

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

**GENERAL MEETING**

MINUTES

**January 22, 2018**

**NEXT MEETING:**

Monday, February 26, 2018  
1:00 p.m. – 3:30 p.m.

Ventura County Behavioral Health Administration  
1911 Williams Drive, Training Room ♦ Oxnard, CA 93036

Note: The Behavioral Health Advisory Board has not yet approved these minutes. There may be additions/deletions or corrections before the minutes are accepted in final form.

**BHAB Members Present**

Jerry Harris, Chair  
Claudia Armann  
Ratan Bhavnani, 1<sup>st</sup> Vice Chair  
Gane Brooking, Member at Large  
Margaret Cortese  
Monique Garcia  
Janis Gardner, Member Emeritus  
Larry Hicks  
Patricia Mowlavi  
Denise Nielsen  
Supervisor Linda Parks  
Kay Wilson-Bolton, 2<sup>nd</sup> Vice Chair

**BHAB Members Absent**

Karyn Bates  
Nancy Borchard, Secretary  
Mary Haffner  
Cmdr. Ron Nelson  
Irene Pinkard  
Marlen Torres

**Others Present**

Mark Stadler, CIT  
Scott Walker, CIT  
Marika Collins, Casa Pacifica  
Steve Elson, Casa Pacifica  
Marcus Moore  
Sandra Wolfe  
David Deutsch, NAMI  
Sara Bavar, NAMI  
Sally Harrison, Ventura CEO's Office  
Sheri Valley  
Matthew Sandoval, Health Care Agency Deputy Director

**VCBH Managers and Staff Present**

Patrick Zarate, Acting Director  
Lisa Acosta, M.D., Youth & Family Medical Director  
Clara Barron, MHSA  
Hilary Carson, MHSA  
Leisa Donovan, Fiscal Manager  
Dan Hicks, Prevention Manager  
Sevet Johnson, Adult Division Sr. Manager  
Jason Jones, MHSA Fiscal  
Esperanza Ortega, MHSA  
Vickie Poliquin, Administration  
Kiran Sahota, MHSA Manager  
Naveen Sangwan, Administration  
John Schipper, PhD, Adult Division Chief  
Elaina Titus-Sterling, MHSA  
Terri Yanez, Administrative Division Chief  
Edith Pham, BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	<b>Call to Order</b> Chair Harris called the meeting to order at 1:05 p.m. Sheriff Geoff Dean lead the audience in reciting the Pledge of Allegiance to the U.S. Flag.		
II.	<b>Approval of the Agenda</b> Mr. Harris asked the Board to review and approve today's agenda. Larry Hicks moved to approve, Patricia Mowlavi seconded. The motion passed unanimously.	The agenda was approved as written. <b>M/S/C</b>	
III.	<b>Approval of the Minutes</b> Mr. Harris asked the Board to review and approve the minutes of the November 20, 2017 meeting. Janis Gardner moved to approve, Denise Nielsen seconded. The motion passed unanimously.	The minutes were approved as written. <b>M/S/C</b>	
IV.	<b>Welcome and Introductions</b> Mr. Harris welcomed everyone and asked BHAB members to introduce themselves. He welcomed the newest member on the board, Margaret Cortese, Ph.D.		
V.	<b>Public Comments</b> David Deutsch thanked Ventura County Behavioral Health (VCBH) for providing clients with transportation to the NAMI party on December 12. He announced that the NAMI Walk has been pushed back to October 13. During NAMI's General meeting on February 13, a panel with representatives from the Superior Court, District Attorney's Office, and the Public Defender's Office will discuss the criminal justice system; all are invited.		
VI.	<b>Recognition: Sandra Wolfe, former BHAB Member</b> Ms. Gardner presented Sandra Wolfe with a Certificate of Commendation. Ms. Wolfe's "life-long involvement in the mental health and substance abuse fields has made her an exceptionally knowledgeable and valuable member of the Behavioral Health Advisory Board, on which she actively served for four years. While on the board, she also served as a member of the Prevention and Nominating Committees. [...]"  Supervisor Parks and Mr. Harris thanked Ms. Wolfe for her long volunteer career. Ms. Wolfe shared that serving on the BHAB has been a rewarding experience. She wished the best to all BHAB members.		
VII.	<b>Crisis Intervention Team (CIT) Awards Presentation Ceremony – Mark Stadler</b> Mr. Stadler noted that CIT is a collaboration between VCBH, law enforcement and the community. He thanked the VIPs in attendance, the families and the CIT coordinators. Mr. Stadler, Supervisor Parks and Mr. Harris presented Recognition Awards to the nominees for CIT Officer of the year:  1. Deputy Greg Lindsay, Ventura County Sheriff's Office (VCSO)-Camarillo Police Dept. (PD) 2. Corporal Dean Cole, Ventura PD 3. Officer Walter Harper, Santa Paula PD 4. Officer Nora Starna, Port Hueneme PD 5. Officer Gene Colato, Simi Valley PD 6. Deputy David Mancini, VCSO-Fillmore PD 7. Deputy Marc Riggs, VCSO-Moorpark 8. Deputy Justin Czyrkliis, VCSO-Thousand Oaks PD 9. Deputy Mark Plassmeyer, VCSO-Thousand Oaks PD  Mr. Stadler announced the CIT Officers of the Year: Corporal Dean Cole and Deputy Greg Lindsay.  Mr. Harris expressed his gratitude for the work of all the CIT officers, who interact with the mentally ill in a way that protects their safety and that of law enforcement. He thanked Deputy John Franchi on his upcoming retirement and Sheriff Geoff Dean, who will not seek another term as Sheriff.		

	Denise Nielsen related her personal experience with CIT. She thanked the members of the law enforcement for their help and understanding.		
VIII.	<p><b>Chair Report</b></p> <p>A. BHAB Annual Report Overview and Operational Activity Update Presentation to the Board of Supervisors on February 13, 2018 at 10:30 a.m. Mr. Harris noted that he will give a presentation to the Board of Supervisors. He will highlight the work of the BHAB. He invited all to attend.</p> <p>Mr. Harris also noted that on January 9 the Board of Supervisors approved the revised bylaws, which allow members of the community to serve on committees as members. This change increases the reach of the BHAB into the community.</p> <p>B. Events and Announcements – Janis Gardner, Chair Emeritus</p> <ol style="list-style-type: none"> <li>1. TAY Tunnel accepts donations of clothes. It is hiring two part-time Peer Partners.</li> <li>2. Scientific and Clinical Perspectives on Cannabis Use – presentation and Q&amp;A by UCLA on January 10.</li> <li>3. The Thousand Oaks Police Department conducted a DUI checkpoint on January 13.</li> <li>4. Spring Transition Fair on March 10 at the Ventura County Office of Education; for families and high school students with disabilities.</li> <li>5. Pacific Clinics’ 21<sup>st</sup> Annual Latino Mental Health Conference on May 10 in San Gabriel.</li> <li>6. 12<sup>th</sup> Annual Homeless Persons’ Memorial Service on January 27 in Ventura.</li> </ol>		
IX.	<p><b>Board Members Comments and Announcements</b></p> <p>Supervisor Parks noted that:</p> <ol style="list-style-type: none"> <li>1. She has an opening on the BHAB in her district.</li> <li>2. On January 23<sup>rd</sup>, the Board of Supervisors will vote on the final lease for Growing Works. She thanked the BHAB for its support of this project.</li> <li>3. Patrick Zarate will retire in February. She thanked him for his work.</li> </ol>		
X.	<p><b>Director’s Report – Patrick Zarate for Elaine Crandall</b></p> <p>Mr. Zarate noted how fortunate the county is to have law enforcement committed to CIT.</p> <p>Mr. Zarate gave a special shout-out to new BHAB member Margaret Cortese. They worked together in the late 70’s-early 80’s.</p> <p>The County Behavioral Health Directors Association of California (CBHDA) is active on many issues that affect behavioral health policies. It is reviewing Governor Brown’s proposed budget for Fiscal Year 2018-19, which includes 175 million dollars in 2017-18 in estimated excise taxes resulting from Proposition 64 (recreational marijuana).</p> <p>Mr. Zarate thanked Mr. Harris for granting a request for a special meeting of the BHAB Executive Committee on December 18, which focused on the Thomas Fire. Mr. Zarate is very proud of VCBH’s response to the disaster. About 400 staff spent thousands of hours helping the community. The state will put forward an application for a Federal Emergency Management Agency (FEMA) grant for a community crisis program that will help deal with the long-term effects on the community.</p> <p>Due to the Thomas Fire, VCBH has asked the state for delays of some audits and reports. The External Quality Review Organization (EQRO) review will take place in April rather than February; BHAB members are invited to attend the opening and closing sessions, and details will be shared when they become available in late February.</p> <p>The Children’s Crisis Stabilization Unit (CSU) had 61 admissions in the last month, 32 of whom were diverted away from hospitalization. Since opening in December 2016, the CSU has had 504 admissions and a diversion rate of 55%.</p> <p>The Assist Program (Laura’s Law) program received 190 calls through January 17, and 175 of them resulted in a referral. A third of the calls came from families/friends, 62% were from other mental health providers. Seventy per cent of the referrals resulted in a face-to-face screening by VCBH staff.</p>	Information	

	<p>VCBH has been coordinating with the County to train law enforcement on the use of naloxone overdose rescue kits. In Ventura county, since late 2014 over 1,500 kits have been distributed, resulting in 202 reversals.</p> <p>Mr. Zarate noted that his last day before retirement will be February 23<sup>rd</sup>. He thanked the board for the opportunity to address it over the years, including the Alcohol and Drug Advisory Board.</p> <p>Dan Hicks provided information about the marijuana project. The implications of recreational marijuana becoming legal in California need to be addressed. VCBH Prevention has been doing this for quite a while, e.g. holding a webinar with emergency room physicians from Colorado, and holding a seminar with UCLA.</p>		
<p><b>XI.</b></p>	<p><b>Secretary's Report – Nancy Borchard</b>  Ms. Borchard was not in attendance, so the report was deferred until the next board meeting. Mr. Harris noted that attendance at the committees has improved and thanked BHAB members for this.</p>		
<p><b>XII.</b></p>	<p><b>New Business</b></p> <p><b>A. Board Member Issues and Priorities – Discussion</b>  Ms. Nielsen is concerned about the unavailability of psychiatric beds for children, especially with Vista del Mar Psychiatric Hospital being closed due to the Thomas Fire. Mr. Zarate noted that VCBH has met with partners around the state, including the Department of Health Care Services, which have taken an interest in this problem that is not limited to this county.  Claudia Arman is concerned about the impact of Children's Health Insurance Program (CHIP) non-reapproval for the children in Ventura County. Supervisor Parks noted that this is a fluid situation.</p> <p><b>B. Determine Feasibility of Forming a Psychiatric Hospital Inpatient Bed Needs Assessment Workgroup – Discussion</b>  Mr. Harris noted that the population of Ventura county has increased while the number of psychiatric inpatient beds drastically decreased. He proposed forming a workgroup that would focus on this problem. Supervisor Parks noted that she has attended several productive meetings at VCBH with senior managers from local hospitals; she suggested checking on the status of this group, and Mr. Zarate agreed to provide information.</p> <p><b>C. Use of Action Plan Format and Tools for BHAB Objectives</b>  The board reviewed the action plan form, which will provide board members with information on the work of the committees. The form is to be completed with simple and clear information about objectives and steps taken to achieve them.  Kay Wilson-Bolton made a motion to adopt the use of the Action Plan; Larry Hicks seconded. The motion passed unanimously.</p> <p><b>D. Report on Site Visits to Casa Pacifica – Patricia Mowlavi</b>  Ms. Mowlavi lead a group on a visit to two site visits at Casa Pacifica in August 2017:</p> <ol style="list-style-type: none"> <li>1. Parent Child Interactive Therapy (PCIT): intensive treatment program that works with both parents and children to improve the quality of their relationship and to coach parents on managing their children's behavioral issues. The program can serve up to 25 children per month. BHAB members had a very positive impression of the program. Recommendations are to run at capacity and consider expanding the program to children who are not in foster care.</li> <li>2. Residential Treatment Center (RTC): the program provides specialty mental health services to youth and non-minor dependents (NMD). It can serve up to 28 youth at a time. BHAB members had a positive impression of the program. Concerns include the difficulty of obtaining information on the youth's use of psychotropic medications, and the shift in funding for foster youth to the host county under AB1299.</li> </ol>	<p>Mr. Harris asked Ratan Bhavnani to gather available VCBH data on this issue and report back at the next General Board meeting</p> <p>Use the Action Plan  <b>M/S/C</b></p>	<p>R. Bhavnani</p>



	Ms. Wilson-Bolton moved to approve sending the contracts to the BOS as submitted; Ms. Mowlavi seconded. The motion passed unanimously.	Send the contracts to the BOS as submitted. <b>M/S/C</b>	
<b>XV.</b>	Public Comments None.		
<b>XIV.</b>	<b>Adjourn</b> The meeting adjourned at 2:24 p.m.		

## Behavioral Health Advisory Board GENERAL Meeting Attendance

2017-18	Terms	Members	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
District 1	9/13/16 – 3/10/18	Claudia Armann	X	X	X	X	X		X					
District 1	10/6/15 – 10/6/18	Karyn Bates	X	X										
District 2	2/23/16 – 2/23/19	Ratan Bhavnani	X	X	X	X			X					
District 3	1/27/15 – 1/26/18	Nancy Borchard	X	X		X	X							
District 3	1/12/16 – 1/12/19	Gane Brooking	X		X	X	X		X					
District 5	1/11/18 – 1/10/21	Margaret Cortese							X					
District 5	10/17/17 – 9/23/20	Monique Garcia	X						X					
District 2	9/13/16 – 9/13/19	Janis Gardner	X	X	X	X	X		X					
District 1	4/7/15 – 4/7/18	Mary Haffner	X	X	X	X	X							
District 4	9/17/16 – 9/17/19	Jerry Harris	X	X	X	X	X		X					
District 3	12/2/17 – 12/1/20	Larry Hicks	X			X	X		X					
District 2	3/14/17 – 3/14/20	Patricia Mowlavi	X				X		X					
District 4	10/13/15 – 10/13/18	Cmdr. Ron Nelson	X	X	X	X	X							
District 4	9/17/15 – 9/17/18	Denise Nielsen	X	X	X		X		X					
District 2	1/1/17 – 12/31/18	Supervisor Linda Parks	X	X	X	X	X		X					
District 5	1/24/17 – 1/24/20	Dr. Irene Pinkard		X	X	X								
District 5	1/10/17 – 1/10/20	Marlen Torres	X				X							
District 3	4/14/15 – 4/14/18	Kay Wilson-Bolton	X	X	X	X	X		X					

District 1		vacant												
District 2		vacant												
District 4		vacant												

Present = X

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

**BHAB General Meeting, January 22, 2018 - Crisis Intervention Team (CIT) Nominees**



**Nominees:** Deputy David Mancini, VCSO-Fillmore PD  
Deputy Justyn Czyrkliis, VCSO-Thousand Oaks PD  
Deputy Greg Lindsay, VCSO-Camarillo PD  
Sergeant Walter Harper, Santa Paula PD  
Officer Nora Starna, Port Hueneme PD  
Officer Gene Colato, Simi Valley PD  
Corporal Dean Cole, Ventura PD

**not pictured:** Deputy Marc Riggs, VCSO-Moorpark PD  
Deputy Mark Plassmeyer, VCSO-Thousand Oaks PD

**Dignitaries:** CIT program administrator Mark Stadler; Sheriff Geoff Dean; CEO Mike Powers;  
CIT program assistant Scott Walker; Ventura PD Chief Corney; VCBH Acting Director Patrick Zarate;  
Supervisor Linda Parks; BHAB Chair Jerry Harris; Sergeant John Franchi



**CIT Officers of the Year:**

Deputy Greg Lindsay, VCSO-Camarillo PD  
Corporal Dean Cole, Ventura PD



# California Association of Local Behavioral Health Boards and Commissions

WINTER 2018 Newsletter

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

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

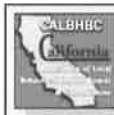
CALBHBC: A STATEWIDE ORGANIZATION SUPPORTING THE WORK OF LOCAL MENTAL HEALTH & BEHAVIORAL HEALTH BOARDS AND COMMISSIONS.

**“Action expresses priorities.”**  
*Mahatma Gandhi*

As we welcome the new year, we encourage boards and commissions to tap into CALBHB/C resources and support, and join with us as we educate ourselves on statewide issues and act! The top issues we are hearing from local boards include:

- 1) **Housing** - Focusing on the critical need for Board & Cares (Adult Residential Facilities-ARFs) for adults with mental illness. Issue Brief & forum: [www.calbhbc.com](http://www.calbhbc.com). RSVP to: [info@calbhbc.com](mailto:info@calbhbc.com) to join us at the CA Behavioral Health Planning Council forum in Woodland 1/26.
- 2) **MH/BH Workforce**—There is a severe shortage of professionals throughout California. Issue & resource info: [www.calbhbc.com/workforce.html](http://www.calbhbc.com/workforce.html)
- 3) **Disaster Recovery (long-term)**—Local board members report increased suicides one to two years following disaster. Short-term information/resources are at [www.calbhbc.com](http://www.calbhbc.com). Long-term solutions/ideas are welcome/will be posted.
- 4) **Employment & Peer Support** are the focus of the January 19th speaker panel in San Diego. Issue & Resource info: [www.calbhbc.com/employment.html](http://www.calbhbc.com/employment.html), including “Individual Placement & Support” (IPS) info. **IPS has been identified as a successful practice.**

We look forward to working together on these issues and more in 2018!



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

### Regional Meetings/Training

Southern\*: January 19-20, San Diego  
Bay Area\*: April 20-21, Redwood City  
Statewide\*: June, 2018 TBA (L.A.)  
Central: October 19-20, Folsom

*\*Training provided by CA Institute for Behavioral Health Solutions (CIBHS) Info: [calbhbc.com/meetings-and-trainings.html](http://calbhbc.com/meetings-and-trainings.html)*

### Brown Act Update:

**Teleconferenced Votes** - All votes taken during a teleconferenced meeting shall be by roll call. AB428 July 2017

**Agendas On-line** - Board/commission and standing committee agendas shall be posted on the local agency’s internet web site. AB2257 July 2017



### Annual Reports

Boards should submit an annual report to the governing body on the needs and performance of the county’s mental health system. 5604.2(a)5 Please email your annual reports to share! [info@calbhbc.com](mailto:info@calbhbc.com) View annual reports: [www.calbhbc.com/reports.html](http://www.calbhbc.com/reports.html).

### Data Notebooks

The CA Behavioral Health Planning Council’s 2017 Data Notebook (focusing on MH/BH for Older Adults) was due November 30th. Contact the Planning Council with questions at: [DataNotebook@cmhpc.ca.gov](mailto:DataNotebook@cmhpc.ca.gov)



CALBHBC NEWSLETTER

Share your LOCAL resources, news & reports with CALBHBC. [info@calbhbc.com](mailto:info@calbhbc.com)

**Resources** ([link to website](#))

[Best Practices Handbook: Ad Hocs, MHA/INN Review, Recruitment, Running a Good Meeting & More.](#)

[Brown Act \(Open Meeting Rules\)](#)

[Data Notebooks](#)

[Mental Health Services Act Plans/INN Reports \(Local & Statewide\)](#)

[Templates/Sample Docs](#)

[Agendas](#)

[Annual Goals \(and Task List\)](#)

[Annual Reports](#)

[Bylaws](#)

[Member Guide](#)

[Recruitment \(Application, Flyer,](#)

[Interview, Policy, Resignation Letter\)](#)

[Site/Program Visit](#)

[Forms/Procedures](#)

[Training \(Online Ethics, Handbooks\)](#)

[Websites for Local Boards/Commissions](#)

**HELP  
WANTED****Interim Executive Director**

CALBHC/C is looking for an individual with a high degree of integrity and strong work ethic who understands the role of California's mental/behavioral health boards and commissions.

This interim position would begin as a contract position with potential for a long-term staff position. Position Posting at: [www.calbhbc.com/executive-director-posting.html](http://www.calbhbc.com/executive-director-posting.html)

*CALBHC/C is currently an all-volunteer 501c3.*

**Connect with CALBHC/C**

We strive to connect with board/commission leadership by phone, email & in-person! Please share needs/issues/successes at meetings, by email: [info@calbhbc.com](mailto:info@calbhbc.com) or report form: [www.calbhbc.com/report-form.html](http://www.calbhbc.com/report-form.html). We look forward to meeting/speaking with you and attending your local meetings!

**Contact Info Updates**

Please provide current contact info for: Chairs, Vice Chairs & Admin Liaison. Email us at: [info@calbhbc.com](mailto:info@calbhbc.com)

**CALBHC/C Governing Board Application**

Interested in a position on our 15-member Governing Board? Complete the [on-line application](#), or email [info@calbhbc.com](mailto:info@calbhbc.com)

**Duties of Boards & Commissions**

From California Welfare & Institution Code [5604.2\(a\)](#)  
The local mental health board shall do all of the following:

1. Review and evaluate the community's mental health needs, services, facilities, and special problems.
2. Review any county agreements entered into pursuant to [Section 5650](#).
3. Advise the governing body and the local mental health director as to any aspect of the local mental health program.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
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 mental health 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 Mental Health Planning Council. (*Data Notebooks*)
8. Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.



**Pacific Clinics**  
ADVANCING BEHAVIORAL HEALTHCARE  
**TAY Tunnel**

## NOW HIRING PEER PARTNERS

Apply at <http://www.pacificclinics.org/careers>

Pacific Clinics is a non-profit organization searching for young professionals interested in working in a peer run peer driven center.

**The ideal candidate would be:**

Between the ages of 18-25

Bilingual Spanish - not required

Have lived experience in a system of care (Foster Care, Mental Health, Criminal Justice, and or Juvenile Justice)

Basic computer knowledge

Flexible work schedule

**Position Summary**

Under direct supervision, the peer partner provides peer-to-peer support drawing on shared experience as a peer to validate the consumer's experience. Provides guidance and encouragement to consumer to take responsibility and actively participate in their own recovery. This position models competency in recovery and serves as a mentor for consumers in a Wellness Center setting.

If you would like more information, please contact Vanessa Cortez at 805-240-2438 or email at [vcortez@pacificclinics.org](mailto:vcortez@pacificclinics.org).

*The TAY Tunnel empowers individuals to take an active role in creating positive lifestyle changes within a supportive, safe and understanding environment. By creating stepping stones to independent living, we can all light the path to a happier and healthier lives*

**Made possible through the California Mental Health Services Act and Ventura County Behavioral Health.**

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





## Thousand Oaks Police Department



### Community: DUI / Driver's License Checkpoint Planned in Thousand Oaks on January 13 #ThousandOaksPolice



Dear Janis Gardner,

Nature of Incident: Driver's License/DUI Checkpoint  
Location: Thousand Oaks, CA  
Date & Time: January 13, 2018 8:00 p.m. to 3:00 a.m.  
Unit Responsible: Thousand Oaks Police - Traffic Bureau

Narrative:  
Driver's License/DUI Checkpoint Planned

Thousand Oaks, CA – The Thousand Oaks Police Department Traffic Unit will be conducting a Driver's License/DUI Checkpoint on January 13, 2018 at an undisclosed location(s) within the city limits.

In recent years, California has seen a disturbing increase in drug-impaired driving crashes. The Thousand Oaks Police Department supports the new effort from the Office of Traffic Safety that aims to educate all drivers that "DUI Doesn't Just Mean Booze." If you take prescription drugs, particularly those with a driving or operating machinery warning on the label, you might be impaired enough to get a DUI. Marijuana can also be impairing, especially in combination with alcohol or other drugs, and can result in a DUI.

The deterrent effect of High Visibility Enforcement using both DUI checkpoints and DUI Saturation Patrols has proven to lower the number of persons killed and injured in alcohol or drug impaired crashes. Research shows that crashes involving an impaired driver can be reduced by up to 20 percent when well-publicized proactive DUI operations are conducted routinely.

DUI Checkpoints like this one are placed in locations based on collision statistics and frequency of DUI arrests, affording the greatest opportunity for achieving drunk and drugged driving deterrence. Locations are chosen with safety considerations for the officers and the public.

In California, alcohol involved collisions led to 1,155 deaths and nearly 24,000 serious injuries in 2014 because someone failed to designate a sober driver. Locally, over the course of the past three years, DUI collisions have claimed 8 lives and resulted in 91 injury crashes harming our friends and neighbors.

Officers will be looking for signs of alcohol and/or drug impairment, with officers checking drivers for proper licensing, delaying motorists only momentarily. When possible, specially trained officers will be available to evaluate those suspected of drug-impaired driving, which now accounts for a growing number of impaired driving crashes.

Studies of California drivers have shown that 30 percent of drivers in fatal crashes had one or more drugs in their systems. A study of active drivers showed more tested positive for drugs that may impair driving (14 percent) than did for alcohol (7.3 percent). Of the drugs, marijuana was most prevalent, at 7.4 percent, slightly more than alcohol. Everyone should be mindful that if you're taking medication – whether prescription or over-the-counter – drinking even small amounts of alcohol can greatly intensify the impairment affects.

Drivers are encouraged to download the Designated Driver VIP, or “DDVIP,” free mobile app for Android or iPhone. The DDVIP app helps find nearby bars and restaurants that feature free incentives for the designated sober driver, from free non-alcoholic drinks to free appetizers and more. The feature-packed app even has social media tie-ins and even a tab for the non-DD to call Uber, Lyft or Curb.

For more information about DDVIP, visit: <http://www.ots.ca.gov/pdf/DDVIP-App.pdf>

Drivers caught driving impaired can expect the impact of a DUI arrest to include jail time, fines, fees, DUI classes, license suspensions and other expenses that can exceed \$10,000 not to mention the embarrassment when friends and family find out.

Funding for this checkpoint is provided to the Thousand Oaks Police Department by a grant from the California Office of Traffic Safety, through the National Highway Traffic Safety Administration, reminding everyone to ‘Report Drunk Drivers – Call 9-1-1’.

Prepared by: Carl Patterson, Sergeant  
News Story Date: January 9, 2018  
Follow-Up Contact: Carl Patterson, Sergeant  
Office (805) 373-2322  
[carl.patterson@ventura.org](mailto:carl.patterson@ventura.org)  
Approved by: Captain Don Aguilar

For full details, [view this message on the web](#).

Sent by **Thousand Oaks Police Department**  
2101 E Olsen Rd, Thousand Oaks, CA 91360

To manage your email settings, [click here](#). To update your account settings, [login here](#).  
If you prefer not to receive future emails, [unsubscribe here](#).



## What's next? After high school?

The Ventura County Transition Project  
and the Ventura County SELPA  
are pleased to present the 2017-2018



# Spring Transition Fair

For 15-22 year-old diploma and certificate bound special education students and their families!  
Meet directly with the representatives from adult service agencies in Ventura County.



## Plan Ahead!

It's never too early to learn about resources for students with disabilities after high school. Help your high school student prepare for the quality adult life they envision. There are multiple options to investigate for your child's path toward adult life. Learn about the transition to adult life process and support agencies available.

**Saturday, March 10, 2018**

**Open House**

**9:00AM – 12:00PM**

### Ventura County Office of Education

Conference and Educational Services Center  
5100 Adolfo Rd., Camarillo CA 93012

**Cost is Free! Student attendance is encouraged!**

- Visit agency booths (Open House) 9:00am – 12:00pm
- Overview of the transition process (Adults) 9:30am or 10:30am
- Transition Activity (Students) 9:30am or 10:30am
- "Hear My Story": A young adult's journey into adult life (Students/Adults) 9:30am



### Meet representatives from the following agencies:

Department of Rehabilitation

Regional Center

Community Colleges

Behavioral Health

Public Health and many more!

Sign Language Interpretation is available but must be reserved 2 weeks in advance. Call 805.437.1560  
For more information on Transition go to [www.vcseelpa.org](http://www.vcseelpa.org) /Transition to Adult Life



## ¿Que sigue? ¿Después de la secundaria?

El Proyecto de Transición del Condado de Ventura  
Y SELPA del Condado de Ventura  
Se complace en presentar el 2017-2018



# Feria de Transición de Primavera

¡ Para estudiantes de educación especial 15-22 años de edad destinados a recibir un diploma o certificado y sus familias! Reúnase directamente con los representantes de las agencias de servicios para adultos en el Condado de Ventura.



## Plan Ahead!

(¡Planee con anticipación!)

Nunca es demasiado pronto para aprender acerca de los recursos para los estudiantes con discapacidades después de la escuela secundaria. Ayude a su estudiante de preparatoria a prepararse para la calidad de la vida adulta que imaginan. Obtenga más información acerca de la transición a la vida adulta y a las agencias de apoyo disponibles.

**Sábado 10 de marzo de 2018**

**Casa Abierta**

**9:00AM – 12:00PM**

### Oficina de Educación del Condado de Ventura

Centro de Conferencias y Servicios Educativos  
5100 Adolfo Rd., Camarillo CA 93012

**¡El costo es gratis! La asistencia del estudiante se anima!**

- Visite los puestos de agencias (Casa Abierta) 9:00am – 12:00pm
- Descripción general del proceso de transición (adultos) 9:30 a.m. o 10:30 a.m.
- Actividad de transición (estudiantes) 9:30 a.m. o 10:30 a.m.
- "Escucha mi historia": el viaje de un adulto joven hacia la vida adulta (Estudiantes / Adultos) 9:30 a.m.

**Precaución. . .  
Vida Adulta  
Adelante**

### Conozca a representantes de las siguientes agencias:

Departamento de Rehabilitación

Centro Regional

Colegios Comunitarios

Salud del comportamiento

Salud Pública y muchos más!

La interpretación de lenguaje de señas está disponible, pero debe reservarse con 2 semanas de antelación.

Llame al 805.437.1560 Para obtener más información sobre Transición,  
visite [www.vcselpa.org](http://www.vcselpa.org) / Transición a la vida adulta

## SAVE THE DATE

Pacific Clinics proudly presents its 21<sup>st</sup> Annual Latino Conference, Schedule for Thursday, May 10, 2018.

### About the conference:

#### “Behavioral Health Equity Services Amongst the Latino Community”

The focus of this year’s conference will be on mental health disparities and health care quality amongst the Latino Community to ensure equity of services in Los Angeles County, California and the United States. The conference will discuss cultural and linguistic competent services and community health literacy, it is also expected that participants who attend this event will gain valuable information on various topics such as: (1) Neuro-linguistic programming (2) Diabetes within the Latino Community (3) “Ventanillas de Salud” programs, (4) Behavioral Health Resources in the LGBTQ community and cultural factors to consider to engage and retain this population for services, and (5) how the Latino community may be impacted by the legalization of recreational marijuana in the state of California.



## SAVE THE DATE

### 21st Annual Latino Mental Health Conference

Thursday, May 10, 2018, Hilton Los Angeles/San Gabriel

Sponsored by Pacific Clinics

For more information contact [bpadilla@pacificclinics.org](mailto:bpadilla@pacificclinics.org)



Pacific Clinics  
CULTURAL DIVERSITY AND OUTCOMES

## Behavioral Health Equity Services Amongst the Latino Community

[More info on registration to come for LACDMH and DCFS employees](#)

Early bird regular registration of \$85, now open, ends January 28, 2018 (Includes Continental Breakfast, Lunch, Parking and CEs for Licensed Staff), Visa/MC accepted.

To register click on link: <http://www.cvent.com/d/ctq4dt/4W>

THANK YOU AND HOPE TO SEE YOU THERE!

Best Regards,  
**Blanca Padilla Stevens**  
Pacific Clinics

Assistant to Dr. Luis Garcia, VP Quality Care,  
Cultural Diversity and Outcomes

**EBP TRAINING MANAGER**

9829 Carmenita Road, Suite H

Whittier, CA 90605-3262

(562) 907-7429 Fax (562) 696-8640

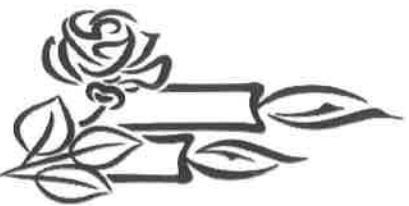
# Rescheduled 12th Annual Homeless Persons' Memorial Service

*To affirm the inherent worth and dignity of every person and remember those who died homeless in Ventura County in the past year*

**3 p.m., Saturday January 27, 2018**

**Plaza Park in Downtown Ventura**

\* Reflection    \* Music    \* Inspiration.    \* Refreshments



**We will remember** Jose Blanco Morales, Nickoli Bobrov, Barbara G Brattin, James F Cabler, Raymundo Cedillos Jr., Raymond N. (Wingnut) Ceresini, Bradley Dean Comaduran, Mark D Doolan, Joseph Mark Duran, Aundre J. Erwin, Sr. , Teresa S Fellstad, Logan J Fils, Salvador A Florez, Russell H Fries, Terry Frith, Kara Fuller, Nichole L Fullerton, Henry D Garcia, Michelle Garcia, Robert J Harrell, Skye C Herman, Hope M Hernandez, Wendy A Hinson, Santiago Izquierdo, James M Kilduff, William M Kimball, Robert J Klick, Eric Lavizzo, Ramon Leyva, Sharon Loveless, Charles Robert Luckey, Dennis McCullough, Karen M Murchland, Daniel Muscato, Brian A Odom, Jerry Pugh, Glennis M Piasecki, Robert P Placencio, Jeffrey K Popejoy, Morgen M Poquette, Gerald R Potter, Christine Quigg, Francisco Ramirez Arredondo, Benito G Reyes, Kurtis R Sanders, Jame E Santana, Stephen W Spurlock, William Swearingen, Thomas Taggart, Charles C Thorkilsen, Josue B Trinidad, Michael A. Vazquez, Sean Velazquez, Michelle Villarreal, Jason A Wagner, Charles W. Warwick II, Gary Whiteman

Sponsored by

*Lift Up Your Voice to End Homelessness*

*Unitarian Universalist Church of Ventura*

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

818-281-6249

# Rescheduled 12th Annual Homeless Persons' Memorial Service

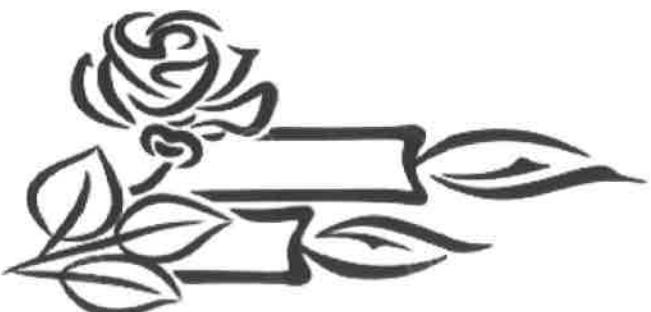
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*Lift Up Your Voice to End Homelessness*

And the

*Unitarian Universalist Church of Ventura*

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

818-281-6249



January 16, 2018

**To:** CBHDA Members

**From:** Kirsten Barlow, Executive Director  
Mary Adèr, Deputy Director, Legislative Affairs  
Tom Renfree, Deputy Director, Substance Use Disorder Services  
Linnea Koopmans, Senior Policy Analyst  
Paula Wilhelm, Senior Policy Analyst

**Subject:** Highlights from the Governor's FY 2018-2019 Proposed Budget

Governor Edmund G. Brown, Jr. released his proposed Fiscal Year (FY) 2018-19 budget last week. The budget is \$190 billion, 70 percent of which is state General Fund (GF) and 30 percent of which is special funds, including taxes. The annual state budget process begins with the introduction of the Governor's budget each January, proceeds through the Legislature over the next six months and is finalized by June 30th, following the release of the Governor's May Revision.

The proposals in the Governor's Budget are vetted through the legislative budget process. CBHDA is active in advocating on behalf of county behavioral health directors on numerous budget issues. Below is a summary of significant budget items in behavioral health policy area. To review the Governor's January state budget, visit <http://ebudget.ca.gov/>. Please do not hesitate to contact any of us with any questions you may have (mader@cbhda.org, trenfree@cbhda.org).

California's economic outlook for the year is solid, with revenues exceeding prior expectations and the state economy continuing to rest on a stable foundation. However, the Governor anticipates a recession in the near future. At the end of FY 2018-19, the past decade of economic growth will be the longest period of growth in over 70 years. The Democratically-controlled Legislature often disagrees with the Governor's assessment that a recession is pending and instead uses sunnier economic assumptions, enabling increased spending relative to the Governor's proposals. The Governor usually wins out with the final budget resting on his more restrained assessment.

**Revenue Forecasts.** Several major sources of behavioral health revenues are as follows for the 2018-19 budget year:

1. 1991 Realignment. Revenue for the mental health estimate is \$1.12 billion and \$10 million in growth which will be redirected to Social Services for IHSS.
2. 2011 Realignment. The Behavioral Health Subaccount is estimate is \$1.44 billion and \$101 million in growth.
3. Mental Health Services Act (MHSA). The MHSA revenues are \$2.2 billion.

**2011 Realignment Estimate<sup>1</sup> - at 2018-19 Governor's Budget**

	2016-17	2016-17 Growth	2017-18	2017-18 Growth	2018-19	2018-19 Growth
<b>Law Enforcement Services</b>	<b>\$2,381.2</b>		<b>\$2,487.3</b>		<b>\$2,579.6</b>	
Trial Court Security Subaccount	539.7	10.6	550.3	11.2	561.6	10.9
Enhancing Law Enforcement Activities Subaccount <sup>2</sup>	489.9	155.9	489.9	201.4	489.9	209.7
Community Corrections Subaccount	1,181.6	79.4	1,241.1	84.3	1,325.3	81.5
District Attorney and Public Defender Subaccount	27.9	5.3	33.3	5.6	38.9	5.4
Juvenile Justice Subaccount	142.1	10.6	152.7	11.2	163.9	10.9
Youthful Offender Block Grant Special Account	(134.3)	(10.0)	(144.3)	(10.6)	(154.9)	(10.3)
Juvenile Reentry Grant Special Account	(7.8)	(0.6)	(8.4)	(0.6)	(9.0)	(0.6)
<b>Growth, Law Enforcement Services</b>		<b>261.8</b>		<b>313.7</b>		<b>318.4</b>
<b>Mental Health<sup>3</sup></b>	<b>1,120.6</b>	<b>9.8</b>	<b>1,120.6</b>	<b>10.4</b>	<b>1,120.6</b>	<b>10.1</b>
<b>Support Services</b>	<b>3,404.9</b>		<b>3,691.7</b>		<b>3,789.9</b>	
Protective Services Subaccount	2,169.5	98.5	2,258.0	93.9	2,351.9	90.9
Behavioral Health Subaccount	1,235.4	98.4	1,333.7	104.3	1,438.0	101.0
Women and Children's Residential Treatment Services	(5.1)	-	(5.1)	-	(5.1)	-
<b>Growth, Support Services</b>		<b>196.7</b>		<b>208.6</b>		<b>202.0</b>
<b>Account Total and Growth</b>	<b>\$7,345.2</b>		<b>\$7,701.9</b>		<b>\$8,010.5</b>	
<b>Revenue</b>						
1.0525% Sales Tax	6,699.5		7,010.6		7,310.9	
Motor Vehicle License Fee	645.8		691.3		699.6	
<b>Revenue Total</b>	<b>\$7,345.3</b>		<b>\$7,701.9</b>		<b>\$8,010.5</b>	

This chart reflects estimates of the 2011 Realignment subaccount and growth allocations based on current revenue forecasts and in accordance with the formulas outlined in Chapter 40, Statutes of 2012 (SB 1020).

<sup>1</sup> Dollars in millions.

<sup>2</sup> Base Allocation is capped at \$489.9 million. Growth does not add to the base.

<sup>3</sup> Base Allocation is capped at \$1,120.6 million. Growth does not add to the base.

**Medi-Cal.** The total Medi-Cal budget is \$102 billion, representing 65% of the Health and Human Services budget. For the four million Medi-Cal beneficiaries enrolled in the Affordable Care Act (ACA) Medicaid expansion (MCE), the budget estimates the state's

share of cost will be \$1.6 billion GF in 2018-19. These costs are higher than last year due to increasing the state cost-sharing ratio to 6% as of January 1, 2018. The remainder of expansion funds are federal.

**Federal Uncertainties.** California health and human services programs will cope with continued federal uncertainty in the year ahead. Since the Governor's budget was finalized, Congress temporarily funded the Children's Health Insurance Program through March 2018, so the Governor's May Revision will account for savings of approximately \$150 million GF due to higher than expected federal funding. The budget assumes no repeal of the ACA, but acknowledges that efforts by the federal government to shift costs to states is another federal uncertainty for FY 2018-19. The Governor's budget was developed before the Congressional tax bill passed, so the budget assumes no federal changes. The Administration is currently analyzing the anticipated impacts of the tax package on the state and the May Revision will reflect this analysis.

### **Key Behavioral Health Provisions**

- **Continuum of Care Reform (CCR).** The budget includes \$238 million, compared to \$217 million last year, to continue implementation of CCR. This includes implementation of Child and Family Teams, approval of resource families, and family recruitment, retention and support. The caseload assumptions for Short Term Residential Therapeutic Programs have been adjusted to reflect the accurate pace of implementation.
- **Incompetent to Stand Trial (IST).** The budget proposes \$114 million GF to increase the state-county partnership to address the growing waitlist for felony defendants found IST.
  - \$100 million GF over three years will be made available for community alternatives for mental health treatment to increase diversion and reduce referrals to the Department of State Hospitals (DSH).
  - The budget proposes to prioritize contracts with the 15 counties with the highest volume of referrals to DSH to create up to 640 alternative, community-based placements.
  - The budget establishes a goal of reducing felony IST referrals to DSH by 30%.

- **Mental Health Services Oversight and Accountability Commission (MSHOAC).** The Budget proposes \$2.5 million a year for two years from MHSA funds for the OAC to provide consulting services to assist counties in developing Innovation Plans that incorporate ways to address IST populations.
- **Proposition 64 Cannabis Excise Taxes.** As of January 1, 2018, there are new excise taxes on the cultivation and sale of cannabis, including as a 15% tax on the retail price of cannabis. The amount and timing of revenues generated from the new taxes are uncertain and will depend on various factors including local regulations, cannabis pricing and consumption changes following legalization for recreational purposes. The budget estimates these new taxes will generate \$175 million in 2017-18 and \$643 million in 2018-19.

Proposition 64 delineated the allocation of resources in the Cannabis Tax Fund, which are not subject to appropriation by the Legislature. Priority expenditures include programs to support adolescent substance use disorder prevention and treatment. Based on prior year actual tax collection, the Budget assumes that funding for these programs will be available in 2019-20, consistent with Proposition 64.

Given the timing of the legalized market's opening and the release of the Governor's Budget, the Administration is deferring all cannabis-related budget proposals until the May Revision. While only a limited amount of data will be available at the May Revision, the Administration will use the updated information to make more informed decisions about future resource needs.

- **Drug Medi-Cal Organized Delivery System (ODS) Waiver.** The Budget estimates that \$50 million of the \$141 million GF allocated in the current year for residential and intensive outpatient SUD treatment services in the ODS will be expended by counties that have begun Waiver services in 2017-18. For the budget year, the Governor's Budget proposes \$134 million GF for these services, to match a projected \$667 million in federal funds. DHCS estimates that 20 counties will implement ODS services by the end of the current year, with an additional 20 counties beginning these services in 2018-19. The estimated costs reflect changes in phase-in schedule, payment lags, and rates.
- **Behavioral Health in the Criminal Justice System.** The goal of the Administration's prison reforms has been to not only reduce the overall population, but also to give offenders greater opportunities for rehabilitation. The Budget includes \$454 million GF for the Division of Rehabilitative Programs,

compared to approximately \$300 million in 2012-13. The expansion of rehabilitative programs and reentry services to all prisons has allowed more inmates to participate in programs to help prepare them for community reintegration. For example:

- Substance abuse treatment programs have been expanded to all state prisons.
- Other cognitive behavioral treatment programs, including criminal thinking, family relationships, and anger management, have been expanded to all prisons.
- Programs have been expanded that are specifically tailored to long-term offenders, including substance use disorder mentor certification training and cognitive behavioral treatment specifically for offenders subject to review and release.

# 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 ON TARGET		STATUS
					TARGET	DELAYED*	
1.							
2.							
3.							

\* Explain project delays in status column, revise target dates as required, and state actions required to overcome/remove obstacle(s).

# Behavioral Health Advisory Board Site Visit Report

**Date:** Aug 18, 2017

**Facility / Program:** Casa Pacifica/PCIT

**Location:** 1722 S. Lewis Rd. Camarillo, CA

**Contact Person:** Kathy Kemp, LCSW

**Phone #:** (805) 366-4420

**E-mail:** kkemp@casapacifica.org

**BHAB Review Team:**

Claudia Armann, Janis Gardner, Patricia Mowlavi, Ron Nelson, Marlen Torres, Sandie Wolfe

### FACILITY / PROGRAM DEMOGRAPHICS

**1. Age Group Served:** (Check all that apply)

Children (0 - 12)     Adolescents (13 - 17)     TAY (18 - 25)     Adults (18 - 61)     Older Adults (60 +)

**2. Number of Clients Served:**

Maximum possible: 25    Monthly Avg. 20    and / or Daily Avg. \_\_\_\_\_

**3. Services Provided:** (i.e.: Counseling, Therapy, Medication management, Nursing, etc.)?

PCIT is an intensive treatment program that works with both parents and children to improve the quality of parent-child relationships and to "coach" parents on managing children's behavioral problems. The program consists of two parts, a Relationship Enhancement/Child Directed Interaction Component and a Discipline/Parent Directed Interaction Component. During the Relationship Enhancement component caregivers are taught skills that promote positive behavior and improve children's self-esteem and sense of security. During the second phase, the caregivers are coached to use consistent and structured discipline techniques to improve compliance with directions. In both components, parents are coached using an "ear bug" in a play therapy room with an observation window. Parents are given the opportunity to practice skills in therapy sessions and homework sessions until mastery criteria are met and behavioral improvement is achieved.

**4. Miscellaneous Additional Services:** (i.e.: transportation, follow-up care, community activities or support, etc.)?

In Home Specialists meet with parents weekly to help parents generalize the skills that they are learning in a more natural setting. Transportation is provided to families who have difficulty getting to the Casa Pacifica campus for therapy.

**5. Number of on-site staff having direct client contact:**

Staff consist of a licensed Program Coordinator, a full time licensed Clinician, 1 psychology Intern, 1 social work Intern and 2 Bachelors level In Home Specialists

**6. What kind of training does your organization provide the staff, and how often?**

All PCIT staff are trained and supervised by the Program Coordinator. In addition the Program Coordinator and Clinician attend an annual training on PCIT given by UC Davis. Ongoing trainings are available to all staff through Casa Pacifica's training program.

**7. Which professionals are involved directly with clients (i.e. Psychiatrist, Psychologist, MFT, ADT, LCSW, Nurse) and how often?**

Staff include an LCSW, LMFT, psychology Intern, social work Intern, 2 Bachelor's level Mental Health Associates and individuals from Casa Pacifica's Transportation department

**8. Are peer support specialists/individuals in recovery utilized to support your clients? How many and how often? Are family members involved? How?**

Peer support is not currently a part of the PCIT program

**9. Describe Groups - education/support?**

Groups are not currently a part of the PCIT program

**10. Facility/Program Physical Layout** (i.e. indoor rooms, outdoor areas, recreational areas)? (Attach floor plan if available)

See attached

**BHAB Reviewer Response**

**What do clients typically do during the day** (i.e. work, attend programs)?

PCIT is an evidence based program designed for children aged two to eight years old, and in some instances children as young as twelve months old are seen. The typical duration of therapy is four to six months but therapy can last up to 12 months. The child and parent receive formal coaching once per week on site. Session 45-60 minutes. The parents are given daily homework to play with the child for five minutes using the skills learned. There is also a weekly home session where an in-home specialist coaches them in-vivo on the skills learned that week. Staff, on occasion, have gone to a child's school to provide advice to teachers on how to interact with the child. Casa Pacifica provides van transportation to bring children and caregivers to the site.

PCIT coaching sessions consist of play therapy involving the parent and child and last approximately 1/2 hour. The parent is coached real-time, using an ear bug, by a therapist in an observation room. PRIDE communication tools are used which incorporate: Praise, Reflect, Imitate and Enthusiasm (acronym PRIDE).

There are two phases of the program: the first phase is focused on relationship building and typically involves more program time and the second phase is focused on shaping the child's maladaptive behavior(s).

Clients are referred from Behavioral Health or STAR. The majority of staff (3 out of 5) are bilingual and 75 % of students speak Spanish. PCIT on-site staff case loads are approximately 1 staff per 12 children. Typical diagnosis includes ADHD, Anxiety and Disruptive Behavior Disorder. It was noted that children with Autism respond well to PCIT. Casa Pacifica does not serve children with a primary diagnosis of Autism. This latter population is served by Tri County Regional Centers.

### **Staff identified program needs ?**

Increasing the number of referrals to the program would allow for the program to consistently operate at full capacity and serve more families in need. Currently approximately 20 families are in the program and the capacity is 25 families. However, the census fluctuates over the course of a year. The referrals to Casa Pacifica's PCIT program are limited to CFS cases (foster care children). PCIT is able to work with many different types of "at risk" clients with MediCal in the appropriate age range that has identified relational/behavioral difficulties or challenges with a caregiver or a parent raised "in the system" and may not have the critically important parenting "tools". In the past Casa Pacifica has received referrals from Public Health, school psychologists and pediatricians. Also, nonprofit agencies could make referrals directly to the program, but the County narrowed the contract and the referral process has become cumbersome. Some interested parents in the community cannot access service directly as there are no self-referrals. VCBH goal is to link child to the right level of care/treatment. Possible opportunity to get word out to connect interested parents with VCBH.

Child care for siblings is problematic. A supervised child care program on-site would be very helpful.

Aftercare for parents and a peer support group for parents would also be very beneficial enhancement to the program.

Very few cases are not successful and typically involve parents that are not engaging - 'know-it-all' attitude or drop off kids to 'get fixed'.

### **Overall Impression or Brief Summary** (key points, including appearance of clients and facility)?

Very good impression, overall. Clean and well maintained facility. Demonstration of program was very informational with concepts easy to understand and benefits of immediate feedback made clear.

Parent testimonial described coaching and real-time feedback as very helpful. Coached to use 'if/then' and 'if/when' statements. Energy is focused onto good, not bad, behavior. Parent saw a big improvement in a short period of time. PCIT not only supports parents but other caregivers of the children, including grandparents or child care providers.

**Board Member Recommendations for Program Needs?**

Determine if referral process can be expedited to allow program to function at capacity, as demand warrants.

Explore PCIT for more than just foster children.

Consider informing of PCIT program and how to connect to VCBH at schools, through social workers (IEP and CFS kids), young parents in the community, First 5, New Start for Moms.

# Behavioral Health Advisory Board Site Visit Report

Date: <sup>18</sup> Aug 11, 2017

Facility / Program: Residential Treatment Center Location: 1722 S. Lewis Rd, Camarillo, CA 93012

Contact Person: Vicki Murphy Phone #: (805) 366-4010 E-mail: vmurphy@casapacific.org

## BHAB Review Team:

Claudia Armann, Janis Gardner, Patricia Mowlavi, Ron Nelson, Marlen Torres, Sandie Wolfe

## FACILITY / PROGRAM DEMOGRAPHICS

### 1. Age Group Served: (Check all that apply)

Children (0 - 12)  Adolescents (13 - 17)  TAY (18 - 25)  Adults (18 - 61)  Older Adults (60 +)

### 2. Number of Clients Served:

Maximum possible: 28 Monthly Avg. 22.15 FY16-17 and / or Daily Avg. \_\_\_\_\_

### 3. Services Provided: (i.e.: Counseling, Therapy, Medication management, Nursing, etc.)?

The RTC provides specialty mental health services to youth/NMDs through contracts with Ventura County Behavioral Health. These services are trauma informed, culturally relevant, age and developmentally appropriate as indicated by the needs of the youth/NMD. Core Specialty Mental Health Services provided to the youth/NMD in the RTC include: assessment, plan development, targeted case management, individual therapy, family therapy, group therapy, collateral, and medication support services and intensive care coordination and intensive in-home support services as they youth/NMD begins transition out of the program.

### 4. Miscellaneous Additional Services: (i.e.: transportation, follow-up care, community activities or support, etc.)?

We provide individual and group rehabilitation regularly to the youth/NMDs in the RTC along with therapeutic recreational therapy, independent living skills development/transitional services, medication support, family programming, and animal assisted therapy. Additionally, we provide educational, physical, behavioral, mental health supports, extracurricular (Activities) support, aftercare services, permanency support, and support for our special populations youth with considerations as Native American, SOGIE, CSEC youth, and NMDs.

### 5. Number of on-site staff having direct client contact:

We have a minimum of 4:1 youth:staff direct care ratio that we maintain at all times and that does not include ancillary staff (i.e. Clinicians, Therapeutic Recreational staff, Behavioral Specialists, Parent Partners, Care Coordinators, Psychiatric providers, nursing staff, etc.)

6. What kind of training does your organization provide the staff, and how often?

Orientation training which is required for all of our managers, supervisors, and direct staff (full-time as well as part-time) prior to any work directly with youth/NMDs and provides for 46 hours of classroom training and 36 hours of on-the-job training. New staff receive training in the following areas: Program Introduction; Culture Compass and Organizational History; Safety and Emergency Preparedness; Privacy (HIPAA), Compliance and Confidentiality, Personal Rights; Residential Programming; Information Technology and Avatar Electronic Record System; Introduction to Relias Learning Management; Policies and Procedures for Reporting Suspected Child & Elder Abuse and Law Enforcement Involvement; Campus Overview ; Health Clinic Overview and Medication Administration Procedures; Transitional Age Youth; Health and Fitness program; Emergency Physical Intervention; Title 22 ; The PersonBrain Model; SAFE Environments for Learning and Growth and Debriefing/Reporting of Incidents; Trauma Informed Care; Cultural Responsive Care including for Special Populations (SOGI, NMDs, CSEC); Indian Child Welfare Act (ICWA) and special implications of working with Native American youth/NMDs; CPR & First Aid; Community Water Safety; Ongoing training is provided throughout the year and staff receive a minimum of 40 hours of training annually. Funding for much of our training program comes through a Title IV-E Training contract with Ventura College and the Ventura County Human Services Agency and is available, not only to our staff, but to the Ventura County community as well.

7. Which professionals are involved directly with clients (i.e. Psychiatrist, Psychologist, MFT, ADT, LCSW, Nurse) and how often?

The **Clinicians** engage the youth/NMD and orient them to the program, while reaching out to family members and collateral supports to enlist their participation in the Child and Family Team process. They provide individual therapy at the frequency appropriate to the needs of the youth/NMD and as specified in the Master Treatment Plan and the Needs and Services Plan. Frequency of individual therapy ranges from one (1) hourly session a week to multiple sessions weekly based on the unique needs of the individual youth/NMD. In addition, clinicians provide targeted case management services, group therapy and family therapy whenever possible. Providing individual and group rehabilitation on a daily basis are **Behavioral Specialists** who are experienced and qualified mental health associates and/or mental health rehabilitation specialists. They are assigned to a specific set of youth, who are grouped by developmental and clinical needs, with age, gender, and acuity also considered. **Therapeutic Recreation Specialists** also provide group rehabilitation through specially designed adjunctive therapeutic activities such as art and music group therapy. -The **Care Coordinators** provide case management supports and function as coordinators among all service providers, direct care staff, placing agencies, and the family. **Psychiatrists and Psychiatric Mental Health Nurse Practitioner** provide psychiatric services including psychotropic medication assessment and oversight when indicated, typically on a monthly basis for youth on psychotropic medication. **Licensed Vocational Nurses** oversee medication administration and medication support services as needed.

8. Are peer support specialists/individuals in recovery utilized to support your clients? How many and how often? Are family members involved? How?

We utilize both the support of Youth Advocates and Parent Partners within our RTC. Youth Advocates meet weekly with the youth for Resident Council as well as provide psychoeducational support on CSEC through the "Ending the Game" curriculum. Our Parent Partner coordinates weekly family nights for the youth and their parents, legal guardians, or significant adults as well as work with families to identify needed resources that will support the youth when they return back to the family home.

## 9. Describe Groups - education/support?

Wherever possible, we maintain the youth in the school they were attending before their placement in the RTC. If that is not possible, the youth will be transitioned to the appropriate local school setting. Important components of the RTC program provided to support the educational needs of the youth/NMDs include:

- Advocacy for youth/NMD in accessing educational rights through AB216 as related to Foster Youth.
- Assistance in ensuring the youth/NMD remains in the school they were attending at placement, provided it is in the best interest of the youth, including coordinating transportation. This is done by our Educational Liaison.
- Ensuring youth/NMD are enrolled in school immediately without regard to whether transfer or immunization records are available if the youth/NMD cannot attend the school of origin. When a youth/NMD is unable to remain in their school, our Educational Liaison will work with program staff to get the youth/NMD enrolled in a local school.
- Making sure the youth/NMD is issued partial credits from prior school and not reenrolled in classes previously completed. Our Educational Liaison will work with the Director of Education to ensure the youth/NMD received any partial credits they have earned.
- Providing access to youth/NMD to the same academic resources other students would have such as school supplies, transportation to activities (clubs, sports, religious activities, cultural events, school dances, yearbooks and pictures, etc.). This will be done through the support of the program and therapeutic recreational staff.
- Advocating for the youth/NMD and their educational rights holder are included in any educational decision making including requesting Student Study Team (SST) meetings, assessments and Individualized Education Plans (IEPs) as indicated to support youth/NMD struggling academically or emotionally within the school setting. This also includes access to the Foster Youth Services Coordinator through their school. This will be done in collaboration with the Educational Liaison, Clinician, and program staff.
- Homework support and tutoring as needed as well as support with any vocational and college preparatory task with which the youth/NMD may need assistance. Program staff will ensure homework support is provided and, when indicated, that additional tutoring services are secured by the Educational Liaison.

## 10. Facility/Program Physical Layout (i.e. indoor rooms, outdoor areas, recreational areas)? (Attach floor plan if available)

See attached

## BHAB Reviewer Response

### What do clients typically do during the day (i.e. work, attend programs)?

#### Acronyms:

NMD = non-minor dependent

SOGIE = sexual orientation, gender identification or gender expression

CSEC = commercially sexually exploited children

The Residential Treatment Center (RTC) houses 14 boys and 14 girls who come from all over the state but mainly from southern California. Transgender youth stay in gender identified residence. Ages range from nine to seventeen years old. The average stay is around six months and can last to around twelve months. Referrals typically come from SELPA, IEP and child welfare. Clinicians are embedded at the site. Residents are either two to a room or single bed, depending on the needs of the individual resident. The youth are encouraged to personalize their room and encouraged to keep it clean. Staffing consists of three overlapping shifts with four to five staff per shift. Staff ratio is 4 youth to 1 staff. There is a Health Clinic on site. Culinary services are located on site where there is a commercial size kitchen and adjacent cafeteria where food is served. On weekends, staff cooks with youth in the cottage kitchenette as part of life skills training or takes them off campus to eat. Some of the residents go home on weekends. Wraparound teams are sometimes involved/coordinate with youth, family/caregiver and staff for a successful transition home to family/foster parent home.

Therapy includes Five STEP psychosocial program:

Step 1. Introduction - getting to know each other - positive peer culture.

Step 2. Settling In - basic living - manage hygiene - executive management.

Step 3. Moving Up - individualized goals and how to support independence.

Step 4. Reaching Out - leadership into community.

Step 5. Moving On - graduation - terminating relationship on campus - reconnecting.

Weekdays consist of personal hygiene, breakfast, daily chores and goal setting, classroom instruction, music therapy and physical education, lunch, goals group, other group and therapies, dialectal behavior and skills training, life skills, dinner, skills or therapy or group or family visitation, personal time or group activity.

Weekends include family visits, community outings and experiential outings.

Wellness recovery action plan (WRAP) and residential treatment are concurrent to help implement treatment at RTC.

### Staff identified program needs ?

Travel can be difficult for some families to visit RTC youth. Casa Pacifica pays for such family visits through the Archie Fund which can include costs such as: overnight accommodations at a hotel, transportation, and meals. Other expenses Casa Pacifica covers for youth and their parents may include (birthday/holiday) gifts for parents to give to their child in the RTC program that in some instances they would not otherwise be able to afford. Staff noted that one of their primary goals during a youth's stay is to bring normalcy for a life interrupted and helping to bring dignity to the youth and family during some of their most challenging times. Casa Pacifica must fundraise to cover operating costs with 10% of its organizational budget (\$3 million) coming from private donations.

Staff also noted that their Health Clinic staff often have difficulties connecting with a youth's prior psychiatric provider when a youth is admitted to the program regarding psychotropic drugs that were prescribed. This is a systemic issue, not specific to Casa Pacifica or Ventura County, but one that should be noted. The Health Clinic needs funding for additional PMHNP hours to serve the youth in the RTC program (and the other STRTP program located on their campus.)

**Overall Impression or Brief Summary** (key points, including appearance of clients and facility)?

Overall, favorable impression. Well maintained and organized environment. Youth on site appeared well cared for, allowed personal expression in appearance and in decorating rooms. Youth at RTC were not reluctant to interact with the BHAB site visit team members. Youth advocate with lived experience was very grateful for the opportunity to give back to the RTC program, to serve and to represent as a symbol of hope.

The longevity of some of the Casa Pacifica staff at 10 years, 21 years and 23 years is impressive and speaks to their commitment.

**Board Member Recommendations for Program Needs?**

Approximately 40% of RTC youth are from out of county.\* AB 1299 - Shift in mental health funding for foster youth to the host county is a concern in terms of funding adequacy and timing. Casa Pacifica is actively working at the State level to resolve the financial impact to Counties negatively impacted by this new law, which includes Ventura County.

\*This low Ventura County census is a historical anomaly - over the years the percentage of Ventura County youth has averaged over half of all placements. Also, Ventura County referrals are always moved to the top of the list for admission to the program- Serving the needs of Ventura County's youth is Casa Pacifica's priority.

## MEMORANDUM

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DATE: January 16, 2018

TO: Behavioral Health Advisory Board

FROM: Contracts Administration

SUBJECT: Board of Supervisors Agenda

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### Executive Summary

Ventura County Behavioral Health (VCBH) requested and will be requesting Board of Supervisors approval for the following:

#### Board Agenda – January 9, 2018 - Approved

##### 1. Behavioral Health Advisory Board (BHAB) Bylaws Revision.

Under the Welfare and Institutions Code Section 5604.2, the mission of the BHAB is to assess the impact of services from the state to the county, on services delivered to clients and the local community. The BHAB accomplishes its mission through support, review, and evaluation of the treatment services provided and/or coordinated through VCBH. The BHAB consists of at least fifteen and no more than twenty-one members. Each member of the Ventura County Board of Supervisors may appoint three mental health representatives and one substance use disorder representative to the BHAB. Supervisors are encouraged to appoint individuals who have some experience and knowledge of the behavioral health system. BHAB membership must reflect the ethnic diversity of the client population of Ventura County and at least fifty percent of members must be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. The term of each member shall be for three years, with appointments staggered over a three-year period. Appointed members must commit to regular attendance at meetings and participation on one committee. One member of the BHAB is required to be a member of the County's Board of Supervisors.

The proposed bylaws have been revised to update Article V Officers, Member-at-large and Member Emeritus and Article VI Committee with minor changes and to clarify the role of the BHAB Chair. The revised bylaws were approved by the required vote of two thirds of the BHAB's membership at its November 20, 2017 meeting, and are pending approval by the Ventura County Board of Supervisors.

## Board Agenda – January 23, 2018

### **1. Alcohol and Drug Programs (ADP) Evalcorp FY 2017-18 First Amendment.**

*Evalcorp* provides research, data and statistical analyses, evaluation, and report development services for VCBH's opioid crisis, youth marijuana exposure, and underage and binge drinking strategic prevention initiatives. In addition to these services, this contractor also provides data management services for the Place of Last Drink (POLD) survey.

The proposed first amendment with Evalcorp will increase the maximum contract amount from \$145,000 to \$190,000 (an increase of \$45,000) to fund additional: (1) evaluation support services for the Overdose Prevention and Rescue Project, (2) additional evaluation services for the implementation and outcome evaluation of Straight Up prevention activities, and (3) prevention planning and consultation service hours for the contracted strategic prevention initiative services. These additional services are needed to inform county multi-agency efforts and planning on opioid abuse, drug overdose, marijuana, impaired driving and underage and binge drinking prevention strategies. This contract is fully funded by Substance Abuse Prevention and Treatment (SAPT) Block Grant funds.

VCBH is proposing approval of, and authorization for the VCBH Director or designee to sign, the first amendment to the contract for alcohol and drug program prevention research services with Evalcorp, increasing the maximum contract amount from \$145,000 to \$190,000 (an increase of \$45,000), for the service period July 1, 2017 through June 30, 2018.

### **2. Meditech and Maxim FY 2017-18 First Amendments.**

Maxim and Meditech provide certified and/or licensed temporary staff to help fill vacant positions due to the difficulty in finding qualified and appropriately certified and/or licensed staff. These contractors are also used to help backfill existing positions due to unexpected leaves of absence. VCBH's vacancy rate ranges between 9% and 14%. VCBH is taking appropriate steps to expedite its recruitments for qualified and appropriately certified and/or licensed staff, however, until staff can be hired, VCBH needs temporary staff from Maxim and Meditech. VCBH uses a variety of temporary staff from Maxim and Meditech, including Registered Nurses, Mental Health Associates, and Licensed Marriage and Family Therapists.

The proposed First Amendment with Maxim will increase the maximum contract amount by \$481,457 to fund VCBH's temporary staffing needs through the fiscal year end and revise the rate schedule set forth in the payment terms in the contract. The rate schedule will be adjusted to add a Senior Data Analyst position at the rate of \$62.80 per hour. The increase will be used to backfill vacant positions due to unexpected leaves of absence and to meet ongoing staffing needs in positions that VCBH has been unable to fill. The revised contract amount (\$946,765) will put the contract in line with the average amount spent each year under this contract in FY 2015-16 and FY 2016-17 (\$942,389). The proposed First Amendment with Meditech will revise the rate schedule set forth in the payment terms of the contract. The Meditech rate schedule is being revised to add a Senior Data Analyst position at the rate of \$59.50 per hour. The proposed amendment does not increase the maximum contract amount. VCBH has an ongoing need for, and has been unable to fill, a Senior Data Analyst position

and requires temporary staff to do so. These contracts are funded with Mental Health Services Act (MHSA) funding.

VCBH is proposing approval of and authorization for the VCBH Director or designee to sign the attached amendments for medical personnel staffing and recruiting services with: (1) Maxim, increasing the maximum contract amount from \$465,308 to \$946,765 (an increase of \$481,457) and revising the rate schedule, for the service period of July 1, 2017 through June 30, 2018 and (2) Meditech, revising the rate schedule, for the service period of July 1, 2017 through June 30, 2018.

### Board Agenda – February 6, 2018

#### **1. Ventura County Office of Education/Ventura County Special Education Local Plan Area (VCOE/SELPA) 3.0 New Positions.**

Assembly Bill Number 114 (2010-2011 Regular Session) ended the state mandate on county mental health agencies to fund mental health services to students with disabilities. These services were provided to special education students via the Individualized Education Plan (IEP) process and included, among others, individual or small group counseling, collateral services, medication monitoring, case management and residential care. School districts are now solely responsible for funding special education and related services needed to address social, emotional, and behavioral needs, in accordance with the Individuals with Disabilities Education Act (IDEA).

VCOE/SELPA contracts with VCBH to provide special education related mental health services. The collective goal of VCOE/SELPA and VCBH is to maintain children in their homes and in the county as opposed to in out-of-county or out-of-state placements. VCBH invoices VCOE/SELPA for costs not covered by Short Doyle/Medical Federal Financial Participation (SD/MC FFP) and 2011 Realignment funds. The services may include, but are not limited to, assessments, individual therapy, group therapy, collateral services, case management, day rehabilitation, residential placement, and other mental health services.

On October 4, 2016, the Board of Supervisors approved the addition of 3.0 regular positions for the provision of Educationally Related Social Emotional Services (ERSES) under the contract between VCBH and VCOE/SELPA. The need for such services has continued to grow as the number of children requiring school-based mental health services is increasing in Oxnard and Simi Valley. Currently, 53 clinical staff are providing services at approximately 100 schools throughout the county. The ratio of cases per clinician is averaging 19:1. VCOE/SELPA is requesting a caseload ratio of 15:1, which is the recommended standard. To meet this standard, VCBH is proposing approval for 3.0 additional regular Behavioral Health Clinician III positions. Based on caseloads, these positions will be deployed to the North Oxnard, South Oxnard, and Simi Valley regions of Ventura County. The FY 2017-18 cost for these positions is \$177,542 and \$486,022 in FY 2018-19. The FY 2017-18 total projected cost for ERSES special education-related mental health services is fully funded by VCOE/SELPA, SD/MC FFP, and 2011 Realignment (no net increase in county cost).

VCBH is proposing authorization for the Human Resources Director to establish 3.0 new regular Behavioral Health Clinician III positions in the VCBH Mental Health Budget Unit, effective February 11, 2018.

**Board Agenda – February 13, 2018**

**1. BHAB Fiscal Year (FY) 2016-17 Annual Report.**

The BHAB exists under the authority of the California Legislature by its enactment of the Welfare and Institutions Code section 5604. The BHAB is responsible for: (1) reviewing and evaluating the County's mental health, substance use disorder (SUD) treatment, and prevention services, (2) advocating for members of the community living with mental illness and/or substance use disorders and their families, and (3) advising the Ventura County Board of Supervisors and the VCBH Director on the mental health, SUD, and prevention service needs of the community. The BHAB is also required under the Code and bylaws to submit an annual report to the Ventura County Board of Supervisors. The proposed BHAB FY 2016-17 Annual Report provides an overview of the BHAB's objectives, activities, challenges, and accomplishments.

As detailed in the FY 2016-17 Annual Report, the BHAB has made significant progress in the following areas: (1) advocating for the opening of the Horizon View Mental Health Rehabilitation Center, (2) advocating for the opening of the Children's Crisis Stabilization Unit (CSU) and a Short-term Crisis Residential Unit in Ventura County, and (3) meeting the BHAB objectives related to advocating for increased supported housing, advocating for integrated programs for individuals with mental health and addiction challenges, conducting contractor site visits, exploring resources available for the geriatric population, advocating for local alternatives to Patton State Hospital for inmates within the justice system, and advocating for cultural diversity and competency.

VCBH is proposing that the Ventura County Board of Supervisors receive and file the BHAB FY 2016-17 Annual Report.