

BEHAVIORAL HEALTH ADVISORY BOARD  
**ADULT SERVICES COMMITTEE**  
**MINUTES ■ Thursday, February 7, 2019**

<p><b>Members Present</b>  Nancy Borchard, Committee Co-Chair  Gane Brooking, Committee Co-Chair  Jerry Harris, BHAB Chair  Ratan Bhavnani, BHAB  Sheri Valley, BHAB  David Deutsch, Client Network  Cici Romero, TAY Tunnel  Mark Schumacher, Turning Point Foundation  Dana Secor, Turning Point Foundation  Denise Noguera, VCAAA</p> <p><b>Others Present</b>  Scott Walker, CIT  Gray Wilking, Area Agency on Aging  Stuart Fiedler  Dr. Rob Streeter, Dignity Health  Audra Strickland, Hospital Association of Southern California  Barbara Keller, VCAAA/HACSB  Maria Martinez, HACSB  Stephanie Segura, HACSB  Ricardo Torres, HACSB  Lisa Powell  Bob Wickham, NAMI  Karyn Bates</p>	<p><b>Ventura County Behavioral Health (VCBH) Managers/Staff Present</b>  Dr. John Schipper, Adult Division Chief  Dr. Thomas Taylor, Adult Residential Services Manager  Anna Flores, Alcohol and Drug Programs Manager  Pam Roach, Transformational Liaison  Edith Pham, BHAB Assistant</p> <p><b>NEXT MEETING:</b>  <b>Thursday, March 7, 2019, 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 Nancy Borchard called the meeting to order at 10:05 a.m.		
II.	<b>Approval of the Agenda</b> Ms. Borchard asked the committee to review and approve today's agenda. Ratan Bhavnani moved to approve, Jerry Harris seconded. The motion passed unanimously.	The agenda was approved as written. <b>M/S/C</b>	
III.	<b>Approval of the Minutes</b> Ms. Borchard asked the committee to review and approve the minutes of the January 3 meeting. Mr. Bhavnani moved to approve, Mr. Harris seconded. Gray Wilkins noted that her name is misspelled in item VIII, Old Business; it should read Wilking. The motion passed unanimously.	The minutes were approved as amended. <b>M/S/C</b>	
IV.	<b>Welcome and Introductions</b> Ms. Borchard welcomed everyone and asked for introductions.		
V.	<b>Public Comments</b> Bob Wickham noted that NAMI is moving its offices to 555 Airport Way in Camarillo, where it will be able to hold all its functions; a grand opening will take place in the near future. NAMI is looking for a new Executive Director.		
VI.	<b>Chair Announcements</b> Gane Brooking noted that a temporary emergency shelter at the Oxnard Armory is open 24/7 and provides services; admission is through the Coordinated Entry system, and 2-1-1 can be contacted for this. The permanent year-round shelter in Ventura may open in January 2020.  Ms. Borchard referred to a November 26, 2018 Wall Street Journal article titled Crisis Workers Handle More Calls to Police. In Eugene, Oregon, a non-profit group responds to calls to police related to people with mental illness.		

VII.	<p><b>Presentation: Crisis Stabilization Unit and Dignity Health – Dr. Robert Streeter, Dignity Health</b>  Dr. Streeter presented Vituity’s Revolutionary Approach to Emergency Psychiatric Care. Dr. Zeller first implemented this approach in Alameda county. After psychiatric patients have been medically cleared in the Emergency Department, they are moved to an EmPath Unit (Emergency Psychiatric Assessment Treatment Healing) for evaluation and treatment by a psychiatrist. These units are for adults 18 years old and over. Most clients get discharged back to their home. Peers are a key part of the care. The stay is limited to 23 hours, although some patients may stay longer while waiting for a bed.</p> <p>Locally, managers from all hospitals in the county meet regularly to discuss problems affecting the community. The care of mentally ill patients is a focus, along with the opioid crisis. Dignity Health is looking for a space to locate an EmPath Unit. Short-Doyle funding would be needed to cover the care. The County has given its verbal agreement to certify EmPath providers so their services can be reimbursed with Short-Doyle funds. The units become self-sustaining in two to three years. Dr. John Schipper noted that Dignity Health and VCBH are good faith partners.</p>		
VIII.	<p><b>Old Business</b></p> <p>A. The Lanterman Petris Short (LPS) Conservatorship Reform  Mr. Bhavnani summarized the discussion that took place during the previous meeting. Redefining the definition of grave disability was part of a proposed legislation last year, but it did not pass and has not been reintroduced this year. Mr. Wickham noted that NAMI will attend a legislation day in Sacramento to support this. It was agreed to continue to review what steps need to be taken to make LPS Law more responsive to current needs of the mentally ill.</p> <p>Dr. Schipper noted that in response to PC1001.36 (previously SB 1810), VCBH has begun to pilot a program that provides treatment in place of adjudication for defendants determined to be eligible for mental health diversion. The development of formal protocols is part of the ongoing work of representatives from the Superior Court, the Public Defender’s Office, the District Attorney’s Office, Probation, the Sheriff, and VCBH, who are meeting every other week. The focus for VCBH with expansion of the program is to use diversion as a means for engaging/treating people with serious mental illness and significant functional impairment who otherwise are reluctant to accept services. VCBH is currently evaluating how this program impacts the already established Mental Health Court, noting that they had no referrals from Probation in the last few weeks.</p> <p>The Chairs and committee agreed to revisit the topic in the future as needed. The committee wants to keep updated on this pilot program and would like to see if it serves two different types of clients. One question remains as to what types of offenses are eligible for either program. No action was taken.</p> <p>B. Safety Plan Update – Pam Roach  Ms. Roach noted that the Crisis Team requested a change in the Threat box content. The committee provided some feedback on the document:</p> <ol style="list-style-type: none"> <li>1. Keep the old color scheme (beige, yellow, red), rather than all blue;</li> <li>2. Consider listing NAMI as an additional resource;</li> <li>3. Collapse Stress and Increased Symptoms;</li> <li>4. Have two columns under Seek: one for VCBH clients, one for non-VCBH clients.</li> </ol> <p>This discussion will continue at the April meeting. In the meantime, all members are encouraged to send their suggestions to Ms. Roach or the BHAB Assistant.</p>	Send suggestions to P. Roach or E. Pham	All committee members
IX.	<p><b>Members and Participants Comments</b>  Scott Walker noted that Sheriff Ayub supports three pieces of legislation: AB 12, AB 339 and AB 340, which address gun violence. They were introduced by Assemblymember Jacqui Irwin.</p>		
X.	<p><b>Update: Behavioral Health Adult Division – Dr. John Schipper</b>  Dr. Schipper did not have any news or information to report.</p>		

XI.	<b>Update: Behavioral Health Substance Use Disorders - Anna Flores</b> Ms. Flores requested some time next month to discuss recovery services. The Chairs agreed.		
XII.	<b>Item for Next Meeting Agenda</b> Anna Flores: Recovery Services.		
XIII.	<b>Adjourn</b> The meeting adjourned at 12:05 p.m.		

**MESA CONSULTIVA DE BEHAVIORAL HEALTH  
COMITÉ DE SERVICIOS PARA ADULTOS  
MINUTAS ■ Jueves, February 7, 2019**

<p><b>Miembros presentes</b>  Nancy Borchard, Presidente del Comité.  Gane Brooking, Presidente del Comité.  Jerry Harris, BHAB Presidente  Ratan Bhavnani, BHAB  Sheri Valley, BHAB  David Deutsch, Client Network  Cici Romero, TAY Tunnel  Mark Schumacher, Turning Point Foundation  Dana Secor, Turning Point Foundation  Denise Noguera, VCAAAA</p> <p><b>Otros Presentes</b>  Scott Walker, CIT  Gray Wilking, Agencia sobre el Envejecimiento  Stuart Fiedler  Dr. Rob Streeter, Dignity Health  Audra Strickland, Hospital Association of Southern California  Barbara Keller, VCAAAA/HACSB  Maria Martinez, HACSB  Stephanie Segura, HACSB  Ricardo Torres, HACSB  Lisa Powell  Bob Wickham, NAMI  Karyn Bates</p>	<p><b>Personal de VCBH presente</b>  Dr. John Schipper, Jefe de la División de Adultos  Dr. Thomas Taylor, Gerente de Servicios Residenciales para Adultos  Anna Flores, Gerente de Programas de Alcohol y Drogas  Pam Roach, Enlace Transformacional  Edith Pham, Asistente BHAB</p> <p><b>SIGUIENTE JUNTA:</b>  <b>Jueves, 7 de marzo del 2019, 10:00 a.m. - 12:00 pm</b></p> <p>Ventura County Behavioral Health  1911 Williams Drive, Segundo Piso, Oxnard</p>
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Nota: El comité aún no ha aprobado estas minutas. Puede haber adiciones / eliminaciones o correcciones antes de que se acepten las minutas en su forma final.

	DISCUSIÓN Y CONCLUSIONES	RECOMENDACIONES / ACCIONES	RESPONSABLE
I.	<b>Llamar al orden</b> Presidente Nancy Borchard inició la reunión a las 10:05		
II.	<b>Aprobar la Agenda</b> La Sra. Borchard pidió a la Comisión revisar y aprobar el orden del día de hoy. Ratan Bhavnani se hizo la moción de aprobar, Jerry Harris secundó. La moción fue aprobada por unanimidad.	La agenda fue aprobada como escrito. <b>M/S/C</b>	
III.	<b>Aprobar las minutas</b> La Sra. Borchard pidió a la Comisión revisar y aprobar las minutas de la reunión del 3 de enero. El Sr. Bhavnani hizo la moción de aprobar, el Sr. Harris secundó. Wilkins Gray observó que su nombre está mal escrito en el punto VIII, negocios anteriores; debe leer Wilking. La moción aprobada por unanimidad.	Se aprobó las minutas <b>M/S/C</b>	
IV.	<b>Bienvenida y presentaciones</b> La Sra. Borchard dio la bienvenida a todos y pidió se presentaran.		
V.	<b>Comentarios del público</b> Bob Wickham señaló que NAMI traslada sus oficinas a 555 Aeropuerto Camino de Camarillo, donde será capaz de mantener todas sus funciones; una gran apertura se llevará a cabo en un futuro cercano. NAMI está en busca de un nuevo Director Ejecutivo.		
VI.	<b>Anuncios del Presidente</b> Gane Brooking señaló que el refugio temporal de emergencia en la Armería de Oxnard está abierto 24/7 y provee servicios; la entrada es a través del sistema coordinado y 2-1-1 puede contactarlos con el refugio. El refugio permanente en Ventura podría abrir en enero de 2020.		

	<p>La Sra. Borchard comentó sobre un 26 de noviembre de 2018 artículo del Wall Street Journal titulado trabajadores de crisis manejan más llamadas a la policía. En Eugene, Oregon, un grupo sin fines de lucro responde a llamadas a la policía relacionada con personas con enfermedad mental.</p>		
<p><b>VII.</b></p>	<p><b>Presentación: Unidad de estabilización de crisis y salud digna - Dr. Robert Streeter de Dignity Health</b></p> <p>El Dr. Streeter presentó el Enfoque Revolucionario de Vituity para la Atención Psiquiátrica de Emergencia. El Dr. Zeller implementó por primera vez este enfoque en el condado de Alameda. Después de que los pacientes psiquiátricos hayan sido aprobados médicamente en el Departamento de Emergencias, son trasladados a una Unidad EmPath (Tratamiento de evaluación de emergencia psiquiátrica) para su evaluación y tratamiento por un psiquiatra. Estas unidades son para adultos mayores de 18 años. La mayoría de los clientes son dados de alta a su casa. Los compañeros son una parte clave de la atención. La estancia se limita a 23 horas, aunque algunos pacientes pueden quedarse más tiempo mientras están en cama.</p> <p>A nivel local, los gerentes de todos los hospitales del condado se reúnen regularmente para discutir los problemas que afectan a la comunidad. El cuidado de los pacientes con enfermedades mentales es un enfoque, junto con la crisis de los opioides. Dignity Health está buscando un espacio para ubicar una unidad EmPath. Se necesitarían fondos para cubrir la atención. El Condado ha dado su acuerdo verbal para certificar a los proveedores de EmPath para que sus servicios puedan ser reembolsados con fondos de Short-Doyle. Las unidades se vuelven autosuficientes en dos o tres años. El Dr. John Schipper señaló que Dignity Health y VCBH son socios.</p>		
<p><b>VIII</b></p>	<p><b>Asuntos Anteriores</b></p> <p>A. La reforma de la tutela de Lanterman Petris (LPS)  El Sr. Bhavnani resumió la discusión que tuvo lugar durante la reunión anterior. La redefinición de la definición de discapacidad grave fue parte de una legislación propuesta el año pasado, pero no se aprobó y no se ha vuelto a presentar este año. El Sr. Wickham señaló que NAMI asistirá a un día de legislación en Sacramento para apoyar este tema. Se acordó continuar revisando qué pasos deben tomarse para hacer que la Ley de LPS responda mejor a las necesidades actuales de los enfermos mentales.</p> <p>El Dr. Schipper señaló que en respuesta a la PC1001.36 (anteriormente SB 1810), VCBH ha comenzado a pilotar un programa que brinda tratamiento en lugar de adjudicación para los acusados que son elegibles para el desvío de salud mental. El desarrollo de protocolos formales es parte del trabajo en curso de los representantes del Tribunal Superior, la Oficina del Defensor Público, la Oficina del Fiscal del Distrito, la Libertad Condicional, el Sheriff y VCBH, que se reúnen cada dos semanas. El enfoque para VCBH con la expansión del programa es utilizar el desvío como un medio para comprometer / tratar a las personas con enfermedades mentales y discapacidades funcionales significativas que de otra manera se muestran reticentes a aceptar los servicios. VCBH actualmente está evaluando cómo este programa afecta al Tribunal de Salud Mental ya establecido, señalando que no tuvieron referencias de Libertad Condicional en las últimas semanas.</p> <p>Los presidentes y el comité acordaron volver a examinar el tema en el futuro según sea necesario. El comité desea mantenerse actualizado sobre este programa piloto y le gustaría ver si atiende a dos tipos diferentes de clientes. Queda una pregunta sobre qué tipos de delitos son elegibles para cualquiera de los programas. No se tomó ninguna acción.</p> <p>B. Actualización del plan de seguridad - Pam Roach  La Sra. Roach señaló que el Equipo de Crisis solicitó un cambio en el contenido del cuadro de amenazas. El comité proporcionó algunos comentarios sobre el documento:  1. Mantenga el esquema de color antiguo (beige, amarillo, rojo), en lugar de todo azul;  2. Considere listar NAMI como un recurso adicional;  3. Contraer el estrés y el aumento de los síntomas;</p>	<p>Enviar sugerencias a  P. Roach o  E. Pham</p>	<p>Todos los miembros del comité</p>

	<p>4. Tenga dos columnas bajo Buscar: una para clientes VCBH, una para clientes que no son VCBH.</p> <p>Esta discusión continuará en la reunión de abril. Mientras tanto, se alienta a todos los miembros a enviar sus sugerencias a la Sra. Roach o al Asistente de BHAB.</p>		
IX.	<p><b>Comentarios de Miembros y Participantes</b></p> <p>Scott Walker señaló que el Sheriff Ayub apoya tres leyes: AB 12, AB 339 y AB 340, que abordan la violencia con armas de fuego. Fueron presentados por la asambleísta Jacqui Irwin.</p>		
X.	<p><b>Actualización: División de Adultos de Salud Mental - Dr. John Schipper</b></p> <p>El Dr. Schipper no tuvo ninguna noticia o información que reportar.</p>		
XI.	<p><b>Actualización: Trastornos por el uso de sustancias en la salud del comportamiento - Anna Flores</b></p> <p>La Sra. Flores solicitó algo de tiempo el próximo mes para hablar sobre los servicios de recuperación. Los presidentes estuvieron de acuerdo.</p>		
XII.	<p><b>Asuntos para la agenda de la próxima reunión</b></p> <p>Anna Flores: Servicios de recuperación.</p>		
XIII.	<p><b>Cierre de la Junta.</b></p> <p>La reunión concluyó a las 12:05 p.m.</p>		

# Crisis Workers Handle More Calls to Police

By ZUSHA ELINSON

**EUGENE, Ore.**—They are the kind of calls that roll into police departments with regularity: a man in mental crisis; a woman hanging out near a dumpster at an upscale apartment complex; a homeless woman in distress.

In most American cities, it is police officers who respond to such calls, an approach law-enforcement experts say increases the risk of a violent encounter because they aren't always adequately trained to deal with the mentally ill. At least one in every four people killed by police has a serious mental illness, according to the Treatment Advocacy Center, a nonprofit based in Arlington, Va.

But in Eugene, Oregon's third-largest city, when police receive such calls they aren't usually the ones who respond. Here, the first responders are typically pairs of hoodiewearing crisis workers and medics driving white vans stocked with medical supplies, blankets and water.

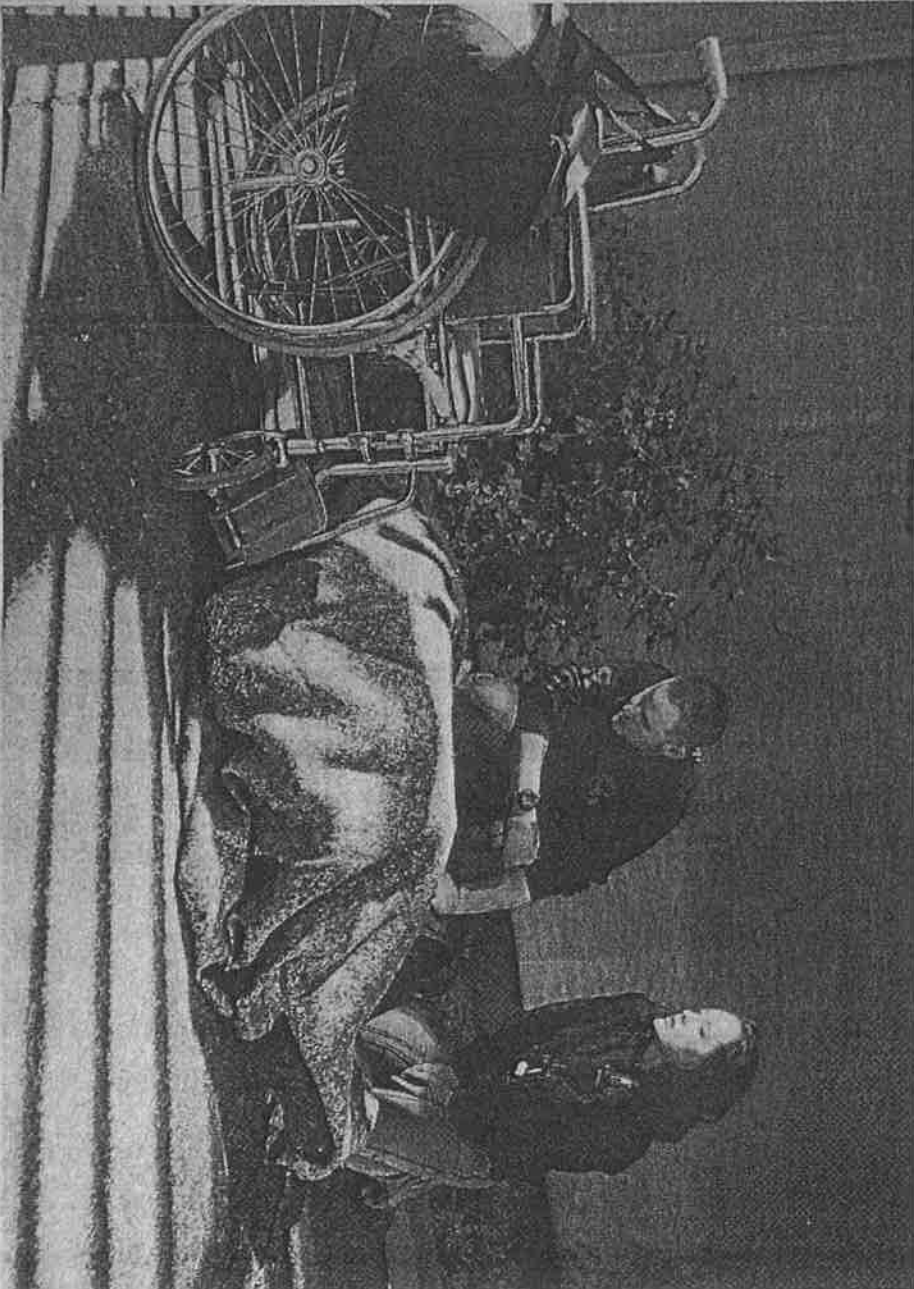
They work for a nonprofit program called Cahoots—which stands for Crisis Assistance Helping Out On The Street—and they spent a recent November night calming

tense situations, offering medical aid, and pointing people toward shelters. Launched by social activists in 1989, Cahoots handled 17% of the 96,115 calls for service made to Eugene police last year.

"When I'm talking to a more liberal group of people, I'll make the argument it's the compassionate thing to do, it's the humane thing to do," said Manning Walker, a 35-year-old Cahoots medic and crisis worker. "When I'm talking to a conservative group, I'll make the argument that it's the fiscally conservative thing to do because it's cheaper for us to do this than for the police and firefighters."

In 2017, police officers spent 21% of their time responding to or transporting people with mental illness, according to preliminary data from a survey of 355 U.S. law enforcement agencies by the Treatment Advocacy Center.

More police departments across the country are training their officers in techniques to deal with the mentally ill. Los Angeles, Houston and Salt Lake City pair officers with mental-health workers with police officers to respond to certain calls. Still,



Christian Hawks and Ashley Barnhill Hubbard attended a person earlier this month in Eugene, Ore., as part of a program that sends crisis workers as first responders. Another crisis worker, Manning Walker, top left, in a van the program uses to respond to calls.

the center found that in 45% of the agencies polled the majority of officers haven't received crisis-intervention training.

In California last month, a 36-year-old man died after being repeatedly tased by San Mateo County Sheriff's deputies responding to calls about a person walking in traffic. Chinedu Okobi, who struggled with mental-health issues, was unnamed. The sheriff's office said he assaulted an officer, but his sister, a Facebook Inc. executive, said video of the incident shows he wasn't a threat.

"They started shouting at him, they chased him and they tased him," said Ebele Okobi, Facebook's head of

public policy for Africa. "None of that is how you interact with someone in crisis."

The district attorney is investigating the incident. Public anger over police

*'If someone is having a mental issue then let's send the pros who actually deal with this.'*

killings has pushed law-enforcement leaders in California to discuss how to replicate Eugene's program in their state, said Brian Marvel, president of the Peace Offi-

cers Research Association of California, which represents more than 70,000 public-safety union members.

"If someone is having a mental issue then let's send the pros who actually deal with this," said Mr. Marvel.

In Olympia, Wash., police are setting up an \$800,000-a-year program inspired by Cahoots as the city grapples with a growing population of homeless people who suffer from mental illness, said Lt. Paul Lower.

The program in Eugene is unique because Cahoots is wired into the 911 system and responds to most calls without police. Cahoots now has 39 employees and costs the city around \$800,000 a year

plus its vehicles, a fraction of the police department's \$58 million annual budget. They are also paid to handle calls for a neighboring Springfield.

"It allows police officers to...deal with crime, but it also allows us to offer a different service that is really needed," said Lt. Ron Tinseth of the Eugene Police Department.

Gary Marshall, a 64-year-old who previously lived on the streets of Eugene, said the police approach was "name, serial number and up against the van." In contrast, when he was having one of his frequent panic attacks, Cahoots counselors would bring him inside and talk him down, he said.

A Revolutionary Approach to

# Emergency Psychiatric Care

## Zeller's Goals for Improved Emergency Psychiatric Care

1. Exclude medical etiologies and ensure medical stability
2. Rapidly stabilize the acute crisis
3. Avoid Coercion
4. Treat in the least restrictive setting
5. Form a therapeutic alliance
6. Formulate an appropriate disposition and aftercare plan

# Hospital Benefits

## **EMTALA-compliant**

for both voluntary and involuntary mental health crises

## **ED Capacity Creation**

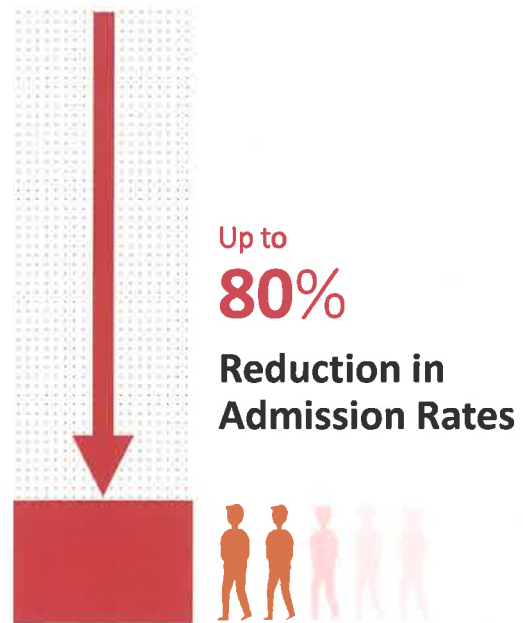
Alleviate volume pressure in the ED and reduce holds

## **Reimbursement options**

Bundled rate a possibility

## **Eliminate Unnecessary Admissions**

if you have a BHU and reduce payer denials



# Physical Space Design

Calming, healing environment that prioritizes safety and freedom

## **Large, open milieu space**

where patients can be together in the same room – high ceilings and ambient light

## **Designed to facilitate**

socialization, discussion, and therapy

## **Per chair model**

outfitted with recliners

## **Space recommendation**

80 sq. ft. per patient

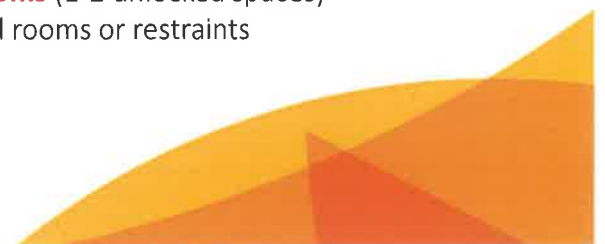
36 sq. ft. patient area around the recliners

## **Open nursing station w/instant access to staff**

No bullet proof Plexiglas separating the patients

## **Calming Rooms** (1-2 unlocked spaces)

Avoid locked rooms or restraints

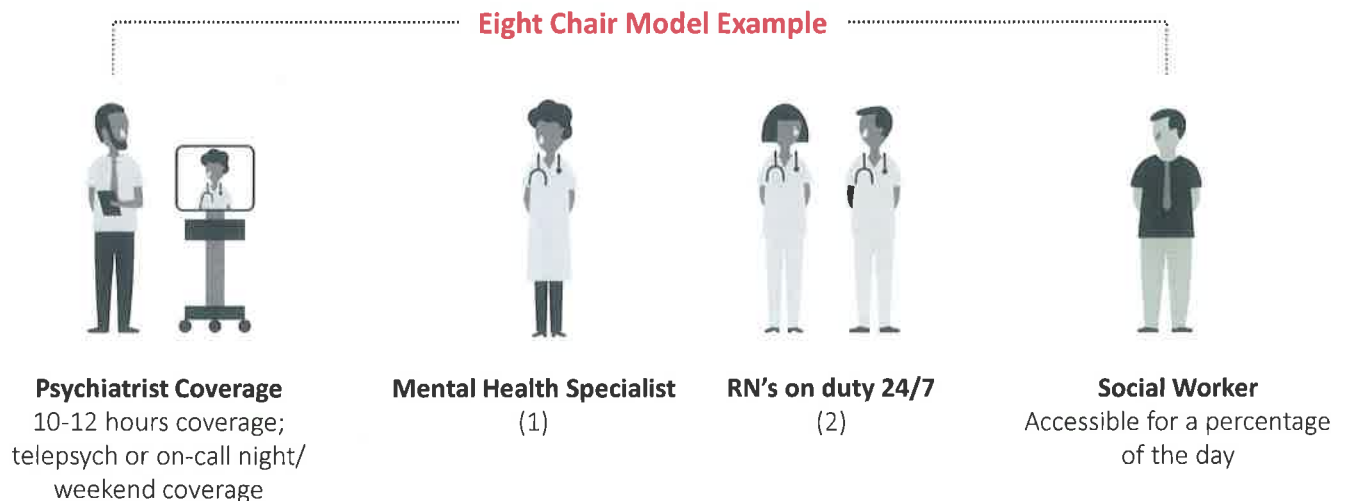


# Physical Space Design



# Staffing Considerations

**Model is customizable** and can be tailored based on scope, available resources, funding and community support



EmPath Units

# A Model of Care Expanding Nationwide

The Model is Growing



“EmPath units should be considered a National Best Practice, and we will take the EmPath unit knowledge back as a best practice to Joint Commission Central...”

- Joint Commission Surveyor

# A Community Coming Together: Portland's Unity Center

**Collaborators:** Adventist Health, Kaiser Permanente, Legacy Health and Oregon Health & Science University (OHSU)

**Central Hub:** County and community-based mental health navigators, housing resources, addiction providers, and peer support service agencies in the Portland Tri-county Area. **Caring for 30 patients/day.**

## Results



**Patients Discharged**  
after 20 hours of  
stabilization/crisis intervention  
and discharge planning



**Patients Admitted**  
who visit



**Reduced No. Patients  
Discharged from  
Inpatient**  
within 24-48 hrs.



**Decrease in Medical  
Center ED Holding  
Hours** - Increasing  
contribution margins by  
freeing capacity to care for  
medical patients



# Thank you!

Please visit us online: [vituity.com](http://vituity.com)



# Safety Plan for Adults

## IF:

## SEEK:

Stress

- Feeling overloaded/overwhelmed
- Restlessness
- Tight muscles
- Feeling nervous

### Self Care

- Use WRAP Plan
- Eat regular, well-balanced meals
- Breathing exercises
- Practice good sleep habits
- Exercise on a regular basis
- Go to the Wellness Center (805) 653-5045 or TAY Tunnel (805) 240-2538

Increased Symptoms

- WRAP Plan not working
- Have increased symptoms
- Have increased fears
- Feeling out of control
- Having crying spells
- Having suicidal thoughts

### Resources

- Call your doctor/clinic
- Ask help from family & friends
- Talk with a trusted friend, family member or counselor
- Suicide Prevention Lifeline 1-800-273-8255

Escalating

- Anxiety/depression/symptoms are increasing
- Mood swings are increasing
- Difficulty with concentration
- Unable to sleep or sleeping too much
- Having medication complications

### Mental Health Provider

- Call your doctor/clinic
- Visit Urgent Care/ER

Threat

- Engaging in dangerous or risky behaviors
- Experiencing erratic/escalating behavior or mood
- Feeling unsafe

### Ventura County Behavioral Health Crisis Team

1-866-998-2243

24 hours/7 days a week

Immediate Danger

- Threatening to harm/kill yourself or others
- Physically assaultive or destroying valuable property
- Gravely disabled
- Have a weapon and intend to use it

### Call 911 immediately

- Request a CIT (Crisis Intervention Team) Officer

# SAFETY PLAN FOR ADULTS



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

## IF:

## SEEK:

### STRESS

- Feeling overloaded/overwhelmed
- Restlessness
- Tight muscles
- Feeling nervous

### SELF CARE

- Use WRAP Plan
- Eat regular, well-balanced meals
- Breathing exercises
- Practice good sleep habits
- Exercise on a regular basis
- Go to the Wellness Center (805) 653-5045 or TAY Tunnel (805) 240-2538

### INCREASED SYMPTOMS

- WRAP Plan not working
- Have increased symptoms
- Have increased fears
- Feeling out of control
- Having crying spells
- Having suicidal thoughts

### RESOURCES:

- Call your doctor/clinic
- Ask help from family & friends
- Talk with a trusted friend, family member or counselor
- Suicide Prevention Lifeline 1-800-273-8255

### ESCALATING

- Anxiety/depression/symptoms are increasing
- Mood swings are increasing
- Difficulty with concentration
- Unable to sleep or sleeping too much
- Having medication complications

### MENTAL HEALTH PROVIDER:

- Call your doctor/clinic
- Visit Urgent Care/ER

### THREAT

- Engaging in dangerous or risky behaviors
- Experiencing erratic/escalating behavior or mood
- Feeling unsafe

### CALL:

**Ventura County Behavioral Health Crisis Team**  
**1-866-998-2243**  
 24 hours/7 days a week

### IMMEDIATE DANGER

- Threatening to harm/kill yourself or others
- Physically assaultive or destroying valuable property
- Gravely disabled
- Have a weapon and intend to use it

**CALL: 911 IMMEDIATELY**  
**Request a CIT**  
**(Crisis Intervention Team) Officer**  
 24 hours/7 days a week

Learn more: [www.WellnessEveryday.org](http://www.WellnessEveryday.org)