BEHAVIORAL HEALTH ADVISORY BOARD
General Meeting
Monday, October 19, 2020, 1:00 – 3:30 PM
VIRTUAL MEETING VIA ZOOM

Zoom Participation

The following information referenced below and on page two of this 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=bE43OUJqRHhHa0ExSlR5L1VLMWMyQT09
Meeting ID: 833 3271 4732
Password: 149553
Dial-In: 669-900-9128

AGENDA

I. Call to Order

II. Roll Call

III. Welcome and Introductions

IV. Approval of the Agenda – **ACTION** (Roll Call)

V. Approval of the September 21, 2020 Minutes – **ACTION** (Roll Call)

VI. Public Comments (3 min. per speaker)

VII. Chair Comments (5 min.)

VIII. Director's Report – Dr. Sevet Johnson (10 min.)

IX. Board Member Comments and Announcements (10 min.)

X. Secretary's Report – Mary Haffner (3 min.)

XI. BHAB Committee Reports (5 min. each)
- A. Transitional Age Youth (TAY) Committee – Margaret Cortese, Chair
- B. Youth & Family Committee – Denise Nielsen, Chair

XII. Old Business
- A. Lanterman, Petris, Short (LPS) Reform Workgroup – Letter to Each Member of the Board of Supervisors and Revised LPS Report – Jerry Harris – **ACTION** (Roll Call) (10 min.)
- B. Amended Bylaws Follow-Up – Dr. Sevet Johnson (5 min.)
- C. New Member Orientation Update – Janis Gardner (5 min.)

XIII. New Business
- A. Legislative Bills Overview – Dr. Sevet Johnson (10 min.)
- B. Update on Newly Approval Behavioral Health Bills – Ratan Bhavnani (5 min.)
- C. Report on Implementation of Peer Specialist Certification (SB 803) Per State Staff at MHSOAC-CFLC Meeting Held October 16, 2020 - Elizabeth R. Stone (10 min.)
- D. Proposed Process to Identify Gaps in Services – **ACTION** (Roll Call) (15 min.)

Members of the public making oral presentations to the Board in connection with one or more agenda or non-agenda items at a single meeting are limited to a cumulative total time not to exceed (5) minutes for all of their oral presentations at such meeting unless otherwise provided. Public comments on agenda items must be made prior to board member deliberations of agenda items. The entire public comment period is limited to no more than (20) minutes total for all speakers. NOTE: The Chair may limit the number or duration of speakers on a matter. 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.

E. Fiscal Year 2020/2021 Objectives – Discussion – **ACTION** (Roll Call) (10 min.)

F. Ombudsman / Peer Advocate for Assistance with Access or Services Issues – **ACTION** (Roll Call) (15 min.)

G. Develop Preliminary Plan for Fiscal Year 2019-20 Annual Report Preparation – Discussion – **ACTION** (Roll Call) (15 min.)

H. 2020 Data Notebook – Formation of Workgroup (5 min.)

I. Statement for Expressing Personal Opinions – Michael Rodriguez – **ACTION** (Roll Call) (5 min.)

J. County's Annual Behavioral Health Legislative Platform – Review & Discuss (10 min.)

K. Recommendation on "Going Dark" in December – **ACTION** (Roll Call) (3 min.)

XIV. Contracts

A. Board of Supervisors Approved Agreements – September 22, 2020

1. Substance Use Services (SUS): Fiscal Year (FY) 2020-21 Aegis Treatment Centers, LLC (Aegis), Western Pacific Med-Corp. (Western Pacific), Dennis M. Giroux & Associates, Inc. (DMG), HealthRIGHT 360 (HealthRIGHT), and Tarzana Treatment Centers, Inc. (Tarzana) Agreements.

2. FY 2020-23 California Department of State Hospitals (DSH) Grant Agreement

XV. Adjourn

Next Meeting: Monday, November 16, 2020

Zoom Participation Information - continued

Please note the following important information related to supporting your participation in the upcoming meeting:

1. Zoom will initially start with a "**waiting room**"—you will be "admitted" into the meeting room when the meeting starts.
2. The meeting is recorded.
3. All participants are muted upon entry to minimize any unintended disruption of background sounds. Please keep yourself on mute unless you are speaking.
4. Note the following regarding the public comments portion of the agenda:
   a. Public comments are made by **"raising your hand"** in one of the following ways:
      i. If you are joining the meeting via video/audio, you join the comment queue by clicking on the participant window at the bottom of the Zoom screen and then click on the **"raise hand"** feature in that participant window. *Your raised hand will appear in the order it was received.*
      ii. 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.
   b. Comments are taken in the order they are received in the queue/participant window.
   c. When it is your turn to make a comment, you will be asked to unmute yourself.
   d. Public comments may be up to 3 minutes during the public comment period, or before an agenda item, with a cumulative total time not to exceed 5 minutes.
   e. The assigned timekeeper will track each public comment time as well as the total time per speaker. When your time is up, the timekeeper will interrupt to let you know that you have reached the 3-minute maximum as well as when you have reached your total allotted time.
   f. At the end of the three minutes and/or allotted time, the mic will be opened to the next person in the comment queue.

Each Supervisor (Letters are to be individually addressed to each Supervisor)

Dear (Name of Supervisor),

We would like to take this opportunity to thank your Board and the County management team for the commendable job that has been done to protect the citizens of our county from COVID-19. Please express our appreciation to all that have been involved.

Attached you will find a report on the need to reform provisions of the Lanterman-Petrus-Short (LPS) Act along with recommendations for your consideration. The members of the Workgroup spent seven months reviewing a number of documents and relating stories of situations that have occurred in Ventura County. Our board believes you should have an opportunity to see the report to understand some of the problematic provisions of the LPS Act that create difficulties for consumers and families in Ventura County. Most of the members on the Workgroup were consumers and family members that have personally experienced the frustration associated with being confronted by these issues.

Background

In early 2019, the Behavioral Health Advisory Board (BHAB) received and reviewed the LPS Reform Task Force II Report (March 2012) that was developed by an independent group in Los Angeles. The BHAB approved the creation of an LPS Reform Workgroup since many of the areas of concern in the 2012 Report also were being experienced by clients and families in Ventura County. The BHAB Workgroup met from July 2012 through January 2020. A report was prepared and adopted by the full BHAB at its regular in March 2020 meeting with the intent that the report be sent to the Board of Supervisors (BOS) by the Ventura County Behavioral Health Department (VCBH) immediately thereafter. That, however, was not done. It is understandable that business as usual was no longer possible due to COVID-19, however, the BHAB report was not sent to County Counsel for review until September 2020 at my insistence. We believe this delay was excessive and we are currently working with management to make sure that this kind of delay does not occur again.

It was County Counsel's opinion that the Welfare and Institutions Code (WIC) does not give the BHAB authority to engage in legislative matters or to advocate in support of legislation. Based on that opinion, we were asked to revise our report to eliminate anything relating to legislation. Our board does not agree with County Counsel's opinion for many reasons. We asked to meet with County Counsel to get a better understand as to why our report needed to be revised prior to being placed on the BOS Agenda and more specifically understand why the BHAB does not have the authority to address legislative issues or to support specific pieces of legislation directly dealing with behavioral health matters. Our request ,however, was denied. We are aware of, and clearly understand the provisions of the County's Legislative Coordination and Advocacy Policy (Policy No. Chapter 11-7). It has always been our intent to strictly adhere to this policy.

We do not agree with County Counsel's opinion for the following reasons:

- Although Section 5604.2 does not specifically give Behavioral Health Boards and Commissions the authority to address legislative matters, it does not specifically state that they do not have this authority. The BHAB Bylaws states, "The purpose of the BHAB, provided in the Welfare and Institutions Code Section 5604.2, includes, but is not limited to…" A. through J. as contained in the BHAB Bylaws.

- The County's Administrative Policy on Legislative and Advocacy provides guidelines for Boards to make recommendation to the BOS relative to supporting or not supporting legislation. So, on the one hand County Counsel says that the BHAB does not possess this authority, County Policy clearly states that the BHAB does have this authority so long as it complies with the County's Policy on legislative matters.

- Item number 8 in the Welfare and Institutions Code, Section 5604.2(a) states, "Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board."

Members of the BHAB strongly believe that behavioral health legislation is an integral part of addressing and resolving the needs of the behavioral health system of care in Ventura County. This is particularly important in today's environment as State Legislators are receptive to the unmet needs of people with mental health challenges. Adopted legislation has recently included enhancements to behavioral health delivery and support services which, is in desperate need of financial support. To this extent, we are asking that the BOS consider giving the BHAB the authority to review legislation that directly impacts behavioral health services in Ventura County and report our findings to your Board.

Summary and Conclusion

We are providing each BOS member with a copy of our LPS Reform Workgroup Report for your information. We hope you find the content of the report to be enlightening. The report has been revised to comply as best we can with County Counsel's recent opinion on this matter. In so doing, we have substantially modified our recommendations since the six-month delay in providing the report to you has made some of our recommendations no longer valid following the release of the State Auditor's report on the LPS Act. Despite the fact that the conclusion of the State Audit team was that the LPS Act does not need to be changed, many counties throughout the state do not concur with this conclusion.

Should you have any questions or require additional information, please let me know.

Jerry M. Harris, Chair

C: Michael Powers, County CEO

COUNTY OF VENTURA
BEHAVIORAL HEALTH ADVISORY BOARD

Lanterman Petris Short (LPS) Reform Workgroup
Report and Recommendations
March 12, 2020

Background

The LPS Workgroup was established by the Ventura County Behavioral Health Advisory Board at its regular meeting held in June 2019. The Workgroup began meeting in July 2019 and met on a monthly basis through January 2020. The initial task of the workgroup members was to develop a mission statement which is as follows:

> The mission of the LPS Reform Workgroup is to review the recommendations contained in the "LPS Reform Task Force II Report (March 2012)" in order to identify which recommendations specifically apply to Ventura County. Based on the Workgroup's findings, a draft report containing recommendations will be developed for the Behavioral Health Advisory Board's (BHAB) review and approval. Following approval, the recommendations contained in the BHAB final report will be sent to the Ventura County Board of Supervisors for adoption. \~~BHAB members will also be asked to support the recommendations with the ultimate goal of starting a statewide initiative to reform the provisions of the Lanterman Petris Short Act (LPS) as contained in the Welfare and Institutions Code (WIC), which was signed into law in 1967.~~

The LPS Reform Task Force II Report (March 2012) was developed over a period of 30 months and is as valid today as it was in 2012. A copy of the report is included as Attachment I. The report's primary finding was that inpatient psychiatric beds have been significantly reduced since the closure of the State Hospitals and that the community hospital emergency rooms are now the primary focal point of individuals experiencing a mental health crisis who are in need of treatment. It further concluded that a person who is severely mentally ill is four times more likely to be incarcerated than provided with a psychiatric hospital bed. Finally, the LPS Act, signed into law in 1967 and took effect in 1969, was designed to govern involuntary civil commitment to psychiatric hospitals in California. The Act, however, was based on then current political, legal and social ideas of the 1960s. This is despite the fact that our society and science have drastically changed and the treatment modalities and approach have also greatly evolved since the 1960s.

The original purpose and expectations of the LPS Act when it was enacted was to:

- End inappropriate, indefinite, involuntary commitment;

- Provide prompt evaluation and treatment;
- Safeguard individual rights;
- Protect mentally ill individuals from criminal acts;
- And, guarantee and protect public interests

Looking at what is currently taking place in our communities, it is unfortunate that not all of these expectations have been achieved, leaving the vast majority of the severely mentally ill population in dire need of services and supports. The result of which has been that this vulnerable population is subject to incarceration, suicide, homelessness, victimization, acts of violence, and death to a degree that is much higher than the general population.

Given the above, the State's counties currently find themselves in a crisis when it comes to meeting the treatment needs of ~~the~~ people who are severely mentally ill who are most vulnerable in terms of lacking the ability or being well enough to respond to treatment in a voluntary behavioral health system of care within our communities.

The entire paragraph originally located in this part of the report was removed as it is no longer timely and relevant as a result of the extremely long delay in getting the report though Department and County Counsel review.~~Although there is hope that LPS Reform may be on the horizon at the State level, California's Counties must aggressively support the need for reform. Currently, the LPS Act is being reviewed by California's Joint Legislative Audit Committee to determine if updates, clarification or improvements are needed. Hopefully, reports such as this one and action to support the need for changes to the LPS Act by the Ventura County Board of Supervisors can be used as evidence supporting the need for reform by the Joint Legislative Audit Committee.~~

Results of Review

Following the review of the LPS Reform Task Force II Report, Workgroup members concluded that the following recommendations contained in the report specifically applied to Ventura County:

Recommendation #1: Define "Grave Disability" to address the individual's capacity to make informed consent to treatment and assess their ability to care for their health and safety.

Recommendation #3: Conform initial acute care hospital certification periods to 28 days, renewable for 28 days. Consider less restrictive alternatives to hospitalization at each hearing or upon renewal of holds.

Recommendation #4: Establish criteria for an LPS conservatorship to be "grave disability" as defined under Recommendation #1 of the report. Establish conservatorship by clear and convincing evidence. Revise procedures to allow for efficient application and due process for conservatorships applied from community settings.

Recommendation #7: Develop local systems of interagency coordination to ensure timely transportation and placement in facilities appropriate to the person's needed level of care.

Recommendation #8 Ensure Medi-Cal definitions for voluntary and involuntary hospitalization are consistently defined, monitored and applied. Appeals should be conducted by a neutral third party.

Recommendation #9: Prioritize services to the most seriously disabled adults with a mental illness whether those services are needed on a voluntary or involuntary basis in the community or a hospital setting.

Recommendation # 12: Conform local emergency response capability in each county under a legislative framework that requires standardized training for all designated response entities.

Recommendation # 14: Ensure statewide uniform application of the Lanterman Petris Short Act to achieve equity and equal protection for all consumers statewide.

It is the consensus of the workgroup members that, taken together, reform of the LPS Act, based on the above recommendations, would go a long way to significantly improve service delivery to seriously mentally ill individuals in Ventura County as well as providing needed support to family members and loved ones trying to get help for their significant others. In terms of specific behavioral health system of care areas needing improvement in Ventura County, the workgroup members focused on the following: the significant reduction of inpatient psychiatric beds that has taken place in the past; the need for an adequate number of Crisis Stabilization Units (CSUs) and/or Psychiatric Emergency Services (PESs) slots to meet the needs of the residents of Ventura County; the need to increase the number of inpatient beds in the County based on actual data provided by CSUs/PESs; and, the implementation of an innovative approach to conducting medical clearance for clients on involuntary holds.

With a system that provides for timely medical clearance, the Crisis Residential Treatment facility located on the grounds of the Ventura County Medical Center could potentially serve to avert hospitalizations as well as serving as a step down for patients leaving the IPU requiring further support. This asset has never ~~served~~ been able to demonstrate its full potential and the ~~full~~ purpose for which it was ~~built~~established. Doing so, would, however, further reduce the pressure occurring in community hospital emergency rooms who must try to serve those having mental health issues. Mental health issues need to be addressed and treated in mental health facilities that have the necessary expertise to assess and treat behavioral health conditions rather than emergency rooms that place a high priority on transferring these individuals to an inpatient psychiatric hospital as quickly as possible in order to make room for those with life threatening medical emergencies. Data suggests that 50 to 65 percent of people experiencing a mental health crisis would not require inpatient psychiatric hospitalization had they been seen in an CSU/PES.

Reduction of Inpatient Psychiatric Beds

In prior years, there were three or four community hospitals that had inpatient psychiatric units. These units have, however, all closed while the population of Ventura County increased and the need for inpatient psychiatric beds dramatically increased. Currently, the only remaining acute care facility which accepts Medi-Cal insurance is the Inpatient Psychiatric Unit (IPU) at the Ventura County Medical Center, which is operating at a capacity of 30 beds. In 2004-5, this unit was operating at a capacity of 60 beds. Attachment II provides a brief history of changes in the inpatient bed capacity at the IPU, the A&R, the PES, OPOS, and the CSU. It is absolutely essential that the IPU, CSU and/or PES, have the ability to conduct medical clearances on site and receive clients on involuntary holds directly from law enforcement. Aurora Vista Del Mar Hospital has reopened following the Thomas Fire, with 38 adult beds, but only for clients with private insurance or Medicare; this hospital serves patients from several counties. The bottom line, however, is that a psychiatric bed crisis currently exists in Ventura County.

The Use of Non-LPS Designated Community Hospital Emergency Rooms to Receive Individuals Experiencing Mental Health Crisis

The critical inpatient psychiatric bed crisis and the lack of a sufficient number of LPS Designated Hospitals in Ventura County has resulted in the use of non-LPS designated community hospital emergency rooms (ERs) to provide medical clearances. The primary mission of emergency rooms is the treatment of life-threatening medical emergencies and not individuals experiencing a mental health crisis. This has resulted in these hospitals to placing ~~place~~ a high priority on transferring these individuals out of their ERs to psychiatric inpatient units in distance communities when data indicates that 50 to 60 percent of these individuals more than likely could have returned home with behavioral health linkage and supports had they been seen in a CSU or PES.

Non-designated community hospital emergency room staff lack the skills and expertise to provide the necessary assessment and treatment required by voluntary and involuntarily detained mental health patients. These hospitals generally do not have a Psychiatrist on staff and ER staff are not adequately trained to appropriately treat and evaluate patients on 72 Hour Holds. It has been reported that many involuntary holds expire before a psychiatric bed can be located to transfer these patients into. The vast majority of these patients are referred to inpatient psychiatric hospitals in distant counties making it virtually impossible for families to visit them or provide information to the clinical staff. Furthermore, community hospitals do not keep specific workload data or outcome data on the mental health patients they admit to the ERs or their dispositions. This makes it impossible to evaluate the effectiveness of the current system within the Ventura County system of care. To address this need, workgroup members developed data elements required to assess what is actually occurring with individuals in community hospital emergency rooms, the IPU, and the CSU located in the IPU (see Attachment III).

Given the lack of behavioral health resources in community hospital emergency departments, there are several negative consequences that impact the patient care provided to mental health clients in this type of setting. These people are being boarded in ERs waiting for psychiatric inpatient beds in distant communities when inpatient care might not even be needed had an ~~effective~~ appropriate assessment been performed in a CSU/PES. As a direct concomitant to this, appropriate treatment is delayed impacting the length of time required for client recovery. Several families have ~~complained~~ provided testimony to the BHAB that their loved ones are sent off repeatedly from ERs to distant acute care psychiatric hospitals in Los Angeles, Riverside and Kern Counties, making it nearly impossible to provide advocacy and support to help these clients achieve wellness. Attachment IV is an Evidence Brief entitled "Delayed and Deteriorating: Serious Mental Illness and Psychiatric Boarding in Emergency Departments" that describes the impact of delayed treatment and boarding on individuals that are seriously mentally ill and ~~individuals who~~ are experiencing a mental health crisis and their families.

Moreover, law enforcement has reported that their officers are frequently asked to stay in the ERs to provide security for the patients on 72-hour holds that they bring in for evaluation since the community hospitals do not employ or contract with on-site security officers. This has resulted in law enforcement units being taken out of service for up to a full shift or more providing security within the ERs. Removing law enforcement units from their community patrol duties has the potential of negatively impacting community safety.

In a letter dated April 2015, Sheree Kruckenberg, Vice President of Behavioral Health, California Hospital Association stated the following in regard to access to timely Psychiatric Emergency Services (see Attachment V) :

> "The increasing dependence on medical/surgical hospital EDs to provide behavioral evaluation and treatment is not appropriate, not safe, and not an efficient use of dwindling community emergency resources. This includes not only hospitals, but emergency transportation providers and law enforcement. More importantly, it impacts the patient, the patient's family, other patients and their families, and of course the hospital staff."

This statement holds true today as it did in 2015 and given the fact that the psychiatric inpatient bed crisis has continued, the ER problems ~~is~~ have probably worsened over time. The bottom line is that everyone, even people who are experiencing a mental health crisis, deserves to receive appropriate, high-quality healthcare services specific to their needs.

Crisis Stabilization Units/Psychiatric Emergency Service

There is a critical shortage of Crisis Stabilization Unit slots (CSU) in Ventura County to help reduce the need to take clients on involuntary holds to community hospital ERs.

Crisis Stabilization Units are staffed with mental health professionals who are able to provide the appropriate level of care to evaluate, treat, refer for inpatient care and develop treatment

plans for these clients. The Ventura County Medical Center (VCMC) Psychiatric Hospital has the only CSU within the County. It is currently licensed for 12 chairs but is only staffed for 4, with plans to staff an additional 8 chairs in the near future. Licensing issues do not allow the CSU to perform medical clearance exams or accept individuals on involuntary holds from law enforcement agencies. Furthermore, this has resulted in negatively impacting the Ventura County Medical Center Emergency Room by the need to perform medical clearance exams on a significant number of mental health patients when they ~~.~~ could be done in the IPU.

The need in Ventura County for additional CSU chairs is currently much greater than the maximum licensed capacity of 12 chairs at the CSU. There is a potential for a public-private partnership between the Ventura County Medical Center and the community hospitals that could help alleviate many of the current problems being experience within the County's Behavioral Health System of Care**.** It is imperative, however, that a public-private partnership be vigorously pursued and that the number of chairs at the IPU be increased to the maximum as quickly as possible to help address the behavioral health inpatient bed crisis. Once a system of effective assessments is in place, a determination of the number of inpatient beds actually needed can be more appropriately be determined.

Concurrent with increasing the number of CSU chairs at VCMC, it is also imperative that the number of beds at the IPU be increased to its licensed capacity. The VCMC Psychiatric Hospital is licensed for 45 beds but is only staffed and operating at a capacity of 30 beds. There are plans to increase the bed capacity in the future by an additional 12 beds for a total operating capacity of 42 beds. Should this occur, it will help ease the inpatient psychiatric bed crisis in the county. It is important, however, that this be accomplished as quickly as possible while still pursuing public-private partnerships and increasing the chairs at the CSU. Every possible avenue must be pursued to address the critical psychiatric inpatient bed crisis in Ventura County.

On a related issue, the delivery of timely and effective behavioral health services necessitates that medical screenings and the receipt of individuals on Involuntary Holds be done at the IPU. This is done in other counties within the State and can be accomplished by the State licensing agency granting VCMC a waiver to do these things. It is the understanding of the workgroup members that the local State licensing office has been reluctant to grant such waivers. Given this, the County must begin negotiations on this matter as soon as possible.

Initial Acute Care Hospital Certification Periods

After a 72-hour hold period, certification for treatment should be for 28 days, regardless of the criteria under which the patient was initially certified and renewable for another 28-day period. This addresses the assumptions in the current LPS statute that presumes patients have regained competency when their hold status expires or changes. This assumption may not be the case and negatively affects the success and continuity of patient care creating ~~the~~ a revolving door to hospitalization or worse, incarceration. It should be clearly understood that even if an individual is certified for an additional amount of time, it is up the assigned Psychiatrist to determine if the patient can be discharged earlier should their condition improve.

Expand the Definition of Grave Disability to Include Life-threatening Medical Conditions

The Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. Existing law also provides for a conservator of the person or estate to be appointed for a person who is gravely disabled. For the purposes of involuntary commitment and conservatorship, "gravely disabled," is defined among other things, as a condition in which a person, as a result of a mental health disorder, is unable to provide for the basic personal needs of food, clothing, or shelter.

It is generally believed that a severely mentally ill person can be so sick that he/she is not capable or have the capacity for making a decision regarding the need for medical care when they are faced with a life-threatening medical decision. To this extent, they no longer have the ability to make a decision regarding their medical condition based on the exercise of free will. It has, therefore, been proposed that the definition of "gravely disabled" be defined as "a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about, or providing for, the person's own basic personal needs for food, clothing, shelter, or medical care without significant supervision and assistance from another person and, as a result of being incapable of making these informed decisions, the person is at risk of substantial bodily harm, dangerous worsening of a concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of essential needs that could result in bodily harm."

LPS should also be amended to incorporate specific criteria such as the probability the person would experience substantial bodily harm, serious illness, significant psychiatric deterioration or debilitation without adequate treatment. Any amendments to the grave disability statute must include an individual's medical and psychiatric history when making the grave disability determination.

It is understood that making this kind of change to the Lanterman-Petris-Short Act would involve many changes to existing conservatorship authority. Particularly to the application of a probate conservator's authority on behalf of a conservatee for medical treatment, which would have many challenges and issues to resolve. Given this, however, expanding the definition of "grave disability" as described, would far outweigh the necessity to address the challenges and issues resulting from expanding the definition to include significant medical conditions. Moreover, if one believes and understands the benefits of "whole person care," there may be significant medical conditions that negatively impact behavioral health conditions. As a result, treating one condition without addressing the other, could potentially greatly complicate the treatment regimen.

Criteria for an LPS Conservatorship

Conservatorships should be established by clear and convincing evidence. Procedures should be revised to allow for efficient application and due process for conservatorships applied from community settings in order to avoid unnecessary hospitalizations. Most importantly, the

judicial order appointing a conservatorship should be recognized by officials in other California counties and apply throughout the state, rather than only in its county of origin.

Consistency in the Application of the Provisions of the Lanterman-Petris-Short Act

As it stands, the LPS Act is not being consistently applied by California's counties. This creates problems for behavioral health clients and their families. The primary areas impacted by this lack of consistency include the transfer of clients on involuntary holds to LPS designated psychiatric hospitals from one county to another, issues related to clients on conservatorship in one county and being treated in another, issues relating to ambulance transportation of involuntary clients from one county to another, and issues related to the inconsistent application of 72-hour holds. Furthermore, emergency response to mental health crisis varies throughout the state.

Finally, the definition of "medical necessity" in MediCal statutes and regulations for voluntary and involuntary hospitalizations are not clinically appropriate for acute psychiatric episodes and are not being applied, monitored or defined consistently throughout the state. Mental Health treatment is different and it takes longer for a person to regain wellness. Current definitions create financial incentives for premature discharge of psychiatric patients causing negative outcomes and perpetuating the revolving door through frequent hospitalizations. It is, therefore, imperative that ~~Ensure~~ Medi-Cal definitions for voluntary and involuntary hospitalization are consistently defined, monitored and applied. Appeals should be conducted by a neutral third party.

The consistent application of LPS, as it is with any law, requires consistent definition, monitoring application between the state's counties in order to be effective. Without the consistent application of LPS provisions, it is safe to conclude that this will lead to confusion for clients and their families as well as members of the state's behavioral health system of care. This lack of consistency directly impacts behavioral health treatment in Ventura County given the current mental health crisis being experienced.

Medicaid IMD Exclusion Waiver

Although the issue urging the State of California to submit an application for an Institutions of Mental Disease (IMD) Exclusion Waiver to the federal government, does not directly relate to the need for LPS Reform, it does directly impact the County's ability to somewhat relieve the mental health bed shortage crisis currently being experienced and provide additional needed services to severely mentally ill County residents. On April 8, 2019, the Ventura County Behavioral Health Advisory Board (BHAB) sent a letter to the Board of Supervisors (Attachment VI) recommending that the Board send a letter to the California Department of Health Care Services requesting that the State of California apply for an IMD Exclusion Waiver to allow Medicaid to pay for in-hospital beds at psychiatric hospitals and facilities having more than a 16 bed capacity that is currently in place. The BHAB continues to view this as an extremely high priority issue that must be pursued with all deliberate speed. Also attached (Attachment VII) is

a County of Santa Barbara draft Board of Supervisors Resolution in support of the Medicaid IMD Exclusion Waiver.

Recommendations

The LPS Reform Workgroup recommends the following:

1. The BHAB formally adopt the LPS Reform Workgroup Report.
2. The BHAB prepare a letter to the Ventura County Board of Supervisors recommending that the ~~Board~~ Supervisors adopt the four recommendations contained in this report. ~~contained in the LPS Reform Workgroup Report II and the BHAB LPS Reform Workgroup cited above and advise the California Joint Legislative Audit Committee on the need for LPS reform incorporating these recommendations.~~

~~3. A copy of the LPS Reform Workgroup Report be forwarded to the California Joint Legislative Audit Committee reviewing the need for LPS reform.~~

3. A copy of the BHAB LPS Reform Workgroup Report be forwarded to the California Association of Local Behavioral Health Boards/Commissions (CALBHB/C) requesting that the association provide copies to all Behavioral Health Boards and Commissions within the State for their information. ~~in order to begin a statewide effort to advocate for LPS reform.~~
4. To the extent that proposed legislation is inextricably intertwined with behavioral health service delivery, the Board of Supervisors consider transferring an additional duty and responsibility to the BHAB to review and report back to your Board on proposed legislation that directly and significantly impacts the provision of behavioral health services in Ventura County as provided in the Duties and Responsibilities (W & I Code Section 5604.2 number 8). Applicable County Policy will be followed by the BHAB in performing this new responsibility.

(Please Note: The original recommendations contained in this report were modified to comply with the recent County Counsel opinion. In addition, several were removed as they are no longer timely and relevant as a result of the extremely long delay in getting the report through Department and County Counsel review.)

~~4.~~

NEWLY PASSED BEHAVIORAL HEALTH BILLS

- SB 803 – Establishes a Peer Support Specialist certification program, to be administered by the California Department of Health Care Services (DHCS).

- SB 855 – Expands what treatments are considered medically necessary for health insurance coverage. Parity law will therefore apply to a broader array of mental health issues, including substance use disorders and addiction.

- AB 1976 –Requires Counties to offer Assisted Outpatient Treatment, unless opted out. Not applicable to Ventura County, because an AOT program (ASSIST) is already in operation.

- AB 2112 – Establishes an Office of Suicide Prevention within the State Department of Public Health.

- AB 3242 – Includes the capability of doing assessments for 5150 involuntary commitments via Telehealth.

- AB 1766 – Requires the State Department of Social Services to collect information on Licensed Adult Residential Facilities (ARFs) and Residential Care Facilities for the Elderly (RCFEs), and to report data to County Behavioral Health departments.

- AB 2377 – Extends to Adult Residential Facilities (ARFs) the 60 day notice requirement and other regulations already in place for Residential Care Facilities for the Elderly (RCFEs), if 7 or more residents will be displaced. Also gives the city or county the first opportunity to make an offer to purchase the property in the event of closure.

- AB 465 – Requires supervision by a mental health professional for any program or community program that responds to emergency mental health crisis calls.

- AB 2265 – Clarifies that specified MHSA funds can be used for treatment of co-occurring mental health and substance use disorders.

SENATOR JIM BEALL

SB 803 Peer Support Specialist Certification Act of 2020

Principal Co-author Assemblymember Marie Waldron

Co-authors Senators Mitchell, Wiener, and Wilk

Assemblymembers Aguiar-Curry, Arambula, Carrillo, Fong, Gabriel, Cristina Garcia, Grayson, Ramos, Reyes, Robert Rivas, Weber, and Wicks

BACKGROUND

A peer is a person who draws on lived experience with mental illness and/or substance use disorder and recovery, bolstered by specialized training, to deliver valuable support services in a mental health and/or substance use setting.

The COVID-19 pandemic and economic downturn pose a serious threat to the mental health of Californians. Calls to suicide prevention lines from California were up 40 percent in March. Calls to the Substance Abuse and Mental Health Services Administration's disaster distress hotline increased 891 percent from March 2019 to March 2020. 891 percent. The need for mental health response will continue to grow even as the state of emergency subsides. The sharp rise in mental health disorders triggered by COVID-19 is likely to linger long after the end of the pandemic itself. For some people, it will create enduring mental health issues.

THE ROLE OF PEER SUPPORT

Studies demonstrate that use of peer support specialists in a comprehensive mental health or substance disorder treatment program helps reduce client hospitalizations, improve client functioning, increase client satisfaction, alleviate depression and other symptoms, and diversify the mental health workforce. That's why 48 other states have adopted peer certification programs. They have established clear, basic standards for peer training and they get a federal match for the services. California is behind and needs to catch up.

The pandemic is revealing racial and economic disparities that have long existed. The peer workforce tends to be more diverse than the existing behavioral health workforce. Peers play a unique role that no other provider type can. They are trusted community members who have been through crisis and can guide others. They can serve the most pressing needs, such as supporting individuals who are homeless or struggling with navigating care systems, because they have been there.

Peer support can divert people from emergency services and ensure patients receive a continuum of care, saving substantial costs of treatment and improving health outcomes. Research shows that peers contribute to the ability of people with mental illness and substance abuse to obtain education and employment, contributing to the California economy rather than depending on social safety nets alone.

Federal agencies such as CMS and SAMSHA, and prestigious organizations like the Institute of Medicine have identified services offered through a certified peer specialists as being valuable and effective. While increasing consumer wellness, the use of peer specialists decreases costs. Data shows a clear return on investment when peers are part of the mental health system.

STATEWIDE CERTIFICATION

Statewide certification would ensure quality, standardization, and effectiveness of peer support services and allow federal dollars to be drawn down for any California county that chooses to opt-in to the program.

In 2007, the federal Centers for Medicare and Medicaid issued guidance for the reimbursement of peer services. Under the guidance, peer services are eligible for federal reimbursement upon the adoption of statewide training and certification standards.

Currently California has no uniform education and training standard for behavioral health peer support services and no peer services-specific Medi-Cal billing codes.

THIS BILL

SB 803 establishes statewide training standards for peer support specialists and requires the DHCS to activate a billing code for peer services in Medi-Cal, enabling participating counties to receive matching federal funds. Counties can opt-in to the program to provide certified peer support specialist services in their county. Under the bill, a participating county is responsible for training and certifying a peer, and providing program oversight.

The peers program defines the range of responsibilities and practice guidelines for peer support specialists, specifies required training and continuing education requirements, determines clinical supervision requirements, and establishes a code of ethics and processes for revocation of certification.

The bill would permit peers certified in one county to practice in counties that opt-in to the program. Finally, the bill only comes into effect if the Department of Health Care Services gains federal approval.

FOR MORE INFORMATION

Tom Steel
Office of Senator Jim Beall
(916) 651-4015
Tom.Steel@sen.ca.gov

SPONSORS

California Association of Mental Health Peer Run Organizations (CAMHPRO)
County Behavioral Health Directors Association of California (CBHDA)
County of Los Angeles Board of Supervisors
Steinberg Institute

SUPPORT

2020 Mom
Alameda County District Attorney
Alum Rock Counseling Center
American Foundation for Suicide Prevention (AFSP)
Arc and United Cerebral Palsy California Collaboration
Association of California Healthcare Districts
Association of Community Human Service Agencies (UNREG).
Bay Area Community Services
BestNow, Alameda County Network of Mental Health Clients
Board of Behavioral Sciences
Cal Voices
California Academy of Child and Adolescent Psychiatry
California Access Coalition
California Alliance of Child and Family Services
California Association of Healthcare Districts
California Association of Alcohol and Drug Program Executives, Inc. (CAADPE)
California Association of Local Behavioral Health Boards & Commissions (CALBHB/C)
California Association of Public Hospitals & Health Systems
California Association of Social Rehabilitation Agencies
California Association of Veteran Service Agencies
California Behavioral Health Planning Council
California Chapter of the American College of Emergency Physicians (California ACEP)
California Commission on Aging
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies (CBHA)
CaliforniaHealth+ Advocates
California Institute for Behavioral Health Solutions
California Judges Association
California Mental Health Advocates for Children and Youth
California Mental Health Services Oversight and Accountability Commission (MHSOAC)
California Pan-Ethnic Health Network
California Psychiatric Association
California Psychological Association
California School Nurses Association
California State Association of Counties
California Youth Empowerment Network
Children Now
Children's Defense Fund-California
Community Research Foundation
County Behavioral Health Directors Association
County of Santa Clara
County of Ventura
Crestwood Behavioral Health
Depression and Bipolar Support Alliance
Disability Community Resource Center (DCRC)
Disability Rights California
First 5 Alameda County
Gateways CONREP
Hope Cooperative
Housing for All Alliance
Juvenile Court Judges of California (JCJC)
Law Foundation of Silicon Valley
Los Angeles County Chief Executive Office
Local Health Plans of California
National Association of Social Workers, California Chapter (NASW-CA)
Mentor and Peer Support (MAPS)
Mental Health America of California
Mental Health America of Los Angeles
Mental Health Association of San Francisco
Mental Health Services Oversight and Accountability Commission
Napa MomSquad
National Alliance on Mental Illness (NAMI) California
National Alliance on Mental Illness (NAMI) Fresno
National Alliance on Mental Illness (NAMI) Santa Clara County
National Alliance on Mental Health (NAMI) Solano County
National Alliance on Mental Illness (NAMI) Yolo County
National Association of Social Workers, California
Occupational Therapy Association of California (OTAC)
Orange County Board of Supervisors
Peers Envisioning and Engaging in Recovery Services (PEERS)
Project Return Peer Support Network

Psychiatric Occupational Therapy Action Coalition (POTAC)
Santa Clara Family Health Plan
Santa Clara County Board of Supervisors
California State Council of the Service Employees International Union (SEIU California)
Self Help and Recovery Exchange
Seneca Family of Agencies
Solano County Mental Health Advisory Board
The Children's Partnership
Transitions-Mental Health Association
United Parents
Ventura County Board of Supervisors
Vinaj Telosity
Western Center on Law & Poverty, Inc.
Winter Faith Collaborative
Women's Wisdom Art

Senate Bill No. 803

CHAPTER 150

An act to add Article 1.4 (commencing with Section 14045.10) to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, relating to Medi-Cal.

[Approved by Governor September 25, 2020. Filed with Secretary of State September 25, 2020.]

LEGISLATIVE COUNSEL'S DIGEST

SB 803, Beall. Mental health services: peer support specialist certification.

Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program and provides for various services, including behavioral and mental health services that are rendered by Medi-Cal enrolled providers.

This bill would require the department, by July 1, 2022, subject to any necessary federal waivers or approvals, to establish statewide requirements for counties or their representatives to use in developing certification programs for the certification of peer support specialists, who are individuals who self-identify as having lived experience with the process of recovery from mental illness, substance use disorder, or both. The bill would authorize a county, or an agency that represents a county, to develop a peer support specialist certification program and certification fee schedule, both of which would be subject to department approval. The bill would require the department to seek any federal waivers it deems necessary to establish a demonstration or pilot project for the provision of peer support services in a county that agrees to participate in and fund the project, as specified.

The people of the State of California do enact as follows:

SECTION 1. This act shall be known, and may be cited, as the Peer Support Specialist Certification Program Act of 2020.

SEC. 2. Article 1.4 (commencing with Section 14045.10) is added to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, to read:

Article 1.4. Peer Support Specialist Certification Program

14045.10. The Legislature finds and declares all of the following:

(a) Peer providers in California provide individualized support, coaching, facilitation, and education to clients with mental health care needs and substance use disorders in a variety of settings. Yet, no statewide scope of practice, standardized curriculum, training standards, supervision standards, or certification protocol is available.

(b) The United States Department of Veterans Affairs and at least 48 states utilize standardized curricula and certification protocols for peer support services.

(c) The federal Centers for Medicare and Medicaid Services (CMS) recognizes that the experiences of peer support specialists, as part of an evidence-based model of care, can be an important component in a state's delivery of effective mental health and substance use disorder treatment. The CMS encourages states to offer comprehensive programs.

(d) A substantial number of research studies demonstrate that peer supports improve client functioning, increase client satisfaction, reduce family burden, alleviate depression and other symptoms, reduce homelessness, reduce hospitalizations and hospital days, increase client activation, and enhance client self-advocacy.

(e) Certification can increase the diversity and effectiveness of the behavioral health workforce through the use of peers with lived experience.

14045.11. It is the intent of the Legislature that the peer support specialist certification program, established under this article, achieve all of the following:

(a) Support the ongoing provision of services for individuals experiencing mental health care needs, substance use disorder needs, or both, by certified peer support specialists.

(b) Support coaching, linkage, and skill building of individuals with mental health needs, substance use disorder needs, or both, and to families or significant support persons.

(c) Increase family support by building on the strengths of families and helping them achieve a better understanding of mental illness in order to help individuals achieve desired outcomes.

(d) Support collaboration with others providing care or support to the individual or family.

(e) Assist parents, families, and individuals in developing coping mechanisms and problem-solving skills in order to help individuals achieve desired outcomes.

(f) Promote skill building for individuals in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.

(g) Encourage employment under the peer support specialist certification to reflect the culture, ethnicity, sexual orientation, gender identity, mental health service experiences, and substance use disorder experiences of the individuals the peer support specialists serve.

14045.12. For purposes of this article, the following definitions apply:

(a) "Certification" means the activities related to the verification that an individual has met all of the requirements under this article and that the

individual may provide peer support specialist services pursuant to this article.

(b) "Certified" means all federal and state requirements have been satisfied by an individual who is seeking designation under this article, including completion of curriculum and training requirements, testing, and agreement to uphold and abide by the code of ethics.

(c) "Code of ethics" means the standards to which a peer support specialist is required to adhere.

(d) "Core competencies" means the foundational and essential knowledge, skills, and abilities required for peer specialists.

(e) "Cultural competence" means a set of congruent behaviors, attitudes, and policies that come together in a system or agency that enables that system or agency to work effectively in cross-cultural situations. A culturally competent system of care acknowledges and incorporates, at all levels, the importance of language and culture, intersecting identities, assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural differences, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs to provide services in a culturally competent manner.

(f) "Department" means the State Department of Health Care Services.

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

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

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

14045.13. By July 1, 2022, subject to Section 14045.19, the department shall do all of the following:

(a) Establish statewide requirements for counties, or an agency representing counties, to use in developing certification programs for the certification of peer support specialists.

(b) Define the qualifications, range of responsibilities, practice guidelines, and supervision standards for peer support specialists. The department may utilize best practice materials published by the federal Substance Abuse and Mental Health Services Administration, the United States Department of

Veterans Affairs, and related notable experts in the field as a basis for development of these definitions.

(c) Determine curriculum and core competencies required for certification of an individual as a peer support specialist, including curriculum that may be offered in areas of specialization, including, but not limited to, transition-age youth, veterans, gender identity, sexual orientation, and any other areas of specialization identified by the department. Core-competencies-based curriculum shall include, at a minimum, training related to all of the following elements:

(1) The concepts of hope, recovery, and wellness.

(2) The role of advocacy.

(3) The role of consumers and family members.

(4) Psychiatric rehabilitation skills and service delivery, and addiction recovery principles, including defined practices.

(5) Cultural competence training.

(6) Trauma-informed care.

(7) Group facilitation skills.

(8) Self-awareness and self-care.

(9) Cooccurring disorders of mental health and substance use.

(10) Conflict resolution.

(11) Professional boundaries and ethics.

(12) Preparation for employment opportunities, including study and test-taking skills, application and résumé preparation, interviewing, and other potential requirements for employment.

(13) Safety and crisis planning.

(14) Navigation of, and referral to, other services.

(15) Documentation skills and standards.

(16) Confidentiality.

(d) Specify peer support specialist employment training requirements, including core-competencies-based training and specialized training necessary to become certified under this article, and require training to include people with lived experience as consumers and family members.

(e) Establish a code of ethics.

(f) Determine continuing education requirements for biennial certification renewal.

(g) Determine the process for initial certification issuance and biennial certification renewal.

(h) Determine a process for investigation of complaints and corrective action, including suspension and revocation of certification and appeals.

(i) Determine a process for an individual employed as a peer support specialist on January 1, 2022, to obtain certification under this article.

(j) Determine requirements for peer support specialist certification reciprocity between counties, and for peer support specialists from out of state.

(k) Seek any federal approvals, related to the statewide certification standards, that it deems necessary to implement this article. For any federal approvals that the department deems necessary related to the statewide

certification standards, this article shall be implemented only if and to the extent that the department obtains those federal approvals.

14045.14. (a) Subject to department approval, a county, or an agency representing the county, may develop a peer support specialist certification program in accordance with this article and any standards established by the department. That county, or an agency representing that county, shall oversee and enforce the certification requirements developed pursuant to this article. To request department approval of the county peer support specialist program, a county, or an agency representing the county, shall do all of the following:

(1) Submit to the department a peer support specialist program plan describing how the peer support specialist program will meet all of the federal and state requirements for the certification and oversight of peer support specialists.

(2) Submit to periodic reviews conducted by the department to ensure adherence to all federal and state requirements.

(3) Submit annual peer support specialist program reports to the department.

(b) If a county chooses not to develop peer support specialist certification programs in accordance with this article, the county may fund peer programs to the extent those programs meet all requirements of the applicable funding source.

(c) The Legislature finds that peer support specialist certification is conducted at the state level in other states, but this section passes this responsibility to counties. Subject to an appropriation by the Legislature, the state shall fund the startup costs to implement this section.

14045.15. (a) To receive a certification under this article, an applicant shall meet all of the following requirements:

(1) Be at least 18 years of age.

(2) Possess a high school diploma or equivalent degree.

(3) Be self-identified as having experience with the process of recovery from mental illness or substance use disorder either as a consumer of these services or as the parent or family member of the consumer.

(4) Be willing to share their experience.

(5) Have a strong dedication to recovery.

(6) Agree, in writing, to adhere to a code of ethics.

(7) Successfully complete the curriculum and training requirements for a peer support specialist.

(8) Pass a certification examination approved by the department for a peer support specialist.

(b) To maintain certification under this article, a certified peer support specialist shall meet both of the following requirements:

(1) Adhere to the code of ethics and biennially sign an affirmation.

(2) Complete any required continuing education, training, and recertification requirements.

14045.16. This article does not authorize an individual who is certified pursuant to this article to diagnose an illness, prescribe medication, or provide clinical services.

14045.17. The department shall solicit stakeholder input that may include input from the Office of Statewide Health Planning and Development, peer support and family organizations, mental health services and substance use disorder treatment providers and organizations, the County Behavioral Health Directors Association of California, and the California Behavioral Health Planning Council in implementing this article. Consultation shall include regular stakeholder meetings. The department may additionally conduct technical workgroups upon the request of stakeholders.

14045.18. A participating county, or an agency representing a participating county, is authorized to establish a certification fee schedule for the purpose of supporting the activities associated with the ongoing administration of the peer support specialist certification program. Before the fee schedule may be implemented, the department shall review and either approve or disapprove the fee schedule of the participating county or an agency representing the participating county.

14045.19. (a) The department shall seek any federal waivers it deems necessary to establish a demonstration or pilot project for the provision of peer support services in counties that agree to participate and provide the necessary nonfederal share funding for the demonstration or pilot project. The demonstration or pilot project shall do all of the following:

(1) Include a peer support specialist certified pursuant to this article as a Medi-Cal provider type for purposes of the demonstration or pilot project.

(2) Include peer support specialist services as a distinct service type in counties that opt in to the demonstration or pilot project.

(3) Develop and implement one or more billing codes, reimbursement rates, and claiming requirements for peer support specialist services.

(b) (1) This section does not require a county to participate in a demonstration or pilot project pursuant to this section. A county that opts to participate in a demonstration or pilot project and provide the necessary nonfederal share funding shall be considered to do so voluntarily for purposes of all state and federal laws.

(2) A county that opts to participate in a demonstration or pilot project pursuant to this section agrees to fund the nonfederal share of any applicable expenditures through certified public expenditures or intergovernmental transfers in accordance with Section 433.51 of Title 42 of the Code of Federal Regulations. Each participating county shall certify that the local funds it uses to fund the nonfederal share of expenditures pursuant to this section qualify for federal financial participation pursuant to applicable federal Medicaid laws and any terms of federal approval, in the form and manner as required by the department.

(3) Demonstration or pilot projects developed and implemented pursuant to this section shall not constitute a mandate of a new program or higher level of service that has an overall effect of increasing the costs mandated

by the 2011 realignment legislation for the counties that opt in to a demonstration or pilot project.

(4) General Fund moneys shall not be used to fund the nonfederal share of any expenditures made pursuant to a demonstration or pilot project under this section.

(c) This section shall be implemented only if and to the extent that the department obtains any necessary federal approvals, and federal financial participation is available and is not otherwise jeopardized.

14045.20. For the purpose of implementing this article, the department may enter into exclusive or nonexclusive contracts on a bid or negotiated basis, including contracts for the purpose of obtaining subject matter expertise or other technical assistance. Contracts entered into or amended pursuant to this section shall be exempt from Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code, Section 19130 of the Government Code, Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, and the State Administrative Manual, and shall be exempt from the review or approval of any division of the Department of General Services or the Department of Technology.

14045.21. Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific this article, in whole or in part, by means of plan or county letters, information notices, plan or provider bulletins, or other similar instructions, without taking any further regulatory action.

O

Poliquin, Victoria

From: DHCS DataNotebook@DHCS <DataNotebook@cbhpc.dhcs.ca.gov>
Sent: Tuesday, October 6, 2020 11:14 AM
To: DHCS DataNotebook@DHCS
Cc: Boese, Justin (CBHPC)@DHCS; Bayardo, Jenny (CBHPC)@DHCS
Subject: CBHPC 2020 Data Notebook Survey
Attachments: 2020 Data Notebook PREVIEW.pdf; Directors Letter RE 2020 data notebook.pdf

Importance: High

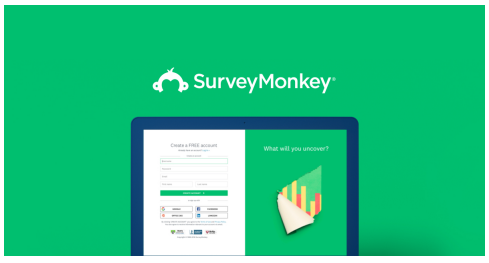
Sent on behalf of Justin Boese, Council Staff Analyst:

Dear Local Behavioral Health Board/Commission Chairs and Behavioral Health Directors,

On behalf of the California Behavioral Health Planning Council, I am pleased to transmit the 2020 Data Notebook survey for your completion. This Data Notebook focuses on the issue of "Telehealth," which we hope you will find important and timely as California continues to deal with the COVID-19 public health emergency. This year we have moved the Data Notebook survey to an online format utilizing the SurveyMonkey platform. We hope that you will find this platform to be intuitive and accessible.

Attached to this email you will find a letter from Lorraine Flores, our chairperson, as well as a PDF preview of the survey. **The PDF preview is for *preparation purposes only***; please use it to review the survey questions and prepare your responses. Once you have gathered the required information, use the SurveyMonkey link (included below as well as in the PDF document) to submit your survey responses. We ask that you please submit your responses by **November 30, 2020.**

2020 Data Notebook Survey Link:
https://www.surveymonkey.com/r/DQDQDP6



CBHPC 2020 Data Notebook for California Behavioral Health Boards and Commissions

Take this survey powered by surveymonkey.com. Create your own surveys for free.
www.surveymonkey.com

If you have any questions, please feel free to reach out to me at Justin.Boese@cbhpc.dhcs.ca.gov, or by phone at (916) 750-3760. We greatly appreciate your assistance with the Data Notebook.

Thank you,

Justin Boese

Council Staff Analyst
CA Behavioral Health Planning Council
Justin.Boese@cbhpc.dhcs.ca.gov
Phone: 916-750-3760

California Behavioral Health Planning Council

CHAIRPERSON
Lorraine Flores

EXECUTIVE OFFICER
Jane Adcock

- Advocacy
- Evaluation
- Inclusion

October 5, 2020

Dear Director of Behavioral Health and
Chair of Behavioral Health Board/Commission:

This letter transmits the Data Notebook 2020 for Local Behavioral Health Boards and Commissions use in reporting to the California Behavioral Health Planning Council (CBHPC). Most local boards will need to partner with the Behavioral Health Department to answer the questions in order to fulfill their legal mandate (W.I.C. 5604.2) to report each year to the CBHPC. We are requesting your cooperation to have the completed Data Notebooks submitted to us by **November 30, 2020**.

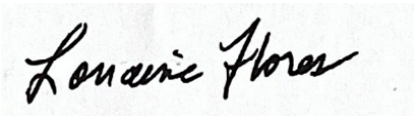
This year the Data Notebook addresses the use of "telehealth" technology to deliver behavioral health services. The COVID-19 public health emergency has necessitated swift changes in the organization and delivery of health services across the state to ensure the safety of patients and staff. Time-limited policy changes by the Centers for Medicare and Medicaid Service (CMS) have allowed for more flexibility and freedom in implementing remote technology. Data on the prevalence, benefits, and challenges of telehealth services will help inform practice and policy as California continues through this challenging time.

A substantial change in the format of the Data Notebook this year is that the survey itself has been moved to an online format using SurveyMonkey, which will allow for quicker collection and analysis of your responses. The email you have received includes a link to the online survey, as well as a PDF preview of the survey questions. Please use the PDF document for preparation purposes and gather the information you will need to answer the survey questions. When you are ready to complete the survey, use the SurveyMonkey link to submit your responses online.

If you have any questions please contact Justin Boese by telephone at (916) 750-3760 or via his email Justin.Boese@cbhpc.dhcs.ca.gov.

We greatly appreciate your assistance with the Data Notebook. We hope your group will find the topics to be both important and timely. We thank you in advance for your consideration and attention. Thank you!

Sincerely,



Lorraine Flores, Chairperson

c: Chair, Local Mental Health Board/Commission
c: County MHSA Coordinators

MS 2706
PO Box 997413
Sacramento, CA 95899-7413
916.701.8211
fax 916.319.8030

Behavioral Health Advisory Board – General Meeting
October 19, 2020

Agenda Item XIII.I.
Statement for Expressing Personal Opinions – Michael Rodriguez **(ACTION)** Roll Call

Recommended Statement Language:

All opinions expressed herein are the opinions of the author [or presenter] and do not represent the views or opinions of the Ventura County Behavioral Health Advisory Board.

county of ventura

COUNTY EXECUTIVE OFFICE
MICHAEL POWERS
County Executive Officer

Mike Pettit
Assistant County Executive Officer

Kaye Mand
County Chief Financial Officer

Shawn Atin
Assistant County Executive Officer/
Human Resources Director
Labor Relations

January 14, 2020

Board of Supervisors
County of Ventura
800 South Victoria Avenue
Ventura, CA 93009

SUBJECT: Proposed 2020 Ventura County State and Federal Legislative Agendas and Platforms

RECOMMENDATION:

It is recommended that your Board approve the proposed Ventura County 2020 State and Federal Legislative Agendas and Platforms.

BACKGROUND

Ventura County's legislative program has as its goal the development and maintenance of good, sound, and effective local government. The purpose of the legislative program is to secure legislation that benefits the County and its residents while seeking to mitigate or oppose legislation that would adversely impact the County's delivery of service; to secure State and Federal funding through the grant process; and to shape public policy in priority areas that impact County government.

Each year prior to the State and Federal legislative sessions, your Board provides specific issue direction and overall policy guidance for the County legislative advocacy program. This year's program is outlined in two documents, the State Legislative Agenda and Platform and the Federal Legislative Agenda and Platform. They have been developed in coordination with Board offices, County departments, and our State and Federal advocates, and they are intended to be the foundation for how we proceed in both Sacramento and Washington, D.C. The Legislative Agendas and Platforms are intended to complement and support the County's Strategic Plan.

Because of the continuing budget demands on the County General Fund, the starting point for formation of the proposed legislative agenda and platform must be the County's budget process. Most of the issues provided for your Board's endorsement address present or expected demands on the County General Fund. However, special needs of non-General Fund departments, such as the Department of Airports, the Health Care Agency, and Harbor Department, are also addressed.

DISCUSSION

The State and Federal Legislative Agendas and Platforms (Attachments A and B) are divided into four categories: Overall Legislative Principles and Policies, New Bill Requests, Funding Opportunities, and Major Policy Issues by Department. It is intended that this format will more effectively convey your Board's position on legislative and funding priorities to the County's representatives in Sacramento and Washington D.C. These policies and proposals outlined in Attachments A and B are not intended to be exclusive of other positions your Board may adopt. Attachment C is an edited version of last year's State and Federal Legislative Agendas and Platforms. Single issue items and/or specific language that were removed are indicated by a strike-through, and items underlined are new additions.

This Board letter has been reviewed by County Counsel and the Auditor-Controller's Office. If you have questions concerning this item, please contact Sue Hughes, CEO Senior Deputy Executive Officer, at (805) 654-3836.

Sincerely,

Sue Hughes
Senior Deputy Executive Officer

m.p. Michael Powers
County Executive Officer

Attachment A: 2020 Ventura County State Legislative Agenda and Platform
Attachment B: 2020 Ventura County Federal Legislative Agenda and Platform
Attachment C: Edited Version 2019 Ventura County State and Federal Legislative Agenda and Platform

c. Ventura County State and Federal Legislative Delegation
Ventura County Board of Supervisors
Michael Powers, County Executive Officer
CEO Senior Staff/Analysts
Agency/Department Heads
Hurst Brooks Espinosa
Thomas Walters & Associates
California State Association of Counties
Urban Counties of California
SEIU Local 721
Ventura County Taxpayers Association

Harbor Department

- The County supports maintaining dedicated State staffing for management of boating infrastructure funds and restricting the use of the Harbors and Watercraft Revolving Fund only for its intended purpose.

Health Care Agency

- The County supports timely reimbursement from the State for services provided by the County.

- The County supports construction funding to permit compliance with State earthquake retrofit requirements for acute care hospital facilities. Additionally, the County supports proposals that would extend the deadline for hospital earthquake retrofitting.

- The County supports supplemental funding to comply with State Seismic requirements for healthcare services through increased Medi-Cal managed care payments by using Intergovernmental Transfers as the basis for the non-Federal share.

- The County supports any efforts to protect, maximize, and provide funding for the County Medical System (inpatient and outpatient), including, but not limited to, Health Care Reform, Health Care for the Homeless, Federally Qualified Health Centers, telemedicine/e-consult services, maintenance and enhancement of electronic health care infrastructure, Medicare and Medicaid Waivers, Disproportionate Share Hospital Funding, Coverage Initiatives, 340b Programs, and Outpatient Reimbursement rules, Medicaid FMAP enhancement, formulas, and initiatives.

- The County opposes efforts that would remove funding or dilute the financial control and authority of the County Board of Supervisors over County health care services.

- The County supports policies and funding that comes directly to the County for the implementation of service delivery options included in future Medicaid Waiver programs.

- The County supports expanding the Program of All-Inclusive Care for the Elderly (PACE) model of care, which provides a comprehensive medical/social service delivery system using an interdisciplinary team approach to provide and coordinate all needed preventive, primary, acute, and long-term care services for older adults.

- The County supports the continuation of State funding to offset the local costs associated with planning for and responding to the medical/health consequences of terrorism, disasters, or other public health emergencies. Those funding formulas should consider proximity of jurisdictions to high profile targets rather than be based solely on the presence of such targets within jurisdictional boundaries.

- The County supports restored and sustainable funding for pediatric immunization programs, maternal, child and adolescent health programs, HIV/AIDS education, prevention, intervention and treatment services, legislation that enhances the authority of Public Health Officers to combat and control communicable disease,

- The County supports legislation that will provide or maintain preventative health care for all ages which include proposals for women's health services that encourage early prenatal care, continued funding of Family Pact which provides access to health care for low-income women, Children's Medical Services (CMS) Programs which include the preventive health strategies embedded into California Children Services (CCS) and all Child Health Disability Prevention Programs (CHDP).

- The County opposes efforts to eliminate the seamless system of care for children with special healthcare needs received by their local California Children Services. The County also opposes any efforts to change the provider to an out of County provider if those services are available within Ventura County.

- The County supports State funding for local trauma centers.

- The County supports the preservation of the medical control of the Medical Director of the Local Emergency Medical Services Agency.

- The County supports the preservation of County Emergency Medical Services (EMS) Agency authority and governing role to plan, implement, and evaluate a countywide EMS system.

- The County opposes efforts which would limit the authority of the Local Emergency Medical Services Agency Medical Director in taking disciplinary action against a holder of an Emergency Medical Technician certificate.

- The County supports efforts to maintain an independent State Emergency Medical Services Authority aligned with the Department of Health and Human Services.

- The County supports efforts to restore State funding for the LabAspire program that supported undergraduate and graduate students to enter the Public Health

Laboratory field and qualify to be certified microbiologists and laboratory directors.

- The County supports efforts to improve the collaboration between local and public health departments and area hospitals and health systems in the health assessment and implementation planning process.

- The County supports sustainable revenue streams that seek to reduce health inequities and prevent chronic diseases.

- The County supports efforts to expand access to dental health services for low-income and Medi-Cal eligible clients, including increasing the Denti-Cal reimbursement fees for providers, and supporting school-based dental disease prevention programs.

- The County supports State legislation or budget actions that will raise Medi-Cal hospital rates through a hospital provider fee with the appropriate model that will provide additional funding for public hospitals and health systems and to allow for growth in Medi-Cal enrollment, uninsured patients, and the utilization and expansion of coverage.

- The County opposes any diversion or supplantation of any County Mental Health Services Act (MHSA) funding.

- The County supports providing additional county flexibility in the MHSA, including serving individuals with a primary diagnosis of a substance use disorder, funding focused on service delivery, and reinventing the innovation funding.

- The County supports local control for prioritization of projects funded by the MHSA.

- The County supports funding to help address housing and residential treatment services for people with mental illness as well as funding for local inpatient psychiatric units and hospitals.

- The County supports funding for mental health and substance use disorder programs for foster youth and at-risk families.

- The County supports the creation of a certification/license mechanism for Children's Crisis Residential programs.

- The County supports efforts to provide for efficiencies in State agencies that streamlines the audit and appeals process.

- The County supports budget actions that would protect and provide additional funds to mental health program funding and alcohol and drug programs. These include, but are not limited to, MHSA, EPSDT and Short Doyle programs.

- The County supports opioid drug abuse prevention policies, including State rules, which maintain peace officers' access to prescription drug monitoring program data during possible criminal investigations, and expanded Federal funding for overdose prevention education and rescue efforts.

- The County seeks funding and legislative support for the expansion of Family Medicine Residency Training programs to further improve the availability and access of primary care physicians at the local, state, and national level.

- The County supports efforts to fund and incentivize health care delivery systems that achieve statewide accreditation, certification, and/or recognition.

- The County supports efforts to seek funding and legislative action that would improve opportunities for both primary care and specialty physicians that work in public health care safety-net systems to reduce or forgive student loan obligations.

Human Services Agency

- Additional funding and program support is sought to ensure the success of foster children and former foster children who continue to participate in the extended foster care program after reaching the age of 18. Efforts to increase funding and program support for nutrition benefits, transitional housing, career development, job training, integrated case management, mental health and other services for all foster youth will be supported.

- The County supports efforts that would provide resources to the child welfare system for preventative and aftercare services for at-risk families.

- The County supports eligibility modifications and program enhancements that improve service to clients, promote administrative simplification, and improve efficiencies of public social services programs.

- The County supports program enhancements that reinforce work and workforce support programs that help to lift families out of poverty and provide pathways to self-sufficiency.

- The County supports policies and legislation that protect elder and dependent adults from predatory strategies as well as neglectful, unsafe environments that put them at risk.

VENTURA COUNTY
BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency

Sevet Johnson, PsyD
Director

Jason Cooper, MD
Medical Director

MEMORANDUM

DATE: **October 19, 2020**

TO: **Behavioral Health Advisory Board**

FROM: **Contracts Administration**

SUBJECT: **Board of Supervisors Approved September Agreements/Board Items**

Board of Supervisors Approved Agreements – September 22, 2020

1. Substance Use Services (SUS): Fiscal Year (FY) 2020-21 Aegis Treatment Centers, LLC (Aegis), Western Pacific Med-Corp. (Western Pacific), Dennis M. Giroux & Associates, Inc. (DMG), HealthRIGHT 360 (HealthRIGHT), and Tarzana Treatment Centers, Inc. (Tarzana) Agreements.

This item recommended the Ventura County Behavioral Health (VCBH) Director or designee accept and sign the Agreements with: (1) Aegis, in the amount of $6,934,014, (2) Western Pacific, in the amount of $2,261,512, (3) DMG, in the amount of $499,235, (4) HealthRIGHT, in the amount of $2,911,076, and (5) Tarzana, in the amount of $1,917,713, for the period of July 1, 2020 through June 30, 2021, for the provision of Drug Medi-Cal Organized Delivery System (DMC-ODS) Substance Use Disorder (SUD) services. These agreements are funded by Federal Financial Participation (FFP), State General Fund; 2011 Realignment; California Work Opportunity and Responsibility to Kids (CalWORKS); Judicial Council of California (JCC); AB 109 Public Safety Realignment Act (AB 109); and Substance Abuse Prevention and Treatment Block Grant (SABG) discretionary funds.

The medically necessary DMC-ODS SUD treatment services, including Narcotic Treatment Program (NTP) (methadone) services, offered by the above providers are structured using the American Society of Addiction Medicine criteria using structured, clinically-managed residential and outpatient settings. These programs are appropriate for clients whose recovery is aided by time spent living in a stable, structured environment where they can practice coping skills and self-efficacy, and make connections in the community, including work, education and family systems. Outpatient levels of care provide outpatient, intensive outpatient, and recovery services. The treatment programs offered by these providers promote environments conducive to abstinence, mutual self-help among peers, and support for recovery from substance use problems at all levels of occurrence. All five providers are ongoing providers, with the five

agreements reflecting services to be provided during FY 2020-21. These agreements also reflect updated language; i.e., renaming the Alcohol and Drug Program (ADP) to Substance Use Services (SUS).

VCBH recommended approval for the VCBH Director or designee to approve and sign the FY 2020-21 agreements with Aegis, Western Pacific, DMG, HealthRIGHT, and Tarzana.

2. FY 2020-23 California Department of State Hospitals (DSH) Grant Agreement.

This item recommended the VCBH Director or designee accept and sign the grant agreement from DSH, in the amount of $2,428,200, for Pre-Trial Felony Mental Health Diversion Programs (Diversion Grant), effective October 1, 2020 through June 30, 2023. This Agreement is funded by the Diversion Grant, Proposition 63 Mental Health Services Act (MHSA), and Medi-Cal FFP funds.

Authorization was sought and granted by the Board of Supervisors (Board) for submission of a Request for Application (RFA) to DSH for a Diversion Grant. This grant provides California counties, through one-time funds, an opportunity to develop or enhance existing programs for the diversion of arrested and jailed individuals with pending charges who have complex mental health needs and/or conditions of homelessness. Potential diversion candidates are individuals awaiting trial, and can be sent to the DSH for restoration of competence. To date, and without additional funding, VCBH has worked to engage, place and treat approximately 30 inmates with serious mental illnesses and pending criminal charges.

On May 8, 2020, VCBH received a notice of award from DSH for the Diversion Grant. With Board approval of the Diversion Grant standard agreement, VCBH will take the lead and collaborate with Ventura County Probation, Public Defender, District Attorney, and the Superior Court to enhance the current pre-trial mental health treatment diversion program started 12 months ago. With funds from this grant, VCBH will expand and centralize the mental health diversion program with the hiring of two fixed-term dedicated staff, a licensed psychologist and a Community Services Coordinator, as well as fund some of the placement options for this complex client population. This grant is expected to service approximately 18 clients from October 1, 2020 to June 30, 2023, with VCBH contributing a 20% match over the three-year grant with in-kind services.

VCBH recommended approval for the VCBH Director or designee to: (1) accept and sign the Diversion Grant Agreement from DSH and (2) approve and sign any associated grant documents upon review and approval of the County Executive Office and County Counsel.

Ventura County Behavioral Health

Board Letter Summary of Contracts for September 2020

Board Date	Contractor	Amount	Term	Description
9/22/2020	Aegis Treatment Centers, LLC	$6,934,014	7/1/2020 to 6/30/2021	Aegis Treatment Centers, LLC (Aegis) provides Opioid/Narcotic Treatment Program (NTP) and Medication Assisted Treatment (MAT) services using the American Society of Addiction Medicine criteria for structured, clinically-managed outpatient settings. Aegis currently has clinics in Oxnard, Santa Paula, Simi Valley, and Ventura with a total licensed capacity of 1,370 clients. For Fiscal Year (FY) 2020-21, Aegis estimates serving 909 clients. This agreement will extinguish the previous four-month agreement that was effective July 1, 2020 through October 31, 2020. This agreement is funded with Drug Medi-Cal Federal Financial Participation (DMC/FFP) and 2011 Realignment funds.
9/22/2020	Western Pacific Med-Corp.	$2,261,512	7/1/2020 to 6/30/2021	Western Pacific Med-Corp (Western Pacific) provides NTP and MAT services for adults. Western Pacific currently has a clinic in Ventura with a total licensed capacity of 450 clients. For FY 2020-21, Western Pacific estimates serving 525 DMC clients. This agreement will extinguish the previous four-month extension that was effective July 1, 2020 through October 31, 2020. This agreement is funded with DMC/FFP and 2011 Realignment funds.
9/22/2020	Dennis M. Giroux & Associates, Inc.	$499,235	7/1/2020 to 6/30/2021	Dennis M. Giroux & Associates, Inc. (DMG) provides outpatient Substance Use Disorder (SUD) treatment services to adults involved in the criminal justice system at various locations in Oxnard, Ventura, and the Todd Road County Jail. VCBH is requiring DMG to add MAT services in FY 2020-21. This agreement reflects an increase of $110,793 from the prior fiscal year, of which $55,215 is for MAT services and $55,578 is for operational increases. For FY 2020-21, DMG estimates serving 220 AB 109 clients. This agreement will extinguish the previous four-month agreement that was effective July 1, 2020 through October 31, 2020. This agreement is funded by DMC/FFP and Assembly Bill 109 (AB 109) funds.

9/22/2020	HealthRIGHT 360 (HealthRIGHT)	$2,911,076	7/1/2020 to 6/30/2021	HealthRIGHT 360 (HealthRIGHT) provides three levels of residential treatment services and one level of withdrawal management treatment services for women and their children in Oxnard, with a satisfactory discharge rate of 63%. In addition, HealthRIGHT is providing Recovery and MAT services, which provide a "whole-patient" approach to the treatment of substance use disorders. For FY 2020-21, HealthRIGHT estimates that it will serve a total of 234 residential and 118 withdrawal management clients. This agreement will extinguish the previous four-month agreement that was effective July 1, 2020 through October 31, 2020. This agreement is funded with DMC/FFP, Substance Abuse Prevention and Treatment Block Grant (SABG) discretionary, 2011 Realignment, California Work Opportunity and Responsibility to Kids (CalWORKS), Judicial Council of California (JCC) and AB 109 funds.
9/22/2020	Tarzana Treatment Centers, Inc.	$1,917,713	7/1/2020 to 6/30/2021	Tarzana Treatment Centers, Inc. (Tarzana) provides multiple levels of residential SUD treatment services and residential withdrawal management treatment services for adults and youth. Tarzana currently has a clinic in Tarzana with a total capacity of 268 clients. For FY 2020-21, Tarzana expects to serve a total of 200 inpatient withdrawal management clients, 125 in adult residential, and 25 patients in youth residential. This agreement will extinguish the previous four-month agreement that was effective July 1, 2020 through October 31, 2020. This agreement is funded with DMC/FFP, SABG, 2011 Realignment, and AB 109 funds.
9/22/2020	California Department of State Hospitals	$2,428,200	10/1/2020 to 6/30/2023	The Board of Supervisors (Board) authorized submission of a Request for Application (RFA) from the California Department of State Hospitals (DSH) for a Diversion Grant on 1/21/2020. The purpose of the RFA was to provide one-time funds to California counties for an opportunity to develop or enhance existing programs for the diversion of individuals with pending criminal charges who have complex mental health needs. To date, and without additional funding, VCBH has worked to engage, place and treat approximately 30 inmates with serious mental illnesses and pending criminal charges. On 5/8/2020, VCBH received a notice of award from DSH for the Diversion Grant. With Board approval of the Diversion Grant Agreement, VCBH will: (1) take the lead in collaborating with Ventura County Probation, Public Defender, District Attorney, and the Superior Court to enhance the current pre-trial mental health treatment diversion program started approximately 12 months ago, and (2) expand and centralize the mental health diversion program with the hire two fixed-term positions, i.e., a psychologist and a Community Services Coordinator.