – Cost of Living Adjustment
- Conservatorship
- Consumer
- Co-Occurring Disorders or Dual Diagnosis
- CPPP – Community Program Planning Process
- CSS – Community Services and Supports
- CSU – Crisis Stabilization Unit
- CSW – Community Support Worker
- TYA – Teens and Young Adults
- Cultural Competence
- DHCS – Department of Health Care Services
- Dual Diagnosis
- Employment or Vocational Services
- EPIC System
- EPSDT – Early and Periodic Screening, Diagnosis and Treatment
- Evidence Based Practices
- Family Partners
- 51/50 – Fifty One Fifty
- 52/50 – 14 day hold
- 52/70 – 30 day hold
- FY – Fiscal Year

- FSP – Full Service Partnership
- HIPAA – Health Information Portability and Accountability Act \
- IMD – Institution for Mental Disease
- INN – Innovation
- IST – Incompetent to Stand Trial
- Laura’s Law
- LCSW – Licensed Clinical Social Worker
- LGBTQ – Lesbian, Gay, Bisexual, Transgender, Questioning
- LMFT – Licensed Marriage Family Therapist
- LPS – Lanterman Petris Short Act
- LRP – Loan Repayment Program
- Medi-Cal
- MHP – Mental Health Plan
- MH – Mental Health
- MHC – Mental Health Commission
- MHSA – Mental Health Services Act or Proposition 63
- MHSA Three Year Plan – Mental Health Services Act Three Year Program and Expenditure Plan
- MHSOAC – Mental Health Services Oversight and Accountability Commission
- MHRC – Mental Health Rehabilitation Centers
- NAMI – National Alliance on Mental Illness
- NOFA – Notice of Funding Availability
- NPLH – No Place Like Home or Proposition 2
- OSHPD – Office of Statewide Health Planning and Development
- Peer Provider
- PEI – Prevention and Early Intervention
- PES – Psychiatric Emergency Services
- PHF “PUFF” – Psychiatric Health Facilities
- Public Health Services
- Public Mental Health System
- Prudent Reserve
- Psychiatric Residency
- QA/QI – Quality Assurance and Quality Improvement
- RFA – Request for Application
- RFI – Request for Information
- RFP – Request for Proposal
- RFQ – Request for Qualifications
- RHD – Reducing Health Disparities
- SAMHSA – Substance Abuse and Mental Health Services Administration
- SB – Senate Bill
- SNHP – Special Needs Housing Program
- STRTP – Short Term Residential Treatment Program
- SED – Seriously Emotionally Disturbed

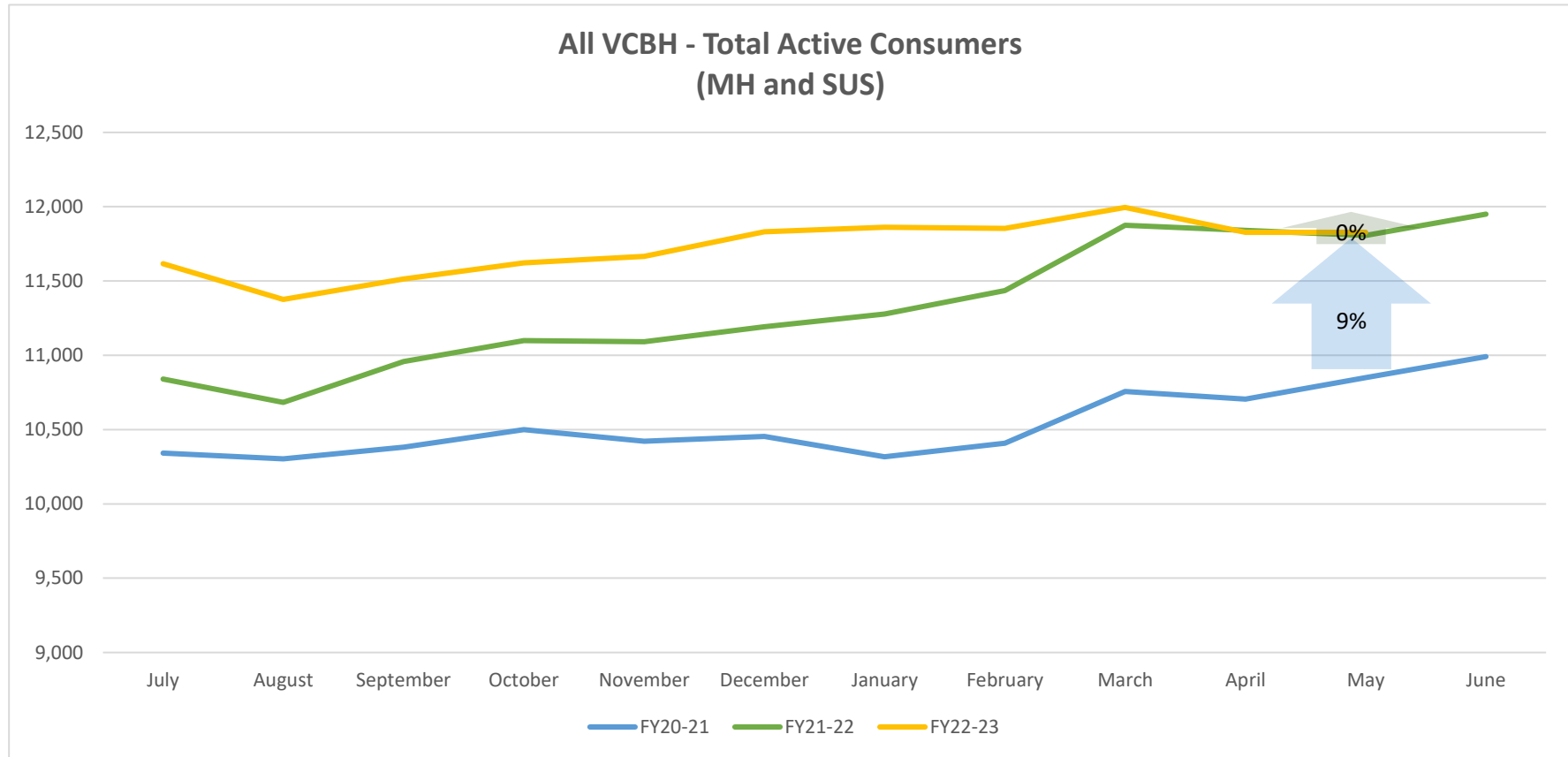
- SMHS – Specialty Mental Health Services
- SMI – Serious Mental Illness
- SOC – System of Care
- SSI – Supplemental Security Income
- Stakeholders
- Stigma and Discrimination
- SUD – Substance Use Disorder
- Supported Employment
- Supportive Housing
- TAY – Transition Age Youth
- WET – Workforce Education and Training
- WIC – Welfare and Institution Code
- WRAP – Wellness Recovery Action Plan
- Wraparound Services

**VENTURA COUNTY BEHAVIORAL HEALTH**

Total Active Consumers In The Month Of May

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

As of 6/6/2023



*\*Percent change compares FY to previous FY (e.g., FY21-22 and FY22-23 had a percent change of 0%)*

**VENTURA COUNTY BEHAVIORAL HEALTH**

Total Active Consumers In The Month Of May

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

As of 6/6/2023

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

|  | VCBH Program Group |              |              |                     |              |             |
|--|--------------------|--------------|--------------|---------------------|--------------|-------------|
|  | All VCBH           | SUS          | MH Adult     | MH Youth and Family | VCBH STAR    | VCBH Crisis |
| <b>Total Consumers With Open Episode</b> | <b>11,827</b>      | <b>1,031</b> | <b>6,100</b> | <b>4,075</b>        | <b>1,050</b> | <b>435</b>  |

| Total Consumers With Open Episode<br>Age Group * | VCBH Program Group |              |              |                     |              |             |
|--|--------------------|--------------|--------------|---------------------|--------------|-------------|
|  | All VCBH           | SUS          | MH Adult     | MH Youth and Family | VCBH STAR    | VCBH Crisis |
| 0-15   | 2,850              | 36           | 2            | 2,580               | 320          | 41          |
| 16-25  | 2,551              | 222          | 896          | 1,349               | 247          | 90          |
| 26-59  | 5,053              | 728          | 3,945        | 146                 | 420          | 238         |
| 60+  | 1,373              | 45           | 1,257        |                     | 63           | 66          |
| Not Reported                                     |                    |              |              |                     |              |             |
| <b>Grand Total</b>                               | <b>11,827</b>      | <b>1,031</b> | <b>6,100</b> | <b>4,075</b>        | <b>1,050</b> | <b>435</b>  |

| Total Consumers With Open Episode<br>Preferred Language | VCBH Program Group |              |              |                     |              |             |
|---|--------------------|--------------|--------------|---------------------|--------------|-------------|
|   | All VCBH           | SUS          | MH Adult     | MH Youth and Family | VCBH STAR    | VCBH Crisis |
| English   | 9,780              | 947          | 5,074        | 3,288               | 851          | 360         |
| Spanish   | 1,085              | 53           | 482          | 440                 | 126          | 39          |
| Mixteco   | 3                  | 1            |              | 1                   | 1            |             |
| Non-Threshold Language                                  | 75                 | 1            | 57           | 12                  | 4            | 3           |
| Not Reported  | 884                | 29           | 487          | 334                 | 68           | 33          |
| <b>Grand Total</b>                                      | <b>11,827</b>      | <b>1,031</b> | <b>6,100</b> | <b>4,075</b>        | <b>1,050</b> | <b>435</b>  |

| Total Consumers With Open Episode<br>Ethnicity | VCBH Program Group |              |              |                     |              |             |
|--|--------------------|--------------|--------------|---------------------|--------------|-------------|
|  | All VCBH           | SUS          | MH Adult     | MH Youth and Family | VCBH STAR    | VCBH Crisis |
| Latinx   | 6,055              | 594          | 2,731        | 2,575               | 475          | 145         |
| Non-Latinx                                     | 4,041              | 360          | 2,773        | 792                 | 261          | 159         |
| Not Reported                                   | 1,719              | 76           | 592          | 701                 | 312          | 131         |
| Declined to State                              | 12                 | 1            | 4            | 7                   | 2            |             |
| <b>Grand Total</b>                             | <b>11,827</b>      | <b>1,031</b> | <b>6,100</b> | <b>4,075</b>        | <b>1,050</b> | <b>435</b>  |

| Total Active Consumers At Each Location ***<br>Program Service Location | VCBH Program Group |              |              |                     |              |             |
|---|--------------------|--------------|--------------|---------------------|--------------|-------------|
|   | All VCBH           | SUS          | MH Adult     | MH Youth and Family | VCBH STAR    | VCBH Crisis |
| CAMARILLO   | 490                |              | 93           | 397                 |              |             |
| FILLMORE  | 196                | 36           |              | 170                 |              |             |
| MOORPARK  | 2                  |              |              | 2                   |              |             |
| OXNARD  | 6,209              | 764          | 2,714        | 1,776               | 1,050        | 435         |
| SANTA PAULA   | 890                |              | 617          | 275                 |              |             |
| SIMI VALLEY   | 1,373              | 79           | 779          | 536                 |              |             |
| THOUSAND OAKS   | 1,310              | 69           | 939          | 323                 |              |             |
| VENTURA   | 2,312              | 90           | 1,240        | 1,009               |              |             |
| Outside Ventura County (Contractor)                                     | 174                | 153          | 21           |                     |              |             |
| <b>Grand Total</b>  | <b>12,956</b>      | <b>1,191</b> | <b>6,403</b> | <b>4,488</b>        | <b>1,050</b> | <b>435</b>  |

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

| Total Consumers With Open Episode<br>Residence Region - City | VCBH Program Group |              |              |                     |              |             |
|--|--------------------|--------------|--------------|---------------------|--------------|-------------|
|  | All VCBH           | SUS          | MH Adult     | MH Youth and Family | VCBH STAR    | VCBH Crisis |
| <b>Conejo Valley</b>   | <b>1,002</b>       | <b>85</b>    | <b>577</b>   | <b>254</b>          | <b>107</b>   | <b>48</b>   |
| Conejo Valley-Newbury Park                                   | 265                | 30           | 146          | 70                  | 28           | 13          |
| Conejo Valley-Oak Park                                       | 39                 | 2            | 12           | 20                  | 5            | 3           |
| Conejo Valley-Thousand Oaks                                  | 646                | 50           | 389          | 151                 | 66           | 28          |
| Conejo Valley-Westlake Village                               | 52                 | 3            | 30           | 13                  | 8            | 4           |
| <b>Moorpark</b>  | <b>357</b>         | <b>19</b>    | <b>140</b>   | <b>174</b>          | <b>28</b>    | <b>13</b>   |
| Moorpark   | 357                | 19           | 140          | 174                 | 28           | 13          |
| <b>Ojai</b>  | <b>208</b>         | <b>24</b>    | <b>109</b>   | <b>67</b>           | <b>15</b>    | <b>10</b>   |
| Ojai   | 152                | 19           | 84           | 47                  | 9            | 7           |
| Ojai-Oak View  | 56                 | 5            | 25           | 20                  | 6            | 3           |
| <b>Oxnard Plains</b>   | <b>5,225</b>       | <b>467</b>   | <b>2,683</b> | <b>1,851</b>        | <b>473</b>   | <b>161</b>  |
| Oxnard Plains-Camarillo                                      | 772                | 54           | 460          | 234                 | 44           | 22          |
| Oxnard Plains-Oxnard   | 4,039              | 374          | 2,040        | 1,450               | 384          | 122         |
| Oxnard Plains-Port Hueneme                                   | 394                | 37           | 174          | 158                 | 44           | 14          |
| Oxnard Plains-Somis  | 20                 | 2            | 9            | 9                   | 1            | 3           |
| <b>Santa Clara Valley</b>                                    | <b>1,233</b>       | <b>76</b>    | <b>513</b>   | <b>548</b>          | <b>115</b>   | <b>56</b>   |
| Santa Clara Valley-Fillmore                                  | 386                | 34           | 149          | 186                 | 33           | 14          |
| Santa Clara Valley-Piru                                      | 52                 | 4            | 19           | 25                  | 8            | 1           |
| Santa Clara Valley-Santa Paula                               | 795                | 38           | 345          | 337                 | 74           | 41          |
| <b>Simi Valley</b>   | <b>1,350</b>       | <b>108</b>   | <b>698</b>   | <b>475</b>          | <b>108</b>   | <b>53</b>   |
| Simi Valley  | 1,350              | 108          | 698          | 475                 | 108          | 53          |
| <b>Ventura</b>   | <b>2,131</b>       | <b>227</b>   | <b>1,213</b> | <b>593</b>          | <b>193</b>   | <b>84</b>   |
| Ventura  | 2,131              | 227          | 1,213        | 593                 | 193          | 84          |
| <b>Not Reported / Out of County</b>                          | <b>321</b>         | <b>25</b>    | <b>167</b>   | <b>113</b>          | <b>11</b>    | <b>10</b>   |
| <b>Grand Total</b>   | <b>11,827</b>      | <b>1,031</b> | <b>6,100</b> | <b>4,075</b>        | <b>1,050</b> | <b>435</b>  |

Residence cities do not reflect consumer service location.

# Ventura County Behavioral Health Advisory Board

## June 2023 Secretary's Report

❖ *There is one new opening for a BHAB member in Supervisor Gorell's office – District 2*

### Announcements:

1. June is National Pride Month
2. The national holiday "Juneteenth" (6/19), which marks the end of slavery in Texas three years after the passage of the Emancipation Proclamation, was recently approved by the Ventura County Board of Supervisors as an annual county holiday. All county offices will be closed on June 19, 2023.
3. Effective July 25<sup>th</sup> the scheduled BHAB Prevention Committee meetings will be permanently changed to meet the fourth Tuesday of every other month and will continue to meet at 3:15 p.m.

Please note, due to the new Brown Act Rules, all BHAB members and committee members are required to attend meetings in-person, unless otherwise excused. It is important for members to attend the meetings in order to establish a quorum. **Without a quorum the business of the board and committees cannot be done.**

4. Interface Family and Children's Services will hold its 50th Anniversary Celebration on July 15th from 3:00 p.m. - 6:00 p.m. at the Ventura County Credit Union. Admission is free. Founded in 1973, Interface is Ventura County's most comprehensive nonprofit provider of social services, including mental health and trauma treatment, youth crisis and homeless services, domestic violence and child abuse prevention, human trafficking prevention and intervention, and justice services.
  
5. Mental Health Senate Bill SB 43, authored by State Senator Susan Talamantes Eggman (D-Stockton), passed through the Senate, and will now go to the Assembly. SB 43 changes the definition of "gravely disabled" within the Lanterman-Petris-Short (LPS) Act.

**The new definition would include the following:**

***Current language - "Substantial risk of serious harm to their physical or mental health." As a third criteria of "gravely disabled" new language further defines "serious harm" to mean "significant deterioration, debilitation, or illness due to the person's failure to meet their need for medical care, nourishment, adequate clothing and shelter, and personal safety."***

6. In May, VCBH held a countywide "Empower Up" event for youth to gather information for improving their mental wellness. The day included arts, stories, live performances, community connections involving support and available resources.

7. A proposal to consider developing a family justice center in Thousand Oaks stalled in May when it failed to get approval from the Ventura County Board of Supervisors.

Supervisor Jeff Gorell brought the matter to the board, calling the timing a confluence of opportunity. A building was available in Thousand Oaks and city officials supported the move. Gorell asked the board to direct the County Executive Office to move forward with the completion of the required research, identify more funding and a suitable location, including an evaluation of a Hillcrest Drive building.

"There is no east Ventura County family justice center at this time," said Gorell. Currently, some survivors of family violence in those communities may have to drive up to two hours round trip to go to the Ventura Family Justice Center, he stated.

Officials are first focusing on completion of the Carmen Ramirez Family Justice Center already approved for Oxnard. In 2019, the county opened its first Family Justice Center in Ventura, a one-stop place for victims of crime.

District Attorney Erik Nasarenko said he supports efforts to create a center in the east county. Having one would help those from Moorpark, Simi Valley, Thousand Oaks, and nearby unincorporated areas who now must travel to the Ventura center, he said.

8. Construction on a 50 unit pre-fabricated modular apartment complex on Lewis Road in Camarillo will provide affordable housing to the area's homeless and extremely low-income seniors. Thousand Oaks based Many Mansions, the county and additional partners broke ground on the project known as the "Rancho Sierra Senior Apartments." The \$38 million dollar project is expected to be completed by March of 2024. Although applications are not yet available, you can visit the housing authority's website at [ahacv.org](http://ahacv.org) or call 805 480-9991.
  
9. In May, VCBH's Substance Use Services Division held multiple events during their "Prescriber's Care Discussion Series." Several events were held for county medical and related staff, as well as sessions for county providers to hear and discuss, "Preventing Overdose and Misuse," and the "Fentanyl Crisis." Topics during the series included, "What you need to know now," "Turning risk assessment upside down," "Illicit Fentanyl: How did we get here, where are we going, where are we headed?" and "Treatment of Opioid Use Disorders in the Primary Care Setting."
  
10. On June 6th VCBH Prevention Services and multiple members of the County Opioid Abuse Taskforce (COAST), the Illicit Drug and Opioid Workgroup and the Ventura County Fentanyl and Overdose Crimes Unit gave an informative presentation to the Board of Supervisors on the multi-agency efforts and strategies to combat the opioid crisis in Ventura County. The presentation can be viewed on the June 6th Board of Supervisor's meeting agenda at their website: <https://www.ventura.org>

11. As part of California's \$1 billion plan to tackle the opioid epidemic, the Department of Health Care Services (DHCS) awarded more than \$12 million in grants to strengthen the state's opioid response. The awards include \$7.9 million to 20 DHCS-licensed residential substance use disorder treatment facilities throughout the state as part of the Medication Assisted Treatment (MAT) Expansion Project, \$3.5 million to 23 organizations through the Tribal Urban Indian Defined Best Practice Program, and \$1.05 million to seven California Native MAT Network for Healing.
  
12. The Centers for Disease Control (CDC) recommends fentanyl test strips as a low-cost means of helping to prevent drug overdoses. They can detect fentanyl in cocaine, methamphetamine, heroin, and pills among other drugs – powders or injectables. Ventura County Behavioral Health Substance Use Services purchased fentanyl test strips with Substance Use Block Grants (SABG) and they are being distributed through a pilot program with the Ventura County California Narcotics Treatment Programs (NTPs), Aegis Treatment Center(s), and Western Med Corp. **Anyone can go to a NTP site in Ventura County** and receive five test strips with instructions. To receive a strip refill packet the VCBH pilot program is requiring individuals to complete a small survey.

**6/5/2023\***

**State of California  
Department of Health Care Services  
Narcotic Treatment Program Directory**

**Ventura County NTPs. Please call sites for dispensary hours:**

1. Western Pacific Med-Corp.  
955 East Thompson Boulevard  
Ventura, CA 93001  
805-641-9100
2. Aegis Treatment Facility, LLC  
5225 Telegraph Road  
Ventura, CA 93003  
805-765-6495
3. Aegis Treatment Centers, LLC  
2055 Saviers Road, Suites 9,10,11 & 12 & 2045 Saviers Road  
Oxnard, CA 93033  
805-483-2253
4. Aegis Treatment Facility, LLC  
625 East Main Street  
Santa Paula, CA 93060  
805-525-4669
5. Aegis Treatment Facility, LLC  
660 East Los Angeles Avenue, Suite B2  
Simi Valley, CA 93065  
805-522-1844

### **13. Emerging National Security Threat: Xylazine Laced with Fentanyl Exacerbates Opioid Crisis-**

*“Xylazine is making the deadliest drug threat our country has faced since Fentanyl”. The DEA has seized xylazine and fentanyl mixtures in 48 of 50 States. In 2022 approximately 23% of fentanyl powder and 7% of fentanyl pills seized by the DEA contained xylazine.”*

-DEA Administrator Anne Milgram

#### **Xylazine: The Threat**

On April 23, 2023, the White House declared xylazine an emerging threat to the national security of the United States. Xylazine is a powerful veterinary sedative/anesthetic with no known uses for humans. Since 2019, the DEA reports an increasing presence of xylazine in opioids, stimulants, and opioid-stimulant combinations.

Between 2020 and 2021, forensic laboratory identifications of xylazine rose in all four U.S. census regions, most notably in the south, (193%) and the west, (112%). Xylazine-positive overdose deaths increased by 1,127% in the south, 750% in the west, more than 500% in the Midwest, and more than 100% in the northeast.

In addition, standard drug tests don't detect xylazine. In many cases, people addicted to xylazine have no idea they've ingested it, which means emergency room personnel and addiction treatment professionals are unaware of what to look for. It is critical for people at risk of xylazine use to consider enhanced medical support when attempting to discontinue use: withdrawal complications are severe, and can include respiratory complications, heart irregularities, and other symptoms.

Additional information regarding mitigation efforts will be forthcoming as it becomes available.

# **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 apprises 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.”

# THE NEED FOR AN OMBUDSMAN

## *Examples of How an Ombudsman Could Have Helped*

1. A young man in his mid-twenties, diagnosed with schizophrenia after his second year in college at Cal State Channel Islands, had been hospitalized numerous times, and a client of VCBH. He was placed at a sober living home but was not ready for that level of step-down. He went off his medication and left sober living and became homeless. He would go back to his mom's house once in a while to get a shower. She had noticed that he looked emaciated and had lost a lot of weight. The mom tried to get in touch with his case manager and they said there was nothing they could do, that he was "successfully homeless."

If someone could have spoken for the family and interfaced with VCBH, the sober living facility, and his case manager, they may have possibly gotten him back into treatment and on medication, and then place him in the appropriate facility. Instead, he deteriorated to the point where he was found without clothes laying in an alley and was 5150'd again. It wasn't until I helped his mom reach out to her County Supervisor that VCBH began to pay attention to what was happening. If VCBH does not want Supervisors involved, they should have an Ombudsman.

2. A mom contacted me; her son, diagnosed with schizophrenia and autism was placed at Horizon View. She was the conservator but when she requested his information and files, they refused to release them to her. The public guardian stated that she was not required to have that information. She was feeling that Horizon View staff was rude and defensive. If an Ombudsman could be a middle-person to communicate with both the facility, the mom, and the Public Guardian, the relationship might not have deteriorate. Now the mom is stating that she wants to sue Horizon View and the county.

3. I have worked with at least six families whose loved one was placed in a facility that was not the appropriate step-down, they leave the facility, become homeless, leave treatment, and go off their medication. If there was someone who could take the information from the family and communicate with VCBH, the facility, and the Public Guardian, it would benefit all involved. Often times, the turnover in case managers also creates a chasm for the family, they do not know who to contact.

4. A father called and said his son was a client of VCBH, living at home, was in treatment and following his medication protocol. Unexpectedly, the son became increasingly psychotic, with incoherent rambling and walking away from the home at odd times. He did not know who to contact; his son did not have a case manager, and the Crisis Team did not see a need to respond. He was concerned his son would end up in the hospital; he asked if his son could be assigned a case manager who could help bring him in for an early appointment at his clinic.

5. A VCBH client was arrested and taken to jail, for threatening the family and resisting arrest. The jail would not release any information about the condition of the client. There was a release in place for both parents. The family was frantic and asked if their daughter's VCBH case manager could visit or get more information and relieve their concerns; but they were not able to reach the case manager. They did not know where to turn.

6. At the March 20th, 2023 BHAB General Meeting, where there was not a quorum of members, a Public Comment was made. Martin and Patricia talked about their daughter being sent off to View Heights Convalescent Hospital where she was still residing after 2 years. Before that placement, she had been doing well at Casa De Esperanza and at a Board & Care. But because of a minor incident at the Board & Care, she was placed by VCBH in a locked facility in Los Angeles, far from home. They stated their daughter had regressed at View Heights and believed strongly that their daughter would progress in her recovery at one of the facilities in Ventura County. They received no response from the letter they sent, and had to resort to coming and speaking to the BHAB.

7. At the March 20th, 2023 BHAB General Meeting a representative of county EMTs and paramedics made a Public Comment regarding the inability of her employees to obtain mental health services for their family members. As a result, after numerous failed attempts to connect their loved ones to treatment, they had no choice but to stay home and care for their loved ones. Unable to go to work, their absence led to a shortage of ambulance drivers and paramedics to respond to emergencies. Had there been one point of contact like an Ombudsman they would have been able to receive assistance in real time which would have also averted the critical shortage of ambulances responding to county 911 calls.

**Ventura County Behavioral Health**  
**Board Letter Summary of Contracts for May 2023**

| Board Date | Contractor                                    | Amount      | Term                               | Description  |
|------------|---|-------------|------------------------------------|--|
| 5/16/2023  | Amada Enterprises, Inc.                       | \$3,057,000 | July 1, 2022 Through June 30, 2023 | <p><b>FY 2022-23 Amada Enterprises, Inc. Sixth Amendment for Institution for Mental Disease (IMD) and Skilled Nursing Facility (SNF) services.</b> Amada Enterprises, Inc. provides business under the name View Heights Convalescent Hospital and Wellness Center. It is designated as an IMD and provides SNF services for seriously mentally ill clients who require a high level of care due to severity of their illnesses. Clients receive the following services at View Heights Convalescent Hospital and Wellness Center: (1) medication management, (2) care and supervision, (3) daily activities, and (4) food services.</p> <p>The Sixth Amendment to the agreement with Amada Enterprises, Inc., increases the maximum contract amount by \$184,000, to provide additional funding for the placement of two clients in addition to the existing twenty-four clients. This agreement is funded with Tobacco Settlement, Realignment and other County Resources funding.</p> |
| 5/16/2023  | Telecare Corporation (Telecare) (La Paz)      | \$844,000   | July 1, 2022 Through June 30, 2023 | <p><b>FY 2022-23 Telecare Second Amendment for SNF and Involuntary Medication Orders (IMO) services.</b> Telecare La Paz provides 24-hour SNF and IMO services for mentally ill clients who require a high level of care due to severity if illnesses. In addition to the SNF and IMO services, clients placed at Telecare's La Paz Geropsychiatric Center receive the following series: (1) medication management, (2) care and supervision, (3) daily activities, (4) food services.</p> <p>The Second Amendment to the agreement with Telecare increases the maximum contract amount by \$244,000, to provide funding for the placement of one client in addition to the existing seven Medi-cal clients and one client in addition to the existing six Non-Medi-cal clients. This agreement is funded by Tobacco Settlement, Realignment and other County Resources funding.</p>   |
| 5/16/2023  | California Psychiatric Transitions Inc. (CPT) | \$703,000   | July 1, 2022 Through June 30, 2023 | <p><b>FY 2022-23 CPT Third Amendment for SNF and IMO services.</b> CPT provides 24-hour Skilled Nursing Facility (SNF) and Involuntary Medication Orders (IMO) services for clients experiencing severe and treatment resistant mental illness. CPT assists clients develop emotional, social and intellectual skills needed to live, learn, and work in the community through the life skill training, money management, training on accessing community services, transitional programs, and discharge planning.</p> <p>The Third Amendment to the agreement with CPT increases the maximum contract amount by \$291,000, to fund one client in addition to the existing two clients and to cover increased program operational costs. This agreement is funded by Tobacco Settlement, Realignment and other County Resources funding.</p>   |

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| 5/16/2023 | Seneca Family of Agencies (Seneca) (Crisis Stabilization Unit- (CSU))  | \$3,888,858 | July 1, 2022 Through June 30, 2023 | <p><b>FY 2022-23 Seneca Family of Agencies Fifth Amendment for CSU services.</b> Seneca provides CSU program services for VCBH. The Seneca CSU is the front-end of the continuum of care for childrens mental health crisis services in Ventura County, providing a multi-disciplinary risk assessment to youth experiencing a mental health crisis and interventions to promote stabilization, family involvement , and safety planning to access the least restrictive, most appropriate level of care. The Seneca CSU provides mental health interventions that are necessary to divert minors from hospitalization and safely discharge the minors to community services. The Seneca CSU is certified by the California Department of Health Care Services (DHCS). The primary objective of any CSU is to promptly evaluate and/or stabilize minors presenting with acute symptoms or distress without hospital admission. In FY 2022-23, the Seneca CSU provided crisis stabilization services to 102 youth (July-January). Of those, 47% avoided hospitalization.</p> <p>The Fifth Amendment to the agreement with Seneca CSU, increases the maximum contract amount by \$152,879 to reimburse Seneca for increased costs in psychiatric services and staff wages during FY 2022-23. This agreement is funded by Short Doyle/Medi-cal, Federal Financial Participation (SD/MC FFP), and Mental Health Services Act (MHSA) funding.</p>   |
| 5/16/2023 | Seneca (Comprehensive Assessment and Stabilization Services (COMPASS)) | \$1,867,553 | July 1, 2022 Through June 30, 2023 | <p><b>FY 2022-23 Seneca Fifth Amendment for COMPASS services.</b> Seneca also provides COMPASS program services for VCBH. The COMPASS program is a six bed Short-Term Residential Therapeutic Program (STRTP) licensed through California Department of Social Services (CDSS) and certified through DHCS. The program is designed to provide voluntary residential treatment for minors who are not able to be stabilized in less than 24 hours but who do not meet criteria required under Welfare and Institutions Code section 5585.50 for psychiatric hospitalization. On average, these youth will typically stay at the STRTP for ten days. The focus of this program is to stabilize the minor to assure safety, develop safety planning with the family, introduce therapeutic and psychiatric interventions and establish linkages to aftercare treatment, reducing the likelihood of recurring crisis situations and potential psychiatric hospitalization. Seneca staff also provide transitional community-based services to promote a successful transition from the COMPASS program back to minors' homes. Such services can be provided up to 60 days from the date of discharge. In FY2022-23, the Seneca COMPASS program provided continued stabilization through residential and outpatient mental health services to six youth (July through January).</p> <p>The Fifth Amendment to the agreement with Seneca COMPASS, increases the maximum contract amount by \$117,800 to reimburse Seneca for increased costs in staff wages during FY 2022-23. This agreement is funded by SD/MC, FFP and MSHSA funding.</p> |
| 5/16/2023 | Interface Children and Family Services (Interface)                     | \$1,158,008 | July 1, 2022 Through June 30, 2023 | <p><b>FY 2022-23 Interface Children and Family Services Fifth Amendment for Medi-Cal Specialty Mental Health Care Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.</b> Interface provides Medi-Cal specialty mental health care EPSDT services to children younger than 21 years of age that are Medi-Cal beneficiaries and who meet the criteria for medical necessity as defined in California Code of Regulations, Title 9, sections 1830.205 and 1830.210. Services may include assessment, individual, group and family therapy, crisis intervention, medication management and case management. In FY 2022-23 Interface has provided EPSDT program services to 263 unduplicated clients (July through February). Per contractual changes earlier this fiscal year, Interface is focusing efforts in Oxnard and has recently reopened services in Santa Paula.</p> <p>The Fifth Amendment to the agreement with Interface EPSDT, increases the maximum contract amount by \$94,505 to increase Salaries and Benefits (5%) and increase indirect costs (from 10% to 15%). . This agreement is funded by SD/MC, FFP and Realignment funding.</p>   |

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| 5/16/2023 | Telecare (Vista)        | \$888,596   | July 1, 2022 Through June 30, 2023 | <p><b>FY 2022-23 Telecare Vista Seventh Amendment for Assertive Community Treatment (ACT) program services.</b> Telecare Vista provides ACT program services to Ventura Innovative Services Telecare ACT Vista (XP2/XP3) adult consumers who have been released from local jails. These individuals receive community-based support to ensure independent living and wellness. ACT services include mental health treatment, psychiatric care and management, medication education, alcohol and other substance abuse treatment, life skills training, vocational training and counseling, advocacy regarding criminal justice, social services, social security issues, and linkage with peer support programs, wellness and recovery centers, and housing supports. Throughout FY 2022-23 (July through April), Vista served 49 unduplicated clients and maintained an average daily client count of approximately 36.</p> <p>The Seventh Amendment to the agreement with Telecare Vista, increases the maximum contract amount by \$55,351 due to increases in salaries and benefits. This agreement is funded by SD/MC, FFP and MHSA funding.</p>   |
| 5/16/2023 | Telecare (Horizon View) | \$3,190,796 | July 1, 2022 Through June 30, 2023 | <p><b>FY 2022-23 Telecare Horizon View Sixth Amendment for Locked Mental Health Rehabilitation Center (MHRC) services.</b> Telecare provides locked MHRC services at Horizon View for individuals who have a history of severe mental illness who cannot be properly treated at lower levels of care. These consumers are: (1) Medi-Cal eligible, (2) 18 years or older, and (3) on conservatorship pursuant to Welfare and Institutions Code section 5350, et seq. (the "Lanterman Petris-Short Act") and are transferring from an acute psychiatric hospital, a state hospital, or another locked MHRC. Consumers receive supervision, guidance, and personal assistance in performing their daily living activities. In addition, structured day and evening services are also provided to assist consumers in acquiring living skills, accessing community resources, and accessing educational/vocational resources. Throughout FY 2022-23, Horizon View served 35 unduplicated clients and maintained an average daily client count of approximately 13.</p> <p>The Sixth Amendment to the agreement with Telecare Horizon View, increases the maximum contract amount by \$295,588 due to the program's use of overtime and registry to fill in behind vacancies and inflationary pressure on food prices. This agreement is funded by SD/MC FFP and Realignment funding.</p>  |
| 5/23/2023 | One Step A La Vez       | \$264,211   | July 1, 2023 Through June 30, 2024 | <p><b>FY 2023-24 One Step A La Vez Agreement for Prevention and Early intervention (PEI) Services .</b> One Step A La Vez provides PEI Services. They work to provide the following strategies: a) provide access and linkage to services for people with severe mental illness, b) improve timely access to services for underserved populations, c) Stigma and discrimination reduction. Goals for the program include: a) increase interagency collaboration and partnerships, b) connect community members to appropriate mental health resources, c) mental health education and stigma reduction through leadership, d) increase awareness and knowledge regarding mental health in the Latino community in Fillmore, e) increase sensitivity in the community to the issues faced by the Latino community in the Fillmore area, f) increasing early help-seeking among people with mental illness. In Fiscal Year (FY) 2022-23, One Step A La Vez served 97 clients in core program services and 127 were reached through outreach services. The proposed FY 2023-24 Agreement with One Step a La Vez is for a one-year term (July 1, 2023 through June 30, 2024) and represents a consolidation of the FY 2022-23 PEI and outreach Agreements that were previously separate and distinct.</p> <p>The agreement with One Step A La Vez will increase the maximum contract amount by \$129,706 which reflects the two combined budgets from the prior fiscal year to fund: 1) meals for youth that will help to increase participation in the Teen Center, 2) mental health workshops and community speakers to promote and educate youth on stigma, discrimination reduction, suicide prevention, and awareness of community resources, and 3) salary increases related to one full-time coordinator, two part-time assistants, and site manager and an increase in hours for an existing operations director. This agreement is funded by MHSA funding.</p> |

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| 5/23/2023 | Promotoras Y Promotores Foundation (PYPF)                               | \$250,000   | July 1, 2023 Through June 30, 2024 | <p><b>FY 2023-24 PYPF Agreement for PEI services.</b> PYPF provides PEI services, targeting immigrant Latina women and their family, who are at risk of experiencing early signs of depression. Promotoras Y Promotores Foundation's primary focus is in the Santa Clara Valley but their secondary focus includes other Ventura County cities as well. Through this Agreement, PYPF will increase awareness and education about depression, make appropriate referrals to community resources, and reduce stigma associated with mental health services. In FY 2022-23, Promotoras Y Promotores Foundation served 121 individuals, which resulted in several receiving housing opportunities and 70 individuals referred to mental health care and/or social support services.</p> <p>The agreement with PYPF represents a decrease of \$4,600 due to the provider consolidating both services under one agreement. This agreement is funded with MHSA funding.</p>  |
| 5/23/2023 | Turning Point Foundation (Turning Point) (RISE Program)                 | \$321,907   | July 1, 2023 Through June 30, 2024 | <p><b>FY 2023-24 Turning Point RISE Program Agreement for Outreach and Engagement services.</b> Turning Point RISE Program provides outreach and engagement services in order to address needs within the county to educate, support and mitigate the effect of mental illness for individuals who may be in crisis. Turning Point Foundation RISE staff are trained and encouraged to incorporate their lived experience to develop strategies and engage individuals in services who may be hesitant to engage in service activities. In FY 2022-23, the RISE program provided 949.71 units of service for RISE clients.</p> <p>The agreement with Turning Point RISE Program increases the maximum contract amount by \$30,295 due to the rising costs of living and for the provider to offer competitive wages to retain staff. This agreement is funded with MHSA funding.</p>  |
| 5/23/2023 | Turning Point Foundation (Adult Wellness and Recovery Centers - (AWRC)) | \$1,028,803 | July 1, 2023 Through June 30, 2024 | <p><b>FY 2023-24 Turning Point Agreement for AWRC services.</b> Turning Point Foundation Wellness Centers operates AWRC in Oxnard, COVID-19 Vulnerable Persons Project locations, in additional mutually agreed upon service provision locations within Ventura County, and through online service methods. The AWRC programs focus on outreach to and engagement with individuals with serious and persistent mental illness who have been unserved or underserved by the traditional mental health system. The AWRC's use group and 1:1 interaction, engage clients in various programs, and serve as portals to other mental health, medical, dental, housing, and employment services. As an extension of the on-site wellness centers, Turning Point Foundation also provides mobile wellness center services. The mobile wellness services provide WRAP and recovery groups and socialization opportunities at board and cares, assisted living facilities, and VCBH clinics. The staff also serve as a bridge for participants who may need accompaniment support to step down from a higher level of treatment or who might not be comfortable participating in clinical treatment. In FY 2022-23, the Wellness Centers provided services to 563 individuals, assisted 201 individuals with WRAP services to address their mental health needs, and worked with 646 individuals from several local board and care facilities to access socialization and wellness activities.</p> <p>The agreement with Turning Point Wellness Centers increases the maximum contract amount by \$87,589 due to the rising costs of living and for the provider to offer competitive wages to retain staff. This agreement is funded with MHSA funding.</p> |
| 5/23/2023 | United Parents (Respite)  | \$229,553   | July 1, 2023 Through June 30, 2023 | <p><b>FY 2023-24 United Parents Respite Agreement for Respite services.</b> United Parents Respite provides respite services (short-term, is for a one-year term (July 1, 2023 through June 30, 2024) and proposes an \$87,589 increase to the maximum contract amount from the prior fiscal year due to the rising costs of living and for the provider to offer competitive wages to retain staff.</p> <p>The agreement with United Parents Respite increases the maximum contract amount by \$3,821 due to salaries and benefits cost of living adjustments. This agreement is funded with Substance Abuse and Mental Health Services Administration (SAMHSA) funding.</p>   |

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| 5/23/2023 | Pacific Clinics Wellness and Recovery Center (TAY Tunnel) | \$1,820,187 | July 1, 2023 Through June 30, 2026 | <p><b>FY 2023-25 Pacific Clinics Wellness and Recovery Center TAY Tunnel Fourth Agreement for Wellness Recovery Center (WRC) services .</b> Pacific Clinics Wellness and Recovery Center TAY Tunnel manages a WRC for young adults ages 18 to 25, in an area accessible to transitional age youth (TAY) that is, at a minimum, representative of the demographics of the population to be served and will serve as the focal point for peer-to-peer recovery services, such as Wrap's and referrals for services. Bilingual staff with lived experience, engage and empower TAY individuals to take an active role in creating a positive lifestyle within a supporting , safe, and understanding environment. More specifically, staff design achievement plans and WRAP's, aid in employment services, health navigation, and linkages to community resources. In FY 2022-23, Pacific Clinics worked with 90 individuals, which resulted in several receiving housing opportunities and 20 assisted in acquiring active employment.</p> <p>The Fourth Amendment to the agreement with Pacific Clinics Wellness and Recovery Center TAY Tunnel is for a three-year term and proposes a \$47,787 increase to the maximum contract amount due to: 1) a slight increase in the employee benefit rate from 25% to 28%, 2) a 15% increase in rent as a result of a proposed new location, and 3) other program increases that are related to inflation. This agreement is funded with MHPA funding.</p> |
| 5/23/2023 | Ventura County Office of Education (VCOE)                 | \$6,000,000 | July 1, 2023 Through June 30, 2026 | <p><b>FY 2023-24 VCOE Agreement for PEI services.</b> VCOE provides PEI services and outreach and engagement to reduce stigma and discrimination about mental illness throughout Ventura County. Through VCOE's partnership with the Local Educational Agencies (LEA), mental health screenings, referrals, and mental health services for at-risk students are provided. VCOE contracted school districts also provide education and training for school personnel, students and family outreach and engagement to reduce stigma and discrimination about mental illness. In FY 2022-23, approximately 132,160 individuals received core services, and approximately 32,171 individuals were referred to mental health care and/or social support services.</p> <p>The agreement with VCOE is for a three-year term and represents no change in the annual maximum contract amount from year to year (\$2,000,000 per fiscal year). However, since the proposed new Agreement is now for a three-year term, the new maximum contract amount is \$6,000,000. This agreement is funded with MHPA funding.</p>  |
| 5/23/2023 | Amada Enterprises, Inc. (View Heights)                    | \$3,250,795 | July 1, 2023 Through June 30, 2024 | <p><b>FY 2023-24 View Heights Amendment for 24-hour IMD services.</b> View Heights provides 24-hour IMD services for seriously mentally ill clients who require a high level of care due to the severity of their illnesses. Clients receive the following services: (1) medication management, (2) care and supervision, (3) daily activities, and (4) food services. Throughout FY 2022-23, View Heights served 29 unduplicated clients and maintained an average of over 25 clients per month increasing from 20 clients to a current count of 29 clients.</p> <p>The agreement with View Heights represents a 3% increase in services rates (Tier 1 from \$226.60 to \$233.40/day, Tier 2 from \$357.41 to \$368.13/day, Tier 3 from \$391.40 to \$403.14/day, Tier 4 from \$427.45 to \$440.27, 1:1 from \$30.90 to \$31.83/hour, Ancillary from \$209.88 to \$216.18/day, and Bed Hold from \$204.19 to \$210.32), an increase in the number of clients that will be served, an increase in the maximum contract amount by \$193,795, and necessary contract updates. Through the proposed FY 2023-24 agreement with View Heights, an average of 25 clients can be supported throughout FY 2023-24. This agreement is funded with Tobacco Settlement; 2011 Realignment (Trust N520-719C); 1991 Realignment (Trust N510-717C); and County General Funding.</p>   |

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| 5/23/2023 | CPT  | \$887,124 | July 1, 2023 Through June 30, 2024 | <p><b>FY 2023-24 CPT Fourth Amendment for MHRC services.</b> CPT is a locked MHRC that includes a Disruptive Behavioral Unit (DBU) that Ventura County Behavioral Health (VCBH) utilizes for court-ordered locked restoration of competence services as well as VCBH clients who require a high level of services in a controlled environment. For VCBH clients, the goal is to stabilize and improve behavior to transition clients to a lower and less restrictive level of care. CPT has successfully stabilized and transitioned several clients who have either moved to a lower level of care at CPT or within the County. Throughout FY 2022-23, CPT served one (2) unduplicated client and maintained an average of approximately one (2) client per month.</p> <p>The Fourth amendment to the agreement with CPT represents an increase in rates (MHRC from \$460.00 to \$485.00/day, DBU from \$910.00 to \$960.00/day, Diversion from \$660.00 to \$690.00/day, and 1-1 from \$52.00 to \$55.00/hour) an increase in the maximum an increase in rates (MHRC from \$460.00 to \$485.00/day, DBU from \$910.00 to \$960.00/day, Diversion from \$660.00 to \$690.00/day, and 1-1 from \$52.00 to \$55.00/hour) an increase in the maximum contract amount of \$184,124, and necessary contract updates. This agreement is funded with Tobacco Settlement; 2011 Realignment (Trust N520-719C); 1991 Realignment (Trust N510-717C); and County General Fund Funding.</p>                              |
| 5/23/2023 | Crestwood Behavioral Health, Inc. (Crestwood-Bakersfield) (Bridge) | \$268,000 | July 1, 2023 Through June 30, 2024 | <p><b>FY 2023-24 Crestwood-Bakersfield Bridge Second Amendment for 24-hour Adult Residential Mental Health Facility services.</b> Crestwood-Bakersfield Bridge provides 24-hour adult residential facility services for adults who have been diagnosed with a severe mental illness. Crestwood-Bakersfield Bridge program provides clients discharged/diverted from various IMDs/facilities with a supervised supportive community-based living environment where they can learn the skills necessary to develop more independence and to function in the community, with the goal of being able to live in a less restrictive environment upon discharge from the program. Throughout FY 2022-23, Crestwood-Bakersfield Bridge served four (4) unduplicated clients and maintained an average of approximately two (2) clients per month.</p> <p>The Second amendment to the agreement with Crestwood-Bakersfield Bridge represents an increase in the bed hold rate from \$230.00/day to \$241.00/day. The overall contract maximum is decreasing by \$32,000. Through the proposed second amendment to the agreement with Crestwood-Bakersfield Bridge, an average of three (3) clients can be supported throughout FY 2023-24. This agreement is funded with Tobacco Settlement; 2011 Realignment (Trust N520-719C); 1991 Realignment (Trust N510-717C); and County General Fund Funding.</p>  |
| 5/23/2023 | Crestwood Behavioral Health, Inc. (Crestwood-Bakersfield) (MHRC)   | \$402,000 | July 1, 2023 Through June 30, 2024 | <p><b>FY 2023-24 Crestwood-Bakersfield MHRC Third Amendment for MHRC services.</b> Crestwood-Bakersfield MHRC provides mental health rehabilitation center services to seriously mentally ill clients who require a high level of care due to the severity of their illnesses. Clients placed at Crestwood -Bakersfield MHRC receive the following services: (1) medication management, (2) training and support with skills related to daily living activities, (3) daily rehabilitation groups, (4) individual psychotherapy, and (5) various other non-clinical services that are designed to support recovery. Throughout FY 2022-23, Crestwood-Bakersfield MRCH served four (4) unduplicated clients and maintained an average of approximately two (2) clients per month.</p> <p>The Third amendment to the agreement with Crestwood-Bakersfield MHRC represents an increase in rates (Level 3 from \$319.00/day to \$330.00/day, Level 2 from \$354.00/day to \$366.00/day, Level 1 from \$389.00/day to \$403.00/day, and 1:1 from \$720.00/day to \$745.00/day), representing a decrease in the maximum contract amount of \$102,000, and necessary contract updates. Through the proposed third amendment to the agreement with Crestwood-Bakersfield MHRC, an average of three (3) clients can be supported throughout FY 2023-24. This agreement is funded with Tobacco Settlement; 2011 Realignment (Trust N520-719C); 1991 Realignment (Trust N510-717C); and County General Fund funding.</p> |

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| 5/23/2023 | Parkside Healthcare, Inc. DBA<br>Parkside Health and Wellness Center<br>(Parkside) | \$1,401,600 | July 1, 2023 Through June 30,<br>2024 | <p><b>FY 2023-24 Parkside Third for Amendment for 24-hour SNF and Mental Health Recovery Center services.</b> Parkside provides 24-hour SNF and Mental Health Recovery Center services for seriously mentally ill clients who require a high level of care due to the severity of their illnesses. Clients placed at Parkside receive the following services: (1) medication management, (2) care and supervision, (3) daily activities, and (4) food services. Throughout FY 2022-23, Parkside served 22 unduplicated clients and maintained an average of approximately 19 clients per month and their estimated average client count increased from 14 to 19.</p> <p>The Third amendment to the agreement with Parkside represents an increase in rates (Medi-Cal from \$170.00/day to \$180.00/day, non-Medi-Cal from \$405.00/day to \$450.00/day, "Bed Hold" from \$395.00/day to \$420.00/day), for an increase in the maximum contract amount of \$30,600. Through the proposed third amendment to the agreement with Parkside, an average of 19 clients can be supported throughout FY 2023-24. This agreement is funded with Tobacco Settlement; 2011 Realignment (Trust N520-719C); 1991 Realignment (Trust N510-717C); and County General Fund funding.</p>   |
| 5/23/2023 | Sylmar Health & Rehabilitation<br>Center, Inc. (SHRC)                              | \$2,002,684 | July 1, 2023 Through June 30,<br>2024 | <p><b>FY 2023-24 SHRC Third Amendment for IMD services.</b> SHRC is an IMD that facilitates recovery in a restricted environment. SHRC is VCBH's primary residential treatment provider for legal competence restoration services for alleged misdemeanants. SHRC also provides residential treatment for Murphy conservatees (defendants charged with a felony involving death, great bodily harm, or a serious threat to the physical well-being of another person, and for whom a conservatorship was pursued under Welfare and Institutions Code section 5008(h)(1)(B)). Throughout FY 2022-23, SHRC served 19 unduplicated clients and maintained an average of approximately 16 clients per month.</p> <p>The Third amendment to the agreement with SHRC will increase the maximum contract amount by \$208,684 which indicates that an average of 16 clients can be supported throughout FY 2023-24. This agreement is funded with Tobacco Settlement; 2011 Realignment (Trust N520-719C); 1991 Realignment (Trust N510-717C); and County General Fund Funding.</p>  |
| 5/23/2023 | Telecare La Paz  | \$951,831   | July 1, 2023 Through June 30,<br>2024 | <p><b>FY 2023-24 Telecare La Paz Third Amendment for 24-hour SNF and IMD services.</b> La Paz provides 24-hour SNF and IMD services for seriously mentally ill clients who require a high level of care due to the severity of their illnesses. Clients placed at Telecare's La Paz Geropsychiatric Center receive the following services: (1) medication management, (2) care and supervision, (3) daily activities, and (4) food services. Throughout FY 2022-23, Telecare La Paz served seven (7) unduplicated clients and maintained an average of approximately seven (7) clients per month.</p> <p>The Third amendment to the agreement with Telecare represents a 5% increase in rates (Medi-Cal Enhanced from \$167.01/day to \$168.61/day, Non-Medi-Cal \$212.72/day to \$214.76/day, 1:1 \$40.71 to \$42.75/hour, Bed Hold \$365.11 to \$383.37/day), an increase in the maximum contract amount by \$107, 831, and necessary contract updates. Through the proposed third amendment to the agreement with Telecare La Paz, an average of seven (7) clients can be supported through FY 2023-24. This agreement is funded with Tobacco Settlement; 2011 Realignment (Trust N520-719C); 1991 Realignment (Trust N510-717C); and County General Fund funding.</p> |

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| 5/23/2023 | Traditions Psychology Group, Inc.<br>(Traditions)  | \$16,374,154 | July 1, 2023 Through June 30,<br>2024 | <p><b>FY 2023-24 Traditions Amendment for Psychiatric Physician services.</b> Traditions provides psychiatric physician services at various clinic/program sites throughout the VCBH system.</p> <p>The agreement with Traditions represents a 4% increase in the existing in-person service rates (Adult/SUD Psychiatrist \$207.19/hour, Child/Adolescent Psychiatrist \$280.59/hour, Medical Director Psychiatrist \$290.99/hour, and Psychiatric Nurse Practitioners/Physician Assistant \$202.59/hour), creation of new Telehealth services rates (Adult/SUD Psychiatrist \$259.80/hour, Child/Adolescent Psychiatrist \$269.80/hour, Medical Director Psychiatrist \$279.80/hour, and Psychiatric Nurse Practitioners/Physician Assistant \$194.80/hour), an increase in the maximum contract amount by \$552,400, and necessary contract updates. This agreement is funded with 2011 Realignment (Trust N520-719C); 1991 Realignment (Trust N510-717C); Short Doyle/Medi-Cal (SD/MC) Federal Financial Participation (FFP), MHSA, and Drug Medi-Cal Federal Financial Participation (DMC-ODS FFP) funding.</p>  |
| 5/23/2023 | Vista Woods Health Associates LLC<br>(Vista Woods) | \$671,435    | July 1, 2023 Through June 30,<br>2024 | <p><b>FY 2023-24 Vista Woods Amendment for 24-hour SNF services.</b> Vista Woods provides 24-hour SNF services for seriously mentally ill clients who require a high level of care due to the severity of their illnesses. In addition to the SNF services, clients receive the following services: (1) medication management; (2) care and supervision; (3) daily activities; and (4) food services. Throughout FY 2022-23, Vista Woods served eight (8) unduplicated clients and maintained an average of approximately eight (8) clients per month.</p> <p>The agreement with Vista Woods represents an increase in rates (patch rate from \$170.00/day to \$180.00/day, non-Medi-Cal clients \$450.00/day and bed hold service rate from \$322.94/day to \$420.00/day), resulting in an overall decrease in the contract maximum amount by \$15,315. Through the proposed FY 2023-24 agreement with Vista Woods, an average of 11 clients can be supported throughout FY 2023-24. This agreement is funded with Tobacco Settlement; 2011 Realignment (Trust N520-719C); 1991 Realignment (Trust N510-717C); and County General Fund Funding.</p>  |
| 5/23/2023 | Evalcorp   | \$346,500    | July 1, 2023 Through June 30,<br>2024 | <p><b>FY 2023-24 Evalcorp Eighth Amendment for Research and Technical Evaluation services.</b> Evalcorp provides critical research and technical services, assisting VCBH and its funded Prevention Services contractors in developing appropriate process and outcome measures, tailored data collection protocols, and corresponding data and performance outcome reports. Additionally, Evalcorp provides VCBH with prevention research, evaluation, data collection and analysis services including: (1) Drug trend information, including quantitative and qualitative research methods to inform: prescription drug, alcohol, methamphetamine, fentanyl and polydrug use prevention interventions, (2) overdose prevention rescue kit data integration, (3) opioid abuse prevention geo-targeting support, and (4) Place of Last Drink (POLD) survey among driving under the influence (DUI) arrestees. In the first three quarters of FY 2022-23, Evalcorp completed summative evaluation for all five (5) initiatives under the current Strategic Prevention Plan, including metrics for opioid prescribing trends locally over the last six (6) years, DUI prevention, and addressing health disparities and substance use risk among young people.</p> <p>The Eighth amendment to the agreement with Evalcorp represents a decrease of \$21,654 to the maximum agreement amount from the prior fiscal year due to operational changes which incorporate ongoing digital data collection and analysis by VCBH staff, and reduced needs associated with DUI data reporting. This Agreement is funded with Substance Abuse Prevention and Treatment Block Grant (SABG) and SABG American Rescue Plan Act (ARPA) funding.</p> |

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| 5/23/2023 | Give An Hour           | \$249,617 | July 1, 2023 Through June 30, 2024 | <p><b>FY 2023-24 Give An Hour Twelfth Amendment for Substance Use Services (SUS) Prevention services.</b> Give An Hour supports expanded overdose crisis response with: (1) community overdose prevention training, (2) institutional overdose response expansion training, and (3) professional development and capacity building for behavioral health professionals. In the first three quarters of FY 2022-23, Give An Hour provided training and support to more than fifty (50) naloxone distribution sites, with updated training standards for overdose response educators and counselors, reaching hundreds of residents at elevated risk for opioid overdose emergency.</p> <p>The Twelfth amendment with the agreement with Give An Hour represents a decrease of \$59,427 to the maximum agreement amount from the prior fiscal year due to changes in professional development training needs and modified opportunities for training of medical doctors and other health professionals in addressing the opioid crisis. This agreement is funded by SABG, Vehicle Fines, and Statham funding.</p>   |
| 5/23/2023 | Idea Engineering, Inc. | \$394,500 | July 1, 2023 Through June 30, 2024 | <p><b>FY 2023-24 Idea Engineering, Inc. Tenth Amendment for SUS Prevention services.</b> Idea Engineering, Inc. provides VCBH with communication materials and public messaging campaign services, including custom and localized public service announcements to support various program priorities (e.g., fentanyl and other drug prevention initiatives, opioid overdose prevention and rescue efforts), and impaired driving prevention campaigns, using a range of media channels. Traditional print media and internet-based digital messaging services are directed to youth and adults. Marketing, media, and prevention messaging services reach targeted groups locally, consistent with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework. In the first three quarters of FY 2022-23, Idea Engineering Inc. developed messaging themes covering topics such as "fentanyl can be found in any street drug" and "You Can Save A Life" using naloxone overdose rescue strategies. Messages focused on drug misuse prevention, fentanyl risk, methamphetamine awareness, and access to care messaging were created and delivered with strong local impressions. The Fentanyl and Fake Pills October 2022 campaign alone garnered 588,343 impressions via targeted website ads, 824,600 radio impressions, and 17,050,000 transit impressions via 40 buses, for a total of 18,462,943 impressions.</p> <p>The Tenth amendment to the agreement with Idea Engineering, Inc. represents a decrease of \$10,000 to the maximum agreement amount from the prior fiscal year due to changes in operational focus on more affordable outsourced media and changes in social media option. This agreement is funded by SABG, Vehicle Fines, Statham and SABG ARPA funding.</p> |

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| 5/23/2023 | Reality Improv Connection, Inc.<br>(Reality Improv) | \$445,835 | July 1, 2023 Through June 30,<br>2024 | <p><b>FY 2023-24 Reality Improv Eighth Amendment for SUS Prevention services.</b> Reality Improv provides informational and educational engagement projects for youth, young adults, and parents. These projects address underage and binge drinking, impaired driving, opioid 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 focus on 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 three quarters of FY 2022-23, Reality Improv Connection, Inc. documented 6,207 unduplicated youth and young adults participating in prevention content across 249 different workshops and presentations. Giving special attention to those from higher-need school communities, Reality Improv significantly expanded the use of interactive and immersive technologies for substance use prevention and health promotion, recording 21,034 plays of educational games online, and assisted young people in developing digital health messaging for use in reaching diverse audiences, through strategic use of high-quality audio and video.</p> <p>The Eighth amendment to the agreement with Reality Improv represents an increase of \$45,915 to the maximum agreement amount from the prior fiscal year to support a new digital media studio space, production assistance for prevention audio and video content, localized sharing and amplification of health content on social platforms, and assistance with organization and storage of digital public service announcements (PSAs). Additionally, 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 youth-oriented substance use prevention content countywide. This Agreement is funded by SABG and SABG ARPA funding.</p> |
| 5/23/2023 | VCOE  | \$225,000 | July 1, 2023 Through June 30,<br>2024 | <p><b>FY 2023-24 VCOE Tenth Amendment for SUS Prevention services.</b> VCOE provides VCBH with: (1) substance use prevention education and outreach to students (particularly those from underserved populations), school personnel, and community partners, (2) youth mentoring services, and (3) coordination and training to support student assistance and Friday Night Live programs throughout Ventura County. The goal of these programs is to prevent and reduce underage drinking, prescription drug use, illicit opioid use, and the harms associated with cannabis and tobacco vaping/e-products. In the first three quarters of FY 2022-23, VCOE expanded the number of active Friday Night Live chapters, promoted the use of online Student Assistance Program trainings using a robust digital platform, and had strong success in attracting and retaining participation in programs and events using a combination of virtual and in-person strategies, as feasible under COVID restrictions.</p> <p>The Tenth amendment to the agreement with VCOE represents a decrease of \$148,700 to the maximum agreement amount from the prior fiscal year due to the removal of funds for Friday Night Live and Club Live set-aside monies, as well as a decrease in available funding through the California Department of Health Care Services for professional trainings on ways to support Social Emotional Learning. This Agreement is funded with SABG funding.</p>   |
| 5/23/2023 | Ventura Unified School District<br>(VUSD)           | \$180,000 | July 1, 2023 Through June 30,<br>2024 | <p><b>FY 2023-24 VUSD Sixth Amendment for SUS Prevention services.</b> VUSD provides a systematic, District-level use of Brief Risk Reduction Interview and Intervention Model (BRRIM) with existing and new Student Assistance Program (SAP) staffing and resources, to provide individualized alcohol and drug prevention support services to participating students and their families. In the first three quarters of FY 2022-23, for example, VUSD convened more than 400 virtual sessions to support family engagement and student success, including appropriate referral to alcohol and drug educational and support programs within the District.</p> <p>The Sixth amendment to the agreement with VUSD represents a decrease of \$13,491 to the maximum agreement amount from the prior fiscal year due to changes in availability of specified COVID-relief funds to sustain staffing and on-site services under the Statewide Friday Night Live Partnership. This Agreement is fully funded with SABG funding.</p>   |

The purposes and intent in enacting this act (SB326) are as follows:

- (a) The state intends to **transform its behavioral health system** while strengthening the **continuum of community-based care options** for Californians living with the **most significant mental health and substance use disorder (SUD) needs**. These efforts include, but are not limited to, California Advancing and Innovating Medi-Cal (**CalAIM**), Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (**BH-CONNECT**), Children and Youth Behavioral Health Initiative (**CYBHI**), Behavioral Health Continuum Infrastructure Program (**BHCIP**), Community Assistance, Recovery, and Empowerment (**CARE**) Act, the **988** Suicide and Crisis Lifeline, and the **Crisis Care Continuum**.
- (b) **Further transformation** of the behavioral health system requires **modernization** to account for changes in the health care and behavioral health landscape since the Mental Health Services Act was enacted 20 years ago, including the passage and implementation of the federal **Patient Protection and Affordable Care Act**, which expanded coverage and required essential health benefits, including behavioral health benefits, for individuals insured under Medicaid. In addition, federal and state **parity** laws have expanded access to services and affordable coverage. **Funding** sources should not only be maximized to the fullest extent possible, but must be **blended** and **braided**, to leverage public resources for where the unmet need is greatest.
- (c) The state continues to align goals and further policies that support delivery system improvements. This includes advancing the use of **evidence-based and community-defined evidence programs**, taking a **whole person approach** that is **trauma informed, developmentally tailored** across the lifespan, streamlined and seamless service delivery, supports the individual in the **recovery** process, reduces health **disparities**, and acts in **partnership with families and support systems**.
- (d) The state intends to **strengthen oversight over key outcomes** so that investments are being made in equitable and high-quality care. Outcome measures, not just process measures, will drive toward **meaningful and measurable system change**. Transparency will increase and **revised planning processes** will allow strategic alignment of funding and local cross-system collaboration.
- (e) The state recognizes the critical role that **safe, stable, and affordable housing** play in supporting individuals with a serious mental illness (SMI) and an SUD to thrive in their communities. Therefore, dedicated resources towards **essential housing interventions** for those experiencing a serious emotional disturbance (SED), an SMI, and an SUD are needed for those experiencing, or who are at risk of experiencing, homelessness.
- (f) Additionally, the state will lead enhanced efforts to **address workforce challenges** by recruiting, training, and creating a **pathway to high-quality jobs** that can meet the growing behavioral health care needs of Californians with **culturally competent care** provided in **multiple languages** by a diverse workforce. Investments to address the growing demand for quality behavioral health care services **across professional classifications** should be additive to the workforce and not cause the displacement of any county employee providing direct behavioral health services.
- (g) Efforts to **streamline the process for approving projects** and renovating or building new facilities to accelerate the delivery of care in **residential settings** made available through additional Behavioral Health Services Act and bond financing is a priority.
- (h) Overall, this measure **further California's transformation of the behavioral health care system**, specifically **strengthening the continuum of care for the most vulnerable** Californians and the system as a whole. It provides **substantial state investment** and streamlines the **construction of community behavioral health residential settings**, modernizes the Mental Health Services Act, and improves statewide **accountability** and **access** to behavioral health services. Collectively these connected initiatives provide tools to help Californians with their unique behavioral health challenges.