BEHAVIORAL HEALTH ADVISORY BOARD

General Meeting

Monday, April 15, 2019, 1:00 – 3:30 p.m.

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

AGENDA

I. Call to Order and Pledge of Allegiance

II. Approval of the Agenda – **ACTION**

III. Approval of the March 18, 2019 Special and General Meetings Minutes – **ACTION**

IV. Welcome and Introductions

V. Public Comments (3 min. per speaker)

VI. Recognition: Dennis Perry

VII. Chair's Report (5 min.)
   A. Events and Announcements – Janis Gardner, Secretary (5 min.)

VIII. Board Members Comments and Announcements (3 min. per speaker)

IX. Presentation: Human Trafficking – Christan Perez, Manager, Interface HEART Program

X. Director's Report – Dr. Sevet Johnson (10 min.)

XI. Secretary's Report – Janis Gardner (5 min.)

XII. BHAB Committees Reports (5 min. each)
   A. Adult Services Committee – Nancy Borchard and Gane Brooking, Co-Chairs
   B. Prevention Committee – Janis Gardner, Chair
   C. Transitional Age Youth (TAY) Committee – Margaret Cortese, Chair
   D. Youth & Family Committee – Denise Nielsen, Chair

XIII. New Business
   A. Review Proper Protocol for Public Comments and Decorum
   B. Confirm Appointment of the Nominating Committee - **ACTION**
   C. Results of Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis of March 18, 2019
   D. Explore the Need for Additional Board Member Training Opportunities
   E. Open 30-day Public Comment Period on Mental Health Services Act (MHSA) Annual Report – Kiran Sahota (5 min.) - **ACTION**

XIV. Old Business
   A. Ventura County Medical Center (VCMC) Crisis Stabilization Unit (CSU) Update
   B. Amended BHAB Bylaws
   C. Review the Composition of the Board by Membership Category
   D. Follow-up to the March 19, 2019 Annual Report Presentation to the Board of Supervisors
   E. Adoption of the 2018 Data Notebook – Gane Brooking – **ACTION**
   F. Proposed Site Visit to Vista del Mar Psychiatric Hospital – Gane Brooking
   G. Letter to the Board of Supervisors Requesting Support for the Institution for Mental Diseases (IMD) Exclusion Waiver – **ACTION**
   H. Future Presentations
   I. Future Recognitions

Members of the public making oral presentations to the Board in connection with one or more agenda or non-agenda items at a single meeting are limited to a cumulative total time not to exceed (5) minutes for all of their oral presentations at such meeting unless otherwise provided. The entire public comment period is limited to no more than (20) minutes total for all speakers. NOTE: The Chair may limit the number or duration of speakers on a matter. In compliance with the Americans With Disabilities Act, if you need special assistance to participate in this meeting, please contact Behavioral Health Administration at (805) 981-6830. Reasonable advance notification of the need for accommodation prior to the meeting (48 hours advance notice is preferable) will enable us to make reasonable arrangements to ensure accessibility to this meeting.

XV. Contracts –

A. Board of Supervisors Approved Agreements – March 19, 2019

1. Behavioral Health Advisory Board's (BHAB) Fiscal Year (FY) 2017-18 Annual Report
2. BHAB Bylaws Amendment

XVI. Public Comments (3 min. each)

XVII. Adjourn

Next Meeting: Monday, May 20, 2019

Members of the public making oral presentations to the Board in connection with one or more agenda or non-agenda items at a single meeting are limited to a cumulative total time not to exceed (5) minutes for all of their oral presentations at such meeting unless otherwise provided. The entire public comment period is limited to no more than (20) minutes total for all speakers. NOTE: The Chair may limit the number or duration of speakers on a matter. In compliance with the Americans With Disabilities Act, if you need special assistance to participate in this meeting, please contact Behavioral Health Administration at (805) 981-6830. Reasonable advance notification of the need for accommodation prior to the meeting (48 hours advance notice is preferable) will enable us to make reasonable arrangements to ensure accessibility to this meeting.

SWOT Analysis - 3/18/19
Results

Below you will find the results of the BHAB SWOT Analysis conducted on March 18, 2019. The items listed under each category are in the priority order agreed upon at the sessions.

Strengths

1. BHAB members are very committed.
2. Strong relationship with VCBH Director, managers and staff, and with the Sheriff's Office.
3. Strong committees, which includes broad-based stakeholder participation.
4. Supervisor Parks is a very active member of the BHAB and is committed to recovery.
5. Recent improvements to the organizations processes, including the use of action plans, has made the BHAB more effective.

Weaknesses

1. Lack of consistent consumer involvement.
2. Lack of board member understanding of the BHAB's role and responsibilities.
3. Lack of authority to implement change directly.
4. Lack of effective community outreach and engagement.
5. Not always focusing on the most important things.

Opportunities

1. Strengthen the BHAB's position as an influential body.
2. Improve community outreach through the use of such things as brochures, newsletter, having BHAB information available at community events.
3. Participation in implementation of new laws.
4. Continuation of legislative workgroup.

Threats

1. Budgetary constraints.
2. Not going beyond the organizations established duties, responsibilities and protocol (staying in your lane).
3. Unknown impact of Managed Care on VCBH, Behavioral Health programs within the system of care, and clients and families.

Ventura County
Behavioral Health Advisory Board

April 8, 2019

Ventura County Board of Supervisors
800 S. Victoria Avenue
Ventura, CA 93008

Dear Board of Supervisors:

At its regularly scheduled meeting on March 18, 2019, the Ventura County Behavioral Health Advisory Board (BHAB) passed a motion, by a unanimous vote, requesting that your Board prepare a letter to the State of California asking the State to apply for a waiver to the Institutions of Mental Disease (IMD) Exclusion that would allow Medicaid to pay for in-hospital beds at psychiatric hospitals and facilities.

Background

Currently, federal law does not allow Medicaid to pay for care in many psychiatric hospitals. Specifically, the law prohibits payment for adults between ages 21-64 in hospitals or treatment facilities that have more than 16 beds and that primarily provide mental health or substance use care. Updating the IMD exclusion will help those who suffer from serious and persistent mental illnesses receive improved access to the level of care which they so badly need and deserve. By doing so, this will help address the critical shortage of inpatient psychiatric hospital beds by increasing available beds and will also help to alleviate emergency room and jail overcrowding.

The Ventura County Behavioral Health Advisory Board urges the Ventura County Board of Supervisors to stand with NAMI Ventura County, NAMI Los Angeles County, the County Behavioral Health Directors Association, the California State Association of Counties, and numerous other California organizations in advocating for and urging that California submit an application for this IMD Exclusion Waiver as quickly as possible.

Recommendation

The Ventura County Behavioral Health Advisory Board (BHAB) respectfully requests that your Board prepare a letter to the California Department of Health Care Services requesting that the State of California apply for the IMD Exclusion Waiver to allow Medicaid to pay for in-hospital beds at psychiatric hospitals and facilities.

Thank you for your consideration. Should you have any questions or require additional information, please let me know.

Sincerely,

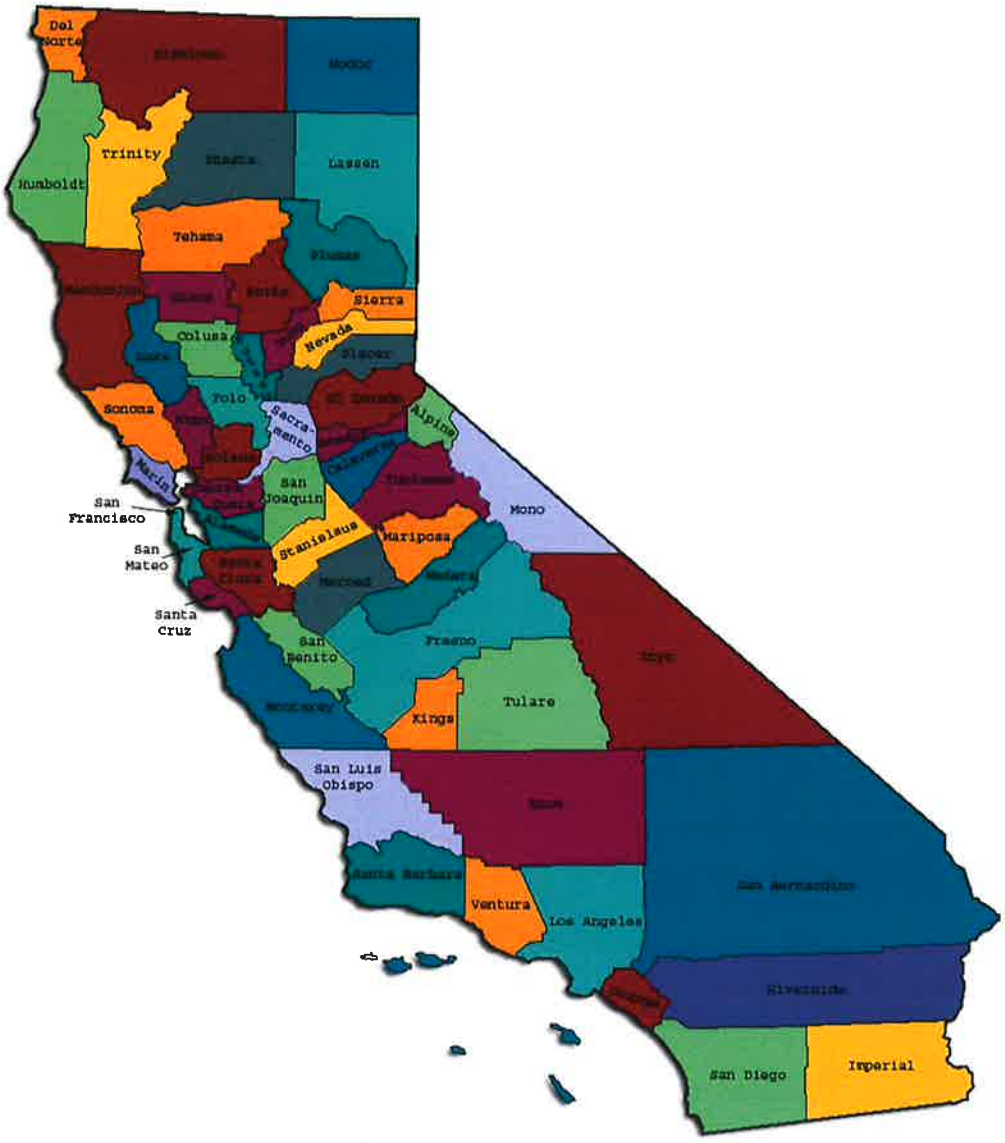
Jerry M. Harris, Chair
Ventura County Behavioral Health Advisory Board

Address:
1911 Williams Drive, Suite 200
Oxnard, CA 93036
Phone: 805-981-1115
Fax: 805-658-4512

VENTURA COUNTY: DATA NOTEBOOK 2018

FOR CALIFORNIA

BEHAVIORAL HEALTH BOARDS AND COMMISSIONS



Prepared by California Behavioral Health Planning Council, in collaboration with:
California Association of Local Behavioral Health Boards/Commissions

The California Behavioral Health Planning Council (Council) is under federal and state mandate to advocate on behalf of adults with severe mental illness and children with severe emotional disturbance and their families. The Council is also statutorily required to advise the Legislature on behavioral health issues, policies and priorities in California. The Council advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family member driven, recovery oriented, culturally and linguistically responsive and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resiliency and wellness of Californians living with severe mental illness.

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Introduction: Purpose and Goals

What is the "Data Notebook?"

The Data Notebook is a structured format for reviewing information and reporting on specific mental health services in each county. The goal of our 2018 Data Notebook is to survey types of services and needs in the behavioral health systems of care for children, adults, and older adults. This topic follows our yearly practice of focusing on different parts of the behavioral health system. However, this year we are taking a survey approach to collect data as the foundation for an overall needs review.

Local behavioral health boards/commissions are required annually to review performance data for mental health services in their county and to report their findings to the CBHPC. To provide structure for the report and to make the reporting easier, each year we create a Data Notebook for local behavioral health boards to complete and submit to the CBHPC. Afterward, the responses are compiled and analyzed by our staff to create a yearly report for policy makers, stakeholders and the general public.

The Data Notebook structure and questions are designed to meet important goals:

- To assist local boards to meet their legal mandates[1] to review performance data for their county mental health services and report on performance every year,
- To serve as an educational resource on behavioral health data for local boards,
- To obtain opinion and thoughts of local mental health boards on specific topics,
- To identify unmet needs and make recommendations.

We encourage members of all local behavioral health boards to participate in reviewing and developing the responses for the Data Notebook. This is an opportunity for the local boards and their county behavioral health departments to work together to identify critical issues that are most important to your county. Your work will help inform county and state leadership plans for behavioral health programs.

We thank everyone for your interest and continued participation.

We are taking a somewhat different approach for the 2018 Data Notebook (DN). The 2018 DN does not include county-specific data but rather is a brief general survey about mental health services and needs in the counties to guide our advocacy in the coming year. It is anticipated that we will resume our practice of presenting county-specific data in the 2019 Data Notebook.

[1] W.I.C. 5604.2, regarding mandated reporting roles of MH Boards and Commissions in California.

System of Care: What BH Services are CA Counties Required to Provide?

California's Welfare and Institutions Code (WIC) sets forth a number of definitions, responsibilities and requirements for the public mental health system. Below are a few excerpts from the WIC to provide context for some questions in this Data Notebook.

WIC Section 5600.1
The mission of California's mental health system shall be to enable persons experiencing severe and disabling mental illnesses and children with serious emotional disturbances to access services and programs that assist them, in a manner tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living the most constructive and satisfying lives possible in the least restrictive available settings.

WIC 5600.4
Community mental health services should be organized to provide an array of treatment options in the following areas, to the extent resources are available:

(a) Precrisis and Crisis Services. Immediate response to individuals in precrisis and crisis and to members of the individual's support system, on a 24-hour, seven-day-a-week basis. Crisis services may be provided offsite through mobile services. The focus of precrisis services is to offer ideas and strategies to improve the person's situation, and help access what is needed to avoid crisis. The focus of crisis services is stabilization and crisis resolution, assessment of precipitating and attending factors, and recommendations for meeting identified needs.

(b) Comprehensive Evaluation and Assessment. Includes, but is not limited to, evaluation and assessment of physical and mental health, income support, housing, vocational training and employment, and social support services needs. Evaluation and assessment may be provided offsite through mobile services.

(c) Individual Service Plan. Identification of the short- and long-term service needs of the individual, advocating for, and coordinating the provision of these services. The development of the plan should include the participation of the client, family members, friends, and providers of services to the client, as appropriate.

(d) Medication Education and Management. Includes, but is not limited to, evaluation of the need for administration of, and education about, the risks and benefits associated with medication. Clients should be provided this information prior to the administration of medications pursuant to state law. To the extent practicable, families and caregivers should also be informed about medications.

(e) Case Management. Client-specific services that assist clients in gaining access to needed medical, social, educational, and other services. Case management may be provided offsite through mobile services.

(f) Twenty-four Hour Treatment Services. Treatment provided in any of the following: an acute psychiatric hospital, an acute psychiatric unit of a general hospital, a psychiatric health facility, an institute for mental disease, a community treatment facility, or community residential treatment programs, including crisis, transitional and long-term programs.

(g) Rehabilitation and Support Services. Treatment and rehabilitation services designed to stabilize symptoms, and to develop, improve, and maintain the skills and supports necessary to live in the community. These services may be provided through various modes of services, including, but not limited to, individual and group counseling, day treatment programs, collateral contacts with friends and family, and peer counseling programs. These services may be provided offsite through mobile services.

(h) Vocational Rehabilitation. Services which provide a range of vocational services to assist individuals to prepare for, obtain, and maintain employment.

(i) Residential Services. Room and board and 24-hour care and supervision.

(j) Services for Homeless Persons. Services designed to assist mentally ill persons who are homeless, or at risk of being homeless, to secure housing and financial resources.

(k) Group Services. Services to two or more clients at the same time.

WIC Section 5600.5

The minimum array of services for children and youth meeting the target population criteria established in subdivision (a) of Section 5600.3[2] should include the following modes of service in every geographical area, to the extent resources are available:

(a) Precrisis and crisis services.

(b) Assessment.

(c) Medication education and management.

(d) Case management.

(e) Twenty-four-hour treatment services.

[2] See attached Appendix for presentation of the full definition of the target population criteria set forth in Welfare and Institutions Code Section 5600.3.

(f) Rehabilitation and support services designed to alleviate symptoms and foster development of age appropriate cognitive, emotional, and behavioral skills necessary for maturation.

WIC 5600.6
The minimum array of services for adults meeting the target population criteria established in subdivision (b) of Section 5600.3 should include the following modes of service in every geographical area, to the extent resources are available:

(a) Precrisis and crisis services.

(b) Assessment.

(c) Medication education and management.

(d) Case management.

(e) Twenty-four-hour treatment services.

(f) Rehabilitation and support services.

(g) Vocational services.

(h) Residential services.

WIC 5600.7
The minimum array of services for older adults meeting the target population criteria established in subdivision (b) of Section 5600.3 should include the following modes of service in every geographical area, to the extent resources are available:

(a) Precrisis and crisis services, including mobile services.

(b) Assessment, including mobile services.

(c) Medication education and management.

(d) Case management, including mobile services.

(e) Twenty-four-hour treatment services.

(f) Residential services.

(g) Rehabilitation and support services, including mobile services.

Your County: Evaluation of Services, Barriers to Access, and Unmet Needs

Below we ask a series of questions about the above services in your county regardless of fund source. We ask whether there are barriers to service access, unmet needs, or lack of continued or sustainable funding for a particular service or program.

1) Please indicate (X) any service areas for which your county has identified that persons are substantially underserved or experience substantial unmet BH needs.

For each age Group:

(a) Pre-crisis and crisis services.
(b) Assessment
(c) Medication education & management
(d) Case management
(e) Twenty-four-hour treatment services
(f) Rehabilitation and support services
(g) Vocational services
(h) Residential services

Child	TAY (age 16-25)	Adult	Older Adult
	X	X	X
		X	
	X	X	X
	X	X	
		X	X

2) What are the major barriers to BH service access for persons who are in need of these services? Indicate any reasons; mark as many as apply.

For each age Group:

A: Lack of Program Funding
B: Lack specialized prof. expertise
C: Lack BH workforce/providers
D: Clients dispersed outlying areas
E: Transportation problems (bus, etc.)
F: Lack available appointment times
G: Fear government involvement
H: Linguistic needs (translation, etc.)
J: Culturally relevant needs
K: Other barrier, specify_____

Child	TAY (age 16-25)	Adult	Older Adult
X	X	X	X
	X	X	X
X	X	X	X
	X	X	X
X	X	X	X
X		X	X
X	X	X	X
X	X	X	X
X	X	X	X

3) Please indicate (X) any areas for which your county has implemented new programs within the last 3 years.

For each age Group:

(a) Pre-crisis and crisis services.
(b) Assessment
(c) Medication education & management
(d) Case management
(e) Twenty-four-hour treatment services
(f) Rehabilitation and support services
(g) Vocational services
(h) Residential services

Child	TAY (age 16-25)	Adult	Older Adult
X	X		
X	X	X	
X	X	X	
X	X	X	
X	X	X	
	X	X	
X	X	X	

4) Indicate (X) whether any of the following services are funded with <u>temporary</u> (one-time, time-limited) funding for which you are seeking a sustainable fund source to continue services?

For each age Group:

(a) Pre-crisis and crisis services.
(b) Assessment
(c) Medication education & management
(d) Case management
(e) Twenty-four-hour treatment services
(f) Rehabilitation and support services
(g) Vocational services
(h) Residential services

Child	TAY (age 16-25)	Adult	Older Adult
X			
		X	
		X	

5) If you could have <u>one</u> new program or facility or resource within the next three years, what would be your highest priority need?
Please limit your response to 25 words or less.

Housing.

<u>Mental Health Services Act (MHSA) Components</u>

Background and Definitions of the MHSA (below) are excerpted from a description contained in the Executive Summary[3] of a 2018 Report by NAMI California.

Proposition 63, the Mental Health Services Act, was passed by voters in 2004. At the time, California was struggling to meet the mental health needs of its residents. A 2003 report by the California Mental Health Planning Council estimated that as many as 1.7 million Californians were not receiving the mental health services they needed. As many as 80% of children with mental health needs were undiagnosed or unserved. The consequences of untreated mental illness were seen through health systems, school systems, and the criminal justice system. Therefore, the Act was designed to reduce homelessness, incarceration, and preventable hospitalizations, and to increase access to behavioral health services.

The Act imposes a 1% tax on personal income over $1 million and places revenues into the Mental Health Services Fund. Counties receive annual distributions from the Fund, and are responsible for providing community-based mental health services. Program expenditures align with the five core components of the Act:

Community Services and Support (CSS) is the largest component of the MHSA. The CSS component is focused on community collaboration, cultural competence, client and family driven services and systems, and wellness focus. This programming applies concepts of recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved. Housing is also a large part of the CSS component. [Full Service Partnerships are another example of CSS-funded programs].

Prevention and Early Intervention (PEI) is intended to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers and family members in the development of PEI projects and programs.

Innovation (INN) projects aim to increase access to underserved groups, increase the quality of services, and promote interagency collaboration and increase access to services. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed Innovation plan.

[3] 2018 MHSA County Programs: Services That Change Lives. A report created by NAMI California 2018, pages iii-iv. Downloaded from: https://static1.squarespace.com/static/5ab2d59489c1724bd8a2ca78/t/5b7de7d370a6adca27a8a959/1534978017856/NAMI+CA+2018+MHSA+Rept_072318_03_FINAL.pdf

Capital Facilities and Technological Needs (CFTN) works toward the creation of facilities that are used for the delivery of MHSA services to mental health consumers and their families or for administrative offices. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and most cost-effective services and supports for clients and their families.

Workforce Education and Training (WET) is intended to develop a diverse workforce. Clients and families/caregivers are given training to help others by providing skills to promote wellness and other positive mental health outcomes. They work collaboratively to deliver client- and family-driven services, provide outreach and services that are linguistically and culturally competent and relevant, and include the viewpoints and expertise of clients and their families/caregivers.

The CSS, PEI and INN components are funded through ongoing revenue into the MHSA Fund. Per provisions of the MHSA, the Workforce Education and Training, Capital Facilities and Technological Needs components were initially funded up front in the early years and are not currently actively funded through MHSA revenues. Although counties can transfer some CSS funds for these purposes each year, essentially, the availability of that upfront funding for Workforce Education and Training, Capital Facilities and Technological Needs ended on June 30, 2018.

6) **Is there still a need for any of these three components in your county? Yes__X_ No___.**

If yes, please rank the following in priority order of need, #1 being highest.

__1_ Workforce Education and Training
____ Capital Facilities
____ Technological Needs

Optional: In 25 words or less, please specify what those needs are.

Additional staff, increased training

7) Do you have a particularly successful program funded by CSS, Innovation, or PEI funds that you would like to share with us? Yes_X__ No___.

If yes, please describe briefly (maximum one paragraph, 150 words or less).

Rapid Integrated Support and Engagement (RISE) is a program designed to outreach to people who tend to slip through the cracks or have difficulty accessing services. Since RISE began in 2015, it has assisted 4,158 individuals connect to Ventura County Behavioral Health (VCBH) and other services. 35% of these individuals had some type of contact or had been enrolled in a VCBH clinic in the past. 1,612 individuals enrolled in RISE, with 41.5% remaining enrolled with a VCBH clinic, with an average length of stay of 263 days. Individuals who received services from RISE had decreased jail days by 76%, decreased IPU stays by 27%, and decreased crisis team contact by 14%. The success of RISE has allowed for increased collaboration with community partners, which has helped in forming the RISE Expansion, working alongside Law Enforcement.

QUESTIONAIRE: How Did Your Board Complete the Data Notebook?

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

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

___ MH Board reviewed W.I.C. 5604.2 regarding the reporting roles of mental health boards and commissions.

____MH Board completed majority of the Data Notebook

___ County staff and/or Director completed majority of the Data Notebook

_x_ Data Notebook placed on Agenda and discussed at Board meeting

_x_ MH Board work group or temporary ad hoc committee worked on it

_x_ MH Board partnered with county staff or director

___ MH Board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function.

___Other; please describe: _____.

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

Yes_x_ No___

If yes, please provide their job classification _Management Assistant_____

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

Name and County: Edith Pham; Ventura County

Email Edith.Pham@ventura.org

Phone # (805) 981-1115

Signature: _____

Other (optional): _____

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

Name and County: Jerry M. Harris; Ventura County

Email: _____

Phone #_____

Signature: _____

REMINDER: Please submit this Data Notebook by March 31, 2019.

Thank you for your participation in completing your Data Notebook report.

Please feel free to provide feedback or recommendations you may have to improve this project for next year. As always, we welcome your input.

Please submit your Data Notebook report by email to:

DataNotebook@CMHPC.ca.gov .

For information, you may contact the email address above, or telephone:

(916) 327-6560

Or, you may contact us by postal mail to:

- Data Notebook
- California Mental Health Planning Council
- 1501 Capitol Avenue, MS 2706
- P.O. Box 997413
- Sacramento, CA 95899-7413

APPENDIX

WIC 5600.3
To the extent resources are available, the primary goal of the use of funds deposited in the mental health account of the local health and welfare trust fund should be to serve the target populations identified in the following categories, which shall not be construed as establishing an order of priority:

(a)(1) Seriously emotionally disturbed children or adolescents.

(2) For the purposes of this part, "seriously emotionally disturbed children or adolescents" means minors under the age of 18 years who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria:

(A) As a result of the mental disorder, the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:

(i) The child is at risk of removal from home or has already been removed from the home.

(ii) The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.

(B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.

(C) The child has been assessed pursuant to Article 2 (commencing with Section 56320) of Chapter 4 of Part 30 of Division 4 of Title 2 of the Education Code and determined to have an emotional disturbance, as defined in paragraph (4) of subdivision (c) of Section 300.8 of Title 34 of the Code of Federal Regulations .

(b)(1) Adults and older adults who have a serious mental disorder.

(2) For the purposes of this part, "serious mental disorder" means a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. Serious mental disorders include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders. This section shall not be construed to exclude persons with a serious mental disorder and a diagnosis of substance abuse, developmental disability, or other physical or mental disorder.

(3) Members of this target population shall meet all of the following criteria:

(A) The person has a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a substance use disorder or developmental disorder or acquired traumatic brain injury pursuant to subdivision (a) of Section 4354 unless that person also has a serious mental disorder as defined in paragraph (2).

(B)(i) As a result of the mental disorder, the person has substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms.

(ii) For the purposes of this part, "functional impairment" means being substantially impaired as the result of a mental disorder in independent living, social relationships, vocational skills, or physical condition.

(C) As a result of a mental functional impairment and circumstances, the person is likely to become so disabled as to require public assistance, services, or entitlements.

(4) For the purpose of organizing outreach and treatment options, to the extent resources are available, this target population includes, but is not limited to, persons who are any of the following:

(A) Homeless persons who are mentally ill.

(B) Persons evaluated by appropriately licensed persons as requiring care in acute treatment facilities including state hospitals, acute inpatient facilities, institutes for mental disease, and crisis residential programs.

(C) Persons arrested or convicted of crimes.

(D) Persons who require acute treatment as a result of a first episode of mental illness with psychotic features.

(5) California veterans in need of mental health services and who meet the existing eligibility requirements of this section, shall be provided services to the extent services are available to other adults pursuant to this section. Veterans who may be eligible for mental health services through the United States Department of Veterans Affairs should be advised of these services by the county and assisted in linking to those services.

(A) No eligible veteran shall be denied county mental health services based solely on his or her status as a veteran.

(B) Counties shall refer a veteran to the county veterans service officer, if any, to determine the veteran's eligibility for, and the availability of, mental health services provided by the United States Department of Veterans Affairs or other federal health care provider.

(C) Counties should consider contracting with community-based veterans' services agencies, where possible, to provide high-quality, veteran specific mental health services.

(c) Adults or older adults who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality, or violence.

(d) Persons who need brief treatment as a result of a natural disaster or severe local emergency.

VENTURA COUNTY
BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency

Sevet Johnson, PsyD
Director

Brian S. Taylor, MD
Medical Director

Lisa Acosta, MD
Medical Director

MEMORANDUM

DATE: **April 5, 2019**

TO: **Behavioral Health Advisory Board**

FROM: **Contracts Administration**

SUBJECT: Board of Supervisors Approved March Agreements/Board Items

Executive Summary

Board of Supervisors Approved Agreements – March 19, 2019

1. Behavioral Health Advisory Board's (BHAB) Fiscal Year (FY) 2017-18 Annual Report.

This item recommended that the Board of Supervisors receive and file the BHAB FY 2017-18 Annual Report. This item did not have a fiscal impact.

The BHAB operates pursuant to Welfare and Institutions Code section 5604, *et seq*. The duties of the BHAB include reviewing and evaluating the County's mental health needs and services as well as advising the Board of Supervisors and the Ventura County Behavioral Health (VCBH) Director on all aspects of the local mental health program. The BHAB is required, under the Welfare and Institutions Code and the BHAB Bylaws, to submit an annual report to the Board of Supervisors. The BHAB FY 2017-18 Annual Report that was provided to the Board of Supervisors provided an overview of the BHAB's objectives, activities, challenges, and accomplishments.

The BHAB FY 2017-18 Annual Report noted that the BHAB made significant progress in the following areas: (1) enhancing the manner in which the BHAB functions, formalizing the approach to decision making and making data-driven decisions, (2) advocating to improve and expand behavioral health services, (3) monitoring the inpatient psychiatric bed shortage in Ventura County, the Crisis Stabilization Unit (CSU) certification, and the use of local community hospital emergency rooms for clients pending transfer to psychiatric beds, (4) integrating the work of the four BHAB committees into the work of the full board, (5) restructuring the format of the monthly general meetings to allow more time for board member discussions, especially on issues of concern to the members.

VCBH recommended that the Board of Supervisors receive and file the BHAB FY 2017-18 Annual Report.

2. BHAB Bylaws Amendment.

This item recommended approval of an amendment to the BHAB Bylaws to increase the BHAB membership to add a new member that would represent law enforcement. This item did not have a fiscal impact.

Under the Welfare and Institutions Code (WIC) Section 5604.2, the BHAB shall review and evaluate the community's mental health needs, services, facilities, and special problems; assess the impact of the realignment of services from state to county; ensure citizen and professional involvement; and advise, and submit an annual report to, the Board of Supervisors.

Prior to presenting the BHAB bylaws amendment to the Board of Supervisors, the BHAB consisted of at least fifteen and no more than twenty-one members. The Board of Supervisors approved an amendment to the BHAB bylaws thereby amending the bylaws (Article III Membership) to increase BHAB membership by one additional member. The additional member is to represent law enforcement and increase the overall BHAB membership to a total of 22 members maximum.

All other terms of membership remain the same as follows: (1) each member of the Board of Supervisors is authorized to appoint three mental health representatives and one substance use disorder representative to the BHAB, (2) Supervisors are encouraged under WIC section 5604 to appoint individuals who have experience with and knowledge of the behavioral health system, (3) BHAB membership is to reflect the ethnic diversity of the client population of Ventura County, (4) Board of Supervisors appoint the mental health advisory board members, (5) WIC requires that at least fifty percent of board members must be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services, with at least 20 percent consumers and at least 20 percent consumer family members, (6) the term of each member shall be for three years, with appointments staggered over a three-year period, and (7) appointed members must be committed to attend regular meetings, participate in one committee, and one member of the BHAB is required to be a member of the Board of Supervisors.

VCBH recommended approval of the amendment to the BHAB Bylaws.