

**BEHAVIORAL HEALTH ADVISORY BOARD
General Meeting**

Monday, October 16, 2023, 1:00PM – 3:30 PM
Ventura County Behavioral Health (VCBH)
1911 Williams Drive, Training Room (first floor) • Oxnard, CA 93036

IN-PERSON & VIRTUAL MEETING VIA ZOOM

Zoom Participation

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

Join the Zoom meeting in the following way:

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

Meeting ID: 833 3271 4732

Password: 149553

Dial-In: 669-900-9128

Under AB 2449 New Teleconferencing Rules:

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

AGENDA

- I. Call to Order
- II. 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 September 18, 2023 Minutes – **ACTION** (Roll Call)
- VII. Public Comments (3 min. per speaker)
- VIII. Time Certain Presentation – EvalCorp Presentation, Continuum of Care Needs Assessment: Community Engagement Updates, Dr. Ycaza Herrera (15 min.)
- IX. Chair Announcements – Janis Gardner, Chair (5 min.)
- X. Director’s Report – Dr. Loretta Denering, Acting Director (10 min.)
- XI. BHAB Committee Reports (5 min. each)
 - A. Disparities Reduction Committee (October 3) – Marlen Torres, Chair
 - B. Youth & Family Committee (October 11) – Kevin Clerici, Chair
 - C. Prevention Committee (September 26) – Janis Gardner, Chair
- XII. Data Notebook Workgroup – Janis Gardner, Chair
- XIII. Board Member Comments and Announcements (3 min. per speaker) (Round Robin)
- XIV. Secretary’s Report – Jennifer Morrison (5 min.)

XV. Old Business

- A. Site Visits Resumption – BHAB Members (5 min.)
- B. Annual Report Update – Michael Rodriguez, Chair Emeritus

XVI. New Business

- A. Announcement to Open the Public Comment Period on the MHSA 3-year Plan Midyear Adjustment – Janis Gardner, Chair
- B. Presentation Requests
- C. Recognition Award Recommendations

XVII. Contracts

Board of Supervisors Approved Agreements – September 12, 2023

- 1. FY 2023-27 Approval and Ratification for BHBH Program Grant Funding.
- 2. FY 2023-24 City of Simi Valley Agreement to Provide Mental Health Outreach and Engagement Services.
- 3. FY 2023-24 Sunbelt Staffing, LLC Agreement for Temporary Staff and Recruiting Services.

Board of Supervisors Approved Agreements – September 26, 2023

- 1. FY 2023-26 Intergovernmental Transfer Agreements with the California Department of Health Care Services.

XVIII. Public Comments (3 min. per speaker)

XIX. Adjourn

Next Meeting: Monday, November 20, 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 or in person at Ventura County Behavioral Health, 2nd Floor, 1911 Williams Drive, Oxnard, California. The same materials will be available and attached with each associated agenda item, when received, at the following website: www.vcbh.org/en/behavioral-health-advisory-board-meetings.

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

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

Note: The meeting is recorded.

Public Comments

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

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

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

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

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

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

Or

2. In-Person Public Comment

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

Or

3. Video Public Comment using Zoom

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

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

If you are running the most current version of Zoom (5.4.9 and above) you can raise your hand by clicking on the Reactions button and then clicking on the 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**

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. In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact Behavioral Health Administration at (805) 981-6830. Reasonable advance notification of the need for accommodation prior to the meeting (48 hours advance notice is preferable) will enable us to make reasonable arrangements to ensure accessibility to this meeting.

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 members 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 members 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

From: pete lafollette <plafollette@yahoo.com>
Sent: Monday, October 9, 2023 8:56 PM
To: DeLeon, Jakeline <Jakeline.DeLeon@ventura.org>
Subject: PETE L/General Committee Meeting PC ADDENDUM

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.

The Peer Workforce does not look good with Modernization Act.

Current programs funded by MHSA may not be funded under Modernization Act with less funding for the Counties.

This is a political power grab by our State elected officials and we all must educate the voters to vote down Proposition 1 in March 2024. 🗳️

120 Million dollars for eight Counties this year and \$290 million dollars for rest of the Counties next year for few targeted population under CARE Court. MHSA doollars wasn't for CARE Court along with CalAIM.

We need to make noise NOW.

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

Peers must be a part of MH policy formation- no one else can articulate as factually, historically, organically, our movement. It is futile effort? Only if the measure is allowed to pre-empt and erase our historical progress in the process. Am wondering about starting a mainstream publicity campaign, enlisting a PAC/other MHSA pro-consumer affiliated CA group. Otherwise the opponent is too powerful and not a close contest.

MHSA Modernization 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 SB43 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 SB43 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 "Modernization" goes against it as it is written and calls for amendments to be

made, or it stands to become a quagmire as MHSA already is, to be further co-opted.

TRANSLATION:

La fuerza laboral entre pares no se ve bien con la Ley de Modernización.

Es posible que los programas actuales financiados por MHSA no sean financiados bajo la Ley de Modernización con menos fondos para los condados.

Esta es una toma de poder político por parte de nuestros funcionarios electos estatales y todos debemos educar a los votantes para que voten en contra de la Proposición 1 en marzo de 2024. 🗳️

120 millones de dólares para ocho condados este año y \$290 millones de dólares para el resto de los condados el próximo año para una pequeña población objetivo bajo el Tribunal CARE. MHSA doollars no era para CARE Court junto con CalAIM.

Tenemos que hacer ruido YA.

----- Mensaje reenviado -----

Los pares deben ser parte de la formación de la política de MH, nadie más puede articular de manera tan objetiva, histórica y orgánica nuestro movimiento. ¿Es un esfuerzo inútil? Solo si se permite que la medida se anticipe y borre nuestro progreso histórico en el proceso. Me pregunto acerca de iniciar una campaña publicitaria convencional, reclutando a un PAC / otro grupo de CA afiliado a favor del consumidor de MHSA . De lo contrario, el oponente es demasiado poderoso y no es una competencia reñida.

La aprobación de la boleta electoral de modernización de MHSA será como revocar los programas de desvío autodeterminados, cambiando negativamente el progreso de la recuperación de por vida. El contraste con la ley de servicios no podría ser más amplio, de personas reales en recuperación y bienestar frente a instituciones frías y crudas, malversación y hurto en una escala que no se veía desde los días del barón ladrón. Eso será todo lo que quede de la MHSA

y no la visión pura, la esperanza infinita y los resultados demostrados de la Cultura Sobreviviente, donde todo se originó. Los cambios en la financiación de la MH se dirigen hacia el tratamiento forzoso y se alejan de la recuperación y el apoyo entre pares. Si no seguiste la SB43, se está preparando para un gran paso atrás En el proceso y la administración de la financiación de la MHSA.- muchas agencias que suelen registrar el statu quo de la MHSA sopesan que la SB43 tiene un efecto escalofriante para el progreso, con las GRANDES agencias como NAMI CA que están a favor, u otras cuyo presupuesto se ve favorecido por el proyecto de ley. Pero la curva general de testimonios de los consumidores a favor de la " Modernización" va en contra de ella tal como está escrita y exige que se introduzcan enmiendas

o se convertirá en un atolladero como ya lo es la MHSA, para ser cooptado aún más.

Ventura County
Continuum of Care Needs Assessment:
Community Engagement Updates
EVALCORP Presentation to the BHAB
October 16, 2023

Condado de Ventura
Evaluación de las Necesidades de Atención Continua:
Actualizaciones de la Participación Comunitaria
Presentación de EVALCORP al BHAB
16 de Octubre de 2023



VENTURA COUNTY
HEALTH CARE AGENCY

Agenda

1. Recap of Needs Assessment Key Activities
2. Community Survey Update
3. Provider & Partner Agency Survey Findings

Agenda

1. Resumen de actividades clave de la evaluación de necesidades
2. Actualización de la Encuesta Comunitaria
3. Resultados de la Encuesta a Prestadores y Agencia Asociada

Thanks & Acknowledgments

Gracias y Reconocimientos

Brief Recap: Needs Assessment

Breve Resumen: Evaluación de Necesidades

Purpose & Activities

- To assess Ventura County's Mental Health & Substance Use services/systems of care.
- Collect data from community & Providers/Partner agencies on issues, gaps, needs & trends.
- Obtain and analyze mental health and substance use related data from the continuum of care across Ventura County.

Objetivo y Actividades

- Evaluar los servicios/sistemas de atención de salud mental y uso de sustancias del condado de Ventura.
- Recopilar datos de la comunidad y de los prestadores/agencias asociadas sobre problemáticas, brechas, necesidades y tendencias.
- Obtener y analizar datos relacionados con la salud mental y el uso de sustancias del continuo de atención en el condado de Ventura.

Community Survey: Preliminary Findings

Encuesta Comunitaria: Resultados Preliminares

Engagement Activities

Actividades de Participación

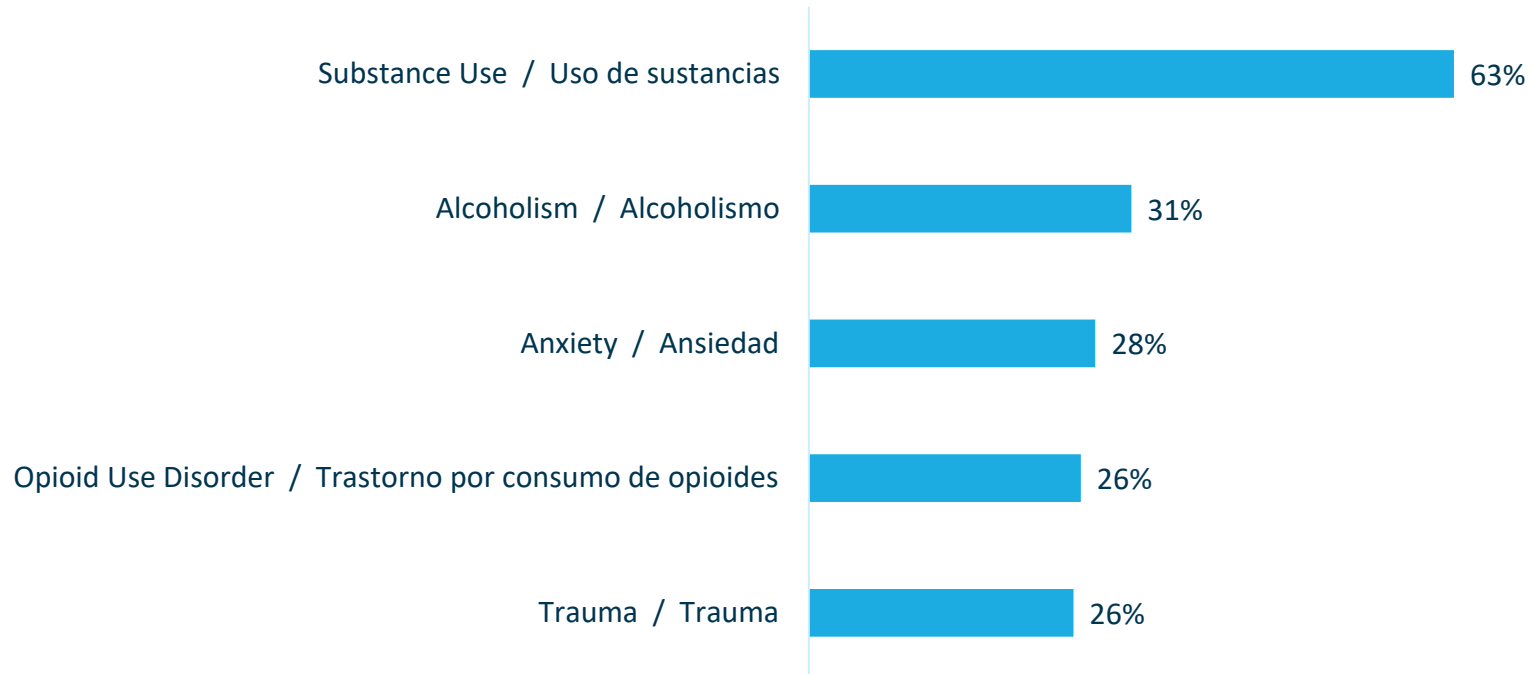
- Email campaign through 50 contacts at over 40 organizations with direct contact to community members.
 - Weekly updates and requests for additional distribution.
 - Official email campaign started October 3, 2023.
 - 284 responses as of October 9, 2023
- Campaña de correo electrónico a través de 50 contactos en más de 40 organizaciones con contacto directo con miembros de la comunidad.
 - Actualizaciones semanales y solicitudes de distribución adicional.
 - La campaña oficial de correo electrónico comenzó el 3 de octubre de 2023.
 - 284 respuestas al 9 de octubre de 2023.

Most Important Issues in Your Community

Problemáticas más importantes en su comunidad

What do you think are the most important behavioral health issues in your community?*

*¿Cuáles cree que son las problemáticas de salud conductual más importantes en su comunidad?**

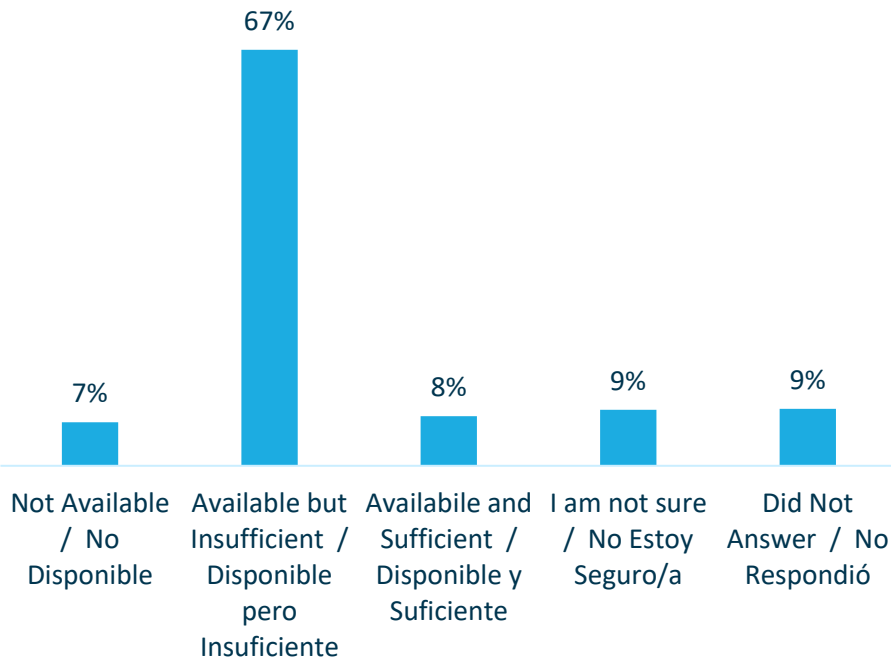


*Note: Percentages may exceed 100% because respondents could choose more than one response.

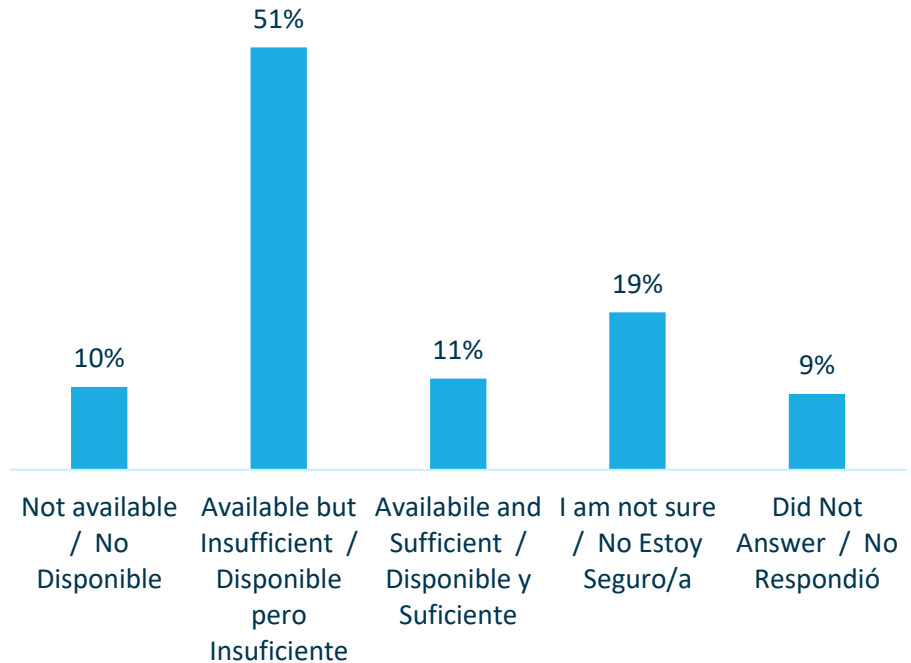
**Nota: Los porcentajes pueden exceder el 100% ya que los/as participantes podrían elegir más de una opción de respuesta.*

Availability of Services / Disponibilidad de Servicios

Mental Health / Salud Mental



Substance Use / Uso de Sustancias

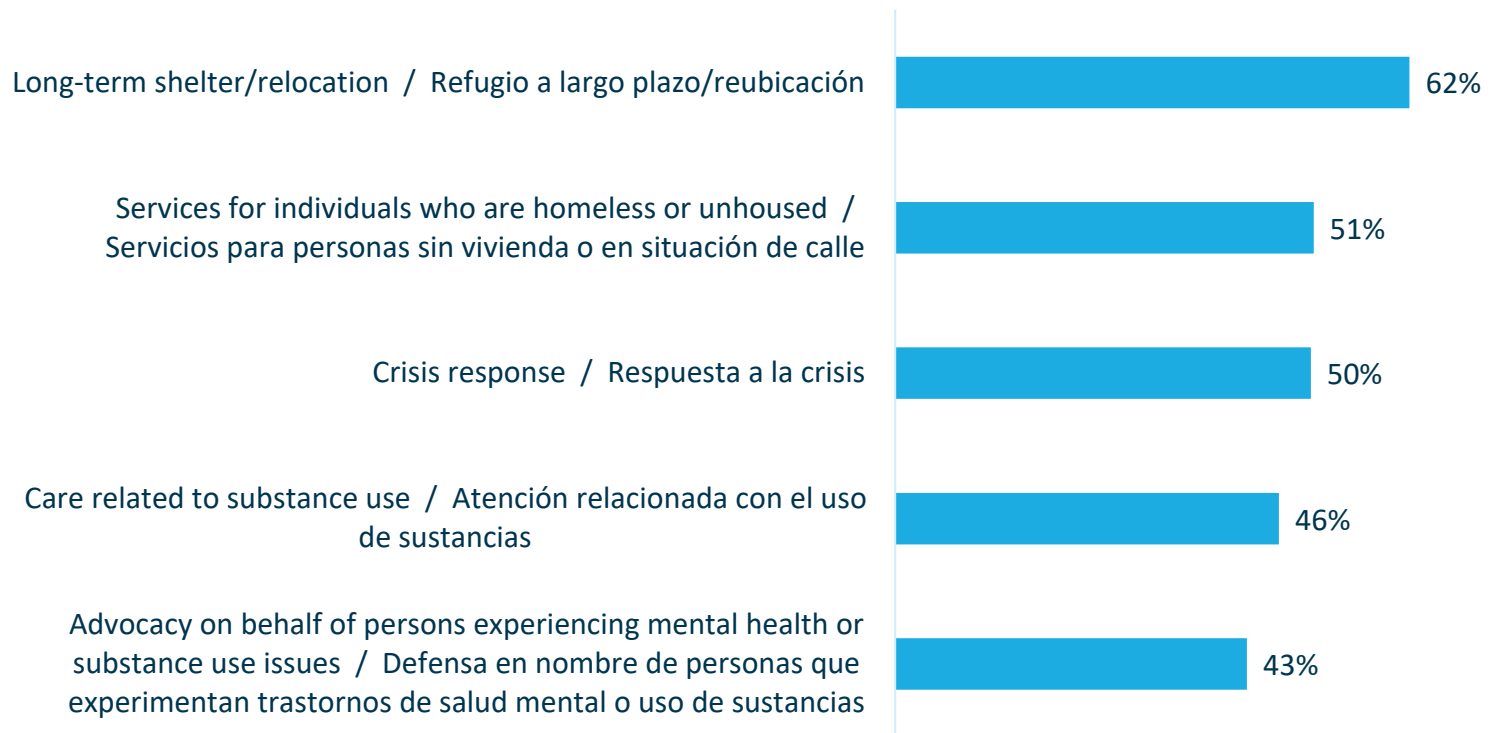


Gaps in Available Services

Brechas en los Servicios Disponibles

Which of the following services are not sufficiently available in your region of the county?*

*¿Cuáles de los siguientes servicios no están lo suficientemente disponibles en su region del condado?**



*Note: Percentages may exceed 100% because participants could choose more than one response option.

**Nota: Los porcentajes pueden exceder el 100% ya que los/as participantes podrían elegir más de una opción de respuesta.*

Barriers to Accessing Mental Health Services

Barreras para Acceder a los Servicios de Salud Mental

What are the barriers to accessing mental and behavioral health care in Ventura County?*

*¿Cuáles son las barreras para acceder a la atención de salud mental y conductual en el condado de Ventura?**

Barrier	Barrera	Percent / Porcentaje
Lack of information about where to get help	<i>Falta de información sobre dónde obtener ayuda</i>	51%
Appointment availability	<i>Disponibilidad de citas</i>	50%
Cost of services	<i>Costo de los servicios</i>	41%
Stigma against mental illness or getting help	<i>Estigma en torno a las enfermedades mentales o la obtención de ayuda</i>	38%
Lack of health insurance	<i>Falta de seguro de salud</i>	33%
Distance to available services	<i>Distancia a los servicios disponibles</i>	32%
Lack of transportation	<i>Falta de transporte</i>	32%
Other	<i>Otras</i>	24%
Lack of childcare/caregiver relief	<i>Falta de ayuda para el cuidado de niños/as</i>	17%
Staff do not understand different cultures	<i>El personal no comprende culturas diferentes</i>	13%
Staff do not speak my language/no translation available	<i>El personal no habla mi idioma/no hay traducción disponible</i>	8%

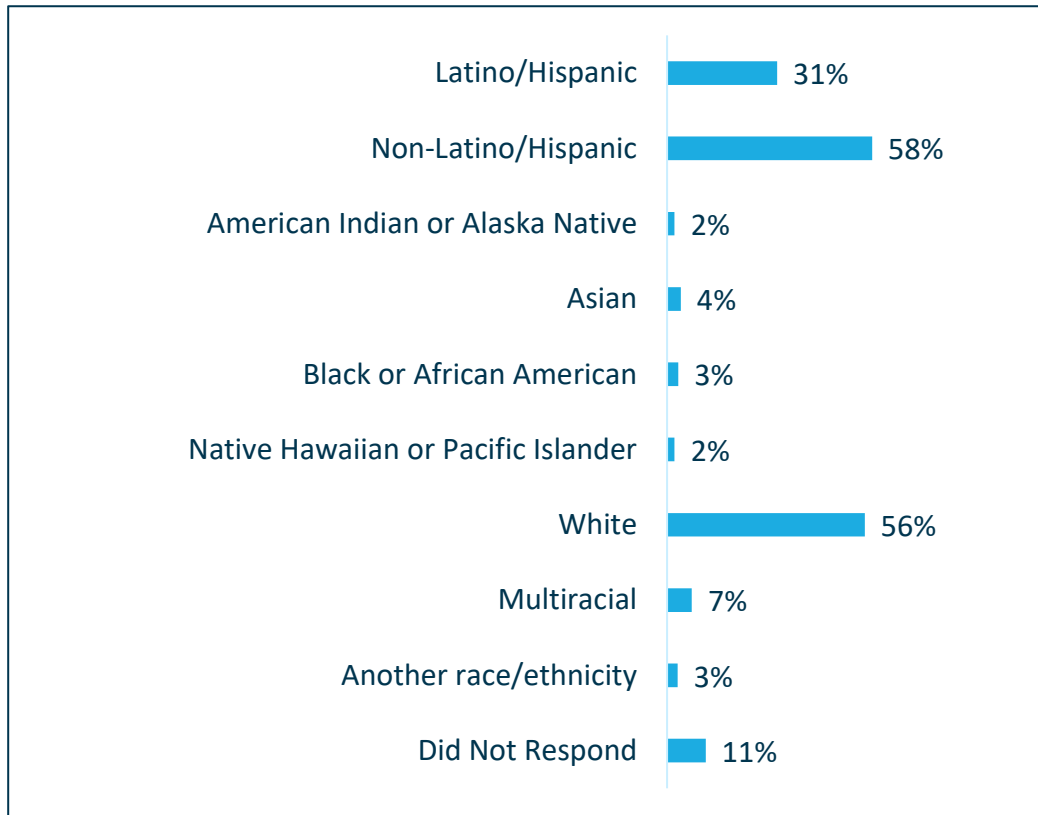
*Note: Percentages may exceed 100% because participants could choose more than one response.

*Nota: Los porcentajes pueden exceder el 100% ya que los/as participantes podrían elegir más de una opción de respuesta.

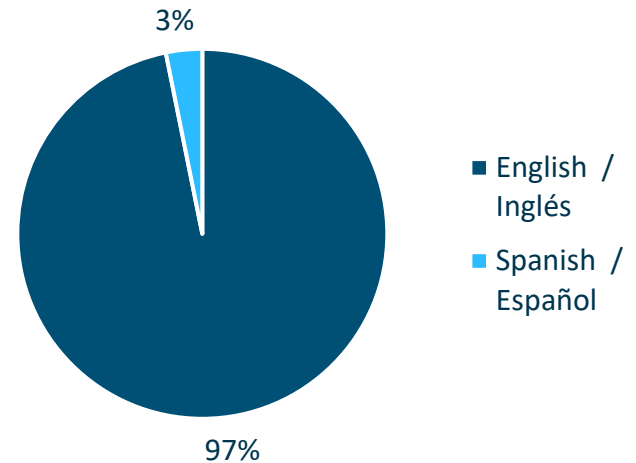
Who we've heard from thus far

De quién hemos escuchado hasta ahora

Race/Ethnicity* / Raza/Etnicidad*



Survey Language / Idioma de la Encuesta



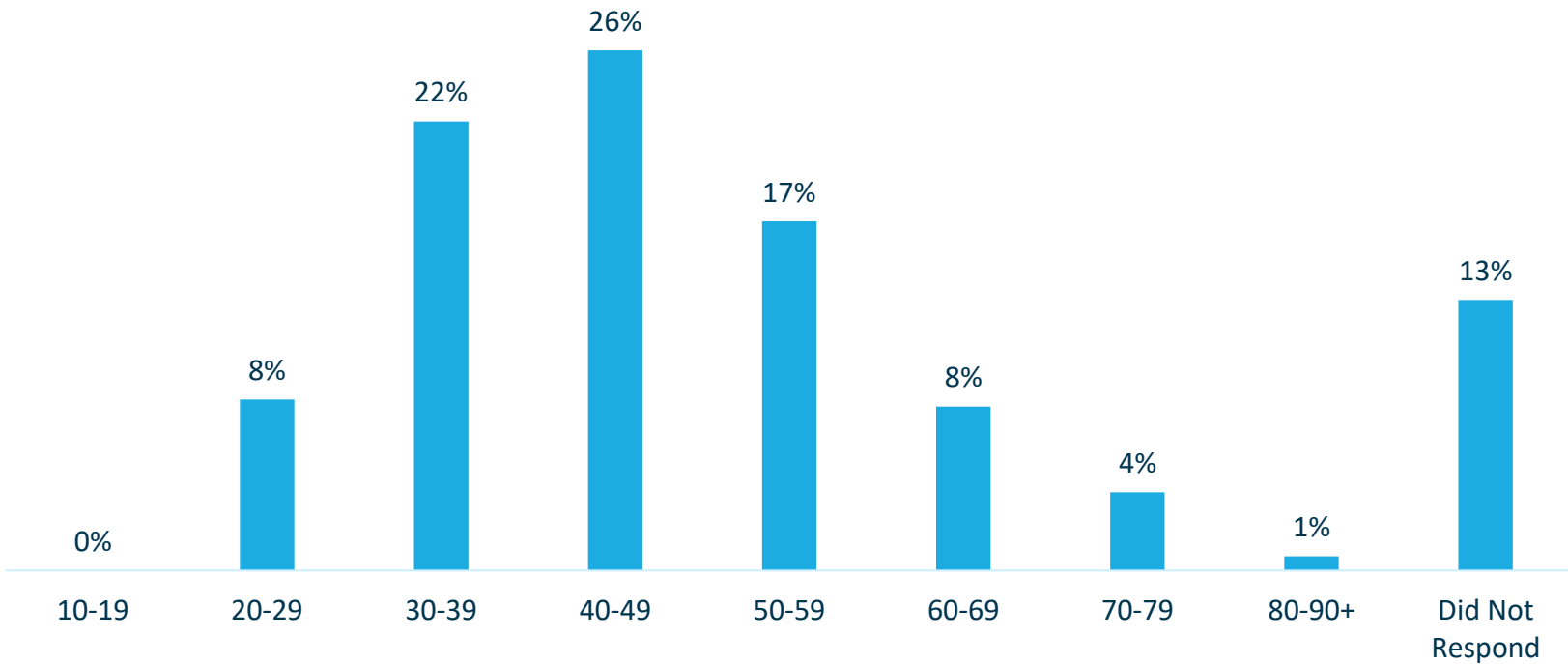
*Note: Percentages may exceed 100% because participants could choose more than one response option.

*Nota: Los porcentajes pueden exceder el 100% ya que los/as participantes podrían elegir más de una opción de respuesta.

Who we've heard from thus far

De quién hemos escuchado hasta ahora

Age in years / Edad en años



Provider & Partner Agency Survey: Findings

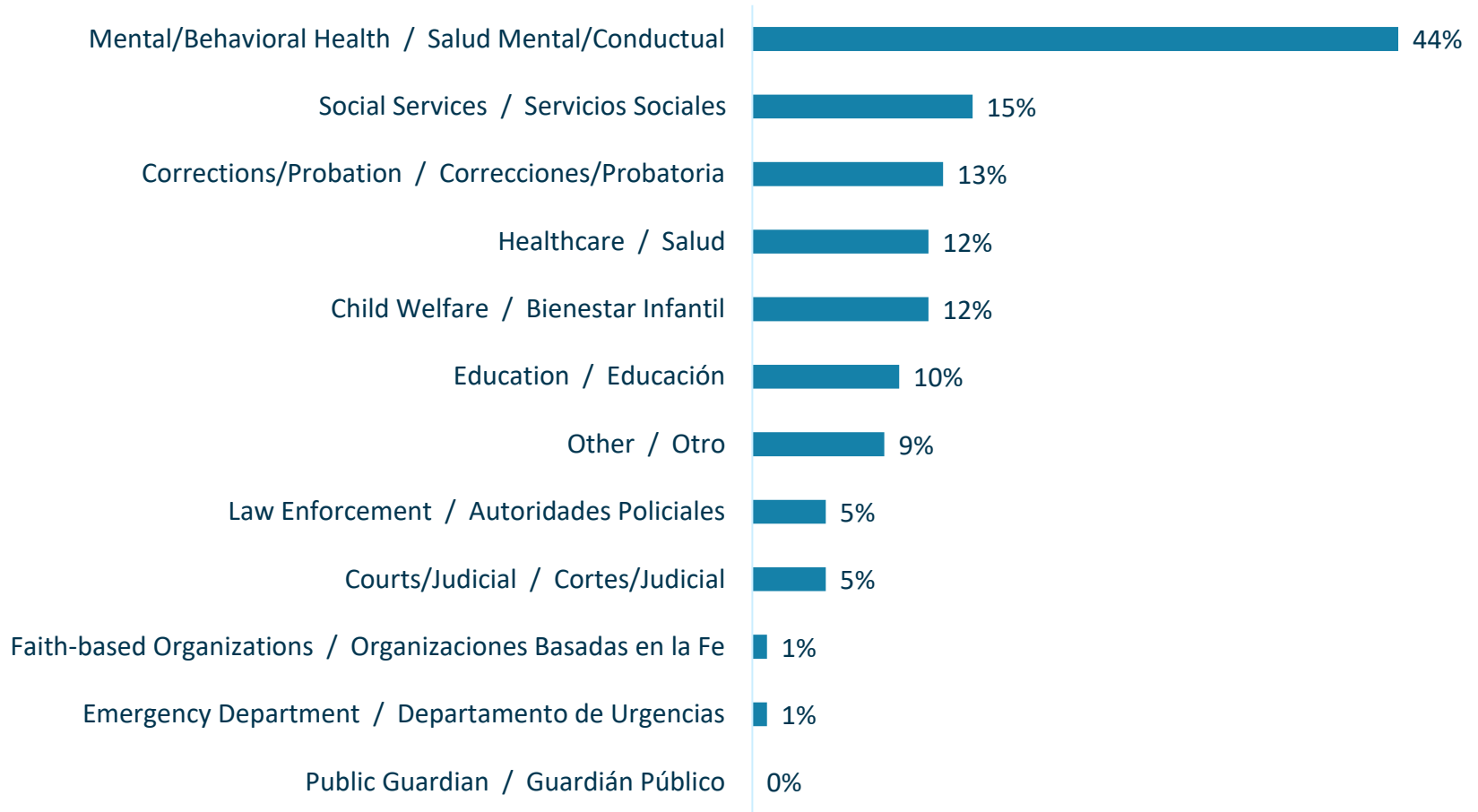
Encuesta a Prestadores y Agencia Asociada: Resultados

Provider & Partner Agency Engagement

Participación de Prestadores y Agencia Asociada

- Email campaigns through 57 contacts at over 45 agencies and organizations.
 - Data collection: June - October 2023.
 - 888 individual responses.
- Campañas de correo electrónico a través de 57 contactos en más de 45 agencias y organizaciones.
 - Recolección de datos: junio - octubre de 2023.
 - 888 respuestas individuales.

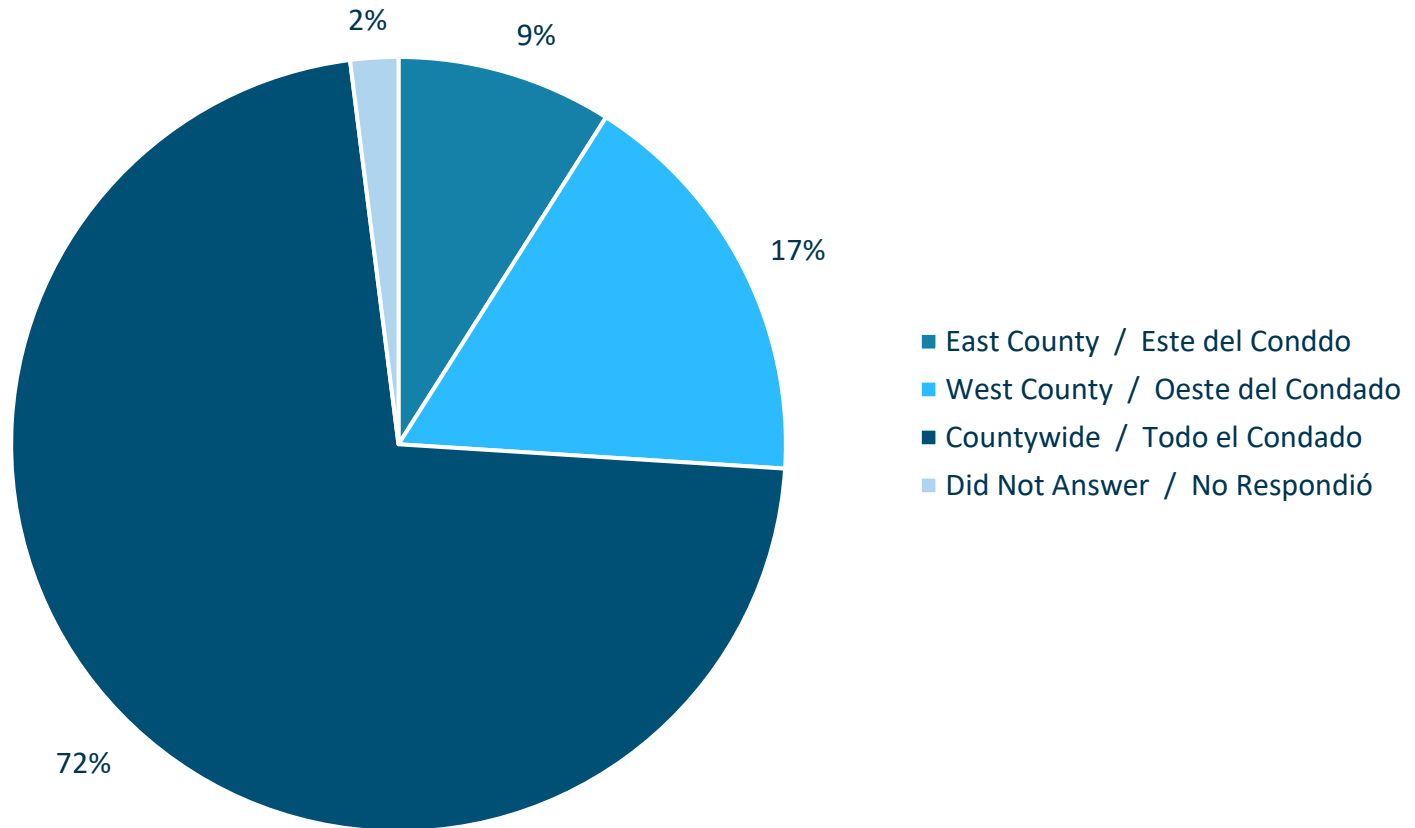
Sector / Sector



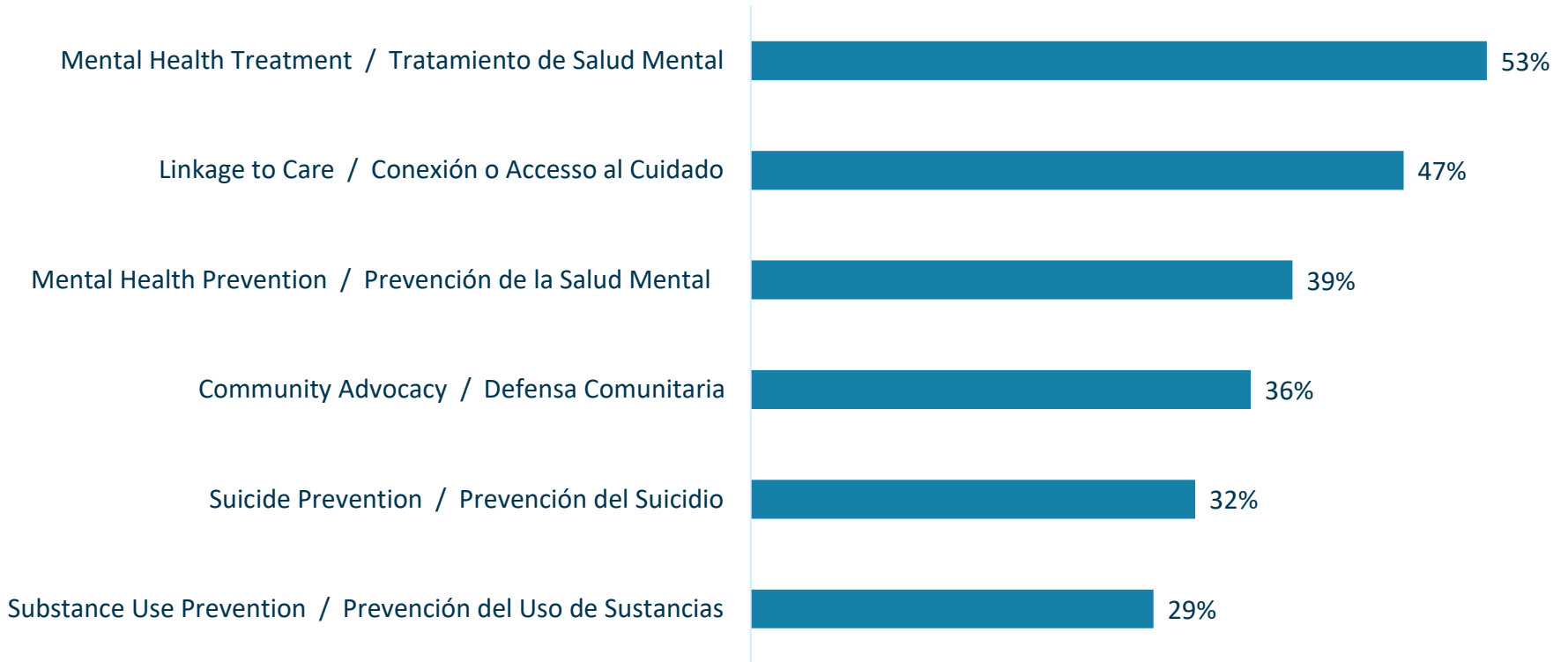
Note: Percentages may exceed 100% because respondents could choose more than one response.

Nota: Los porcentajes pueden exceder el 100% ya que los/as participantes podrían elegir más de una opción de respuesta.

Area of County Served / Área del Condado Servida



Services Provided / Servicios Prestados



Note: Percentages may exceed 100% because respondents could choose more than one response.

Nota: Los porcentajes pueden exceder el 100% ya que los/as participantes podrían elegir más de una opción de respuesta.

Prevalence in the Community

Prevalencia en la Comunidad

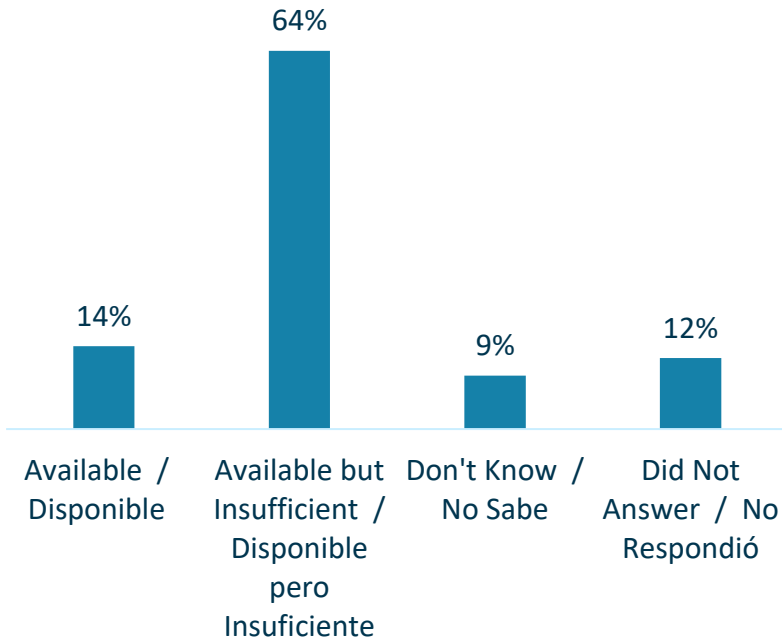
Please rate the prevalence of the following issues in the communities you serve.

Por favor, califique la prevalencia de las siguientes problemáticas en las comunidades a las que presta servicios

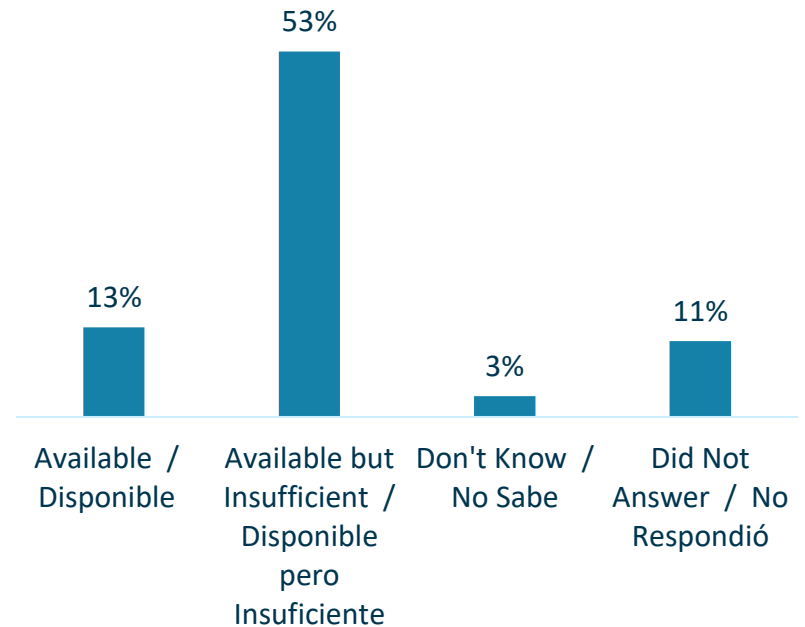
Issue	<i>Problemática</i>	Major Issue <i>Problemática Pmportante</i>	Not an Issue <i>No es una Problemática</i>
Anxiety	Ansiedad	67%	1%
Trauma	Trauma	66%	2%
Mild/Moderate depression	Depresión leve/moderada	65%	2%
Substance use	Uso de sustancias	62%	3%
Chronic Stress	Estrés crónico	60%	2%
Severe/Chronic depression	Depresión severa/crónica	57%	2%
Alcoholism	Alcoholismo	49%	3%
Suicide or thoughts of suicide	Suicidio o pensamientos suicidas	43%	3%
Opioid use disorder	Trastorno por uso de opioides	42%	10%
Bipolar disorder	Trastorno bipolar	35%	4%
Fentanyl-laced fake prescription pills	Pastillas adulteradas con fentanilo de recetas falsas	33%	10%

Availability of Services / Disponibilidad de Servicios

Mental Health / Salud Mental



Substance Use / Uso de Sustancias



Barriers to Accessing Mental Health Services

Barreras para Acceder a Servicios de Salud Mental

How much do the following barriers prevent persons from accessing the services they need?
¿En qué medida las siguientes barreras impiden que las personas accedan a los servicios que necesitan?

Barrier	Barrera	Often a Barrier / A Menudo una Barrera	Not a Barrier / No es una Barrera
Not enough staff to meet the needs of the community	<i>No hay suficiente personal para satisfacer las necesidades de la comunidad</i>	48%	4%
Long waiting lists	<i>Largas listas de espera</i>	42%	8%
Residents are unaware of how to access services	<i>Los/as residentes desconocen cómo acceder a los servicios</i>	35%	4%
Lack of transportation	<i>Falta de transporte</i>	35%	7%
Residents are unaware of available services	<i>Los/as residentes desconocen los servicios disponibles</i>	34%	5%
Lack of trust	<i>Falta de confianza</i>	32%	7%
Stigma associated with receiving help	<i>Estigma asociado con recibir ayuda</i>	29%	8%
Inability to take time off work	<i>Incapacidad para ausentarse del trabajo</i>	27%	9%
Appointment time or hours do not work for their schedule	<i>La hora o los horarios de la cita no se ajustan a su horario</i>	27%	9%
Cost of services	<i>Costo de los servicios</i>	25%	23%
Lack of childcare	<i>Falta de cuidado para niños/as</i>	24%	10%

Looking Forward

Mirando Hacia Adelante

- Reports on all primary data collection efforts.
 - Working with agencies to obtain data/statistics on service delivery.
 - Identifying gaps & areas to improve across the Ventura County system of care.
- Informes sobre todos los esfuerzos de recolección de datos primarios.
 - Trabajar con agencias para obtener datos/estadísticas sobre la prestación de servicios.
 - Identificar brechas y áreas para mejorar en todo el sistema de atención del condado de Ventura.

Thank You | Gracias

Contact Us | Contáctenos

Dr. Alex Ycaza Herrera
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Engagement Strategy

Estrategia de Alcance

- Phase 1: Coordinate with HCA to connect with Community Based Organizations.
 - Phase 2: Partner with community organizations with direct access to the community.
 - Phase 3: Monitor survey responses and target outreach towards groups with underrepresented response rates.
- Fase 1: Coordinar con HCA para conectar con organizaciones comunitarias.
 - Fase 2: Asociarse con organizaciones comunitarias con acceso directo a la comunidad.
 - Fase 3: Monitorear las respuestas de la encuesta y dirigir esfuerzos de alcance hacia grupos con tasas de respuesta subrepresentadas.

Engagement Strategy

Estrategia de Alcance

Sector Engaged	<i>Sector Comprometidos</i>	Number of Contacts / <i>Número de contactos</i>
Community Based Organizations	<i>Organizaciones Comunitarias</i>	15
Law Enforcement	<i>Cumplimiento de la Ley</i>	12
VC departments and agencies	<i>Departamentos y agencias del Condado de Ventura</i>	7*
Healthcare	<i>Atención de la Salud</i>	6
Faith-based Organization	<i>Organizaciones Basadas en la Fe</i>	5
Judicial	<i>Judicial</i>	3
Education	<i>Educación</i>	2
Total	<i>Total</i>	50 [◇]

*VC department and agencies contacted: CEO, CFS, Public Health Agency, VC Area Agency on Aging, VCBH, Libraries

**Departamentos y agencias del Condado de Ventura contactados: CEO, CFS, Agencia de Salud Pública, Agencia de Envejecimiento del Área del CV, VCBH, Bibliotecas.*

◇A similar approach was used for the Provider Survey, resulting in 888 completed survey responses over the course of 3 months.

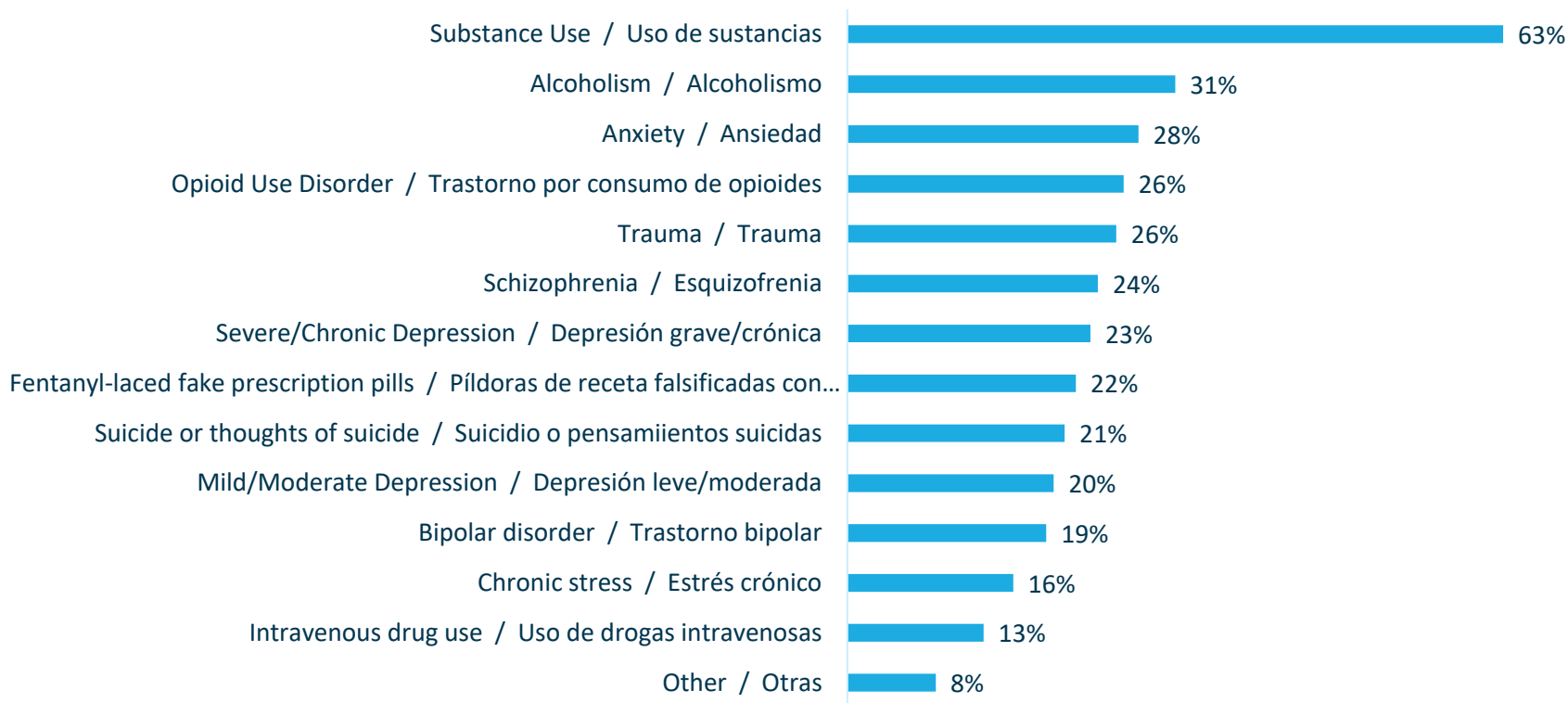
◇Se utilizó un enfoque similar para la Encuesta a Prestadores, lo que resultó en 888 respuestas completas a la encuesta en el transcurso de 3 meses.

Most Important Issues in Your Community

Problemáticas más importantes en su comunidad

What do you think are the most important behavioral health issues in your community?*

*¿Cuáles cree que son las problemáticas de salud conductual más importantes en su comunidad?**



*Note: Percentages may exceed 100% because participants could choose more than one response option.

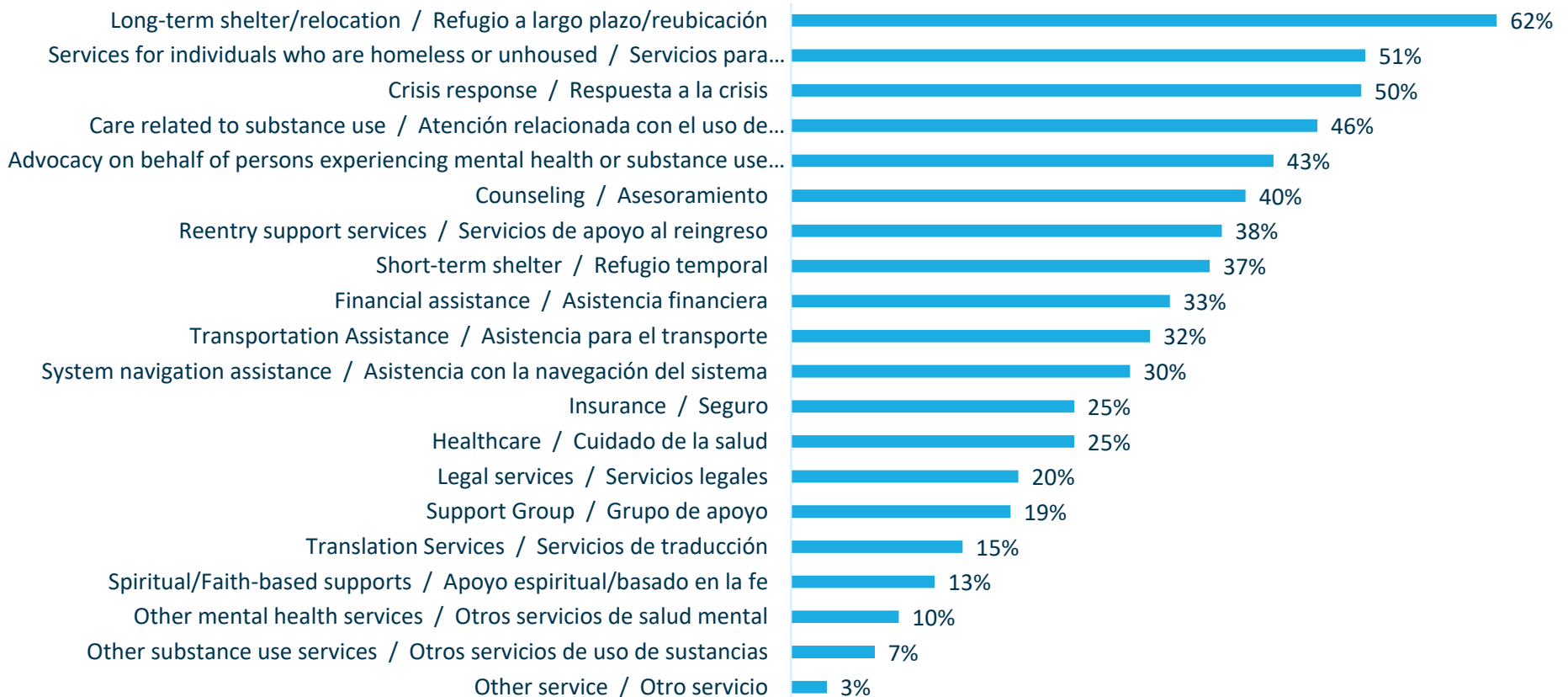
*Nota: Los porcentajes pueden exceder el 100% ya que los/as participantes podrían elegir más de una opción de respuesta.

Gaps in Available Services

Brechas en los Servicios Disponibles

Which of the following services are not sufficiently available in your region of the county?*

*¿Cuáles de los siguientes servicios no están lo suficientemente disponibles en su región del condado?**



Director's Update

BHAB General Meeting 10.16.2023

General Updates:

- **October has the following days of significance to highlight:**
 - Hispanic Heritage Month (Continued) September 15 – October 15
 - Filipino American History Month
 - Emotional Wellness Month
 - National Bullying Prevention Month
 - National Depression and Mental Health Screening Month
 - Mental Health (illness) Awareness Week – October 1-7
 - Child Health Day – October 2
 - World Mental Health Day – October 10
 - National Depression Screening Day – October 5
 - National Coming Out Day – October 11
 - National Prescription Drug Take Back Day – October 29
 - Red Ribbon Week (Drug-Free Youth America) – October 23-31

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

Access and Outreach Division:

- We are taking the lead on the Behavioral Health Information Notice from CA Department of Health Care Services that came out recently on the Medi-Cal Mobile Crisis Services Benefit Implementation, by working with all Divisions across our Department to ensure we are aligned with all the requirements and maximizing the resources we have to deliver quality mobile response services.
- We continue to integrate and reduce unneeded touch points when individuals are contacting us to obtain access to care. This has allowed for a more streamlined approach in accessing the appropriate care needed.
- Our Logrando Bienestar team – recently filled the vacant positions, that we still had. The team continues to be dedicated to providing workshops throughout the county – with the focus of our Latino/a/x community. We are also excited to partner up with Public Health in a new pilot to provide integrated workshops for families – we are building upon existing workshops from both departments – for families to receive workshops that touches upon physical and emotional wellness – more to come as we continue to refine workshops and prepare to launch this pilot. Our team also continues to work closely with families and individuals throughout the community that are being referred to Logrando Bienestar – to be linked to the appropriate resources.

Adult Services Division:

- The State completed their onsite review of Mental Health Services Act (MHSA) programming and expenditures. There was a useful exchange of information in the first day's sessions and the reviewers expressed their appreciation for having had the opportunity to visit several MHSA funded sites/programs over the two days that followed. They advised the process for formalizing their findings in writing can be expected to take at least 2-3 months. VCBH appreciates the time, effort, and input of all those who participated.
- VCBH held two MHSA community planning meetings for the purpose of updating the current three-year plan (see attached PowerPoint). The department presented several proposed areas in which the \$30+M in one-time funding might be utilized, including infrastructure projects and expansion of existing full-service partnerships. Upwards of 70 community members (including some BHAB members) participated and provided feedback on the proposal, along with additional ideas. Community input has also been received outside of the meetings via email/survey up until 10/16/23. The 30-day period for public review will then run until 11/20/23.
- Ideas for MHSA Innovation projects (which have their own, separate planning and approval process) are being sought. The challenge of identifying/developing Innovation projects is experienced by many counties throughout the state. Interested parties are encouraged to either seek guidance or submit ideas through the <https://www.wellnesseveryday.org/> website.
- The department is happy to introduce Spencer Ladner, as the Program Administrator overseeing Peer Support Services (PSS). First to be hired in this newly created position, Spencer is excited to begin to mentor, train, and support peers across all of the department's divisions. To date, PSS includes twelve (12) Peer Support Specialists with three (3) additional positions under recruitment. Spencer began his career as a Peer Support Worker in 2010 in the State of Alaska as part of a program called *Peer Bridger*. He started as a volunteer supporting people in their recoveries and helping them find community resources. Over the course of four years, Spencer became a paid employee and eventually the supervisor of the program. He then moved to Alaska Psychiatric Institute (i.e., API is Alaska's state hospital located in Anchorage) where he continued his peer work and served as Patient Advocate. During his eight (8) years at API, Spencer's peer support work included leading Wellness Recovery Action Planning (WRAP) groups as a certified facilitator. He also worked with API's interdisciplinary teams to address grievances and advocate for recovery-minded treatment/interactions. Additionally, Spencer participated in the Committee for Certification for the State of Alaska and has conducted training for many providers on the topics of peer support supervision and mandatory reporting. VCBH is fortunate to be welcoming Spencer whose combined lived and professional experience has prepared him well to guide and shape our emerging Peer Support Services.

Youth and Family (Y&F) Services Division:

Division Highlights

- The Y&F Division is pleased to announce having hired our first registered nurse. The nurse will provide medication education, pharmacy support, consultation to the treatment team, and another point of contact for families in care. Nursing services will also enable prescribing providers to spend more time in direct patient care.

Initiatives and Progress

- The Y&F Division is actively engaging new MHA staff in the Mental Health Associate (MHA) training and support program. With the addition of additional MHAs to division teams, we are endeavoring to ensure consistency of expectations and implementation of services.

Collaborations

- In September, CA Kat Baca Leanos and BH Manager Ana Magbitang met representatives from Santa Paula, Fillmore, and Briggs School District staff, including psychologists and counselors. They presented on ERSES services and referral process, discussed collaborative process and common challenges to this, provided information on decentralization of assessment team with the goal of improving timeliness to access of services.
- On 10/6/23 Clinic Administrators Stephanie Cowie and Laura Nagle provided mental health training for the Crisis Intervention Trained (CIT) Academy for law enforcement officers.

Training & Conferences

- The Child Welfare Subsystem management team attended the 19th Annual TCOM (Transformation Collaborative Outcomes Management) Conference on October 4-6, 2023 in Lexington, Kentucky. This conference focused upon the Child and Adolescent Needs and Strengths (CANS) tool. The CANS outcome measure is designed to provide a common language amongst agencies around family's needs and strengths and is grounded in the philosophy of a shared vision to help people achieve their wellness goals.

Other

- The Youth and Family Division continues to focus on Resources and Safety Planning to actively support youth and their families in times of instability. Please see attached list of programs and the area of focus:

Safety Planning and Resources – Youth and Family Division

1. *Therapeutic Behavioral Services/Intensive Home Base Services*

- TBS/IHBS is available to children/youth with serious emotional challenges, who are under age 21, and who have full scope Medi-Cal. TBS/IHBS is one-to-one, short-term, intensive, behavioral intervention provided in the home, school, or community.
- Referrals made by VCBH and CBO's.
- TBS/IHBS staff available during business hours and evenings

2 *Family Urgent Response System (FURS) - 1 (833) 939-3877*

- 24/7 statewide hotline provides support to current and former foster youth and current and former probation youth and their caregivers during situations of instability. Regional response teams are available 24/7 to provide in-person support.

3. *Respite Care*

- Respite through United Parents is a short-term, temporary break for the parents and/or caregivers of a child with emotional, behavioral, or mental health challenges. Trained respite providers care for the child(ren) in-home, out-of-home, after or before school, in the evenings or on weekends. Respite services give families an energizing break which will increase the family's ability to care for the child at home while decreasing the emotional toll on the entire family.
 - Respite hours of operation: M-F 8 am – 5pm.
 - Respite staff meet when families are available, and hours can vary. Most Respite services are provided in the evenings and weekends.

4. *Wraparound*

- Intensive case management services available to families with youth under the age of 21, involved in the child welfare system or juvenile probation system who are at risk of placement in a residential setting or are stepping down from a residential setting into a less restrictive setting.
Referrals made by social workers and probation.
 - Wraparound team available during business hours and evenings

5. *Short-Term Residential Therapeutic Programs (STRTPs)*

- STRTPs are residential facilities that provide an integrated program of specialized and intensive care and supervision, services and supports, specialty mental health services, mental health treatment; and short-term, 24-hour care and supervision to children. Level of Care determined by Qualified Individual Assessment and final approval from Court.

6. Family Access and Support Team (FAST):

- FAST is a service for children and families. The program is designed to provide short term intensive home and community based supportive services in a proactive approach with the goal of reducing the need for crisis-based interventions, hospitalizations, and out-of-home placements. Families of children diagnosed with Serious Emotional Disturbance (SED) benefit from a more proactive approach that supports and teaches them strategies to prevent an escalating situation from turning into a crisis. The program's peer to peer component utilizes trained parents, recruited from the communities they will serve, to work with families to build specific skills and techniques.
 - FAST hours of operation: M-F 8 am – 5pm.
 - FAST staff meet when families are available, and hours can vary be provided into late evening.

7. Mobile Response Team (MRT) – Seneca

- Crisis Response, stabilization, safety planning and assessment of need for hospitalization for Y&F enrolled clients, VCBH referral.
- MRT services available Monday – Friday, 7:00am – 7:00pm

8. Collaborative Educational Services (COEDS)

- *COEDS is a program that provides educationally related behavioral services to special education students as determined by their IEP team. These students must be receiving Educationally Related Social Emotional Services (ERSES) to qualify for COEDS. These students have behavioral needs that interfere with their ability to access their education, would benefit from services in the home, and are at risk or residential placement. Services include Social Work Services and Behavior Interventions to assist the student in achieving his or her social/emotional goals at school. The COEDS Program may provide a Family Case Manager, Youth Partner and/or Parent Partner to work with the student and family in the home and community.*
 - COEDS hours of operation: M-F 8 am – 5pm.
 - COEDS staff hours can vary between 7 am to 7-8 pm
 - IEP team referral

Substance Use Services (SUS) Division:

Prevention:

- The *Facing Down Fentanyl* Town Hall event held September 27th was well-attended and well covered by the VC Star, featuring panelists from law enforcement, public health, and the Office of the Medical Examiner, along with Supervisors LaVere and Gorell to welcome attendees. Multiple families who have lost a loved one were in attendance, and resource tables featured drug awareness information, Overdose Rescue Kits (naloxone), and tips for engaging young people in discussing the new realities of drug use in the age of fentanyl. More than 200 people participated.

- Prevention services has expanded to reach more communities more directly, with satellite offices now in Conejo, Fillmore and Ventura, reaching more than 70 events in the first quarter of the year (Jul-Sept). Top issues of interest are vaping cannabis, preventing opioid overdose, and how to talk with my teen about local drug risks.

Treatment Services:

- DHCS has scheduled the VCBH FY23-24 County Engagement set to take place between October 16th and October 27th. For SUS, the focus will be on DMC ODS and Substance Abuse Block Grant (SABG) services.
- Onboarding Two Alcohol and Drug and Alcohol Treatment Specialists to a Fillmore and A New Start for Moms clinics.
- 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.
- 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 this month.

DUI Services:

- VCBH issued an RFP for the DUI program on August 11th. The RFP was extended and closes October 27th.

Quality Division:

Quality Assurance:

- QA is currently leading the Annual County Monitoring Activity (ACMA) submission. QA is meeting with Operations Teams to introduce project planning resources to key operations staff. One important goal of these meetings is to spark communication across units and increase organized project roll outs. QA SmartCare SuperUsers actively test and authorize use of SmartCare screens to guide Operations. QA developed a payment reform Reference Guide for VCBH staff and contracting CBOs. The QA Team hosts Monthly Virtual Office Hours for MH and DMC-ODS providers. QA fields questions from CBO and internal VCBH teams related to a wide range of topics including issues such as regulation clarification, policy and compliance issues. Our staff serve as a conduit to clarify and respond to complex operational inquiries that involve multiple units (e.g. QA, EHR, Billing etc.). In addition, QA staff attend meetings with other counties to communicate about current best practices. QA liaises with DHCS to ensure the most up to date practices are in place. The Site Certification Team is collaborating with Fiscal Department to achieve Medicare provider status for VCBH. QA reviews SUS Treatment Authorization Requests for approval. We have successfully tested and implemented the use of SmartCare Screens for all SUS TAR reviews. QA supervises the Medical Records Unit related to subpoenas, records requests and records maintenance. Currently QA is working closely with the Policy Team on updating Medical Records Policy related to records retention/safeguarding records. Grievances and appeals from

beneficiaries are being addressed, resolved, and tracked. QA communicates key grievance/appeal data to QI Team for reporting and 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 1st, 2023, and Fiscal operations thereafter, in compliance with regulatory and contractual obligations. The second Fiscal policy (Internal Financial Controls) was finalized and is now undergoing approvals. Additionally, Policy Office launched Policy Portal as replacement for Policy Stat on September 5th. Live Policy Portal trainings for all staff and CBO representatives 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 language accessibility requirements in written communication has been developed, approved, implemented, and distributed for training to all VCBH staff to improve awareness and use of simple language and accessible format.
- **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 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 assesses the SmartCare system and CalMHSA UR Tools and recommends necessary changes. Lastly, UR will continue to examine SmartCare performance and user feedback and provide essential support to ensure documentation accuracy and compliance with Payment Reform and CalAIM requirements.
- **Training:** VCBH is honored to be recognized for our efforts in Year 1 of The Mentored Internship Program grant by being welcomed back as a Year 2 awardee, commencing October 1, 2023. A component of the California Department of Health Care Services (DHCS) Behavioral Health Workforce Development (BHWD) efforts, the “MIP’s overarching goal is to enhance the professional development of diverse talent to help meet California’s urgent need for BH workforce in the near-term, ... expand California’s future BH workforce, ... and develop ongoing partnerships VCBH Internship Program.” VCBH has placed 32 students (undergraduate, graduate, and doctoral) to support services county wide and promote recruitment efforts. To date, 3 of the MIP Year 1 students have been hired. 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 17 VCBH Clinical Supervisors to attend who have supported the profession, the department and quality care through supporting multiple unlicensed staff.

The 3rd Round of the SCRIP funded Loan Repayment Program opened on October 1, 2023. SCRIP grant funds support fifty-two \$7,500 loan repayment awards, though an application process overseen by CalMHSA. To date, 38 staff have received awards. 14 awards are available in this final Round – application deadline is 5pm PST, November 30, 2023.

Quality Improvement:

- **Audits & Reviews:** The QI team is leading all audits, reviews, and corrective action plans (CAPs) for the department. The MHSA Program Review occurred September 26-28, with 1 day of sessions/discussion and 2 days of site visits. The reviewers were very collaborative and complementary of the VCBH team's organization of the review and what they were seeing and hearing. The findings report will be sent soon. The DHCS MHP Triennial and DMC-ODS/SABG Annual Review, now referred to as the DHCS County-Specific Engagement is scheduled for October 16th (with a 7–10-day review period), with virtual sessions each day addressing different areas of the DHCS contracts. The FY 23-24 MHP and DMC-ODS External Quality Review (EQRO) has been set for December 5-7. Document preparation is underway and save-the-date has been sent.
- **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 7 different focus areas and includes VCBH staff at all levels as well as contractors 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 three months. Front end users are becoming more familiar and comfortable with the 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. SuperUser meetings that create a venue for addressing issues and gathering 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 and great progress has been made.

Strategy, Planning, and Administrative Services:

- VCBH has submitted the DHCS CalAIM BHQIP report for the September 29, 2023, reporting period. The next BHQIP report will be due in March 2024. The CalAIM BHQIP report included the approved and signed Intergovernmental Transfer Agreements for both Mental Health and Drug Medi-Cal services.
- VCBH announced on September 21, 2023, a new opportunity regarding Medi-Cal Peer Support Specialist Certifications for contract providers. VCBH has purchased a limited number of bundles to be awarded to CBO programs with peer staff that meet the certification requirements. Included in the bundles is the application fee, training, testing and certification; however, the bundles do not include exam re-takes. Interested CBO programs were instructed to complete an application and send to vcbhadminservices@ventura.org by October 6th to be considered.
- Behavioral Health Administrative Integration: Identified VCBH representatives attended the first workgroup meeting for Integrated Contract Early Implementers. The next workgroup meeting will be held in November to continue collaboration efforts with DHCS and provide input on future policies.

Veterans

- The Veteran Mentorship Project was chosen during the last round of MHSA INN submissions. James Espinosa leads this nonprofit and sits on the BHAB as a veteran representative. Details are not developed yet but the summary is below.
 - The Mentor Project is a prevention and early intervention program designed to help veterans and first responders adjust to life after service. This can mean support in establishing a healthy routine, dealing with mental health issues or diagnosis, building new communities, or finding a career. Having the support of a mentor and an organization can help reduce the risk of suicide, reduce risky substance abuse, and ensure that we have fewer veterans slipping through the cracks between the mental health agencies and VA systems of care. The board is made up of veterans and first responders all committed to running and organization for us and by us.
 - Mission: The mission of the Veteran Mentor Project, Inc. is to enhance military veterans & first responder veterans' transition from service to civilian life in order to reduce stress, provide resources & education to improve their quality of life.
- Link to the Veteran Mentor Project:
https://protect.checkpoint.com/v2/_www.thevmpi.org_.YzJ1OmNvdmF2YW5hbJpjOm86MzczNDAYOTc2ODFINTI5MTlyMGY5ZTgxZWw0YjhmMWU6Njo2YWE2OjZhNmM0ZjJmN2Q4YTliMDZiNTIjODRmYWM4OWY0ZDaxYTQwOWUyNDQxZW13MDliNGVmMTNjMWJjYzk3YTQ1YzE6dDpU
- VCBH has/does partner with Tammy Bender, H.S.A. Veterans Program Coordinator, HMC, USN(Ret.) for suicide prevention and mental wellness efforts. VCBH will also be working with Matthew Kaplan, LCSW, who is the VA Healthcare Suicide Prevention Coordinator for our local area. VCBH would like to have a targeted wellness event to active military/vets (subject to executive leadership and funding availability – like the metamorphosis targeted event).



VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

October 3, 2023

COMMUNITY PLANNING PROCESS (CPP)

Prioritization

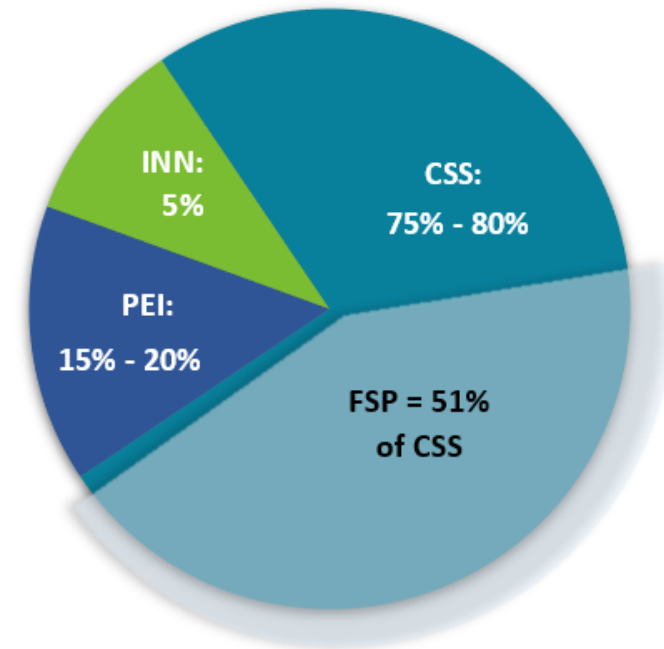
Annual Update and 3-year plan

Community Planning: Counties are required to meaningfully involve stakeholders in program planning (e.g., Annual Updates, Three-Year Plans), implementation, evaluation, and budget allocation

3 Year Plans: Outlines the department needs, goals, program plans and spending for the next three years.

-Today's Purpose: Mid-year Adjustment

Annual Update Reports: Reports on all MHSA funded programs from the prior fiscal year and anticipated changes for the next year always links back to the current 3-year plan.



Required break down of spending

What is happening now?



2023-2026 PLAN FINALIZED
IN JUNE 2023



ONE TIME ALLOCATION
RECEIVED IN AUGUST 2023



MID YEAR ADJUSTMENT
PROCESS NEEDED TO
INCLUDE USE OF ONE-TIME
FUNDS IN TO THE 3YP

What does the Mid-Year Adjustment Process look like?

Building on the current 3YP Community Planning Process



What is a One-time Adjustment?

30+
**Million
Dollars**



3 years to allocate and spend 2023-2026 to spend this in addition to regular allocation of MHPA monies



One-time means infrastructure, time-limited expansions, pilot programs, trainings



Prop 1 potential Impacts

Prop 1 the Behavioral Health Services Act (BHSA)

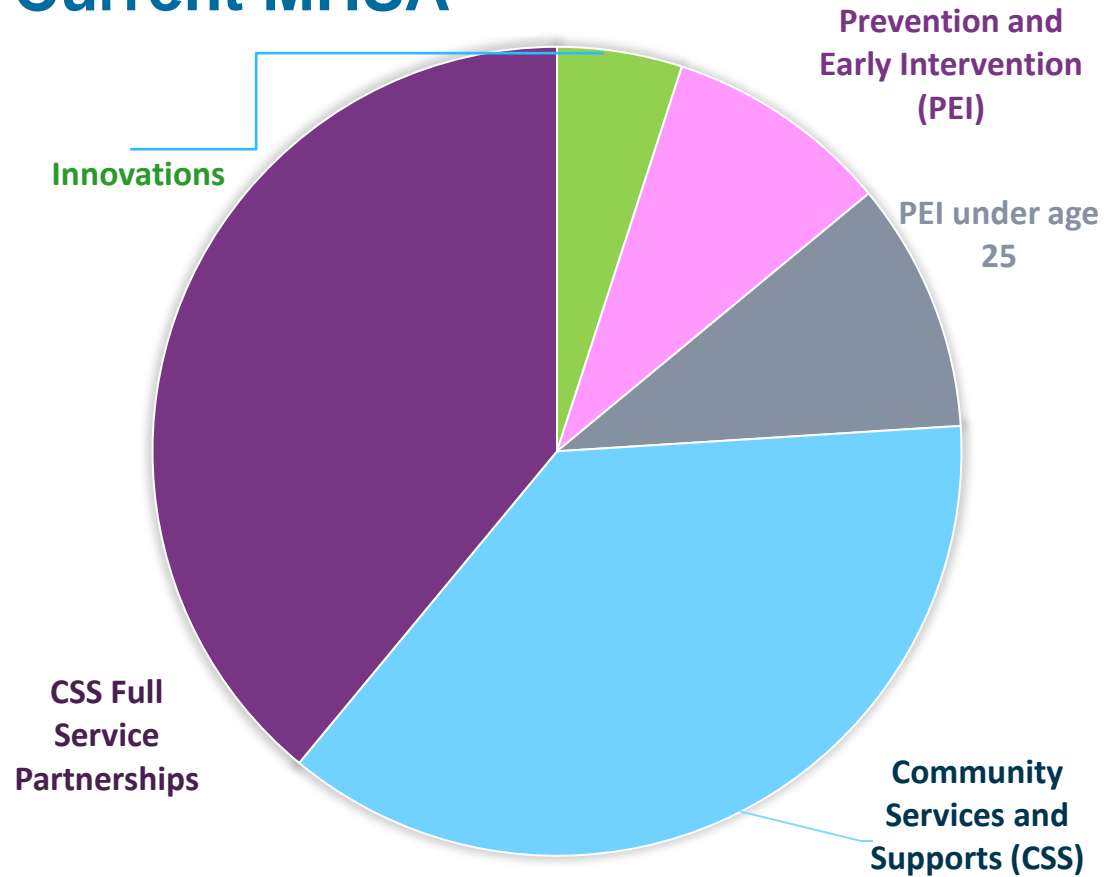
Prop 1: SB326
will be on the
March 2024
ballot along with
the bond
measure
contained in
AB531

Non comprehensive summary:

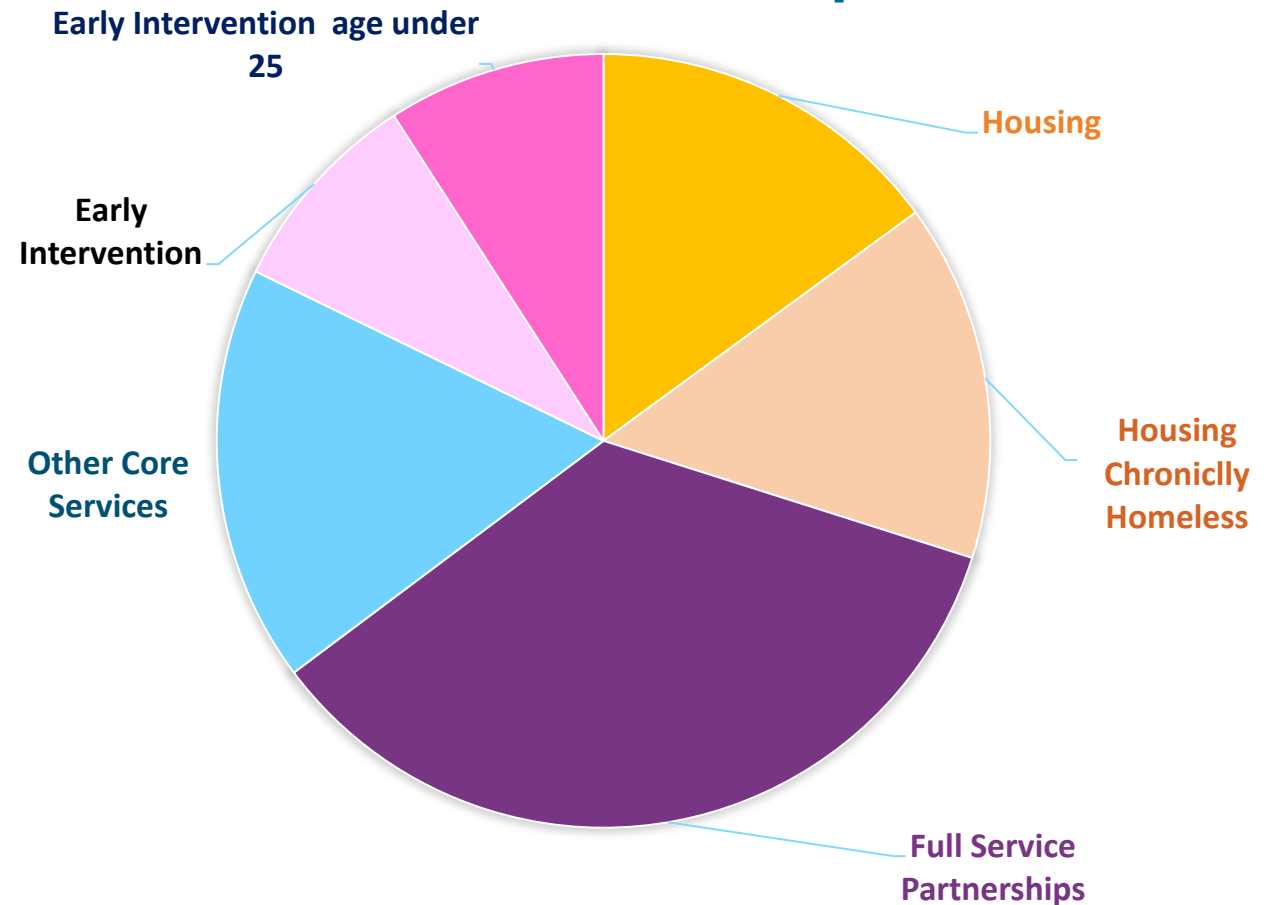
- Establishes a new 30% housing component with a housing first requirements
- Establishes the BHSA as a new source of funding for SUD services
- Creates a new and comprehensive structure for planning, data gathering, and reporting.
- Overhauls the adult and children's system of care statutes
- Eliminates county-based prevention funding priority
- Establishes new service requirements (e.g., ACT/FACT and IPS Supported Employment)

Prop 1 Updated Spending Percentages

Current MHSA



BHSA per SB326



Top Categories of Solutions

I. Housing

- I. Buildings
- II. Services
- III. Units

II. Expansion of Services and Treatment types

- I. Staff
- II. Buildings
- III. Services

III. Access

- I. Timing
- II. Immediate or Urgent Care

IV. Outreach and Education

- I. Knowing when, where, and how to access services.

V. Alternatives to VCBH

- I. Mild to moderate care
- II. Services partners



VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

UPDATES

Three-year Plan Adjustments

High Priorities for Large Dollar Adjustment Infrastructure

Mental Health
Rehabilitation
Center (MHRC)
120 beds

Residential Care
for the Elderly
(RCFE)
60 beds

Adding to the existing continuum of care where we have seen growth and anticipate even more in the future.

At distinctly different levels of care.

Secure facilities for contracted treatment and services.

High Priorities for Large Dollar Adjustment FSP Expansion

Transitional Age
Youth Program
18-25 yrs.

EPICS Program-
Adults 18-60
yrs.

Older Adults
Program 60+
yrs.

Clinic-based

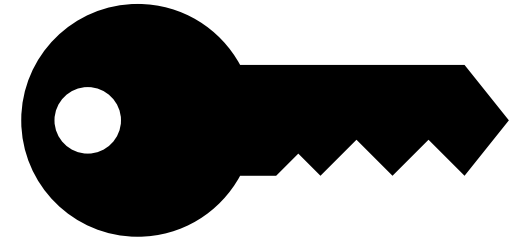
Continuation of the right sizing of FSP
programing

Additional services and trainings

- IPS supportive employment
- Housing First
- ACT/FACT training

Additional Priorities for Adjustment Dollars – Access

- Staffing for Short-Term Treatment Teams which have replaced Standardized Triage Assessment and Referral (STAR)
- Improved (more timely and clinically appropriate) access requires additional staffing



Additional Priorities for Adjustment Dollars – Housing

- Increase amount planned for keeping or establishing board and care units
- Increasing COSAR Accounts
- Expanding the number of permanent supportive units
- Increase B&C rates
- Housing Staff



Additional Priorities for Adjustment Dollars – Other

- Transcranial magnetic Stimulation (TMS) equipment, staffing, and training
- Eye movement desensitization and repossessing (EMDR) training for existing staff
- Community Assistant, Recovery, and Empowerment (CARE) Act implementation will require additional staffing

Other Additions

* Increase from 3-year plan amount

Additional Plans	Priority Category
Incentives to align with CAL AIM Requirements*	Clinical Treatment and Services
Existing Contractors Expansion*	Clinical Treatment and Services and Alternatives to VCBH
Crisis care tracking platform*	Access
WET funding (EDMR, Peers, MHFA, SCRP, etc.)*	Clinical Treatment and Services
Tripple P Parenting	Alternatives to VCBH
FSP Data Exchange Maintenance	Clinical Treatment and Services
Veteran Mentorship Program INN	Alternatives to VCBH

Thoughts from the community



WHAT ARE YOUR
THOUGHTS?



WHAT ARE WE
MISSING?

Let us know

- Raise your hand now
- Submit via MHSA@ventura.org
- Include your feedback in your surveys!

- Always looking for INN programs: submit via www.wellnesseveryday.org

Review and Next Steps

1. Continue to receive feedback
 - Deadline-2 weeks (October 16th)
2. Post the adjustment report to the public
 - BHABs and Website
 - Public Review Period October 16th - November 20th
3. Public Hearing for MHSA 3-year plan Mid-year adjustment
 - Monday November 20th 1pm-3:30pm

Please fill out a survey

ENGLISH

<https://www.surveymonkey.com/r/23-26CPP-Update-ENG>



SPANISH

<https://www.surveymonkey.com/r/23-26CPP-Update-SP>



Ventura County Behavioral Health Advisory Board

October 2023 Secretary's Report

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



Soledad Barragan has been reappointed by Supervisor Lopez-District 5 and approved by the Board of Supervisors.

Ventura County Behavioral Health

Board Letter Summary of Contracts for September 2023

Board Date	Contract	Amount	Term	Description
9/12/2023	Behavioral Health Bridge Housing Program Grant (BHBH)	\$13,325,088	Upon execution Through June 30, 2027	<p>FY 2023-27 Approval and Ratification for BHBH Program Grant Funding. The BHBH Program grant funding will be used to: (1) provide a variety of housing solutions for people living with homelessness, including up to twenty new shelter beds throughout the County with operational funding for a term of three years, (2) hire four full time equivalent (FTE) Ventura County Behavioral Health (VCBH) staff dedicated to issues of housing, (3) pay for motel stays up to three weeks with intensive housing navigation services for people prioritized for Permanent Supportive Housing (PSH), and (4) pay for up to three years of rental assistance at the Housing and Urban Development Fair Market Rent (FMR) at locations throughout the County. Lastly, VCBH will seek to increase the number of licensed board and care operators willing to serve the target population by offering incentive funding. To support the BHBH Program grant project, VCBH will require dedicated staff (four regular FTE Community Services Coordinators) to carry out the goals of the BHBH Program. VCBH had already identified a need for dedicated housing case managers prior to the BHBH Program, but with the onset of the BHBH Program that need is amplified. In addition to serving the BHBH target population, dedicated housing case managers will also interface with Community Assistance, Recovery, and Empowerment (CARE) Court participants, clinical treatment teams, property managers, service providers, Continuum of Care (CoC), and a variety of internal and external agencies serving the unhoused. VCBH's dedicated housing case managers will mostly provide field-based services; however, they will also act as subject matter experts in the area of housing supporting the multi-disciplinary teams located VCBH community-based clinics.</p> <p>The BHBH Program grant agreement is in the amount of \$13,325,088. All services will be funded by BHBH Program Grant funding and when the grant ends, the VCBH staff will then be funded with Mental Health Services Act (MHSA) funding.</p>
9/12/2023	City of Simi Valley	\$145,945	September 17, 2023 Through June 30, 2024	<p>FY 2023-24 City of Simi Valley Agreement to Provide Mental Health Outreach and Engagement Services. The VCBH Rapid Integrated Support and Engagement (RISE) Program began in 2014 and is responsible for providing community outreach, engagement, and other related services to ensure that individuals with severe mental illness (SMI) can access and are connected to mental health and other supportive services, either at a VCBH facility or a community-based organization. RISE Program employees do not respond to emergency situations or individuals experiencing crises, and thus do not involuntarily detain individuals for evaluation and treatment that are a danger to themselves or others, or gravely disabled, under Welfare and Institutions Code section 5150. The goal of the RISE Program is to engage with individuals and connect them with care to avoid emergencies and crises. Since September 19, 2021, a VCBH RISE Program employee (Community Services Coordinator) has been working with the City of Simi Valley and the Simi Valley Police Department (SVPD) on a part-time basis to provide outreach and engagement services to individuals with mental health conditions that are high utilizers of SVPD services. More specifically, the Community Services Coordinator has delivered field-based community outreach, engagement, and case management services within the City of Simi Valley in collaboration with the SVPD, including but not limited to non-emergent follow-up care and referrals with the goal of engaging and stabilizing high utilizers of SVPD services and linking them to the appropriate level of mental health care or other supportive services.</p> <p>The Agreement with the City of Simi Valley is for \$145,945 to cover the County's full cost of committing a RISE Program Community Services Coordinator to perform the services specified under the agreement. The City of Simi Valley remits payment for these services to the County.</p>

9/12/2023	Sunbelt Staffing, LLC	\$300,000	September 12, 2023 Through June 30, 2024	<p>FY 2023-24 Sunbelt Staffing, LLC Agreement for Temporary Staff and Recruiting Services. On June 21, 2022, the Board approved three (3) agreements for medical personnel temporary staffing and recruiting services with Maxim Healthcare Services Holdings, Inc. (Maxim), Medix Staffing Solutions, Inc. (Medix), and TheKey of California, LLC (TheKey) for a combined annual maximum contract amount of \$1,300,000. Then, on February 28, 2023, the Board approved an increase to the combined annual maximum contract amount from \$1,300,000 to \$2,250,000 per fiscal year. For FY 2023-24, pursuant to authority delegated by the Board, VCBH renewed the agreements with Maxim and Medix but chose not to renew the agreement with TheKey. These contractors have proven to be a vital source of staffing services during the ongoing staffing shortage. Currently, the VCBH staffing vacancy rate is 19.3% (compared to 26.1% in January 2023). The department continues to participate in job fairs, hiring events, and work closely with educational institutions within Ventura County. They continue to advertise open recruitment and encourage staff to share vacancies with friends and family. In addition, they have a large internship program of which a large percentage of the students later become their staff. They currently have an internship program for Mental Health Associates, Alcohol Drug Treatment Specialists, Mental Health Clinicians, and psychologists. The need for additional staffing services remains high and VCBH has found a third vendor to assist in managing this need. Therefore, VCBH requested authorization to enter into a FY 2023-24 agreement with Sunbelt Staffing, LLC (Sunbelt), in the amount of \$300,000, to help manage the temporary staffing needs. The agreement with Sunbelt Staffing, LLC be in the amount of \$300,000 and will increase the combined annual maximum contract amount for the three agreements from \$2,250,000 up to \$3,000,000 (an increase of \$750,000) to help manage temporary staffing needs. This agreement is funded by MHSA, Short Doyle Medi-Cal Federal Financial Participation (SDMC/FFP), State General Fund, 2011 Realignment, 1991 Realignment, and Drug Medi-Cal Organized Delivery System Federal Financial Participation (DMC-ODS FFP) funding.</p>
9/26/2023	California Department of Health Care Services (DHCS)	\$0	July 1, 2023 Through December 31, 2026	<p>FY 2023-26 Intergovernmental Transfer Agreements with the California Department of Health Care Services. California Advancing and Innovating Medi-Cal (CalAIM) is a DHCS initiative to reform and transform the Medi-Cal program and, in turn, improve the quality of life and health outcomes of Medi-Cal members. Over the course of several years, CalAIM seeks to implement a broad delivery system, programmatic and payment reform across the Medi-Cal program and build upon the successful outcomes of various pilot programs to completely transform the delivery of behavioral health services for Medi-Cal beneficiaries. To advance payment reform under CalAIM, DHCA is required to design and implement an intergovernmental transfer-based reimbursement methodology to replace the certified public expenditure-based reimbursement methodology that was previously in effect for Medi-Cal Specialty Mental Health Services, Substance Use Disorder Treatment Services, Expanded Substance Use Disorder Treatment Services, and for costs incurred by counties to administer those benefits. An intergovernmental transfer is the transfer of funds from public agencies to the Medicaid Single State Agency (SSA) to allow the SSA to expend those funds as the nonfederal share in claiming federal financial participation for Medi-Cal payments. As part of CalAIM Behavioral Health Payment Reform process, the intergovernmental transfer is a transfer of funds from a county (the public agency) to DHCS (the Medicaid SSA) to be used as the county portion of the nonfederal share of the payments which then return to the county as part of payment for Medi-Cal covered Behavioral Health services (the "County Share").</p> <p>The Intergovernmental Agreements with DHCS are in the amount of zero dollars. These agreements are funded by 2011 Realignment, 1991 Realignment, MHSA funding.</p>

MEMORANDUM

DATE: September 14, 2023

FROM: Barbara Kramer
Contracts Administration

SUBJECT: September 26, 2023 Board Meeting – FY 2023-26 Department of Health Care Services Intergovernmental Agreements Regarding Transfer of Public Funds Board Letter

On September 26, 2023, Ventura County Behavioral Health (VCBH) will be recommending:

- (1) VCBH Director, or designee to sign, an Intergovernmental Agreement regarding the transfer of public funds with the California Department of Health Care Services (DHCS), for Medi-Cal Specialty Mental Health Services (SMHS) delivered through VCBH's Specialty Mental Health Delivery System, in the amount of zero dollars, effective July 1, 2023 through December 31, 2026
- (2) Approval of, and authorization for the VCBH Director or designee to sign, an Intergovernmental Agreement regarding the transfer of public funds with the DHCS, for Drug Medi-Cal (DMC) services delivered through VCBH's Drug Medi-Cal Organized Delivery System, in the amount of zero dollars, effective July 1, 2023 through December 31, 2026.
- (3) Approval of, and authorization for the VCBH Director or designee to sign, future amendments to the Intergovernmental Agreements to make corrections, clarifications, technical changes, and other modifications, provided that the changes are consistent with the original purpose of the Intergovernmental Agreements, and are approved by County Counsel.
 - California Advancing and Innovating Medi-Cal (CalAIM) is a DHCS initiative to reform and transform the Medi-Cal program and, in turn, improve the quality of life and health outcomes of Medi-Cal members. Over the course of several years, CalAIM seeks to implement a broad delivery system, programmatic and payment reform across the Medi-Cal program, and build upon the successful outcomes of various pilot programs to completely transform the delivery of behavioral health services for Medi-Cal beneficiaries. To advance payment reform under CalAIM, DHCS is required to design and implement an intergovernmental transfer-based reimbursement methodology to replace the certified public expenditure-based reimbursement methodology that was previously in effect for Medi-Cal Specialty Mental Health Services, Substance Use Disorder Treatment Services, Expanded Substance Use Disorder Treatment Services, and for costs incurred

by counties to administer those benefits. Under the CPE methodology Behavioral Health was reimbursed based on the cost to provide services. Under CalAIM Behavioral Health will be paid a fee for service tied to an IGT.

- An intergovernmental transfer (IGT) is a transfer of funds from a public agency to the Medicaid Single State Agency (SSA) that the SSA may use as the non-federal share in claiming Federal Financial Participation (FFP) for Medicaid covered services. In the context of CalAIM behavioral health payment reform, counties will undertake an IGT to transfer funds from a county to DHCS. The funds transferred must be eligible to draw down federal funds in accordance with federal requirements at Subpart B of 42 CFR Part 433 and cannot be federal funds.
- In June of 2023, DHCS released BHIN 23-026 notifying Mental Health Plans (MHP), Drug Medi-Cal Organized Delivery System Counties (DMC-ODS), and DMC Counties of DHCS' proposed policies and associated processes related to behavioral health intergovernmental transfers and the requirement that each county would be required to execute IGT Agreements with DHCS for Medi-Cal SMHS and Drug Medi-Cal delivery system services to implement the IGT transfer-based payment methodology described in the BHIN, effective July 1, 2023.
- To facilitate this transfer, the State Controller's Office has established a new Special Fund for the IGT process, titled the Medi-Cal County Behavioral Health Fund, or Special Fund 3420. Under the new IGT process, counties will transfer funds covering their nonfederal share of cost into a state account or County Fund Account (CFA) which will be used to draw down the associated federal funds.
- The counties were given two options to fund their share of the CFA, routine transfers or authorize the State Controller's Office to withhold a fixed percentage of the funding allocated to the county from various funds. VCBH selected to fund the CFA with routine transfers and submitted the selection to DHCS on August 10, 2023 in order to meet the required deadline.
- The following three state funds, as available and allowable, can be used to draw down the associated federal funds:
 - Local Revenue Fund (1991 Realignment)
 - Local Revenue Fund 2011 (2011 Realignment), and
 - Mental Health Services Fund (Mental Health Services Act).
- In addition, DHCS recommended that each county maintain an intergovernmental transfer balance with DHCS that is greater than or equal to 300% of the average monthly County share of all approved service payments from the prior state fiscal year. VCBH has estimated the total amount that could be transferred in FY 2022-23 is \$33,925,043. This estimate is based on information from DHCS and FY 2021-22 claims. As claims are submitted to DHCS Behavioral Health will need to fund the match by transferring cash to the CFA. If DHCS does not process the claims timely the balance of the CFA account may increase in order to cover the match as needed.
- In August of 2023, DHCS released BHIN 23-036 notifying MHP's, DMC-ODS and DMC Counties of one time State General Funds made available to support the transition from Certified Public

Expenditure (CPE) to IGT. The funds are intended to help mitigate the cash-flow impacts of this new process on counties that will be paying the full cost of services in addition to paying their nonfederal share of costs to the state prior to federal reimbursement. The County's allocation of these one-time funds within the new County Fund Account (CFA) is \$5,853,040 based on submitted claims from 2019 to 2022.

- In mid-July of 2023, DHCS released the SMHS and Drug Medi-Cal IGT Agreements that specified the behavioral health IGT transfer requirements and DHCS and county roles and responsibilities. The two proposed IGT Agreements before your Board have the same exact terms, as follows: (1) requirement that the county transfer the county nonfederal share of Medi-Cal payments to DHCS for the term of July 1, 2023 through December 31, 2026, (2) requirement that funds transferred to DHCS be allowable sources of nonfederal funds and not be derived from impermissible sources, (3) requirements surrounding the amount of the nonfederal share to be transferred, when the nonfederal share is to be transferred, and how to transfer the nonfederal share, (4) requirements related to the nonfederal share balance that is to be maintained to fund the county non-federal share of approved claims, (5) requirements related to balance monitoring and the use of a monthly County Funds Accounting (CFA) Report to track transfers to DHCS, interest earned on those transferred funds, balances, and all transferred funds and interest earned that DHCS pays to the counties, (6) actions to be taken by DHCS and counties should balances fall below the amount required to remit payment for claims, (7) authorized use of the transferred funds for the County's nonfederal share of Medi-Cal payments associated with the provision of SMHS and Drug Medi-Cal services, (8) provisions that DHCS payments to the County will consist of the nonfederal share, federal financial participation share obtained by DHCS, and state funds and that 100% of these payments may be used by the county to meet the costs of furnishing Medi-Cal SMHS and Drug Medi-Cal services and activities, and (9) dispute resolution and other general provisions.

MEMORANDUM

DATE: August 31, 2023

FROM: Curtis Heath
Contracts Administration

SUBJECT: September 12, 2023 — FY 2023-24 Temp Staffing Agreements and Amendments

On September 12, 2023, Ventura County Behavioral Health (VCBH) is requesting: (1) Approval of, and Authorization for the Ventura County Behavioral Health (VCBH) Director to Sign, an Agreement with Sunbelt Staffing, LLC in the Amount of \$300,000, (2) Authorization for the VCBH Director to Amend Temporary Staffing and Recruiting Services Agreements with Sunbelt Staffing LLC, Maxim Healthcare, and Medix Staffing Solutions to Increase the Combined Annual Maximum Contract Amount for the Three Agreements from \$2,250,000 to \$3,000,000 (an increase of \$750,000), effective July 1, 2023 Through June 30, 2024, and (3) Authorization for the VCBH Director to Approve Limited Modifications and to Extend the Term of the Agreement With Sunbelt Staffing, LLC for up to Two (2) Years.

- VCBH recommends authorization for the VCBH Director or designee, to sign a new agreement with Sunbelt Staffing, LLC in the amount of \$300,000, effective September 12, 2023 through June 30, 2024. This agreement will take the place of the agreement VCBH formally had with TheKey that ended on June 30, 2023 at the request of VCBH's HR Department.
- VCBH is also recommending authorization for the VCBH Director or designed, to sign future amendments to all three (3) temp staffing agencies (Sunbelt Staffing, LLC, Maxim Healthcare Services Holdings, Inc and Medix Staffing Solutions, Inc) in order to either (1) extend the term of the agreement (2) limited modifications that do not alter the original purpose of the agreement and (3) to modifications to the budgets for any individual agreement to either increase or decrease up to the total not to exceed amount of \$3,000,000.

MEMORANDUM

DATE: September 1, 2023

FROM: Michele Morris
Contracts Administration

SUBJECT: September 12, 2023, Board Meeting - FY 2023-24 City of Simi Valley
CSC Services - Agreement

On September 12, 2023, Ventura County Behavioral Health (VCBH) will be requesting approval of, and authorization for the (VCBH) Director to sign, the agreement with the City of Simi Valley for VCBH to provide mental health outreach and engagement services, in the amount of \$145,945, effective September 17, 2023, through June 30, 2024.

- Since September 19, 2021, a VCBH RISE Program employee has been working with the City of Simi Valley and the Simi Valley Police Department (SVPD) on a part-time basis to provide outreach and engagement services to individuals with mental health conditions that are high utilizers of SVPD services. The RISE Program employee is also known as the Community Services Coordinator, has delivered field-based community outreach, engagement, and case management services within the City in collaboration with the SVPD, including but not limited to non-emergent follow-up care and referrals with the goal of engaging and stabilizing high utilizers of SVPD services and linking them to the appropriate level of mental health care or other supportive services.
- The proposed agreement with the City of Simi Valley describes the scope of services to be provided, the responsibilities of each party, and the payment parameters for the dedication of a single, full-time RISE Program employee to work and collaborate exclusively with the City and the SVPD.
- The amount of the agreement (\$145,945), to be paid by the City of Simi Valley to the County, is intended to cover the County's full cost of committing a RISE Program employee to perform under the agreement.

MEMORANDUM

DATE: September 1, 2023

FROM: Noemi Reyes
Contracts Administration

SUBJECT: September 12, 2023 – Behavioral Health Bridge Housing Program Grant

On September 12, 2023, Ventura County Behavioral Health (VCBH) will be requesting: (1) approval and ratification of the submission of the VCBH application to Advocates for Human Potential, Inc. (AHP), Consultants for the California Department of Health Care Services (DHCS), for Behavioral Health Bridge Housing (BHBH) Program funding available in the amount of \$13,325,088, (2) approval and ratification of the VCBH Director's acceptance of BHBH Program Grant funding, (3) approval of, and authorization for the VCBH Director or designee to sign Subcontract Agreement with AHP, effective upon execution through June 30, 2027, and (4) adoption of a resolution establishing four (4) new full-time equivalent (FTE) positions and deleting four (4) regular FTE positions.

- VCBH was notified in March 2023 about the opportunity to apply for a non-competitive funding allocation from DHCS in the amount of \$13,325,088 to provide a variety of housing solutions for people experiencing homelessness who have serious behavioral health conditions. VCBH submitted an application for funding in April of 2023 to AHP, DHCS' grant consultant. In June of 2023, VCBH was awarded conditional approval of BHBH Program grant funds by DHCS.
- The BHBH Program grant funding will be used to: (1) provide a variety of housing solutions for people living with homelessness, including up to twenty (20) new shelter beds throughout the County with operational funding for a term of three (3) years, (2) hire four (4) FTE VCBH staff dedicated to issues of housing, (3) pay for motel stays up to three (3) weeks with intensive housing navigation services for people prioritized for Permanent Supportive Housing (PSH), and (4) pay for up to three (3) years of rental assistance at the Housing and Urban Development Fair Market Rent (FMR) at locations

throughout the County. Lastly, VCBH will seek to increase the number of licensed board and care operators willing to serve the target population by offering incentive funding.

- All housing options made available under this grant must be available for Community Assistance, Recovery, and Empowerment (CARE) Court participants and homeless individuals and families with Serious Mental Illness by June 2024. CARE Court participants will be prioritized for BHBH housing resources once that program is established and all BHBH referrals for both short term and interim housing opportunities will be made through the County's Coordinated Entry System (CES).
- To support the BHBH Program grant project, VCBH will require dedicated staff (four (4) regular FTE Community Services Coordinators) to carry out the goals of the BHBH Program. VCBH had already identified a need for dedicated housing case managers prior to the BHBH Program, but with the onset of the BHBH Program that need is amplified. In addition to serving the BHBH target population, dedicated housing case managers will also interface with CARE Court participants, clinical treatment teams, property managers, service providers, Continuum of Care (CoC), and a variety of internal and external agencies serving the unhoused. VCBH's dedicated housing case managers will mostly provide field-based services; however, they will also act as subject matter experts in the area of housing supporting the multi-disciplinary teams located VCBH community-based clinics.
- BHBH funds are required to be expended by June 30, 2027. The VCBH BHBH Program grant project and staff will be funded by the BHBH grant and when the grant ends, the VCBH staff will be funded with Mental Health Services Act (MHSA) funding.