

**BEHAVIORAL HEALTH ADVISORY BOARD  
EXECUTIVE COMMITTEE  
MINUTES ■ Monday, January 13, 2020**

<p><b><u>BHAB Officers Present</u></b> Janis Gardner, Chair Ratan Bhavnani, 1<sup>st</sup> Vice Chair Jerry Harris, Chair Emeritus Joe S. Ramirez, Member At Large</p> <p><b><u>Others Present</u></b> Nancy Borchard, BHAB Member Michael Rodriguez, BHAB Member Cece Casey, Family Member Scott Walker, Crisis Intervention Team (CIT)</p>	<p><b><u>Ventura County Behavioral Health (VCBH) Staff Present</u></b> Sevet Johnson, Director Kiran Sahota, Mental Health Services Act (MHSA) Manager Edith Pham, BHAB Assistant</p> <p><b>NEXT MEETING:</b> <b>Monday, February 10, 2020, 1:00 – 3:00 p.m.</b></p> <p>Ventura County Behavioral Health (VCBH) 1911 Williams Drive, Lake Cachuma Room (second floor), Oxnard</p>
<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.</p>	

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	<b>Call to Order</b> Chair Gardner called the meeting to order at 1:05 p.m. She noted that there was not a quorum and delayed the approval of the agenda and minutes in the hope that one more officer would arrive.		
IV.	<b>Welcome and Introductions</b> Ms. Gardner welcomed everyone, including Michael Rodriguez, the newest member of the BHAB. She asked for introductions.		
V.	<b>Chair Announcements</b> Ms. Gardner noted that the draft of the BHAB Annual Report is almost completed.		
VI.	<b>Public Comments</b> Cece Casey referred to an article in the January 10 Ventura Star, written by Jeffery Hayden, titled Leadership Is Key to Dealing with Ventura County’s Mental Health Crisis. She recalled that there used to be more Board & Care facilities and inpatient beds in the county. She stated that treatment prevents incarceration, homelessness, stigma and suffering.		
II.	<b>Approval of the Agenda</b> Ms. Gardner noted that there was a quorum. She asked the Committee to review and approve today’s agenda. Ratan Bhavnani moved to approve, Jerry Harris seconded. The motion carried unanimously.	The agenda was approved as written. <b>M/S/C</b>	
III.	<b>Approval of the Minutes</b> Ms. Gardner asked the committee to review and approve the minutes of the November 12, 2019 meeting. Mr. Bhavnani moved to approve, Mr. Harris seconded. Mr. Bhavnani read a request for change that Elizabeth R. Stone had emailed regarding her public comments. A brief discussion took place about this request. The BHAB Assistant was asked to re-listen to the tape of the meeting, and the minutes can be changed if Ms. Stone’s written request matches what she actually said. Ms. Gardner stated that she would speak with Ms. Stone and suggest that in the future she bring her comments in writing and read them.  Mr. Bhavnani amended his motion. The amended motion was to approve the minutes subject to reviewing the tape from the last meeting and correlating the statement that Elizabeth Stone has suggested to see if it matches with the minutes as written; Mr. Harris accepted the amended motion. The motion carried unanimously.	The minutes were approved as written, with possible amendment. <b>M/S/C</b>	
VII.	<b>Board Members Comments and Announcements</b> Mr. Harris noted that he will attend a meeting of the California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) in San Diego on January 17. During the last CALBHB/C conference call, Mr. Harris brought up the issue of the inappropriate use of emergency rooms for serious mental health crisis, and everyone on the call agreed with him. Mr. Harris plans to continue pushing the discussion on this issue, which appears to be a state-wide, rather than local, issue. Ms. Gardner thanked him for his advocacy on this topic.  Mr. Bhavnani noted that on January 15 there will be a meeting of the Assist program. BHAB members who have participated in this in the past stated they had not received the invitation.		

	<p>Ms. Borchard noted that the MHSA Three-Year Plan Summary is difficult to read on the computer. Hard copies were provided. Ms. Gardner thanked Ms. Sahota and her staff for preparing the spreadsheet. Ms. Sahota noted the final report will be more legible and will have about 500 pages.</p>		
<b>VIII.</b>	<p><b>Director's Updates</b></p> <p>Dr. Johnson provided an update on Governor Newsom's Proposed Fiscal Year 2020-21 State Budget and on VCBH:</p> <p>A. At the state level, funds are being moved from Mental Health Services Act (MHSA) to No Place Like Home. More MHSA funding may be moved away from MHSA, including for individuals who are involved in the criminal justice system and those with substance use disorders. These changes would impact the services provided through VCBH as most Adult outpatient services are funded through MHSA.</p> <p>B. California Advancing and Innovating Medi-Cal (CalAIM) has been renamed Medi-Cal Healthier California for All. The goal is to invest in behavioral health infrastructure, including data reporting. The program will continue to invest in Drug Medi-Cal Organized Delivery System (DMC-ODS).</p> <p>C. The Department of State Hospitals Community Care Collaborative will start a pilot program to establish incentives to treat and serve those deemed incompetent to stand trial.</p> <p>D. A Prevention and Early Intervention (PEI) grant for grades K-12 will look at funding wraparound services to students in order to reduce Adverse Childhood Events (ACEs) in youth under age 18. VCBH has been proactive in identifying and targeting populations who are at risk. Ms. Casey made a public comment. She asked about Prevention and Early Intervention (PEI) as related to people who are seriously mentally ill and cycle with psychosis. Dr. Johnson noted that per MHSA regulations, PEI is for individuals under 25 years old and up to four years into their first episode; once 18 months have passed after a diagnosis of a severe and persistent mental illness, services are no longer considered prevention and early intervention.</p> <p>E. The budget proposes a new vaping tax that would start January 1, 2021.</p> <p>F. A new program, Behavioral Health Integration, is focusing on improvement of behavioral health and fiscal outcomes. The Department of Health Care Services (DHCS) is collaborating with Gold Coast to roll out this program. VCBH has applied for funding for medication management for beneficiaries with co-occurring and chronic medical and mental health diagnoses and for improving follow-up after hospitalization.</p> <p>G. VCBH has met with other agencies to discuss CalAIM and be ready for new policies that will come down from the state. Ms. Gardner asked about BHAB members being able to participate, and Dr. Johnson agreed.</p> <p>H. The Family Justice Center opened on January 11.</p> <p>I. Dr. Johnson attended a meeting of Beyond the Bench. Judges and members of various agencies discussed how to collaborate and be proactive with children who are served in these systems.</p> <p>J. About a month ago, Dr. Johnson met with local hospitals' Chief Executive Officers and Chief Financial Officers and County Executive Officer Michael Powers. VCBH presented on its services, funding and MHSA regulations. Dr. Fankhauser, Ventura County Hospitals CEO, reviewed the Inpatient Unit (IPU) and talked about the possibility of other hospitals buying IPU beds and Crisis Stabilization Unit (CSU) chairs. Visa del Mar Hospital representatives talked about increasing their number of beds to 120 in the future. Dr. Streeter of Dignity Health said that St. John's Hospital is committed to opening its own CSU. A follow-up meeting will be held in February to see whether any hospitals is willing to purchase IPU beds and/or CSU chairs. Ms. Casey made a public comment. She feels the seriously mentally ill are discriminated against as they cycle in and out of hospitals and jails or homelessness. Beds are not being offered for them. When MHSA came, it was to deal with the seriously mentally ill. We need to take care of them.</p> <p>K. Joe S. Ramirez asked about Local Education Agency and the process for requesting funding. Dr. Johnson noted that this is currently a proposal, and revisions may be made; she agreed to provide more information as it becomes available.</p>		
<b>IX.</b>	<p><b>Secretary's Report – Gina Petrus</b></p> <p>Ms. Petrus was unable to attend the meeting. No Secretary's Report was provided.</p>		
<b>X.</b>	<p><b>New Business</b></p> <p>A. Special Meeting on January 15, 2020, 6:00 p.m. to Comment on the MHSA Three-Year Plan Summary</p>		

Ms. Gardner noted that during a December meeting between a few BHAB members and MHSA Manager Kiran Sahota, this was talked about being a BHAB Special Meeting. Mr. Harris noted this was not what he had envisioned and will be unable to attend. He recognized that MHSA priorities are different from the BHAB's. He noted that for many years people have been talking about services for the seriously mentally ill (SMI), yet these services are limited. Dr. Johnson agreed that more programs for the SMI are needed. However, VCBH has been providing outpatient services for the SMI, a large portion of it being paid for by MHSA: RISE, Horizon View Mental Health Rehabilitation Center, VCBH outpatient clinic services, funding for Board and Care facilities, Crisis Team, Older Adult, EDIPP. Inpatient services need to be increased, but there are not enough funds to increase both outpatient and inpatient services, especially if MHSA funding gets reduced. Tough decisions will need to be made.

Mr. Harris noted that he spoke with Supervisor Huber regarding a private company that may be interested in opening a CSU. Dr. Johnson thanked him for this; she, Supervisor Huber and his staff were able to connect with the private company.

The committee reviewed the format of the Special Meeting. It was agreed that this will be a BHAB meeting, as long as there is a quorum. Individual public comments will be limited in time. BHAB members and VCBH staff will not be able to reply to public comments, although Ms. Sahota will reply to BHAB members. If there is not a quorum, Ms. Gardner will need to adjourn, Ms. Sahota will take over; this will be an MHSA meeting, and no minutes will be taken. Ms. Gardner thanked Ms. Sahota for her work. It was agreed that the agenda for this meeting will be to comment on the MHSA Three-Year Plan Summary and to provide BHAB and community input on the Summary. Ms. Sahota noted that she will not be able to attend the General Meeting on January 27; Hilary Carson will attend and present on the Innovation Plan.

#### B. Welfare & Institutions Code Changes

Mr. Harris referred to the California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) Winter 2020 newsletter, which highlights the changes under duties of Boards & Commission (5604.2 and 5848). He requested that the changes, effective January 1, 2020, be included in the BHAB Bylaws and future Annual Reports.

#### C. BHAB Objectives and Priorities

Ms. Gardner noted her desire to discuss the committees' objectives. A discussion took place on the best way to do so. Ms. Borchard suggested that the committee chairs include this during their monthly committee reports. Ms. Gardner voiced her preference for having a separate agenda item so that the full board can discuss the progress made on the committees' objectives.

#### D. Member At Large

Ms. Gardner noted that Mr. Ramirez's term as Member At Large will expire soon. At the January General Meeting she will ask whether other members would like to be appointed to the position or whether Mr. Ramirez would like to be reappointed to a six-month term.

#### E. BHAB Committee Meeting Attendance

This item was not discussed.

#### F. BHAB Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis Event

Ms. Gardner noted that the BHAB had held a special meeting in March 2019 to do a SWOT Analysis. She suggested doing it again as the board has many new members. Mr. Bhavnani and Mr. Harris voiced their reservation as the results probably would not have changed in a year. Ms. Borchard suggested reviewing the results of last year's SWOT Analysis. Ms. Gardner agreed, and she will put this on the February General Meeting agenda.

#### G. Feasibility of a California Advancing and Innovating Medi-Cal (CalAIM) Workgroup

Ms. Gardner noted that there is a very small window of opportunity to provide information to the state. She proposed having a workgroup prepare a letter to the state to share BHAB input. Dr. Johnson supported this. Mr. Harris suggested finding out the Board of Supervisors position on the BHAB sending a letter directly to the state. Ms. Gardner mentioned the department needs to vet any letters before they are sent to the Board of Supervisors. Mr. Harris noted that if the process is too lengthy, BHAB members can send the same letter to the state as individuals.

	<p>H. Feasibility of an Institution for Mental Diseases (IMD) Workgroup Ms. Gardner noted this should be removed from the agenda. She noted that on January 29 DHCS will hold a meeting to discuss IMD opportunities. DHCS is currently leaving the door open to including an IMD proposal in the 2020 Waiver negotiation.</p> <p>I. BHAB Assistant Responsibilities Ms. Gardner noted that she has met with Dr. Johnson and Edith Pham to streamline the responsibilities of the BHAB Assistant. Dr. Johnson reviewed the changes: The Secretary will now keep attendance records, so members who cannot attend meetings should email her. All new documents and articles to be shared with the BHAB will be listed in one document, along with links to articles, and this information will be sent out once a month with the General Meeting announcements. Meeting minutes will focus on the main points but will not contain all the details shared or discussed.</p>		
<p>XI.</p>	<p><b>Old Business</b></p> <p>A. BHAB Annual Report Preparation Update Ms. Gardner noted that the final draft of the Annual Report is almost completed. It only needs a section on VCBH achievements and collaboration with the BHAB. Mr. Harris agreed that lists of providers do not need to be included. The document will be shared as soon as possible and hopefully approved at the January General Meeting.</p> <p>B. Future Presentations Ms. Gardner noted that Health Care Agency Director Bill Foley will present an update in February.</p> <p>C. Future Recognitions Arcenio Lopez of MICOP will receive a recognition in February. Ms. Gardner will contact former BHAB member Irene Pinkard to get information that can be used to prepare a certificate of recognition and to invite Ms. Pinkard to receive it in person.</p>	<p>Contact Irene Pinkard</p>	<p>J. Gardner</p>
<p>XII.</p>	<p><b>Develop Agenda for the General Meeting – Discussion</b> The Executive Team reviewed the proposed agenda. The following changes were made:</p> <ul style="list-style-type: none"> <li>- Add a presentation on the Inpatient Unit/ Crisis Stabilization Unit and RISE;</li> <li>- Remove BHAB Committee Meeting Attendance as it will be addressed during the Secretary’s Report;</li> <li>- Ms. Gardner noted that Dr. Johnson, who had to leave during the Old Business segment, has requested to add the following item: County and Department Correspondence.</li> <li>- Ms. Gardner will request that the BHAB Bylaws be updated to be consistent with the revisions of the Welfare &amp; Institutions Code; County Counsel will need to review. This will be an action item.</li> </ul>		
<p>XIII.</p>	<p><b>Public Comments</b> None.</p>		
<p>XIV.</p>	<p><b>Adjourn</b> The meeting adjourned at 3:15 p.m.</p>		

## Behavioral Health Advisory Board EXECUTIVE Meeting Attendance 2019-2020

Members 2019-2020	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Janis Gardner Chair	X	X	X	X	X		X					
Ratan Bhavnani 1 <sup>st</sup> Vice Chair	X		X	X	X		X					
Gane Brooking 2 <sup>nd</sup> Vice Chair	X		X	X	X							
Gina Petrus Secretary	X	X		X	X							
Jerry Harris Chair Emeritus	X	X	X	X	X		X					
Joe S. Ramirez Member At Large		X			X		X					

Present = X

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

CONSEJO ASESOR DE SALUD DEL COMPORTAMIENTO  
**COMITÉ EJECUTIVO**  
**MINUTOS ■ lunes por , 13 de enero de, 2020**

<p><b>BHAB Oficial s Presente</b>          Janis Gardner, presidente  <sup>1er</sup>          Ratan Bhavnani , Vicepresidente          Jerry Harris, presidente emérito          Joe S. Ramirez, miembro en general</p> <p><b>Otros presentes</b>          Nancy Borchard, miembro de BHAB          Michael Rodriguez, miembro de BHAB          Cece Casey, miembro de la familia          Scott Walker, Equipo de Intervención de Crisis (CIT)</p>	<p><b>Presente del personal de Ventura County Behavioral Health (VCBH)</b>          Sevet Johnson , Director          Kiran Sahota, Gerente de la Ley de Servicios de Salud Mental (MHSA)          Edith Pham, Asistente BHAB</p> <p><b>SIGUIENTE JUNTA:</b>  <b>Lunes por , 10 de febrero de , 2020 , 1 : 00 - 3:00 pm</b></p> <p>Salud conductual del condado de Ventura (VCBH)          1911 Williams Drive , Lake Cachuma Room ( segundo piso) , Oxnard</p>
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Nota: El comité aún no ha aprobado estas actas. Puede haber adiciones / eliminaciones o correcciones antes de que las actas se acepten en forma final.

	DISCUSIÓN / CONCLUSIONES	RECOMENDACIONES / COMPORTAMIENTO	RESPONSABLE
YO.	<b>Llama para ordenar</b> El Presidente Gardner dio por terminada la reunión a la 1:05 pm. Señaló que no había quórum y retrasó la aprobación de la agenda y las actas con la esperanza de que llegara un oficial más.		
IV.	<b>Bienvenida y Presentaciones</b> La Sra. Gardner dio la bienvenida a todos, incluido Michael Rodríguez, el miembro del noroeste de BHAB . Ella pidió presentaciones.		
V.	<b>Anuncios de la presidencia</b> La Sra. Gardner señaló que el borrador del Informe Anual de BHAB está casi terminado.		
VI.	<b>Comentarios públicos</b> Cece Casey se refirió a un artículo en el Ventura Star del 10 de enero , escrito por Jeffery H ayden , titulado El liderazgo es clave para tratar con los riesgos de salud mental del condado de Ventura . Recordó que en el condado solía haber más instalaciones de la Junta y Cuidado y camas para pacientes hospitalizados . Ella dijo que el tratamiento previene el encarcelamiento, la falta de vivienda, el estigma y el sufrimiento.		
II	<b>Aprobación de la agenda</b> La Sra. Gardner señaló que había un quórum. Ella le pidió al comité para revisar y aprobar la agenda de hoy. Ratan Bhavnani hizo la moción para aprobar, Jerry Harris lo secundó. La moción fue aprobada por unanimidad.	La agenda fue aprobada como está escrita. <b>M / S / C</b>	
III.	<b>Aprobación del acta</b> La Sra. Gardner le pidió al comité que revisara y aprobara el acta de la reunión del 12 de noviembre de 2019. El Sr. Bhavnani se movió para aprobar, el Sr. Harris lo secundó. El Sr. Bhavnani leyó una solicitud de cambio que Elizabeth R. Stone había enviado por correo electrónico con respecto a sus comentarios públicos . Una breve discusión tuvo lugar sobre esta solicitud. T él BHAB Asistente se le preguntó a volver a escuchar la grabación de la reunión, y los minutos se puede cambiar si la Sra piedra escritas 's partidos de solicitud de lo que realmente dijo . Sra. Gardner declaró que iba a hablar con la señora Stone y sugieren que en el futuro se traerla de observaciones por escrito y leído.  El Sr. Bhavnani modificó su moción. La moción enmendada fue aprobar las actas sujetas a la revisión de la cinta de la última reunión y correlacionar la declaración que Elizabeth Stone ha sugerido para ver si coincide con las actas tal como están escritas; El Sr. Harris aceptó la moción enmendada . La moción fue aprobada por unanimidad.	Las actas fueron aprobadas por escrito , con posibles enmiendas . <b>M / S / C</b>	
VII.	<b>Comentarios y anuncios de los miembros de la Junta</b> El Sr. Harris señaló que asistirá a una reunión de la Asociación de Juntas y Comisiones Locales de Salud del Comportamiento de California (CALBHB / C) en San Diego el 17 de enero . Durante la última conferencia telefónica de CALBHB / C, el Sr. H arris trajo a colación el tema del uso inapropiado de las salas de emergencias por una grave crisis de salud mental, y todos en la llamada estuvieron de acuerdo con él. Planes Sr. Harris para seguir empujando el debate sobre esta cuestión , que aparecen s de ser un estado-de ancho, en vez de locales, tema . La Sra. Gardner le agradeció su defensa sobre este tema.		

El Sr. Bhavnani señaló que el 15 de enero habrá una reunión del programa de Asistencia. Los miembros de BHAB que han participado en esto en el pasado declararon que no habían recibido la invitación.

La Sra. Borchard señaló que el resumen del plan trienal de MHSA es difícil de leer en la computadora . Se proporcionaron copias impresas. La Sra. Gardner agradeció a la Sra. Sahota y a su personal por preparar la hoja de cálculo. La Sra. Sahota señaló que el informe final será más legible y tendrá unas 500 páginas.

#### VIII Actualizaciones del director

El Dr. Johnson proporcionó una actualización sobre el presupuesto estatal propuesto por el gobernador Newsom para el año fiscal 2020-21 y sobre VCBH :

A. A nivel estatal, los fondos se están trasladando de la Ley de Servicios de Salud Mental (MHSA) a No Place Like Home. Es posible que se retiren más fondos de MHSA de MHSA , incluso para las personas que participan en el sistema de justicia penal y las personas con trastornos por uso de sustancias . Estos cambios que está LD impacto en los servicios prestados a través VCBH como la mayoría de los adultos servicios de consulta externa se financian a través de MHSA.

B. California Avanzando e innovando Medi-Cal ( CalAIM ) ha pasado a llamarse Medi-Cal Healthier California for All . El objetivo es invertir en infraestructura de salud del comportamiento, incluidos los informes de datos. El programa continuará invirtiendo en el Sistema de Entrega Organizada de Medicamentos de Medi-Cal (DMC-ODS).

C. El Departamento de Hospitales del Estado de Community Care Collaborative iniciará un programa piloto para establecer incentivos para tratar y atender a aquellos considerados incompetentes para ser juzgados .

D. Una subvención de Prevención e Intervención Temprana (PEI) para los grados K-12 analizará la financiación de servicios integrales para estudiantes a fin de reducir los Eventos adversos de la infancia (ACE) en jóvenes menores de 18 años. VCBH ha sido proactivo en la identificación y focalización de poblaciones que están en riesgo.

La Sra. Casey hizo un comentario público. Preguntó acerca de la Prevención e Intervención Temprana (PEI) en relación con las personas con enfermedades mentales graves y con ciclos de psicosis . El Dr. Johnson señaló que según las regulaciones de la MHSA, PEI es para personas menores de 25 años y hasta cuatro años en su primer episodio; Una vez que hayan transcurrido 18 meses después del diagnóstico de una enfermedad mental grave y persistente , los servicios ya no se consideran prevención e intervención temprana.

E. El presupuesto propone un nuevo impuesto de vapeo que comenzaría el 1 de enero de 2021.

F. Un nuevo programa , Behavioral Health Integration , se enfoca en mejorar la salud del comportamiento y los resultados fiscales. El Departamento de Servicios de Atención Médica (DHCS) está colaborando con Gold Coast para implementar este programa. VCBH ha solicitado fondos para el manejo de medicamentos para beneficiarios con diagnósticos de salud mental y médica simultáneos y crónicos y para mejorar el seguimiento después de la hospitalización.

G. VCBH se ha reunido con otras agencias para hablar sobre CalAIM y estar preparado para nuevas políticas que vendrán del estado. La Sra. Gardner preguntó si los miembros de BHAB podían participar, y el Dr. Johnson estuvo de acuerdo.

H. El Centro de Justicia Familiar se inauguró el 11 de enero.

I. El Dr. Johnson asistió a una reunión de Beyond the Bench. Los jueces y los miembros de varias agencias discutieron cómo colaborar y ser proactivos con los niños que reciben servicios en estos sistemas.

J. Hace aproximadamente un mes, el Dr. Johnson se reunió con hospitales locales directores generales y directores financieros y ejecutivo del condado de Michael P ores. VCBH presentó sobre sus servicios , financiación y regulaciones MHSA . El Dr. Fankhauser , CEO de Ventura County Hospita ls, revisó la Unidad de pacientes hospitalizados (IPU) y habló sobre la posibilidad de que otros hospitales compren camas de IPU y sillas de la Unidad de estabilización de crisis (CSU). Los representantes de Visa del Mar Hospit hablaron sobre aumentar su número de camas a 120 en el futuro. El Dr. Streeter de Dignity Health dijo que el Hospital St. John's está comprometido a abrir su propia CSU. Se realizará una reunión de seguimiento en febrero para ver si algún hospital está dispuesto a comprar camas de IPU y / o sillas de CSU.

	<p>M s. Casey hizo un comentario público. Ella siente la grave enfermedad mental son discriminados, ya que el ciclo dentro y fuera de los hospitales y cárceles o personas sin hogar Ness . No se ofrecen camas para ellos. Cuando llegó MHSA, fue para tratar con los enfermos mentales graves. Necesitamos cuidarlos.</p> <p>K. Joe S. Ramirez preguntó sobre la Agencia de Educación Local y el proceso para solicitar fondos. El Dr. Johnson señaló que esta es actualmente una propuesta, y revisiones puede ser hecha ; ella accedió a proporcionar más información a medida que esté disponible.</p>		
IX.	<p><b>Informe del Secretario - Gina Petrus</b> La Sra. Petrus no pudo asistir a la reunión. No se proporcionó ningún informe del secretario.</p>		
X.	<p><b>Nuevo negocio</b></p> <p>A. Reunión especial el 15 de enero de 2020, 6:00 pm para comentar sobre el resumen del plan trienal de MHSA La Sra. Gardner señaló que durante una reunión de diciembre entre unos pocos miembros de BHA B y el Gerente de MHSA Kiran Sahota , se habló de esta reunión especial de BHAB. El Sr. Harris señaló que esto no era lo que había imaginado y que no podrá asistir. Reconoció que las prioridades de MHSA son diferentes de las de BHAB. Señaló que durante muchos años la gente ha estado hablando de servicios para personas con enfermedades mentales graves (SMI), pero estos servicios son limitados. El Dr. Johnson acordó que se necesitan más programas para el SMI . Sin embargo, VCBH ha estado proporcionando servicios ambulatorios para el SMI, una gran parte de la cual está pagada por MHSA: RISE, Centro de Rehabilitación de Salud Mental Horizon View , servicios de clínica ambulatoria VCBH , fondos para instalaciones de la Junta y Atención, Equipo de Crisis, Adulto Mayor, EDIPP. Es necesario aumentar los servicios para pacientes hospitalizados, pero no hay fondos suficientes para aumentar los servicios tanto para pacientes ambulatorios como para pacientes hospitalizados, especialmente si se reducen los fondos de MHSA. Se deberán tomar decisiones difíciles. El Sr. Harris señaló que habló con el Supervisor Huber sobre una empresa privada que podría estar interesada en abrir una CSU. El Dr. Johnson le agradeció por esto; ella , el supervisor Huber y su personal pudieron conectarse con la empresa privada . El comité revisó el formato de la reunión especial. Se acordó que esta será una reunión de BHAB, siempre que haya quórum. Me ndividual comentarios públicos serán limitadas en el tiempo. Los miembros de BHAB y el personal de VCBH no podrán responder a los comentarios públicos , aunque la Sra. Sahota responderá a los miembros de BHAB . Si no hay quórum, la Sra. Gardner tendrá que suspender la sesión, la Sra. Sahota se hará cargo; Esta será una reunión de MHSA, y no se tomarán minutos. La Sra. Gardner agradeció a la Sra. Sahota por su trabajo. Se acordó que la agenda para esta reunión será comentar sobre el Resumen del Plan Trienal de MHSA y proporcionar BHAB y la opinión de la comunidad sobre el Resumen. La Sra. Sahota señaló que no podrá asistir a la Asamblea General el 27 de enero ; Hilary Carson asistirá y presentará el Plan de Innovación.</p> <p>B. Cambios en el Código de Bienestar e Instituciones El Sr. Harris se refirió al boletín de invierno 2020 de la Asociación de Juntas y Comisiones Locales de Salud del Comportamiento de California (CALBHB / C) , que destaca los cambios bajo las obligaciones de las Juntas y Comisiones (5 604.2 y 5848). Se pidió que los cambios , el 1 de enero de 2020, b e incluidas en los Estatutos BHAB y futuros informes anuales.</p> <p>C. Objetivos y prioridades de BHAB La Sra. Gardner señaló su deseo de discutir los objetivos de los comités. Se debatió sobre la mejor manera de hacerlo. La Sra. Borchard sugirió que los presidentes de los comités incluyan esto durante sus informes mensuales del comité. La Sra. Gardner expresó su preferencia por tener un ítem de agenda separado para que la junta completa pueda discutir el progreso realizado en los objetivos de los comités .</p> <p>D. Miembro en general La Sra. Gardner señaló que el mandato del Sr. Ramírez como miembro en general expirará pronto. En la Junta General de enero , preguntará si a otros miembros les gustaría ser nombrados para el puesto o si el Sr. Ramírez quisiera ser reelegido para un mandato de seis meses.</p>		

	<p>E. Asistencia a la reunión del Comité BHAB Este tema no fue discutido.</p> <p>F. Evento de análisis de fortalezas, debilidades, oportunidades y amenazas (DAFO) de BHAB La Sra. Gardner señaló que BHAB había celebrado una reunión especial en marzo de 2019 para hacer un análisis FODA. Ella sugirió hacerlo nuevamente ya que la junta tiene muchos miembros nuevos. El Sr. Bhavnani y el Sr. Harris expresaron su reserva ya que los resultados probablemente no habrían cambiado en un año . La Sra. Borchard sugirió revisar los resultados del análisis FODA del año pasado. Sra. Gardner estuvo de acuerdo, y ella va a poner esto en la agenda de febrero Junta General.</p> <p>G. Viabilidad de un grupo de trabajo avanzado e innovador de Medi-Cal ( CalAIM ) de California Sra. Gardner señaló que hay una muy pequeña ventana de oportunidad para proporcionar información a la s tate . Ella propuso que un grupo de trabajo prepare una carta al estado para compartir los aportes de BHAB . El Dr. Johnson apoyó esto. El Sr. H arris sugirió averiguar la posición de la Junta de Supervisores en el BHAB enviando una carta directamente al estado. La Sra. Gardner mencionó que el departamento necesita examinar cualquier carta antes de enviarla a la Junta de Supervisores. El Sr. Harris señaló que si el proceso es demasiado largo, los miembros de BHAB pueden enviar la misma carta al estado como individuos .</p> <p>H. Viabilidad de un grupo de trabajo de una institución para enfermedades mentales (IMD) La Sra. Gardner señaló que esto debería eliminarse de la agenda. Señaló que el 29 de enero DHCS llevará a cabo una reunión para discutir las oportunidades de IMD. DHCS actualmente está dejando la puerta abierta para incluir una propuesta de IMD en la negociación de la Exención 2020.</p> <p>I. Responsabilidades del Asistente BHAB La Sra. Gardner señaló que se reunió con el Dr. Johnson y Edith Pham para simplificar las responsabilidades del Asistente de BHAB. El Dr. Johnson revisó los cambios: el Secretario ahora mantendrá registros de asistencia, por lo que los miembros que no puedan asistir a las reuniones deben enviarle un correo electrónico. Todos los documentos y artículos nuevos que se compartirán con el BHAB se enumerarán en un documento, junto con enlaces a los artículos, y esta información se enviará una vez al mes con los anuncios de la Junta General . Actas de las reuniones se centran en los puntos principales , pero se no contiene todos los datos compartidos o discutidos .</p>		
<p>XI</p>	<p><b>Viejo negocio</b></p> <p>A. Actualización de preparación del informe anual de BHAB La Sra. Gardner señaló que el borrador final del Informe Anual está casi terminado. Solo necesita una sección sobre los logros de VCBH y la colaboración con BHAB. El Sr. Harris acordó que no es necesario incluir listas de proveedores. El documento se compartirá lo antes posible y, con suerte, se aprobará en la Junta General de enero.</p> <p>B. Presentaciones Futuras La Sra. Gardner señaló que el Director de la Agencia de Atención Médica, Bill Foley, presentará una actualización en febrero.</p> <p>C. Reconocimientos futuros Arcenio López de MICOP recibirá un reconocimiento en febrero. Sra. Gardner pondrá en contacto con el ex miembro de BHAB Irene Pinkard para obtener información que puede ser utilizada para preparar un certificado de reconocimiento y para invitar a la Sra Pinkard para recibirlo en persona.</p>	<p>Comunicarte con Irene Pinkard</p>	<p>J. Gardner</p>
<p>XII</p>	<p><b>Desarrollar la Agenda para la Junta General - Discusión</b> El Equipo Ejecutivo revisó la agenda propuesta. Se hicieron los siguientes cambios:</p> <ul style="list-style-type: none"> <li>- Agregar una presentación sobre la Unidad de pacientes hospitalizados / Unidad de estabilización de crisis y RISE;</li> <li>- Eliminar la asistencia a la reunión del Comité BHA B, ya que se abordará durante el Informe del Secretario;</li> </ul>		

	<ul style="list-style-type: none"> <li>- La Sra. Gardner señaló que el Dr. Johnson, quien tuvo que irse durante el segmento de Old Business , solicitó agregar el siguiente elemento: Correspondencia del condado y del departamento.</li> <li>- La Sra. Gardner solicitará que los Estatutos de BHAB se actualicen para ser consistentes con las revisiones del Código de Bienestar e Instituciones ; El Consejo del Condado tendrá que revisar. Este será un elemento de acción.</li> </ul>		
<b>XII I.</b>	<b>Comentarios públicos</b> Ninguna.		
<b>XIV</b>	<b>Aplazar</b> Se levanta la sesión a las 3:15 p.m.		

### Junta Asesora de Salud Mental Asistencia Ejecutiva a la Reunión 2019-2020

Miembros 2019-2020	julio	ago	Septiembre	oct	nov	dic	ene	feb	mar	abr	Mayo	junio
Janis Gardner Silla	X	X	X	X	X		X					
Ratan Bhavnani 1 <sup>er</sup> Vicepresidente	X		X	X	X		X					
Gane Brooking 2 <sup>nd</sup> Vicepresidente	X		X	X	X							
Gina Petrus Secretario	X	X		X	X							
Jerry Harris Silla emérita	X	X	X	X	X		X					
Joe S. Ramirez Miembro en general		X			X		X					

Presente = X

Supervisor del Distrito 1 Bennett  
 Parques Supervisores del Distrito 2  
 Supervisor del Distrito 3 Largo  
 Supervisor del Distrito 4 Huber  
 Supervisor del Distrito 5 Zaragoza



# California Association of Local Behavioral Health Boards and Commissions

WINTER 2020 Newsletter

[www.facebook.com/CALBHBC](http://www.facebook.com/CALBHBC)

[www.calbhbc.org](http://www.calbhbc.org)

CALBHBC: A STATEWIDE ORGANIZATION SUPPORTING THE WORK OF LOCAL MENTAL HEALTH & BEHAVIORAL HEALTH BOARDS AND COMMISSIONS.

“An ounce of **performance** is worth pounds of promises.” *Mae West*

**W**hat is the impact of the mental health programs, services and facilities in our communities?

Why do we ask?

It is alarming to hear statewide leadership speak about an “MHSA Refresh” when we do not have the information to understand the performance of the current MHSA offerings.\*

CALBHB/C is therefore working in two areas to increase access to performance outcome information to better inform local advisory boards and commissions, and state leadership.

1. **Advocacy:** CALBHB/C is advocating for a standard set of MHSA Performance Outcome Data. (eg: Letter to CA Senate Budget Subcommittee Dec. 2019.)
2. **Performance Outcome Information** on our website: This includes a compilation of Medi-Cal, MHSA\* and SAMHSA performance outcome data related to:

Criminal Justice

ER Visits

Employment

Homelessness

Hospitalizations

Student Performance

See: [www.calbhbc.org/performance](http://www.calbhbc.org/performance)

\* For Mental Health Services Act (MHSA) programs, each of the 59 local mental/behavioral health agencies are collecting and reporting on different performance outcome data.

## TELECONFERENCES

Suicide Prevention  
Criminal Justice  
January 31, 11:30 am

Older Adults  
Friday, February 21, 11:30 am

## REGIONAL MEETINGS / TRAINING

Bay Area: April 18 (Tentative)

Registration information will be emailed to local board chairs and staff. All board/commission members and related staff are invited.

## ISSUE BRIEFS

[www.calbhbc.org](http://www.calbhbc.org)

Board & Care (ARF)  
Criminal Justice  
Disaster Preparation/Recovery  
Employment  
Older Adults

Additional Topics:

[www.calbhbc.org/newsissues](http://www.calbhbc.org/newsissues)

## RESOURCES

[www.calbhbc.org/resources](http://www.calbhbc.org/resources)

- Handbook (Best Practices)
- On-Line Training
- Training PowerPoints
- ... and more!

Contact Us: [info@calbhbc.com](mailto:info@calbhbc.com)

Website: [www.calbhbc.org](http://www.calbhbc.org)

Facebook: [CALBHBC](https://www.facebook.com/CALBHBC)

CALBHBC NEWSLETTER



Recent CA WIC changes are noted in **bold**. More at: [www.calbhbc.org/legislation-mhb-wic.html](http://www.calbhbc.org/legislation-mhb-wic.html)

## 1) Duties of Boards & Commissions (5604.2)

The local mental health board shall :

1. Review and evaluate the community's **public** mental health needs, services, facilities, and special problems **in any facility within the county or jurisdiction where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.**
2. Review any county agreements entered into pursuant to Section 5650. **The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.**
3. Advise the governing body and the local mental health director as to any aspect of the local mental health program. **Local mental health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access.**
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. **Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.**
5. Submit an annual report to the governing body on the needs and performance of the county's mental health system.
6. Review and make recommendations on applicants for the appointment of a local director of MH services. The board shall be included in the selection process prior to the vote of the governing body.
7. Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.
8. **This part does not limit the ability of the governing body to transfer additional duties or authority to a mental health board.**
  - (b) The board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients & on the local community.

## 2) Duties of Boards & Commissions (5848)

MHSA Duties from Code Section 5848:

- (b) The mental health board established pursuant to Section 5604 shall conduct a public hearing on the draft three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by subdivision (a). Each adopted three-year program and expenditure plan and update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the local mental health agency or local behavioral health agency, as applicable, for revisions. The local mental health agency or local behavioral health agency, as applicable, shall provide an annual report of written explanations to the local governing body and the State Department of Health Care Services for any substantive [see (f) below] recommendations made by the local mental health board that are not included in the final plan or update.
  - (f) For purposes of this section "Substantive recommendations made by the local mental health board" means any recommendation that is brought before the board and approved by a majority vote of the membership present at a public hearing of the local mental health board that has established its quorum.

### Mental Health Services Act (MHSA) Summary

The MHSA of 2004, passed by the voters as "Proposition 63", increased overall State funding for the community mental health system by imposing a 1% income tax on CA residents with more than \$1 million per year in income. The stated intention of the proposition was to "transform" local mental health service delivery systems from a "fail first" model to one promoting intervention, treatment and recovery from mental illness. A key strategy in the act was the prioritization of prevention and early intervention services to reduce the long-term adverse impacts of untreated, serious mental illness on individuals, families, state and local budgets. More:

[www.calbhbc.com/mhsa-plans-updates](http://www.calbhbc.com/mhsa-plans-updates)  
[www.calbhbc.org/training](http://www.calbhbc.org/training)



## SENATOR JIM BEALL

### SB 803 Peer Support Specialist Certification Act of 2020

Principal Co-author Assemblymember Marie Waldron

Co-authors Senator Wiener and Senator Wilk

Assemblymembers Aguiar-Curry, Arambula Aguiar-Curry, Grayson, Ramos and Wicks

#### BACKGROUND

A peer is a person who draws on lived experience with mental illness and/or substance use disorder and recovery, bolstered by specialized training, to deliver valuable support services in a mental health and/or substance use setting. The U.S. Department of Veterans Affairs and 48 states have a certification process in place or in development for mental health peer support specialists. Demand for peer services is growing, but there is no statewide scope of practice, training standards, supervision standards, or certification in California.

#### STATEWIDE CERTIFICATION

Statewide certification would ensure quality, standardization, and effectiveness of peer support services across California's 58 counties.

The federal Centers for Medicare and Medicaid released guidance in 2007 for establishing a certification program for peers to enable the use of federal Medicaid (Medi-Cal in California) financial participation with a 50% match. Yet California lags behind the nation in implementing a peer support specialist certification program.

#### THE VALUE OF PEER SUPPORT SERVICES

Studies demonstrate that use of peer support specialists in a comprehensive mental health or substance disorder treatment program helps reduce client hospitalizations, improve client functioning, increase client satisfaction, alleviate depression and other symptoms, and diversify the mental health workforce. Often, peers serve as the first and sustained point of contact for people living with mental illness and assist them with the treatment they need at the earliest moment.

Peer support can divert people from emergency services and ensure patients receive a continuum of care, saving substantial costs of treatment and improving health

outcomes. Research shows that peers contribute to the ability of people with mental illness and substance abuse to obtain education and employment, contributing to the California economy rather than depending on social safety nets alone.

Prestigious organizations such as CMS, SAMSHA, and the Institute of Medicine among many others have identified peer delivered services offered through a certified peer specialists as being valuable services. While increasing consumer wellness, the use of peer specialists is decreasing costs. Data shows a clear return on investment when peers are part of the mental health system.

#### THIS BILL

SB 803 establishes a statewide certification program for peer support specialists and provides the structure needed to maximize the federal match for peer services under Medi-Cal. The program defines the range of responsibilities and practice guidelines for peer support specialists, specifies required training and continuing education requirements, determines clinical supervision requirements, and establishes a code of ethics and processes for revocation of certification.

#### FOR MORE INFORMATION

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#### SPONSORS

California Association of Mental Health Peer Run Organizations (CAMHPRO)  
County Behavioral Health Directors Association of California (CBHDA)  
County of Los Angeles Board of Supervisors  
Steinberg Institute