

**COUNTY OF VENTURA**

**BEHAVIORAL HEALTH  
ADVISORY BOARD**



**JULY 1, 2017 – JUNE 30, 2018**

**ANNUAL REPORT**

# BEHAVIORAL HEALTH ADVISORY BOARD

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[www.vchca.org/behavioral-health-advisory-board-bhab](http://www.vchca.org/behavioral-health-advisory-board-bhab)

## ANNUAL REPORT 2017 - 2018

### Ventura County Board of Supervisors

District 1	Supervisor Steve Bennett
District 2	Supervisor Linda Parks
District 3	Supervisor Kelly Long
District 4	Supervisor Peter Foy
District 5	Supervisor John Zaragoza

### Ventura County Behavioral Health Administration

Director	Sevet Johnson, Psy.D.
Medical Director	Brian Taylor, M.D.
Children's Medical Director	Lisa Acosta, M.D.
ADP/DUI Division Chief	Loretta Denering, DrPH, MS
Adult Division Chief	John Schipper, Ph.D.
Youth and Family Division Chief	Pete Pringle, LCSW
Administrative Division Chief	Terri Yanez

### Behavioral Health Advisory Board Officers 2017-2018

Chair	Jerry M. Harris
1 <sup>st</sup> Vice-Chair	Ratan Bhavnani
2 <sup>nd</sup> Vice-Chair	Kay Wilson-Bolton
Secretary	Nancy Borchard
Member-At-Large	Gane Brooking
Chair Emeritus	Janis Gardner

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VENTURA COUNTY  
**BEHAVIORAL HEALTH ADVISORY BOARD**

**MEMBERSHIP ROSTER 2017-2018**

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

COUNTY OF VENTURA  
**BEHAVIORAL HEALTH ADVISORY BOARD**

**MISSION**

The mission of the Behavioral Health Advisory Board (BHAB) is to advocate for members of the community living with mental illness and/or substance use disorders and their families. This is accomplished through the assessment of data, support, review and evaluation of evidence-based treatment services provided and/or coordinated through the Ventura County Behavioral Health Department, with consumers, community and stakeholder involvement.

**VISION**

A society where equity exists in the provision and funding for behavioral health services. Mental wellness is achieved by Ventura County Behavioral Health's commitment to ensure that every client receives appropriate housing, whole person care which includes, but is not limited to, behavioral health services, a primary care physician, preventive and dental care, and the elimination of the stigma that surrounds Behavioral Health clients.

**PURPOSE AND AUTHORITY**

The Behavioral Health Advisory Board exists under the authority of the California Legislature by its enactment of Section 5604 of the Welfare and Institutions Code as amended by SB43 (McCorquodale, Chapter 564 of 1993). The purpose of the BHAB is provided in Section 5604.1 and 5604.2 which includes, but is not limited to, the following:

- A. All appointed members to the BHAB will have the authority to vote on all issues presented to the board.
- B. Review and evaluate the community's behavioral health needs, including housing, services, facilities, and special problems to ensure that services are provided that promote wellness and recovery, improving and maintaining the health and safety of individuals, families and communities affected by mental health and/or substance abuse issues.
- C. Review mental health service performance contracts entered into pursuant to Section 5650.
- D. Advise the Board of Supervisors and the Ventura County Behavioral Health Department (VCBH) Director (herein after referred to as the Director), as to any aspect of the County's mental health and substance use disorder treatment and prevention services.
- E. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- F. Submit an annual report to the Board of Supervisors on the needs and performances of the County's Behavioral Health system.
- G. Review and make recommendations on applicants for the appointment of the Behavioral Health Director, who also serves as the County Mental Health Director. The board shall be included in the selection process prior to the vote of the Board of Supervisors, who also serves as the County Mental Health Director.
- H. Review the impact of funding streams on the delivery of local Behavioral Health Services in order to make recommendations for any service level expansions or reductions.
- I. Review, evaluate and advise the Board of Supervisors and Director of VCBH regarding the VCBH annual budget and performance goals, as well as the VCBH Quarterly Budget and Performance Status Reports provided by the VCBH Director. Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.
- J.

## **BOARD OBJECTIVES 2017-18**

1. As funding and resources diminish, stay focused on caring for the Severely and Persistently Mentally Ill (SPMI) through the delivery of integrated services utilizing County and community partners.
2. Support efforts to streamline access to mental health and substance abuse services.
3. Advocate for school-based services for children at risk of mental illness.
4. Support local efforts to divert those with severe mental illness from the criminal justice system.
5. Conduct at least six site visits in the fiscal year, including reviewing each relevant contract, per Site Visit Protocol.
6. Explore ways to better meet the needs of adults in crisis by supporting cooperation between Ventura County Behavioral Health, hospitals and the Crisis Residential Treatment (CRT).
7. Advocate for Ventura County Behavioral Health to provide services to meet the culturally diverse needs of the community.

### Ongoing Areas of Concern:

1. Advocate for increased supported housing, and partner with cities to open year-round housing with integrated services for the SPMI.
2. Advocate for integrated programs and residential settings for those in all age groups with mental health, suicidal ideations, and addiction challenges.
3. Advocate for additional local treatment facilities for inmates within the Justice system in order to expedite their treatment to help them regain trail competency and return them to court for adjudication.
4. Advocate for the older adult population with mental illness and physical issues.

## **INTRODUCTION AND SUMMARY**

Once again, the Behavioral Health Advisory Board (BHAB) had a very successful and productive year. Fiscal Year 2017-18 can be characterized as a year of transition in terms of beginning the process of enhancing the manner in which the BHAB functions, formalizing the approach to decision making by utilizing management theory and tools, and making data-driven decisions to the fullest extent possible. As a result, the BHAB was able to improve its effectiveness and the amount of work accomplished during the past year.

Understanding that progress is made on an incremental basis over time, the philosophical approach used by the BHAB members emphasizes that we can do better in improving services to the Seriously and Persistently Mentally Ill and individuals with substance use disorders in Ventura County. This approach is consistent with the Continuous Quality Improvement underlying philosophy in that it is based on the concept that no matter how well we do today, we can do better tomorrow. To this extent, progress in achieving its objectives is primarily accomplished by the BHAB through its advocacy efforts. Given the fact that progress is achieved on an incremental basis over time, the BHAB members are persistent in advocating for improved and expanded behavioral health services with the desired and needed outcomes in sight.

The progress that has been achieved would not, however, have been possible without the BHAB's ongoing and close working relationship with Ventura County Behavioral Health Department (VCBH) management and staff and the support provided by VCBH and its staff. The BHAB acknowledges the efforts of the management and staff of VCBH and the valuable service they provide to our County's communities. The BHAB's ongoing, collaborative relationship with the Director of the Behavioral Health Department (VCBH) remains, and continues to be, extremely supportive, respectful and cooperative. The board members have a deep respect for the Director and the management staff of VCBH and the Department, and its staff has shown the same respect and support toward the BHAB members. The VCBH staff has been extremely open and transparent with the members of the board, providing requested information in a thorough and timely manner. It has been a pleasure working with the VCBH management and staff.

The BHAB continues to advocate for further integration of mental health and substance use disorder services along with access to general medical and dental services for the target population. Moreover, its commitment to whole person care has again been a benchmark of its work throughout the past year. The expansion of Medi-Cal coverage and benefits to the medically needy in our communities has provided the opportunity to deliver comprehensive, preventive, and whole person care to the residents of this County. The BHAB members are, however, concerned about the potential future political changes to medical coverage on a national level that could seriously diminish the progress that has been made thus far.

On a more global level, the BHAB is also concerned about the behavioral health implications in the following areas:

- The safety and protection of adults, transitional age youth and children within their homes, their communities and their schools. We cannot accept mass shootings and active shooter situations as the new norm within our schools and communities.
- It has been predicted that the older adult population in California is expected to surge within the next several years. To this extent, efforts must be intensified to prepare to address the growing needs of individuals age 60+ that are forecast to increase by 73 percent in Ventura County by 2030 as compared to 2010. Specific emphasis should be placed on the behavioral health needs of this growing population, including addressing the need for providing inpatient psychiatric beds for older adults in Ventura County.
- The prevailing treatment philosophy for individuals with substance use disorders is to require those needing treatment to recognize that they have a problem and seek care on their own volition. In light of the opioid and heroin epidemics being experienced in our communities, that underlying philosophy needs to change if progress in effectively addressing these behavioral health and healthcare issues can be achieved. Intensive outreach and engagement programs must be set in place as an alternative to, or in addition to the current system. Without an effective outreach and engagement program aimed at individuals with substance use disorders not willing to accept treatment, we can only expect the epidemic to remain static or increase.

With the exception of the objective to conduct six site visits during the fiscal year, the BHAB's 2017-18 Objectives have been achieved. During Fiscal Year 2018-19, efforts will be initiated to increase the number of site visits conducted. Many of the BHAB's objectives require ongoing efforts over time and cannot be accomplished in one year. Much work is still needed to address the complex needs of the Seriously and Persistently Mentally Ill and those suffering from substance use disorders. By its very nature, solving the numerous problems faced by this population and their families will take many more years and a great deal of resources. It is the hope of the BHAB that progress will continue to be made on an incremental basis. In doing so, hope for the future can be something that those suffering from mental illness or substance use disorders, their families, and citizens in our communities can look forward to with eager anticipation.

The BHAB has four committees whose job it is to address issues relating to age-specific populations, collect information and data, and make recommendations to the BHAB. In addition, the committees also assess services provided in the County to these populations and identify gaps in service that need to be addressed. The four committees are as follows:

**Youth and Family Committee** – This committee advocates for services and supports for youth with mental health and substance use disorders, including housing.

**Transitional Age Youth Committee (TAY)** – This committee advocates for the mental health, wellness and recovery of youth ages 16 through 25 and for other services and support, including housing.

**Adult Services Committee** - This committee advocates for a full continuum of care that supports the wellness and recovery of individuals with mental health and substance use issues and for other supports, including housing.

**Prevention Committee** – This committee advocates for greater community awareness of behavioral health risks for individuals with mental illness, a dual diagnosis or substance use disorder.

Included in the Annual Report are individual committee reports that detail the work and accomplishments of each committee.

The BHAB works diligently to include a broad range of stakeholders as participants and members of each of the committees. It is important to the work of the board that community members, consumers, and providers interested in advocating for these populations collaborate on ways to better serve those individuals with unique needs. The BHAB is very interested in everyone's insight regarding perceived or real gaps in services, particularly in the areas of housing, employment, legal issues, general medical and dental care, education, vocational rehabilitation, crisis intervention and evidence-based practices. Current committee participants include BHAB members, consumers, VCBH contract providers, family members, community-based service representatives, interested community members and VCBH staff.

Perhaps the most critical function of the BHAB is to review and evaluate the community's behavioral health needs and identify gaps in service within the County's behavioral health system of care. BHAB members pay particular attention to this key function and direct a great deal of effort to identifying unmet needs and advocating for solutions to meet those needs. The BHAB firmly believes that a full range of behavioral health services should be available to residents within Ventura County to the fullest extent possible. As a result of its review for Fiscal Year 2017-18, the following represents the unmet needs identified by the BHAB:

- Appropriate housing for the Seriously and Persistently Mentally Ill and those suffering from substance use disorders continues to remain as the number one unmet need in Ventura County.
- The need for the establishment of a Crisis Stabilization Unit(s) within the County to mitigate the inpatient adult psychiatric bed shortage in the County.
- The availability of an adequate number of psychiatric inpatient beds for adults, children and adolescents, and older adults within Ventura County to address the needs of the community. This has been an ongoing unmet need for several years. The adult inpatient bed crisis can be somewhat mitigated if there were more appropriate placement options available within the community for discharged inpatients. Although this would help make more beds available, it will not fully solve the problem. The establishment of a Crisis Stabilization Unit (CSU) along with the availability of additional adult inpatient beds would do much to address this unmet need.
- Resolve State Licensing issues as soon as possible and return the CSU at the Inpatient Psychiatric Unit, Ventura County Medical Center to its former location within the hospital facility. Once this has been accomplished, activate and staff 12 additional psychiatric inpatient beds in the Inpatient Unit.
- The availability of a sufficient number and levels of supportive care and placement options to address the needs of the community. These include but are not limited to:
  - Residential care for youth and adults.
  - Adequate housing options for the Seriously and Persistently Mentally Ill and those suffering from substance abuse disorders.
  - A psychiatric inpatient facility to address the needs of older adults.
  - Crisis residential services for youth.

The following is an overview of the BHABs activities and achievements for the past year:

## **ACHIEVEMENTS**

- The BHAB has been vigilantly monitoring the inpatient psychiatric bed shortage in Ventura County and the Crisis Stabilization Unit (CSU) licensing issue at the Inpatient Unit, Ventura County Medical Center.

BHAB members strongly support all efforts to resolve these critical issues as quickly as possible by returning the CSU to its former location within the Inpatient Unit and activating and staffing 12 additional beds within the Inpatient Unit.

- The BHAB is vigilantly monitoring the use of local community hospital emergency rooms to house clients on involuntary holds pending the location of available inpatient psychiatric beds to transfer these clients to. Board members believe this does not meet the needs of clients and families and results in a disservice to the community. In addition, continued use of this system creates problems for emergency room staff and law enforcement personnel who are frequently asked to provide security in the emergency rooms, thereby eliminating units from patrol responsibility in the community.
- During the fiscal year, the BHAB was successful in integrating the work of the committees into the work of the full board. As a result, committee reports are provided at each board meeting, the committees make recommendations to the full board on areas needing to be addressed, and the committees made recommendations to the full board for the development of the Fiscal Year 2018-19 BHAB Objectives. This was the first time that committee recommendations were adopted by the board as its objectives for the next fiscal year.
- The BHAB monthly agenda has been restructured to allow more time for board member discussion and, specifically, discussions of issues of concern to the members.
- At the October 16, 2017 meeting, a motion was passed to revise Article VI of the BHAB Bylaws to expand membership to non-BHAB members on the board's committees. By doing so, the committees were able to include non-BHAB individuals as full participants in committee meetings following their appointment by the Committee Chair. As BHAB committee members, these individuals are able to provide the committees with the potential for additional input by community members and have the opportunity to gather more information on community needs. On June 9, 2018, the Board of Supervisors approved the revision to the Bylaws.
- The Data Notebook on services to older adults in Ventura County was approved by the BHAB at its January 2018 meeting and forwarded to the California Behavioral Health Planning Council.
- On February 13, 2013, the BHAB chair made a presentation to the Board of Supervisors on the Fiscal Year 2016-17 Annual Report, which included an operational activity update. The presentation was well received and marked the first time a formal presentation was given to the Board of Supervisors by either the Behavioral Health Advisory Board or by its predecessor, the Mental Health Board.
- The BHAB whole-heartedly added its support to the creation of the Growing Works Nursery in Camarillo, a job training and horticultural therapy program for individuals with mental illness. Members of the BHAB spoke in support of the project at a Board of Supervisor's hearing to provide start-up funding.
- The BHAB hosted another very successful Crisis Intervention Team CIT Officer of the Year and Officer of the Year Nominee Awards Program at its January 22, 2018 meeting. CIT is an important collaboration between VCBH, law enforcement and the community. Many County dignitaries and Police Department representatives attended the event to lend their support to the program that addresses the mentally ill and substance use disorder clients in Ventura County communities.
- The BHAB members adopted the use of the Action Plan format as a management tool to help plan for and track the process of achieving board and committee objectives.
- Select members of the BHAB participate on the recently-created Mental Health Services Act (MHSA) Needs Assessment Advisory Group and continue to participate on the MHSA Planning Committee and Evaluation Workgroup. BHAB

members are active participants in each of these groups and provide valuable input on new and existing MHSA programs.

- The BHAB created a Legislative Workgroup at its May 21, 2018 meeting to gather information on pending legislation having a significant impact on behavioral health programs and services. Information on the most important pieces of pending legislation is reported to board members at monthly BHAB meetings. This workgroup will terminate at the end of the Legislative Session and will be reactivated, if needed, at the beginning of the next session.
- The Board went on record in support of WIC 5270 that provides for a 30-day extension of involuntary holds at its June 18, 2018 meeting.

## **BOARD PRESENTATIONS**

### **August 2017**

**Presenter:** Elaine Crandall, Ventura County Behavioral Health Director

**Topic:** Managed Care Update

### **September 2017**

**Presenter:** Supervisor Parks

**Topic:** Nursery Project

### **October 2017**

**Presenter:** Tara Carruth, County Executive Office, and Kiran Sahota, Mental Health Services Act (MHSA) Manager

**Topic:** Continuum of Care: Ending Homelessness in Ventura County

### **November 2017**

**Presenter:** Cheryl Fox, Youth & Family Division Manager

**Topic:** Insights: Juvenile Collaborative Court Program

### **February 2018**

**Presenter:** Kiran Sahota, Mental Health Services Act Manager

**Topic:** Suicide Prevention of Adult Males, and Push Technology Innovations Projects

### **March 2018**

**Presenter:** Deanna Handel, Whole Person Care Manager

**Topic:** Ventura County Whole Person Care Pilot

### **April 2018**

**Presenter:** Joseph Vlaskovits, MD

**Topic:** Welfare & Institutions Code 5270: Continued Inpatient Treatment of Grave Disability

### **May 2018**

**Presenter:** Maria Hernandez, VCBH Ethnic Services Manager

**Topic:** Logrando Bienestar/Achieving Well-Being

## SIGNIFICANT TOPICS OF DISCUSSION

**July 2017:** The role of the Committees within the BHAB was discussed in depth. The need to build a closer relationship between the BHAB and its committees in order to strengthen the organizational model was reviewed. Recommendations to more effectively integrate the committees into the work of the BHAB were presented.

**September 2017:** The chair initiated mini presentations on Management Theory. The first presentation was on Objectives/Goal Setting.

**October 2017:** The second in a series of mini presentation on Management Theory, the Action Plan, took place and was discussed by the BHAB members.

A discussion on the importance of board member regular participation on BHAB committees took place.

**November 2017:** The final in a series of presentations on Management Theory took place and was discussed by board members. Discussion included the characteristics of objectives/outcomes, indicators and outcome measurement. Board members were asked for their support in implementing the action planning process and tools.

**January 2018:** The unavailability of psychiatric inpatient beds in Ventura County for children as a result of the closure of Vista del Mar Psychiatric Hospital due to the Thomas Fire was discussed.

The board discussed the feasibility of forming a Psychiatric Hospital Inpatient Bed Needs Assessment Workgroup. Instead, it was decided to gather all available information on what is being done within the County to help resolve the problem.

**February 2018:** An extensive discussion took place on State legislation (Assembly Bill 1971) to re-define “Gravely Disabled” to include an inability to provide for medical treatment.

**March 2018:** The BHAB was updated on the Psychiatric Hospital Inpatient bed shortage in Ventura County, the use of local hospital emergency rooms to hold involuntary patients pending the identification of vacant beds, and the concerns of law enforcement with respect to providing security at emergency rooms for these patients. An extensive discussion took place relative to taking necessary steps to resolve these issues in a timely manner. Medical Center management is supportive of opening 12 additional inpatient beds; however, the beds in question cannot be reopened unless the crisis stabilization unit can be moved to its previous location within the facility.

**May 2018:** The feasibility of establishing an older adult committee was reviewed by the BHAB given the anticipated significant increase in population of this age group and their unique needs. It was concluded that the Adult Services Committee would develop an approach to incorporating older adult issues of concern into its monthly meeting agendas.

**June 2018:** Welfare & Institutions Code Section 5270 was reviewed and discussed. Clarification on how WIC 5270/30-day extension of involuntary holds works compared to temporary conservatorship was provided. Information was also provided that indicated only a small number of clients would be affected by the provisions of this legislation. Furthermore, board members were advised that the VCBH Patient’s Rights Advocate, and Ventura County Medical Center Chief Executive Officer are open to the Board of Supervisors implementing WIC 5270. Based on its review, the BHAB went on record supporting this legislation and recommending that the Board of Supervisors implement WIC 5270 in Ventura County.

Following additional discussion from that which took place previously, the Behavioral Health Advisory Board went on record to support AB 1971 to expand the definition of “gravely disabled” to include serious medical conditions.

## RECOGNITION AWARDS

### July 2017

**Supervisor John Zaragoza** for his two years of service on the BHAB and his compassion for the people who live with a mental illness or substance use disorder.

### September 2017

**McKian Nielsen** for serving on the BHAB for several years, including as the Chair of the Transitional Age Youth Committee, and modeling recovery for consumers.

### October 2017

**Kay Wilson-Bolton** for founding the non-profit Spirit of Santa Paula, which feeds 600 people weekly and is a drop-in center for the homeless, and for receiving the Good Neighbor Award from the National Association of Realtors.

### November 2017

**Deborah Thurber, MD**, for spearheading the drive to open the David Holmboe Crisis Stabilization Unit and for being a champion for children and their families.

### January 2018

**Sandra Wolfe** for serving on the BHAB for four years and for her life-long involvement in the mental health and substance abuse fields.

The BHAB hosted the **Crisis Intervention Team (CIT) Awards Presentation Ceremony** in which nine officers were recognized as well as two officers were announced as CIT Officers of the Year.

### February 2018

**Patrick Zarate** for his 38 years of service with Ventura County Behavioral Health, including as Chief of the Alcohol and Drug Programs Division, and his work as a leading proponent of community-based alcohol and drug prevention initiatives.

**Elaine Crandall** for building strong relationships with the community during her tenure as Ventura County Behavioral Health Director, for opening the Horizon View Mental Health Rehabilitation Center and the David Holmboe Crisis Stabilization Unit, and for implementing the Assisted Outpatient Treatment Program.

### March 2018

**James (posthumously) and Lou Matthews** for their tireless advocacy on behalf of the mentally ill and for helping found the local chapter of the National Alliance on Mental Illness.

**Johnny Madueno** for his work as a mental health technician at the Ventura County Medical Center Inpatient Psychiatric Unit, where he treats every patient with dignity and respect.

### June 2018

**Superior Court Judge Frederick H. Bysse** for his work as the first judge to preside over the Assisted Outpatient Treatment program, which has earned him the respect of professionals, attorneys and the clients and their families.

## SITE VISIT REPORTS

### August 2017

Casa Pacifica -- The Parent Child Interactive Therapy (PCIT) and Residential Treatment Center (RTC) programs were visited and reported at the January 2018 general board meeting.

**EXECUTIVE COMMITTEE**  
**2017-2018 Annual Report**  
Submitted by Jerry Harris, Chair

**Committee Members 2017-18**

Jerry M. Harris	Chair	Nancy Borchard	Secretary
Ratan Bhavnani	1 <sup>st</sup> Vice-Chair	Janis Gardner	Chair Emeritus
Kay Wilson-Bolton	2 <sup>nd</sup> Vice Chair	Gane Brooking	Member-At-Large

**MISSION AND OBJECTIVES**

The primary responsibility of the Executive Committee is to conduct the administrative functions of the BHAB. In this capacity, the Executive Committee plans the agendas of the BHAB General Board Meetings. The Executive Committee may take emergency action on issues that arise between regularly scheduled monthly Board meetings when there is not time for the Board as a whole to act, as well as carry out any responsibilities delegated to it by the BHAB. Any such actions taken by the Executive Committee shall be in compliance with the Brown Act.

**OVERVIEW**

The Executive Committee is comprised of the Chair, 1<sup>st</sup> Vice-Chair, 2<sup>nd</sup> Vice Chair, Secretary, Chair Emeritus, and a Member-at-Large designated by the Chair. The Board officers are responsible for ensuring that all actions of the BHAB are implemented as authorized by a majority of the BHAB members, and that the Bylaws are strictly adhered to. The Committee is supported by the Ventura County Behavioral Health Director, Sevet Johnson, Psy.D., or one of her representatives, and by a Management Assistant, Edith Pham.

In addition to planning the agendas, the Executive Committee spends a portion of its time discussing membership and attendance issues. The Executive Committee is also involved in planning and scheduling presentations for the BHAB General Board Meetings and discussing potential candidates for recognition awards.

**2018-2019 OBJECTIVES**

The Executive Committee shall continue to encourage BHAB members to identify potential candidates for consideration by members of the County Board of Supervisors for appointments to the BHAB. Executive Committee members help to bring information to the BHAB members that will enable them to make informed decisions and credible recommendations to the Behavioral Health Department and Board of Supervisors. The Executive Committee members monitor progress on the achievement of BHAB Objectives and encourage committees to bring forth issues to the full board for consideration.

## YOUTH & FAMILY COMMITTEE

### 2017-2018 Annual Report

Submitted by Denise Nielsen, Chair

#### Youth & Family Committee members

Denise Nielsen, Committee Chair  
Gane Brooking, BHAB  
Margaret Cortese, BHAB  
Marlen Torres, BHAB  
Martie Miles, Aspiranet  
Marika Collins, Casa Pacifica  
Ken McDermott, Children's Family Services  
Heather Davidson, First 5 Ventura County

Crystal Cummings, Kids & Families Together  
Laurie Jordan, Rainbow Connection  
Regina Reed, SELPA  
Tyler Baker-Wilkinson, Seneca  
Dr. Steven Graff, Tri-Counties Regional Center  
Lori Litel, United Parents  
Sheri Long, Vista Real Charter Real High School

#### Organizations that participate occasionally or regularly

Ventura County Behavioral Health  
Ventura County Probation Agency  
Interface Children & Family Services

New Dawn  
Vista del Mar Psychiatric Hospital

### MISSION

The BHAB Youth & Family Committee advocates for the continuum of care and development in the delivery of services for youth and their families, believing that addressing the unique needs of minors and their caregivers is essential to the health of the community.

### INTRODUCTION

The BHAB Youth & Family Committee meets on the second Wednesday of the month from 10:00 to noon at the Ventura County Behavioral Health Administration building in Oxnard. Attendance and participation are open to the families of youth receiving mental health services from Ventura County Behavioral Health, service providers, Behavioral Health Advisory Board (BHAB) members, and anyone with an interest in the children and youth residing in Ventura County. The Youth and Family Committee is responsible to look into the needs, programs and services for children and youth, and to report on these matters to the BHAB.

### 2017-18 OBJECTIVES

1. **Continuum of Crisis Stabilization Options**
  - a. Monitor the Crisis Stabilization Unit. Identify remaining gaps in the continuum of crisis services.
  - b. The Committee will receive ongoing updates from the Suicide Prevention workgroup.
2. **Continuum of Care Reform**

Follow and evaluate the implementation of the Continuum of Care Reform (CCR). Identify further needs or gaps in services to children in foster care.
3. **Community and Parent Outreach**
  - a. Engage community agencies to schedule presentations regarding the role and activities of this Committee.
  - b. Recruit community members to serve on the Committee, and inform families about mental health services available.
  - c. Create innovative strategies to increase parent participation in this Committee.

- d. Raise awareness of alcohol and drug use information. Actively disseminate alcohol and drug use prevention information to the community partners, including community-based organizations (CBOs), law enforcement, and school districts.
- e. Maintain the availability of relevant materials on the Ventura County Behavioral Health's WellnessEveryDay/SaludSiempre website.
- f. Continue to oversee the development of the family resource app.

## **ACHIEVEMENTS**

1. Increased membership on this committee as a result of an update in the BHAB Bylaws.
2. Members disseminated information on the services available to children and youth and their parents or caregivers.
3. Members provided community support in the wake of the Thomas Fire.
4. Members continued to monitor and receive updates on the children's Crisis Stabilization Unit (CSU).

## **2017-18 PRESENTATIONS**

November 2017: Straight Up Reality Improv, presented by Katherine Kasmir.

February 2018: Alcohol & Drug Programs, presented by Richard LaPerriere.

April 2018: Collaborative Educational Supports (COEDS), presented by Aliya Maki.

May 2018: Ventura Early Intervention Prevention Services (VIPS), presented by Denise Pont.

June 2018: 2-1-1 Ventura County, presented by Kelly Brown.

## **CHALLENGES**

1. The loss of Vista del Mar Psychiatric Hospital due to the Thomas Fire in early December 2017 negatively impacted the community and VCBH clients.
2. As a result of the Continuum of Care Reform, group homes have to convert their license or stop operating. Only two providers, Casa Pacifica and Seneca, operate a local Short-Term Residential Treatment Program (STRTP).
3. Recruiting foster families, including emergency foster families, who could serve as an alternative to STRTP, is problematic.
4. Prevention and early intervention services for children ages 5 and under are insufficient. Parents/caregivers and preschool teachers are not attuned to the mental health needs of young children.

## **OPPORTUNITIES**

1. The committee is eager to design a Mental Health Services Act (MHSA) Innovative project that will focus on early intervention for young children exhibiting signs of emerging mental health needs but who do not qualify for services currently available. The project will target preschool teachers and engage academic institutions and local colleges to develop a curriculum for teachers and enhance the current coursework.
2. Utilize the results of parent surveys administered by United Parents to understand the needs and concerns of parents and caregivers.

## **RECOMMENDATIONS**

1. Create a one-page flyer on the BHAB Youth & Family Committee and distribute copies at various community events.
2. Educate parents and caregivers, particularly those with children in private preschools.
3. Understand the needs and concerns of teachers, from preschool through high school.

## 2018-19 OBJECTIVES

### 1. Continuum of Care

- a. Follow and evaluate the implementation of the Continuum of Care Reform (CCR). Identify further needs or gaps in services to children in foster care.
- b. Monitor the Crisis Stabilization Unit. Identify remaining gaps in the continuum of crisis services for both children covered by Medi-Cal and children with private insurance.
- c. Advocate for the availability of psychiatric hospital beds in the county for the pediatric population. Ensure communication and care coordination of medical information between care providers.

### 2. Community and Parent Outreach

- a. Engage community agencies to schedule presentations regarding the role and activities of this Committee.
- b. Recruit community members to serve on the Committee, and inform families about mental health services available.
- c. Create innovative strategies to learn about parents/caregivers' needs and concerns.
- d. Raise awareness of alcohol and drug use information. Actively disseminate alcohol and drug use prevention information to the community partners, including community-based organizations (CBOs), law enforcement, and school districts.
- e. Maintain the availability of relevant materials on the Ventura County Behavioral Health's [wellnesseveryday/saludsiempre](#) website.
- f. Continue to oversee the development of the family resource app.
- g. Raise awareness of services for children ages 0-5 and access to those services.

# TRANSITIONAL AGE YOUTH COMMITTEE

## 2017-2018 Annual Report

Submitted by Cmdr. Ronald Nelson, Chair

### Transitional Age Youth Committee members

Cmdr. Ronald Nelson, Committee Chair  
Kay Wilson-Bolton, BHAB  
Anna Colangelo, Casa Pacifica  
David Vahidi, Children and Family Services  
Erin Locklear, Interface

Georgia Perry, NAMI  
Jennifer Goble, Pacific Clinics  
Vannessa Cortez, TAY Tunnel  
Cici Romero, TAY Tunnel

### Organizations that participate on occasion

Aegis Treatment Centers  
Telecare  
Ventura County Probation Agency  
Ventura County Behavioral Health

Vista Real Charter High School  
Crisis Intervention Team  
Department of Rehabilitation

## MISSION

The Transitional Aged Youth Committee (TAY) is a committee of the Behavioral Health Advisory Board. The BHAB TAY Committee is committed to promoting effective mental health and substance use disorder services, wellness and recovery of youth ages 16 through 25. The committee focuses on these youth in their efforts to launch and become healthy and productive adults.

The purpose of the Transitional Aged Youth Committee is to support the efforts of the Behavioral Health Advisory Board in its mission to promote and provide appropriate mental health and substance use disorder services for young adults ages 16 to 25, and to provide a forum for the TAY community to discuss the needs relevant to their health and wellness.

## INTRODUCTION

The BHAB TAY Committee meets on the fourth Thursday of the month from 10:30 a.m. to noon at the Ventura County Behavioral Health Administration building in Oxnard. Attendance and participation are open to Transitional Age Youth and their families, service providers, Behavioral Health Advisory Board (BHAB) members, and anyone with an interest in the TAY community. The TAY Committee is responsible to look into the needs, programs and services for the TAY population and to report on these matters to the BHAB. The committee also receives direction from the BHAB to research issues that come to the attention of the BHAB on matters related to the TAY population.

## 2017-18 OBJECTIVES

1. Increase participation of community partners serving TAY in the BHAB TAY meetings.
2. Continue evaluation and updating availability of TAY services related to housing options, work and volunteer opportunities and justice system.
3. Identify strategies to address gaps in services for the TAY population related to mental health and substance abuse treatment, housing options, work and volunteer opportunities, and the justice system.
4. Increase community outreach, especially to underserved community, and improve communication among parents, clients, agencies and the Committee.

5. Keep the Behavioral Health Advisory Board members informed on matters pertaining to the needs of the TAY Community.
6. Provide committee-level work for the TAY community at the direction of the Behavioral Health Advisory Board.

## **ACHIEVEMENTS**

1. The TAY Committee increased its membership following changes in the BHAB Bylaws.
2. Enhanced TAY Committee members' knowledge of service options for the TAY population.
3. Presentations to this committee.

## **2017-18 PRESENTATIONS**

July 2017: Casa Pacifica's Services to TAY – presented by Anna Colangelo, Psy.D.

September 2017: The Behavioral Health Advisory Board and Its Committees – presented by Jerry Harris, BHAB Chair

October 2017: The Oxnard Dream Center – presented by Richard Linares, Director

January 2018: The Insights Program – presented by Cheryl Fox, VCBH Youth & Family Division Manager

February 2018: America's Job Center – presented by Edward Sajor, Human Services Agency

March 2018: Wise Relationships with Youth TAY – presented by Jennifer Goble of Pacifica Clinics, Georgia Perry of NAMI, Pam Roach, VCBH Transformational Liaison

April 2018: Todd Road Jail Health and Programming Unit Update, presented by Cmdr. Ron Nelson

May 2018: Turning Point Foundation Dual Diagnosis Group – presented by Jason Meek, Executive Director

June 2018: HEART, Helping to Educate, Address & Respond to Trafficking – presented by Christan Perez, Program Manager, Interface Children and Family Services

## **CHALLENGES**

1. Lack of TAY-specific shelters.
2. Dissemination of information regarding services available for the TAY population.

## **OPPORTUNITIES**

1. Increase participation on this committee.
2. Increase advocacy for TAY-specific programming and shelters, mental health and substance use services, job training, and educational opportunities.

## **RECOMMENDATIONS**

1. Carry over the 2017-18 objectives into the new year.
2. Promote the participation of county agencies: Probation and Human Services Agency's Children and Family Services. Encourage the participation of the Ventura County Behavioral Health Youth & Family Division.
3. Promote the participation of the various city ministerial association.

## 2018-19 OBJECTIVES

1. Continue to encourage increased participation of community partners serving TAY in the BHAB TAY meetings.
2. Advocate for increased housing options for TAY. Update the housing opportunity brochure.
3. Advocate and updating availability of TAY services related to work and volunteer opportunities and justice system. Identify strategies, including advocacy, to address gaps in services for the TAY population related to mental health and substance abuse treatment, work and volunteer opportunities, and the child welfare and justice systems.
4. Increase community outreach, especially to underserved community, and improve communication among parents, clients, agencies and the Committee.
5. Keep the Behavioral Health Advisory Board (BHAB) members informed on matters pertaining to the needs of the TAY Community. Make recommendations to the BHAB as appropriate.
6. Provide committee level work for the TAY community at the direction of the Behavioral Health Advisory Board.

## **ADULT SERVICES COMMITTEE**

### **2017-18 Annual Report**

Submitted by Nancy Borchard and Gane Brooking, Co-Chairs

#### **Adult Committee members**

Nancy Borchard, Committee Co-Chair; BHAB Member  
Gane Brooking, Committee Co-Chair; BHAB Member  
Jerry Harris, BHAB Chair  
Ratan Bhavnani, BHAB Member  
Sheri Valley, BHAB Member  
Rachel McDuffee, Aegis Treatment Centers  
Andrew Huizar, Anka Behavioral Health  
Liz Warren, Client Network  
Mark Stadler, Crisis Intervention Team (CIT)

David Deutsch, NAMI  
Cici Romero, Pacific Clinics  
Monica Lang, Telecare  
Susan Russo, Telecare  
Kalie Matisek, Turning Point Foundation  
Dana Secor, Turning Point Foundation  
Mark Schumacher, Turning Point Foundation  
Denise Noguera, VC Area Agency on Aging

Participants: Ventura County Behavioral Health managers and staff

### **MISSION**

The BHAB Adult Services Committee advocates for continuum of care in the development and expansion of mental health and addiction services that support the stabilization and recovery of adult and older adult clients.

The Committee's monthly meetings provide a forum for discussion of current department activities regarding Adult Services as well as an opportunity for collaboration with community-based providers and stakeholders. We seek to ensure integrated services for clients seeking mental health and substance abuse services. By educating ourselves and the community, the stigma associated with mental health and substance abuse will be reduced.

### **INTRODUCTION**

The BHAB Adult Services Committee meets on the first Thursday of the month from 10:00 a.m. to 12:00 p.m. in the Ventura County Behavioral Health (VCBH) Administration building in Oxnard. Attendance, participation and membership are open to individuals who receive mental health and/or substance use services through Ventura County Behavioral Health (VCBH), to service providers, Behavioral Health Advisory Board (BHAB) members, and anyone with an interest in the adult and older adult population. The Adult Services Committee reviews the needs, programs and services for this population and reports on these matters to the BHAB.

### **OBJECTIVES 2017-18**

1. Continue to develop the integration of mental health and substance use services.
2. Increase community awareness regarding resources and access to services provided by VCBH.
3. Advocate for effective assessment and referral for individuals in crisis at the Hillmont Psychiatric Center and the Outpatient Psychiatric Observation Services (OPOS) in cooperation with local hospitals and law enforcement.
4. Advocate for the Crisis Residential Treatment (CRT) to be used as a crisis prevention and step-down from Hillmont Psychiatric Center or other intensive service.
5. Advocate for the establishment of a geriatric psychiatric unit.
6. Participate in all efforts to establish affordable and supportive housing for individuals with behavioral health challenges.

## **ACHIEVEMENTS**

1. Achieved the objectives for 2017-18.
2. Expanded membership as a result of an update in the BHAB Bylaws.
3. Discussed establishing a committee for older adults. Took this to the General board, who sent it back to this committee, recommending to schedule discussions related to the older adult population on a regular basis.
4. Co-Chair took the lead on the 2017 Data Notebook, which focused on the older adult population.
5. Educated ourselves about medication used to support opiate withdrawal as well as where people might live while trying to live a sober life. We learned of the difficulty finding a place to live while receiving treatment with Methadone and Suboxone. Housing is expensive, and seriously addicted people often do not have the money for sober living. Sober living is often not treatment – just a place to live.
6. Learned the process involved in securing funds for no Place like Home is complicated and will take much planning and time for each county.
7. Whole person care is the goal of coordinated treatment with the Health Care Agency and Behavioral Health.
8. Continued to stay informed about changes at Hillmont Psychiatric Center and the efforts to re-establish a Crisis Stabilization Unit. Number of beds available and occasions for out-of-county placements are ongoing concerns.
9. Updated our understanding regarding the homeless mentally ill and others who are just homeless. How outreach and intensive treatment are provided continue to be a major focus.
10. Becoming aware of how A New Start For Moms helps families stay together and thrive drug free was heartening.

## **2017-18 PRESENTATIONS**

July 2017: Aegis Treatment Centers. – presented by Rachel McDuffee, Coastal Regional Clinic Manager

September 2017: Mental Health Services Act (MHSA) and No Place Like Home – presented by Hilary Carson, MHSA Program

October 2017: Ventura County Sober Living Coalition – presented by Teresa Crocker-Chavez, Coalition Chair

November 2017: Whole Person Care (WPC) – presented by Deanna Handel and Heather Freudenthaler, Health Care Agency

January 2018: Hillmont Psychiatric Center – presented by Dan Powell, Mental Health Operations Supervisor

February 2018: Empowering Partners through Integrative Community Services (EPICS) – presented by Tina McDonald, Clinic Administrator

March 2018: Question, Persuade and Refer (QPR) – presented by Hilary Carson, MHSA Program

April 2018: A New Start For Moms (ANSFM) – presented by Clinic Administrators Richard LaPerriere, Alcohol & Drug Program, and Jonathan Eymann, ANSFM

June 2018: Human Services Agency's Homeless Services Program – presented by Chris Russell, Program Manager

## **CHALLENGES**

1. Lack of affordable housing options and the high cost of housing in Ventura county.
2. Severe lack of housing options for those with no or little income.
3. The high cost of the Inpatient Unit placements for those who have both mental and developmental challenges.
4. Loss of MHSA Prevention Programs, especially Peer Employment, due to budget cuts.

5. Restrictive licensing interpretations from the State, causing the Crisis Stabilization Unit (CSU) to be closed, with additional restrictions to the Outpatient Psychiatric Observation Service (OPOS) that was created as an alternative.
6. Gaps in services which cause clients to be placed out of county are: (A) Lack of affordable housing; (B) Lack of secure supportive housing for individuals who are not currently capable of standing trial; (C) Lack of integrated mental and physical health facilities; (D) Lack of geriatric psychiatric units; (E) Lack of Adult inpatient psychiatric hospital beds.
7. Lack of treatment facilities for those with substance abuse problem as well as funding availability for this type of treatment.
8. Few peer programs with peers providing peer support. No peers in the East County.

### **OPPORTUNITIES**

1. Become more involved in advocacy for housing, particularly for those with mental health and substance issues.
2. Make the need for a Crisis Stabilization Unit (CSU) an area that we monitor frequently, taking our needs to the State if necessary.
3. Begin the process to address the needs of the growing older adult population.
4. Determine how peer support is functioning in our county system. Is it increasing – are we using those with lived experience? Determine how peer support services can be expanded to the East County and used the way they were intended.

### **RECOMMENDATIONS**

1. Continue to review how MHSA funds are used and how they fill the actual needs of our target population.
2. Stay focused on how crisis is addressed.
3. Streamline access and time to service. Is Screening, Triage, Assessment and Referral (STAR) the best approach?
4. Peer Support services are needed to run Wellness, Recovery and Action Plan (WRAP) classes and to help clinicians and staff.
5. Explore the feasibility of establishing a BHAB Older Adult Committee.

### **OBJECTIVES 2018-19**

1. Advocate for effective assessment and referral for individuals in crisis at the Hillmont Psychiatric Center in cooperation with local hospitals and law enforcement, with particular emphasis on developing a Crisis Stabilization Unit and increasing inpatient beds, both public and private, within the community.
2. Advocate for the Crisis Residential Treatment (CRT) to be used as both a crisis prevention to avoid hospitalization and as a step-down from Hillmont Psychiatric Center or other intensive service.
3. Advocate for increased services to the older adult population.
4. Participate in all efforts to establish affordable and supportive housing for individuals who live with mental health and/or substance use disorder challenges.

## PREVENTION COMMITTEE

### 2017-2018 Annual Report

Submitted by Janis Gardner, Chair

#### Prevention Committee members

Janis Gardner, Committee Chair  
Claudia Armann, BHAB Member  
Gane Brooking, BHAB Member  
Mary Haffner, BHAB Member  
Patricia Mowlavi, BHAB Member  
Sandra Wolfe, BHAB Member  
Dawn Anderson, Ventura County Office of Education  
David Deutsch, NAMI Ventura

Gabe Teran, Ventura County Office of Education  
Javier Bautista, Pacific Clinics' TAY Tunnel  
Katherine Kasmir, Straight Up  
Lori Litel, United Parents  
Mark Stadler, Crisis Intervention Team (CIT)  
Natalie Gabriele, Aegis  
Rachel McDuffee, Aegis  
Stephanie Flournoy, Interface Children & Family Services

#### Organizations that participate occasionally or regularly

Casa Pacifica  
Community Coalition United  
Conejo Valley Unified School District  
MICOP

The Client Network  
Ventura County Behavioral Health  
Ventura County Probation  
Ventura County Public Health

## MISSION

“To promote measures that prevent mental and/or substance-use disorders from becoming destabilizing components in the lives of Ventura County residents. Our aim is to help support education, prevention and early intervention efforts with particular emphasis on wellness and the interaction of mental health and substance use challenges.”

The focus of the BHAB Prevention Committee is to preserve and enhance advisory and advocacy work for both mental health and substance use disorders prevention to maximize the effectiveness of the BAHB in supporting county behavioral health/substance use issues. The Prevention Committee may observe, assess, and report in areas of mental health, dual diagnosis or substance use disorders, and to communicate to, and to raise awareness and understanding of these issues, to the general public of Ventura County, the Board of Supervisors, and, to the Behavioral Health Department Director.

## 2017-18 OBJECTIVES

1. Assist in preventing the onset of Mental Health (MH) and Substance Use Disorders (SUD) which could result in helping to save lives.
2. Work in collaboration with programs that support the Prevention Committee objectives; i.e., VCBH Alcohol and Drug Programs Prevention Services, Ventura County Sheriff's Department, and, other Stakeholders and Providers.
3. Help to facilitate campaigns, promotions, and educational outreach to adopt changes advancing the goals of the Committee.

## INTRODUCTION

Participation in the Prevention Committee includes individuals who have an interest in helping to mitigate mental health and substance use disorders for adults, transitional aged youth and children who reside in Ventura County. Its membership and partners include persons from various entities around Ventura County, including but not

limited to persons from multiple county agencies, stakeholders, contract providers, VCBH staff, health care professionals, law enforcement and consumers.

## **ACHIEVEMENTS**

1. The Ventura County BHAB Prevention Committee has advocated for and disseminated information on topics within the scope of MHSA, Mental Health Prevention Early Intervention & Alcohol and Drug Substance Abuse. Prevention Committee members' attendance at various events have included: local NAMI events (National Alliance for Mental Illness); events related to the LGBTQ population; events with Rainbow Umbrella; ADP Prevention Services contractor Straight Up's local "Reality Parties for Parents" which are held in both English & Spanish, participation in the National Rx and Heroin Convention in Atlanta, State Wide Substance Abuse conference, the Suicide Prevention Conference and many others.
2. The Ventura County BHAB Prevention Committee has advocated for the Ventura County Crisis Stabilization Unit, increases in Crisis Intervention Team and other programs that promote/help mitigate mental health and substance abuse issues.
3. The BHAB Prevention Committee Presentations are carefully selected. ADP Prevention Services and Mental Health Prevention and Early Intervention topics and those of related partners, are given the opportunity to do a monthly presentation. These presentations allow the BHAB Prevention Committee to learn about current research, educational opportunities and trends within the Ventura County community. The BHAB Prevention Committee meeting attendees can share community resources with each other so they can then bring relevant information to their staff, clients and various agencies who can further disseminate this information throughout Ventura County and the community at large.

## **2017-18 PRESENTATIONS**

July 2017: "Legal Marijuana – What TAY Need to Know," presented by Dan Hicks, Manager, VCBH ADP Prevention Services

August 2017: "Co-Occurring Disorders and Prevention," presented by David Deutsch, Executive Director, NAMI Ventura County

September 2017: "Using Prevention Aspects for Ventura County LGBT Youth," presented by Courtney Lindberg, President, and Taylor de la Rosa, Vice President, Rainbow Umbrella Youth Group

October 2017: "Opioid Overdose Education and Prevention Project," presented by Kim O'Neil, Executive Director, Project SAFER Educational Foundation

December 2017: "ADP Prevention – 5-Year Plan," presented by Dan Hicks, Manager, VCBH ADP Prevention Services

January 2018: "Aegis – Medication Assisted Treatment," presented by Rachel McDuffee, Regional Clinic Manager, Aegis Treatment Center

February 2018: "Ventura County's Human Trafficking Prevention Efforts," presented by Christian Perez, Program Manager, HEART Program, Interface Children & Family Services

March 2018: "The New Rx Website", presented by Janet Kaplan, Sr. Program Administrator, VCBH ADP Prevention Services

April 2018: "A New Start for Moms: Leveraging Recovery into Future Generations," presented by Jonathan Eymann, Clinic Administrator, A New Start for Moms, and Richard LaPerriere, Clinic Administrator, Oxnard ADP

May 2018: "Regulating Commercial Cannabis Businesses to Prevent Youth Access," presented by Joe Kyle, Owner, Joe Grow Consulting

June 2018: "Impaired Driving Prevention, State and Local Perspectives," presented by David Tovar, OTS Grant Coordinator, VCBH ADP Prevention Services

## **CHALLENGES**

The Prevention Committee acknowledges the following Challenges within Ventura County as related to community needs within the scope of Alcohol & Drug related Prevention Services and Mental Health's Prevention Early Intervention.

- There are concerns about increased access to highly potent opiates such as Fentanyl within Ventura County.
- It has been challenging piecing together funding from various sources to purchase Naloxone for the VCBH ADP Prevention Services Overdose Prevention Project.
- Within Ventura County, there needs to be an increase in access to prevention services that serve indicated, higher risk populations.
- Within Ventura County, the challenge is the impact of broader availability and normalization of cannabis for youth and young adults.
- There are challenges concerning implementation of ordinances and guidelines regarding cannabis sales.
- There are challenges concerning MHSA's Prevention and Early Intervention funding for implementing programs needed to prevent the onset of mental health issues, particularly for our most vulnerable populations.

## **OPPORTUNITIES**

The Prevention Committee feels there are tremendous opportunities available by working in collaboration with include stakeholders, staff, providers and contractors to help raise awareness of existing and future educational tools. These include programs and prevention efforts for the residents and youth of Ventura County.

## **RECOMMENDATIONS**

- To advocate and support mental health and substance use prevention and early intervention programs, including those in collaboration with providers and contractors.
- To help educate and inform the Board of Supervisors, VCBH staff, other agencies, and the public, on the negative impacts of alcohol and drug abuse, including the potential harmful effects for youth of consistent cannabis usage on the young still developing teen brain.
- To increase the number of Prevention Committee members.
- To search for gaps and needs in services where no prevention methods or programs currently exist.

## **2018-19 OBJECTIVES**

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

## BEHAVIORAL HEALTH ADVISORY BOARD OBJECTIVES 2018-2019

### **Youth & Family Committee**

Advocate for the re-creation of psychiatric hospital beds in the county for the pediatric population.

### **Transitional Age Youth (TAY) Committee**

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

### **Adult Services Committee**

1. Advocate for effective assessment and referral for individuals in crisis at the Hillmont Psychiatric Center in cooperation with local hospitals and law enforcement, with particular emphasis on developing a Crisis Stabilization Unit and increasing inpatient beds, both public and private, within the community.
2. Advocate for increased services to the older adult population.

### **Prevention Committee**

Identify opportunities for cannabis education and awareness.

## Behavioral Health Advisory Board Site Visit Report

Date: Aug 18, 2017

Facility / Program: Casa Pacifica/PCIT

Location: 1722 S. Lewis Rd. Camarillo, CA

Contact Person: Kathy Kemp, LCSW

Phone #: (805) 366-4420

E-mail: kkemp@casapacificca.org

### BHAB Review Team:

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

### FACILITY / PROGRAM DEMOGRAPHICS

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

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

2. **Number of Clients Served:**

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

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

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

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

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

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

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

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

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

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

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

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

Peer support is not currently a part of the PCIT program

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

Groups are not currently a part of the PCIT program

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

See attached

**BHAB Reviewer Response**

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

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

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

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

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

**Staff identified program needs ?**

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

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

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

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

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

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

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

**Board Member Recommendations for Program Needs?**

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

Explore PCIT for more than just foster children.

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

## Behavioral Health Advisory Board Site Visit Report

Date: <sup>18</sup> Aug 17, 2017

Facility / Program: Residential Treatment Center

Location: 1722 S. Lewis Rd, Camarillo, CA 93012

Contact Person: Vicki Murphy

Phone #: (805) 366-4010

E-mail: vmurphy@casapacifica.org

### BHAB Review Team:

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

### FACILITY / PROGRAM DEMOGRAPHICS

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

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

**2. Number of Clients Served:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

See attached

## BHAB Reviewer Response

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

#### Acronyms:

NMD = non-minor dependent

SOGIE = sexual orientation, gender identification or gender expression

CSEC = commercially sexually exploited children

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

Therapy includes Five STEP psychosocial program:

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

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

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

Step 4. Reaching Out - leadership into community.

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

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

Weekends include family visits, community outings and experiential outings.

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

### Staff identified program needs ?

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

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

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

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

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

**Board Member Recommendations for Program Needs?**

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

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

## VCBH Clinics, Others

10/1/18

### VCBH Adult Services Division

Program	Address	Phone	Administrator
Conejo Adult Outpatient	125 W. Thousand Oaks Blvd, # 500, T.O., 91360	805-777-3500	Traci Khan
Forensics (Heather Johnson, Jail Liaison)	4258 Telegraph Rd., Ventura 93003	805-477-5775	Mike Rodriguez
North Oxnard Adult Outpatient	1911 Williams Dr., # 110, Oxnard 93036	805-981-4200	Mary Burau
South Oxnard Adult Outpatient	2500 South "C" St., Suite C Oxnard	805-385-9420	Michael Colton, Marcus Lopez
Older Adults; Benefits	5740 Ralston St., Ventura 93003	805-289-3203	Peter Schreiner
Santa Paula Adult Outpatient	725 East Main, 3rd Floor, Santa Paula 93060	805-933-8480	Zandra Tadeo
Simi Valley Adult Outpatient	1227 E. Los Angeles Ave., Simi Valley 93065	805-582-4075	Robert Gross
Transitions	1911 Williams Dr. #120, Oxnard 93036	805-981-9270	Briana Crickelair
Ventura Adult Outpatient	4258 Telegraph Rd., Ventura 93003	805-477-5700	Nancy Springer, Leah Roylance
EPICS/ARS	1911 Williams Dr, #110, Oxnard 93036	805-981-9240	Tina McDonald
STAR Program	1911 Williams Dr., #165, Oxnard 93036	805-981-4233	Ana Magbitang
Crisis Team	1911 Williams Dr., #165, Oxnard 93036	805-981-4233	Robin Boscarelli, Erick Elhard
RISE; Assist	1911 Williams Dr., #165, Oxnard 93036	805-981-4233	Felicia Skaggs

### VCBH Youth & Family Services Division

Program	Address	Phone	Administrator
Conejo Clinic	125 W. Thousand Oaks Blvd, # 600, T.O. 91360	805-777-3505	Heather L. Johnson
Fillmore Clinic	828 Ventura St, # 240, Fillmore 93015	805-524-8660	Angelina McCormick Soll
Oxnard North Clinic	1911 Williams Dr, # 150, Oxnard 93036	805-981-8460	Heather Guilin
Oxnard South Clinic	2500 S. C Street, Suite D, Oxnard 93033	805-385-9460	Vacant
Phoenix School	500 Airport Way, Camarillo 93010	805-437-1407	Stephanie Cowie
Primary Care Integration	5740 Ralston St, Suite 100, Ventura 93003	805-339-2504	Julie Roberts
Santa Paula Clinic	725 E. Main St, 3rd floor, Santa Paula 93060	805-933-8440	Angelina McCormick Soll
Simi Valley Clinic	1227 E. Los Angeles Avenue, Simi 93065	805-582-4080	Rachel Yazujian
Ventura Clinic	5740 Ralston St, # 100, Ventura 93003	805-289-3100	Gabriela Lopez

### VCMC

Program	Address	Phone	Administrator
Inpatient Unit	200 Hillmont Avenue, Ventura 93003	805-652-6729	Daniel Powell

### Sheriff's Office

Program	Address	Phone	Administrator
Pre-Trial Detention Facility	800 S. Victoria Avenue, Ventura	805-654-3325	Cmdr. Cheryl Wade
Todd Rd. Jail	600 S. Todd Road, Santa Paula	805-933-8501	Sara Pacheco

## Contracted In-County Board and Care Facilities

10/1/18

Facility		Phone/Contact	Capacity
Brown's Board and Care	1337 W. Hill St. Oxnard, Ca. 93033	(805) 483-9618 Betina Brown	10 male
Cottonwood Board and Care	1417 Lirio St. Ventura, Ca. 93004	(805) 647-1353 X1 Connie Cortez	24 male/female
La Siesta	1681 E. Thompson Blvd. Ventura, Ca. 93001	(805) 648-4042	43 male/female
Saundra's Board and Care	1240 Lookout Dr. Oxnard, Ca. 93033	805-985-1772 Saundra Jarmon	6 female
Sunrise Manor Board and Care	441 W. Channel Islands Blvd. Oxnard, Ca. 93033	(805) 240-7600 Stacey	59 male/female

### RCFEs

The Elms	67 E. Barnett St. Ventura, Ca. 93001	(805) 643-2176 Fe Higgins	50 male/female 59 y/o and older
Hickory House	50 Oak St. Camarillo, Ca. 93010	(805) 484-1115 Angelie Morales	36 male/female 59 y/o and older

## In-County Mental Health Services Contractors

as of 10/8/18

Provider Name and Service Location Address	Phone Number	Administrator	Hours of Operation	Program and Services Provided
Anka Behavioral Health 1750 S Lewis Rd Camarillo, CA 93012	805-765-9050	Therese McKenna	24/7	Mental Health Rehabilitation Center (MHRC) Program. Adult and Transitional Aged Youth (TAY ages 18-25) MHRC mental health, nursing, rehabilitation, therapy, case management, medication support, and crisis intervention
Anka Behavioral Health, Inc. 350 Hillmont Avenue Ventura, CA 93003	805-233-7750	Lilia Simakova	24/7	Crisis Residential Treatment Program. Adult and TAY (ages 18-25) Short-Term Crisis Residential acute treatment and support services to avoid hospitalization
Aspiranet Foster and Family Services 5284 Adolfo Road, Suite 100 Camarillo, CA 93012	805-289-0120	Martie Miles	8 am-5 pm	Youth Outpatient Early and Periodic Screening, Diagnostic and Treatment (EPSDT), and Intensive Services Foster Care (ISFC) mental health and case management services
Aspiranet Foster and Family Services 5284 Adolfo Road, Suite 100 Camarillo, CA 93012	805-289-0120	Martie Miles	8 am-5 pm	Youth Outpatient Collaborative Education Services (COEDS) mental health and case management services
Aspiranet Foster and Family Services 5284 Adolfo Road, Suite 100 Camarillo, CA 93012	805-289-0120	Martie Miles	9 am-5 pm	Youth Outpatient Intensive Home Based Services/Therapeutic Behavioral Services/ Intensive Care Coordination EPSDT - mental health and case management services
Aurora Vista del Mar Hospital, LLC 801 Seneca St. Ventura, CA 93001	805-653-6434	Jenifer Nyhuis	24/7	Psychiatric Inpatient Hospital Services for children and adolescents
Casa Pacifica Centers for Children and Families 1722 South Lewis Road Camarillo, CA 93012	805-366-4040	Barbara Kramer	24/7	Transitional Aged Youth (TYS), Youth Outpatient EPSDT, mental health and case management services
Casa Pacifica Centers for Children and Families 975 Flynn Road Camarillo, CA 93012	805-366-4040	Barbara Kramer	24/7	Wraparound, Youth and Family Intensive Outpatient mental health and case management services
Casa Pacifica Centers for Children and Families 1722 South Lewis Road Camarillo, CA 93012	805-366-4040	Barbara Kramer	24/7	Short Term Residential Treatment Program (STRTP), Youth Inpatient Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), mental health, group rehab, case management, medication support, and crisis intervention services
Casa Pacifica Centers for Children and Families 1722 South Lewis Road Camarillo, CA 93012	805-366-4040	Barbara Kramer	24/7	Short Term Residential Treatment Program (STRTP), Youth Inpatient EPSDT, mental health, group rehab, case management, medication support, and crisis intervention services
Casa Pacifica Centers for Children and Families 1722 South Lewis Road Camarillo, CA 93012	805-366-4448	Barbara Kramer	8 am-3 pm	Non-public School (NPS), Youth Outpatient EPSDT, mental health, case management, medication support, and crisis intervention services
Casa Pacifica Centers for Children and Families 975 Flynn Road Camarillo, CA 93012	805-366-4040	Barbara Kramer	24/7	Therapeutic Behavioral Services (TBS), Youth Outpatient EPSDT, Therapeutic Behavioral Services, mental health and case management services

Provider Name and Service Location Address	Phone Number	Administrator	Hours of Operation	Program and Services Provided
Casa Pacifica Centers for Children and Families 1722 South Lewis Road Camarillo, CA 93012	805-366-4040	Barbara Kramer	9 am-7pm	Parent Child Interactive Therapy (PCIT), Youth Outpatient EPSTD, mental health and case management services
Interface Children Family Services 4001 Mission Oaks Blvd Suite I Camarillo, CA 93012	805-485-6114	Joelle Vessels	8 am-8 pm	Youth Outpatient EPSTD - mental health and case management services
Interface Children Family Services 4001 Mission Oaks Blvd Suite I Camarillo, CA 93012	805-485-6114	Joelle Vessels	24/7	Youth Outpatient EPSTD, Family Preservation (Homebuilders) Program, mental health and case management services
Kids & Families Together 864 E. Santa Clara Street Ventura, CA 93001	805-643-1446	David Friedlander	9 am-8 pm Some Saturdays	Youth Outpatient EPSTD mental health and case management services
New Dawn Counseling & Consulting, Inc. 2200 Outlet Center Drive, Room #430 Oxnard, CA 93036	805-604-5437	Cynthia Torres	9 am-5 pm	Youth Outpatient EPSTD, mental health, case management, and crisis intervention services
Pathpoint 501 Marin Street Suite 100 Thousand Oaks, CA 91360	805-413-0350	Linda Farhat	8:00 am - 4:00 pm	Adult Outpatient Social Rehabilitation Program. Mental health, case management, and crisis intervention services
Seneca Family of Agencies 2130 N. Ventura Road Oxnard, CA 93036	805-289-8000	Tyler Baler-Wilkinson	24/7	Children's Stabilization Unit (CSU) mental health services
Seneca Family of Agencies 2130 N. Ventura Road Oxnard, CA 93036	805-289-8000	Tyler Baler-Wilkinson	24/7	Children's Comprehensive Assessment and Stabilization Services (COMPASS) mental health services
Telecare Corporation 5810 Ralston Street, 2nd Floor Ventura, CA 93003	805-642-7033	Cynthia Douth	24/7	AB 109 VOICE ACT Program. Adult Outpatient mental health, Assertive Community Treatment (ACT), case management, medication support, and crisis intervention
Telecare Corporation 1750 B South Lewis Road Camarillo, CA 93012	805-383-3669	Monica Lang	24/7	Casa De Esperanza Y Suenos Casa B Program. Adult and TAY Residential Social Rehabilitation Services
Telecare Corporation 1750 C South Lewis Road Camarillo, CA 93012	805-383-3669	Monica Lang	24/7	Casa De Esperanza Y Suenos Casa C Program. Adult and TAY Residential Social Rehabilitation Services
Telecare Corporation 1750 D South Lewis Road Camarillo, CA 93012	805-383-3669	Monica Lang	24/7	Casa De Esperanza Y Suenos Casa D Program. Adult and TAY Residential Social Rehabilitation Services
Telecare Corporation 1750 E South Lewis Road Camarillo, CA 93012	805-383-3669	Monica Lang	24/7	Casa De Esperanza Y Suenos Casa E Program. Adult and TAY Residential Social Rehabilitation Services
Telecare Corporation 1746 S. Victoria Ave, Suite 220 Ventura, CA 93003	805-526-3539	Cynthia Douth	8:30 am - 5:30 pm	Early Detection and Intervention for Prevention of Psychosis (EDIPP) West County Program. Transitional Aged Youth (TAY) Outpatient mental health, case management, medication support, and crisis intervention services

Provider Name and Service Location Address	Phone Number	Administrator	Hours of Operation	Program and Services Provided
Telecare Corporation 1919 Williams Street, Site 200 Simi Valley, CA 93065	805-642-7033	Cynthia Doult	8:30 am - 5:30 pm	EDIPP East County Program. TAY Outpatient mental health, case management, medication support, and crisis intervention services
Telecare Corporation 333 Skyway Drive Camarillo, CA 93010	805-383-1155 x119	Lindsey Cunningham	24/7	Horizon View Mental Health Rehabilitation Center Program. Adult mental health residential services within a locked setting
Telecare Corporation 5810 Ralston Street, 2nd floor Ventura, CA 93003	805-642-7033	Cynthia Doult	24/7	VISTA XP2 ACT Program. Adult Outpatient mental health, ACT, case management, medication support, and crisis intervention
Turning Point Foundation 1065 East Main Street Ventura, CA 93001	805-652-0029	Dana Secor	9 am-2 pm	Adult Outpatient Rehabilitation Program. Mental health, case management, and crisis intervention services
Turning Point Foundation 426 W. Fifth Street Oxnard, CA 93030	805-247-0750	Dana Secor	9 am-2 pm	Adult Outpatient Rehabilitation Program. Mental health, case management, and crisis intervention services

## VCBH ADP/DUI Clinics

10/1/18

Clinic Name/Program	Service Location	Phone	Manager
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### Oxnard

Oxnard DUI	1911 Williams Drive, Suite C Oxnard, CA 93036	805-981-9210	Jessica Davis
Oxnard ADP	1911 Williams Drive, Suite C Oxnard, CA 93036	805-981-9200	Richard LaPerriere
A New Start for Moms	1911 Williams Drive, Suite 140 Oxnard, CA 93036	805-981-9250	Jonathan Eymann

### Ventura

Ventura ADP	5850 Thille St., Suite 205 Ventura, CA 93003	805-652-6919	Chris Huey
Ventura DUI	5850 Thille St., Suite 105 Ventura, CA 93003	805-662-1840	John Rivera

### Fillmore

Fillmore ADP	828 W. Ventura St., Suite 250 Fillmore, CA 93015	805-524-8644	Shahram Shafa
Fillmore DUI	828 W. Ventura St., Suite 250 Fillmore, CA 93015	805-524-8645	Shahram Shafa

### Thousand Oaks

Thousand Oaks DUI	125 W. Thousand Oaks Blvd, # 400 Thousand Oaks, CA 91360	805-777-3506	Sharon Gasset
Thousand Oaks ADP	125 W. Thousand Oaks Blvd, # 400 Thousand Oaks, CA 91360	805-777-3506	Sharon Gasset

### Simi Valley

Simi Valley ADP	3150 E. Los Angeles Avenue Simi Valley, CA 93065	805-577-1724	Cris Ford
Simi Valley DUI	3150 E. Los Angeles Avenue Simi Valley, CA 93065	805-520-0305	Cris Ford

Ventura County  
**Alcohol and Drug Program**  
**Contract Treatment Providers**  
10/1/18

Site	Address, Phone	Contact
Aegis Treatment Centers, LLC	2055 Saviers Rd, Suite 10 Oxnard, CA 93033 805-483-2253	Maria Meza
Aegis Treatment Centers, LLC	625 E. Main Street Santa Paula, CA 93060 805-525-4669	Tamara Lemalu
Aegis Treatment Centers, LLC	2650 Jones Way, Suite 10 Simi Valley, CA 93065 805-522-1844	Deborah Winters
Aegis Treatment Centers, LLC	5255 Telegraph Rd. Ventura, CA 93003 805-765-6495	Anne Calica
Alternative Action Programs	314 W. Fourth Street Oxnard, CA 93030 805-988-1112, ext. 241	Mike Juarez
Khepera House	330 N. Ventura Avenue Ventura, CA 93001 805-653-2596	Mick Baer
Prototypes Women's Center	2150 N. Victoria Avenue Oxnard, CA 93036 805-382-6296	Erica McKee
Tarzana Treatment Center	18646 Oxnard Street Tarzana, CA 91356 818-654-3950, ext. 3805	Hank Seiden
Western Pacific Med-Corp.	955 E. Thompson Blvd. Ventura, CA 93002 805-641-9100	Sheila Broutis