

BEHAVIORAL HEALTH ADVISORY BOARD
EXECUTIVE COMMITTEE (VIRTUAL MEETING VIA ZOOM)
MINUTES ■ Monday, April 20, 2020

<p><u>BHAB Officers Present</u> Janis Gardner, Chair Ratan Bhavnani, 1st Vice Chair Dr. Gina Petrus, Secretary Jerry Harris, Chair Emeritus</p> <p><u>Others Present</u> Karyn Bates, Client Network Nancy Borchard, BHAB Theresa Comstock, Executive Director, - California Association of Local Behavioral Health Boards & Commissions Roberta Griego, NAMI Ventura County Dan Powell, Mental Health Operations Supervisor – Inpatient Unit, Ventura County Medical Center (VCMC) Scott Walker, Crisis Intervention Team Program</p>	<p><u>Ventura County Behavioral Health (VCBH) Staff Present</u> Dr. Sevet Johnson, Director Clara Barron, Senior Program Administrator – Mental Health Services Act (MHSA) Hilary Carson, Program Administrator - Innovations - MHSA Dr. Loretta Denering, Division Chief – Alcohol & Drug Programs Courtney Lubell, Program Administrator – Policy & Procedure Unit Dina Olivas, Division Chief – Youth & Family Services Kiran Sahota, Senior Behavioral Health Manager – MHSA Dr. John Schipper, Division Chief – Adult Services Terri Yanez, Division Chief – Administration Vickie Poliquin, Temporary BHAB Assistant</p> <p>NEXT MEETING: Monday, May 11, 2020, 1:00 – 2:00 p.m.</p> <p>Virtual Meeting Via Zoom</p>
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	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Gardner called the meeting to order at 1:01 PM.		
II.	Roll Call – Board Executive Committee Attendees Chair Gardner conducted the calling of the roll and identified that three members of the BHAB Executive Committee were present, in addition to herself, and stated that a quorum of four members was present.		
III.	Approval of the Agenda Ms. Gardner asked the Committee to review and approve today’s agenda. Mr. Bhavnani moved to approve; Dr. Petrus seconded. A discussion took place regarding Mr. Harris’ question about whether agenda item XI.C. – MHSA Health Information Exchange and 3-Year Plan Public Hearing should be on the agenda for Action versus on the agenda at the BHAB’s General Meeting. Mr. Bhavnani, Ms. Sahota and Ms. Comstock provided clarification and made comments. Ms. Gardner restated the motion and conducted the calling of the roll. The motion carried 3 to 1 with Mr. Bhavnani, Dr. Petrus and Ms. Gardner voting in favor and Mr. Harris voting not in favor.	The agenda was approved as written. M/S/C	
IV.	Approval of the Minutes Ms. Gardner asked the committee to review and approve the minutes of the March 9, 2020 meeting. Mr. Harris moved to approve; Mr. Bhavnani seconded. Ms. Gardner conducted the calling of the roll. The motion carried unanimously.	The minutes were approved as written. M/S/C	
V.	Welcome and Introductions Ms. Gardner welcomed everyone that joined the Zoom meeting today, particularly the community members, Ventura County Behavioral Health Department staff and Dan Powell. Ms. Gardner introduced Courtney Lubell, the engineer assisting with the BHAB Zoom meetings.		
VI.	Framing Zoom Meeting Participation Ms. Lubell summarized Zoom features that would assist meeting participants with navigating screens and how to request to make comments when participating via Zoom or by phone. Comments will be taken in the order of arrival and will be limited to three minutes.		

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
VII.	<p>Chair Announcements</p> <p>Ms. Gardner expressed a very special thank you to Dr. Sevet Johnson for arranging to hold the BHAB Zoom meetings and for providing staff assistance from Courtney Lubell and Vickie Poliquin. Ms. Gardner, on behalf of the entire BHAB, expressed thanks to all the healthcare providers, clinicians, staff on the front lines and behind the scenes, and all Chiefs and Managers with Behavioral Health as well as those at the hospital for all of the hard work that is being done in support of VCBH clients and for keeping the community safe and well.</p> <p>Ms. Gardner welcomed and thanked Dan Powell and Theresa Comstock, the Executive Director of the California Association of Local Behavioral Health Boards & Commissions from Sacramento for joining today's meeting.</p>		
VIII.	<p>Public Comments</p> <p>Karyn Bates provided detailed information about the Housing Authority of San Buenaventura's decision to close their waiting list and advised that a public comment meeting is scheduled on June 10, which will allow time for the BHAB to review the Housing Plan and submit additional comments regarding the closure.</p> <p>Theresa Comstock clarified that public comment may take place before and after each agenda item and questioned whether this would be the appropriate time to comment on the MHSA 3-Year Plan item. Ms. Gardner noted that the Board follows the public comment guidelines as clarified and asked Ms. Comstock to comment at the time the MHSA agenda item is heard. Ms. Comstock made a general comment thanking and expressing appreciation to the Behavioral Health Advisory Board and staff for continuing to meet and for its work during the virus pandemic.</p> <p>Ms. Borchard advised that she learned at a recent St. John's Hospital Foundation meeting that there has been a 50% decrease in general patients and fewer than usual mental health patients presenting to the emergency room (ER) since the COVID-19 outbreak. Ms. Borchard asked whether there is an increase in Crisis Team calls or IPU admissions.</p>		
IX.	<p>Director's Updates</p> <p>A. Dr. Sevet Johnson provided a high-level summary of the Behavioral Health Department's COVID-19 response efforts reported by Division Chiefs Dr. John Schipper, Dina Olivas, Dr. Loretta Denering and Terri Yanez. See attached for details.</p> <p>B. Dr. Johnson answered Ms. Borchard's question whether there is an increase in Crisis Team calls and reported that a surge has not yet occurred.</p> <p>Mr. Harris asked Dr. Johnson to convey the Behavioral Health Advisory Board's deep appreciation for the tremendous job that VCBH staff have been doing during the COVID-19 pandemic. Ms. Gardner reiterated on behalf of the entire BHAB, their sincerest appreciation for all the work that VCBH staff are doing. Dr. Johnson noted that she recently sent the BHAB's kind words and thoughts within her weekly communication to all VCBH staff.</p> <p>Ms. Comstock commented that various other counties have had issues with access to long acting injectables and that the homeless has had access difficulties with connecting to services via smartphone. Dr. Johnson stated that she was aware of these issues that were raised during recent State calls, and that Ventura County has not had a problem with either issue. Dr. Johnson further stated that all clinics have remained open to continue to provide services and to serve those community members who may have limited access to technology.</p>		
X.	<p>Board Members Comments and Announcements</p> <p>Mr. Bhavnani asked for clarification on the plan to hold future BHAB Executive, General and Committee meetings. Ms. Gardner stated her preference to continue the Executive and General meetings in order to move upcoming agenda items forward. Ms. Gardner asked Dr. Johnson for authorization to continue to hold the meetings via Zoom until in-person meetings can resume, and Dr. Johnson approved the request. Following a brief discussion, it was decided that the Adult, Youth & Family, Transitional Aged Youth (TAY) and Prevention Committees will not meet until in-person meetings can resume.</p>		

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
	<p>Dr. Petrus announced that on April 7, the Board of Supervisor’s appointed Jesse Finkbeiner, Executive Director of Mental Health Services at Aspire, as the new member of the Behavioral Health Advisory Board within Supervisor Huber’s District 4 through the term October 13, 2021. Karyn Bates complimented Dr. Sevet Johnson on a great job participating in the Ventura County Updates related to the Coronavirus. She recommended that Board members view her video report. Dr. Johnson thanked Ms. Bates for her compliment and was glad to hear that the information was helpful.</p>		
<p>XI.</p>	<p>New Business</p> <p>A. BHAB Annual Report for Fiscal Year 2018-19 – Presentation and PowerPoint Presentation to the Board of Supervisors Ms. Gardner stated that the Presentation that was scheduled to take place at the May 5 Board of Supervisors meeting was postponed to a later date to be determined.</p> <p>B. Appointment of Nominating Committee Ms. Gardner stated that she appointed Nancy Borchard, Claudia Armann and Carol Thomas to the BHAB’s Nominating Committee. Proposed officers will be announced, and taken from the floor in May, with voting scheduled in June.</p> <p>C. MHSA – Health Information Exchange and 3-Year Plan Public Hearing Ms. Gardner asked for a motion to open the MHSA – Health Information Exchange and 3-Year Plan Public Hearing for public comment. Mr. Bhavnani moved to approve; Mr. Harris seconded. Mr. Harris asked for clarification on this project. Ms. Sahota clarified that this Plan goes hand-in-hand with the multi-county project to develop data and explained, in detail, the timelines and other complexities about the 3-Year Plan. Ms. Gardner conducted the calling of the roll. The motion to open the Public Hearing carried unanimously.</p> <p>Ms. Sahota asked for public comments on MHSA’s Health Information Exchange which will create a platform to exchange data for the benefit of clients. No public comments were made. Ms. Sahota noted that aside from one posted comment from Mr. Harris praising the use of data, no comments were received either via MHSA@ventura.org or by any other means of communication. Ms. Sahota stated that one comment was received for the 3-Year Plan from First Five and that their comment will be included in the Public Comment section of the 3-Year Plan and provided as an attachment to the minutes. Ms. Sahota asked for any additional public comments on MHSA’s 3-Year Plan.</p> <p>Ms. Comstock made a public comment that she had reviewed all the Plans from 2018-19 for the 59 counties and encouraged Ventura County to include more of the required performance outcome data within the Plan. She noted that although she is seeing more data within this proposed 3-Year Plan in comparison to last year’s update, she encouraged the BHAB members to review what some of the other counties are reporting in terms of performance of their programs.</p> <p>Ms. Borchard asked for clarification on the Innovations project. Clarification was provided by Ms. Sahota.</p> <p>Ms. Gardner thanked Ms. Sahota and her staff for the work in developing MHSA’s HEI and 3-Year Plan. Discussion ensued regarding proposed placement of this Agenda item on the BHAB’s General Meeting agenda for April 27. It was determined that agenda item XII.1.3. was a duplicate.</p>	<p>The motion to open the Public Hearing was approved. M/S/C</p>	

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
XII.	<p>Develop Agenda for Virtual General Meeting Scheduled on April 27, 2020 at 1:00 PM</p> <p>The Executive Team reviewed the proposed agenda. The following changes were made:</p> <ul style="list-style-type: none"> - Under New Business, omit “MHSA – Health Information Exchange and 3-Year Plan Public Hearing”. <p>Following a brief discussion regarding staffing levels within Contracts, it was decided that the Contracts and Agreements summary information will remain on the BHAB General meeting agenda.</p> <p>Mr. Bhavnani invited Dan Powell to provide an update on the IPU/CSU related to COVID-19 and the impact from the early release from jail at the BHAB’s General meeting on April 27. Dan Powell provided a summary to the Executive Committee members and his update will be added to the General meeting agenda.</p> <p>Mr. Bhavnani suggested that at the General meeting people who phone in to the Zoom meeting be asked to identify themselves. Ms. Gardner stated that she thought this was a good idea and advised that she and the engineer, Courtney Lubell will discuss the suggestion.</p>		
XIII.	<p>Adjourn</p> <p>The meeting was adjourned at 2:05 PM.</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		X	X		
Ratan Bhavnani 1 st Vice Chair	X		X	X	X		X	X	X	X		
Gane Brooking 2 nd Vice Chair	X		X	X	X			X	X			
Gina Petrus Secretary	X	X		X	X				X	X		
Jerry Harris Chair Emeritus	X	X	X	X	X		X	X	X	X		
Carol Thomas Member At Large		X			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

VCBH COVID-19 Efforts

Adult Division

Divided the outpatient clinic/program staff between onsite and telecommuting and continued providing services/treatment

207 Adult Division clinical staff have documented more than 10,000 hours of billable mental health services/treatment (i.e., 3/23/20 thru 4/17/20). They had more than 15,000 “contacts” (i.e., mostly via phone) with 4,410 unduplicated clients.

Continued to provide county-wide Crisis Team response to despite having to reduce face-to-face contact

Supported the interagency effort to shelter folks who are homeless and at risk of COVID-19 in local motels by reassigning staff

Supported our contracted Board & Care operators who were struggling in terms of operational guidance and staffing

Assessed in custody and provided appropriate level-of-care placement for inmates with serious mental illness being released under “no bail” conditions

Youth & Family Division

Coordination with Ventura Office of Education as it relates to Educationally Related Social Emotional Services (school-based) for Special Education client across the county.

Children’s Accelerated Access to Treatment and Service continued county-wide to take referrals and assess for dependency youth. Coordination meetings began with Human Services/CFSA

Continue assessment and treatment via telehealth and in person psychiatry services at the Juvenile Justice Facility

Substance Use Services

Substance Use Treatment Services (SUTS) have continued to provide treatment services via telephone and telehealth to current clients. Services include assessment updates, treatment planning, individual counseling and family counseling. SUTS has also worked in collaboration with the county prevention department to serve as a distribution site for naloxone (OD kits), and has been successful in providing community members with kits as needed.

Continued Services via the Drug Medi-Cal Organized Delivery System Plan

Daily social media posts on our VCBH.org and Ventura County Limits Facebook and Twitter. Messaging about the risks of overdose and vaping during this time was emphasized, in both English and Spanish.

Administration Division

Gathering and synthesizing information from a variety of State and local resources to assist SUS and Mental Health providers transition to telehealth service provision. Includes FAQs, training materials, updated consent forms and best practices guidelines.

Quality Improvement has developed a data memo to track and describe the impact of COVID-19 on behavioral health services, client care, and client outcomes. This will inform future interpretation of data.

Updated policies and forms to facilitate use for Telehealth services for VCBH and CBO providers

Research and implementation of remote meeting platforms



COUNTY OF VENTURA
Behavioral Health Advisory Board

**Highlights of the
Behavioral Health Advisory Board
ANNUAL REPORT Fiscal Year 2018-19**

Janis Gardner, Chair
May 5, 2020

BHAB Commitment and Motivation

The heights by great men reached and kept
Were not attained by sudden flight,
But they, while their companions slept,
Were toiling upward in the night.

Henry Wadsworth Longfellow
(The Ladder of St. Augustine)

Committed to Serving The Community

Introduction:

BHAB members consider their work and their appointments seriously. The BHAB is comprised of members of the Ventura County community who are appointed by their district County Supervisor.

The BHAB has four committees:

Current committee participants include BHAB members, consumers, VCBH contract providers, family members, community-based service representatives, consumers, and VCBH staff. Committees are open to all stakeholders, consumers and the community-at-large.

- * Address the issues related to age-specific populations;
- * Collect information and data;
- * Make recommendations to the BHAB;
- * Arrange for regular presentations from contractors, providers, stakeholders and the community-at-large;
- * Assess services provided in the county to these populations; and
- * Identify gaps in services or programs that may be lacking and need to be addressed or improved.

Behavioral Health Advisory Board Committees- Defining Measurable Objectives

- * **Adult Services Committee** - This committee focuses on the full continuum of care that supports the wellness and recovery of individuals with mental health and substance use disorder issues, including community supports.
- * **Transitional Aged Youth Committee (TAY)** – This committee advocates for the mental health, wellness and recovery of youth and young adults ages 16 to 25, including community supports, with the goal of empowering TAY to become healthy and productive adults.
- * **Youth and Family Committee** – This committee serves youth through age 18 by advocating for mental health and/or substance use disorders, including community supports and housing.
- * **Prevention Committee** – This committee advocates for greater community awareness of Behavioral Health risk factors for individuals with mental illness and substance use disorders, with the primary focus on preventing the onset and exacerbation of behavioral health disorders.

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THE ADULT COMMITTEE

- * Advocated for the opening of the Crisis Stabilization Unit (CSU), which opened in April 2019.
- * Had a dialogue with a local community hospital regarding the opening of a private CSU.
- * Advocates for the development of a Request for Proposal (RFP) for services for the older adult population.
- * Advocates for increased housing for clients and identified high risk needs and followed up by gathering information.

THE TAY COMMITTEE

- * Increased employment opportunities for the TAY population through PathPoint and the Department of Rehabilitation.
- * Increased community outreach with Interface. Have increased its street outreach through Continuum of Care (CoC) funding and with Pacific Clinics TAY Tunnel.
- * Advocates for Logrando Bienestar outreach to schools.
- * Provides regular updates on the work of the committee to the Behavioral Health Advisory Board.

THE YOUTH AND FAMILY COMMITTEE

- * Committee receives regular updates on the Continuum of Care Reform (CCR), its successes and challenges.
- * Created innovative strategies to learn about parents/caregivers' needs and concerns.
- * Maintains the availability of relevant materials on the Wellnesseveryday/saludsiempre website.
- * Continues to oversee the development of the family resource app.

THE PREVENTION COMMITTEE

- * Added numerous new stakeholders, a Chief of Police, contractors, providers and community-at-large.
- * Supported, collaborated and advocated for information within the scope of:
 - * Cannabis Education and Awareness for Youth;
 - * MHSA, Mental Health Prevention/Early Intervention;
 - * Alcohol and Drug Substance Abuse concerns;
 - * Mental Illness;
 - * Opioid Use;
 - * Youth E Cigarette Usage, Vaping and vape products


BHAB COLLABORATIONS, ADVOCACIES AND ACCOMPLISHMENTS

BHAB members and BHAB committees work hard and are proud of their collaborations, achievements, activities and advocacies in which they have been involved, both individually and collectively. BHAB members have supported and advocated for countless Mental Health and Substance Use programs within Ventura County and with VCBH that have been successfully implemented.

We hold in the highest regard the strong relationships and collaboration we have garnered with the VCBH Director and other county agencies and related departments.

- * Advocated for additional CSU and IPU beds and chairs;
- * Advocated for and supported the Children's CSU, the Mental Health Rehabilitation Center (MHRC) and the Adult Crisis Stabilization Unit (CSU), which opened in April 2019;
- * Collaborative efforts with VCBH on Mental Health and Substance Use issues in addition to the Public Health Department on vaping and flavored vape products;
- * Advocated, supported and participated in the Growing Works nursery;
- * VCBH and BHAB members provided support to the community following the Borderline shooting and Woolsey Fire;

- * Collaborative efforts with VCBH, the Crisis Team staff, the Ventura County Sheriff's Department, CIT, MHSA staff, the Assisted Outpatient Treatment/Laura's Law staff; Public Health staff and others;
- * Created Action Plans for Older Adults, outpatient services, inpatient services and education, pediatric and adult psychiatric beds, education and awareness for youth, housing options for Transitional Aged Youth, Older Adults and for the Homeless population.

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- * Dispatched a letter to the Board of Supervisors regarding the Institution for Mental Diseases (IMD) Exclusion Waiver;
 - * Supported VCBH Prevention Services opioid efforts, youth cannabis and vaping concerns;
 - * Established a Lanterman, Petris and Short (LPS) Reform Workgroup.

Objectives and Next Steps

- * Increase CSU Capacity
- * Increase IPU Capacity
- * Advocate for the development of public/private partnerships to increase needed capacities county-wide for those in acute mental health crisis.
- * Advocate for increased services for SPMI population

MHSA – Health Information Exchange and 3-Year Plan Public Hearing

<https://vcbh.org/en/about-us/mental-health-services-act>



Ventura County Behavioral Health Department
Mental Health Services Act

MHSA 2020-2023 Program & Expenditure Plan/2019-2020 Update
30-Day Public Comment – March 17 – April 18, 2020
PUBLIC HEARING* – April 20, 2020 @ 1:00 pm
Behavioral Health Advisory Board General Meeting

Ventura County Behavioral Health Department
1911 Williams Drive Oxnard, 1st Floor Training Room, CA 93036
*Date is subject to change.

Personal Information (optional)

Name: Petra Puls
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My Role in the Behavioral Health System

Consumer Family Member Probation Education
Service Provider Social Services Law Enforcement Other: Early Childhood_____

Comment:

First 5 Ventura County appreciates the opportunity to comment on the *MHSA 2020-2023 Program & Expenditure Plan/2019-2020 Update*. We commend VCBH for the tremendous work that was put into this planning process and for its efforts to partner with community agencies to address our community’s mental health needs. First 5 Ventura County is the local public agency charged with administering Proposition 10 tobacco tax revenues to help young children receive the best possible start in life. As such, we have a particular interest in investments made in early childhood that will promote positive long term outcomes. A growing body of research points to the importance of the early years and their impact on outcomes later in life, such as academic achievement, employment, involvement in the justice system or public safety net programs, and health – including mental health!

In our reading of the current plan, we noticed a glaring omission of strategies and investments that specifically target young children (0-5) and their families. When programming aimed at children is mentioned, children are lumped together in a category with ages ranging from 0-15. This makes it difficult, if not impossible, to discern what services are accessible to young children. We were particularly interested to see proposals for the use of PEI funds given that one of the priority areas set forth in SB1004 is focused on “Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.” Again, we found no reference to services specifically addressing early childhood trauma and, thereby, early intervention services to ameliorate the impact of trauma or ACEs on long term mental and physical health outcomes. Researchers agree that cumulative adversity, especially when experienced during early childhood development, is a root cause to some of the most harmful, persistent, and expensive health challenges facing our nation.

Given what we know about the impact of early adverse experiences and trauma, we believe there is a unique opportunity to work together to prevent childhood trauma (during ages 0-5) and intervene early to break cycles of intergenerational trauma and ensure things don't snowball into mental health crises in years to come.

We would like to conclude with a call to action to reach children 0-5 and their families well before a crisis has occurred. We urge VCBH to expand programs to identify children (ages 0-5) and families at risk of behavioral health problems early and provide appropriate, upstream prevention. By working with community partners, like F5VC, VCBH can play a critical role in creating a system of care designed specifically and intentionally for children 0-5 and their families. This would strengthen Ventura County's strategy for whole person care starting with our youngest. We look forward to exploring how we can partner together.

Please don't hesitate to reach out if I can answer any questions.

Best regards,

Petra Puls
Executive Director, First 5 Ventura County

Mental Health Services Act & First 5

Background:

The Mental Health Services Act (MHSA) was passed by California voters in 2004 through Proposition 63 to provide funding for community-based mental health services and support. Programs funded by MHSA include both Stage 1 (early onset) and Stage 4 (late-stage) services. The Act was structured to require that 80 percent of MHSA revenue go toward services for people after mental illness has become disabling, while the remaining 20 percent of MHSA funding targets Prevention and Early Intervention (PEI) services that address the origins of mental health needs before the disease becomes disabling.

The Governor's January 2018 budget projected continued growth of MHSA funds, with an estimate of \$2.2 billion in revenue for the 2018-19 fiscal year. **Approximately \$440 million of these funds are set aside specifically for PEI programs.**

Currently, over a dozen First 5 county commissions and MHSA/Behavioral Health agencies blend funding to deliver an array of prevention and early intervention services that address childhood trauma.

The Problem & Need for SB 1004:

A lack of standardization has resulted in a marked disparity in how counties are spending their PEI funds and broad inequities in the quality of mental health care families can access.

A recent state audit faulted the State Department of Health Care Services for failing to recover more than \$230 million in MHSA funds that counties did not spend by the timeline set out in MHSA statute. The bulk of that unspent money was targeted for PEI and innovation programs, underscoring the confusion in many counties about how best to spend these dollars and the state's failure to provide clear and consistent guidance.

SB 1004 would define five key categories that of how counties can spend PEI funds:

1. Early psychosis and mood disorder detection and intervention, across the life span;
2. Outreach and engagement strategies targeting secondary school, transition-age youth, with the priority on college partnerships;
- 3. Childhood trauma prevention and early intervention;**
4. Culturally competent and linguistically appropriate prevention and intervention, across the lifespan;
5. Strategies targeting the mental health needs of older adults.

First 5 Association of CA provided amendments around the childhood trauma prevention components of the bill to: 1) ensure the bill recognized *systems* of care, not just mental health interventions, that reflect First 5 priorities; and 2) recognize that early childhood trauma prevention involves the whole family, not the individual. *See SB 1004 crosswalk below.*

SB 1004 Crosswalk	
Component of Bill	First 5 Aligned Systems & Priorities
<p>Definition of “childhood trauma prevention and early intervention”: <i>Programs that target children exposed to, or who are at risk of exposure to, adverse and traumatic childhood events and prolonged toxic stress in order to deal with the early origins of mental health needs and prevent long-term mental health concerns.</i></p>	<ul style="list-style-type: none"> • Connects trauma to Adverse Childhood Experiences (ACEs) and toxic stress to illuminate the impact of social and emotional trauma on child development • Prioritizes <u>preventative</u> programs that address the early origins of mental health
<p>(2) Implementation of appropriate trauma and developmental screening and assessment tools with linkages to early intervention services to children that qualify for these services.</p>	<ul style="list-style-type: none"> • Early identification and intervention navigation systems, like Help Me Grow • Developmental screening expansion and connections to care • Referrals and connections to developmental services
<p>(5) Multigenerational family engagement, education, and support for navigation and service referrals across systems that aid the healthy development of children and families.</p>	<ul style="list-style-type: none"> • Family engagement (e.g.: home visiting, parent education, and early mental health programs) with linkages to across systems of care across all protective factors (e.g.: mental health, pediatric health, housing, employment, child care, etc.)
<p>(6) Linkages to primary care health setting, including, but not limited to, federally qualified health centers, rural health centers, and community-based providers, school-based health centers and centers, and school-based programs.</p>	<ul style="list-style-type: none"> • Recognizing the health system of the backbone organization • Encourage broader system coordination to the health system • System navigation and coordination (e.g.: Help Me Grow)
<p>(8) Coordinated and blended funding streams to ensure individuals and families experiencing toxic stress have comprehensive and integrated supports across systems.</p>	<ul style="list-style-type: none"> • Broader system coordination and integration to ensure agencies do not work in silos • Encourage blended funding for program stability and coordination

Questions? Contact: Margot Grant Gould, Policy Director, First 5 Association of CA:
margot@first5association.org