

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

June 18, 2018

NEXT MEETING:

Monday, July 16, 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
Jamie Banker
Nancy Borchard, Secretary
Gane Brooking
Kevin Clerici
Margaret Cortese, Member-At-Large
Monique Garcia
Janis Gardner, Member Emeritus
Mary Haffner
Larry Hicks
Cmdr. Ron Nelson
Denise Nielsen
Gina Petrus
Irene Pinkard
Sheri Valley
Kay Wilson-Bolton, 2nd Vice Chair

BHAB Members Absent

Ratan Bhavnani, 1st Vice Chair
Patricia Mowlavi
Supervisor Linda Parks
Marlen Torres

Others Present

Judge Frederick Bysse
Lyn Fairly, KVTA News Talk Radio
Dustin Kerr, Telecare
Jeff Hayden
Crystal Davis, Probation
David Deutsch, NAMI
Diane Mueller
Anthony Zepeda
Marty Wolter
Kalie Matisek, Turning Point Foundation
Jennifer Goble, Pacific Clinics
Robbie Hidalgo, Simi Valley Community Garden
Joseph Vlaskovits, M.D.
Scott Walker, CIT

VCBH Managers and Staff Present

Lisa Acosta, M.D., Youth & Family Medical Director
Tina Coates, Patient Rights Advocate
Patricia Gonzalez, Quality Improvement
Jason Jones, MHSA Fiscal
Martha Montesinos Johnson, Adult Division
Kathy Mulford, ADP Sr. Manager
Kiran Sahota, MHSA Manager
Dr. John Schipper, Adult Division Chief
Maryza Seal, Contracts Manager
Felicia Skaggs, RISE Clinic Administrator
Kaj Swanson, RISE Clinician
Brian Taylor, M.D., Medical Director
Alexis Villegas, Quality Improvement
Edith Pham, BHAB Assistant

| | DISCUSSION/CONCLUSIONS | RECOMMENDATIONS/ ACTIONS | RESPONSIBLE |
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| I. | Call to Order Chair Harris called the meeting to order at 1:08 p.m. David Deutsch lead the audience in reciting the Pledge of Allegiance to the U.S. Flag. | | |
| II. | Approval of the Agenda Mr. Harris asked the Board to review and approve today’s agenda. Kay Wilson-Bolton moved to approve, Denise Nielsen seconded. Mr. Harris requested to move up the Public Comments, Chair Report and possibly Member Comments. The motion to approve the agenda as amended passed unanimously. | The agenda was approved as amended. M/S/C | |
| III. | Approval of the Minutes Mr. Harris asked the Board to review and approve the minutes of the May 21, 2018 meeting. Janis Gardner moved to approve, Cmdr. Ron Nelson seconded. The motion passed unanimously. | The minutes were approved as written. M/S/C | |
| IV. | Welcome and Introductions Mr. Harris welcomed everyone, especially Kevin Clerici, the newest BHAB member. He asked BHAB members to introduce themselves. | | |
| V. | Recognition: Judge Frederick Bysshe, Superior Court Mr. Harris presented Judge Frederick H. Bysshe with a Certificate of Commendation. Judge Bysshe “played an integral part in the development of the program that has come to be known as ‘Assist.’ [...] Through his efforts, he has earned the respect of the Substance Abuse and Mental Health Services Administration (SAMHSA), which helps fund Assist. More significantly, he has earned the trust of Assist clients and their families who come before him.” <ul style="list-style-type: none"> • Dr. John Schipper thanked Judge Bysshe for his help in launching Assist and for putting the program on a good path. • Judge Bysshe noted that Assist is a great program that reaches out to a segment of the population that is not well served. In his work, he has collaborated with special staff and has tried to connect with everyone coming before him. • Mary Haffner noted that she has had the privilege to know Judge Bysshe for many years. She thanked him for his compassion for this difficult population. • Mr. Harris noted that everyone can be proud of the system of care and the services it provides for behavioral health clients. | | |
| VI. | Public Comments A. Jeff Hayden encouraged the board to support AB 1971, which would redefine “gravely disabled.” He feels that failing to enact this piece of legislation would be a failure to help people with severe mental disability who also suffer from a cognitive disability. B. David Deutsch thanked VCBH for providing translation at the recent Prism of Thought event. He also invited all to start forming teams for the NAMI Walk, which will take place on October 13. Up to 1,500 participants are expected at this event. C. Robbie Hidalgo invited all to the Simi Valley free farmers market on the last Tuesday of the month, the next one being on June 26; for details, go to FreeFarmersMarket.org . Also, the Spirit Project and Probation are planning a project to provide services and destigmatize access points; the Board of Supervisors will vote on this in the near future. | | |
| VII. | Chair Report A. Mr. Harris welcomed Dr. Sevet Johnson as the new VCBH Director. He noted that he, Ms. Gardner and Ratan Bhavnani participated in the hiring process and everyone on the interview panel listened to their feedback. B. Mr. Harris noted that for the first time in a very long time the BHAB has no vacancies. C. Ms. Gardner provided information on the following: <ul style="list-style-type: none"> • Vista del Mar Outpatient Services open house on June 19 in Ventura; • LGBTQ+ Youth Coalition on June 20 in Ventura; • The 8th Annual “From Field to Fork” fundraiser on July 19 in Moorpark; | | |

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| | <ul style="list-style-type: none"> • Housing Our Future fundraiser for transitional age foster youth on July 25 at CSUCI; • Night in Oaxaca 2018 on August 10 at Olivas Adobe in Ventura; • Suicide Prevention conference on September 19 at Oxnard College. <p>See attached for details.</p> | | |
| VIII. | <p>Board Members Comments and Announcements</p> <p>A. Ms. Wilson-Bolton invited BHAB members who are interested in participating in a site visit to Hillmont Psychiatric Center to contact her. She is coordinating a date.</p> <p>B. Claudia Armann noted how powerful the article titled Schizophrenia and My Wish List, which was shared, is as it was written by a woman with lived experience. Ms. Armann also noted that the McCune Foundation has provided a grant to the Mental Health Association of San Francisco to hold a two-day training for the mentally ill to tell their story. This will take place in July at the Unitarian Universalist Church in Ventura.</p> <p>C. Gane Brooking attended the NAMI California Conference. She heard a presentation by Kaiser Permanente, which has improved the outcome for its patients by using feedback informed care. Ms. Brooking also mentioned that research is being done on an injectable medication that reduces suicidality for 90 days; she will gather more information on this.</p> | Gather information on this new injectable medication | G. Brooking |
| IX. | <p>Director's Report – Dr. John Schipper for Dr. Sevet Johnson</p> <p>A. Vista del Mar Outpatient Services will hold an open house on June 19. It will serve VCBH Transitional Age Youth (TAY) and adults for the first time.</p> <p>B. On July 1st, the treatment portion of the Assist program will come in-house and will be administered by VCBH staff rather than a contractor. Also, a triage expansion grant will provide clinicians for “ride along” with law enforcement and usher in two three-staff teams, one in east county and one in west county, that will provide outreach and engagement to the TAY population.</p> | | |
| X. | <p>Secretary's Report – Nancy Borchard</p> <p>Ms. Borchard noted that BHAB members' attendance at the committee meetings has improved. Ms. Brooking noted that attending these meetings allows for networking and learning about the various services available.</p> | | |
| XI. | <p>BHAB Committee Reports</p> <p>A. Adult Services Committee – Nancy Borchard, Gane Brooking, Co-Chairs Ms. Brooking noted that the committee heard a presentation on the Human Services Agency's Homeless Services Program and is continuing the discussion on how to serve the older adult population.</p> <p>B. Prevention Committee – Janis Gardner, Chair The committee heard a presentation on regulations to prevent children's access to cannabis. A new public service announcement is going out under the Office of Traffic Safety, focusing on impaired driving rather than drunk driving.</p> <p>C. Transitional Age Youth (TAY) Committee – Cmdr. Ron Nelson, Chair The committee heard a presentation on Turning Point Foundation's dual diagnosis program.</p> <p>D. Youth & Family Committee – Denise Nielsen, Chair The committee, which will go dark in July, heard a presentation on 2-1-1. Committee members have identified several problems:</p> <ol style="list-style-type: none"> 1. the VCBH website contains outdated information; 2. there is still a lack of local psychiatric inpatient beds for children; 3. there appears to be only two ambulances dedicated to transport youth to out-of-county inpatient care, which results in many youth spending their involuntary holds in local emergency rooms waiting for a bed or an ambulance; | | |

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| | <p>4. there is a break-down in information sharing between out-of-county inpatient facilities where children are placed and the local treatment teams, who are not informed about the services or medication that the children received.</p> <p>E. Subcommittee on Legislation – Sheri Valley</p> <ul style="list-style-type: none"> • SB 1363 (tax return and Crisis Intervention Training): it is in the Assembly, is assigned to the Appropriations Committee. • SB 906 (statewide peer support specialist certification): it passed the Senate, is now in the Assembly, has been referred to the Health Committee. • SB 1045 (conservatorship in San Francisco and Los Angeles counties): it passed the Senate, is in the Assembly, was referred to the Committees on Health and Judiciary. • AB 1971 (expand the definition of “gravely disabled”): it passed the Assembly, is now in the Senate, was referred to the Committees on Health and Judiciary. | | |
| <p>XII.</p> | <p>New Business</p> <p>A. Election of Officers for Fiscal Year 2018-19 – Cmdr. Nelson, Nominating Committee Chair</p> <p>Mr. Harris reminded all of the slate of officers that Cmdr. Nelson had proposed at the May meeting:</p> <p style="padding-left: 20px;">Chair: Jerry Harris 1st Vice Chair: Ratan Bhavnani 2nd Vice Chair: Gane Brooking Secretary: Kay Wilson-Bolton Member-At-Large: Margaret Cortese Chair Emeritus: Janis Gardner</p> <p>Cmdr. Nelson opened the nominations from the floor. Hearing none, he moved to approve the proposed slate of officers; Mary Haffner seconded. The motion passed unanimously.</p> <p>B. Develop Process for Communicating with the Board of Supervisors and Identify BHAB Scope in Terms of Advising the Board of Supervisors</p> <p>Mr. Harris noted that he and the officers are still discussing this with Terri Yanez, Administrative Division Chief, who is seeking clarification from County Counsel. It is anticipated that a protocol will be developed and set in place in the near future. In the meantime, if the BHAB makes a motion to support an agenda item dealing with legislation or other matters, the vote will be recorded in the minutes, which are sent to the Board of Supervisors (BOS). The BOS has a policy that anything that the BHAB would like to send to the BOS has to go through VCBH. This is understood by BHAB members, and the board is in compliance with the BOS policy.</p> <p>C. Welfare & Institutions Code Section 5270 – Dr. John Schipper</p> <p>Dr. Schipper noted that, following Dr. Vlaskovits’ presentation at the April General meeting, he and Pete Pringle, Interim Director, consulted with Tina Coates, Patient’s Rights Advocate, and Kim Milstien, Health Care Agency Chief Executive Officer. Both are open to the Board of Supervisors implementing WIC 5270, which is anticipated to affect a small number of clients. VCBH supports this also.</p> <p>A discussion took place to clarify how WIC 5270/30-day extension of involuntary holds works compared to temporary conservatorship. Sheri Valley moved that BHAB support the Board of Supervisors’ implementation of WIC 5270 in the county. Larry Hicks seconded. The motion passed unanimously.</p> <p>D. California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) Invitation to Attend Annual Meeting in Los Angeles on June 22</p> <p>Mr. Harris noted that he and Gina Petrus will participate in the meeting. Ms. Petrus will also attend the board member training session on June 23. Mr. Harris will attend as a Governing Board Member of CALBHB/C. He recommended that members visit the CALBHB/C website as it contains a wealth of information.</p> | <p>Approve the proposed slate of officers for FY 2018-19 M/S/C</p> <p>Support the implementation of WIC 5270 in the county M/S/C</p> | |

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| <p>XIII. Old Business</p> | <p>A. BHAB Vision, Mission</p> <p>A discussion took place regarding the vision statement for the BHAB. Several changes were proposed. Sherry Valley read the final version: "A society where equity exists in the provision and funding for behavioral health services. Mental wellness is achieved by Ventura County Behavioral Health's commitment to ensure that every client receives appropriate housing, whole person care which includes, but is not limited to, behavioral health services, a primary care physician, preventive and dental care, and the elimination of the stigma that surrounds Behavioral Health clients." Cmdr. Nelson moved to approve this version of the vision statement, Irene Pinkard seconded. The motion passed unanimously.</p> <p>A discussion took place regarding the mission statement. Several changes were proposed. Mr. Harris read the final version: "The mission of the Behavioral Health Advisory Board is to advocate for members of the community living with mental illness and/or substance use disorders and their families. This is accomplished through the assessment of data, support, review and evaluation of evidence-based treatment services provided and/or coordinated through the Ventura County Behavioral Health Department, with consumers, community and stakeholder involvement." Larry Hicks moved to accept the new mission statement, Ms. Gardner seconded. The motion passed unanimously.</p> <p>B. BHAB Objectives for Fiscal Year 2018-19</p> <p>Mr. Harris asked that the board adopt one objective from each committee as the BHAB Objectives. He asked the chairs to specify which objectives their committee felt were the most important.</p> <ul style="list-style-type: none"> • Adult Services: #1 and # 2. • Prevention: # 2, although Ms. Gardner noted the committee is still working on the wording; she amended the objective to read "Identify opportunities for cannabis education and awareness." • Transitional Age Youth: the one goal that had been submitted. • Youth & Family Services: Ms. Nielsen was no longer in attendance. The board agreed that # 1 seemed to be the most important. <p>Ms. Borchard moved to adopt these objectives for Fiscal Year 2018-19, Cmdr. Nelson seconded. The motion passed unanimously.</p> <p>C. Re-defining "Gravely Disabled"</p> <p>A lengthy discussion took place regarding AB 1971, which would expand the definition of "gravely disabled" to include the inability to provide for one's medical treatment. Ms. Valley is concerned because the bill is general regarding mental illness and the medical conditions for which a person might be committed and have treatment forced on them. Ms. Borchard questioned letting the mentally ill die rather than buying them time for them to stabilize psychiatrically so they accept medical treatment. Ms. Haffner asked all to focus on the spirit of the law and to think of the homeless dying of medical conditions that could be avoidable with proper treatment. Dr. Vlaskovits provided some information about the protections of the mentally ill afforded under the Welfare & Institutions Code.</p> <p>Ms. Haffner moved to send a letter in support of AB 1971 to both the Senate Health Committee and the Senate Judiciary Committee, the Health Committee prior to Wednesday, June 2nd, and the Judiciary Committee prior to June 26. Mr. Harris noted that the board cannot send letters to legislative bodies directly, but it can support the bill and the concept of expanding "gravely disabled" to include medical conditions, and this will be reflected in the minutes.</p> <p>Dr. Schipper suggested that the board consider the operational impact that the bill would have on the Public Guardian's Office.</p> <p>Ms. Haffner moved that the Ventura County Behavioral Health Advisory Board support AB 1971 to expand the definition of "gravely disabled" to include serious medical conditions. Ms. Armann seconded.</p> <p>Cmdr. Nelson questioned how law enforcement in the field would figure out that the mentally ill have a medical issue; Dr. Vlaskovits explained that it would be for the</p> | <p>Approve BHAB vision statement M/S/C</p> <p>Approve BHAB mission statement M/S/C</p> <p>Adopt committee objectives as the BHAB objectives M/S/C</p> | |
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| | <p>psychiatrists to resolve, and clients could not be committed solely due to medical conditions. Kevin Clerici introduced himself as the Director of the Downtown Ventura Partners; he supports the bill because, his outreach team interacts on a daily basis with mentally ill individuals who have significant medical wounds but do not meet the threshold for gravely disabled.</p> <p>Mr. Harris called for a vote on the motion that was previously made. Those in favor were Mr. Harris, Ms. Gardner, Jamie Banker, Gina Petrus, Ms. Borchard, Ms. Brooking, Margaret Cortese, Ms. Armann, Cmdr. Nelson, Ms. Haffner, Mr. Clerici, Mr. Hicks. No one opposed. Ms. Valley abstained.</p> <p>D. Future Presentations July: presentation by Judge Ryan Wright on Mental Illness and the Criminal Justice System. August: presentation by Sgt. Matthew Young on the Pharmaceutical Crimes Unit.</p> <p>E. Future Potential Recognitions Mr. Harris noted that Michael White, VCBH Facilities, Safety and Disaster Manager, and Bennie Crayton of the Alcohol & Drug Programs would be recognized.</p> | <p>Support AB 1971, which expands the definition of "gravely disabled" M/S/C</p> | |
| XIV. | <p>Contracts</p> <p>Mr. Harris asked the board members whether they had any questions regarding the contracts that VCBH will submit to the Board of Supervisors (BOS) for their approval. These contracts are listed in the Executive Summary attached to the agenda, as follows:</p> <p>A. Board of Supervisors Agenda - June 19, 2018</p> <ol style="list-style-type: none"> 1. FY 2017-18 Casa Pacifica Amendment 2. Mental Health Services Oversight and Accountability Commission (MHSOAC) Triage Grant 3. FY 2017-18 Sunrise Manor and FY 2018-21 La Siesta and Hickory House Board and Care Amendments 4. FY 2017-18 Telecare Corporation Casa B, C, D, and VISTA Amendments 5. FY 2018-19 Turning Point Foundation Quality of Life (QOL) and Adult Wellness and Recovery Centers (AWRC)/Growing Works Contract Amendments <p>See attached Executive Summary for details.</p> <p>Mr. Harris asked for a motion to recommend that the Board of Supervisors approve the contracts. Ms. Armann moved to recommend the contracts, Ms. Haffner seconded. Ms. Borchard asked for clarification regarding the triage grant and Rapid Integrated Support and Engagement (RISE). Dr. Schipper explained that the existing RISE will continue, and the award of the second grant is an expansion.</p> <p>Mr. Harris asked for a vote on the motion. It passed unanimously.</p> | <p>The Board approved sending the contracts to the BOS as submitted. M/S/C</p> | |
| XV. | <p>Public Comments</p> <p>Michael Powers, County Executive Officer, stopped by. He thanked Mr. Harris, Ms. Gardner, Ratan Bhavnani, Dr. Schipper and Pete Pringle for serving on the panel that selected the new VCBH Director. Mr. Powers noted that he feels good about the management team now in place. He also thanked all BHAB members for their work.</p> | | |
| XVI. | <p>Adjourn</p> <p>The meeting adjourned at 3:25 p.m.</p> | | |

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 | 3/11/18 – 3/10/21 | Claudia Armann | X | X | X | X | X | | X | X | X | X | X | X |
| District 2 | 4/17/18 – 1/7/19 | Jamie Banker | | | | | | | | | | | | X |
| District 2 | 2/23/16 – 2/23/19 | Ratan Bhavnani | X | X | X | X | | | X | | X | X | X | |
| District 3 | 1/27/18 – 1/26/21 | Nancy Borchard | X | X | | X | X | | | X | X | X | X | X |
| District 3 | 1/12/16 – 1/12/19 | Gane Brooking | X | | X | X | X | | X | X | X | X | X | X |
| District 1 | 6/12/18 – 10/6/18 | Kevin Clerici | | | | | | | | | | | | X |
| District 5 | 1/11/18 – 1/10/21 | Margaret Cortese | | | | | | | X | X | X | X | | X |
| District 5 | 10/17/17 – 9/23/20 | Monique Garcia | X | | | | | | X | X | | X | | X |
| District 2 | 9/13/16 – 9/13/19 | Janis Gardner | X | X | X | X | X | | X | X | X | X | | X |
| District 1 | 4/8/18 – 4/7/21 | Mary Haffner | X | X | X | X | X | | | X | | | X | X |
| District 4 | 9/17/16 – 9/17/19 | Jerry Harris | X | X | X | X | X | | X | X | X | X | X | X |
| District 3 | 12/2/17 – 12/1/20 | Larry Hicks | X | | | X | X | | X | | X | | X | X |
| District 2 | 3/14/17 – 3/14/20 | Patricia Mowlavi | X | | | | X | | X | X | X | X | | |
| District 4 | 10/13/15 – 10/13/18 | Cmdr. Ron Nelson | X | X | X | X | X | | | X | X | X | X | X |
| District 4 | 9/17/15 – 9/17/18 | Denise Nielsen | X | X | X | | X | | X | X | X | X | X | X |
| District 2 | 1/1/17 – 12/31/18 | Supervisor Linda Parks | X | X | X | X | X | | X | X | | X | X | |
| District 1 | 5/8/18 – 5/7/21 | Gina Petrus | | | | | | | | | | | X | X |
| District 5 | 1/24/17 – 1/24/20 | Dr. Irene Pinkard | | X | X | X | | | | X | | | X | X |
| District 5 | 1/10/17 – 1/10/20 | Marlen Torres | X | | | | X | | | X | | X | X | |
| District 4 | 2/6/18 – 2/6/21 | Sheri Valley | | | | | | | | X | X | X | X | X |
| District 3 | 4/15/18 – 4/14/21 | Kay Wilson-Bolton | X | X | X | X | X | | X | X | X | X | X | X |

Present = X

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

LGBTQ+ *the* youth COALITION

Do you work with or serve young people?

This event aims to bring together organizations that provide services to LGBTQ+ youth and organizations that would like to learn more about the resources, events and opportunities available to LGBTQ+ youth in Ventura County

NETWORKING 2-2:30PM
PROGRAM SHARE 2:30-3PM
YOUTH LED PANEL 3PM-4PM

JUNE 20TH, 2018
COMMUNITY
RESOURCE CENTER
2471 PORTOLA ROAD
VENTURA, CA 93003

**OPEN TO ANY COMMUNITY
MEMBER AND ORGANIZATION WHO
WANTS TO SUPPORT LGBTQ+ YOUTH**

Register here: www.bit.ly/lgbtqyouthcoalition

National Alliance on Mental Illness
&
Diversity Collective Ventura County

present

Prism of Thought

an artistic exploration of LGBTQ mental health and opinion



Join us for a special evening of
conversation, art, music, & food

Friday, June 8 5:30 – 8:00 pm

Diversity Collective Community Resource Center
2471 Portola Road, #100 ~ Ventura, CA 93003

Questions?

email David at david.deutsch@namiventura.org



La Alianza Nacional de Enfermedades Mentales
y
Diversidad Colectiva de Ventura County

presenta

Prisma de Pensamiento

Una exploración artística de la salud mental y la opinión LGBTQ



Únete a nosotros para una noche especial de
conversación, arte, música y comida

Viernes, 8 de Junio 5:30 – 8:00 pm

Diversity Collective Community Resource Center
2471 Portola Road, #100 ~ Ventura, CA 93003

Tiene preguntas?

Envíe un correo electrónico a David a david.deutsch@namiventura.org



You're invited!

Vista del Mar Outpatient Services
NEW LOCATION - OPEN HOUSE
801 S. Victoria Ave., Suite 303

Tuesday, June 19th, 2018

4:00 p.m. to 6:00 p.m.

Please Join Us! Meet our Team and Network

HIGHLIGHTS

- Hear from Vista's CEO Jenifer Nyhuis
Hospital Update and Progress
- Learn about Vista's Outpatient Services Curriculum
Expressive Therapy (come create with us)
- Join Vista's Provider Referral List
- Network
Bring your business cards
Meet other community providers

Please RSVP to Catalina Arenas

Catalina.Arenas@aurorabehavioral.com

The 8th Annual "From Field to Fork" Fundraiser

Thursday July 19, 2018

4:30 pm - 8:00 pm

Walnut Grove at Tierra Rejada Ranch

3370 Sunset Valley Rd, Moorpark



Click the Eventbrite image below to purchase your tickets!

Eventbrite

Ticket prices go up on July 1st!

"From Field to Fork" is a fundraiser for *House Farm Workers!* The event brings together farmers who produce Ventura County's agricultural bounty, chefs who celebrate that bounty on their menus, and the farm workers whose labor makes it all possible.

Guests will enjoy a delicious meal al fresco executed by Chef Tim Kilcoyne of Scratch Sandwich Counter, and other local Ventura County chefs, at one of the most beautiful locations in Ventura County, The Walnut Grove in Moorpark.

The proceeds from this special evening of gourmet food, fine wine and local craft beer will support the education and advocacy program of **House Farm Workers!** as it continues its effort to increase the number of safe and affordable homes available to farm worker families in Ventura County.

Learn more on our website: www.housefarmworkers.org

info@housefarmworkers.org

PO Box 402, Santa Paula, CA 93061

805.921.0430



Join us at our annual event to support affordable housing in Ventura County.

HOUSING OUR FUTURE

Transitional Age Foster Youth • Young Adults
Students & Recent Graduates • Young Professionals

Wednesday July 25, 2018, 5:00-8:30pm
at Malibu Hall, Cal State University Channel Islands

KEYNOTE SPEAKER • LOCAL PERSONAL PERSPECTIVE
SOCIAL HOUR • DINNER • LOCAL WINES & BREWS
ENTERTAINMENT • UNIQUE AUCTION & RAFFLE ITEMS

Tickets & Information

Single \$65; Double \$120
Under-30 & Foster parents: \$40
www.VCHousingTrustFund.org/2018-event

Sponsorship/Support Opportunities

See reverse side and contact:
karen@VCHousingTrustFund.org



There are many ways you can show your support:

- Become an event Sponsor
- Be a table centerpiece sponsor
- Donate beer, wine, auction item, gift cards (for FUNdraising game) for the event
- Purchase individual tickets or an entire table of 8!
- Bid on auction items (available online and at event)
- Forward this invitation to others
- Post/share on social media



| | PRESENTING PATRON \$10,000 | UNDERWRITING SPONSORS \$5,000 | FOUNDATION SPONSOR \$2,500 | FRAMEWORK SPONSOR \$1,000 | BUILDING BLOCK SPONSOR \$500 | AUCTION DONOR & CENTERPIECE SPONSOR \$250 min. value |
|--|-------------------------------|----------------------------------|-------------------------------|------------------------------|---------------------------------|---|
| Quantity | 1 | 6 | unlimited | unlimited | unlimited | 20 |
| Recognition at Event | | | | | | |
| Podium | Speak | Mention | Mention | | | |
| Signage | Banner | Lg. sign w/ Name/Logo | | | | On table |
| Program Ad | 2-pg. inside front | full (5"x8") | half (5"x4") | Name & Logo | Name | Name |
| Slideshow | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Event Poster | Logo | Logo | Logo | Listing | Listing | Listing |
| Event Tickets | | | | | | |
| Complimentary* | 8 front table | 6 | 5 | 4 | 2 | 1 |
| Add'l at \$40 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| *Donate unused complimentary tickets back to VCHTF; donated tickets will be made available to local young adults (foster TAY and students) and will recognize the donating entity. | | | | | | |
| Post-event Media Recognition | | | | | | |
| Press, Web, FB | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |


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MICOP NIO: Siempre Adelante 2018

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On behalf of the MICOP Board of Directors, You are Cordially Invited to:

Night in Oaxaca: Siempre Adelante

AUGUST 10, 2018 | 5:00 PM-7:30 PM | OLIVAS ADOBE | 4200 OLIVAS PARK DR | VENTURA, CA
Tickets: \$65/individual, \$110/couple

Estimado MICOP Friends & Family:

You are cordially invited to this year's Night in Oaxaca, on **August 10th, 2018** from 5:00PM-7:30PM. We are extremely excited to share that this year's event will be held at the Olivas Adobe (4200 Olivas Park Dr, Ventura, CA)!



This year's theme, "Siempre Adelante" or "Always Forward", is a celebration of indigenous resiliency, and the promise of a better tomorrow.

Join us in celebration of Ventura County's indigenous immigrant community at a fabulous evening of traditional food, dancing and music. Our evening will begin promptly at 5:00PM with a social hour featuring a Oaxacan craft market, and traditional indigenous dances. Be sure to come hungry, as dinner starts at 6:00 PM. We will highlight plates from Ventura County's local Oaxacan restaurants, including tlayudas, mole amarillo, tamales de mole, enmoladas (mole enchiladas) and of course our signature mole negro!

Tickets are available for purchase at \$65 for individuals and \$110 for couples. Tickets can be purchased by clicking the button below or by filling out the registration form.

All funds raised at Night In Oaxaca go directly towards supporting MICOP's mission to support, empower and organize Ventura County's indigenous immigrant community. For additional information, or for sponsorship opportunities, please contact Genevieve Flores-Haro at genevieve.flores-haro@mixteco.org or at 805-302-1912.

We look forward to seeing you there!

[Buy Tickets Here](#)

[Registration Form Here](#)

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Thomas Fire survivors deal with dreams, insomnia, other scars

Psychological scars from the Thomas Fire rouse some survivors in the middle of the night. Tom Kisken

Ventura County Star – June 5, 2018

Panic attacks make her lungs constrict and her heartbeat sprint. Sleep is fickle, either not coming at all or consuming much of the day.

Six months after it chased her out of the studio she rented in Upper Ojai, destroying the home and her memoirs written in longhand, Kiera Van Gelder still feels the Thomas Fire.

It ramps up the aching joints that come with Lyme disease and consumes her appetite. Since she and her landlords raced to leave at the urging of firefighters on the night of Dec. 4, she has lost 20 pounds.

But she is starting to feel better.

"I think the grieving process is happening now," said Van Gelder, who spent the first three months bouncing from one refuge to the next but now has found permanent lodging on an Upper Ojai ranch. "I have time to feel my feelings."

Insomnia. Dreams. Lethargy. Restlessness.

The psychological aftereffects faded for some in the weeks that followed the fire that damaged or destroyed 987 homes. The scars linger for others and behavioral health advocates worry that as summer heat and Santa Ana winds increase fire risks, it will kick up flashbacks and anxiety.

"It's sort of the hidden impact," said Michael White, the Ventura County Behavioral Health administrator who guides [California HOPE of Ventura County](#). Funded through a grant from the Federal Emergency Management Agency, the six-person team was created to deal with the mental health impacts of a wildfire that ranks as California's largest one ever to be officially recorded.

The team operates a hotline, connects people with Thomas Fire support groups and reaches through different community organizations to help fire survivors. Leaders tell of people who feel their motivation burned with their homes. Others are propelled by anxiety.

Thomas Fire survivors talk about the disaster's psychological toll. TOM KISKEN/THE STAR

"They say, 'I can't rest. I can't sleep,'" said team leader Lisa Lopez, citing people pushed by insomnia into their cars where they drive on hillside roads in the burn area in the middle of the night looking for flames.

On the night the fire raged across Upper Ojai, Jake and Lorrie Colborn evacuated to their daughter Jessica's place in Ojai as the fire destroyed their home of 42 years. Afterward, they settled in a trailer on the burned property, wrangling with an insurance company over the money needed to rebuild.

And Jessica started to relive the fire at night after going to bed.

"The dreams have been less lately," she said, remembering one in which she watched the house burn. "I was watching the flames lap out of the windows and just staring at the property and you know the helplessness. ... Not being able to save anything and just standing there and just watching it being engulfed in flames."

The dreams and other trauma impacts aren't a given. Many survivors said they cope by focusing on jobs or family or rebuilding.

'It can make you depressed'

Joe and Cheryl Amestoy lived in what was once a one-room schoolhouse built more than 100 years ago in Upper Ojai. They were there for 41 years, evacuating along with their tenant, Van Gelder, before the house burned.

Now, they've found a home in Ojai where Joe Amestoy, a sculptor and former architect, works on designs for a new place where the old one burned. He said he's excited at what lies ahead.

"I have no regrets. I don't pine about the way it was," he said. "I don't think of it as trauma. 'Opportunity' is a better word."

It's impossible to know how many people struggled with psychological wounds after the fire, but the scope of the physical damage suggests there are many. Across the county, 1,063 structures were destroyed, with 535 of them in Ventura and nearly that many in unincorporated parts of the county like Upper Ojai.

A study from researchers at the Rand Corp. think tank focused on more than 200 people who fled to a Red Cross evacuation center or sought help from a government assistance center during a wave of Southern California fires in 2003.

About a quarter of the people showed symptoms of post-traumatic stress disorder three months after a fire. About a third showed signs of depression.

The rate of people who experience problems was less than rape victims but about the same as people who had gone through military combat, said co-author Terry Schell.

The people most likely to be hit psychologically were those injured in a fire or those who lost property.

"A lot of people lost a lot of what they worked for," Schell said. "It doesn't necessarily cause nightmares ... but it can make you depressed."

'I spent days not being able to get out of bed'

The fire claimed the Hawaiian Village apartment complex on a hillside overlooking downtown Ventura. Travel writers David and Veronica James were working on stories in Cuba when they learned their apartment and everything they owned was gone.

The couple moved in with Veronica James' parents and then found their own apartment. Describing themselves as "scrappy," they persevered but struggled to find a rhythm that seemed normal.

"I spent days not being able to get out of bed. My husband and I both had dreams of burning and just a lot of insomnia," said Veronica James, noting that the trauma dissipated with time, though trips to thrift stores can ignite the reality of what was lost.

"It's the heirlooms that really get you," she said. "I just feel like my grandmother and great-grandmother are wiped off the planet."

Therapists said that heart rates can quicken from anxiety and adrenalin can surge. People can also feel detached from reality. Survivors can be hit by post-traumatic disorder and so can loved ones who worried they might be trapped in the fire.

People sometimes try to fight their way through the trauma quietly, denying the impact. Therapists contend that dealing with the wounds face-on, talking about what's happening and possibly seeking treatment, can lessen the chance of lingering impacts that can push people to self-medicate with alcohol or drugs.

"The thing that sustains traumatic stress is avoidance and numbing," said Pilar Sumalpong, a Ventura psychologist.

About 20 Thomas Fire survivors gather once a month in a lot near Summit Elementary School in the Upper Ojai. On a recent Sunday, they ate pizzas from a mobile wood stove and collected disaster relief supplies. They talked about everything from insurance barriers and construction delays to memories of the fire.

Stone mason Daniel Vazquez remembered the smell of the smoke, wind that felt like a small tornado and the red in the mountains that quickly raced toward his trailer on Tree Ranch Road.

He fled. His trailer — home for about four years — was destroyed.

Vazquez ended up in Ojai, first in a Red Cross shelter and then homeless on the streets. A friend tried to help him by posting a message online. "Man who lost everything looking for a place to live," it said.

He once helped that same friend find shelter when she was sleeping in her car. She offered up her trailer while she was on vacation. Then he found a rental home in Upper Ojai.

The journey makes him think of what it felt like before karma rescued him. He didn't know where to go for help.

"I know what it really means to be homeless," he said. "You feel like you're alone even when people are around you."

The story and others like it make Van Gelder, the author, think of more than the devastation and emotional turmoil created by the fire. She focuses on how people keep going.

"There's an incredible amount resilience that I've discovered in myself and in others," she said.

Symptoms

Therapists say natural disasters can trigger the following feelings and effects:

- Anxiety and fear
- Guilt
- Numbness
- Insomnia
- Urge to self-medicate
- Difficulty making decisions
- Disorientation
- Stomach aches
- Eating too much or too little
- Muscle tension

Source: California HOPE of Ventura County

Resources

- California HOPE hotline: 805-833-9495
- Ventura County Behavioral Health crisis line: 1-866-998-2243
- 211 referral line: 211 or 1-800-339-9597
- National Disaster Distress Helpline: 1-800-985-5990
- National Suicide Prevention Lifeline: 1-800-273-8255
- Alcohol and drug treatment information: 805-981-9200

Thomas Fire support groups

- Mondays, beginning June 18, 6 p.m. to 7:30 p.m., adults and children (ages 6 to 17), Our Lady Of The Assumption Church, 3175 Telegraph Road, Ventura
- Tuesdays, beginning June 19, 6 p.m. to 7:30 p.m., adults and children (ages 6 to 17), Fillmore Boys & Girls Club, 565 1st Street, Fillmore
- Wednesdays, beginning June 20, 6 p.m. to 7:30 p.m., adults, Ojai Library, 111 E. Ojai Ave., Ojai
- Thursdays, beginning June 21, 6 p.m. to 7:30 p.m., adults, Blanchard Community Library, 119 N. 8th St., Santa Paula

Source: California HOPE of Ventura County; For more information, call 805-833-9495.

Uncivil liberties

Far from respecting civil liberties, legal obstacles to treating the mentally ill limit or destroy the liberty of the person

By Herschel Hardin

Herschel Hardin is an author and consultant. He was a member of the board of directors of the Civil Liberties Association from 1965 to 1974, and has been involved in the defense of liberty and free speech through his work with Amnesty International. One of his children has schizophrenia.

The public is growing increasingly confused by how we treat the mentally ill. More and more, the mentally ill are showing up in the streets, badly in need of help. Incidents of illness-driven violence are being reported regularly, incidents which common sense tells us could easily be avoided. And this is just the visible tip of the greater tragedy – of many more sufferers deteriorating in the shadows and often, committing suicide.

People asked in perplexed astonishment: "Why don't we provide the treatment, when the need is so obvious?" Yet every such cry of anguish is met with the rejoinder that unrequested intervention is an infringement of civil liberties. This stops everything.

Civil Liberties, after all, are a fundamental part of our democratic society. The rhetoric and lobbying results in legislative obstacles to timely and adequate treatment, and the psychiatric community is cowed by the anti-treatment climate produced. **Here is the Kafkaesque irony: Far from respecting civil liberties, legal obstacles to treatment limit or destroy the liberty of the person.** The best example concerns schizophrenia.

The most chronic and disabling of the major mental illnesses, schizophrenia involves a chemical imbalance in the brain, alleviated in most cases by medication. Symptoms can include confusion; inability to concentrate, to think abstractly, or to plan; thought disorder to the point of raving babble; delusions and hallucinations; and variations such as paranoia. Untreated, the disease is ravaging. Its victims cannot work or care for themselves. They may think they are other people – usually historical or cultural characters such as Jesus Christ or John Lennon – or otherwise lose their sense of identity. They find it hard or impossible to live with others, and they may become hostile and threatening. They can end up living in the most degraded, shocking circumstances, voiding in their own clothes, living in rooms overrun by rodents – or in the streets. They often deteriorate physically, losing weight and suffering corresponding malnutrition, rotting teeth and skin sores. They become particularly vulnerable to injury and abuse.

Tormented by voices, or in the grip of paranoia, they may commit suicide or violence upon others. Becoming suddenly threatening, or bearing a weapon because of delusionally perceived need for self-protection, the innocent schizophrenic may be shot down by police. Depression from the illness, without adequate stability — often as the result of premature release — is also a factor in suicides. Such victims are prisoners of their illness. Their personalities are subsumed by their distorted thoughts. They cannot think for themselves and cannot exercise any meaningful liberty. The remedy is treatment — most

essentially, medication. In most cases, this means involuntary treatment because people in the throes of their illness have little or no insight into their own condition. If you think you are Jesus Christ or an avenging angel, you are not likely to agree that you need to go to the hospital.

Anti-treatment advocates insist that involuntary committal should be limited to cases of imminent physical danger — instances where a person is going to do bodily harm to himself or to somebody else. But the establishment of such “dangerousness” usually comes too late — a psychotic break or loss of control, leading to violence, happens suddenly. And all the while, the victim suffers the ravages of the illness itself, the degradation of life, the tragic loss of individual potential.

The anti-treatment advocates say: “If that’s how people want to live (babbling on a street corner, in rags), or if they wish to take their own lives, they should be allowed to exercise their free will. To interfere — with involuntary committal — is to deny them their civil liberties.” Whether or not anti-treatment advocates actually voice such opinions, they seem content to sacrifice a few lives here and there to uphold an abstract doctrine. Their intent, if noble, has a chilly, Stalinist justification — the odd tragedy along the way is warranted to ensure the greater good. The notion that this doctrine is misapplied escapes them. They merely deny the nature of the illness. Health (Official) Elizabeth Cull appears to have fallen into the trap of this juxtaposition. She has talked about balancing the need for treatment and civil liberties, as if they were opposites. It is with such a misconceptualization that anti-treatment lobbyists promote legislation loaded with administrative and judicial obstacles to involuntary committal.

The result, ...will be a certain number of illness-caused suicides every year, just as surely as if those people were lined up annually in front of a firing squad. Add to that the broader ravages of the illness, and keep in mind the manic depressives who also have a high suicide rate. A doubly ironic downstream effect: the inappropriate use of criminal prosecution against the mentally ill, and the attendant cruelty of committal to jails and prisons rather than hospitals. Corrections officials once estimated that almost one third of adult offenders and close to half of the young offenders in the correction system have a diagnosable mental disorder.

Clinical evidence has now indicated that allowing schizophrenia to progress to a psychotic break lowers the possible level of future recovery, and subsequent psychotic breaks lower that level further — in other words, the cost of withholding treatment is permanent damage. Meanwhile, bureaucratic road-blocks, such as time consuming judicial hearings, are passed off under the cloak of “due process” — as if the illness were a crime with which one is being charged and hospitalization for treatment is punishment. Such cumbersome restraints ignore the existing adequate safeguards — the requirement for two independent assessments and a review panel to check against over-long stays. How can such degradation and death — so much inhumanity — be justified in the name of civil liberties? It cannot. The opposition to involuntary committal and treatment betrays profound misunderstanding of the principle of civil liberties. **Medication can free victims from their illness — free them from the Bastille of their psychosis — and restore their dignity, their free will and the meaningful exercise of their liberties.**

The Vancouver Sun July 22, 1993

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Bethany Yeiser
Recovery Road

Schizophrenia and My Wish List

What I wish had happened years before I was diagnosed with schizophrenia.

Posted May 25, 2018

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Source: Pixabay

When I was homeless, I regularly entered an abandoned building and slept there during the night. I considered the building's unlocked side door to be a miraculous provision from God because my thinking was confused due to mental illness. Sneaking into an open side door made more sense to me than asking anyone for help. While I was mentally ill and homeless, I refused all contact with my family.

Eventually, when the building became occupied, my last resort (as I saw it) was to spend every night in a local churchyard. The voices inside of my head began to speak to me during the first week in the churchyard. The voices insulted me, commended me, and never really

followed a logical pattern that made sense. But still, in my illness, I believed what they said. They explained that the churchyard was a modern day "Garden of Eden," similar to heaven. And, over a few weeks time, they convinced me that my homeless lifestyle was perfect and that I could never have a better life.

Because I believed that "angels" residing in the "Garden of Eden" left food for me in the garbage cans, I never obtained free food from food banks. When I found food that was unspoiled, like sandwiches and Coca-Cola, I questioned whether the "angels" had slipped it into the garbage, or if someone had been directed to leave food for me to find through a dream.

Schizophrenia prevented me from working the simplest job. Prior to becoming ill, I had been a successful college student and had enjoyed earning money from my research work in biochemistry. But when I developed schizophrenia and became homeless, I quickly ran out of money. Occasionally, when I found pocket change left on the streets, I visited a local bakery and purchased their cheapest pastry. Despite growing up in a middle-class family, even pennies had become valuable to me.

As I look back on the tragedy of my homelessness, which was the direct result of severe untreated mental illness, I would like to list the things I wish would have happened instead.

Evaluation by the police

I wish police had been trained to recognize the symptoms of severe mental illness, such as an unkempt and dirty appearance, accompanied by mannerisms that are commonly seen when people are experiencing hallucinations, like

After six months living outside and hearing voices, I was still not recognized by police as mentally ill. Instead, I was arrested and jailed briefly for trespassing and looking for food in ~~the~~ garbage cans on the university campus where I had formerly been an honors student. In my insanity, I remembered being a successful student and believed I was unconditionally welcome on campus, despite my dirty and homeless appearance. But I was wrong.

I wish that police had identified me as mentally ill about six months before I was ever arrested and jailed. I was badly in need of treatment, including medication.

Evaluation by a psychiatrist

I wish a well-trained police officer had taken me immediately to a mental health facility for psychiatric evaluation. If I had been given the benefit of being evaluated by a physician (even if I had to be taken against my will) I believe that my mental illness would have been quickly recognized. Living outside, eating garbage, and spending my days in parks was behavior stemming from schizophrenia. Locking me in jail in order to change my behavior was frightening, and a lost cause. Serving jail time does not cure schizophrenia.

In order for people to be held in a hospital against their will for psychiatric evaluation, they must be considered "at risk of hurting themselves or others." When I was hearing voices and homeless in early 2006, I believe most doctors would have easily identified me as a risk to myself due to my deplorable condition, and because of the voices. Nonetheless, I spent a year living outside, psychotic and suffering.

Early Intervention

I wish I had been diagnosed and treated immediately. If I had been, the voices may not have become louder and more treatment-resistant. Had I begun medication earlier, I probably would have spent less time in the hospital (at over \$1,000 a day). Instead, I suffered, and the taxpayers footed the bill.

If I had been recognized as ill, and not just a law-breaker, my two expensive incarcerations would probably have been avoided (at well over \$100 a day). Searching trash for food to eat should have been an unmistakable warning sign that I needed help and not social correction.

Working with Treatment Teams

I wish that I had never been homeless and that I had never become sick in the first place.

But once I was diagnosed, I was treated by doctors who were excellent. I was ready to see my parents again, and they became my advocates. We lived through a hellish year where I tried many different medications, with nothing working well, until I found an underutilized medication that worked for me. My parents also convinced me to apply for the social security income I qualified for because I could not work, and this helped me rebuild my life.

There will always be people who are mentally ill, suffering from delusions, badly needing help, and refusing it, like me. The key is to find these people as soon as possible. Once we find them, treatment teams must never give up, and always strive for the highest level of recovery.

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

5/14/18

VISION

Equity exists in the provision and funding for Behavioral Health services. Every client has a Primary Care Physician, receives Preventive Care and has access to Whole Person Care and Dental Care. Stigma for Behavioral Health clients is significantly reduced, if not eliminated.

MISSION

The mission of the Behavioral Health Advisory Board is to advocate for members of the community living with mental illness and/or substance use disorder and their families. This is accomplished through support, review and evaluation of treatment services provided and/or coordinated through the Ventura County Behavioral Health Department.

Ventura County Behavioral Health Advisory Board
Committee Objectives for FY 2018-19
June 18, 2018

Adult Services Committee

1. Advocate for effective assessment and referral for individuals in crisis at the Hillmont Psychiatric Center in cooperation with local hospitals and law enforcement, with particular emphasis on developing a Crisis Stabilization Unit and increasing inpatient beds, both public and private, within the community.
2. Advocate for increased services to the older adult population.
3. Participate in all efforts to establish affordable and supportive housing for individuals who live with mental health and/or substance use disorder challenges.

Prevention Committee

1. Support and collaborate with VCBH and the BHAB in helping to prevent the onset of substance use disorders and mental health crises.
2. Identify cannabis education and awareness gaps.

Transitional Age Youth (TAY) Committee

Identify strategies, including advocacy, to address gaps in services for the Transitional Age Youth (TAY) population related to mental health and substance abuse treatment, housing options, work and volunteer opportunities, and the justice system.

Youth & Family Services Committee

1. Advocate for the re-creation of psychiatric hospital beds in the county for the pediatric population.
2. Raise awareness of services for children ages 0-5 and access to those services.

MEMORANDUM

DATE: June 12, 2018
TO: Behavioral Health Advisory Board
FROM: Contracts Administration
SUBJECT: Board of Supervisors Agenda

Executive Summary

Ventura County Behavioral Health (VCBH) is requesting Board of Supervisors approval for the following:

Board Agenda – June 19, 2018

1. FY 2017-18 Casa Pacifica Amendment.

This item is requesting approval to combine the Residential Treatment Center (RTC) and Shelter Programs and modify payment terms.

VCBH contracts with Casa Pacifica for a variety of program services--many of which are included under one EPSDT contract. Those programs include: RTC, Shelter, Non-Public School (NPS), Therapeutic Behavioral Services (TBS), and Parent Child Interactive Therapy (PCIT). The contract states that although these various programs are included under one agreement, "payments are limited to the lesser of program actual cost or program maximum cost and it is mutually understood that allowable costs are not transferrable between programs." However, the Shelter (now referred to as Assessment, Stabilization, and Permanency (ASAP)) and RTC programs no longer exist as separate program codes because on July 24, 2017 Casa Pacifica received its license to operate as a Short Term Residential Treatment Program (STRTP). With this license, the RTC and Shelter/ASAP programs are no longer recognized as separate programs and funding for these programs no longer necessitates delineation. For this reason, Casa Pacifica is requesting to combine costs for the RTC and Shelter/ASAP programs. The combined cost for these programs is \$2,079,000. The proposed amendment does not affect the maximum contract of \$5,163,498. This contract is funded with Short-Doyle/Medi-Cal Federal Financial Participation (SD/MC FFP) and EPSDT/Realignment funds.

VCBH is proposing approval of the contract amendment with Casa Pacifica to: (1) combine the RTC and ASAP program budgets and (2) adjust the unit cost for the STRTP to reflect a more accurate cost of the services provided.

2. Mental Health Services Oversight and Accountability Commission (MHSOAC) Triage Grant.

This item is requesting approval to sign the MHSOAC Triage Grant agreement for new grant funding.

Senate Bill (SB) 82 enacted the Investment in Mental Health Wellness Act of 2013 (Act). The Act affords California counties the opportunity to use Mental Health Services Act (MHSA) funds to expand crisis services for individuals experiencing mental health crises through competitive grant processes. The purpose of SB 82 is to strengthen and expand county mental health systems by augmenting existing county crisis services and creating linkages to services through additional funding for triage personnel. In February 2014, various counties, including VCBH, were awarded grant funding. In December 2017, the MHSOAC released a second Request for Application (RFA) for grants that support hiring of mental health personnel to provide triage services to the following two populations – individuals 22 years or older and Transitional Age Youth (TAY) (individuals 16 to 25 years old).

In response to the MHSOAC RFA, VCBH submitted an application that focuses on two expanded programs to the current VCBH Triage Program: 1) collaborative mental health and law enforcement activities (VCBH staff “ride along” with police officers to better identify and provide services to clients and potential clients who are hard to find in the community) and 2) partnering with high schools, community colleges, and colleges, and the TAY Wellness Center to identify TAY who are in need of mental health services and support. Funding will allow VCBH to develop teams that will be composed of clinicians, case managers, and peer recovery coaches that will provide triage services and targeted case management in the community. Each team will develop a case load of 20 clients comprised of known individuals in the community who frequently exhibit mental health needs but who are hard to reach. Teams will also engage, monthly, with approximately 20 additional persons who have not previously been identified as potential mental health clients. Goals of the program include providing immediate support and triage services, making referrals to wellness centers and recovery oriented services, reducing hospitalizations and incarcerations, and diverting individuals in crisis to a more appropriate level of care. On March 27, 2018, the MHSOAC awarded VCBH a \$2,486,224 grant for the term of July 1, 2018 through June 30, 2021. VCBH will use this grant funding to expand the existing Triage Program services with seven additional FTE positions and two contracted peer positions.

VCBH is proposing approval of and authorization for the VCBH Director or designee to sign the MHSOAC Triage Grant agreement, in the amount of \$2,486,224, effective July 1, 2018 through June 30, 2021.

3. FY 2017-18 Sunrise Manor and FY 2018-21 La Siesta and Hickory House Board and Care Amendments.

This item is requesting approval to sign board and care contract amendments that set new rates and maximum contract amounts for FY 2017-18 through FY 2018-21.

La Siesta, Hickory House, and Sunrise Manor provide augmented board and care services for adults with serious and persistent mental illness which have resulted in significant functional impairments so as to require 24-hour care and supervision to promote safety and recovery. The acuity level of these individuals is high in that they require daily assistance in one or more areas of life functioning, including: attending to self-care and basic needs, attending to medical and medication needs, maintaining participation in supportive mental health/substance abuse and other recovery-based support programs, and socializing and re-integrating into the community. VCBH pays a rate per client/month to each facility. Quarterly, these facilities also receive an additional \$25 per client, based upon the facility's performance on the VCBH consumer comfort review tool which is designed to evaluate various client care and facility maintenance factors. La Siesta is also reimbursed for client activities for actual expenses up to \$1,500 per month. VCBH funding is in addition to the Social Security income (SSI) that these facilities receive from clients to provide basic board and care services. If the client does not have SSI benefits, VCBH provides temporary funding to cover basic board and care services until the client is benefited.

The proposed FY 17-18 amendment with Sunrise Manor will increase the contract maximum to ensure there is sufficient funding for clients placed at this facility through June 30, 2018. There are no rate changes to the Sunrise Manor agreement. Sunrise Manor's business entity status with the California Secretary of State is currently listed as suspended. Corporations and limited liability corporations are required to register with the State. Sunrise Manor's status was suspended due to its failure to pay taxes in a timely fashion. Sunrise Manor has provided information to VCBH to demonstrate that its tax payments were made. Sunrise Manor is actively working to resolve the issue and expects that it will be resolved shortly. VCBH must contract with Sunrise Manor despite its current business entity status because VCBH does not have another service provider which can shelter the number of clients that Sunrise Manor currently houses.

The proposed FY 2018-21 amendments with La Siesta and Hickory House will: 1) extend the term of the agreements for a three-year period, 2) revise the client rates, and 3) establish not to exceed amounts through June 30, 2021, as summarized below:

| Contract | Current FY 17-18 Client Rate | Current FY 17-18 Contract Maximum | FY 18-19 Client Rate | Proposed FY 18-19 Contract Maximum | FY 19-20 Client Rate | Proposed FY 19-20 Contract Maximum | FY 20-21 Client Rate | Proposed FY 20-21 Contract Maximum |
|------------------|---|--|-------------------------------------|---|-------------------------------------|---|-------------------------------------|---|
| La Siesta | \$380 | \$177,499 | \$427 | \$197,607 | \$436 | \$200,500 | \$448 | \$204,000 |
| Hickory House | \$500 | \$206,856 | \$547 | \$228,100 | \$556 | \$231,000 | \$568 | \$234,000 |

Hickory House receives a higher client rate because it is a Residential Care Facility for the Elderly. These rate increases are needed to address increases in the minimum wage and workers' compensation insurance costs that La Siesta and Hickory House are experiencing. Currently, 45 clients are residing at Sunrise, 32 clients at La Siesta, and 31 clients at Hickory House. These contracts are funded with MHSA, Realignment, and Tobacco Settlement funds.

VCBH is proposing approval for the: (1) Purchasing Agent or designee to sign the contract amendments for augmented board and care services with La Siesta and Hickory House and (2) VCBH Director or designee to sign the contract amendment for augmented board and care services with Sunrise Manor.

4. FY 2017-18 Telecare Corporation Casa B, C, D, and VISTA Amendments.

This item is requesting approval to sign contract amendments that will: (1) add additional funding to the Casa contracts due to a projected SSI shortfall and (2) add an outreach and engagement line item to and decrease the Vista contract.

Through three agreements with VCBH, Telecare Corporation (Telecare) operates the following mental health residential treatment facilities (“Casas”): (1) Casa B – Brighter Tomorrows, (2) Casa C - House of Transitions, and (3) Casa D – Starship. These Casas are long-term social rehabilitation facilities that each have 15 beds, with a program duration of approximately 18 months. Services are delivered in a home-like environment to facilitate client’s growth and recovery. Clients receive supervision, guidance, and personal assistance in performing their daily living activities. Structured day and evening services are also provided to assist clients in acquiring living skills, accessing community resources, and accessing educational/vocational resources. Mental health services are provided by VCBH. The Casas are currently at 89% occupancy with a total of 40 clients in the three Casas.

The proposed FY 2017-18 amendments include an increase of \$135,887 to provide Telecare with additional funding to address a projected shortfall in SSI from referred VCBH clients. Thirteen clients at the Casas who are not enrolled in Social Security are TAY---VCBH would like to encourage these individuals to find employment or participate in education that would delay or eliminate participation in SSI. In addition, six adult clients who were enrolled into Social Security when they arrived at the Casas may not receive coverage for up to 18 months, in which case SSI would not be available until the client has left the 18-month program. These agreements are funded with SD/MC FFP, Realignment, and Proposition 63 MHSA funding.

Telecare also operates and manages the VISTA program which provides assertive community treatment (ACT) program services to adults who have been released from local jails. These individuals receive community-based support to ensure independent living and wellness. ACT services include: mental health treatment, psychiatric care and management, medication education to understand and manage chronic conditions, alcohol and other substance abuse treatment, life skills training, vocational training and counseling, advocacy regarding criminal justice, social services, social security issues, and linkage with peer support programs, wellness and recovery centers, and housing supports. Through the contract, 30 clients can be served at any one time. The current census for the program is 27, in addition to four individuals in the community who have been referred for enrollment and 10 individuals who have been referred and are waiting to be released from custody.

The proposed FY 2017-18 amendment includes a revised budget that will add a \$50,000 Outreach & Engagement line item. Clients and potential clients for this program are resistant to services and require additional outreach to engage in the program. This includes checking homeless areas and visiting clients who are in custody. The addition of this line item will allow Telecare to be reimbursed for outreach activities. Telecare’s cost for this program is running under the original budget mostly due to open staff positions. To compensate for the reduced costs, the proposed amendment will decrease the contract maximum by \$100,003. This agreement is funded with SD/MC FFP and MHSA funding.

VCBH is proposing approval for the VCBH Director or designee to sign the amendments with Telecare for the service period of July 1, 2017 through June 30, 2018 for: (1) social rehabilitation services at Casa B, in the amount of \$787,932, (2) social rehabilitation services at Casa C, in the amount of \$839,182, (3) social rehabilitation services at Casa D, in the amount of \$795,221, and (4) VISTA ACT program services, decreasing the agreement amount from \$779,172 to \$679,169 (a decrease of \$100,003) and revising the budget.

5. FY 2018-19 Turning Point Foundation Quality of Life (QOL) and Adult Wellness and Recovery Centers (AWRC)/Growing Works Contract Amendments.

This item is requesting approval to sign FY 2018-19 contract amendments for the existing QOL and AWRC Programs and adding the new Growing Works Program.

Turning Point Foundation (Turning Point) operates the QOL Program which focuses on individuals with serious and persistent mental illness living in board and care and supported housing facilities. The individuals in these facilities are isolated and do not have access to quality of life enhancing activities, sometimes due to the severity of their mental illness which precludes participation through normal avenues. The goal of the QOL program is to promote wellness through non-clinical groups and activities and increase residents' integration in the community. Peer staff (individuals with lived mental health experience) provide group and community activities and one-on-one interactions to help residents learn independent living skills and coping tools that are designed to promote recovery. As of the third quarter of FY 2017-18, the program served 198 individuals. The program is currently operating at three board and care sites (Elms Manor, Sunrise Manor and Cottonwood) and three supported housing facilities (Villa Calleguas, Castillo del Sol and River Haven).

The proposed amendment includes funding for four peer positions who will be working with the VCBH Rapid Integrated Support & Engagement (RISE) team. Peers accompany VCBH RISE staff when responding to mental illness calls in the community with the goal of improving communication with the individual and facilitating acceptance of services from the VCBH RISE team. Of the four peers, two will be funded by a newly received Triage Grant and will be assigned to conduct ride-alongs with police to serve the TAY community. The two remaining peer positions will be funded by MHSA funding and will serve the general community.

Turning Point also operates two AWRC's (one in Oxnard and one in Ventura) which focus on outreach to and engagement of individuals with serious and persistent mental illness who have been unserved or underserved by the traditional mental health system. The AWRC's use group and 1-on-1 interaction, engage clients in programs, and serve as portals to other mental health, medical, dental, housing, and employment services. The AWRC's support individuals with the goal of reducing symptoms and preventing decompensation and psychiatric hospitalization. The AWRC's assist members in developing a Wellness Recovery Action Plan (WRAP) to help guide the recovery process. The AWRC's incorporate structures that include clients in the operation of the AWRC through leadership teams, peer mentorship and employment. The AWRC's provide a safe and supportive environment to help individuals drop-in and connect to VCBH for services. As of the end of the third quarter of FY 2017-18, the AWRC's have served 463 clients and every member has either completed or been introduced to WRAP.

The proposed amendment increases the contract maximum to \$805,849 and includes \$300,000 in new funding for the Growing Works Program. The Growing Works Program is a new nursery/horticultural peer job readiness program where staff will use established recovery principles to provide job readiness training to 100 VCBH clients. The goal of the program is to have 25 adults completing all phases of the program. This contract is funded by the MHSA.

VCBH is proposing approval for the VCBH Director or designee to sign the amendments with Turning Point for the service period of July 1, 2018 through June 30, 2019 for: (1) QOL Program services, in the amount of \$536,803, and (2) AWRC and Growing Works Program services, in the amount of \$805,849.