

**BEHAVIORAL HEALTH ADVISORY BOARD
EXECUTIVE COMMITTEE
MINUTES ■ Monday, January 8, 2018**

<p><u>BHAB Officers Present</u> Jerry Harris, Chair Nancy Borchard, Secretary Gane Brooking, Member-At-Large Janis Gardner, Chair Emeritus</p> <p><u>Others Present</u> Patricia Mowlavi, BHAB David Deutsch, NAMI</p>	<p><u>VCBH Staff Present</u> Patrick Zarate, Acting Director Vickie Poliquin, Management Assistant</p> <p>NEXT MEETING: Monday, February 12, 2018, 1:00 – 3:00 p.m.</p> <p>Ventura County Behavioral Health 1911 Williams Drive, Lake Cachuma Room (second floor), Oxnard</p>
--	--

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.	Call to Order Chair Harris called the meeting to order at 1:06 p.m.		
II.	Approval of the Agenda Mr. Harris asked the Committee to review and approve today's agenda. Janis Gardner moved to approve, Nancy Borchard seconded. The motion passed unanimously.	The agenda was approved as written. M/S/C	
III.	Approval of the Minutes Mr. Harris asked the committee to review and approve the minutes of the November 13, 2017 meeting. Ms. Gardner moved to approve, Ms. Borchard seconded. The motion passed unanimously. Mr. Harris asked the committee to review and approve the minutes of the December 18, 2017 Special meeting. Gane Brooking moved to approve, Ms. Gardner seconded. The motion passed unanimously.	The minutes of the 11/13/17 meeting were approved as written. M/S/C The minutes of the 12/18/17 meeting were approved as amended. M/S/C	
IV.	Welcome and Introductions Mr. Harris welcomed everyone and dispensed with introductions as everyone knows each other.		
V.	Chair Announcements Mr. Harris noted that during the BHAB Adult Services Committee of January 4, 2018, a community member spoke about her difficulties getting services for her adult son, and there was a discussion regarding the difference between having and not having private insurance. Ms. Borchard raised concerns over the under-utilization of licensed beds at the Inpatient Unit (IPU). It was noted that the county population has increased, but private hospitals no longer have a psychiatric unit and Vista del Mar Psychiatric Hospital is currently closed due to the Thomas Fire. Mr. Harris plans to set up a workgroup tasked with finding a reasonable solution to the bed shortage crisis that would better serve clients on involuntary holds, help client families, and help the community hospitals having psychiatric patients in their emergency rooms awaiting an available bed at a psychiatric hospital. Workgroup participants would include the community hospital CEOs in the county, the Sheriff Office, various police departments, family members, NAMI, Ventura County Behavioral Health (VCBH), the Hospital Association of Southern California, and others to be determined at a later date. Mr. Zarate clarified that most people who go to the local emergency rooms for psychiatric concerns are not enrolled VCBH clients. Also, the Mental Health Workgroup: Behavioral Health & Hospitals meets generally quarterly. It is coordinated by Audra Strickland, Regional Vice President of the Hospital Association of Southern California for Ventura & Santa Barbara Counties, in conjunction with		

	<p>Elaine Crandall, VCBH Director. David Deutsch agreed that a low percentage of people admitted to the IPU are VCBH clients, and many do not follow up with discharge recommendations to connect with VCBH. Mr. Zarate suggested gathering the data related to 5150 holds that result in hospitalization at the various local hospitals; Dr. John Schipper of VCBH and Mark Stadler of the Crisis Intervention Team could help. This would provide a baseline.</p> <p>This discussion will be put on the agenda of the upcoming BHAB General Meeting.</p>		
VI.	<p>Public Comments</p> <p>David Deutsch recommended to give a recognition award to Lou Matthews, in addition to Jim Matthews. The board agreed. Mr. Harris asked Mr. Deutsch to prepare a write-up on Mrs. Matthews and send it to the BHAB Assistant.</p>		
VII.	<p>Board Members Comments and Announcements</p> <p>Ms. Gardner thanked Mr. Harris for his willingness to give a presentation to the Board of Supervisors regarding the BHAB Annual Report.</p>		
VIII.	<p>Director's Updates – Patrick Zarate for Elaine Crandall</p> <p>Ms. Crandall is scheduled to return to work in early February. Mr. Zarate is scheduled to retire on February 23rd.</p> <p>Mr. Zarate noted that during the Thomas Fire in December, he was able to rely on a large team to handle the logistics surrounding the response to the fire. This speaks well of the VCBH capabilities.</p> <p>Lisa Acosta, M.D., is the new Medical Director for Youth & Families. She replaces Dr. Deborah Thurber, who continues to work as a child psychiatrist for VCBH. Dr. Thurber has been an amazing advocate for children, including on the Children's Crisis Stabilization Unit (CSU).</p> <p>The Equity and Access Service Manager, Henry Villanueva, is retiring effective January 12.</p> <p>Mr. Zarate thanked Mr. Harris and the Executive Team for participating in the Special Meeting on December 18, 2017 to discuss the Thomas Fire. Danger from rain and mud slides is real for the next couple of days. This week VCBH has reached out to various school districts as students return from their winter break, and it has offered its help for students and staff who may need it. VCBH also has an internal debriefing for staff involved in the response, which is standard following critical incident responses. A mutual aid request has been formatted and will go out through the county's Incident Management System.</p> <p>VCBH has given two presentations to the Grand Jury in response to its requests. The Grand Jury is focusing on contracts and on the opioid crisis.</p> <p>Mr. Zarate distributed two handouts:</p> <ol style="list-style-type: none"> 1. Department of Health Care Services handout titled Naltrexone Expanded to Full-Scope Pharmacy Benefit. Naltrexone (Vivitrol) injectable is now covered by Medi-Cal. 2. Scientific and Clinical Perspectives on Cannabis Use Q&A with UCLA. This training, organized by the Ventura County Interagency Marijuana Workgroup, will take place on January 10 at the Ventura County Office of Education. 		
IX.	<p>Secretary's Report – Nancy Borchard</p> <ol style="list-style-type: none"> A. Margaret Cortese has been appointed to the BHAB. She is a psychologist. B. A community member has expressed interest in serving on the BHAB. She lives in Supervisor Long's district, where there are no openings. She has been asked to contact Supervisors Long and Foy, who have openings. 		

	<p>Mr. Harris noted that the newest BHAB member, Claudia Grimaldo, is resigning due to a new job. She is in Supervisor Parks' district.</p> <p>Mr. Harris noted that a new member orientation needs to be scheduled. Elaine Crandall and he have planned to sit together with new members. Mr. Harris proposed to also involve the officers, who agreed to participate.</p>		
X.	<p>New Business</p> <p>A. BHAB Annual Report Overview and Operational Activity Update Presentation at the Board of Supervisors Meeting on February 13 – Discussion A review and discussion of the document took place. It was agreed to add a slide on the BHAB Committees and expand the BHAB health objectives for clients to include dental care. Mr. Zarate suggested stressing the parity with mental health and substance use disorders.</p> <p>B. 2017 Data Notebook Submission The Data Notebook has been completed under the leadership of Ms. Brooking. Ms. Brooking made a motion to recommend board approval of the 2017 Data Notebook, Ms. Gardner seconded. The motion passed unanimously. Mr. Harris noted that the document points to a need for increased services for the older adult population as this population is projected to significantly increase in the future. Ms. Brooking noted that the Culture, Equity Advisory Committee (CEAC) is working on ways to outreach to this population. She also has spoken to Turning Point about the possibility of bringing the Quality of Life program to Skilled Nursing Facilities (SNFs).</p>	<p>Make additions to the PowerPoint presentation as discussed.</p> <p>Recommend Board approval of the 2017 Data Notebook. M/S/C</p>	J. Harris
XI.	<p>Old Business</p> <p>Update BHAB Brochure Mr. Harris noted that at the November 2017 General Meeting the BHAB approved revisions to the BHAB brochure. However, later on he noticed errors in the description of the committees. This section is being changed to reflect the wording in the new BHAB Bylaws. A few other changes are being made as well.</p>		
XII.	<p>Develop Agenda for the General Meeting – Discussion The agenda for the General Meeting listed on this meeting's agenda was reviewed. The following changes will be made:</p> <ol style="list-style-type: none"> 1. Under Recognition Awards: add Lou Matthews. 2. Under New Business: add <ol style="list-style-type: none"> a. Psychiatric Hospital Capacity Workgroup – Discussion b. Use of Action Plan Format – Action c. 2018 Site Visits - Discussion 		
XI.	<p>Adjourn The meeting adjourned at 3:00 p.m.</p>		

Behavioral Health Advisory Board EXECUTIVE Meeting Attendance 2017-2018

Members	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Jerry Harris Chair	X	X	X	X	X	X	X					
Ratan Bhavnani 1 st Vice Chair	X	X	X	X	X	X						
Kay Wilson-Bolton 2 nd Vice Chair						X						
Nancy Borchard Secretary	X		X		X	X	X					
Gane Brooking Member At Large	X	X	X	X	X	X	X					
Janis Gardner Member Emeritus	X	X	X	X	X	X	X					

Present = X

District 1	Supervisor Bennett
District 2	Supervisor Parks
District 3	Supervisor Long
District 4	Supervisor Foy
District 5	Supervisor Zaragoza

Department of
Health Care Services



Medi-Cal

[Home](#)

Naltrexone Expanded to Full-Scope Pharmacy Benefit

November 21, 2017

Effective for dates of service on or after December 1, 2017, naltrexone for extended-release injectable suspension is expanded to a full-scope pharmacy benefit.

Naltrexone for extended-release injectable suspension (Vivitrol) is a pharmacy benefit currently available to Medi-Cal beneficiaries meeting the following criteria:

1. Charged with, or convicted of, a felony or misdemeanor; and
2. Monitored for compliance with terms and conditions of county or state supervision (including but not limited to probation, parole, Penal Code 1210, mandatory supervision, post-release community supervision or pretrial release), including substance abuse monitoring.
3. Prescribed by practitioners under contract, or employed by, the Local Specialty Mental Health Plan as a necessary component of treatment.

On October 26, 2017, the federal administration declared a national public health emergency to combat the escalating opioid crisis. Medication-assisted treatment (MAT) is one tool in addressing the crisis. Therefore, beginning on December 1, 2017, the pharmacy benefit coverage of naltrexone for extended-release injectable suspension will be expanded to a full-scope pharmacy benefit.

The following guidelines outline the processes for providing naltrexone for extended-release injectable suspension and submitting the claim as either a medical claim or a pharmacy claim.

Medical Claims

The policy for naltrexone for extended-release injectable suspension, when provided as a medical benefit, can be found in the *Injections: Drugs N – R Policy* section of the appropriate Part 2 provider manual.

Pharmacy Claims

Naltrexone for extended-release injectable suspension is available as a pharmacy benefit to Medi-Cal beneficiaries who use the drug for one of the following:

- The treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to initiation of treatment. Patients should not be actively drinking at the time of initial administration
- The prevention of relapse to opioid dependence, following opioid detoxification
- Part of a comprehensive management program that includes psychosocial support

Selected alcohol and heroin detoxification and dependency treatment drugs, including naltrexone for extended-release injectable suspension, are noncapitated (carved out) for Managed Care Plans (MCPs). Naltrexone for extended-release injectable suspension must be billed as a fee-for-service claim for all Medi-Cal beneficiaries, including those enrolled in an MCP. Naltrexone for extended-release injectable suspension always requires a *Treatment Authorization Request (TAR)*. Pharmacy claims for naltrexone extended-release injectable suspension are billed using the product National Drug Code (NDC).

[Conditions of Use](#) | [Privacy Policy](#)
Copyright © 2007 State of California

Server:files.medi-cal.ca.gov |File:/pubsdoco/newsroom/newsroom_26466.asp |Last Modified:11/21/2017 4:16:15 PM

Ventura County Interagency Marijuana Workgroup invites you to:

SCIENTIFIC AND CLINICAL PERSPECTIVES ON CANNABIS USE

Q & A with UCLA



Steven J. Shoptaw, PhD
UCLA Department of
Family Medicine



David Goodman-Meza, MD
UCLA David Geffen School
of Medicine

WEDNESDAY, JANUARY 10, 2018
3:00–5:00 PM

Ventura County Office of Education, Camarillo Room
5100 Adolfo Road, Camarillo

Scientific findings show a combination of health risks and benefits of cannabis use. There are concerns about the downsides, especially for adolescents and young adults. Evidence outlining this research will be presented and clinical perspectives will be provided to guide prevention, intervention and practice.

WHO SHOULD ATTEND?

- Health Care Professionals
- Prevention & Education Experts
- Public Health Leaders
- Alcohol & Drug Treatment Providers
- Researchers
- Policymakers

RSVP: Cari.Kawell@ventura.org • (805) 981-6831

Data Notebook 2017

Page 7

Local mental health boards/commissions are required annually to review performance data for mental health services in their county and to report their findings to the California Mental Health Planning Council (CMHPC). To provide structure for the report and to make the reporting easier, each year the CMHPC creates a Data Notebook for local mental health boards/commissions to complete.

We encourage the members of all local mental health boards to participate in reviewing and developing the responses for this Data Notebook. This is an opportunity for the local boards and their public mental health departments to work together on critical issues.

Page 9

Many questions in the Data Notebook request input based on the experience and perspectives of local board members. Board members will need to address related questions about local programs and policies in their discussion. That information may be obtained from local county departments of behavioral health or mental health.

Page 12 - INTEGRATED HEALTH CARE FOR OLDER ADULTS: TREATING THE WHOLE PERSON

1. Has your county applied or been approved to participate in the Whole Person Care Pilot Program?

Yes No

If so, will older adults be served in your county's program? Yes No

This project is currently being developed and piloted in Ventura County. We are unsure at this time of the number of Older Adults to be served. Eligibility for the program excludes Medicare recipients; as a result, it is anticipated that few older adult clients will be eligible.

2. In a prior Data Notebook (2014), counties provided examples of efforts to ensure integrated physical health care with behavioral health care. Please check which services or activities your county provides for older adults.

- Procedures for referral to primary care
 - Procedures for screening and referral for substance use treatment
 - Program or unit focused on the Older Adult System of Care (AOSOC)
 - Linkage to Federally Qualified Healthcare Center (FQHC) or similar ([linkage to SNF, assisted living](#))
 - Links to Tribal Health
 - Case management/care coordination to other social services e.g., housing, CalFRESH, Meals on Wheels, [senior food kits](#)
 - In-Home Supportive Services (IHSS)
 - Health screenings, vital signs, routine lab work at Behavioral Health site
 - Health educator or RN on staff to teach or lead wellness classes
 - Training primary care providers on linking medical with behavioral health
 - Use of health navigators, *promotores*,¹ or peer mentors to link to services
 - Other, please specify. [The Older Adults Program is a Full Service Partnership \(FSP\) that provides multi-dimensional support for mentally ill, medically challenged and poorly supported seniors. Special priority is given to those with serious and persistent mental illness and to those who are homebound, homeless and/or in crisis and who require the intensive services of a Full Service Partnership \(FSP\). This population is often unable to access more traditional outpatient services.](#)
[We will be looking at the feasibility of establishing links to tribal health if needed.](#)
-

3. Is your county doing any advanced planning to meet the mental health and substance use service needs of your changing older adult population in the coming years?

Yes___ No X___ If yes, please describe briefly.

The Older Adults Program provides services to the SPMI population. It is a prototype of comprehensive services that address mental health issues, substance use disorders, medical challenges, social isolation and lack of family resources. The provision of these multi-dimensional services has demonstrated repeatedly not only the impact on improved overall wellness, but has also reduced dependence on high-cost emergency services and high utilization in the most restrictive settings such as hospitals, which are not equipped to address the psychosocial needs of this population. However, there is no organized advanced planning being done at this time to accommodate the needs of this growing population.

The Older Adult Program refers to the Alcohol and Drug Program when appropriate.

Currently, the VCBH Cultural Advisory Committee is reviewing this population to identify the unmet service needs and to provide better services. The Adult Services Committee of the Behavioral Health Advisory Board is also assessing the need for additional services to the older adult population.

Page 17 - **Limited English Proficiency is a Barrier for Behavioral Health Access**

4. Are there groups in your county who are at significant risk of being unserved or underserved due to limited English proficiency?

Yes X___ No ___

If yes, please list the top three major language groups or communities in greatest need of outreach for behavioral health services in your county.

Spanish, Asian/Pacific Islands, and Indo-European language groups represent the top three major language groups that are in greatest need of outreach for behavioral health services in Ventura County.

In 2017, Ventura County population: 860,000 (Ventura County Public Health Community Health Assessment):

- Ethnicity
 - White, Non-Hispanic: 45.2%
 - Hispanic: 43.2%
 - Asian: 7.2%
 - African American: 1.6%

- Language spoken at home:
 - Only English: 61.5%
 - Speak Spanish: 30.4%
 - Asian/Pacific Islands languages: 4.5%
 - Indo-European: 2.8%

The data demonstrates the following:

1. It is clear that the Hispanic community has the highest priority in need to develop strategies for outreach for behavioral services in Ventura County.
2. While there are some similarities in the challenges in addressing the mental health needs of the Asian population, there are significant differences between each cultural group; outreach to Mandarin-speaking Chinese can be strikingly different in approach to Japanese or Filipino communities.

5. Describe one strategy that your county employs to reach and serve various cultural and/or race-ethnicity groups within your population of older adults?

One Strategy is the utilization of a bilingual case manager who has served as a Cultural Outreach Specialist to the Older Adult Hispanic Community. She has engaged in outreach services at Limoneira, a commercial low-cost housing unit farm, a Ventura County Government Center health fair event focusing on the older adults, and nursing homes during their open house events.

Another aspect of our services is our Benefits Program, which puts particular emphasis on engaging and enrolling clients of Ventura County Behavioral Health (VCBH), many of whom are older and have limited abilities with English. Two of the Older Adult staff members, amounting to 40%, are bilingual in Spanish.

6. Are there other significant barriers to obtaining services for older adults in your county? Yes No
If yes, please check all that apply.

Transportation

Geographic Isolation

Lack of awareness of services

Mobility issues due to co-occurring physical conditions or disabilities

Lack of geriatric-trained practitioner (5150)

Adequate signage

The issue of adequate facility signage has been identified as a problem for follow-through with service delivery. VCBH is currently working on correcting this perceived impediment to the receipt of service.

Page 21 - **BEHAVIORAL HEALTH: OLDER ADULTS CONTINUUM OF CARE**

7. One of our goals is to identify unmet needs for substance use treatment in older adults. Based on local community needs assessments or other reports, what substance use treatment services are available in your county for older adults?

Please check all that apply.

Outpatient NTP (narcotics treatment program (methadone, etc)

Outpatient (non-NTP)

Detoxification

Residential Treatment

Dual Diagnoses Programs

Workforce licensed/certified to treat co-occurring MH and SUD disorders

Safe housing options for clients working to be clean and sober (also applies to dual diagnosis clients)

SUD Treatment program designed for older military veterans

Other, please specify. _____

Page 29 - **Mental Health Services for Older Adults**

8. Based on either the data or your general experience in your county, do you think your county is doing a good job of reaching and serving older adults in need of mental health services?

Yes ___ No X

If 'No,' then what strategies might better meet the MH needs of older adults?

Ventura County Behavioral Health (VCBH) is providing high quality services to a limited number of the older adult population. However, limited resources restrict the ability to provide adequate and responsive service to this growing population in the future.

Several groups (Behavioral Health Advisory Board, VCBH Cultural Advisory Committee) are looking into ways to expand services: outreach, perhaps through increased Prevention and Early Intervention funding, introducing Quality of Life in Skilled Nursing Facilities, and planning a suicide prevention conference about, and for older adults. The BHAB is reviewing the unmet needs of this group.

Page 29 - **Community Supports for Mental Health Emergencies and Crisis Services**

9. Does your county have resources to provide mental health crisis services designed specifically to meet the needs of older adults?

Yes X No ___ If yes, please check all that apply below.

X Mental health providers trained in MH needs of older adults

X Crisis Intervention Teams have someone trained in the needs of older adults

X Provide training and work more closely with law enforcement in handling MH crisis of older adults

___ Crisis Drop-In Center with ability to serve older adults

X Services for older adults at risk for suicide. Currently, clients must go out of county for inpatient LPS treatment. VCBH responds to crisis, assesses consumers and links them to out-of-county psychiatric inpatient providers.

___ 23-Hour Crisis Stabilization Services for older adults

___ Crisis residential treatment for older adults

___ Psychiatric hospital or unit able to take older adults with complex medical needs, when mental health crises are too serious to be met by other services

Page 31 - **Mental Health Supports for Older Adults who Provide Care for Children or other Family Members**

10. Does your county have specific services or programs to support older adults who provide extensive care for dependent family members, so that caregivers can meet their own mental health and other needs?

Yes ___ No X

If yes, please check all that apply below.

___ Group therapy or support groups

___ Counseling/parenting strategies

___ Respite care services

___ In-home supportive services (IHSS)

___ Stress management program

___ Mental health therapy, individual

___ Other, please specify:

Page 33 - **Significant Changes in Behavioral/Cognitive Function in Older Adults**

11. Does your county have a special program(s) to address the needs of older adults with chronic mental illness who also begin to be affected by mild cognitive impairment or early dementia? Yes X No ___

If yes, please provide one example.

The Older Adult Program, which at intake requires a primary mental health diagnosis, will often take clients who might have a secondary diagnosis of Mild Neurocognitive Disorder (dementia). Generally, at intake a MoCA (Montreal Cognitive Assessment) will be administered; if the client scores significantly below a 20 and the MOCA is considered valid, the client might be evaluated for primary Neurocognitive Disorder and referred to appropriate long-term care in a Skilled Nursing Facility for safety reasons and initiate pathway to conservatorship.

For example, we recently accepted a client who is a veteran who was living in squalor in a trailer in an alley. He was unable to obtain services for himself and had frequent contact with Adult Protective Services (APS). He was accepted in the Older Adult Program, that began intensive case management. New housing has been obtained in a senior housing complex; he declined more restrictive setting found in Residential Care Facility for Elderly.

The client has been linked to services, receiving care that includes coordination of care for medical needs, including cancer, eye disease and heart disease. He has a past history of psychosis and is currently being treated for Persistent Depressive Disorder, Moderate. It was established at the beginning that he exhibited signs of Neurocognitive Disorder, but at this stage his diagnosis was still primarily mental health related.

Services include in-home nursing, case management, medication monitoring, in-home psychotherapy, and linkage to In-Home Supportive Services. In this situation, the client is brought to the clinic for psychiatric services. Staff is encouraging the client to participate more in social events that take place in the clinic.

Page 34 - **OLDER ADULTS HELPING OTHERS:**

12. Does your community train and/or utilize the skills and knowledge of older adults as peer counselors, and/or health navigators? Yes ___ No X

If yes, then please provide one example of how this occurs.

Completion of your Data Notebook helps fulfill the board's requirements for reporting to the California Mental Health Planning Council. Questions below ask about operations of mental health boards, behavioral health boards or commissions, regardless of current title. Signature lines indicate review and approval to submit your Data Notebook.

(a) What process was used to complete this Data Notebook? Please check all that apply.

- MH Board reviewed W.I.C. 5604.2 regarding the reporting roles of mental health boards and commissions.
- MH Board completed majority of the Data Notebook
- County staff and/or Director completed majority of the Data Notebook
- Data Notebook placed on Agenda and discussed at Board meeting
- MH Board work group or temporary ad hoc committee worked on it
- MH Board partnered with county staff or director
- MH Board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function.
- Other; please describe: _____.

(b) Does your Board have designated staff to support your activities?

Yes No

If yes, please provide their job classification Management Assistant _____

(c) What is the best method for contacting this staff member or board liaison?

Name and County: Edith Pham _____

Email _____

Phone # _____

Signature: _____

Other (optional): _____

(d) What is the best way to contact your Board presiding officer (Chair, etc.)?

Name and County: Jerry Harris, Chair _____

Email: _____

Phone # _____

Signature: _____



VENTURA COUNTY
**BEHAVIORAL HEALTH
ADVISORY BOARD**

Participate
Advocate
Advise

BHAB

MISSION

Advocate for members of the community living with mental illness and/or substance use disorders and their families through support, review and evaluation of treatment services provided or coordinated through the Behavioral Health Department.

Add at bottom:

Revised January 2018

BOARD MEMBERS

"For me, the BHAB represents speaking up for those who are in need!"

- Sandra Wolfe, Board Member

Ventura County's Board of Supervisors created the Behavioral Health Advisory Board (BHAB) in accordance with The Welfare and Institutions Code state law, which requires that each county have a Mental Health Board or Commission.

The BHAB consists of 21 members appointed to serve for a three year term. **Each county Supervisor appoints three mental health representatives and one substance use disorder representative to the board.** Supervisors are encouraged to appoint individuals who have some experience and knowledge of the behavioral health system as consumers or as family members of consumers.

The board membership should reflect the ethnic diversity of the client population of Ventura County. **Appointed members must commit to regular attendance at meetings and participation on one committee.**

"I believe the BHAB has been key in my own recovery, drawing on my years of experience navigating the system, to voice my concerns and share in the solution process."

- Karyn Bates, Board Member

Remove quote from Sandra Wolfe

Replace with:

"As a BHAB member I can relate to other families like mine, affected by serious mental illness or substance abuse, and can help shape our County's services to be the best possible."

-Ratan Bhavnani, Board Member

COMMITTEES

The Executive Committee is comprised of the Board officers: Chair, First Vice-Chair, Second Vice-Chair and Secretary, and carries out any responsibilities delegated by the BHAB.

The Youth & Family Committee advocates for youth with mental and substance use disorders and for other supports, including housing. Members monitor and advise the Behavioral Health department regarding youth and family programs.

The Transitional Aged Youth Committee (TAY) advocates for the mental health, wellness and recovery of youth aged 16–25, and for other supports, including housing. Members monitor and advise the Behavioral Health department on efforts to help TAY launch and become healthy and productive adults.

The Adult Services Committee advocates for a full continuum of care that supports the wellness and recovery of individuals with mental health and substance use issues and for other supports, including housing. Members monitor and advise the department regarding services and supports for this population.

The Prevention Committee advocates for greater community awareness of behavioral health risks for individuals with a dual diagnosis or substance use disorder. Members monitor and advise the department regarding its efforts to prevent the onset and exacerbation of behavioral health disorders.

Committee membership is open to all community stakeholders: consumers, family members, community-based organizations, county agencies, and those interested in promoting the wellness and resiliency of our community. We strive to ensure there is a cross section of individuals, community based organizations, and agencies that represent the diversity of Ventura County.

Update with the following:

The Executive Committee is comprised of the Board officers: Chair, First Vice-Chair, Second Vice-Chair, Secretary, Member-At-Large, and Member Emeritus. It carries out any responsibilities delegated by the BHAB, acts in emergencies in any way it deems necessary when there is not time for the entire BHAB to act, and assists the Chair in creating the BHAB General meeting agenda.

The Youth & Family Committee advocates for services and supports for youth with mental health and substance use disorders, including housing. It advises and makes recommendations to the BHAB regarding youth and family VCBH programs.

The Transitional Aged Youth (TAY) Committee advocates for the mental health, wellness and recovery of youth ages 16 through 25 and for other services and supports, including housing. It advises and makes recommendations to the BHAB regarding efforts to empower TAY to become healthy and productive adults.

The Adult Services Committee advocates for a full continuum of care that supports the wellness and recovery of individuals with mental health and substance use issues and for other supports, including housing. It advises and makes recommendations to the BHAB regarding services and supports for this population.

The Prevention Committee advocates for greater community awareness of behavioral health risks for individuals with mental illness, a dual diagnosis or substance use disorder. It advises and makes recommendations to the BHAB regarding its efforts to prevent the onset and exacerbation of behavioral health disorders.

(Committee membership...: no changes)

HOW YOU CAN JOIN

Ventura County is looking for volunteers to serve on the board.

Anyone interested in becoming a member is invited to join one of the board committees or attend a few meetings to learn more about the work of the board prior to requesting an application for appointment from the BHAB Assistant. Board vacancies are advertised by the county Supervisors who screen and interview applicants for appointment.

Request an application for appointment from the BHAB Assistant by calling (805) 981-1115 or call your local Board of Supervisor's office at the phone number listed below.

VENTURA COUNTY BOARD OF SUPERVISORS BY DISTRICT

District #1 – Steve Bennett	PH: (805) 654-2703
District #2 – Linda Parks	PH: (805) 214-2510
District #3 – Kathy Long	PH: (805) 654-2276
District #4 – Peter Foy	PH: (805) 955-2300
District #5 – John Zaragoza	PH: (805) 654-2613

District # 3 – Kelly Long

Visiting speakers discuss topics of local interest.



GOALS of the BEHAVIORAL HEALTH ADVISORY BOARD

Review and evaluate the needs of people with mental illness and/or substance use disorders including seniors, adults, transitional aged youth, and children with respect to advocacy for housing, behavioral health services and community supports.

Review and evaluate discharge and transition planning for individuals with mental illness and/or substance use disorders released from hospitals/emergency rooms, acute psychiatric facilities and jails to determine if the process is safe, appropriate and provides linkage to adequate follow up services and community resources.

Conduct outreach to increase diversity and community representation on the board and committees.

Promote the involvement of clients and family members in the planning, development and evaluation of behavioral health programs and services.

"I believe the BHAB offers an opportunity for me to give back to the community by helping to ensure that all residents, no matter what segment they are in, receive sufficient health care services that enable them to live healthy, happy and productive lives."

- Jerry Harris, Board Member

No changes on this page.



Local youth honored at BHAB meeting for their advocacy efforts.

PARTICIPATE

Meetings are hosted by the Ventura County Behavioral Health Department at 1911 Williams Drive, Oxnard.

All meetings are open to the public; please refer to the schedule of meetings for information on dates and times.

Meeting materials including agendas and minutes may be viewed at the BHAB link on the Ventura County Behavioral Health Department website at www.vchca.org/bh

For further information or to request an application for board appointment, please contact the BHAB Assistant at **(805) 981-1115**.

Inquiries can be mailed to:

Behavioral Health Advisory Board
Ventura County Behavioral Health
1911 Williams Drive, Suite 200
Oxnard, CA 93036

Under **Meeting materials**, update the website with:

www.vchca.org/behavioral-health-advisory-board-bhab

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

SCHEDULE OF MEETINGS

General Board Meeting Training Room Janis Gardner, Chair	3rd Monday 1:00pm - 3:30pm
Executive Committee Suite 200, Lake Cachuma Room Janis Gardner, Chair	2nd Monday 1:00pm - 3:00pm
Prevention Committee Suite 200, Lake Cachuma Room Janis Gardner, Chair	2nd Monday 3:15pm - 4:30pm
Youth & Family Committee Suite 200, Lake Tahoe Room Denise Nielsen, Chair	2nd Wednesday 10:00am - 12:00pm
Transitional Age Youth (TAY) Committee Suite 200, Lake Cachuma Room McKian Nielsen, Chair	4th Thursday 10:30am - 12:00pm
Adult Services Committee Suite 200, Lake Tahoe Room Karyn Bates & Nancy Borchard, Co-Chairs	1st Thursday 10:00am - 12:00pm

Update with the underlined information:

General Board Meeting
 Training Room
Jerry Harris, Chair

Executive Committee
 Suite 200, Lake Cachuma Room
Jerry Harris, Chair

Prevention Committee 2nd Tuesday
 Suite 200, Lake Tahoe Room
 Janis Gardner, Chair

Youth & Family Committee
Training Room
 Denise Nielsen, Chair

Transitional Age Youth (TAY) Committee
 Suite 200, Lake Tahoe Room
Cmdr. Ronald Nelson, Chair

Adult Services Committee
 Suite 200, Lake Tahoe Room
Gane Brooking & Nancy Borchard,
 Co-Chairs

Revised January 2018



COUNTY OF VENTURA
Behavioral Health Advisory Board

ANNUAL REPORT OVERVIEW AND OPERATIONAL ACTIVITY UPDATE

Jerry M. Harris, Chair
February 13, 2018

EMPHASIS OF BHAB MEMBERS

Our board members are working very diligently to make a positive difference in the lives of others within our communities and improve the health status of our clients.

Primary Focus of Concern:

Individuals with Serious and Persistent Mental Illness
Individuals having Substance Use Disorders
And the impact of these conditions on families

ENSURING THAT THE HEALTHCARE NEEDS OF CLIENTS ARE ADDRESSED

Healthcare Needs Objectives:

- Every client is assigned a Primary Care Physician
- Clients receive Preventive Care
- Clients have access to Whole Person Care
- Clients have access to Dental Care
- Parity for Mental Health and Substance Abuse Services

The impact of achieving these objectives will be improved health status, increased life expectancy, reduced ER visits and reduced healthcare costs.

BHAB COMMITTEE STRUCTURE

Committees are based on age groups with the exception of the Executive Committee which is administrative.

- Adult and Older Adult Services Committee
- Transitional Aged Youth Committee (TAY)
- Youth and Family Committee
- Prevention Committee (Serves all age groups)

The BHAB is currently working on improving communication between the committees and the full board and more closely integrating the work products of the committees into the work of the full board.

UNMET NEEDS IDENTIFIED IN THE 2016-17 ANNUAL REPORT

- § Housing/Homelessness
- § An adequate number of inpatient psychiatric beds for adults, children, adolescents, and older adults within Ventura County
- § The availability of a sufficient number and levels of supportive care and placement options to address the needs of the community. These include but are not limited to:
 - Residential care for youth, adults and older adults
 - Adequate housing options
 - A psychiatric facility to address the needs of older adults
 - Crisis residential services for youth

THE PROCESSES BY WHICH THE BHAB ACHIEVES ITS OBJECTIVES

Advocacy

Advocacy efforts require a great deal of time, commitment, persistence and patience. It is a challenging process that takes place over many years. Our BHAB members have stayed the course on behalf of the clients and families that the board represents.

Partnership

The progress that has been achieved would not have been possible without the partnership the BHAB has with the Ventura County Behavioral Health Department management and staff and the support provided by the Department Director and her staff.

We work together!

MENTAL HEALTH SERVICES ACT (MHSA) PROGRAM REVIEW PROCESS

Members of the BHAB participate in the review process by serving on the following VCBH Workgroups:

- ∇ Planning Workgroup
- ∇ Evaluation Workgroup

MENTAL HEALTH SERVICES ACT (MHSA) PROGRAM REVIEW PROCESS (CONTINUED)

Reviews are conducted based on the following criteria:

- Client Outcomes
- Number of units of service provided
- Number of clients served
- Average cost per client
- Effectiveness in meeting the needs of the clients served
- Compliance with contract provisions

MOST SIGNIFICANT ACCOMPLISHMENTS DURING FY 2106-17

- * The opening of Horizon View Mental Health Rehabilitation Center enabling individuals requiring treatment within a locked facility to be treated in Ventura County. This allows families to be able to visit their loved ones in their County of residence.
- * The opening of a Children's Crisis Stabilization Unit (CSU) and a Children's Short-term Crisis Residential Unit in Ventura County. The success of these programs has resulted in providing families with needed services in the County and the treatment of children on a short-term basis, resolving crises situations rather than referring them for inpatient care outside of the County.

WHERE ARE WE NOW AND WHERE ARE WE GOING?

- u Making Decisions Based on Data.
 - § Contract recommendations to the BOS
- u Conducting Site Visits to Facilities Within the VCBH System of Care (Site Visit Reports are included in the 2016-17 Annual Report for the first time)
- u Using Management and Quality Improvement Tools and Techniques
 - § Objectives that are Measurable and Achievable
 - § Action Plan Format
 - § Indicators that clearly show when objectives have been achieved

BHAB ACTION PLAN FORMAT

COUNTY OF VENTURA – BEHAVIORAL HEALTH ADVISORY BOARD ACTION PLAN

OBJECTIVE TITLE: _____

SPECIFIC OBJECTIVE: _____

KEY INDICATORS: 1. _____

2. _____

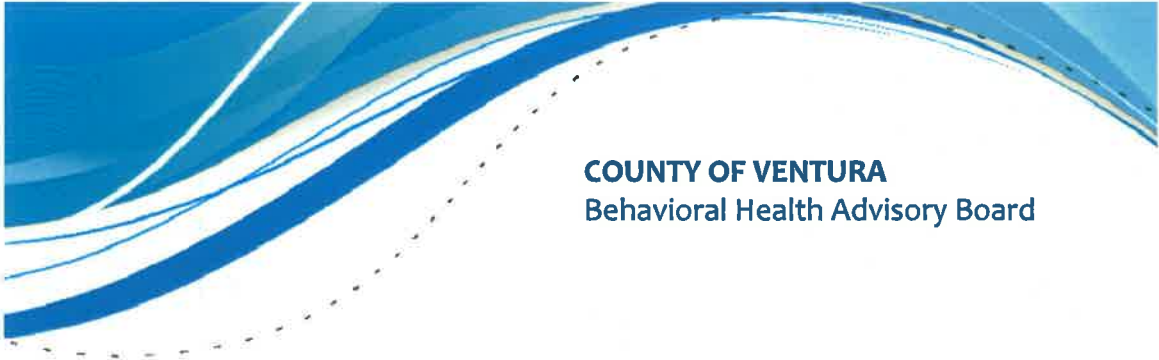
3. _____

ACCOUNTABILITY: _____ TARGET COMPLETION DATE: _____

	ACTION STEPS	START DATE	COMPLETION DATE	ACCOUNTABILITY	ACTION STEP		STATUS
					ON TARGET	DELAYED*	
1.							
2.							
3.							

WHERE DO WE GO FROM HERE

- u Persistence
- u Continuous Improvement
- u Provide Clients and Families with hope for the future
- u Serving our community to the best of our abilities



COUNTY OF VENTURA
Behavioral Health Advisory Board

***Working together to provide hope for a
better tomorrow.***