

BEHAVIORAL HEALTH ADVISORY BOARD  
**Prevention Committee Meeting**  
**Tuesday, March 14, 2023, 3:15 – 4:30 PM**  
Ventura County Behavioral Health (VCBH)  
1911 Williams Drive, Training Room (first floor) Oxnard, CA 93036  
In-Person & Virtual meetings via ZOOM

**Join Zoom Meeting:** <https://us02web.zoom.us/j/85118862194?pwd=ZmwwRVQ1cDNRY2pFQ1kwcHA3Y0VyUT09>

**Meeting ID:** 851 1886 2194

**Password:** 332632

**Dial-in:** 669-900-9128

**Under AB 2449 New Teleconferencing Rules:**

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

**Mission Statement: “To promote measures which prevent mental illness and/or substance use issues from becoming destabilizing components in the lives of Ventura County residents. Our aim is to collaborate and help support education, prevention, and early intervention efforts with particular emphasis on community health, engagement and the interaction of mental health and substance use challenges.”**

**AGENDA**

- I. Call to Order - Welcome and Introductions
- II. Roll Call to determine Physical Quorum
- III. Roll Call of Members with Just Cause
  - a. State others present in the room over the age of 18
- IV. Requests for Emergency Circumstances – **ACTION** (Roll Call)
- V. Approval of the March 14, 2023, Agenda – **ACTION** (Roll Call)
- VI. Approval of the January 10, 2023, Minutes – **ACTION** (Roll Call)
- VII. Chair Announcements
- VIII. Public Comments (**3 minutes each**)
- IX. Prevention Committee Member Comments (**3 minutes each**)
- X. Time Certain Presentation - **3:45 p.m.** – “Overview of School Based Prevention Program, ‘Be Nice’ – Christy Buck, Executive Director Mental Health Foundation, Founder *Be Nice*
- XI. Ventura County Behavioral Health (VCBH) Staff Updates (**3 minutes each**)
  - A. Mental Health Services Act (MHSA)/Prevention Early Intervention (PEI)
- XII. Prevention Committee membership, stakeholder, and community outreach planning discussion (**20 minutes**)
- XIII. Provider and Stakeholder Comments – (please use raise hand feature) (**3 minutes each**)
- XIV. VCBH Contracts Review (December)
- XV. Old Business - (**4:15**)

- XII. New Business
  - A. Future Presentations - Discussion
- XIII. Adjourn

**NEXT MEETING: MAY 9, 2023**

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

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

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

**Circumstances:** One of the following circumstances applies:

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

**Procedures:**

1. **Member Request** - A member shall make a request to participate remotely at a meeting pursuant to this clause as soon as possible. The member shall make a separate request for each meeting in which they seek to participate remotely.
2. **Board/Commission Response** - The board/commission may take action on a request to participate remotely at the earliest opportunity. If the request does not allow sufficient time to place proposed action on such a request on the posted agenda for the meeting for which the request is made, the legislative body may take action at the beginning of the meeting.
3. **Disclosure** - The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member’s relationship with any such individuals.
4. **BOTH Audio & Visual Participation** - The member shall participate through both audio and visual technology.

**Public comments on agenda items can be made prior to or during consideration of agenda items and are limited to 3 minutes per speaker.** Public comment periods are limited to no more than (20) minutes total for all speakers. In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact Behavioral Health Administration at (805) 981-6830. Reasonable advance notification of the need for accommodation prior to the meeting (48 hours advance notice is preferable) will enable us to make reasonable arrangements to ensure accessibility to this meeting.

5. Limits to Remote Participation - The provisions of this subdivision [of the Brown Act] shall not serve as a means for any member of a legislative body to participate in meetings of the legislative body solely by teleconference from a remote location for a period of more than three consecutive months or 20 percent of the regular meetings for the local agency within a calendar year, or more than two meetings if the legislative body regularly meets fewer than 10 times per calendar year.

**DEFINITIONS:**

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

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

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

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



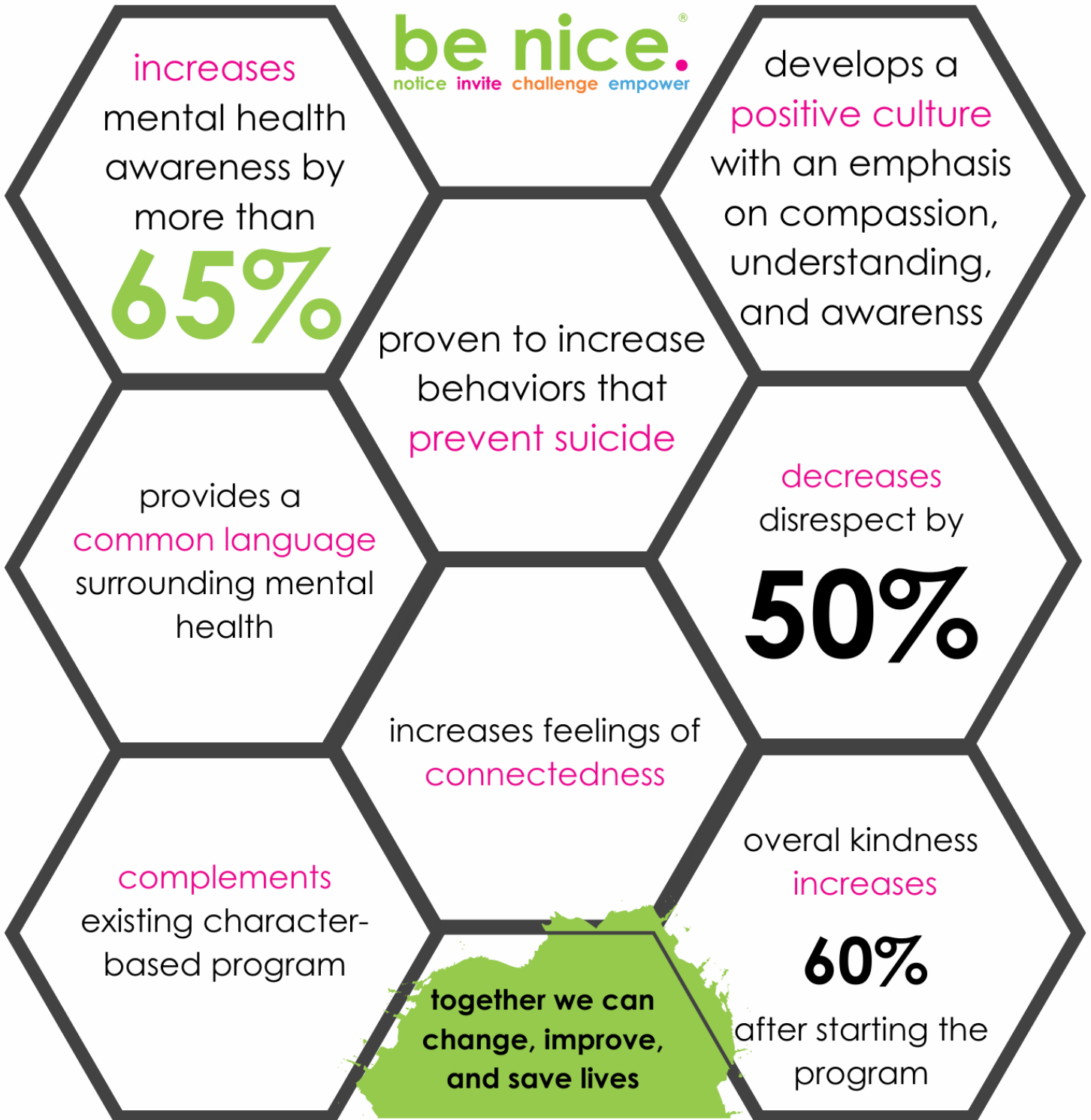
# be nice. | business program

**Click here to  
learn more about  
how be nice.  
works in  
businesses!**

**Click here to  
hear from  
business leaders  
about the impact  
of be nice. in  
their  
organization**



# key benefits of **be nice.** | business





# be nice. | business program

- creates a supportive and psychologically safe workplace environment that reduces stigma and encourages peer-to-peer communication
- is customizable and adaptable to any institution. We are here to support and embrace your needs
- promotes factors like reduced absenteeism and positive employee moral
- is a sustainable program that can be implemented by various trained liaisons. The MHF provides user friendly training that can be completed in-person or online.
- fosters employee retention by showing employees your organization is invested in their well-being, regardless of tenure or position.
- alleviates business challenges that are related to mental illness by cultivating a psychologically safe workplace.

# how the program works:

## step 1

**Select a small group of enthusiastic individuals in your business to become trained be nice. liaisons.**

To become a be nice. liaison, interested employees must complete a 3-hour virtual or in-person training that is provided by the MHF

## step 2

**Log into the be nice. business portal to explore activities, resources, and steps.**

The business portal includes be nice. business steps, resources, activities, training, and more. Liaisons can utilize the portal to carry out programming in your organization

## step 3

**be nice. liaisons host a "Take the Pledge" in-person or virtual event to train all employees in the be nice. action plan.**

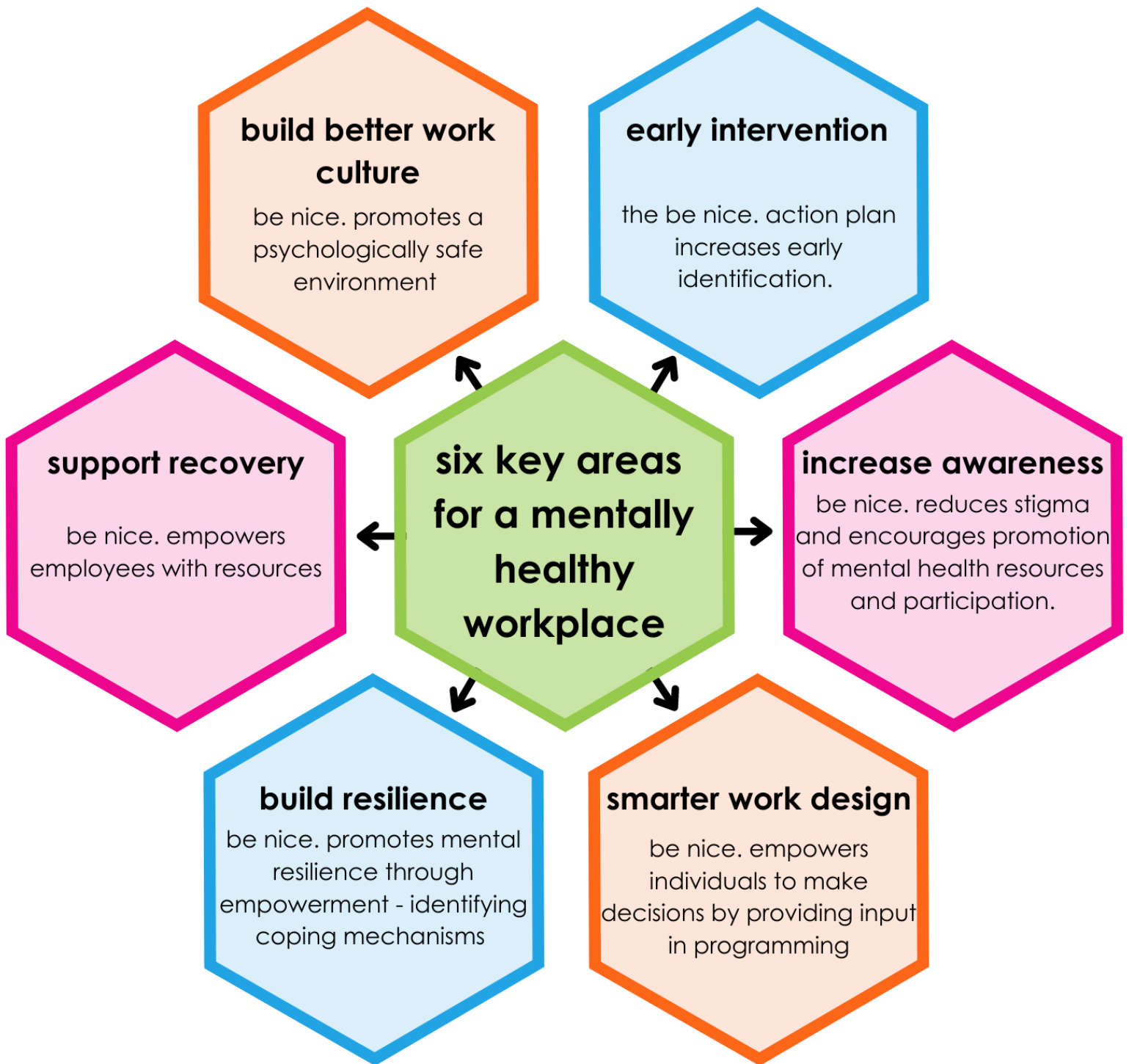
The Pledge is a 12-minute video and certification training that educates employees in the be nice. action plan.

## step 4

**Sustain programming by continuously implementing be nice. steps (activities, events, education, etc.)**

As frequently as preferred, continue to implement be nice. steps to educate and engage employees.

**The be nice. program follows a train-the-trainer method.**



Based on a study by The National Mental Health Commission and The Mentally Healthy Workplace Alliance

# what is included in the **be nice.** business program

**be nice.** is a sustainable program that produces optimal results through a 3-year commitment. It takes time to bake a mental health program into your company's culture and for employees to understand what **be nice.** means. Fortunately, we offer discounted programming costs for 3-year commitments because we want to ensure **be nice.** gives your employees the confidence and knowledge to take action when it comes to mental health.

liaison training

custom videos, resources,  
trainings, and exclusive  
merchandise

dedicated program  
coordination to support unique  
organizational needs

access to the  
online business  
portal

activities

program  
launch  
kit

exclusive monthly  
newsletter

learn more  
[benice.org/our-programs/business](https://benice.org/our-programs/business)

## testimonials

learn how different types of organizations utilize be nice. programming



click here to hear from  
Weller Truck Parts

**WELLER**  
TRUCK PARTS



click here to hear from  
Atonne Group

  
**ATONNE**  
GROUP



**Ventura County Behavioral Health**  
**Board Letter Summary of Contracts for December 2022**

Board Date	Contractor	Amount	Term	Description
12/6/2022	PathPoint	\$511,305	July 1, 2022 through June 30, 2023	<b>Third Amendment to the Agreement with PathPoint for Adult Rehabilitation Services.</b> On May 6, 2022 the Department of Health Care Services (DHCS) released Behavioral Health Information Notice (BHIN) No: 22-026, outlining new requirements for Peer Support Services for Medi-Cal providers. Among other things, Peer Support Services are defined as culturally competent individual and group services that promote recovery, engagement, and socialization. As of July 1, 2022, the Short Doyle Medi-Cal claiming system was updated to reflect Peer Support Services as its own separate and distinct service. Therefore, in response to that notice (BHIN NO: 22-026), providers were asked to submit budget modifications that either added Peer Support Services if they were not already being provided/included in their Agreements, and/or to list the cost for Peer Support Services as a separate and distinct service. In addition, VCBH is modifying its Peer Support Services Agreements as follows: (1) Exhibit A (Scope of Work) to include new language related to the Peer Support services to establish these services as separate and distinct and (2) Exhibit B (Payment Provisions) to delineate the case management units of service that are provided by Peer Support service providers and those provided by all other service providers. Specifically, the Agreement with PathPoint is being amended to cover the cost of adding one (1) Full Time Equivalent (FTE) employee and the purchase of new equipment such as an agency cellphone and a laptop in order to support the new position. The additional expense increases the current budget from \$476,739 to \$511,305 (an increase of \$34,566). Source of Funding is Short Doyle/Medi-Cal (SD/MC) Federal Financial Participation (FFP) and 1991 Realignment (Trust N520-717C).
12/6/2022	Turning Point Foundation (TPF)	\$435,742	July 1, 2022 through June 30, 2023	<b>Sixth Amendment to the Agreement with TPF – Growing Works for Psychiatric Rehabilitation-Oriented Services.</b> On May 6, 2022 the DHCS released BHIN No: 22-026, outlining new requirements for Peer Support Services for Medi-Cal providers. Among other things, Peer Support Services are defined as culturally competent individual and group services that promote recovery, engagement, and socialization. As of July 1, 2022, the SD/MC claiming system was updated to reflect Peer Support Services as its own separate and distinct service. Therefore, in response to that notice (BHIN NO: 22-026), providers were asked to submit budget modifications that either added Peer Support Services if they were not already being provided/included in their Agreements, and/or to list the cost for Peer Support Services as a separate and distinct service. In addition, VCBH is modifying its Peer Support Services Agreements as follows: (1) Exhibit A (Scope of Work) to include new language related to the Peer Support services to establish these services as separate and distinct and (2) Exhibit B (Payment Provisions) to delineate the case management units of service that are provided by Peer Support service providers and those provided by all other service providers. The Amendment to the Agreement with TPF – Growing Works covers the cost of adding one (1) FTE and .2 FTE for additional oversight. The additional expense increases the maximum contract amount from \$325,000 to \$435,742 (an increase of \$110,742). Source of Funding is Proposition 63 Mental Health Services Act (MHSA) and SD/MC FFP.
12/6/2022	TPF	\$1,184,294	July 1, 2022 through June 30, 2023	<b>Fifth Amendment to the Agreement with TPF – REHAB for Social Rehabilitation Services.</b> On May 6, 2022 the DHCS released BHIN No: 22-026, outlining new requirements for Peer Support Services for Medi-Cal providers. Among other things, Peer Support Services are defined as culturally competent individual and group services that promote recovery, engagement, and socialization. As of July 1, 2022, the SD/MC claiming system was updated to reflect Peer Support Services as its own separate and distinct service. Therefore, in response to that notice (BHIN NO: 22-026), providers were asked to submit budget modifications that either added Peer Support Services if they were not already being provided/included in their Agreements, and/or to list the cost for Peer Support Services as a separate and distinct service. In addition, VCBH is modifying its Peer Support Services Agreements as follows: (1) Exhibit A (Scope of Work) to include new language related to the Peer Support services to establish these services as separate and distinct and (2) Exhibit B (Payment Provisions) to delineate the case management units of service that are provided by Peer Support service providers and those provided by all other service providers. The Amendment to the Agreement with TPF – REHAB covers the cost of certifying an existing Peer Counselor .55 FTE at the Ventura location and adding a new .55 FTE at the Oxnard location. The additional expense increases the maximum contract amount from \$1,169,340 to \$1,184,294 (an increase of \$14,954). Source of Funding is SD/MC FFP and 1991 Realignment (Trust N520-717C).
12/6/2022	California Department of State Hospitals (DSH) and California Mental Health Services Authority (CalMHSA)	\$0	July 1, 2022 through December 31, 2022	<b>Amendment to the Memorandum of Understanding (MOU) with the California DSH and CalMHSA for the Utilization of State Hospital Beds, to Extend the Term of the MOU and Increase Bed Utilization Rates.</b> DSH has jurisdiction over all state hospitals which provide services to persons with mental disorders, in accordance with Welfare and Institutions Code (WIC) section 4100, et seq. Under WIC section 4330, counties must reimburse DSH for their use of state hospital beds and services. The amendment to the MOU for state hospital bed utilization services was not received from DSH and CalMHSA until October 14, 2022. Because of the need to continue to secure state hospital beds for VCBH clients/patients and for continued negotiation services from CalMHSA, VCBH authorized the acquisition and payment for bed utilization services and ongoing negotiation services prior to receiving approval of the amendment to the MOU with DSH/CalMHSA. The existing MOU between DSH, CalMHSA, and participating counties defines the patient referral process, bed types and uses, admission and discharge procedures, treatment coordination procedures, compensation requirements, and other requirements related to patient and records management. The MOU has been beneficial in stabilizing hospital bed costs, standardizing levels of care, and delineating admissions and discharge processes. The amendment extends the term of the MOU for a six-month period, July 1, 2022 through December 31, 2022, to allow additional time for DSH and CalMHSA to negotiate and finalize a new MOU for the provision of state hospital bed utilization and related services for FY 2022-23 (Final FY 2022-23 MOU). The amendment also increases the daily bed rates for FY 2022-23 as follows: (1) intermediate care facility beds increase from \$626 to \$728, (2) acute facility beds increase from \$626 to \$753, and (3) skilled nursing facility beds increase from \$775 to \$806. Source of Funding is 1991 State Realignment (Trust N510-717C).
12/6/2022	CalMHSA	\$1,402	July 1, 2022 through June 30, 2023	<b>Participation Agreement with CalMHSA for the Negotiation of a New MOU with DSH for State Hospital Bed Utilization.</b> CalMHSA is a joint powers authority comprised of counties and cities with mental health programs. On behalf of its members, CalMHSA annually negotiates an agreement with DSH for the utilization and payment of state hospital bed space and associated services. CalMHSA and DSH are in the process of negotiating an agreement for FY 2022-23; however, that new agreement is not complete. CalMHSA also serves as a liaison agency for ensuring compliance with the terms and conditions of the MOU. The Participation Agreement with CalMHSA authorizes CalMHSA, on behalf of participating counties including the County, to negotiate a new contract with DSH for state hospital bed utilization services and rates. The Participation Agreement goals include: (1) contracting with DSH for access to and use of state hospital beds, (2) ensuring DSH compliance with CalMHSA's contract with DSH, (3) analyzing cost containment strategies that will create efficiencies in the utilization of state hospital beds, (4) establishing standardization of services and consistency in services, (5) identifying and determining the feasibility of utilizing alternatives to state hospital resources, and (6) evaluating opportunities for the development of programs for special populations requiring 24-hour treatment services. Under the terms of the Participation Agreement, CalMHSA charges VCBH \$1,402 for FY 2022-23, which is the same amount charged by CalMHSA for similar services in prior fiscal years. Both the amendment to the MOU for state hospital bed utilization services and the Participation Agreement for related negotiation services were not received from DSH and CalMHSA until October 14, 2022. Because of the need to continue to secure state hospital beds for VCBH clients/patients and for continued negotiation services from CalMHSA, VCBH authorized the acquisition and payment for bed utilization services and ongoing negotiation services prior to receiving approval of the amendment to the MOU with DSH/CalMHSA and the new Participation Agreement with CalMHSA. Source of Funding is 1991 State Realignment (Trust N510-717C).

12/13/2022	California Department of Social Services (CDSS)	\$2,096,756	August 1, 2022 through June 30, 2029	<p><b>Ratification of the Ventura County Behavioral Health Director's Acceptance of CDSS Community Care Expansion (CCE) Preservation Program Non-Competitive Funds.</b> California has a shortage of licensed adult and senior care facilities that accept individuals receiving Supplemental Security Income/State Supplementary Payment (SSI/SSP). Adult Residential Facilities or "ARF" include both Board and Care for adults ages 18-59 and Residential Care for the Elderly (RCFE) for people ages 60 plus. These facilities are commonly known as assisted living facilities and can cost anywhere from \$5,000 to \$10,000 per month for a private room. Licensed ARFs provide 24-hour care for clients in need of a high level of support but who do not yet require skilled nursing services. Licensed ARFs provide room and board, all meals and snacks, medication management, social and recreational activities and transportation to residents. VCBH contracts with eight (8) licensed ARFs that accept SSI/SSP clients for a total available bed count of 231 beds. The contracted facilities accept people receiving SSI and SSP who endorse their monthly payment to the ARF operator in the amount of \$1,060 per month to cover room and board in addition to all living expenses. Not only is there a shortage of licensed ARFs that accept SSI and SSP, but existing facilities are closing at an alarming rate due to these low payments from high needs residents. Many licensed ARF operators in Ventura County have closed in the last ten years choosing instead to sell their properties. The CDSS CCE Preservation Program is one part of the total \$805 million CCE program, which was established through Assembly Bill 172, passed by the Legislature in 2021. Funds have been allocated by the State to county governments through a non-competitive award process. Counties are tasked with designing and implementing local programs that will preserve existing licensed adult and senior care facilities and disbursing funds accordingly. Specifically, the CCE Preservation Program funds construction and rehabilitation projects and provides operating subsidies to preserve existing licensed ARFs throughout the State. On July 5, 2022, VCBH received notice from the CDSS that it was being awarded \$2,096,756 in CCE Preservation Program non-competitive funds, with \$1,533,389 available for Capital Project (CP) Program expenses for the period starting August 1, 2022 through December 31, 2026, and \$563,367 available for Operating Subsidy Payment (OSP) Program expenses for the period starting August 15, 2022 through June 30, 2029. These funds will be utilized to improve licensed ARFs in Ventura County serving residents who are recipients of SSI/SSP. The CCE Preservation Program requires VCBH to submit an implementation plan for the utilization and prioritization of CCE Preservation funding by January 15, 2023. Source of Funding is CCE Preservation Grant and Proposition 63 MHSA.</p>
12/13/2022	California Department of Health Care Services (DHCS)	\$109,062,000	July 1, 2021 through June 30, 2024	<p><b>Amendment No. A01 to State Standard Agreement No. 21-10037 with the California DHCS for the Provision of Drug Medi-Cal Organized Delivery System (DMC-ODS) Substance Use Disorder (SUD) Services.</b> In December 2018, VCBH began implementing DMC-ODS, a new system of health care service delivery for Medi-Cal beneficiaries that includes the provision of SUD services, modeled after the American Society of Addiction Medicine (ASAM) criteria for SUD treatment services. Essential components include: (1) treatment services available to beneficiaries, (2) beneficiary procedures for moving through different levels of the continuum of care, (3) beneficiary access and data collection information, (4) coordination procedures for mental health service beneficiaries with co-occurring disorders, (5) coordination procedures for provision of physical health services, (6) county coordination assistance needs, (7) the availability and accessibility of adequate number and types of service providers in the county, (8) county procedures for timely access to care and service requirements, (9) training options that will be made available to service providers, (10) county technical assistance needs, (11) quality assurance procedures and oversight, (12) procedures to ensure the county will use evidence-based practices, (13) telehealth services, (14) contracting process and procedures, (15) medication assisted treatment plans, (16) residential services authorization processes, and (17) a mechanism for sharing information and coordinating service delivery for beneficiaries served. On September 14, 2021, the Board approved State Standard Agreement No. 21-10037 between the County and DHCS for VCBH's provision of DMC-ODS SUD services for FY 2021-24 which identifies and provides covered DMC-ODS services for SUD treatment for Medi-Cal beneficiaries within VCBH's service area. VCBH must meet conditions and requirements for the array of SUD services that are provided under the DMC-ODS waiver to receive federal and state allocated funds. Specifically, the Agreement details the: (1) program offerings and system access requirements, (2) program integrity requirements, (3) beneficiary protection requirements, (4) data and information submission requirements, (5) approved county proposed rates for all services, (6) revenue and expenditure reporting requirements, (7) funding usage and reimbursement requirements, (8) audit and record requirements, (9) various requirements associated with conducting business with the State of California, (10) information confidentiality and security requirements, and (11) privacy and information security provisions (as defined under the Health Insurance Portability and Accountability Act of 1996 and California Information Practices Act). Under the Agreement, VCBH provides the following DMC-ODS SUD services: adult/adolescent outpatient, intensive outpatient and narcotic/opioid treatment services, as well as Drug Medi-Cal adult/adolescent residential treatment, withdrawal management, recovery support services, care coordination and case management, physician consultation programs, medication assisted treatment and a 24/7 beneficiary Access Line. The Amendment revises the current Agreement to: (1) update the Indian Health Care Providers enrollment, certification, service provision, and rate requirements, (2) add requirements related to the timely provision of covered substance use disorder services that are appropriate for each beneficiaries' condition, consistent with good professional practice, and in line with established provider networks, policies, procedures, and quality assurance monitoring systems that ensure clinical appropriateness, (3) revise some grievances and appeals resolution and notification timeframes, (4) revise and add requirements related to nondiscrimination, language assistance, and information access for individuals with limited English proficiency and/or disabilities, (5) add additional Discrimination Grievance Coordinator and grievance reporting requirements, (6) add new professional staff requirements related to Alcohol or other drug counselors, Medical Directors of Narcotic Treatment Programs, and Peer Support Specialists, (7) add DMC-ODS services assessment, access, and level of care determination criteria, and (8) add new mandatory and optional DMC-ODS covered services and requirements. Source of Funding is Drug Medi-Cal (DMC) Federal Financial Participation (FFP) Funds-93.778 and State General Fund.</p>
12/13/2022	CAREGIVERS: Volunteers Assisting the Elderly	\$766,285	September 1, 2022 through June 30, 2027	<p><b>Agreement with CAREGIVERS: Volunteers Assisting the Elderly for Managing Assets For Security and Health (MASH) Senior Supports for Housing Stability Services.</b> On May 10, 2022, VCBH sought Board approval to submit a MHSA Innovation Project to combat housing concerns for at risk seniors in Ventura County. The multi-phase M.A.S.H project was created in order to provide a number of services for seniors who have either already lost stable housing or will be losing their current housing, including for example, assistance with finding new housing, financial education to maintain current residence, and counseling services. In order to support this project and provide direct services to seniors, the new Agreement with CAREGIVERS: Volunteers Assisting the Elderly, for M.A.S.H. senior support for housing stability services is needed, in the amount of \$766,285, effective September 1, 2022 through June 30, 2027. Source of Funding is Proposition 63 MHSA, SD/MC FFP.</p>
12/13/2022	Evalcorp	\$74,328	January 1, 2023 through December 31, 2026	<p><b>Agreement with Evalcorp for Data Collection and Analysis Services.</b> In order to support the M.A.S.H. Innovation Project and complete the required data analysis and performance outcomes to the Mental Health Services Oversight and Accountability Commission (MHSOAC), the new agreement with Evalcorp is needed, in the amount of \$74,328, effective January 1, 2023 through December 31, 2026. Source of Funding is Proposition 63 MHSA and SD/MC FFP.</p>