

BEHAVIORAL HEALTH ADVISORY BOARD  
**ADULT SERVICES COMMITTEE**  
**MINUTES ■ Thursday, November 4, 2021**

<p><b><u>Members Present</u></b>  Nancy Borchard, Committee Co-Chair  Michael Rodriguez, BHAB  Ratan Bhavnani, BHAB  Jerry Harris, BHAB  Cheryl Heitmann, BHAB  Chris Tejada, BHAB  Mary Haffner, Community advocate  Elizabeth R. Stone, Peer advocate  Liz Warren, Client Network  Gray Wilking, VCAA</p> <p><b><u>Others Present</u></b>  Jim Fryhoff, VCSD  Jennifer Morrison, BHAB  Sherry Valley, Parent advocate  Casey Wake, WellPath  Carole Shelton, Parent advocate  Chris Debbas, Peer advocate</p>	<p><b><u>Others (continued)</u></b>  Ana Reza, HASC  Karyn Bates, Peer advocate  Clarisa Cajian, Interpreter</p> <p><b><u>Ventura County Behavioral Health (VCBH) Managers/Staff Present</u></b>  Dr. John Schipper, Adult Division Chief  Jessica Davis, Substance Use Services (SUS)  Susan White Wood, Behavioral Health Housing Manager  Joanna Peterson, BHAB Assistant</p> <p><b>NEXT MEETING:</b>  <b>Thursday, January 6, 2022, 10:00 a.m. – 11:30 a.m.</b></p> <p><b>Zoom Meeting:</b>  <a href="https://us02web.zoom.us/j/87680728818?pwd=b3dCdjBNcGszRUJ4VzM2TXY1cJlJQT09">https://us02web.zoom.us/j/87680728818?pwd=b3dCdjBNcGszRUJ4VzM2TXY1cJlJQT09</a>  <b>Meeting ID: 876 8072 8818</b>  <b>Password: 156974</b>  <b>Dial-in: 669-900-9128</b></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 10:02 a.m.		
II.	<b>Address Issues Related to Membership</b> Ms. Borchard noted both Chris Tejada and Cheryl Heitmann had been in attendance for three or more meetings and extended the opportunity to become members. Both accepted and were made members of the committee.		
III.	<b>Roll Call</b> Ms. Borchard called roll and determined a quorum was present.		
IV.	<b>Approval of the Agenda</b> Ms. Borchard asked the committee to review and approve the agenda. Elizabeth R. Stone moved to approve the agenda as written. Cheryl Heitmann seconded. The agenda was approved unanimously.	The agenda was approved as written. <b>M/C/S</b>	
V.	<b>Approval of the September 2, 2021 Minutes</b> Ms. Borchard asked the committee to review and approve the minutes from the September 2021 meeting. Mr. Bhavnani moved to approve and Liz Warren seconded. The September 2021 minutes were approved unanimously as written.	The minutes were approved as written. <b>M/C/S</b>	
VI.	<b>Welcome and Introductions</b> Ms. Borchard welcomed everyone and asked for introductions.		
VII.	<b>Public Comments</b> None.		
VIII.	<b>Chair Announcements</b> Ms. Borchard noted Jackson House Santa Paula (811 Telegraph Road), a new Crisis Residential Treatment, was having an open house and ribbon-cutting this afternoon 2-4pm		
IX.	<b>Member and Participant Comments</b> Ms. Stone reiterated Department of Health Care Services and Downtown Ventura Partners is sponsoring the program “Transforming Peers Lives” a training and advocacy organization goal of support people in becoming certified peer specialists with specializations in homelessness, crisis services, and incarceration.		
X.	<b>Update and Discussion</b> a. Response to Questions on Jail Practices/Use of Safety Cells and Information Related to Suicides (Commander James Fryhoff, VCSD)		

	<p>Commander Fryhoff opened by acknowledging he had received questions in advance, he had consulted with his supervisor, and suggested a lot of the questions could be answered by policies posted online. He clarified procedures were not typically available for security reasons. He also noted the need to track public records requests and information released for the sake of consistency and clarity. As a result, Cmd. Fryhoff indicated he would not be able to respond to the questions posed, other than to refer people to the available policies.</p> <p>Cmd. Fryhoff offered to host small groups to tour the Therapeutic Inmate Management Unit (TIMU). Ms. Borchard asked if the TIMU was for inmates not competent to stand trial. Cmd. Fryhoff noted the scope was broader than the eight-bed Jail-Based Competency Treatment Program (JBCT) and more generally included inmates with mental illness. Ms. Stone asked for information about number of beds, schedule, etc. Cmd. Fryhoff described four sections or “quads”, including an entrance level where there is a reward system to encourage inmates to take medication, bathe, eat, etc. before moving on to the other quads. Ms. Haffner asked how to access the Sheriff’s policies and Cmd. Fryhoff directed attendees to <a href="https://www.venturasheriff.org/public-resources/policy-manuals/">https://www.venturasheriff.org/public-resources/policy-manuals/</a>. Ms. Haffner reiterated the desire for the questions to be answered on behalf of the community. Cmd. Fryhoff indicated the path for any concerns about the jail should go through the Board of Supervisors. He added there is an “Inmate Emergency Medical Notification” option under “Inmate Information” tab on the web site as a means for directing resources to an inmate in distress. Ms. Haffner asked if every inmate is assessed for their medical and mental health needs. Cmd. Fryhoff indicated a preliminary screening occurs with all inmates with a follow-up done by WellPath. Ms. Heitmann asked if questions about the documents provided (i.e., see attached “Use of Safety Cells” and “BHAB Info jail suicide 2021”) or about the JBCT could be answered. Cmd. Fryhoff recalled the previous presentation to the BHAB General meeting on JBCT as a possible source of information (PowerPoint from the 8/17/20 presentation attached). Mr. Tejada asked several questions the first being about the challenge of balancing socialization needs and COVID restrictions. Cmd. Fryhoff spoke to initial testing and six days of isolation of new inmates as allowing programming to continue. Separately, the distinction between taking the 38% of inmates taking psychotropic medication and the 12% with a psychiatric classification was made. Lastly, there was an inquiry about the availability of jail treatment records. Mr. Bhavnani asked about the status of the new jail medical facility being built at the Todd Road site. Cmd. Fryhoff indicated it is currently scheduled to open 12/22. Ms. Bates and Mr. Harris both spoke to the desire to create a treatment culture in jail and to develop alternatives to incarceration for people with mental illness.</p>	Retrieve and distribute the 8/17/20 PowerPoint	Dr. Schipper
XI.	<p><b>Contracts Review</b> No questions.</p>		
XII.	<p><b>VCBH Updates:</b></p> <ul style="list-style-type: none"> <li>a. Adult Operations Dr. Schipper reported on the status of various projects in development including Jackson House, the Dignity CSU, the mental health rehabilitation center, and Turning Point B&amp;C/RCFE.</li> <li>b. Substance Use Services Ms. Davis gave an update on the effort to develop recovery residences and the use of technical assistance from the National Alliance of Recovery Residences.</li> </ul>		
XIII.	<p><b>Items for Next Meeting Agenda</b> Ms. Wilking suggested a presentation by Denise Noguera on the Program to Encourage Active and Rewarding Lives (PEARLS) a joint effort of the Area Agency on Aging and VCBH. Ms. Heitmann suggested further presentation by Cmd. Fryhoff and Mr. Tejada suggested discussion of how to work collaboratively on jail issues.</p>		
XIV.	<p><b>Adjourn</b> The meeting adjourned at 11:33 a.m.</p>		

Ventura County Sheriff's Office  
Detention Services  
Divisional Policy



Section 12 Chapter 26

Use of Safety Cells/Safety Precaution Levels

Drafted: August 13, 2012

Reviewed: April 22, 2020

Revised: April 22, 2020

**PURPOSE:**

To establish policy and procedures for the use of the safety cells in the Detention Services Division. This policy is designed to outline methods of providing temporary, safe and humane housing to hold only those inmates who display behavior which reveals an intent to cause physical harm to self.

**DEFINITIONS:**

**Safety Cell:** The padded cells in the Pre-Trial Detention Facility (PTDF) Reception/Booking, in the PTDF Special Housing Section, and the Todd Road Jail (TRJ) Intake Area are specially designed and equipped for inmates who display behavior which reveals the intent to cause physical self-harm.

**Intoxicated Person:** A person who appears to be, or displays the objective symptoms of being under the influence of alcohol or drugs, or a combination of both and who appears to be unable to care for his own safety or the safety of other persons.

**Mentally Disordered Inmate/5150 W&I:** An inmate who appears to be a danger to himself or others or appears to be gravely disabled. Per 5150 W&I, "When any person, as a result of a mental disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer, or other professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody and place him or her in a facility designated by the county and approved by the State Department of Mental Health at a facility for 48-hour treatment and evaluation."

**Custody-initiated Admission (aka Custody Admit):** Under directive of the Facility Sergeant to provide safe placement for an inmate whose behavior presents a danger to himself or herself and where other lesser restrictive alternatives were not adequate to provide a safe environment.

**POLICY:**

**I. USE OF THE SAFETY CELL**

A. PTDF- Reception/Booking Area and Special Housing Safety Cells:

1. The safety cells at the PTDF may be used in the following cases only with the approval of the Facility Manager, the Facility Sergeant or the designated Medical Staff:
  - a. When an arresting/transporting officer advises the Booking Deputy the inmate he/she is bringing in has attempted or may have the tendency to attempt suicide.
  - b. When it has been determined by the Booking, Security or Classification Deputy that there is a great likelihood of an inmate causing physical self-harm if placed in a regular holding cell or sobering cell.
  - c. When an inmate displays behavior, which results or is likely to result in, or reveals intent to cause physical self-harm.

B. TRJ- Intake Area Safety Cell

1. TRJ Intake Area safety cells will be utilized when an inmate displays behavior, which results or is likely to result in, or reveals intent to cause physical self-harm.
2. TRJ inmates placed in a safety cell will remain at TRJ unless both safety cells are occupied. If this occurs, the inmate will be transported to the PTDF for placement in an available safety cell. This process will be facilitated between to the two facilities' watch commanders.
3. Any time a TRJ safety cell is occupied, a deputy will be staffed in the Intake Area to monitor the inmate and ensure the required monitoring log is maintained. An on-duty Classification deputy shall fill this role in lieu of a regular housing deputy whenever possible.

C. EVJ

1. The use of the Safety Cell at the East Valley Jail is strictly prohibited. Inmates requiring the use of the Safety Cell shall be immediately transported to the Pre-Trial Detention Facility.
2. If the arresting officer is still in the facility, he or she should transport the inmate to the PTDF. If the arresting officer has left the facility, the Facility Supervisor or in his or her absence, a booking deputy, shall notify the PTDF Watch Commander to

arrange immediate transportation for the inmate to the Pre-Trial Detention Facility.

## **PROCEDURE:**

### **I. PLACEMENT IN A SAFETY CELL**

- A. An inmate shall be placed in a safety cell only with the approval of the Facility Manager, Facility Sergeant or the designated Medical Staff.
  - 1. When an inmate is placed in a safety cell, regardless of the reason, a 15-minute monitoring log will be maintained at the inmate's cell.
  - 2. Cell checks should be conducted randomly with no more than 15 minutes between each check.
- B. The Facility Sergeant shall be notified and will ensure a Jail Incident Report (JIR) is completed indicating the reason the inmate was placed into the safety cell. Both the Reception/Housing Deputy and Booking Nurse/Medical Staff shall each write a JIR. A copy of the approved JIRs will be attached to the 15-minute monitoring log that is posted on the inmate's cell door.
- C. Immediately upon placement into the safety cell, the Booking Nurse /Medical Staff will be notified and will respond and check the inmate to determine his/her health condition. This assessment must be done within one hour of being placed in the safety cell. Continued retention in the safety cell will be reviewed every **four hours** by both Medical Staff and the Facility Manager or Facility Sergeant. Both Medical Staff and the Facility Manager or Facility Sergeant will document their findings and reason for continued retention on the monitoring log. This review is intended to remove an inmate from the safety cell as soon as it is safe to do so.
  - 1. The four-hour retention checks by Medical Staff and Facility Sergeant are in addition to, not in lieu of, the 15-minute checks performed by custody staff.
  - 2. Medical Staff will check an inmate in the safety cell whenever requested by custody staff.
- D. An assessment by medical staff shall be completed within a maximum of 12 hours of placement in the safety cell or at the next daily sick call, whichever is earliest. The physician, PA/FNP or RN on sick call, shall

medically clear the inmate for release or continued retention every 24 hours thereafter.

- E. A mental health opinion on placement and retention shall be secured within eighteen (18) hours of placement. Psychiatric staff shall evaluate the inmate every 24 hours thereafter, as long as the inmate remains in the safety cell.
- F. When female inmates are placed in a safety cell, the Facility Sergeant will make every effort to have a female staff member present.
- G. **A safety cell shall never be used for punishment or as a substitute for treatment.**

II. After an inmate has been in a safety cell for six hours, a decision must be made to determine if the inmate should be transported to the hospital for medical treatment. When possible, vital signs should be taken by Medical Staff. The following are examples of when transportation to the hospital would be appropriate:

- Inmate shows no physical or mental improvement
- Inmate continues to deteriorate, behavior escalates, or displays inappropriate bizarre behaviors
- Inmate is unable to take fluids

### III. CLOTHING REMOVAL

If an identified risk of suicide exists, custody staff may remove clothing and issue a safety smock. This temporary measure will only remain in place until an evaluation is performed by a qualified mental health professional. Upon completion of the mental health evaluation, the mental health professional will determine whether to continue or discontinue the use of the safety smock.

### IV. FOOD, WATER, AND INMATE PROPERTY

- A. Paper plates, foam drinking cups, and a scoop made from a foam cup will be used at meals. Inmates will be given the same portions of food as any other inmate.
- B. No other property will be given to an inmate in a safety cell. When placing the inmate in the safety cell, the deputy should ask the inmate if he/she wants water. Water will also be provided to the inmate upon

request. These requests and the fact that water was given will be documented on the monitoring log.

## **V. SAFETY PRECAUTION LEVELS**

### **A. Level 1, Maximum Safety Precautions:**

Level 1 safety precautions shall be used in circumstances in which an inmate is acutely suicidal. Examples of these circumstances include, but are not limited to; suicide attempts, suicidal ideation with some overt action in furtherance of that ideation, and suicidal ideation with articulation of a very specific and achievable plan.

1. Housed in Safety Cell.
2. A 15-minute monitoring log shall be maintained at the inmate's cell.
3. Inmates may be allowed to retain their blue outer clothing, depending on the situation, and this consideration will be made by the Housing Sergeant or Watch Commander.
4. If all clothing is removed, a safety smock shall be provided. Female inmates on their menstrual cycles may be given undergarments with a menstrual pad.
5. Based on the totality of the circumstances, a safety blanket and safety mattress may also be given.
6. Meals served on paper plates with foam scoops; liquids served in foam cups. No personal property.
7. Attorney/Client visits may be allowed in exceptional situations but only with the Facility Sergeant's approval.
8. In-person, social, non-contact visits may be granted in exceptional situations only with Facility Manager approval. These visits will be coordinated and supervised by the Therapeutic Inmate Management Unit.

### **B. Level 2, Standard Safety Precautions:**

Level 2 safety precautions should be used in circumstances where an inmate articulates suicidal ideation, but has not attempted suicide, taken overt actions of self-harm, or articulated a clear and achievable

plan.

4. Housed in a Special Housing cell or Booking cell at the PTFD or at TRJ in Intake, or Special Use Cells 1 or 2.
2. A 15-minute monitoring log will be maintained at the inmate's cell.
3. Based on the circumstances and compatibility, inmates may be housed together while on Level 2 safety precautions.
4. The inmate will be given a gray blanket and regular mattress
5. The inmate may have toilet paper.
6. Only jail blue shirt and pants will be provided. Undergarments with a menstrual pad are allowed for female inmates on their menstrual cycles.
7. Restriction of dayroom privileges will be determined on a case by case basis.
8. No personal property.
9. Meals served on paper plates with foam scoops; liquids in foam cups.
10. Attorney/Client visits may be allowed in exceptional situations but only with the Facility Sergeant's approval.
11. In-person, social, non-contact visits may be granted in exceptional situations only with Facility Manager approval. These visits will be coordinated and supervised by the Therapeutic Inmate Management Unit.

C. Level 3, Minimum Safety Precautions:

Level 3 safety precautions should be used in circumstances where mental health staff believes the inmate needs a transitional period before returning to standard housing.

1. Housed in Special Housing cell or Booking cell at the PTFD or

at TRJ in Special Use Cells 1 or 2, or Intake.

2. Based on circumstances and compatibility, inmates may be housed together while on Level III safety precautions.
3. The inmate may have personal belongings except for razors, pencils, or other sharp/cutting objects.
4. Inmate privileges restored, including visits and dayroom/roof/recreation yard as deemed appropriate by mental health staff.
5. A 30-minute monitoring log shall be maintained at the inmate's cell.

D. Mandatory Safety Precautions:

1. All inmates sentenced to death or prison terms in excess of 15 years shall be kept under observation in the PTDF Level 1 Control Interview Room or a TRJ Intake interview room, until evaluated by the Booking Nurse or Medical Staff. Medical Staff can make a determination to place the inmate on safety precautions or return the inmate to the housing area.

## VI. REPORTING PROCEDURES

- A. The deputy placing an inmate into a safety cell shall be responsible for preparing and submitting the appropriate Jail Incident Report (JIR) within two (2) hours of the placement. A copy of the approved JIR shall be posted on the cell door.
  1. The Security Deputy assigned to the location of the safety cell will maintain inmate monitoring logs. The inmate monitoring log shall contain a record of the times when the condition of the inmate is checked and any remarks made concerning the inmate. Cell checks should be conducted randomly with no more than 15 or 30 minutes between each check (depending on safety precaution level).
- B. At the beginning of each shift, the Level/Housing Senior Deputies will apprise the Facility Sergeant of the safety cell status on their level/housing area. The Facility Sergeant can, at his or her discretion, request evaluation by Medical Staff of an inmate in a safety cell to determine if continued retention is necessary.

## VII **Release Procedures**

- A. If an inmate with a medical-suicidal flag is released from custody, one of the following must occur:
1. A written release must be obtained from the psychiatric/medical staff.
  2. The Level 1 Senior Deputy shall evaluate the inmate.
    - a. The Level 1 Senior Deputy shall interview the inmate prior to release to determine if the inmate meets the criteria of 5150 W&I.
    - b. The Level 1 Senior Deputy shall review the inmate's G.I. (General Information) regarding any suicidal/medical information.
    - c. If the inmate does not meet the criteria of 5150 W&I, the Level 1 Senior Deputy shall have medical staff assist in making an evaluation of an inmate's mental condition.
    - d. The Level 1 Senior Deputy shall document his or her assessment on a Psychological Evaluation Form.
    - e. The Facility Sergeant shall approve the Psychological Evaluation prior to the decision being made on the inmate's release.
    - f. If the inmate meets the criteria of 5150 W&I, the Department approved procedure for commitment to Mental Health shall be adhered to.
- B. Upon removal of the inmate from the safety cell, the monitoring log shall be forwarded to Central Inmate Records for filing in the inmate's jacket.

### **REFERENCES:**

CCR Title 15 Sections 1052, 1055, and 1058;  
CCR Title 24 Sections 1013(a), 1013(c) 8

When documenting a suicide attempt in the Ventura County Jail, sworn staff does not form an opinion or make a determination on whether the attempt was legitimate, an attempt at manipulation or a call for help. Therefore, regardless of the outcome, if the appearance is that of a suicide attempt, it is documented as such. Such attempts can involve an inmate found with a sheet, towel or clothing tied around their neck (regardless of impairing circulation); lacerations; banging the head against a solid object; or jumping from the upper housing tier. In some cases, the same inmate has made more than one attempt. In such a case, the inmate is housed in the medical housing area and may have some items restricted from their cell, such as providing thicker blankets as opposed to sheets.

Deputies assigned to the jail have received a suicide prevention block of training during their basic academy course and also receive suicide prevention training during their jail training immediately following the basic academy course. We are working towards training all of our detention services staff in CIT and intend to make that a section of the jail training for new deputies.

Inmates are medically screened at the time of booking and during that time, medical staff makes an attempt to determine if the inmate is at risk of self-harm. Inmates found to be at risk of self-harm, either at the time of booking or later in their custody stay, are evaluated by jail medical staff and placed on safety precautions where they receive wellness checks on a more frequent basis during that period of time.

There have been 80 suicide attempts between 2018 and 2021 and 5 resulting in death. Of the 5 completed suicides between 2018 and 2021, one inmate was classified as a psychiatric inmate and none were classified as Incompetent to Stand Trial (IST).

<b>INCIDENT</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021 TO DATE</b>
Suicide Death	0	2	3	0
Suicide Attempt	25	21	12	17
Total	25	23	15	17

The Ventura County Jail hosts a Jail Based Competency Treatment Program (JBCT). This program provides for certain inmates who have been declared by the Court to be IST the ability to start restorative treatment more expeditiously, as opposed to waiting (sometimes months) for a bed to open at a State Hospital facility. We have 8 beds designated for JBCT. This was the maximum number of beds we could designate for the program while still maintaining appropriate housing for the remainder of the inmate population. As part of the JBCT program, JBCT staff may involuntarily medicate inmates in compliance with the IST order made by the Court. Only inmates in the JBCT program may be involuntarily medicated, with the exception of those experiencing a psychiatric emergency.

As of May 2021, there were 151 inmates in custody with a psychiatric classification, which comprises about 12% of the inmate population.



# Ventura County Sheriff's Office

## Jail Based Competency Program

# Competency To Stand Trial

The California standard for competency to stand trial states that a criminal defendant cannot be tried or adjudged to punishment “if, as a result of a mental disorder or developmental disability, the defendant is unable to understand the nature of the criminal proceedings or to assist counsel in the conduct of a defense in a rational manner.” (Pen. Code, § 1367, subd. (a).)

# Current Felony IST Process

Court Determines  
Defendant Is  
Incompetent To Stand  
Trial (IST)



Defendant is Ordered  
To The Department of  
State Hospitals (DSH)  
For Treatment

Defendant Remains In  
County Custody Until  
DSH Has An Opening  
(1 to 1 Swap)



# Current IST Process

DSH Restores  
Defendant's  
Competency

Defendant Remains In  
County Custody and  
Awaits Court Trial To  
Begin.



Defendant Transported  
Back To County Jail



# Current Process Issues

There is an increasing number of defendants found to be Incompetent To Stand Trial (IST), and a significant lack of bed space capacity in DSH.

This has lengthened waitlist times for patient transfer to DSH. During these delays, the patients remain in County Jail without the required restorative mental health treatment.

**As of August 4, 2020, the Ventura County Sheriff's Office has in custody a total of 17 Inmates awaiting to be transferred to DSH for treatment.**

# Ventura County Statistics

Between May 2019 to May 2020 a total of **81** inmates were committed to the Department of State Hospitals. Average Placement Time: **2.6 Months**

## Placement Times

Number of Inmates	Placement Time
6 Inmates	1 Month
28 Inmates	2 Months
20 Inmates	3 Months
11 Inmates	4 Months
5 Inmates	5 Months
11 Inmates	Still Awaiting Placement
<b>81 TOTAL</b>	

# What is Jail Based Competency Treatment (JBCT)

The Department of State Hospitals (DSH) is the primary entity responsible for providing competency treatment to defendants charged with a felony who have been deemed incompetent to stand trial due to a mental disorder.

The Jail Based Competency Treatment (JBCT) program, increases DSH capacity by providing restoration treatment services similar to that provided in the State Hospitals in a county jail setting.

# JBCT Philosophy

JBCT provides individual and milieu-based competency restoration services to defendants for the purpose of restoring adjudicative competence. The restoration treatment services are individually tailored and delivered according to the results of standardized assessments of trial competency, semi-structured interviews, and the treatment plan approved by the defendant's treatment team.

# JBCT Simply Put

Jail Based Competency Treatment (JBCT) is a partnership between DSH and the county to provide competency restoration treatment in the county jail, eliminating the need to transfer the patients to DSH.

It is important to note that the modality of the JBCT treatment is established by DHS, in cooperation with our medical provider, Wellpath. We have very little, local control over the actual mechanics of the treatment program.

# Advantages to JBCT

The JBCT program provides the ability to more quickly admit patients declared IST and ordered to State Hospital.

JBCT typically restores competency to patients within 60-90 days of the IST declaration. Ventura County patients often wait that long before being transferred to DSH to begin restorative treatment.

As a patient's treatment progresses, the Jail Therapeutic Inmate Management Team can work closely with the courts to minimize court delays once competency is restored.

# JBCT Responsibilities

## Ventura County Sheriff's Office

Provide the facility space within the Ventura County Jail and provide sworn staff to provide security for JBCT Program employees.

## Wellpath

In partnership with DSH, Wellpath will provide approved JBCT program within the Ventura County Jail.

# DSH Quality Assurance

Liaison site visits will be conducted by DSH to provide support to the program and to ensure that all program functions relevant to safe and effective assessment and treatment are being implemented.

A DSH clinical review team will conduct a formal program review through analysis of relevant program data, interviews, patient chart reviews, observation, and inspection of facilities and treatment program sites.

# JBCT Treatment

- Daily psychoeducational and competency training groups;
- Daily medication management;
- Daily free time in the milieu or outside yard, including games, movies, and mind-body exercises.
- Weekly individual sessions with the Clinician;
- Weekly individual tutoring with the Trainer/Educator;
- Weekly psychiatric consultations;
- Weekly incentives;
- Monthly psychological assessment and evaluation.

# JBCT Sample Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
0800-0850	Staff Member 1: Therapeutic Movement	Staff Member 2: Wake-up Activity	Staff Member 2: Wake-up Activity	Staff Member 2: Wake-up Activity	Staff Member 3: JBCT Incentive Store
0900-0950	Staff Member 3: Wellness Education	Staff Member 4: My Life, My Choice	Staff Member 2: Arts & Crafts	Staff Member 4: What Would You Do?	Deputy: Activity of Daily Living Groups
1000-1050	Staff Member 5: Current Events	Staff Member 3: Wellness Education	Staff Member 2: Life Skills	Staff Member 3: Wellness Education	
	Staff Member 6: Competency Education	Staff Member 2: Life Skills	Staff Member 3: Wellness Education	Staff Member 2: Table Games	
1100-1150	Lunch	Lunch	Treatment Team Meeting: Grand Rounds	Lunch	Lunch
1200-1250	Individual Contacts	Staff Member 2: Brain Fitness		Staff Member 2: Brain Fitness	Individual Contacts
1300-1350	Staff Member 6: Competency Education	Staff Member 4: Court Activity	Lunch	Staff Member 4: My Life, My Choice	Staff Member 5: Outdoor Activity
	Staff Member 2: Table Games		Staff Member 4: Competency Education		
1400-1450	Staff Member 5: Trivia Challenge	Individual Contacts	Staff Member 7: Working with Your Attorney	Individual Contacts	JBCT Cinema
1500-1530	Individual Contacts	Chaplain: Bible Study	Individual Contacts	Individual Contacts	

*Questions?*



# Ventura County Sheriff's Office

## Jail Based Competency Program

**Ventura County Behavioral Health**  
 Board Letter Summary of Contracts for September 2021

Board Date	Contractor	Amount	Term	Description
9/14/2021	California Mental Health Services Authority (CalMHSA)	\$81,186	July 1, 2021 through June 30, 2022	<p><b>Statewide Prevention and Early Intervention (PEI) Services Participation Agreement.</b> CalMHSA is a Joint Powers Authority, an independent government agency created by California counties and cities, focused on the efficient delivery of California mental health projects for its members. Through the Participation Agreement for Statewide PEI, CalMHSA collaborates with participating members to promote mental health and wellness, suicide prevention, and health equity to reduce the likelihood of mental illness, substance use, and suicide among Californians, particularly among diverse and underserved communities. Specifically, the program will: (1) implement social media and public education activities to expand and develop emotional wellbeing for California's communities, (2) expand stakeholder partnership networks and promote grassroots stakeholder engagement, (3) increase outreach and dissemination of programs and resources, including mental health educational materials, (4) support and engage a network of mental health leaders and advocates to outreach and disseminate resources and programs, with priority of increasing help-seeking behaviors among younger age individuals, (5) provide resource, technical assistance, and capacity building support to County Behavioral Health Agencies and their partners to support local PEI and leverage resources, (6) implement the annual Directing Change Program, which educates young people about critical health topics like suicide prevention and mental health and wellbeing through the medium of film and art, and (7) provide data and evaluation of the reach of programs within counties and statewide. CalMHSA acts as the fiscal and administrative agent for the program and contracts with subject matter experts to support the goals and efforts of the program. Ventura County Behavioral Health (VCBH) is required to transfer funding in the amount of \$81,186 to CalMHSA.</p>
9/14/2021	Seneca Family of Agencies (Seneca)	\$0	July 1, 2020 through June 30, 2021.	<p><b>Fourteenth Amendment for Children's Stabilization Unit (CSU) Services with Seneca.</b> Seneca provides CSU program services for VCBH. The CSU is the front-end of the continuum of care for children's mental health crisis services in Ventura County, providing a multi-disciplinary risk assessment to youth experiencing a mental health crisis and interventions to promote stabilization, family involvement, and safety planning to access the least restrictive, most appropriate level of care. The CSU provides mental health interventions that are necessary to divert minors from hospitalization and safely discharge the minors to community services. The CSU is certified as a Crisis Stabilization Unit. Crisis stabilization means a service lasting less than 24 hours. The primary objective of the CSU is to promptly evaluate and/or stabilize minors presenting with acute symptoms or distress without hospital admission. In FY 2020-21, additional costs arose to keep Seneca facilities in compliance with COVID regulations. Supplemental costs included those for cleaning supplies, sanitation procedures, and cleaning crews, as well as treatment materials and personal protective equipment for clients. This amendment increases budget line items Building Management and Treatment Supplies by \$3,600 each and decreases Staff Travel and Airfare by \$4,500 and \$2,700, respectively. These adjustments do not affect the contract maximum. This agreement is funded with Short Doyle Medi-Cal Financial Participation (SD/MC FFP) and Mental Health Services Act (MHSA) funding.</p>

				<p><b>Performance Agreement.</b> DHCS administers the MHSA, Lanterman-Petris-Short Act (LPS Act), Projects for Assistance in Transition from Homelessness (PATH), Mental Health Services Block Grant (MHBG), and Crisis Counseling Assistance and Training Program (CCP). Also, DHCS oversees VCBH's provision of the Bronzan-McCorquodale Act community mental health services that are provided with realignment funds as well as Substance Abuse and Prevention and Treatment Block Grant (SABG) alcohol and drug abuse prevention, care, treatment, and rehabilitation services with SABG funds. DHCS' annual Performance Agreement specifies the conditions and requirements that VCBH must meet to receive MHSA, LPS Act, PATH, MHBG, CCP, Bronzan-McCorquodale Act and SABG funding for these programs and community mental health services. The Agreement requirements include: (1) program and funding expenditure requirements, (2) reporting and data submission requirements, (3) audit and record retention requirements, (4) dispute resolution process requirements, (5) various requirements associated with Laura's Law, prohibiting health facilities from admitting minors into psychiatric treatment with adults, and the Americans with Disabilities Act, (6) various requirements associated with conducting business with the State of California, (7) information confidentiality and security requirements, and (8) privacy and information security provisions (as defined under the Health Insurance Portability and Accountability Act of 1996 and California Information Practices Act). There is no fiscal impact related to this Agreement. DHCS provides the funding for these programs through the Realignment, MHSA, SABG and DHCS allocations process, as well as all other DHCS pass-through reimbursements.</p>
9/14/2021	Department of Health Care Services (DHCS)	\$0	July 1, 2021 through June 30, 2024	
9/14/2021	DHCS	\$109,062,000	July 1, 2021 through June 30, 2024	<p><b>Drug Medi-Cal Organized Delivery System (DMC-ODS) Standard Agreement #21-10037.</b> The Standard Agreement with DHCS is for the purpose of identifying and providing covered DMC-ODS services for substance use disorder (SUD) treatment for Medi-Cal beneficiaries within VCBH's service area. The Standard Agreement with DHCS is the established mechanism for the County to receive federal and state allocated funds for the array of SUD services that are provided under the DMC-ODS waiver. This Agreement specifies the conditions and requirements that VCBH must meet 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, (11) privacy and information security provisions (as defined under the Health Insurance Portability and Accountability Act of 1996 and California Information Practices Act) and (12) Social Security Administration and DHCS Information Exchange Agreement requirements. The Source of Funding is Drug Medi-Cal Federal Financial Participation Funds-93.778 and State General Fund.</p>