

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

April 15, 2019

NEXT MEETING:

Monday, May 20, 2019

1:00 p.m. – 3:30 p.m.

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

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

BHAB Members Present

Jerry Harris, Chair
Claudia Armann
Ratan Bhavnani, 1st Vice Chair
Nancy Borchard
Gane Brooking, 2nd Vice Chair
Margaret Cortese
Capt. James Fryhoff
Janis Gardner, Secretary
Patricia Mowlavi
Denise Nielsen
Supervisor Linda Parks
Gina Petrus, Member-At-Large
Marlen Torres
Sheri Valley

BHAB Members Absent

Jamie Banker
Kevin Clerici
Monique Garcia
Mary Haffner
Irene Pinkard

Others Present

Christan Perez, Interface
Sarah Schouten, Interface
Sonna Gray
Stuart Fiedler, Client Network
David Deutsch, Client Network
Nina Bhavnani, NAMI
Bob Wickham, NAMI
Georgia Perry, NAMI
James Perry
Dennis Perry, Growing Works Nursery
Kim Milstien, CEO, Ventura County Hospitals
Dan Powell, Supervisor, Inpatient Psychiatric Hospital
Kevin Janeway, Client Network
Addie Luna
Mark Schumacher, Turning Point Foundation
Kalie Matisek, Turning Point Foundation
Scott Walker, Crisis Intervention Team
Sally Kosoff
Jennifer Goble, Pacific Clinics
Lisa Powell

Ventura County Behavioral Health (VCBH) Managers and Staff Present

Dr. Sevet Johnson, VCBH Director
Clara Barron, MHSA Operations Manager
Greg Bergan, MHSA Program Administrator
Hilary Carson, MHSA Program Administrator
Dr. Loretta Denering, Alcohol and Drug Programs Division Chief
Leisa Donovan, Fiscal Manager
Narcisa Egan, Assistant Chief Financial Officer
Esperanza Ortega, MHSA
Pete Pringle, Youth & Family Division Chief
Kiran Sahota, MHSA Manager
Elaina Titus-Sterling, MHSA Assistant
Terri Yanez, Administrative Division Chief
Edith Pham, BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Harris called the meeting to order at 1:07 p.m. Dan Powell led 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. He noted that Supervisor Parks needs to leave at 1:30 p.m., and he proposed to move all action items up. Ratan Bhavnani moved to approve the agenda as amended. Janis Gardner seconded. The motion carried 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 March 18, 2019 Strengths, Weaknesses, Opportunities, Threats (SWOT) special meeting. Ms. Gardner moved to approve, Claudia Armann seconded. The motion carried unanimously. Mr. Harris asked the Board to review and approve the minutes of the March 18, 2019 General meeting. Gina Petrus moved to approve, Mr. Bhavnani seconded. The motion carried, with Marlen Torres abstaining due to her absence from the March meeting.	Minutes of the SWOT meeting approved as written. M/S/C Minutes of the General meeting approved as written. M/S/C	
IV.	Welcome and Introductions Mr. Harris welcomed everyone and asked BHAB members to introduce themselves.		
V.	Public Comments Bob Wickham announced that NAMI Ventura County will have an Open House on May 14 from 3:00 p.m. to 6:00 p.m. at their new offices at 555 Airport Way, Suite F, Camarillo. Jennifer Goble announced that the TAY Tunnel is having an Open House every Thursday through May 2 nd at 141 W. Fifth St, Suite D in Oxnard. Stuart Fiedler spoke about a law, # 19280, which allows the court to transfer payments to the Franchise Tax Board, as related to victims of crime. Nina Bhavnani, accompanied by four people, urged VCBH to use funding from the No Place Like Home program to develop an augmented Board and Care facility similar to the Anne Sippi model, with long-term or permanent living for those dealing with a serious and persistent mental illness. Sonna Gray spoke briefly to support Ms. Bhavnani's comments.		
VI.	Recognition: Dennis Perry Mr. Harris presented Dennis Perry with a Certificate of Commendation for his planning of and involvement with the Growing Works Nursery. "Due to his involvement, the nursery therapeutic and vocational training program has had a profound impact on the lives of the many clients who are participants. Moreover, the nursery could not function smoothly without Mr. Perry's compassionate and patient leadership." <ul style="list-style-type: none"> o Dr. Sevet Johnson noted how Mr. Perry teaches the clients in an engaging way. VCBH is grateful for his help and his heart. o Supervisor Parks noted that Growing Works could not have opened without Mr. Perry, who has donated over 1,000 hours of his time. He started and manages the nursery, and he leads and mentors the clients. Supervisor Parks noted that Turning Point Foundation, which runs Growing Works, is celebrating its 30th anniversary with a labyrinth ribbon-cutting ceremony on May 19 at 3:00 p.m. at the nursery. o Bob Wickham thanked Mr. Perry for his work and the impact he has on the clients and families, including his volunteer work with NAMI. o Mr. Perry noted that this is the most rewarding job he has had and is life-changing for him. He thanked his family and David Deutsch. 		
VII.	Chair's Report – Jerry Harris A. Gane Brooking and Mr. Harris spent two days in Sacramento. They attended a meeting of the California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) on April 16, which included information on orientations for new board members. There was also a five-hour training on the Mental Health Services Act (MHSA) Community Planning PProcess. On April 17, which was Legislative Day, they spoke with several legislative aides, including Senator Hannah-Beth Jackson's assistant. During		

<p>X.</p>	<p>Director’s Report – Dr. Sevet Johnson</p> <p>A. On August 8 Pete Pringle, Youth & Family Division Chief, will be awarded the 26th Annual David Fainer/Leo Tauber Award for Behavioral Health Professional for 2019.</p> <p>B. Thank you to the 850+ participants in the Walk for Kids in support of the Ronald McDonald Family Room at Ventura County Medical Center (VCMC), which will open in the near future.</p> <p>C. El Concilio held its 30 years of Leadership Awards. Judy Webber, Deputy Director of the Human Services Agency, Children & Family Services Department, was honored, along with other community leaders.</p> <p>D. The Rx Drug Abuse & Heroin Summit will take place in Atlanta April 22-25. On April 23, Dr. Denering, VCBH Alcohol and Drug Programs Division Chief, and Dan Hicks, Prevention Services Manager, will present on the Overdose Prevention Program of Ventura County.</p> <p>E. In anticipation of May is Mental Health Month, VCBH will give the moment of inspiration at the Board of Supervisors meeting on April 30th.</p> <p>F. The Youth & Family Division and MHSA team are collaborating with the Ventura County Office of Education (VCOE) and the Oxnard School District to address barriers to access to services, with a focus on Latino families.</p> <p>G. The Youth & Family Division, Vista del Mar Hospital and Casa Pacifica are collaborating on the possibility of using Intensive Outpatient and Partial Hospitalization programs for youth (and adults in the case of Vista del Mar Hospital), which will strengthen the building of the crisis services continuum.</p> <p>H. The Drug Medi-Cal Organized Delivery System (DMC-ODS) launched December 1st. In March, the Access Line received 376 calls; 177 (47%) were for Requests for Services, and 13 calls were in Spanish. The DMC-ODS Care Coordination team processed 163 Treatment Authorizations to Residential and Withdrawal Management (Detox) levels of care.</p> <p>I. VCBH Alcohol and Drug Programs (ADP) will present the “Building Sustainable Transitions of Care for People with Addiction in Ventura County” event on May 21st and 22nd at VCOE. The focus will be on developing strategies to improve coordination of care among county agencies.</p> <p>J. ADP Prevention Services continues to collaborate with the Health Care Agency (HCA) Ambulatory Care on messaging about the new Controlled substance Utilization Review and Evaluation System (CURES) requirements.</p>		
<p>XI.</p>	<p>Secretary’s Report – Janis Gardner</p> <p>A. Supervisor Long recommended Joe S. Ramirez for appointment to the BHAB. The Board of Supervisors appointed him at their April 9 meeting.</p> <p>B. Four members have missed some meetings. Members should contact the board chair or BHAB assistant when they will be absent.</p>		
<p>XII.</p>	<p>BHAB Committee Reports</p> <p>A. Adult Services Committee – Nancy Borchard, Gane Brooking, Co-Chairs The committee heard information on the Crisis Stabilization Unit (CSU), scheduled to open on April 23, and discussed the criteria for admission to the Oxnard homeless shelter. The committee is hoping to hear a presentation on LPS Reform.</p> <p>B. Prevention Committee – Janis Gardner, Chair A discussion took place on cannabis education in schools. Capt. Fryhoff gave a presentation on cannabis and how the black market is thriving. In Ojai, dispensaries hand out educational flyers with each sale.</p> <p>C. Transitional Age Youth (TAY) Committee – Margaret Cortese, Chair Greg Bergan of MHSA provided data on TAY that was extracted from the 4,000+ responses to the recent Community Needs Assessment survey. The committee is working on its action plan, and youth will be asked for their feedback on the barriers to service and unmet needs that they experience.</p> <p>D. Youth & Family Committee – Denise Nielsen, Chair The committee heard a presentation on Commercial Sexual Exploitation of Children (CSEC). Dr. Acosta, Youth & Family Medical Director, is leading the creation of a treatment program for eating disorders, which should start in about two months. The May meeting will be chaired by Gina Petrus.</p>		

<p>XIII.</p>	<p>New Business</p> <p>A. Review Proper Protocol for Public Comments and Decorum Mr. Harris reminded all that members of the public are allowed to speak for up to five minutes at each meeting, with a maximum of three minutes for any one comment. Comments can be made during the general public comment time or for any agenda item. At the Executive meetings, public comments are welcome, but the only people who can engage in discussions and vote are the members of the Executive Committee.</p> <p>B. Confirm Appointment of the Nominating Committee Mr. Harris noted that at the April 8 Executive meeting, he appointed Claudia Armann, Nancy Borchard and Mary Haffner to the Nominating Committee. Ms. Gardner moved to confirm Ms. Armann, Borchard and Haffner to the Nominating Committee, Denise Nielsen seconded. The motion carried unanimously. Mr. Harris noted that at the May General meeting a proposed slate of officers will be presented, and nominations from the floor will be accepted. The voting will take place during the June General meeting.</p> <p>C. Results of Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis of March 18 Mr. Harris asked BHAB members to review the handout that lists the answers that were shared during the SWOT Analysis; they are ranked according to the vote of the members present at that time. Requests for changes should be sent to the BHAB Assistant.</p> <p>D. Explore the Need for Additional Board Member Training Opportunities Mr. Harris noted that during the SWOT Analysis members requested additional training. He offered to contact CALBHB/C and request a training, which would take place outside a regular BHAB meeting. BHAB members agreed.</p> <p>E. Open 30-day Public Comment Period on Mental Health Services Act Annual Report Ms. Sahota opened the 30-day public comment period and distributed the Report. She noted that the report, attachments and public comment cards will be posted to the MHSA website the following day. Anyone wanting to receive a copy of the documents should email mhsa@ventura.org. Additionally, a public hearing will be held at the BHAB General Meeting of May 20th. No action was needed or taken. Ms. Sahota also noted that MHSA staff attend and participate in all BHAB Committee meetings as part of the community planning process.</p>	<p>Confirm Nominating Committee members M/S/C</p> <p>Contact CALBHB/C re board training</p>	<p>J. Harris</p>
<p>XIV.</p>	<p>Old Business</p> <p>A. Ventura County Medical Center (VCMC) Crisis Stabilization Unit (CSU) Update Mr. Harris noted that Kim Milstien and Dan Powell were in attendance. Ms. Milstien noted that licensing issues delayed the opening of the CSU. Mr. Powell confirmed that the CSU will open on April 23 with four chairs. Individuals who are in a mental health crisis will be able to go to the CSU and be assessed by a nurse and a psychiatrist. The goal is to avoid hospitalization whenever appropriate, which could happen for about 60% of the clients. Law enforcement will take individuals to the nearest hospital emergency department for medical screening, which will be followed by a consultation with CSU staff and psychiatrist to ensure that the individuals are appropriate for admission to the CSU. The goal is to eventually do the medical screenings at the CSU. Dr. Johnson thanked Ms. Milstien and Mr. Powell for their work. Mr. Harris expressed his appreciation for the coordination and integration between VCBH and the IPU. He noted that the BHAB will receive updates and data on the CSU on a quarterly basis.</p> <p>B. Amended BHAB Bylaws Mr. Harris noted that the Board of Supervisors has approved the amendment to the Bylaws which adds a law enforcement representative, for a total of 22 members.</p> <p>C. Review the Composition of the Board by Membership Category Mr. Harris shared the results of the recent board membership survey. The BHAB is currently composed of one consumer, nine family members, eight interested community members, and one Supervisor. The board of Supervisors is aware of the need to increase consumer representation. Ms. Armann noted that the BHAB, NAMI and service</p>		

Behavioral Health Advisory Board GENERAL Meeting Attendance

2018-19	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		
District 2	1/8/19 – 1/7/22	Jamie Banker		X	X	X	X			X	X			
District 2	2/24/19 – 2/23/22	Ratan Bhavnani	X	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	1/13/19 – 1/12/22	Gane Brooking	X	X	X	X	X		X	X	X	X		
District 1	10/7/18 – 10/6/21	Kevin Clerici	X	X	X	X					X			
District 5	1/11/18 – 1/10/21	Margaret Cortese	X	X	X	X	X		X	X		X		
District 4	10/14/18 – 10/13/21	Capt. James Fryhoff				X				X	X	X		
District 5	10/17/17 – 9/23/20	Monique Garcia			X				X	X	X			
District 3	4/15/18 – 4/14/21	Janis Gardner	X	X	X	X	X		X	X	X	X		
District 1	4/8/18 – 4/7/21	Mary Haffner	X						X	X	X			
District 4	9/17/16 – 9/17/19	Jerry Harris	X	X	X	X	X		X	X	X	X		
District 2	3/14/17 – 3/14/20	Patricia Mowlavi		X	X	X	X		X	X		X		
District 4	9/18/18 – 9/17/21	Denise Nielsen		X	X		X		X		X	X		
District 2	1/1/19 – 12/31/21	Supervisor Linda Parks	X	X	X	X	X			X	X	X		
District 1	5/8/18 – 5/7/21	Gina Petrus	X	X	X	X	X		X		X	X		
District 5	1/24/17 – 1/24/20	Dr. Irene Pinkard				X			X	X	X			
District 5	1/10/17 – 1/10/20	Marlen Torres	X	X	LOA	LOA	LOA		X			X		
District 4	2/6/18 – 2/6/21	Sheri Valley	X	X	X	X	X		X	X	X	X		
District 2		vacant												
District 3		vacant												

Present = X

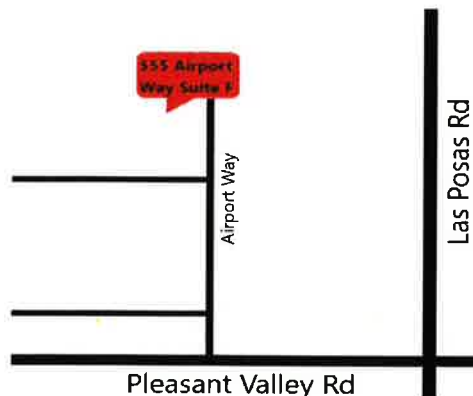
- District 1 Supervisor Bennett
- District 2 Supervisor Parks
- District 3 Supervisor Long
- District 4 Supervisor Huber
- District 5 Supervisor Zaragoza



NAMI VENTURA COUNTY HAS MOVED

JOIN US FOR OUR OPEN HOUSE
ON
MAY 14TH, 2019
3:00 PM – 6:00PM

Our new offices
are located at:
555 Airport Way
Suite F
Camarillo, CA
93010



JOIN US

TOUR OUR NEW
LOCATION

ENJOY
REFRESHMENTS

LEARN ABOUT NAMI
PROGRAMS AND
UPCOMING CLASSES

MEET STAFF AND
VOLUNTEERS

NAMI VENTURA
COUNTY

NAMIVENTURA.ORG
For more info
call 805-641-2426
or email
info@namiventura.org

PACIFIC CLINICS

**TAY
TUNNEL**

SPRING OPEN HOUSE

EVERY THURSDAY

APRIL 4TH – MAY 2ND

10AM – 1PM

LOCATION

141 W Fifth St Suite D Oxnard.
Ca



No appointment needed

Light refreshments will be
provided

Free Service

Are you or do you know a youth between the ages of 18-25? If so, come join us at our weekly open house where individuals can learn about our program and get to know staff.



Pacific Clinics
ADVANCING BEHAVIORAL HEALTHCARE

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



GROWING WORKS

Please join us May 19th for a Labyrinth Ribbon-Cutting!

Ventura County's largest living labyrinth will be unveiled Sunday, May 19th at 3:00pm and we hope you can join us! With paths encircled with lavender plants, the labyrinth will be tended by employees at Growing Works nursery. Conceived by Naval Base Chaplain Patricia Coley, designed by Dr. Steven Sandifer, and named in honor of Dr. Richard Grossman, the labyrinth will be a place of welcomed beauty and healing. It is the centerpiece of the Demonstration Gardens for the Growing Works nursery where people with mental health challenges receive horticultural therapy, job training, and employment on their path to recovery and independence.

Please join us on Sunday, May 19th at 3:00pm for the labyrinth ribbon-cutting. While there you can walk the labyrinth, join a tour of the nursery given by Growing Works employees, enjoy refreshments and music, and receive a free drought tolerant plant -- all in celebration of Turning Point Foundation's 30th Anniversary!

Turning Point Foundation's 30th Anniversary Celebration Presents:

Dr. Richard Grossman Labyrinth Ribbon-Cutting!

Sunday, May 19, 2019 3:00-5:00pm

Growing Works Nursery and Demonstration Gardens

1736 S. Lewis Road, Camarillo

Please RSVP to info@growingworks.org



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Dr. Grossman was an internationally recognized plastic surgeon and pioneer in the comprehensive treatment of burn wounds. When the Dr. Richard Grossman Community Foundation learned of the opportunity to partner with Growing Works on the labyrinth, they knew it would be the perfect way to recognize his outstanding career of healing people, his passion for plants, and his love of labyrinths.

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1736 S. Lewis Road, Camarillo**

Please RSVP to info@GrowingWorks.org



More on Labyrinths:

Labyrinths are not mazes, rather they have a single concentric path designed for a meditative journey into the center and out, with no wrong turns. They are found in 80 countries and have been discovered in many ancient civilizations including in Egyptian pyramids, in ancient India and Greece, and found on coins from the Roman Empire. The labyrinth at Chartres Cathedral in France is a popular tourist destination and dates back to 1205, when monks used it for contemplative moments. The Dr. Richard Grossman Labyrinth has the same design as that found in Grace Cathedral in San Francisco where Dr. Richard journeyed its path with his wife Elizabeth. Learn more about labyrinths at LabyrinthSociety.org.



Donate to Growing Works



INDIGENOUS KNOWLEDGE
CONFERENCE 2019:
THE ART OF HEALING
KEY NOTE SPEAKER

XULIO SORIANO



Indigenous Community Organizer | Poet | Activist|

April 26th, 2019
9:00AM-3:30PM
Oxnard College
4000 S Rose Ave
Oxnard, CA 93033

Tickets Available for
purchase at:
<https://ikc2019.bpt.me>



Reality Party for Parents



Exposing today's teen party culture

Facing Reality

Many adults feel drinking and partying are a rite of passage and think teen parties are the same as when they were young. Straight Up youth want parents to face the current realities and learn why and how we need adults to help change these dangerous social norms.

What You Will See at a Reality Party

Reality Parties are open to the public (adults only) and are FREE. Participants will tour a home set up to portray a teen party with youth actors voicing concerns expressed by local teens and young adults.

Saturday, April 27, 2019

2:00-6:30pm (Reservations required)
One-hour tours start every half hour

A home in Thousand Oaks
Address given when you register

Register Online:

www.StraightUpVC.org/register

More Information:

info@StraightUpVC.org | 805-647-4622

Sponsored by Straight Up in Collaboration With Community Partners



Straight Up is made possible through funding from Ventura County Behavioral Health Department, Alcohol and Drug Programs.



JUNE 1, 2019

Registration Begins at 7:30AM
Ceremony Begins at 8:30AM
5K Walk Begins at 9:00AM

The Collection at RiverPark
591 Collection Blvd, Oxnard, CA 93036

2019 VENTURA COUNTY WALK LIKE MADD 5K

Co-Hosted by Oxnard Police Department
In Honor of Chris Prewitt

BACK TO EIGHTIES

.....

DASH



#DRUNKDRIVINGENDSHERE

MADD is the nation's largest nonprofit working to end drunk driving, help fight drugged driving, support victims of these violent crimes and prevent underage drinking. Walk Like MADD is our signature fundraising event and we invite you to join us.

Our 5K races and non-competitive walks provide opportunities for everyone to participate in a healthy, fun activity while helping our community. With every step taken and dollar raised, participants generate funds and awareness to support MADD's life-saving mission.



HOW TO REGISTER

Go to www.walklikemadd.org
Click on "Find an Event"
select "All" events and scroll to
Ventura County 2019
Walk Like MADD 5K Dash
The Collection at RiverPark

Walkers and Runners

Adult \$20.00 (before 5-14-2019) \$25.00 (after 5-14-2019)
Youth \$15.00 (before 5-15-2019) \$20.00 (after 5-15-2019)

80's Themed Walk & Run

*Come in your best 80's themed attire
Best Outfit Wins A Prize!!!!



REGISTER YOUR TEAM TODAY!



NO MORE VICTIMS

BY SUPPORTING MADD SOUTHERN CALIFORNIA
YOU SUPPORT OUR COMMUNITY




If you would like more information, contact Chris Garcia
MADD Southern California
5455 Garden Grove Blvd. Suite 150, Westminster, CA 92683
(714) 838-6199 Ext. 6674 / Chris.Garcia@madd.org



Mental Health & Trauma Treatment
Domestic Violence & Child Abuse Prevention
Youth Crisis Intervention
Human Trafficking
Reentry Services
2-1-1 Information & Referral

if INTERFACE
CHILDREN & FAMILY SERVICES

www.icfs.org



**Human Trafficking
in
Ventura County**

**Presented by: Christan Perez
Program Manager
Human Trafficking Client Services**

Curriculum Adapted from Futures Without Violence

Training Objectives

- ❖ Define human trafficking
- ❖ Understand myths and misconceptions of human trafficking
- ❖ Become familiar with local and national resources available

What is Human Trafficking?

Common Myths and Misconceptions

- ❖ Trafficked persons are foreign nationals or undocumented immigrants
- ❖ Physical restraint, physical force, or physical bondage must be present when identifying a human trafficking situation
- ❖ Victims of human trafficking will immediately ask for help or assistance and will self-identify as a victim of a crime.
- ❖ If the trafficked person consented to be in their initial situation or was informed of the job they were going to do, then it cannot be human trafficking because they “knew better”.
- ❖ Human trafficking only occurs in illegal underground industries.

U.S. Federal Law

Defines “*severe forms of human trafficking*” as:

(A) *sex trafficking* in which a *commercial sex act* is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or

(B) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Trafficking Victims Protection Act of 2000 (P.L. 106-386)

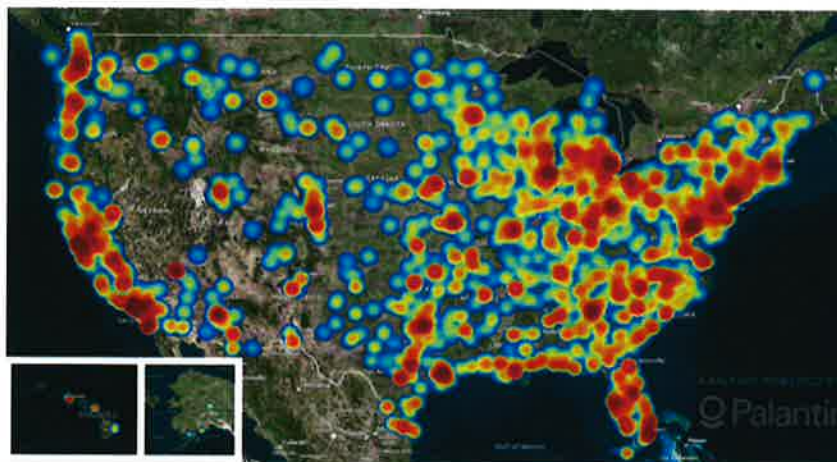
AMP Model



Source: Polaris Project

*Minors Induced into sex trafficking are victims regardless if force, fraud or coercion is present.


Trafficking in the U.S.



Source: Polaris Project, 2018


ICFS Services Overview

What is being done to address Human Trafficking in Ventura County?




The logo for Interface Children & Family Services features a stylized lowercase 'if' in a light green, cursive font. Below the 'if' is the word 'INTERFACE' in a bold, black, sans-serif font, with 'CHILDREN & FAMILY SERVICES' in a smaller, black, sans-serif font underneath.

Interface's H.E.A.R.T. Program



- ❖ Helping to
- ❖ Educate
- ❖ Address and
- ❖ Respond to
- ❖ Trafficking



A small version of the 'if' logo from the previous slide is located in the bottom right corner of this slide.

Response to Trafficking Victims



- Law Enforcement
- Medical Provider
- Community Partner
- National Human Trafficking Hotline
- Self Referral

Assess and
Advocacy

- Inform of Rights
- Assess and offer Basic Needs
- Community Based Advocacy

Local Resources



Interface Children & Family Services

1-800-636-6738 or 2-1-1

*24/7 Response and support for adults

Forever Found's REACH Team

FOREVER FOUND

(805) 261-1212 or 2-1-1

*24/7 Response and support for minors



Additional Resources

Ventura County
Coalition
Against Human
Trafficking

<http://www.vccaht.org>



National
Human
Trafficking
Hotline

1 (888) 373-7888



"BeFree"
(233733)

<https://humantraffickinghotline.org/resources>

Blue Campaign-
Department of
Homeland
Security

www.dhs.gov/bluecampaign



Questions?





*Strengthening
children, families
and communities
to be safe, healthy
and thriving.*

**Domestic Violence
& Human Trafficking Hotline**

**For 24/7 Info & Assistance Call:
1.800.636.6738**

R.E.A.C.H. Team

RESPONDING TO EXPLOITED ADOLESCENTS WITH CARE & HOPE

(805) 261-1212

FOREVER  FOUND



*Strengthening
children, families
and communities
to be safe, healthy
and thriving.*

**Domestic Violence
& Human Trafficking Hotline**

**For 24/7 Info & Assistance Call:
1.800.636.6738**



*Fortaleciendo a
nuestros niños, familias
y comunidades para
estar seguros, sanos
y prósperos.*

**Línea Directa de Violencia
Doméstica y Trata de Personas**

**Para información y asistencia
las 24 horas llame al:
1.800.636.6738**

R.E.A.C.H. Team

RESPONDING TO EXPLOITED ADOLESCENTS WITH CARE & HOPE

(805) 261-1212

FOREVER  FOUND

FOREVER FOUND

**24/7 RESPONSE TO ASSIST
VENTURA COUNTY YOUTH IN
LEAVING A SITUATION OF
COMMERCIAL SEXUAL EXPLOITATION**

WWW.FOREVERFOUND.ORG

What is Human Trafficking?

Human trafficking is a form of modern day slavery – a multi-billion dollar criminal industry that denies freedom to 20.9 million people around the world including the United States.

All trafficking victims share one essential experience—their loss of freedom.

A-M-P MODEL

Action + Means + Purpose = Human Trafficking

Human Trafficking		
ACTION	MEANS*	PURPOSE
Induce Recruits Harbors Transports Provides or Obtains	Force Fraud or Coercion	Commercial Sex (Sex Trafficking) or Labor /Services (Labor Trafficking)

*Minors induced into commercial sex are human trafficking victims— regardless if force, fraud or coercion is present.



Founded in 1973, Interface Children & Family Services is one of Ventura County's leading nonprofit social service agencies.

We work to prevent and heal the effects of abuse, neglect, and abandonment of children, domestic violence, family conflict, teenage crisis, and many similar issues.

For information about additional resources in your community:



H.E.A.R.T.

Helping to Educate, Address & Respond to Trafficking



Human Trafficking Assistance

Know the Signs

- Are they free to come and go as they please?
- Do they avoid eye contact?
- Do they appear fearful, anxious or submissive?
- Do they lack knowledge regarding whereabouts?
- Are they allowed to speak for themselves?
- Do they have control of their money or other personal belongings?
- Have their ID or other important documents been taken away?
- Are they being forced to work for someone to pay off a large debt?
- Are they being forced to work long or unusual hours?
- Do they move around frequently?
- Are they being forced to perform sexual acts for money?
- Were they recruited through false promises?
- Are they under 18 years old and getting paid for sexual acts?

Sources: Blue Campaign and Polaris Project

For help or information 24/7, call:

1-800-636-6738

Supporting Victims

HEART Crisis Response

Immediate, in-person response is available when requested by law enforcement or medical providers, to emotionally support adult survivors of sex and/or labor trafficking (both U.S. born and foreign nationals). The advocates assess for basic and immediate needs, provide referrals and linkage to supportive services, inform survivors of their rights and discuss options for safely exiting their trafficking situation.

Community-Based Advocacy

In-person support and advocacy to help each survivor establish safety, work towards healing from their trauma and achieving self-sufficiency.

Emergency Shelter

A trauma-informed, and confidential shelter for adult survivors of trafficking. Survivors are provided a safe and supportive residential setting to begin healing from their trauma and working towards reclaiming their independence.

Training and Outreach



Training and technical assistance is available for medical professionals, law enforcement, hospitality providers, and other community agencies. Training aids with the identification and implementation of best practices for screening and responding to adult victims of sex and labor trafficking.

To request a presentation for your organization call:
(805) 485-6114 ext. 659.

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

Members:

Claudia Armnan

Jamie Banker

Ratan Bhavnani, 1st Vice Chair

Nancy Borchard

Gane Brooking, 2nd Vice Chair

Kevin Clerici

Margaret Cortese

Capt. James Fryhoff

Monique Garcia

Janis Gardner, Secretary

Mary Haffner

Jerry Harris, Chair

Patricia Mowlavi

Denise Nielsen

Supervisor Linda Parks

Gina Petrus, Member-At-Large

Irene Pinkard

Marlen Torres

Sheri Valley

Dr. Sevet Johnson, Director
Ventura County Behavioral Health

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

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.

Ventura County

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Appendix

Ventura County

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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 mandates¹ 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) **Pre-crisis and Crisis Services.** Immediate response to individuals in pre-crisis 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 pre-crisis 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 5600.3² 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 temporary (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 one 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.

Mental Health Services Act (MHSA) Components

Background and Definitions of the MHSA (below) are excerpted from a description contained in the Executive Summary³ 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 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.

QUESTIONNAIRE: 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
- Data Notebook placed on Agenda and discussed at Board meeting
- MH Board work group or temporary ad hoc committee worked on it
- 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 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.

Ventura County

(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.

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.