

**BEHAVIORAL HEALTH ADVISORY BOARD
ADULT SERVICES COMMITTEE
2017-18 Annual Report**

Submitted by Nancy Borchard and Gane Brooking, Co-Chairs
Discussed on 9/6/18

Adult Committee members

Nancy Borchard, Committee Co-Chair; BHAB Member
Gane Brooking, Committee Co-Chair; BHAB Member
Jerry Harris, BHAB Chair
Ratan Bhavnani, BHAB Member
Sheri Valley, BHAB Member
Rachel McDuffee, Aegis Treatment Centers
Andrew Huizar, Anka Behavioral Health
Liz Warren, Client Network
Mark Stadler, Crisis Intervention Team (CIT)

David Deutsch, NAMI
Cici Romero, Pacific Clinics
Monica Lang, Telecare
Susan Russo, Telecare
Kalie Matisek, Turning Point Foundation
Dana Secor, Turning Point Foundation
Mark Schumacher, Turning Point Foundation
Denise Noguera, VC Area Agency on Aging

Participants: Ventura County Behavioral Health managers and staff

DRAFT 2

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 provide a forum for discussion of current department activities regarding Adult Services as well as an opportunity for collaboration with community-based providers and stakeholders. We seek to ensure integrated services for clients seeking mental health and substance abuse services. By educating ourselves and the community, our goal is to reduce the stigma associated with mental health and substance abuse.

INTRODUCTION

The BHAB Adult Services Committee meets on the first Thursday of the month from 10:00 a.m. to 12:00 p.m. in the Ventura County Behavioral Health (VCBH) Administration building in Oxnard. Attendance, participation and membership are open to individuals who receive mental health and/or substance use services through Ventura County Behavioral Health (VCBH), to service providers, Behavioral Health Advisory Board (BHAB) members, and anyone with an interest in the adult and older adult population. The Adult Services Committee reviews the needs, programs and services for this population and reports on these matters to the BHAB.

OBJECTIVES 2017-18

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.

ACHIEVEMENTS

1. Achieved the objectives for 2017-18.
2. Expanded membership as a result of an update in the BHAB Bylaws.
3. Discussed establishing a committee for older adults. Took this to the General board, who sent it back to this committee, recommending to schedule discussions related to the older adult population on a regular basis.
4. Co-Chair took the lead on the 2017 Data Notebook, which focused on the older adult population.
5. Educated ourselves about medication used to support opiate withdrawal as well as where people might live while trying to live a sober life. We learned of the difficulty finding a place to live while receiving treatment with Methadone and Suboxone. Housing is expensive, and seriously addicted people often do not have the money for sober living. Sober living is often not treatment – just a place to live.
6. Learned the process involved in securing funds for no Place like Home is complicated and will take much planning and time for each county.
7. Whole person care is the goal of coordinated treatment with the Health Care Agency and Behavioral Health.
8. Continued to stay informed about changes at Hillmont Psychiatric Center and the efforts to re-establish a Crisis Stabilization Unit. Number of beds available and occasions for out-of-county placements are ongoing concerns.
9. Updated our understanding regarding the homeless mentally ill and others who are just homeless. How outreach and intensive treatment are provided continue to be a major focus.
10. Becoming aware of how A New Start For Moms helps families stay together and thrive drug free was heartening.

2017-18 PRESENTATIONS

July 2017: Aegis Treatment Centers. – presented by Rachel McDuffee, Coastal Regional Clinic Manager

September 2017: Mental Health Services Act (MHSA) and No Place Like Home – presented by Hilary Carson, MHSA Program

October 2017: Ventura County Sober Living Coalition – presented by Teresa Crocker-Chavez, Coalition Chair

November 2017: Whole Person Care (WPC) – presented by Deanna Handel and Heather Freudenthaler, Health Care Agency

January 2018: Hillmont Psychiatric Center – presented by Dan Powell, Mental Health Operations Supervisor

February 2018: Empowering Partners through Integrative Community Services (EPICS) – presented by Tina McDonald, Clinic Administrator

March 2018: Question, Persuade and Refer (QPR) – presented by Hilary Carson, MHSA Program

April 2018: A New Start For Moms (ANSFM) – presented by Clinic Administrators Richard LaPerriere, Alcohol & Drug Program, and Jonathan Eymann, ANSFM

June 2018: Human Services Agency's Homeless Services Program – presented by Chris Russell, Program Manager

CHALLENGES

1. Lack of affordable housing options and the high cost of housing in Ventura county.

2. Severe lack of housing options for those with no or little income.
3. The high cost of the Inpatient Unit placements for those who have both mental and developmental challenges.
4. Loss of MHSA Prevention Programs, especially Peer Employment, due to budget cuts.
5. Restrictive licensing interpretations from the State, causing the Crisis Stabilization Unit (CSU) to be closed, with additional restrictions to the Outpatient Psychiatric Observation Service (OPOS) that was created as an alternative.
6. Gaps in services which cause clients to be placed out of county are: (A) Lack of affordable housing; (B) Lack of secure supportive housing for individuals who are not currently capable of standing trial; (C) Lack of integrated mental and physical health facilities; (D) Lack of geriatric psychiatric units; (E) Lack of Adult inpatient psychiatric hospital beds.
7. Lack of treatment facilities for those with substance abuse problem as well as funding availability for this type of treatment.
8. Few peer programs with peers providing peer support. No peers in the East County.

OPPORTUNITIES

1. Become more involved in advocacy for housing, particularly for those with mental health and substance issues.
2. Make the need for a Crisis Stabilization Unit (CSU) an area that we monitor frequently, taking our needs to the State if necessary.
3. Begin the process to address the needs of the growing older adult population.
4. Determine how peer support is functioning in our county system. Is it increasing – are we using those with lived experience? Determine how peer support services can be expanded to the East County and used the way they were intended.

RECOMMENDATIONS

1. Continue to review how MHSA funds are used and how they fill the actual needs of our target population.
2. Stay focused on how crisis is addressed.
3. Streamline access and time to service. Is Screening, Triage, Assessment and Referral (STAR) the best approach?
4. Peer Support services are needed to run Wellness, Recovery and Action Plan (WRAP) classes and to help clinicians and staff.
5. Explore the feasibility of establishing a BHAB Older Adult Committee.

OBJECTIVES 2018-19

1. Advocate for effective assessment and referral for individuals in crisis at the Hillmont Psychiatric Center 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.
2. Advocate for the Crisis Residential Treatment (CRT) to be used as both a crisis prevention to avoid hospitalization and as a step-down from Hillmont Psychiatric Center or other intensive service.
3. Advocate for increased services to the older adult population.
4. Participate in all efforts to establish affordable and supportive housing for individuals who live with mental health and/or substance use disorder challenges.

DRAFT 2