

**BEHAVIORAL HEALTH ADVISORY BOARD  
General Meeting**

**Monday, September 18, 2023, 1:00PM – 3:30 PM**

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

**IN-PERSON & VIRTUAL MEETING VIA ZOOM**

**Zoom Participation**

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

**Join the Zoom meeting in the following way:**

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

Meeting ID: 833 3271 4732

Password: 149553

Dial-In: 669-900-9128

**Under AB 2449 New Teleconferencing Rules:**

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

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**AGENDA**

- I. Call to Order
- II. Quorum Roll Call & Introductions
- III. Roll Call of Members with Just Cause
  - a. State others present in the room over the age of 18
- IV. Requests for Emergency Circumstances – **ACTION** (Roll Call)
- V. Approval of the Agenda – **ACTION** (Roll Call)
- VI. Approval of the August 21, 2023 Minutes – **ACTION** (Roll Call)
- VII. Public Comments (3 min. per speaker)
- VIII. Chair Comments (10 min.)
- IX. Time Certain Presentation – Substance Use Update – Raena West, Substance Use Services Division Chief (20 min)
- X. Director’s Report – Dr. Loretta Denering, Acting Director (10 min.)
- XI. Board Member Comments and Announcements (3 min. per speaker) (Round Robin)
- XII. BHAB Goals and Priorities – Discussion, Janis Gardner, Chair, BHAB Members (10 min.)
- XIII. Site Visit Proposals, In Patient Unit, Mental Health Rehabilitation Clinic (MHRC) – Janis Gardner, Chair, BHAB Members (5 min)
- XIV. Data Notebook Discussion – Janis Gardner, Chair, BHAB Members (5 min.)
- XV. BHAB Committee Reports (5 min each)
  - A. Adult Services Committee (September 7) – Chris Tejada, Chair

- XVI. Old Business
  - A. Annual Report Update – Michael Rodriguez
- XVII. New Business
  - A. Presentation Requests
  - B. Recognition Award Recommendations
- XVIII. Contracts – None for the month of August.
- XIX. Public Comments (3 min. per speaker)
- XX. Adjourn

**Next Meeting: Monday, October 16, 2023**

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

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

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

Note: The meeting is recorded.

**Public Comments**

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

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

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

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

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

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

Or

**2. In-Person Public Comment**

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

Or

**3. Video Public Comment using Zoom**

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

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

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

**Call-In Public Comment using Zoom**

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

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

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

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

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

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

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

Circumstances: One of the following circumstances applies:

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

Procedures:

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

**DEFINITIONS:**

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

**“Just cause”** means any of the following:

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

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



VENTURA COUNTY

**BEHAVIORAL HEALTH**

A Department of Ventura County Healthcare Agency

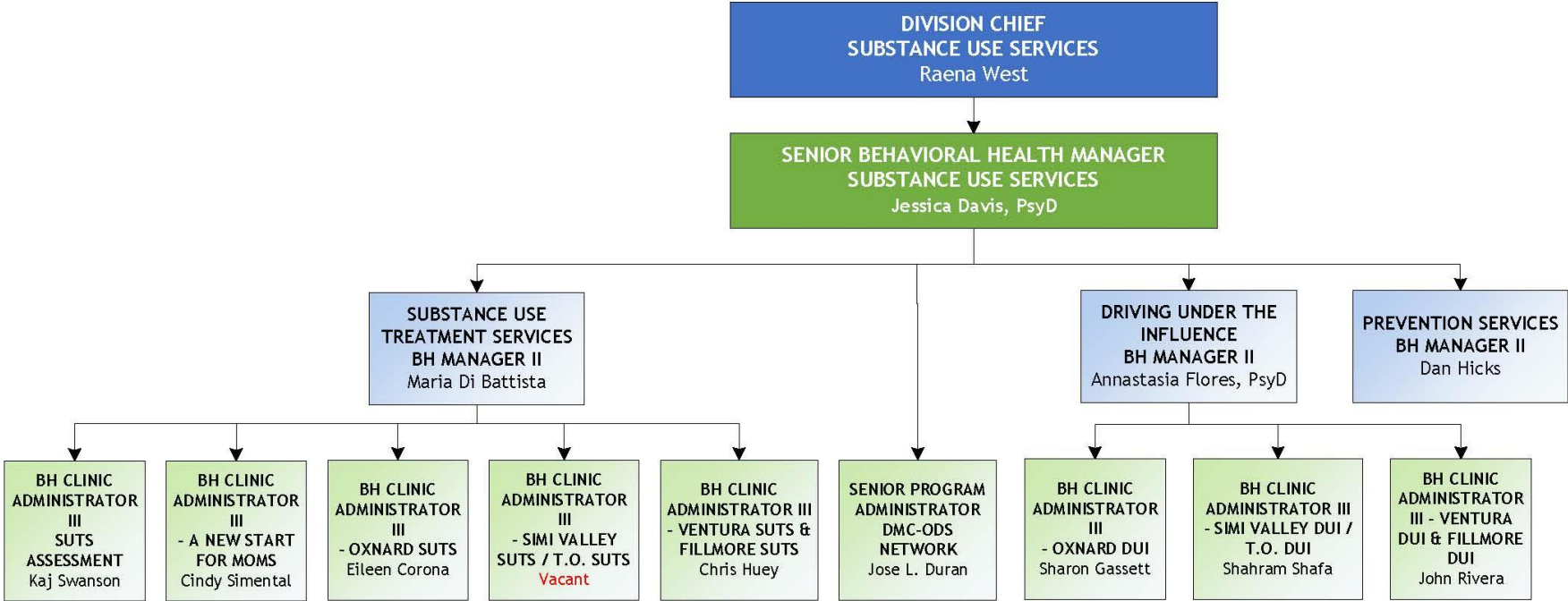
September 2023

# SUBSTANCE USE SERVICES DIVISION OVERVIEW

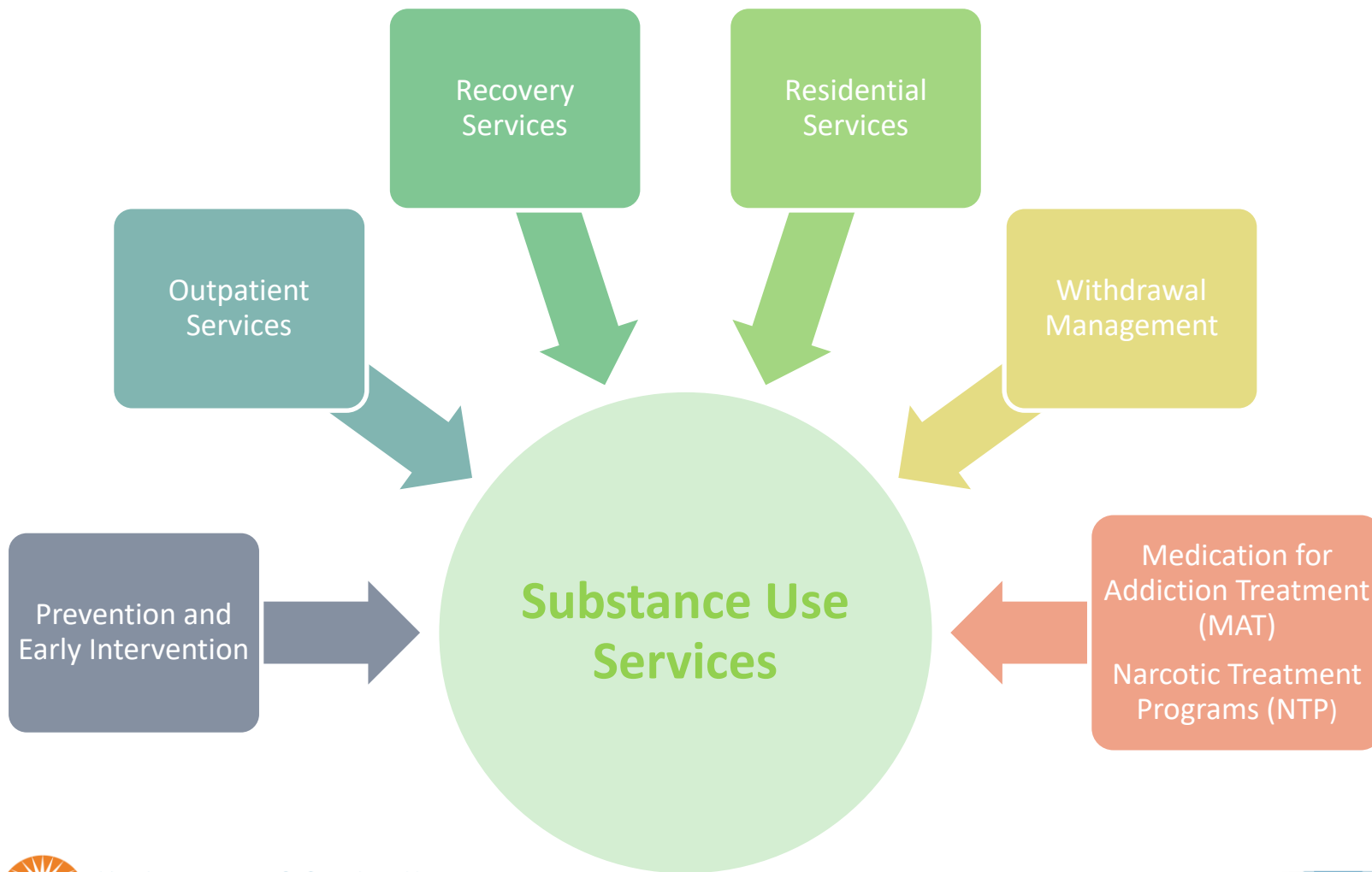
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Raena West, LCSW  
Division Chief, Substance Use Services

# Substance Use Services



# Substance Use Services Continuum of Care



# Substance Use Disorder Treatment Services

**Six (6) county-operated substance use disorder outpatient/intensive outpatient clinics for adults and adolescents:**

- A New Start for Moms – Oxnard
- Oxnard SUTS
- Ventura SUTS
- Thousand Oaks SUTS
- Fillmore SUTS
- Simi Valley SUTS



**Residential and Withdrawal Management Program Contracts:**

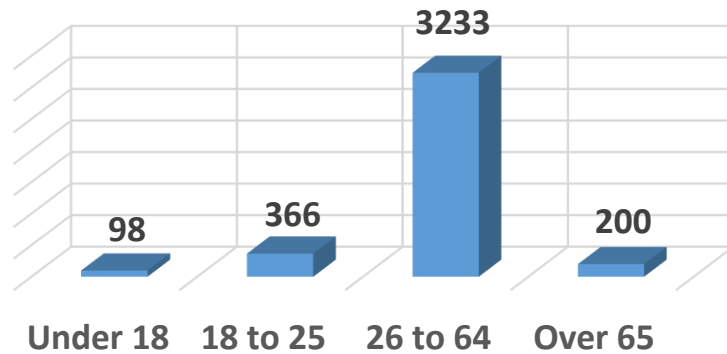
- HealthRIGHT 360/Prototypes
- Tarzana Treatment Centers, Inc. (Tarzana)

**Narcotic Treatment Program (NTP) Contracts:**

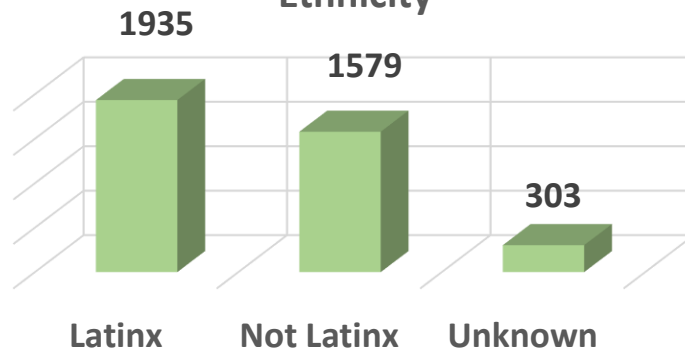
- Aegis Treatment Centers, LLC (Aegis)
- Western Pacific Med-Corp. (Western)

# DMC-ODS Client Demographics

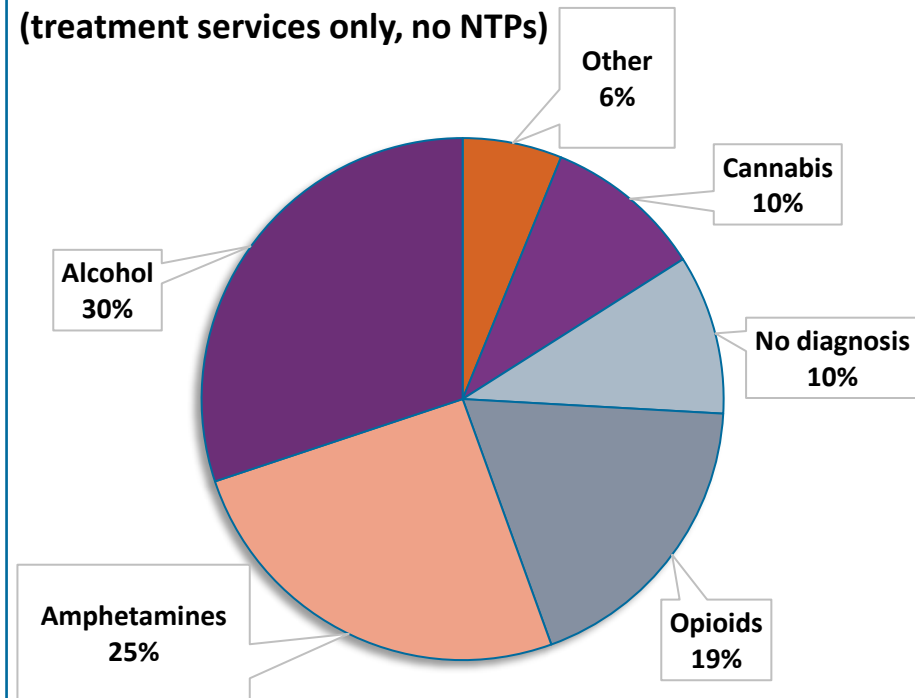
### Age Group



### Ethnicity



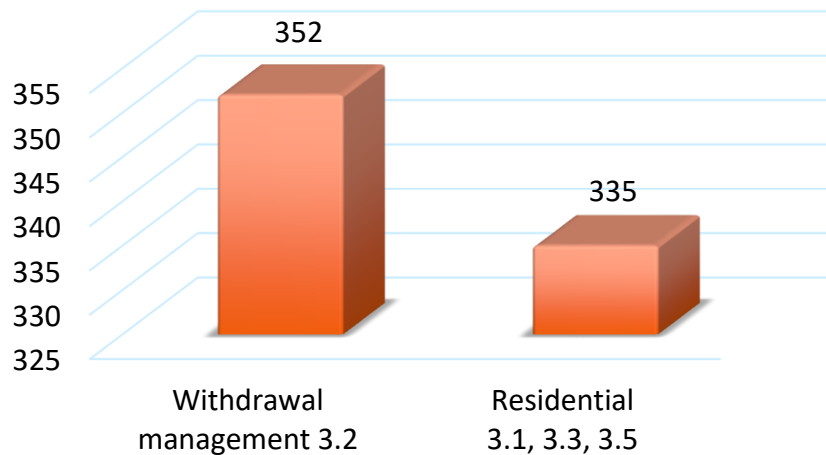
### Primary Diagnoses (treatment services only, no NTPs)



# Withdrawal Management & Residential Services



## Ventura County residential clients



### Available facilities:

- 2 providers (Tarzana, HealthRight360)
- 4 total locations (Oxnard, Tarzana, Long Beach, Lancaster)
- 204 beds for residential treatment (LOC 3.1, 3.3, 3.5)
- 68 beds for withdrawal management (LOC 3.2)



14 Recovery Residence beds serving the adult male population are available to clients while accessing outpatient treatment.

# Substance Use Treatment Services (SUTS) Initiatives

## Testing

- SUTS clinics began oral fluid toxicology testing at intake through Millennium Health.

## Outpatient Treatment groups

- SUTS clinics are focusing on trauma-informed care and have implemented new evidence-based treatment groups, Helping Men Recover and Adolescent Seeking Safety.

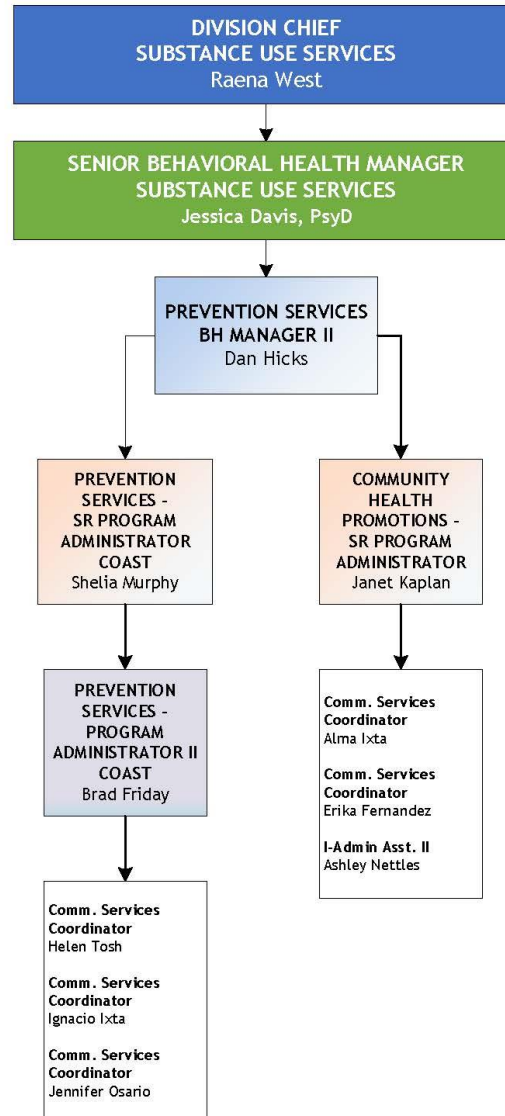
## Medication for Addiction Treatment (MAT)

- Sublocade (injectable Suboxone) will be provided at the Oxnard SUTS clinic. VCBH will be the second provider in the county to provide Sublocade.

## Residential Services

- New men's 24-bed Residential/Detox, Khepera House, starting January 2024.

# Prevention Services



# Community Health Promotion

Our Community Services Coordinators inform residents and families about the risks of opioids, fentanyl, meth, vaping, and underage drinking. They work to prevent and reduce substance use problems across Ventura County

**Total Outreach Events – 220**

**Events – 96**

**Meetings – 81**

**Presentation – 43**

**Total FY22-23 Resident Reach = 16,713**



*Alma Ixta, Erika Fernandez, SUS Prevention Services  
Community Services Coordinators*

# Overdose Prevention – Saving Lives and Bringing People Closer to Care

## Total Overdose Rescue Kits Distributed FY 22-23

- Q1: 611 kits - 173 lives saved
- Q2: 629 kits - 198 lives saved
- Q3: 592 kits - 181 lives saved
- Q4: 803 kits - 233 lives saved

## Institutional Overdose Rescue Kits

- Q1: 26 kits
- Q2: 71 kits
- Q3: 11 kits
- Q4: 6 kits

## Law Enforcement Overdose Rescue Kits

- Working in collaboration with EMS for training,
- FY 22-23 Year: 198 kits countywide

**That's 1,355 documented OD reversals!**



**NO**  
**OD**

**Could someone  
you care about  
overdose?**

**Call about a  
Rescue Kit:  
1-805-667-6663  
Confidential • Free**

# SUS Prevention Contractors

- BRITE (Building Resilience & Inclusion Through Engagement)
- Evalcorp Research & Consulting
- Give an Hour California
- Idea Engineering
- Leslie Zellers, JD
- Redleaf Resources
- Saving Lives Camarillo
- Ventura County Office of Education (VCOE)
- Ventura Unified School District
- Nate's Place – new 2023
- Two Trees – new 2023

# Media Campaigns

## Highlights from our Prevention campaigns:

Our community has been increasingly impacted by high-risk substances such as meth and fentanyl. Substance use issues can impact anyone. Our message to the community:

***If you or someone you know is struggling, help is available.***

- **Fentanyl is Forever Campaign** [www.fentanylventuracounty.org](http://www.fentanylventuracounty.org)
- **Meth - Don't Buy the Lie Campaign** [www.talkingaboutmeth.org](http://www.talkingaboutmeth.org)
- **Just Not Worth It Campaign** [www.justnotworthitvc.org](http://www.justnotworthitvc.org)

# Campaigns with Impact



# Spanish Language Resources




**“Sólo una vez no pasa nada, ¿verdad?”**

No te la creas. Ninguna droga te enganchará tan rápido como la metanfetamina.

**METH**  
No te la creas

Klanapan - used with permission from <http://www.venturacounty.gov>



**“Demetri pensó que tomar opioides le ayudaría con su lesión.”**

Ahora lo extraño. El vicio se ha apoderado de su vida.”

nolo vale



*Le recetaron pastillas para el dolor y se envició.*

*Se salvó por un rato. Pero un día ya no pudo evadir la muerte.*

**EL FENTANILO**  
es para **SIEMPRE**

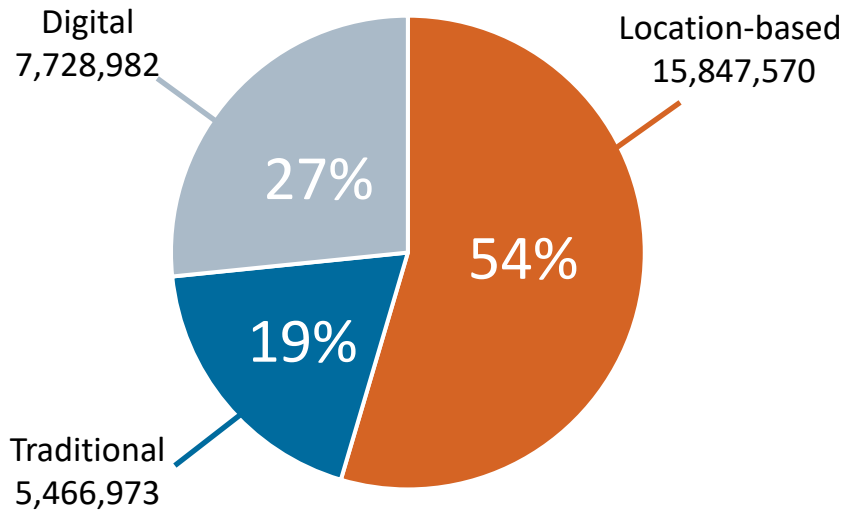


Esta semana, la naloxona salvó a **la hermana** de alguien.

LOS OPIOIDES MATAN. LA NALOXONA SALVA LA VIDA.

# Prevention Media – 2022-23

**Total Impressions: 29,043,525**



## MEDIA TYPES

### Traditional Media

- Broadcast TV
- Cable TV
- Radio

### Digital Media

- Online Video
- Streaming Video
- Display Ads
- YouTube

### Location-based Media

- Mobile Billboards (LED truck)
- Transit (Bus) Ads
- Digital Billboards
- Digital Mall Signs
- Mall Pole Banners
- Hispanic Indoor Advertising (laundromats, salons)
- Movie Theater Ads
- Recycling Bin Posters
- DMV Ads

# Staying Connected

## Websites:

- VCBH.org Website <https://vcbh.org>
- Ventura County Limits Website <http://venturacountylimits.org>
- Ventura County Responds Website <https://venturacountyresponds.org>
- COAST Data Dashboard <https://www.coastventuracounty.org>
- Marijuana FactCheck Website <https://www.mjfactcheck.org>
- Social Determinants of Health Website <https://www.healthequityvc.org>

## Social Media:

- Twitter <https://twitter.com/vclimits>
- Facebook <https://www.facebook.com/venturacountylimits>

# Fall Prevention Services Initiatives

## **Local non-profits join fentanyl test strip rollout:**

- VCBH hosted a meeting for agencies interested in test strips to reduce the risk of accidental fentanyl exposure, as a hybrid in-person and virtual event.
- Messaging about available resources, local treatment options, and how to respond to an overdose were discussed, and 10 agencies are preparing to partner with VCBH to get test strips out to our communities.

## **Facing Down Fentanyl: A Ventura County Town Hall Discussion of Fentanyl and the Current Opioid Crisis:**

- Wednesday September 27<sup>th</sup> 6:00 pm – 7:30 pm, featuring a panel of local leaders:
  - Medical Examiner Dr. Christopher Young
  - District Attorney Erik Nasarenko
  - Public Health Officer Dr. Robert Levin
  - Sheriff Jim Fryhoff
  - Substance Use Services Division Chief Raena West
- Light dinner provided; parents and community members welcome, 150+ expected.
- Register at [Eventbrite.com](https://www.eventbrite.com) – see “Facing Down Fentanyl”

# DUI Request for Proposals

- VCBH issued an RFP for the DUI program on August 11th. The RFP closes September 22nd.
- Ventura is the last county in California to directly operate a DUI program.
- Rising labor costs in have made it cost-prohibitive to operate without increasing fees. As our current fee structure is already at a premium, raising rates would present an undue hardship for participants.
- We believe transitioning to a model used by other counties of contracting with a provider is the best option. Our goal is to offer the same level of service, lower the cost for participants and expand local operating hours beyond our current times.
- VCBH will continue to operate the DUI program until we have secured an acceptable contractor which may take up to nine months. We intend to integrated DUI staff into other BH units.

# Questions?

## Director's Update

### BHAB General Meeting 9.18.2023

#### **General Updates:**

- **September has the following days of significance to highlight:**
  - Suicide Prevention Month
  - National Suicide Prevention Week: September 10-16
  - Recovery Month
  - Labor Day – September 4
  - World Suicide Prevention Day – September 10
  - Grandparents Day – September 10
  - Hispanic Heritage Month – September 15 – October 15
  - National Opioid & Substance Awareness Day – September 21

**\*New Quality Division Chief announcement**

***\*Due to Smart Care, there will be no Active Consumers Data Report\****

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

- We are excited to announce that we have seen a more streamlined approach in linking individuals/families to VCBH clinics when meeting our level of care. We have been working closely with the clinics to provide a timely and warm transfer to their treatment providers. We continue to recruit and fill our vacant positions. As schools are back in sessions, several schools have reached out and our Logrando Bienestar Team has attended their back-to-school nights. We also continue to provide workshops on emotional wellness – throughout the community.

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

- The 8<sup>th</sup> Annual Suicide Prevention Forum---“Pathways to Hope and Healing” ---took place Tuesday, September 12, 2023, at Oxnard College. The keynote speaker, Gabe Teran (Youth Development & Advocacy Consultant) impactfully addressed the more than 200 attendees. Breakouts into smaller groups followed dinner.
- Additionally, with September being National Suicide Prevention Month VCBH has sponsored a campaign that has put information/resources in the public spaces, including the Government Center.

- The State will be onsite in Ventura County 9/26/23 through 9/28/23 to review the Mental Health Services Act programming and expenditures. This will involve a combination of informational sessions and field-visit of programs. Those interested in attending sessions should contact Hilary Carson.
- VCBH will be hosting two meetings on Tuesday 10/3/23 as part of the Mental Health Services Act Community Planning Process. The first meeting being conducted from 12-1PM will be entirely on Zoom. The second meeting from 6-7PM will be “hybrid” (i.e., in-person at Williams Training Room and on Zoom). Community members are invited to attend to review the current three-year plan, discuss some proposed modifications, and to make additional suggestions. See attached flier for registration details.
- The Board of Supervisor approved the award \$13.3 million for Behavioral Health Bridge Housing (BHBH). VCBH is proposing to provide rental assistance for eighty-five (85) units county-wide for a term of three years (i.e., 80 units at various Homekey sites and 5 scattered site units). Additionally, VCBH will fund the creation of thirty (30) new shelter beds and provide some non-congregated shelters as well (i.e., up to 3 weeks at motel). The BHBH funding will also provide incentive funding for new board and cares to serve the specialty mental health target population and four full-time housing case managers.
- Other Housing updates: the hiring of Community Service Coordinators and Peer Support Specialist to staff the Housing Team has begun; and VCBH’s first-ever Housing & Urban Development review was completed last week with the subsequent report of findings expected to take 60-90 days.

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

**Division Highlights**

- In partnership with the Access & Outreach Division, the Y&F Division has developed and implemented new protocols to successfully receive consumers for mental health assessment in a seamless and client-centered manner.
- The Y&F Division is pleased to announce the implementation of the Mobile Response Team (MRT). MRT is provided by Seneca Family of Agencies and will be an additional crisis response option for enrolled clients during business hours.

**Initiatives and Progress**

- On August 23, CA Laura Nagle and BH Manager Ana Magbitang met with West Ventura Medical Center supervisors re: starting a pilot program, where VCBH clinician will provide therapy services at their facility. At this point, the start date is to be determined as medical site management considers office space options.

- Y&F staff at North Oxnard and Santa Paula clinics have been trained to distribute the Naloxone Overdose Kits. The kits have been delivered and these teams are ready to distribute. Training is scheduled within the next month, for Simi Valley, CWS and South Oxnard teams; they will be able to provide education and provide kits to our youth and families, shortly after.

### **Collaborations**

- In August, CA Kat Baca Leanos and BH Manager Ana Magbitang met representatives from Santa Paula and Fillmore School District Special Education programs, as well as SPUSD Director of Student Support Services. The goal has been to coordinate ERSES services for this upcoming school year, provide update about VCBH changes to intake and assessment process with intent to improve timeliness for services and ease of access. This resulted in additional meetings scheduled with other staff and departments within SPUSD and FUSD, to provide further education and discuss collaboration on mutual clients.
- CA Laura Nagle and BH Manager Ana Magbitang met with Katie McKarrell, Program Specialist with Ventura Unified School District, to coordinate ERSES services in that region. Goal is to also provide further education to staff at Ventura USD regarding SMHS, how students and families can access care and how to collaborate on mutual clients.
- On 8/29/23 CA Stephanie Cowie and BHC IV Vania Damerjian presented Adolescence in the Balance: Raising an Emotionally Health Child for Moorpark School District
- On 8/31/23 Y&F, Adult and SUS Division leadership and Carelon co-presented the Mental Health Continuum in-service to VCOE administrative staff from across the county.

### **Training & Conferences**

- n/a

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

#### **Prevention:**

- **UPCOMING from COAST– Fentanyl Town Hall at VCOE**
  - Mark your calendars for Wednesday evening, September 27<sup>th</sup> for a discussion of Fentanyl and the current Opioid Crisis, Featuring a panel of local leaders:
    - Medical Examiner Dr. Christopher Young
    - District Attorney Erik Nasarenko
    - Public Health Officer Dr. Robert Levin
    - Sheriff Jim Fryhoff
    - Substance Use Services Division Chief Raena West
  - Light dinner provided; parents and community members welcome, 150 expected.

- Register at Eventbrite.com – see “Facing Down Fentanyl.”

### **Treatment Services:**

- SUS operations staff continue to navigate the new EHR - SmartCare.
- Two psychology practicum students started a new rotation at A New Start for Moms to provide mental health services under the supervision of Dr. Linda Gertson.
- Information on our Prevention and Treatment programs was presented to the CalWORKs and CWS teams on September 5<sup>th</sup> by Brad Friday and Mayra Medina.
- A New Start for Moms is partnering with Public Health to provide additional support to their clients.
- Sublocade will be provided at the Oxnard SUTS clinic. Sublocade Room at the Oxnard clinic is tentatively ready to go in the next 4-6 weeks.

### **DUI Services:**

- VCBH issued an RFP for the DUI program on August 11<sup>th</sup>. The RFP closes September 22<sup>nd</sup>.

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

#### **Quality Assurance:**

- QA is providing support to Operations Teams to increase project organization and communication using the new project planning resources shared by Policy Office. QA SmartCare SuperUsers are actively testing new EHR screens to provide guidance to Operations Teams. QA has sent out a Reference Guide for VCBH staff and contracting CBOs related to payment reform implementation. The QA Team is supporting both MH and DMC-ODS providers with compliance efforts through the ongoing Monthly QA Office Hours (Zoom meeting). QA is maintaining a working CalAIM FAQ page for VCBH Clinics and CBOs that assists in answering regulation related questions. The Site Certification Team continues to collaborate with Fiscal Department to work toward Medicare provider status for VCBH. QA reviews SUS Treatment Authorization Requests for approval and is testing SmartCare screens to make the process as efficient as possible. QA supervises the Medical Records Unit related to subpoenas and records requests. Grievances and appeals from beneficiaries are being addressed, resolved, and tracked for quality improvement.
- **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. The first Fiscal policy (Use of Funds) resulting from this effort was finalized, approved, published, and distributed for training. This policy also satisfied the BHQIP deliverable requirement for implementing Intergovernmental Transfers and was submitted to DHCS accordingly, by August 15<sup>th</sup>. As part of ongoing improvement efforts, Policy Office implemented pre and post training assessments for policy trainings to evaluate comprehension and identify improvements. The first policy training to use this approach was the Use of Funds policy. Preliminary results indicate an increase in average quiz response accuracy from about 75% (pre-training) to 95% (post-training). Additionally, Policy Office engaged some contracted providers and internal staff to pilot the proposed Policy Portal as replacement for Policy Stat.

The pilot was successful – Policy Office received positive feedback. The next steps in rolling out the Policy Portal to replace Policy Stat are in flight. Finally, Policy Office continues to work with the Office of Health Equity and Cultural Diversity to improve cultural competence at VCBH. 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 has been developed and is undergoing quality review before implementation.

- **Utilization Review:** The UR team continues to evaluate and manage the medical necessity, appropriateness, and efficiency of the behavioral health services provided to our clients. In addition, UR continuously collaborates with various stakeholders, VCBH and CBO providers, including acute inpatient psychiatric hospitals, to make informed decisions about patient care, resource allocation, and documentation compliance that adheres to relevant clinical guidelines, policies, and regulations. UR continuously evaluates the SmartCare system and CalMHSA UR Tools and recommends necessary changes. Lastly, UR will continuously evaluate SmartCare performance and user feedback and provide essential support to ensure documentation accuracy and compliance with Payment Reform and CalAIM requirements.
- **Training:** VCBH Internship Program has placed 32 students (undergraduate, graduate and doctoral) to support services county wide and promote recruitment efforts. Recently, 3 of the 11 2022-2023 students have been hired.

The 2022-2023 Training Plan is being reviewed to ensure completion and inform future Training Planning. FY2023-2024 trainings are being scheduled, such that foundational clinical training is available early Fall for all students and newly hired clinicians.

SCRIP grant funds are being used to offer a Clinical Supervision conference in October 2023 to acknowledge the skills and dedication of our Clinical Supervisors. VCBH will be honoring 12 VCBH Clinical Supervisors to attend who have supported the profession, the department and quality care through supporting multiple unlicensed staff.

### **Quality Improvement:**

- **Audits & Reviews:** The QI team is leading all audits, reviews, and corrective action plans (CAPs) for the department. We are beginning to prepare for the DHCS MHP Triennial and DMC-ODS/SABG Annual Review, now referred to as the DHCS County-Specific Engagement. The date has been changed and will now begin October 16<sup>th</sup> (with a 7–10-day review period) instead of occurring in August; more information forthcoming. We are also supporting the MHSA Program Review (September 26-28); all pre-visit documents have been submitted to DHCS. The FY 23-24 MHP and DMC-ODS External Quality Review (EQRO) has been set for December 5-7.
- **Quality Improvement Committee:** Initial Quality Improvement Committee (QIC) meetings and subcommittee meetings have occurred under this new/revised structure for ongoing quality management monitoring and use of data-driven decision making across the department. This process involves different 7 focus areas and includes VCBH staff at all levels as well as contractor and community partners.
- **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:** SmartCare has been live for two months. Front end users are becoming more familiar and comfortable with use of SmartCare and issues are being addressed through VCBH or CalMHSA support. VCBH's Service Now issues/tickets continue to hover around 120. IT is rolling out a self-service portal to enter issues. This will automate entering tickets and streamline issue resolution buckets while eliminating the AskSmartCare email and manual assigning of tickets. Billing is working on ensuring proper set up of billing codes access for programs and staff, based on role. Billing expects to submit its first claim from the system to the state early in September. Super User meetings to create a venue for addressing issues and gather feedback are well attended and have transitioned to once a week, now that urgency of most matters has slowed. VCBH has partnered with CalMHSA and Streamline (creators of SmartCare) to ensure all required State reports are fully functional in SmartCare.

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

- VCBH's CalAIM unit (California Advancing and Innovating Medi-Cal) continues to coordinate CalAIM efforts across the department. The CalAIM team's support includes providing technical support in a variety of ways to both staff and contracted providers; and ongoing communication and collaboration with contracted county partners and the local managed care health plan continue to help facilitate a smooth implementation experience.
- VCBH submitted its *Expression of Interest (EOI)* to DHCS to participate in the early integrated contract implementation for the CalAIM Behavioral Health Administrative Integration. VCBH received approval and DHCS has invited VCBH to participate in the Integrated Contract Early Implementers workgroup beginning September 18<sup>th</sup>. VCBH has selected three (3) representatives to participate in the workgroup that will meet bimonthly at minimum through Fall 2024. As a participant in the workgroup, VCBH will be one of DHCS' partners in developing the integrated contract and fine-tuning the overall approach for this exciting CalAIM initiative.
- On September 26, 2023, VCBH is scheduled to present to the Board of Supervisors a recommendation to sign the Intergovernmental Transfer (IGT) agreements with the Department of Health Care Services. These agreements are related to the transfer of public funds for Specialty Mental Health and Drug Medi-Cal services delivered through VCBH's Specialty Mental Health and Drug Medi-Cal Organized Delivery Systems.

# MENTAL HEALTH SERVICES ACT (MHSA) THREE YEAR PLAN 2023-2026 UPDATE

## COMMUNITY PLANNING PROCESS

We welcome you to participate in the Community Planning Process for the MHSA Three Year Plan 2023-2026. Join us to provide feedback on the plan adjustment.

### JOIN US IN-PERSON

TUESDAY, OCTOBER 3, 2023  
5:30PM – 7:30PM

*Ventura County Behavioral Health  
1911 Williams Drive, Oxnard, CA 93036  
Large Training Room, 1st floor*

REGISTER AT:  
[www.vcbh.org/cpp1](http://www.vcbh.org/cpp1)



### OR JOIN US ONLINE VIA ZOOM

TUESDAY, OCTOBER 3, 2023  
12PM – 1PM

*Register for Zoom access  
and meeting information.*

REGISTER AT:  
[www.vcbh.org/cpp2](http://www.vcbh.org/cpp2)



**For more information, contact: [MHSA@ventura.org](mailto:MHSA@ventura.org)**

Interpretation (Spanish & ASL) and childcare available upon request.



WELLNESS • RECOVERY • RESILIENCE

## SITE VISITS - Suggested Procedures

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

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

## **II. ROLE OF MENTAL HEALTH BOARD (MHB)**

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

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

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

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

## **IV. RECOMMENDED MHB SITE VISIT PROCEDURES**

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

*Continued on Next Page*

## **SITE VISITS - Suggested Procedures *Continued***

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

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

BY: \_\_\_\_\_  
Board Member Names

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

Date Of Site Visit:

Program/Facility Name:

Street Address:

Program Supervisor/Contact  
(Name & Phone #):

**Observations / Staff Interview**

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

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

### SITE VISIT SUMMARY

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

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

# RIVERSIDE COUNTY BEHAVIORAL HEALTH COMMISSION SITE REVIEW

The information provided is to educate other board members and the general public regarding the mental health and substance abuse services being provided in their region of Riverside County. **The Site Review Form will be completed in collaboration with staff or supervisor of the facility being reviewed.**

**SUPERVISOR/ STAFF:** *Prior to the personal visit from Commissioner/ Regional Board member, please complete the following sections:*

- SUPERVISOR/ STAFF COMPLETING FORM
- DATE COMPLETED
- NAME OF FACILITY/ PROGRAM
- ADDRESS, PHONE NUMBER
- TYPE OF PROGRAM
- REGION SERVED
- PROGRAM SUPERVISOR, PHONE NUMBER, E-MAIL
- PROGRAM/ CLINIC INFORMATION
- MISCELLANEOUS SERVICES OFFERED
- STAFF ADDITIONAL RECOMMENDATION/ COMMENTS

After completing form, please return to Behavioral Health Commission Liaison, Maria Roman either by e-mail (MYRoman@rcmhd.org) or interoffice (MS #3810).

**COMMISSIONER/ REGIONAL BOARD MEMBER:** *Please complete the following sections:*

- COMMISSIONER/ REGIONAL BOARD MEMBER REVIEWING FACILITY
- DATE COMPLETED
- BEHAVIORAL HEALTH COMMISSIONER OR REGIONAL BOARD MEMBER; INDICATE REGION.
- ACCESSIBILITY & SECURITY
- BOARD RECOMMENDATION/ COMMENTS

After completing form, please submit to Behavioral Health Commission Liaison, Maria Roman either by e-mail (MYRoman@rcmhd.org) or by mail at: 2085 Rustin Avenue, Riverside, CA 92507, ATTN: Maria Roman. Commissioner or Board Members are required to present findings at the next Commission or Regional Board meeting (BHC Liaison will confirm date). Please be prepared to give a 5-minute presentation providing information and highlights of the program/clinic.

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**SUPERVISOR/ STAFF COMPLETING FORM:**

**DATE COMPLETED:**

**COMMISSIONER/ REGIONAL BOARD MEMBER REVIEWING FACILITY:**

**DATE COMPLETED:**

**BEHAVIORAL HEALTH COMMISSIONER**

**REGIONAL BOARD MEMBER**

Desert

Mid-County

Western

**NAME OF FACILITY/ PROGRAM:**

**ADDRESS:**

**PHONE NUMBER:**

**TYPE OF PROGRAM:** *(Check what applies)*

Mental Health

Substance Abuse

County Facility

Contract Provider

**REGION SERVED:**

Desert                      Mid-County                      Western

**PROGRAM SUPERVISOR:**

**PHONE NUMBER:**

**E-MAIL:**

**ACCESSIBILITY & SECURITY**

Is the Program/ Clinic Easily Located:

YES                      NO

Is there ample parking:

YES                      NO

Is the entrance easily located:

YES                      NO

Handicap Parking Spaces:

YES                      NO

Wheelchair Ramps:

YES                      NO

Automatic Doors for handicap access:

YES                      NO

Low clearance counters:

YES                      NO

In case of emergency, are exits clearly marked:

YES                      NO

Description of program/ clinic space: *(Check all that apply)*

Lobby/ waiting room

Indoor area

Outdoor area

Childcare or kid space

Recreational areas

Cafeteria or vending machine

Security: *(Check all that apply)*

Security fence around clinic

Security cameras in facility

Cameras in parking lot

Emergency exits

Security guard

**PROGRAM/ CLINIC INFORMATION**

Program/ Clinic Type(s): *(Check all that apply)*

Outpatient

Inpatient

Day Treatment

Residential

Does this program require a referral:

YES                      NO

Program Age Group: *(Check all that apply)*

Children/ Youth(0-16)

Transition Age Youth(16-25)

Adult (19-59)

Older Adult (60+)

Type of Services provided: *(Check all that apply)*

Assessment/ Intake

Physical Health Screenings

Medication Assisted Treatment

Individual Therapy

Group Therapy

Detoxification

Classes or Education Groups

Peer Supports

Crisis Intervention

Case Management

Integrated Care

Program/ Clinic  
Capacity:

Max Possible:

Monthly Average:

Daily Average:

Does this facility provide medication:                      Are medications stored in a secure area (*behind two locks or badge entry*):

YES                      NO                                      YES                                      NO                                      Not Applicable

Please indicate which staff handles and provides medication: (*Check all that apply*)

Physician                                      Physician Assistants                                      Nurses (LVN, RN, etc.)  
Pharmacist                                      Other (authorized personnel)                                      Not Applicable

Average length of stay in facility, time requirement/ allowance for participation in program/treatment:

14-Days                                      30-Days                                      60-Days                                      90-Days                                      Not Applicable

Number of clinical staff (psychiatrist, psychologist, therapist, counselor, nurse, etc.):

5-10                                      10-15                                      15-20                                      20 or more                                      Not Applicable

Number of administrative staff (office assistants, secretaries, accounting, etc.):

5-10                                      10-15                                      15-20                                      20 or more                                      Not Applicable

Type of staff in clinic/ program/ treatment: (*Check all that apply*)

Peers                                      Family Advocates                                      Parent Partners  
Behavioral Health Specialist                                      Clinical Therapist                                      Psychologist  
Psychiatrist                                      Physician/ Primary Care                                      Physician Assistant  
Nurse                                      LVN/ Psychiatric Technicians                                      Office Assistant  
Community Services Assistant                                      Not Applicable

How does this program/ clinic implement the "Recovery Model": (*Check all that apply*)

Client Choice                                      Client Empowerment                                      Cultural Competency                                      Installation of Hope  
Self-Help                                      Not Applicable

What "Evidence-Based Practices" does this program/clinic use: (*Check all that apply*)

Multi-Dimensional Family Therapy (MDFT)  
Treatment Foster Care Oregon Formerly (MTFC)  
Aggression-Replacement Therapy (ART)  
Wraparound  
Cognitive Behavioral Therapy (CBT)  
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)  
Parent-Child Interaction Therapy (PCIT)  
Incredible Years (IY)  
Triple P  
Depression Treatment Quality Improvement (DTQI)  
Strengthening Families Program  
Cognitive Behavioral Interventions for Trauma in Schools (CBITS)  
Mobile PCIT

"Evidence-Based Practices": *(Continued)*

- Dialectical Behavior Therapy (DBT)
- Recovery Management (RM)
- Integrated Co-occurring Disorders Treatment (COD)
- Assertive Community Treatment/ Integrated Services Recovery Centers
- Specialty Multidisciplinary Aggressive Response Treatment (SMART)
- Nonviolent Crisis Intervention
- Wellness Recovery Action Plan (WRAP)
- Cognitive Behavioral Therapy (CBT) for Late Life Depression
- Seeking Safety
- Mamas Y Bebes (Mothers & Babies)
- Program to Encourage Active Rewarding Lives for Seniors (PEARLS)

**MISCELLANEOUS SERVICES OFFERED**

Housing Assistance:  
*(Section 8, Vouchers, etc.)*

YES      NO

Benefits Assistance:  
*(SSI, healthcare, etc.)*

YES      NO

Transportation Available:  
*(Drop-off/ Pick-up)*

YES      NO

Meals/ snacks available:  
*(Provided or for purchase)*

YES      NO

Home Visits:

YES      NO

Follow-up Care:

YES      NO

**STAFF ADDITIONAL COMMENTS:** *(if any)*

## Behavioral Health Advisory Board Site Visit Report

Date: \_\_\_\_\_

Facility / Program: \_\_\_\_\_ Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

BHAB Review Team: \_\_\_\_\_

### FACILITY / PROGRAM DEMOGRAPHICS

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

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

2. **Number of Clients Served:**

Maximum possible: \_\_\_\_\_ Monthly Avg. \_\_\_\_\_ and / or Daily Avg. \_\_\_\_\_

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

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

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

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

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

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

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

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

**BHAB Reviewer Response**

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

[Empty response area for client activities]

**Staff identified program needs ?**

[Empty response area for staff identified program needs]

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

**Board Member Recommendations for Program Needs?**