

BEHAVIORAL HEALTH ADVISORY BOARD  
**ADULT SERVICES COMMITTEE**  
**MINUTES ■ Thursday, May 3, 2018**

<p><b>Present</b>  Nancy Borchard, Committee Co-Chair  Gane Brooking, Committee Co-Chair  Jerry Harris, BHAB Chair  Shery Valley, BHAB  Ratan Bhavnani, BHAB  Andrew Huizar, Anka Behavioral Health  Suzanne Zimmermann, Anka Behavioral Health  David Deutsch, NAMI  Asencion Romero, Pacific Clinics TAY Tunnel  Monica Lang, Telecare  Kalie Matisek, Turning Point Foundation  Mark Schumacher, Turning Point Foundation  Denise Noguera, VCAA  Maegen Segura, VCAA  Mark Steinbauer, Los Robles Hospital</p>	<p><b>VCBH Managers/Staff Present</b>  John Schipper, Adult Division Chief  Anna Flores, Alcohol and Drug Programs Manager  Pam Roach, Transformational Liaison  Edith Pham, BHAB Assistant</p> <p><b>NEXT MEETING:</b>  <b>Thursday, June 7, 2018, 10:00 a.m. – 12:00 pm</b></p> <p>Ventura County Behavioral Health  1911 Williams Drive, second floor, Oxnard</p>
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Note: The committee has not yet approved these minutes. There may be additions/deletions or corrections before the minutes are accepted in final form.

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	<b>Call to Order</b> Co-Chair Gane Brooking called the meeting to order at 10:05 a.m.		
II.	<b>Approval of the Agenda</b> Ms. Brooking asked the Committee to review and approve today's agenda. Ratan Bhavnani moved to approve, Mark Schumacher seconded. The motion passed unanimously.	The agenda was approved as written. <b>M/S/C</b>	
III.	<b>Approval of the Minutes</b> Co-Chair Nancy Borchard asked the committee to review and approve the minutes of the April 5, 2018 meeting. Shery Valley moved to approve, Mr. Bhavnani seconded. The motion passed unanimously.	The minutes were approved as written. <b>M/S/C</b>	
IV.	<b>Welcome and Introductions</b> Ms. Borchard welcomed everyone and asked for introductions.		
V.	<b>Public Comments</b> None.		
VI.	<b>Chair Announcements</b> Ms. Brooking noted that the previous day there was a social determinants of health conference.  Ms. Borchard referenced the recent tragic stabbing in Ventura. This event is making her more focused on finding solutions regarding treatment and housing. She encouraged all to reach out and educate the community on mental illness. A discussion followed regarding the change in the local political will and stigma reduction.		
VII.	<b>Old Business</b> Committee Membership – Appoint Members Ms. Borchard noted that anyone who comes to the committee meetings on a regular basis can be a member. A letter was sent to various organizations to request that they send a representative. Ms. Borchard and Dr. John Schipper will prepare a list of regular attendees, and members will be appointed during the June meeting.	Prepare list of regular attendees	N Borchard, J Schipper

**VIII. New Business**

**A. Summer Schedule**

After a brief discussion, Ms. Borchard moved to go dark in July. Sheri Valley seconded. The motion passed unanimously.

Go dark in July  
M/S/C

**B. Committee Objectives for FY 2018-19**

The committee's mission statement was reviewed. Changes were discussed.

Ms. Borchard noted that the committee has been asked to send one or two most important objectives to the BHAB. Jerry Harris noted that the board will select a few objectives from the various committees and work on them.

The committee's objectives for the year were discussed at length and amended:

# 1: Delete as integration has been achieved.

# 2: Delete.

# 3: Amended to: "Advocate for effective assessment and referral for individuals in crisis at the Hillmont Psychiatric Center and the Outpatient Psychiatric Observation Services (OPOS) in cooperation with local hospitals and law enforcement, with particular emphasis on developing a Crisis Stabilization Unit and increasing inpatient beds, both public and private, within the community."

# 4: No change.

# 5: Amend to: "Advocate for increased services to the older adult population."

# 6: Amend to: "Participate in all efforts to establish affordable and supportive housing for individuals who live with mental health and/or substance use disorder challenges."

The committee agreed to send to the BHAB the committee objectives #3, 5 and 6.

Send to the BHAB the  
amended committee  
objectives # 3, 5 and 6

E. Pham

**C. Older Adults Needs**

Ms. Brooking noted that the older adult population is growing rapidly. She would like to see the creation of an Older Adult Committee, just as there was one under the previous Mental Health Board. Dr. Schipper noted that Ventura County Behavioral Health (VCBH) has a team for older adults who have medical or mobility issues. Many other older adults receive services at the various VCBH adult clinics.

**IX. Members Comments**

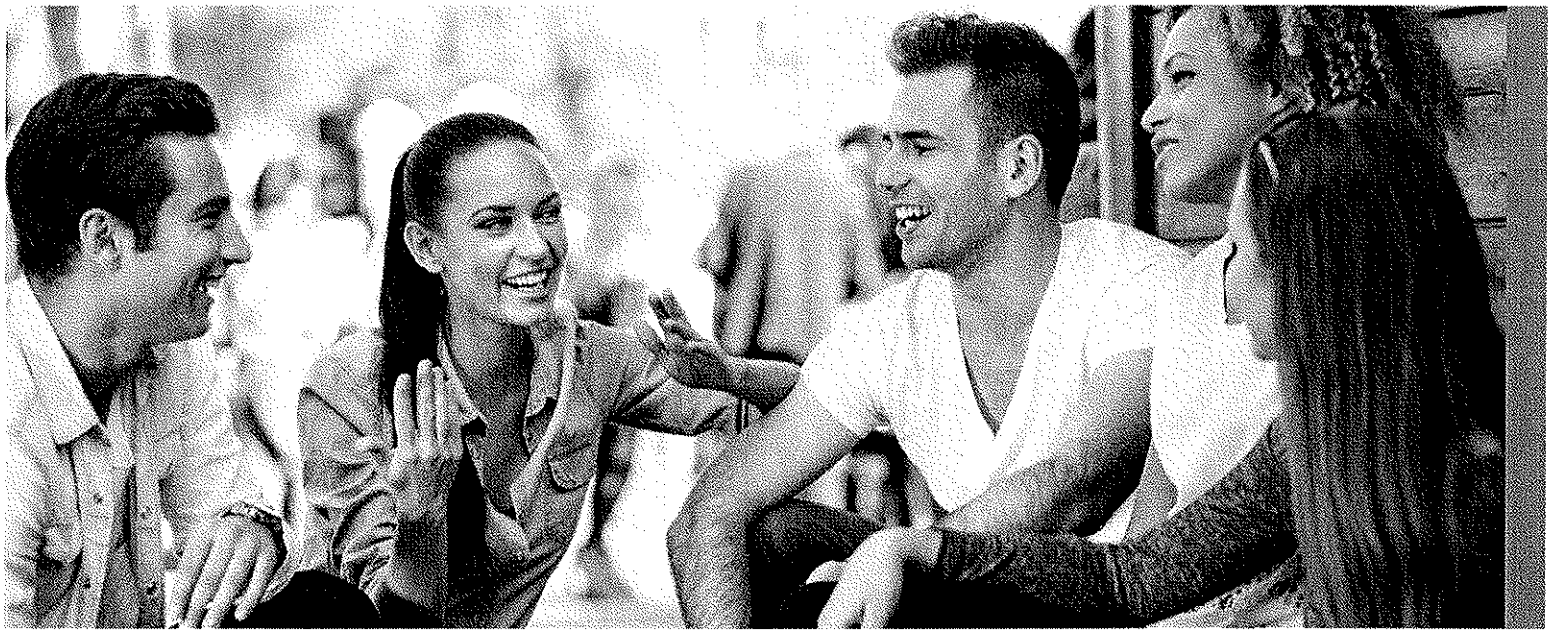
A. David Deutsch noted that the next NAMI General meeting will be on May 8 at a new location: Camarillo Community Church, 1777 Arneil Road, Camarillo. Jerry Harris, Ratan Bhavnani and Janis Garner, all BHAB officers, will be the speakers. Also, a provider education class will be offered over two Saturdays: May 19 and June 2.

B. Pam Roach noted that she has received a call from someone who said she has been trying to get services from Beacon for three months. Ms. Roach asked if others have heard of such delays. The committees agreed that this is an isolated incident.

C. Denise Noguera noted that:

1. the Area Agency on Aging has received approval from the Housing Authority City of Ventura to implement the Housing Plus program for another two years. VCAAA has hired a supervisor, Susan Guffee, who is managing the long-term case management MSSP and is writing a procedure for a home- and community-based alternatives program. VCAAA is recruiting for a social worker extra help position.
2. VCAAA houses a program in partnership with the District Attorney's office Victims Assistance Unit and Investigate Services. It helps provide existing integrated services to Elderly and Dependent/Disabled Adult Victims of

	<p>crime. There is a budget through the Elder Abuse XE to pay for temporary and ongoing services as needed. All referrals come through the DA's office.</p> <p>3. The wait list for affordable housing through Housing Authority City of Ventura is nine years.</p> <p>D. Andrew Huizar introduced himself as the Regional Director for Anka Behavioral Health.</p> <p>E. Suzanne Zimmerman noted that Hillmont House continues to take referrals and remains full most of the time. Clients stay on average 12 to 18 months but can stay up to 24 months. All are county clients. Also, Anka actively participates in the Continuum of Care meetings.</p> <p>F. Mark Schumacher noted that River Haven now has opened three tiny houses (Though Shed), three more will be available in a week. There are currently 29 people on the wait list.</p>		
X.	<p><b>Update: Behavioral Health Adult Division – Dr. John Schipper</b></p> <p>A. Representatives from Ventura County Medical Center, Hillmont Psychiatric Center and VCBH have met with the California Department of Public Health (CDPH) regarding the Outpatient Psychiatric Observation Services (OPOS).</p> <p>B. Staff from the Substance Abuse &amp; Mental Health Services Administration (SAMHSA) will conduct their yearly site visit regarding Assisted Outpatient Treatment (AOT) the following week. Anyone is welcome to attend the stakeholder meeting on May 9 at 10:00 a.m. VCBH is transitioning to bring the AOT program in-house, effective July 1<sup>st</sup>, rather than contracting with Telecare.</p> <p>C. VCBH was awarded a triage grant. A seven-member outreach and engagement team will focus on two identified needs: pairing with law enforcement to respond to calls in the community, and outreach to transitional age youth.</p> <p>D. The Adult Division is down three Full-Time Equivalent psychiatrists.</p>		
XI.	<p><b>Update: Behavioral Health Substance Use Disorders – Anna Flores</b></p> <p>Anna Flores distributed a brochure on Vivitrol called "Help Reinforce Your Recovery"; see attached. She provided some information on Vivitrol, a monthly injectable medication. It is not a drug of last resort, but due to its high cost it tends to be used after other medications have been tried. Vivitrol is the only drug that prevents relapse after detoxification. Clients who receive the injection have to wear a medical alert bracelet.</p>		
XII.	<p><b>Items for Next Meeting Agenda</b></p> <p>Invite Chris Russell in the Human Services Agency, to give a presentation.</p>	Invite Chris Russell	E. Pham
XIII.	<p><b>Adjourn</b></p> <p>The meeting adjourned at 12:10 p.m.</p>		



# TALK SAVES LIVES

## **A BRIEF INTRODUCTION TO SUICIDE PREVENTION**

Learn the warning signs and risk factors of suicide, and how together, we can help prevent it.

Thursday, May 10<sup>th</sup> 2018

Doors Open: 6pm

Presentation and Panel  
Discussion: 6:30-8pm

Santa Susana High School  
3570 Cochran St, Simi Valley  
Multi-Purpose Room

Snacks will be provided

**RSVP:**

[losangeles@afsp.org](mailto:losangeles@afsp.org)  
424.327.7101



AMERICAN FOUNDATION FOR  
Suicide Prevention

[afsp.org](http://afsp.org)

# Ventura County Behavioral Health Advisory Board Adult Services Committee

## Mission

The BHAB Adult Services Committee advocates for continuum-of-care in the development and expansion of mental health and addiction services that support the stabilization and recovery of adult and older adult clients.

The Committee's monthly meetings serve to advise members of events, trainings, MHSA (Mental Health Services Act) stakeholder meetings and decisions, individual providers'/contractors' updates and current department activities regarding Adult VCBH services, trainings, staffing, housing, and the status of our inpatient and jail populations.

We educate ourselves in order to better advocate as individuals for our target population in the larger community.

## 2017-18 Objectives

1. Continue to develop the integration of mental health and substance use services.
2. Increase community awareness regarding resources and access to services provided by VCBH.
3. Advocate for effective assessment and referral for individuals in crisis at the Hillmont Psychiatric Center and the Outpatient Psychiatric Observation Services (OPOS) in cooperation with local hospitals and law enforcement.
4. Advocate for the Crisis Residential Treatment (CRT) to be used as a crisis prevention and step-down from Hillmont Psychiatric Center or other intensive service.
5. Advocate for the establishment of a geriatric psychiatric unit.
6. Participate in all efforts to establish affordable and supportive housing for individuals with behavioral health challenges



# ARE YOU OR YOUR LOVED ONE READY TO MOVE FORWARD?

Opioid addiction is a chronic, relapsing brain disease defined by an uncontrollable urge to seek and use opioids, like heroin or prescription pain medication. Because addiction changes the way the brain works, most patients need ongoing care in the form of counseling and medication.<sup>1</sup>

See important information on possible side effects with VIVITROL treatment inside this brochure. Read the Brief Summary of Important Facts about VIVITROL inside this brochure. This information does not take the place of talking with your doctor.

**Vivitrol**<sup>®</sup>  
(naltrexone for extended-release  
injectable suspension)

**Recovery is a fight, but there  
are medications that can help.**

Ask your doctor if VIVITROL  
and counseling would be an  
effective way to help treat your  
opioid dependence.

Learn more at  
[VIVITROL.com](http://VIVITROL.com)



Read the Brief Summary of  
Important Facts about VIVITROL  
inside this brochure. This  
information does not take the  
place of talking with your doctor.



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(naltrexone for extended-release  
injectable suspension)

# HELP REINFORCE YOUR RECOVERY

Help prevent relapse to opioid  
dependence after detoxification with  
the first and only **non-addictive,**  
**once-monthly medication** that  
works with counseling.

See important information about possible side effects with VIVITROL treatment inside this brochure. Read the Brief Summary of Important Facts about VIVITROL inside this brochure. This information does not take the place of talking with your doctor.

# FIGHT OPIOID DEPENDENCE WITH THE ONLY NON-ADDICTIVE, ONCE-MONTHLY MEDICATION AND COUNSELING

**VIVITROL® (maltrexone for extended-release injectable suspension) is a prescription injectable medicine used to:**

- Prevent relapse to opioid dependence **after** opioid detox. You must stop taking opioids or other opioid-containing medications before starting VIVITROL.
- To be effective, VIVITROL must be used with other alcohol or drug recovery programs, such as counseling.
- It is not known if VIVITROL is safe and effective in children.

**You should not take VIVITROL if you:**

- Are using or have physical dependence on opioid-containing medicines or opioid street drugs.
- Have opioid withdrawal symptoms. Opioid withdrawal symptoms may happen when you have been taking opioid-containing medicines or opioid street drugs regularly and then stop.
- Are allergic to naltrexone or any of the ingredients in VIVITROL or the liquid used to mix VIVITROL.

## VIVITROL:<sup>2</sup>

- ✓ Opioid blocker
- ✓ Once-monthly injectable
- ✓ Administered by a healthcare provider
- ✓ Used with counseling
- ✓ Non-addictive
- ✓ No street value
- ✓ Non-narcotic
- ✓ Requires detox

During a 6-month, double-blind, placebo-controlled, randomized clinical study, compared to opioid-dependent patients treated with a placebo and counseling (n=124), opioid-dependent patients being treated with VIVITROL and counseling (n=126):<sup>3</sup>

### ▶ PRIMARY ENDPPOINT



Had 90% opioid-free weeks (compared to 35% with a placebo)\* P=0.0002

### ▶ SECONDARY ENDPPOINTS



Had a 55% decrease in self-reported opioid craving from baseline. (Placebo increased 3% from baseline.)\*\* P<0.0001 (adjusted)



Were 17x less likely to relapse to physical dependence (compared to placebo) P<0.0001

\*Confirmed abstinence was defined as a negative urine drug test for opioids and no self-reported opioid use for all weekly visits.

\*\*Craving was measured by self-reported "need for opioids" using a visual analog scale.

## Is there a risk of opioid overdose with VIVITROL?

**Yes. One serious side effect of VIVITROL is the risk of opioid overdose.** Using opioids, even in amounts that you used before VIVITROL treatment, can lead to accidental overdose, serious injury, coma, or death.

- Do not take large amounts of opioids or try to overcome the opioid-blocking effects of VIVITROL.
- Do not use opioids in amounts that you used before VIVITROL treatment. You may even be more sensitive to **lower** amounts of opioids:
  - After detox
  - When your next VIVITROL dose is due
  - If you miss a dose of VIVITROL
  - After you stop VIVITROL treatment

**Get emergency medical help right away if you:**

- have trouble breathing
- become very drowsy with slowed breathing
- have slow, shallow breathing (little chest movement with breathing)
- feel faint, dizzy, confused, or have other unusual symptoms.

It is important that you tell your family and the people closest to you of this increased sensitivity to opioids and the risk of overdose.

Please read the **Brief Summary of Important Facts** about VIVITROL inside this brochure.



# BRIEF SUMMARY OF IMPORTANT FACTS

## ABOUT VIVITROL® (NALTREXONE FOR EXTENDED-RELEASE INJECTABLE SUSPENSION)

### What is the most important information I should know about VIVITROL?

The most important risks of VIVITROL treatment are:

- 1. Risk of opioid overdose.** You can accidentally overdose in two ways:
    - VIVITROL blocks the effects of opioids, such as heroin or opioid pain medicines. Do not try to overcome this blocking effect by taking large amounts of opioids—this can lead to serious injury, coma, or death.
    - During treatment with VIVITROL and after you stop taking VIVITROL, you may be more sensitive to the effects of lower amounts of opioids than you used to take:
      - after you have gone through detoxification
      - if you miss a dose of VIVITROL
      - when your next VIVITROL dose is due
      - after you stop VIVITROL treatment
- Tell your family and the people closest to you of this increased sensitivity to opioids and the risk of overdose.
- 2. Severe reactions at the site of injection.** Some people on VIVITROL have had severe injection site reactions, including tissue death. Some of these reactions have required surgery. Call your healthcare provider right away if you notice any of the following at any of your injection sites: intense pain, the area feels hard, large area of swelling, lumps, blisters, an open wound, and/or a dark scab. Tell your healthcare provider about any reaction at an injection site that concerns you, gets worse over time, or does not get better within two weeks.

- 3. Sudden opioid withdrawal.** To avoid sudden opioid withdrawal, you must stop taking any type of opioid, including street drugs; prescription pain medicines; cough, cold, or diarrhea medicines that contain opioids; or opioid-dependence treatments, including buprenorphine or methadone, **for at least 7 to 14 days** before starting VIVITROL. If your doctor decides that you don't need to complete detox first, he or she may give you VIVITROL in a medical facility that can treat sudden opioid withdrawal. Sudden opioid withdrawal can be severe and may require hospitalization.

- 4. Liver damage or hepatitis.** Naltrexone, the active ingredient in VIVITROL, can cause liver damage or hepatitis. Tell your healthcare provider if you have any of these symptoms during treatment with VIVITROL:

### What should I tell my healthcare provider before receiving VIVITROL?

Before you receive VIVITROL, tell your healthcare provider if you:

- have liver problems, use or abuse street (illegal) drugs, have hemophilia or other bleeding problems, have kidney problems, or have any other medical conditions.
- are pregnant or plan to become pregnant. It is not known if VIVITROL will harm your unborn baby.
- are breastfeeding. It is not known if VIVITROL passes into your milk, and if it can harm your baby. Naltrexone, the active ingredient in VIVITROL, is the same active ingredient in tablets taken by mouth that contain naltrexone. Naltrexone from tablets passes into breast milk. Talk to your healthcare provider about whether you will breastfeed or take VIVITROL. You should not do both.

**Tell your healthcare provider about all the medicines you take**, including prescription and non-prescription medicines, vitamins, and herbal supplements. Especially tell your healthcare provider if you take any opioid-containing medicines for pain, cough or colds, or diarrhea.

### What are other possible serious side effects of VIVITROL?

VIVITROL can cause:

**Depressed mood.** Sometimes this leads to suicide, or suicidal thoughts, and suicidal behavior. Tell your family members and people closest to you that you are taking VIVITROL.

**Pneumonia.** Some people receiving VIVITROL treatment have had a type of pneumonia that is caused by an allergic reaction. If this happens to you, you may need to be treated in the hospital.

**Serious allergic reactions.** Serious allergic reactions can happen during or soon after an injection of VIVITROL. Tell your healthcare provider or get medical help right away if you have any of these symptoms:

Your healthcare provider may need to stop treating you with VIVITROL if you get signs or symptoms of a serious liver problem.

## What is VIVITROL?

**VIVITROL is a prescription injectable medicine used to:**

- treat alcohol dependence. You should stop drinking before starting VIVITROL.
- prevent relapse to opioid dependence, **after** opioid detoxification. You must stop taking opioids before you start receiving VIVITROL.

To be effective, VIVITROL must be used with other alcohol or drug recovery programs such as counseling. VIVITROL may not work for everyone.

It is not known if VIVITROL is safe and effective in children.

## Who should not receive VIVITROL?

**Do not receive VIVITROL if you:**

- are using or have a physical dependence on opioid-containing medicines or opioid street drugs, such as heroin. To test for a physical dependence on opioid-containing medicines or street drugs, your healthcare provider may give you a small injection of a medicine called naloxone. This is called a naloxone challenge test. **If you get symptoms of opioid withdrawal after the naloxone challenge test, do not start treatment with VIVITROL at that time.** Your healthcare provider may repeat the test after you have stopped using opioids to see whether it is safe to start VIVITROL.
- are having opioid withdrawal symptoms. Opioid withdrawal symptoms may happen when you have been taking opioid-containing medicines or opioid street drugs regularly and then stop. **Symptoms of opioid withdrawal may include:** anxiety, sleeplessness, yawning, fever, sweating, teary eyes, runny nose, goose bumps, shakiness, hot or cold flushes, muscle aches, muscle twitches, restlessness, nausea and vomiting, diarrhea, or stomach cramps.
- are allergic to naltrexone or any of the ingredients in VIVITROL or the liquid used to mix VIVITROL (diluent). See the medication guide for the full list of ingredients.

■ swelling of your face, eyes, mouth, or tongue

■ chest pain

## Common side effects of VIVITROL may include:

- nausea
- vomiting
- cold symptoms
- sleepiness
- painful joints
- trouble sleeping
- headache
- decreased appetite
- toothache
- dizziness
- muscle cramps

**These are not all the side effects of VIVITROL.** Tell your healthcare provider if you have any side effect that bothers you or that does not go away. You may report side effects to the FDA at 1-800-FDA-1088.

## This is only a summary of the most important information about VIVITROL.

**Need more information?**

- Ask your healthcare provider or pharmacist.

## Read the Medication Guide, which is available at [VIVITROL.com](http://VIVITROL.com) and by calling 1-800-848-4876, option #1.

This Brief Summary is based on the VIVITROL Medication Guide (Rev. July 2013).

**References:** 1. American Society of Addiction Medicine. Definition of Addiction. Retrieved from <http://www.asam.org/quality-practice/definition-of-addiction> on July 28, 2016. 2. VIVITROL [prescribing information]. Waltham, MA: Alkermes, Inc.; rev December 2015. 3. Krupitsky E, Nunes EV, Ling W, Illeperuma A, Gastfriend DR, Silverman BL. Injectable extended-release naltrexone for opioid dependence: a double-blind, placebo-controlled, multicentre randomised trial. *Lancet*. 2011;377(9776):1506-1513. doi:10.1016/S0140-6736(11)60358-9

Discuss all benefits and risks of VIVITROL with your doctor and whether VIVITROL is right for you. Call your doctor for medical advice about any side effects.

See important information on possible side effects with VIVITROL treatment inside this brochure. This information does not take the place of talking with your doctor.

**VIVITROL**<sup>®</sup>  
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injectable suspension)