

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

**GENERAL MEETING**

MINUTES

**June 17, 2019**

**NEXT MEETING:**

Monday, July 15, 2019

1:00 p.m. – 3:30 p.m.

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

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

**BHAB Members Present**

Jerry Harris, Chair  
Jamie Banker  
Ratan Bhavnani, 1<sup>st</sup> Vice Chair  
Nancy Borchard  
Gane Brooking, 2<sup>nd</sup> Vice Chair  
Kevin Clerici  
Margaret Cortese  
Capt. James Fryhoff  
Janis Gardner, Secretary  
Mary Haffner  
Patricia Mowlavi  
Gina Petrus, Member-At-Large  
Irene Pinkard  
Ezequiel A. Sánchez  
Sheri Valley

**BHAB Members Absent**

Claudia Armann  
Monique Garcia  
Denise Nielsen  
Supervisor Linda Parks  
Joe S. Ramirez  
Marlen Torres

**Others Present**

Stuart Fiedler  
Kevin Janeway  
Bob Wickham, NAMI  
Paula Harris  
Dan Powell, VCMC Inpatient Psychiatric Unit/CSU  
Scott Walker, Crisis Intgervention Team  
Mia Lewis  
N. Allen  
Jacob Novickas  
Alesy Aurora Pech  
Lucrecia Campos-Juarez, Clinicas del Camino Real  
Karyn Bates  
Maya Lazos, Aurora Behavioral Health  
David Deutsch  
Lori Litel, United Parents  
Kalie Matisek, Turning Point Foundation  
Marika Collins, Casa Pacifica  
Jennifer Goble, Pacific Clinics

**Ventura County Behavioral Health (VCBH) Managers and Staff Present**

Dr. Loretta Denering, Alcohol and Drug Programs Division Chief  
Leisa Donovan, Fiscal Manager  
Julie Glantz, STAR/Crisis Team/RISE/Assist Manager  
Dan Hicks, ADP Prevention Manager  
Kiran Sahota, MHSA Manager  
Sara Sanchez, Transitions Manager  
David Tovar, ADP Prevention  
Edith Pham, BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	<b>Call to Order</b> Chair Harris called the meeting to order at 1:08 p.m. Paula Harris led the audience in reciting the Pledge of Allegiance to the U.S. Flag.		
II.	<b>Approval of the Agenda</b> Mr. Harris asked the Board to review and approve today's agenda. Mary Haffner moved to approve, Ratan Bhavnani seconded. The motion carried unanimously.	The agenda was approved as written. <b>M/S/C</b>	
III.	<b>Approval of the Minutes</b> Mr. Harris asked the Board to review and approve the minutes of the May 20, 2019 meeting. Nancy Borchard moved to approve, Margaret Cortese seconded. Janis Gardner requested a change in item XII.B, Prevention Committee: the referenced survey should be listed as the California Healthy Kids Survey. The motion to approve the minutes as amended carried unanimously.	The minutes were approved as amended. <b>M/S/C</b>	
IV.	<b>Welcome and Introductions</b> Mr. Harris welcomed everyone, especially the newest member of the BHAB, Ezequiel A. Sánchez, who took the Oath of Office. Mr. Harris asked BHAB members to introduce themselves. He noted that Supervisor Parks and Dr. Sevet Johnson could not be present as they were attending a Board of Supervisors' budget hearing.		
V.	<b>Public Comments</b> Dan Powell, Operations Manager of the Ventura County Medical Center Inpatient Psychiatric Unit/Crisis Stabilization Unit (VCMC IPU/CSU), provided data on the CSU. Since opening on April 22 <sup>nd</sup> and through May 31 <sup>st</sup> , just over 140 individuals were served. The average daily census is four. Fifty percent of clients are brought in on a 5150 involuntary hold. About sixty percent of the clients are treated at the CSU and discharged to the community, while the others received additional treatment in the IPU. There is ongoing collaboration with VCBH to enroll clients into their local outpatient clinics upon discharge. The CSU received its certification the previous week.		
VI.	<b>Recognition: Pam Roach</b> Mr. Harris presented a Certificate of Recognition to Pam Roach for her service on the Mental Health Board, chairing the Children's Committee, and for her work as VCBH Transformational Liaison. Through her educational work, she helped reduce the stigma associated with mental illnesses. <ul style="list-style-type: none"><li>- Mr. Harris noted that he found Ms. Roach to be understanding and kind and wished her the best in her retirement.</li><li>- Dr. Denering thanked Ms. Roach for all her work.</li><li>- Ms. Roach noted that she joined the Mental Health Board (MHB) at the same time as Nancy Borchard.</li><li>- Ms. Borchard thanked Ms. Roach for her work as Chair of the MHB as it was being created and for leading the MHB into collaborating with VCBH.</li><li>- Jennifer Goble thanked Ms. Roach. She noted that Ms. Roach was instrumental in developing a support program for caregivers of TAY.</li></ul>		
VII.	<b>Chair's Report – Jerry Harris</b> Mr. Harris commented on a letter from the California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) to the California Behavioral Health Planning Council (CBHPC). The letter requests that CBHPC inform the local boards when it has compiled the results of the Data Notebooks.  Ms. Gardner provided brief information about: <ul style="list-style-type: none"><li>- Strengthening VC Families town hall meeting on June 29 at Oxnard College;</li><li>- Festival Guelaguetza on June 30 at Oxnard Plaza Park;</li><li>- Veterans Suicide Awareness-Not on Our Watch vigil on September 13-15 in Glendale;</li><li>- Governor Newsom's appointment of Dr. Tom Insel to the newly-created position of Mental Health Czar for California;</li><li>- The California State Office of Health Equity is recruiting advisory committee members to advocate for health and mental health equity; applications are accepted through July 31. <a href="https://www.surveymonkey.com/r/CDPH-OHE-Advisory-Committee-Application-2019">https://www.surveymonkey.com/r/CDPH-OHE-Advisory-Committee-Application-2019</a>.</li></ul>		

	<ul style="list-style-type: none"> <li>- The Federal Communications Commission (FCC) was seeking public comments on the feasibility of assigning a three-digit number dedicated to suicide prevention;</li> <li>- The Ventura Avenue Senior Center has a food delivery program; \$15 for five days.</li> <li>- The California Commission on Aging will hold an Older Adult meeting in Thousand Oaks the following day. The public is welcome.</li> </ul>		
VIII.	<p><b>Board Members Comments and Announcements</b></p> <p>Mary Haffner voiced her appreciation for the BHAB supporting the motion she made in March. It asks the Board of Supervisors (BOS) to request the IMD Exclusion Waiver for those who suffer from severe mental illness. However, the BOS has not acted on the BHAB request. Ms. Haffner expressed her concerns about this.</p> <p>Ms. Cortese provided additional information on the Guelaguetza Festival, a long-standing cultural event and dance competition in Oaxaca, Mexico.</p> <p>Gane Brooking noted that she attended the NAMI California conference; she attended a discussion on law enforcement and communication with individuals in crisis. Ms. Brooking also noted that renovation has begun on the Knoll Drive, Ventura, permanent shelter. Kevin Clerici added that the City of Oxnard is committed to opening its own shelter; it has identified a site near the airport and is addressing the zoning issue related to this location.</p>		
IX.	<p><b>Presentation: Vaping, VCBH’s Prevention Efforts to Address New Trends – Daniel Hicks, VCBH Alcohol &amp; Drug Programs, Prevention Services Manager, and David Tovar, Office of Traffic Safety Grant Coordinator/Program Administrator</b></p> <p>Binge drinking and Driving Under the Influence (DUI) are down, but vaping is up, which has mental health and public health implications.</p> <p>In California, it is illegal to sell or provide vaping paraphernalia to anyone under age 21, yet teen use is on the rise. The vapor from vaping devices contains cancer-causing chemicals and heavy metals. Vaping nicotine, marijuana, hash oil or wax can harm brain development. See attached for details.</p> <p>Capt. Fryhoff noted that the state did away with a law that allowed law enforcement to take vaping paraphernalia away from minors.</p> <p>In response to various questions, Mr. Hicks and Mr. Tovar noted that the Food and Drug Administration (FDA) is taking the first steps to regulate vaping, an industry with a powerful lobby. Results of studies on second-hand vaping have not yet been released. The regulation of retail sales of vaping paraphernalia varies by cities and the type of business license. Many local school districts are working with VCBH and Public Health to provide outreach to students and parents.</p> <p>Kevin Janeway made a public comment, noting that it is currently socially acceptable to vape. He recommended watching “The Anonymous People,” a documentary that notes that people in recovery stay in the shadow, and the public does not see recovery being modeled.</p>		
X.	<p><b>VCBH Budget Update – Leisa Donovan, Fiscal/Billing Manager</b></p> <p>Ms. Donovan provided a report on the Fiscal Year 2018-19 year-end projection through March 2019. The \$175 million funding comes from various sources, such as Medi-Cal (31%), Realignment (24%), and MHSA (20%). An estimated 10% vacancy rate in staffing is built into the budget as it can be challenging to hire qualified staff. The recently-implemented hiring freeze for the Health Care Agency affects mostly the Ventura County Medical Center (VCMC) but is having limited impact on VCBH. See attached for details.</p> <p>Mr. Harris noted that the BHAB should strongly advocate for the Crisis Stabilization Unit (CSU) as a cost-effective service. He also noted that, per VCBH Director Dr. Johnson, the state has requirements for staffing behavioral health programs. Also, the implementation of the Affordable Care Act resulted in an increase in eligible individuals but not an increase in staffing.</p>		

<p><b>XI.</b></p>	<p><b>Director’s Report – Dr. Loretta Denering, for Dr. Sevet Johnson</b></p> <p><b>A. Alcohol &amp; Drug Programs (ADP) Division</b></p> <ul style="list-style-type: none"> <li>• Under the Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan, ADP clinics began delivering Recovery Services on June 3<sup>rd</sup>. These services are designed to emphasize the clients’ central role in managing their health after completing their initial course of treatment.</li> <li>• Drinking Under the Influence (DUI) staff received their annual refresher on the evidence-based practice Prime for Life. They also heard findings from the Place of Last Drink survey, which provided counselors an opportunity to share their suggestions.</li> <li>• Prevention was awarded a \$140,713 Office of Traffic Safety (OTS) grant for a project called “Prescription for Impairment”. This project will focus on educating prescribers and furnishers of scheduled and over-the-counter medication and enhance their knowledge and understanding of impaired driving.</li> </ul> <p><b>B. Youth &amp; Family Division</b></p> <ul style="list-style-type: none"> <li>• At the recent All County Staff Meeting, the Human Services Agency presented the CalWORKs Clinical team with an acknowledgement for superior collaboration. Six VCBH clinicians are co-located at the Job and Career Centers and address mental health barriers to job re-entry.</li> <li>• The division wrapped up the second full year of the INSIGHTS program, a multi-agency and multi-disciplinary collaborative that provides mental health services to youth released from the Juvenile facility. Over 30 youth completed the program this last year.</li> </ul> <p><b>C. Adult Services Division</b></p> <ul style="list-style-type: none"> <li>• VCBH is working closely with the Crisis Stabilization Unit (CSU) leadership to refine procedures that ensure continuity of care. Currently, Rapid Integrated Support and Engagement (RISE) staff are at the CSU Monday through Friday to initiate contact with clients and coordinate timely clinic intervention and follow-up appointments.</li> <li>• The Assist program (Assisted Outpatient Treatment) will hold its first graduation this summer; it will honor two clients who will successfully complete the program and transition to one of the VCBH outpatient clinics for ongoing services.</li> </ul>		
<p><b>XII.</b></p>	<p><b>Secretary’s Report – Janis Gardner</b></p> <p>BHAB member attendance at the various BHAB committees is very good, although one member has attended only one committee meeting since last July.</p>		
<p><b>XIII.</b></p>	<p><b>BHAB Committee Reports</b></p> <p><b>A. Adult Services Committee – Nancy Borchard, Gane Brooking, Co-Chairs</b></p> <p>At the last meeting, VCBH Housing Manager Susan White Wood gave a presentation on her role and provided information on No Place Like Home. Ms. White Wood suggested establishing a workgroup on housing, and the committee was receptive to the idea. Advocacy for funding of Board &amp; Care facilities is needed. Also, Golden State has replaced Anka Behavioral Health in operating the Mental Health Rehabilitation Center (MHRC) and the Crisis Residential Treatment (CRT).</p> <p><b>B. Prevention Committee – Janis Gardner, Chair</b></p> <p>The committee discussed its mission and objectives. Public Health is looking for volunteers to help with its “Healthy Stores for Healthy Communities” campaign, which is surveying retail stores regarding tobacco, alcohol, vaping products, condoms and nutrition. David Tovar presented on the National Rx Drug &amp; Heroin Abuse Summit recently held in Atlanta, which included a VCBH presentation on its Naloxone Program/Overdose Prevention Program.</p> <p><b>C. Transitional Age Youth (TAY) Committee – Margaret Cortese, Chair</b></p> <p>The committee needs a few BHAB members to participate regularly. Mr. Sánchez and Ms. Brooking volunteered, and Mr. Bhavnani noted he was unable to attend the previous meeting. The committee would also like to have a member of the TAY community attend regularly. Objectives for the coming year are being discussed.</p>		

	<p>D. Youth &amp; Family Committee – Denise Nielsen, Chair  In Ms. Nielsen’s absence, Ms. Petrus noted that Gold Coast Health Plan and Beacon presented on their mental health services. The issue of the shortage of child and adolescent psychiatrists was discussed; this issue negatively affects the time it takes for children and adolescents to start receiving services. Although Beacon has been bought by Anthem, no changes in services are anticipated.</p>		
<p>XIV.</p>	<p><b>New Business</b></p> <p>A. Election of Officers for Fiscal Year 2019-20 – Nominating Committee  Mary Haffner reminded the board of the slate of officers that had been presented at the May 20<sup>th</sup> General meeting:</p> <ul style="list-style-type: none"> <li>- Secretary: Gina Petrus</li> <li>- 2<sup>nd</sup> Vice Chair: Gane Brooking</li> <li>- 1<sup>st</sup> Vice Chair: Ratan Bhavnani</li> <li>- Chair: Janis Gardner</li> <li>- Chair Emeritus: Jerry Harris</li> </ul> <p>Ms. Haffner conducted the election by calling for a vote. The proposed slate of officers was adopted unanimously.</p> <p>B. Formation of a Lanterman, Petris, Short (LPS) Reform Workgroup  Mr. Harris noted that the Board of Supervisors (BOS) is interested in the issue of LPS Reform. He proposed forming a workgroup, which he would chair for the first meeting. Ms. Gardner and Ms. Brooking agreed. Mr. Bhavnani voiced reservations as to what would happen with the workgroup’s findings. Ms. Haffner expressed her concern that the BOS does not seem supportive, and she asked about the issues that the workgroup would work on. Mr. Harris explained that the workgroup would focus on the recommendations listed in the LPS Reform document. Ms. Borchard noted that it is important to get even a few recommendations to the BOS as it would bring awareness of the situation to the Supervisors.  Mr. Bhavnani moved to support the formation of an LPS Reform workgroup, Ms. Gardner seconded. Ms. Haffner asked that the BHAB find out what advocacy or action regarding this topic is happening in other counties. The motion carried unanimously. Mr. Harris announced that a meeting will be set up in the near future.</p> <p>C. Assembly Bill 1352 Mental Health Boards (Waldron) - Update  Ms. Harris noted that the California Association of Local Behavioral Health Boards &amp; Commissions (CALBHB/C) supports AB 1352, but he does not. He reviewed the main points of the proposed legislation, and he noted that he opposes giving the local behavioral health boards/commissions the option of bypassing the local mental health departments and the Board of Supervisors to request the involvement of the Grand Jury.</p> <p>D. Annual Report Preparation – Review Mission, Vision and 2018-19 Objectives  Mr. Harris noted that the committees are also reviewing their mission statements and developing their objectives for FY 2019-20, which will be reviewed at a future General meeting. Ms. Borchard moved to adopt the mission and vision and to carry them through the upcoming Fiscal Year. Mr. Bhavnani seconded. The motion carried unanimously.</p>	<p>Adopt the slate of officers</p> <p>Support the formation of an LPS Reform workgroup  <b>M/S/C</b></p> <p>Carry over mission and vision through FY 2019-20  <b>M/S/C</b></p>	
<p>XV.</p>	<p><b>Old Business</b></p> <p>A. Institutions for Mental Diseases (IMD) Exclusion Waiver - Status  Mr. Harris noted that he has spoken with Sue Hughes of the County’s Government Affairs office. She informed him that the existing waiver will expire at the end of 2020, and the County will review the new waiver as a whole this summer or early fall.  Ms. Haffner reminded the board that the BHAB voted to approve sending a letter to the BOS requesting their support in applying for the IMD Exclusion Waiver. She feels that the homeless cannot get the stabilization they need because Medicaid does not reimburse the cost of psychiatric inpatient hospitalizations. The BHAB Vision includes parity, which is addressed in the waiver. Mr. Bhavnani noted that VCBH is not currently receiving</p>		

	<p>reimbursement for the cost of its clients' treatment in Institutions of Mental Diseases (IMD), and the BOS should not delay acting on the IMD Exclusion Waiver. Ms. Borchard noted that BHAB members are appointed by the BOS to advise it, yet the BHAB is not able to communicate directly with the BOS.</p> <p>Mr. Harris will contact Ms. Hughes to relay the concerns of the BHAB and its unwillingness to wait until the end of the summer to see a discussion on the waiver at the BOS.</p> <p>B. CALBHB/C Los Angeles/Southern Region Meeting and Training, June 21-22, Santa Ana Mr. Harris encouraged BHAB members to attend this and other CALBHB/C trainings that are offered on a quarterly basis throughout the state.</p> <p>C. Transitional Age Youth (TAY) Committee BHAB Member Attendance - Update Mr. Harris reminded the board that it is very important that several members should attend the meetings of the TAY Committee on a regular basis.</p> <p>D. Future Presentations Edith Pham noted that Ms. Petrus is helping identify a speaker for a presentation on Trauma-Informed Care.</p> <p>E. Future Recognitions Ms. Pham noted that William (Bill) Shilley will be recognized posthumously. He headed the Addiction Disorders Studies program at Oxnard College.</p>	<p>Contact Sue Hughes to advise her of the BHAB's concerns</p>	<p>J Harris</p>
<p>XVI.</p>	<p><b>Contracts</b> Mr. Harris encouraged BHAB members to ask questions regarding the VCBH contracts that the BOS approved during the previous month (see Executive Summary for details):</p> <p>A. Board of Supervisors Approved Agreements – May 7, 2019</p> <ol style="list-style-type: none"> <li>1. Alcohol and Drug Programs (ADP): California Department of Health Care Services (DHCS) Substance Abuse and Prevention Treatment Block Grant (SABG) State Agreement and First Amendment Contract Language Revisions</li> </ol> <p>B. Board of Supervisors - May 21, 2019</p> <ol style="list-style-type: none"> <li>1. Golden State Health Centers, Inc. (GSHC) Crisis Residential Treatment (CRT) and Mental Health Rehabilitation Center (MHRC) Program Contracts</li> <li>2. DHCS Standard Agreement for Federal Crisis Counseling Assistance and Training Program (CCP) Services</li> <li>3. United Parents, Inc. Respite Services FY 18-19 Fourth Amendment and FY 19-20 Fifth Amendment</li> </ol> <p>No questions were asked.</p>		
<p>XVII.</p>	<p><b>Public Comments</b> None.</p>		
<p>XVIII.</p>	<p><b>Parting Comments from the Chair</b> Mr. Harris thanked the BHAB members for their support during the time he has served as Chair. He noted that during his term as Chair, the board implemented management tools that will help demonstrate the significant work it does by making data-driven decisions and recommendations. He noted that it has been his pleasure and honor to have served as the BHAB Chair and to have had the pleasure to work with such committed and qualified board members. He wished the newly-elected officers much success.</p>		
<p>XIX.</p>	<p><b>Adjourn</b> The meeting adjourned at 3:10 p.m.</p>		

## Behavioral Health Advisory Board GENERAL Meeting Attendance

2018-19	Terms	Members	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
District 1	3/11/18 – 3/10/21	Claudia Armann		X	X	X	X		X	X	X	X	X	e
District 2	1/8/19 – 1/7/22	Jamie Banker		X	X	X	X			X	X		X	X
District 2	2/24/19 – 2/23/22	Ratan Bhavnani	X	X	X	X	X		X	X	X	X	X	X
District 3	1/27/18 – 1/26/21	Nancy Borchard	X	X	X	X	X		X	X	X	X	X	X
District 3	1/13/19 – 1/12/22	Gane Brooking	X	X	X	X	X		X	X	X	X	X	X
District 1	10/7/18 – 10/6/21	Kevin Clerici	X	X	X	X					X		X	X
District 5	1/11/18 – 1/10/21	Margaret Cortese	X	X	X	X	X		X	X		X	e	X
District 4	10/14/18 – 10/13/21	Capt. James Fryhoff				X				X	X	X	X	X
District 5	10/17/17 – 9/23/20	Monique Garcia			X				X	X	X		X	
District 3	4/15/18 – 4/14/21	Janis Gardner	X	X	X	X	X		X	X	X	X	X	X
District 1	4/8/18 – 4/7/21	Mary Haffner	X						X	X	X		X	X
District 4	9/17/16 – 9/17/19	Jerry Harris	X	X	X	X	X		X	X	X	X	X	X
District 2	3/14/17 – 3/14/20	Patricia Mowlavi		X	X	X	X		X	X		X	e	X
District 4	9/18/18 – 9/17/21	Denise Nielsen		X	X		X		X		X	X	X	
BOS	1/1/19 – 12/31/21	Supervisor Linda Parks	X	X	X	X	X			X	X	X	X	
District 1	5/8/18 – 5/7/21	Gina Petrus	X	X	X	X	X		X		X	X	X	X
District 5	1/24/17 – 1/24/20	Dr. Irene Pinkard				X			X	X	X		x	X
District 3	4/9/19 – 12/1/20	Joe S. Ramirez											e	e
District 2	6/11/19 – 9/13/19	Ezequiel A. Sánchez												X
District 5	1/10/17 – 1/10/20	Marlen Torres	X	X	LOA	LOA	LOA		X			X	e	e
District 4	2/6/18 – 2/6/21	Sheri Valley	X	X	X	X	X		X	X	X	X	X	x
LE		vacant												

Present = X

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

JUNTA ASESORA DE SALUD DEL COMPORTAMIENTO DEL CONDADO DE VENTURA

**REUNIÓN GENERAL**

MINUTOS

**17 de junio de 2019**

**SIGUIENTE JUNTA:**

Lunes 15 de julio del 2019

1:00 pm - 3:30 pm

Administración de Salud Mental del Condado de Ventura  
1911 Williams Drive , sala de entrenamiento ♦ Oxnard, CA 93036

Nota: El Consejo Asesor de Salud del Comportamiento aún no ha aprobado estos minutos.  
Puede haber adiciones / eliminaciones o correcciones antes de que se acepten las actas en su  
forma final.

**Miembros de BHAB presentes**

Jerry Harris, Presidente  
Jamie Banker  
Ratan Bhavnani, 1ª Vicepresidencia  
Nancy Borchard  
Gane Brooking, 2ª Vicepresidente  
Kevin clerici  
Margaret Cortese  
Capitán James Fryhoff  
Janis Gardner, secretaria  
Mary Haffner  
Patricia mowlavi  
Gina Petrus , miembro en general  
Irene Pinkard  
Ezequiel A. Sánchez  
Sheri Valley

**Miembros de BHAB Ausentes**

Claudia armann  
Monique garcia  
Denise Nielsen  
Supervisor Linda Parks  
Joe S. Ramírez  
Marlen torres

**Otros presentes**

Stuart fiedler  
Kevin Janeway  
Bob Wickham, NAMI  
Paula harris  
Dan Powell, Unidad de Psiquiatría para pacientes hospitalizados de VCMC / CSU  
Scott Walker, Equipo de Atención de Crisis  
Mia lewis  
N. Allen  
Jacob novickas  
Alesy Aurora Pech  
Lucrecia Campos-Juarez, Clinicas del Camino Real.  
Karyn Bates  
Maya Lazos , Aurora Salud Conductual  
David Deutsch  
Lori Litel , Padres Unidos  
Kalie Matisek, Fundación Turning Point  
Marika Collins, Casa Pacifica  
Jennifer Goble, Clínicas del Pacífico

**Gerentes de Salud Conductual del Condado de Ventura (VCBH, por sus siglas en inglés) y personal presente**

Dra. Loretta Denering, Jefe de la División de Programas de Alcohol y Drogas  
Leisa Donovan, gerente fiscal  
Julie Glantz, STAR / Crisis Team / RISE / Assist Manager  
Dan Hicks, Gerente de Prevención de ADP  
Kiran Sahota, gerente de MHSA  
Sara sanchez, gerente de transiciones  
David Tovar, ADP Prevention  
Edith Pham, Asistente BHAB

	DISCUSIÓN / CONCLUSIONES	RECOMENDACIONES / COMPORTAMIENTO	RESPONSABLE
YO.	<b>Llama para ordenar</b> La Presidenta Harris ordenó la reunión a la 1: 08 pm Paula Harris le dijo a la audiencia que recitaba el Juramento de Lealtad a la Bandera de los Estados Unidos.		
II.	<b>Aprobación de la Agenda</b> El Sr. Harris le pidió a la Junta que revisara y aprobara la agenda de hoy. Mary Haffner hizo la moción de aprobar, Ratan Bhavnani la secundó. La moción fue aprobada por unanimidad.	El orden del día fue aprobado como está escrito. <b>M / S / C</b>	
III.	<b>Aprobación del Acta</b> El Sr. Harris le pidió a la Junta que revisara y aprobara las actas de la reunión del 20 de mayo de 2019 . Nancy Borchard hizo la moción de aprobar, Margaret Cortese la secundó. Jan es Gardner solicitó un cambio en el ítem XII.B, Comité de Prevención: la encuesta a la que se hace referencia debe aparecer como la Encuesta de Niños Saludables de California. La moción para aprobar las actas enmendadas fue aprobada por unanimidad.	Los minutos fueron aprobados en su forma enmendada . <b>M / S / C</b>	
IV.	<b>Bienvenida y Presentaciones</b> El señor Harris dio la bienvenida a todos, especialmente para el nuevo miembro de la BHAB, Ezequiel A. S A NCHE z, que tomó posesión de su cargo. El Sr. Harris les pidió a los miembros de BHAB que se presentaran . Señaló que el Supervisor Parks y el Dr. Sevet Johnson no podían estar presentes porque asistían a una audiencia de presupuesto de la Junta de Supervisores .		
V.	<b>Comentarios públicos</b> Dan Powell, Gerente de Operaciones de la Unidad de Psiquiatría para Pacientes Internos / Unidad de Estabilización de Crisis del Centro Médico del Condado de Ventura (VCMC IPU / CSU) , proporcionó datos sobre la CSU. Desde su apertura el 22 de abril y el 31 de mayo a través, se sirvieron poco más de 140 individuos. El promedio del censo diario es de cuatro . El cincuenta por ciento de los clientes son llevados en una retención involuntaria de 51 50 . Aproximadamente el ciento por ciento de los clientes son tratados en la CSU y se transfieren discos a la comunidad, mientras que los otros reciben un tratamiento adicional en la UIP. Existe una colaboración continua con VCBH para inscribir a los clientes en sus clínicas ambulatorias locales después del alta. La CSU recibió su certificación la semana anterior.		
VI.	<b>Reconocimiento: Pam Roach</b> El Sr. Harris presentó un Certificado de Reconocimiento a Pam Roach por su servicio en la Junta de Salud Mental, presidiendo el Comité de Niños y por su trabajo como VCBH Transformational Liaison. A través de su trabajo educativo, ella ayudó a reducir el estigma asociado con las enfermedades mentales. <ul style="list-style-type: none"> <li>- El Sr. Harris notó que encontró a la Sra. Roach comprensiva y amable y le deseó lo mejor en su retiro.</li> <li>- El Dr. Denering agradeció a la Sra. Roach por todo su trabajo.</li> <li>- La Sra. Roach señaló que se unió a la Junta de Salud Mental (MHB) al mismo tiempo que Nancy Borchard.</li> <li>- La Sra. Borchard agradeció a la Sra. Roach su trabajo como Presidenta del MHB, ya que estaba siendo evaluada y por llevar al MHB a colaborar con VCBH.</li> <li>- Jennifer Goble agradeció a la Sra . Roach . Señaló que la Sra. Roach fue instrumental en el desarrollo de un programa de apoyo para los cuidadores de TAY.</li> </ul>		
VI yo .	<b>Presidente 's Report - Jerry Harris</b> El Sr. Harris comentó una carta de la Asociación de Juntas y Comisiones Locales de Salud Conductual de California (CALBHB / C) al Consejo de Planificación de Salud Conductual de California (CBHPC). La carta solicita que CBHPC informe a las juntas locales cuando compila los resultados de los Cuadernos de datos.  La Sra. Gardner proporcionó información breve sobre: <ul style="list-style-type: none"> <li>- Fortalecimiento Reunión del ayuntamiento de VC Families el 29 de junio en Oxnard College;</li> <li>- Festival Guelaguetza el 30 de junio en Oxnard Plaza Park;</li> </ul>		

	<ul style="list-style-type: none"> <li>- Concientización sobre el suicidio de los veteranos: No en nuestra vigilia de vigilia del 13 al 15 de septiembre en Glendale</li> <li>- El nombramiento del Dr. Tom Insel por el Gobernador Newsom para el cargo recientemente creado de Zar de Salud Mental para California ;</li> <li>- La Oficina de Equidad en la Salud del Estado de California está reclutando miembros del comité asesor para abogar por la equidad en salud y salud mental ; las solicitudes se aceptan hasta el 31 de julio. <a href="https://www.surveymonkey.com/r/CDPH-OHE-Advisory-Committee-Application-2019">https://www.surveymonkey.com/r/CDPH-OHE-Advisory-Committee-Application-2019</a> .</li> <li>- La Comisión Federal de Comunicaciones (FCC) buscaba comentarios del público sobre la posibilidad de asignar un número de tres dígitos dedicado a la prevención del suicidio ;</li> <li>- El Ventura Avenue Senior Center tiene un programa de entrega de alimentos; \$ 15 por cinco días.</li> <li>- La Comisión de California sobre el Envejecimiento celebrará una reunión de adultos mayores en Estados Unidos y Oaks al día siguiente. El público es bienvenido.</li> </ul>		
<p>VI I I.</p>	<p><b>Comentarios de los miembros de la junta y un anuncio</b></p> <p>Mary Haffner expresó su agradecimiento por el apoyo de BHAB a la moción que hizo en marzo . Se pide a la Junta de perversors SU (BOS) para solicitar la exclusión Exclusión IMD para aquellos que sufren de enfermedades mentales graves. Sin embargo, el BOS no ha actuado en la solicitud BHAB . La Sra. Haffner expresó su preocupación por esto.</p> <p>La Sra. Cortese proporcionó información adicional sobre el Festival Guelaguetza , un evento cultural de larga data y una competencia de danza en Oaxaca, México.</p> <p>Gane Brooking notó que ella asistió a la conferencia de California de NAMI ; ella asistió a una discusión sobre la aplicación de la ley y la comunicación con personas en crisis. La Sra. Brooking también señaló que la renovación ha comenzado en Knoll Drive, Ventura, refugio permanente .</p> <p>Kevin Clerici agregó que la ciudad de Oxnard está comprometida a abrir su propio refugio; se ha identificado un sitio cerca del aeropuerto y está abordando el tema de zonificación para esta ubicación.</p>		
<p>IX.</p>	<p><b>Presentación: Vaping, los esfuerzos de prevención de VCBH para abordar las nuevas tendencias - Daniel Hicks, VCBH Alcohol &amp; Dru Programs, Gerente de Servicios de Prevención , y David Tovar, Oficina del Coordinador de Subvenciones de Seguridad del Tráfico / Administrador del Programa</b></p> <p>El consumo excesivo de alcohol y la conducción bajo la influencia (DUI, por sus siglas en inglés) han disminuido, pero el vapeo ha aumentado, lo que tiene implicaciones para la salud mental y la salud pública.</p> <p>En California, es ilegal vender o proporcionar parafernalia vaping a cualquier persona menor de 21 años, sin embargo, el uso de adolescentes está en aumento. El vapor de los dispositivos de vapeo contiene sustancias químicas que causan cáncer y metales pesados. Vapear nicotina, marihuana, aceite de hachís o cera puede dañar el desarrollo cerebral. Ver adjunto para más detalles.</p> <p>Capt . Fryhoff noto que el estado eliminó una ley que permitía a las fuerzas de la ley quitar la parafernalia a los menores.</p> <p>En respuesta a varias preguntas, el Sr. Hicks y el Sr. Tovar señalaron que la Administración de Alimentos y Medicamentos (FDA) está dando los primeros pasos para regular el vapeo, una industria con un poderoso lobby . Aún no se han publicado los resultados de estudios sobre vapeo de segunda mano . La regulación de las ventas minoristas de parafernalia vaping varía según las ciudades y el tipo de licencia comercial. Muchos distritos escolares locales están trabajando con VCBH y Salud Pública para brindar asistencia a los estudiantes y padres.</p>		

	<p>Kevin Janeway hizo un comentario público, señalando que actualmente es socialmente aceptable para vape. Recomendó ver " The Anonymous People " , un documental que señala que las personas en recuperación permanecen en la sombra y que el público no ve cómo se modela la recuperación.</p>		
X.	<p><b>Actualización del presupuesto de VCBH - Leisa Donovan, Gerente de facturación / fiscal</b></p> <p>La Sra. Donovan proporcionó un informe sobre la proyección fiscal de final de año 2018-19 hasta marzo de 2019. El financiamiento de \$ 175 millones proviene de varias fuentes, como Medi-Cal (31%), Realineamiento (24%) y MHSA (20%). Una tasa de vacantes estimada del 10% en el personal está incorporada en el presupuesto, ya que puede ser difícil contratar personal calificado. La congelación de la contratación recientemente implementada para la Agencia de Atención Médica afecta principalmente al Centro Médico del Condado de Ventura (VCMC), pero tiene un impacto limitado en VCBH. Ver adjunto para más detalles.</p> <p>El Sr. Harris observó que la BHAB debería abogar por la Unidad de Estabilización de Crisis (CSU ) como un servicio rentable. También señaló que, según el Dr. Johnson, Director de VCBH, el estado tiene requisitos para la dotación de personal en programas de salud del comportamiento. Además , la implementación de la Ley del Cuidado de Salud a Bajo Precio dio como resultado un aumento en las personas elegibles, pero no un aumento en la dotación de personal.</p>		
XI.	<p><b>Informe de Director - Dr. Loretta D enering, por Dr. Sevet Johnson</b></p> <p>A. División de Programas de Alcohol y Drogas (ADP)</p> <ul style="list-style-type: none"> <li>• En el marco del Plan de medicamentos de Medi-Cal organizado Delivery System (DMC-ODS), clínicas ADP comenzó la entrega de servicios de recuperación el 3 de junio. Estos servicios están diseñados para enfatizar el rol central de los clientes en el manejo de su salud después de completar su tratamiento inicial.</li> <li>• El personal de Drinking Under the Influence (DUI) recibió su actualización anual sobre la práctica basada en la evidencia Prime for Life. También escucharon los hallazgos de la encuesta Lugar de la última bebida , que brindó a los consejeros la oportunidad de compartir sus sugerencias.</li> <li>• Prevención recibió una subvención de \$ 140,7 13 de la Oficina de Seguridad del Tráfico (OET) para un proyecto llamado "Prescripción para Discapacidad" . Este proyecto se centrará en educar a los prescriptores y proveedores de medicamentos programados y de venta libre y mejorar el conocimiento y la comprensión de ir deteriorado Ving dri.</li> </ul> <p>B. División de Juventud y Familia</p> <ul style="list-style-type: none"> <li>• En la reciente reunión del personal de todo el condado, la Agencia de Servicios Humanos presentó al equipo clínico de CalWORKs un reconocimiento por su colaboración superior. Seis clínicos de VCBH están ubicados en los Centros de Empleo y Carrera y abordan las barreras de salud mental para volver a ingresar al trabajo.</li> <li>• La división concluyó el segundo año completo del programa INSIGHTS, una colaboración entre varias agencias y multidisciplinaria que brinda servicios de salud mental a jóvenes liberados de las instalaciones juveniles. Más de 30 jóvenes completaron el programa este último año.</li> </ul> <p>C. División de Servicios para Adultos</p> <ul style="list-style-type: none"> <li>• VCBH está trabajando estrechamente con el liderazgo de la Unidad de Estabilización de Crisis (CSU) para refinar los procedimientos que aseguran la continuidad de la atención. Actualmente, el personal de Rapid Integrated Support and Engagement (RISE) está en la CSU de lunes a viernes para iniciar el</li> </ul>		

	<p>contacto con los clientes y coordinar la intervención oportuna de las clínicas y las citas de seguimiento.</p> <ul style="list-style-type: none"> <li>El programa de asistencia (tratamiento ambulatorio asistido) celebrará su primera graduación este verano; que será otorgado a dos clientes que completarán el programa con éxito y la transición a una de las clínicas de pacientes externos VCBH para servicios continuos.</li> </ul>		
XII.	<p><b>El informe del arsenal secreto - Janis Gardner</b></p> <p>La asistencia de los miembros de BHAB a los diversos comités de BHAB es muy buena, aunque un miembro ha asistido a una sola reunión de comité desde julio pasado.</p>		
XIII.	<p><b>Informes de los comités de la BHAB</b></p> <p>A. Comité de Servicios para Adultos - Nancy Borchard, Gane Brooking, Copresidentes</p> <p>En la última reunión, la Administradora de Vivienda de VCBH, Susan White Woo, dio una presentación sobre su rol y proporcionó información sobre No Place Like Home. La Sra. White Wood sugirió establecer un grupo de trabajo sobre vivienda, y el comité se mostró receptivo a la idea . Se necesita defensa para la financiación de las instalaciones de Board &amp; Care. Además, Golden State ha reemplazado a Anka Behavioral Health en la operación del Centro de Rehabilitación de Salud Mental (MHRC) y el Tratamiento Residencial en Crisis (CRT).</p> <p>B. Comité de Prevención - Janis Gardner, Presidente</p> <p>El comité discutió su misión y objetivos. Salud Pública está buscando voluntarios para ayudar con su campaña "Tiendas saludables para comunidades saludables", que investiga las tiendas minoristas relacionadas con el tabaco, el alcohol, los productos de vapeo, los condones y la nutrición. David Tovar realizó una presentación en la Cumbre Nacional de Abuso de Drogas y Heroína celebrada recientemente en Atlanta, que incluyó una presentación de VCBH sobre su Programa de Naloxona / Programa de Prevención de Sobredosis.</p> <p>C. Comité de Jóvenes en Edad de Transición (TAY) - Margaret Cortese, Presidenta</p> <p>El comité necesita algunos miembros de BHAB para participar regularmente. El Sr. S A Sánchez y la Sra Brooking se ofrecieron, y el Sr. Bhavnani señalaron que no pudo asistir a la reunión anterior. El comité también desea que un miembro de la comunidad TAY asista regularmente . Se están discutiendo los objetivos para el próximo año.</p>		
	<p>D. Comité de Jóvenes y Familias - Denise Nielsen, Presidenta</p> <p>En ausencia de la Sra. Nielsen, la Sra. Petrus notó que Gold Coast Health Plan y Beacon presentaron sus servicios de salud mental. Se discutió el tema de la escasez de psiquiatras de niños y adolescentes ; esta emisión afecta negativamente el tiempo que tardan los niños y adolescentes en comenzar a recibir servicios . Aunque Beacon ha sido comprada por Anthem, no se anticipan cambios en los servicios.</p>		
X IV	<p><b>Nuevo negocio</b></p> <p>A. Elección de Oficiales para el Año Fiscal 2019-20 - Comité de Nominaciones</p> <p>María Haffner recordó a la junta directiva de la lista de candidatos que se habían presentado en el 20 de <sup>mayo</sup> Reunión general:</p> <ul style="list-style-type: none"> <li>- Secretaria: Gina Petrus</li> <li>- 2<sup>nd</sup> Vicepresidente: Gane Brooking</li> <li>- 1<sup>a</sup> Vicepresidente: Ratan Bhavnani</li> <li>- Silla: Janis Gardner</li> <li>- Presidente Emérito: Jerry Harris</li> </ul> <p>La Sra. Haffner llevó a cabo la elección llamando a una votación . La lista propuesta de oficiales fue adoptada por unanimidad.</p>	Adoptar la pizarra de oficiales.	

	<p>B. Formación de un grupo de trabajo de reforma de Lanterman , Petris , Short (LPS)  El Sr. Harris señaló que la Junta de Supervisores (BOS) está interesada en el tema de la Reforma de LPS. Propuso formar un grupo de trabajo, que presidiría para la primera reunión. La Sra. Gardner y la Sra. Brooking estuvieron de acuerdo. El Sr. Bhavnani expresó reservas sobre lo que sucedería con los hallazgos del grupo de trabajo. La Sra. Haffner expresó su preocupación por el hecho de que el BOS no parece ser de apoyo, y preguntó sobre los temas en los que trabajaría el grupo de trabajo. El Sr. Harris explicó que el grupo de trabajo se centraría en las recomendaciones enumeradas en el documento de Reforma del LPS. La Sra. Borchard señaló que es importante obtener algunas recomendaciones para el BOS, ya que esto generaría conciencia sobre la situación de los Supervisores . El Sr. Bhavnani se movió para apoyar la formación de un grupo de trabajo de Reforma de LPS , la Sra. Gardner secundó. La Sra. Haffner solicitó a la BHAB que descubra qué acción o defensa en relación con este tema está sucediendo en otros condados. La moción fue aprobada por unanimidad. El Sr. Harris anunció que se organizará una reunión. en un futuro próximo.</p> <p>C. Asamblea de la Ley 1352 Juntas de Salud Mental (Waldron) - Actualización  La Sra. Harris señaló que la Asociación de Juntas y Comisiones Locales de Salud Conductual de California (CALBHB / C) apoya a la AB 1352 , pero él no. Revisó los puntos principales de la legislación propuesta , y señaló que se opone a que las juntas / comisiones locales de salud mental tengan la opción de evitar a los departamentos locales de salud mental y la Junta de Supervisores para solicitar la participación del Gran Jurado .</p> <p>D. Preparación del Informe Anual - Misión de Revisión, Visión y Objetivos 2018-19  El Sr. Harris señaló que los comités también están revisando sus declaraciones de misión y desarrollando sus objetivos para el año fiscal 2019-20, que se revisarán en una futura reunión general. La Sra. Borchard se movió para adoptar la misión y la visión y para llevarlos a través del próximo año fiscal. El Sr. Bhavnani la secundó. La moción fue aprobada por unanimidad.</p>	<p>Apoyar la formación de un grupo de trabajo de Reforma LPS.  <b>M / S / C</b></p> <p>Llevar encima Misión y visión a través del año fiscal 2019-20.  <b>M / S / C</b></p>	
<p>xv. <b>Viejo negocio</b></p>	<p>A. Exención de exclusión de instituciones para enfermedades mentales (IMD) - Estado  El Sr. Harris señaló que ha hablado con Sue Hughes de la oficina de Asuntos Gubernamentales del Condado. Ella le informó que la exención existente expirará a fines de 2020, y el Condado revisará la exención nueva este verano o principios de otoño.  La Sra. Haffner recordó a la junta que el BHAB votó para aprobar el envío de una carta al BOS solicitando su apoyo para solicitar la exención de exclusión de IMD. Ella siente que las personas sin hogar no pueden obtener la estabilización que necesitan porque Medicaid no reembolsa el costo de las hospitalizaciones psiquiátricas para pacientes hospitalizados. La Visión BHAB incluye la paridad, que se aborda en la exención. El Sr. Bhavnani señaló que VCBH no está recibiendo actualmente</p>		
	<p>reembolso por el costo de tratamiento de sus clientes en las instituciones de las enfermedades mentales (IMD), y la BOS no debe retrasar actúa sobre la exclusión del IMD Wai ver. La Sra. Borchard señaló que los miembros de la BHAB son nombrados por el BOS para asesorarlo , pero la BHAB no puede comunicarse directamente con el BOS.  El Sr. Harris se comunicará con la Sra. Hughes para informarle sobre las preocupaciones de la BHAB y su falta de voluntad de esperar hasta el final del verano para ver una discusión sobre la exención en la BOS.</p>	<p>Póngase en contacto con Sue Hughes para informarle sobre las inquietudes de BHAB.</p>	<p>J Harris</p>

	<p>B. Reunión y capacitación en CALBHB / C Los Angeles / Región Sur, 21-22 de junio, Santa Ana El Sr. Harris alentó a los miembros de BHAB a asistir a esta y otras capacitaciones de CALBHB / C que se ofrecen trimestralmente en todo el estado.</p> <p>C. Comité de Jóvenes en Edad de Transición (TAY) Asistencia de Miembros de BHAB - Actualización El Sr. Harris recordó a la junta que es muy importante que varios miembros asistan a las reuniones del Comité TAY con regularidad .</p> <p>D. Presentaciones futuras Edith Pham señaló que la Sra. Petrus está ayudando a identificar a un orador para una presentación sobre atención informada sobre el trauma.</p> <p>E. Reconocimientos futuros La Sra. Pham señaló que William (Bill) Shilley será reconocido póstumamente. Dirigió el programa de estudios sobre trastornos de la adicción en Oxnard College.</p>		
xv i.	<p><b>Los contratos</b> El Sr. Harris alentó a los miembros de BHAB a hacer preguntas sobre los contratos de VCBH que el BOS aprobó durante el mes anterior (consulte el Resumen Ejecutivo para obtener más información):</p> <p>A. Junta de Supervisores Acuerdos aprobados - 7 de mayo de 2019</p> <ol style="list-style-type: none"> <li>1. Programas de alcohol y drogas (ADP, por sus siglas en inglés): Departamento de Servicios de Atención Médica de California (DHCS, por sus siglas en inglés) Subvención en bloque de tratamiento de prevención y abuso de sustancias (SABG, por sus siglas en inglés) Contrato estatal y revisión del idioma del contrato de la primera enmienda</li> </ol> <p>B. Junta de Supervisores - 21 de mayo de 2019</p> <ol style="list-style-type: none"> <li>1. Golden State Health Centers, Inc. (GSHC) Crisis de Tratamiento Residencial (CRT) y Contratos del Programa del Centro de Rehabilitación de Salud Mental (MHRC)</li> <li>2. Acuerdo Estándar de DHCS para los Servicios Federales de Asistencia y Asesoría en Crisis (CCP) Servicios</li> <li>3. United Parents, Inc. Servicios de relevo Cuarta enmienda FY 18-19 y FY 19-20 Enmienda quinta</li> </ol> <p>No se hicieron preguntas.</p>		
xvii	<p><b>Comentarios públicos</b> Ninguna.</p>		
xviii.	<p><b>Comentarios de despedida de la silla</b> El Sr. Harris agradeció a los miembros de BHAB por su apoyo durante el tiempo que ocupó la Presidencia. Indicó que durante su mandato como Presidente, el consejo de gestión implementado H herramientas que ayudarán a demostrar el importante trabajo que hace por la toma de decisiones y recomendaciones basadas en datos. Se señaló que ha sido su placer y el honor de haber servido como Presidente BHAB y de haber tenido el placer de trabajar con miembros de la junta comprometidos y calificados. Les deseó mucho éxito a los oficiales recién elegidos.</p>		
xix .	<p><b>Aplazar</b> La reunión concluyó a las 3:10 pm</p>		

## Junta Asesora de Salud del Comportamiento GENERAL Asistencia a la reunión

2018-19	Condiciones	Miembros	julio	ago	Septiembre	oct	nov	dic	ene	feb	mar	abr	Mayo	junio
Distrito 1	11/11/18 - 10/10/21	Claudia armann		X	X	X	X		X	X	X	X	X	mi
Distrito 2	1/8/19 - 1/7/22	Jamie Banker		X	X	X	X			X	X		X	X
Distrito 2	24/2/19 - 23/2/22	Ratan Bhavnani	X	X	X	X	X		X	X	X	X	X	X
Distrito 3	1/27/18 - 1/26/21	Nancy Borchard	X	X	X	X	X		X	X	X	X	X	X
Distrito 3	1/13/19 - 1/12/22	Gane Brooking	X	X	X	X	X		X	X	X	X	X	X
Distrito 1	10/7/18 - 10/6/21	Kevin clerici	X	X	X	X					X		X	X
Distrito 5	1/11/18 - 1/10/21	Margaret Cortese	X	X	X	X	X		X	X		X	mi	X
Distrito 4	10/14/18 - 10/13/21	Capitán James Fryhoff				X				X	X	X	X	X
Distrito 5	17/10/17 - 23/23/20	Monique garcia			X				X	X	X		X	
Distrito 3	15/04/18 - 14/04/21	Janis Gardner	X	X	X	X	X		X	X	X	X	X	X
Distrito 1	4/8/18 - 4/7/21	Mary Haffner	X						X	X	X		X	X
Distrito 4	9/17/16 - 9/17/19	Jerry Harris	X	X	X	X	X		X	X	X	X	X	X
Distrito 2	3/14/17 - 3/14/20	Patricia mowlavi		X	X	X	X		X	X		X	mi	X
Distrito 4	18/8/18 - 9/17/21	Denise Nielsen		X	X		X		X		X	X	X	
BOS	1/1/19 - 12/31/21	Supervisor Linda Parks	X	X	X	X	X			X	X	X	X	
Distrito 1	5/8/18 - 5/7/21	Gina petrus	X	X	X	X	X		X		X	X	X	X
Distrito 5	24/01/17 - 24/01/20	Dra. Irene Pinkard				X			X	X	X		X	X
Distrito 3	4/9/19 - 12/1/20	Joe S. Ramírez											mi	mi
Distrito 2	6/11/19 - 9/13/19	Ezequiel A. Sánchez												X
Distrito 5	1/10/17 - 1/10/20	Marlen torres	X	X	LOA	LOA	LOA		X			X	mi	mi
Distrito 4	2/6/18 - 2/6/21	Sheri Valley	X	X	X	X	X		X	X	X	X	X	X
LE		vacante												

Presente = X

Distrito 1	Supervisor Bennett
Distrito 2	Supervisor de Parques
Distrito 3	Supervisor largo
Distrito 4	Supervisor Huber
Distrito 5	Supervisor Zaragoza

# Three things you think you ‘know’ about homelessness in L.A. that aren’t true

By The Times Editorial Board - Jun 10, 2019 | 3:00 AM



*A pedestrian passes a woman sleeping on the sidewalk near the Salvation Army on Hollywood Boulevard. (Los Angeles Times)*

To our dismay, we in Los Angeles have become increasingly familiar with homelessness. But some of the things we “know” about the phenomenon are simply untrue. Dealing with the problem requires knowing the facts and dismissing the myths.

It also requires understanding why those myths persist.

Begin with the falsehood that most homeless people come from out of town, drifting here from colder climates or meaner streets in order to live a life of relative ease on L.A. sidewalks and freeway medians.

Not true. The official counts and companion studies of L.A.’s growing homeless population have consistently shown that most homeless people have lived in Los Angeles for at least 10 years. These are our longtime neighbors who were priced out of their apartments by rents that are rising faster than their incomes, or who were struck by some crisis that rendered them unable to keep a permanent roof over their heads. It may have been a job layoff, a divorce, a cataclysmic and costly health breakdown, an addiction.

Homeless people do not flock to L.A. for the sunshine.

The proportion of homeless in L.A. who are in fact relatively new arrivals pretty much tracks with the numbers in other big cities around the nation. Homeless people do not flock to L.A. for the sunshine.

But there are two points about supposedly newly arrived homeless that require attention. One has to do with homeless youth. Los Angeles, particularly Hollywood, has long been a destination for young people who feel shunned or mistreated by their families and leave their homes in other parts of the nation. The latest homeless count showed a troubling jump in youth homelessness, including kids from out of town. Deeper study is required to understand and respond to this phenomenon.

The second point is that some people are coming to L.A. from other parts of Southern California. As The Times recently reported, some L.A. officials are accusing neighboring municipalities of pushing their own homeless populations across city limits, dumping their problems on Los Angeles.

This is an old problem. More than a decade ago, the county's first comprehensive response to homelessness completely fell apart because cities like West Covina and Santa Clarita would not participate and instead encouraged their homeless to go to L.A. Los Angeles itself has had a profoundly inadequate and untimely response to homelessness, but some neighboring cities have been even more irresponsible and must be held accountable.

Another homelessness myth is that most people are on the street because they are mentally ill. Again, not true — although it's easy to see why the misunderstanding persists.

Counts and studies consistently find that between a quarter and a third of homeless people are seriously mentally ill or have serious substance abuse problems. But substance abusers and the mentally ill are the most visible face of homelessness because their behavior draws the most attention. And mental illness is more prevalent among people living on the street — and in public view — than among their homeless counterparts who are couch-surfing or living in cars or shelters.

The nation broke its promise to provide community-based care and treatment for the mentally ill following the closure of state mental hospitals beginning in the 1970s. It's a promise that ultimately society must keep, and for which it must pay.

If we were to house all seriously mentally ill homeless people in Los Angeles (and we should), homelessness would immediately become less evident. But of the more than 100,000 people in the county who were homeless at some point last year, two-thirds were not dealing with serious mental health problems or addiction problems, but fell into homelessness because of the widening gap between wages and housing costs.

Another myth: L.A. isn't doing anything about the problem. Also not true. The city and county housed more than 20,000 last year, including people who had fallen on economic hard times and many who could not care for themselves because of mental or physical health problems.

But it's clearly not enough. As people were lifted out of homelessness, more fell in. The net increase was about 17 per day.

It is exasperating, and it leaves the region to wonder whether the proper next step is to double down on current solutions, or somehow change course.

# Are We Fighting a War on Homelessness? Or a War on the Homeless?

By Gina Bellafante - May 31, 2019



*New York City has the largest homeless population in the country, more than 63,000 people. CreditCredit Benjamin Norman for The New York Times*

Last fall, a special investigator for the United Nations presented a report to the General Assembly on the global housing crisis, pointing out that a quarter of the world's urban population now live in "informal settlements" or encampments, increasingly in the most affluent countries. The fact-finding mission took the investigator to cities like Mumbai, Belgrade and Mexico City, where she found rodent infestations, children playing on garbage heaps "as if they were trampolines" and people living in shacks or in damp abandoned buildings full of exposed wires.

At the invitation of academics and advocates, she also went to San Francisco, where the median home price is \$1.6 million.

There she witnessed equally deplorable conditions. Crucial to the report's assessment was the finding that the city's resistance to providing help and basic necessities in the encampments there qualified as "cruel and inhuman treatment," which was in line with violations of international standards of human rights.

While the moment might have been politically galvanizing on a national level, it passed by with comparative silence. Months later, in fact, the compassion deficit surrounding the issue of homelessness revealed itself with a bold clarity in San Francisco. When plans were announced for a social services center for those with nowhere to live, to be built on a parking lot, neighboring residents responded with a crowdfunding campaign that quickly raised more than \$100,000 for legal fees opposing the facility.

Among the many candidates in the Democratic field running for president, the subject of homelessness has had very little airing, even as more than 550,000 people remain homeless in the United States. Progressive politicians around the country, who have brought so much energy to successfully fight for a higher minimum wage — and in New York, for example, against an Amazon headquarters in Queens that would have driven housing prices up in a precariously gentrifying part of the city — have applied considerably less vigor toward the project of combating homelessness.

The reductive answer to the question of “why” is that homeless people don’t vote. But the real reasons are obviously far more complex, rooted not just in a willingness among so many people to disregard the issue but in a hostility, sublimated or otherwise, toward the very poor that percolates even in some of the most liberal quarters of the country. In Denver, for instance, where you can chew on gummy bears full of weed in your Prius undisturbed and where housing prices have also soared in recent years, residents recently voted to preserve a ban on “urban camping,” the right to sleep in tents or blankets outside, by a margin of 82 percent.

In New York City, which has the largest homeless population in the country — more than 63,000 men, women and children—a familiar script plays out every time a new shelter is announced. While many New Yorkers welcome shelters in their neighborhoods, a vocal minority nearly always comes together to try and stop them. Residents will complain that an influx of new people into a neighborhood will bring new infrastructural burdens. They will say that the city engaged the community too late, that people were not given enough time to consider all the implications even though the city often gives neighborhoods more notice than the law requires.

These reactions are expected in more conservative parts of New York, but they happen in neighborhoods that span the ideological spectrum. Earlier this month, various residents in Park Slope, Brooklyn’s leftist epicenter, began to push back against plans for two shelters for women and families that would go up next to each other on Fourth Avenue. The buildings, together containing approximately 240 units, were meant to include market-rate apartments, but when it became clear that they would not be filled, the city decided to rent them for shelter space from the developer.

The shelters would be operated by WIN, a social-service agency under the direction of former City Council speaker, Christine Quinn, who spoke at a contentious town hall meeting about the plan a few weeks ago. “I was not the picture of pleasantry,” she acknowledged.

While legitimate concerns have been raised over the shelters—Will the nearby school be able to successfully accommodate new children? Shouldn’t the city be focusing on permanent supportive housing rather than transitional housing?—a NIMBY tenor has been hard to conceal.

A petition that addresses mayor Bill de Blasio and City Councilman Brad Lander says that although residents of Park Slope and Gowanus would support a shelter of “reasonable size,” under certain conditions, they believe locating two big shelters on adjacent blocks is “not fair.” The petition goes on to point out that the city had not yet fulfilled its promise of turning Fourth Avenue into “a flourishing residential neighborhood,” as if homeless families could not contribute to that vision, and that the stretch of the avenue on which the shelters would be located still has only “a single restaurant.”

When I asked Shruti Kapoor, one of the organizers of the petition, to elaborate on the concerns she and others shared, she focused on the city’s “lack of transparency,” Ms. Quinn’s “abrasive approach” and on the fact that Fourth Avenue was overbuilt and “at capacity.” Not surprisingly, there had been no protest about “capacity” when the buildings were going up as luxury rental units.

The irony of Ms. Kapoor’s opposition is that she is the founder of an initiative that seeks to educate women about domestic violence. (One Park Slope resident who was angered by her resistance to the shelters proceeded to amend Ms. Kapoor’s Wikipedia page to alert readers that she had started a petition that would stand in the way of abused women receiving shelter in her neighborhood.)

On the North Shore of Staten Island, the most diverse and liberal part of the borough, local Democrats have spoken up against another WIN shelter, suggesting it would be better located somewhere else. These politicians include newly elected congressman Max Rose and the local city council representative, Debi Rose, the first African-American from Staten Island to be elected to public office there. Ms. Quinn said that some residents have couched their opposition in the view that a nearby park would be unfit for children living in the shelter. WIN has cleaned parks up before.

“People will throw everything including the kitchen sink into their opposition of homeless shelters which is at its core fear-fueled ignorance,” Ms. Quinn said. “The raising of the concern isn’t where you see the hypocrisy, it is the lack of desire to address the concern that reveals the hypocrisy.”

At the same time in Queens, the borough president, Melinda Katz, who is currently running for district attorney on a progressive platform of criminal justice reform is now, paradoxically, opposing a men’s shelter planned for College Point, arguing that the neighborhood is “deficient in requisite resources.” Residents of the neighborhood have been protesting the shelter for months. Ms. Katz has joined them only recently. She is running for office after all.

Email [bigcity@nytimes.com](mailto:bigcity@nytimes.com). Follow Ginia Bellafante on Twitter: [@GiniaNYT](https://twitter.com/GiniaNYT)

## BHAB General Meeting – June 17, 2019



Pam Roach (center) receives a recognition from Jerry Harris, Chair, and Dr. Loretta Denering, VCBH Alcohol & Drug Programs Division Chief



Ezequiel Sánchez, newly appointed to the BHAB, takes the Oath of Office, administered by Edith Pham, BHAB Assistant



**California Association of Local Behavioral Health  
Boards and Commissions**

May 31, 2019

Jane Adcock  
Executive Officer  
California Behavioral Health Planning Council (CBHPC)  
MS 2706 PO Box 997413  
Sacramento, CA 95899-7413

Dear Jane,

CALBHB/C appreciates the collaborative relationship with CBHPC as we support the work of CA's 59 local mental/behavioral health boards and commissions. In our goal to better support them, we want to formally bring a concern to your attention regarding the timely provision and communication of Data Notebook Overviews, and access to individual Data Notebook Reports.

Access to timely information can help local boards/commissions affectively advise regarding the best possible mental/behavioral health programs and outcomes. It is in the best interest of all the local communities to have timely access to performance data and information on effective programs as well as gaps/issues.

However, we have noticed significant delays and inaction on the part of CBHPC, in the areas of:


- 1) Providing the Data Notebook Overviews to CALBHB/C (the 2017 Overview that was completed in December was provided to CALBHB/C in May of 2019)
- 2) Providing the Overviews directly to the local mental/behavioral health boards & commissions.
- 3) Providing individual Data Notebook (PDF) reports for on-line review. Only a sampling has been shared with CALBHB/C - <https://www.calbhbc.com/data-notebooks.html>


As we have done in recent years, CALBHB/C we will continue to:

- 1) Provide up-to-date contact information to your staff (board/commission chair, admin liaison & BH Director)
- 2) Remind the 59 local mental/behavioral health boards/commissions regarding this reporting requirement.
- 3) Provide the Data Notebook Overviews and individual Data Notebook (PDF) reports on the CALBHB/C website.
- 4) Communicate news of released Data Notebook Overviews when they become available.

Yet, our efforts are more effective if coupled with direct communication by CBHPC of timely Data Notebook Overviews to the local boards/commissions, and access to the individual reports. As always, we appreciate the opportunity to partner with the CBHPC as we support the very important work of CA's 59 local mental/behavioral health boards/commissions.

Sincerely,

  
Benjamin G. Benavidez, President

  
Theresa Comstock, Executive Director

CALBHB/C supports the work of California's 59 local mental/behavioral health boards and commissions.  
[www.calbhbc.com](http://www.calbhbc.com) ♦ [info@calbhbc.com](mailto:info@calbhbc.com) ♦ 717 K Street, Suite 427, Sacramento CA 95814 ♦ 916-917-5444



***BE INSPIRED AND MAKE A DIFFERENCE IN YOUR COMMUNITY!***

***LEARN HOW TO SUPPORT FAMILIES AND YOUTH IN CARE!***

With motivational speaker, [Michael Sanders](#), along with a compelling panel of teens, resource parents and biological families sharing their heartfelt stories and experience.

**WHO:** Everyone is invited!

Come join us and discover the many ways you can help families and youth in your community

**WHEN:** Saturday, June 29, from 10am – noon

**WHERE:** Oxnard College Conference Center; 4000 S. Rose Avenue, Oxnard, CA 93033

**Childcare available with registration ages 0-12.**

**QUESTIONS:** [www.fostervckids.org](http://www.fostervckids.org) or call 805-654-3220



***¡Inspírese y haga una diferencia en su comunidad!***

***¡Aprenda cómo apoyar a las familias y los jóvenes en cuidado!***

Con el orador motivador, [Michael Sanders](#), junto con un panel cautivante de adolescentes, padres de recursos y familias biológicas que comparten sus sinceras historias y experiencias.

**QUIEN:** ¡Todos están invitados!

**Únase a nosotros y descubra las muchas maneras en que puede ayudar a las familias y los jóvenes de su comunidad.**

**CUANDO:** Sábado, 29 de junio, desde las 10 am hasta el mediodía.

**DONDE:** Centro de conferencias del Colegio de Oxnard 4000 S. Rose Avenue, Oxnard, CA 9303

**Cuidado de niños disponible cuando se registre en el enlace de abajo**

**[www.fostervckids.org](http://www.fostervckids.org) / 805-654-3220**

# FESTIVAL GUELAGUETZA 2019



JUNIO 30, 2019 | 10:00AM-5:00PM  
OXNARD PLAZA PARK  
500 S C ST, OXNARD, CA 93030

**DANZAS**

**ARTESANÍAS INDÍGENAS**

**COMIDA OAXAQUEÑA**

**Y MUCHO MÁS!**

**EVENTO FAMILIAR**

**GRATUITO**



**EVENTO PATROCINADO POR**



**Participantes:** Banda Corona | Banda Maqueos | Banda Atoyac | Ballet Folclórico Nueva Antequera | Grupo Folclórico Huaxyacac | Grupo de Danza Chinas Oaxaqueñas | Danza de los Rubios Agua Azul | Danza de los Diablos Elejidos de Asis | Danza de los Viejitos | Mujer Purepecha

Para mas informacion llama a  
805-822-2418 o 805-483-1166

**Dear MICOP Friends and Family,**

We are so excited to announce the return of MICOP's Guelaguetza Festival to Oxnard!

Oaxaca state in southern Mexico is renowned for its vibrant culture, inspired by the ancient music, art and dance of the state's huge indigenous population. Each of the state's eight regions has distinct music, dance, clothing and art.

The Guelaguetza festival is Oaxaca's biggest and most popular celebration of regional music and culture. It began in Oaxaca City in 1932 as a way to unite the different cultures of Oaxaca State, including our Mixteco culture, in a common celebration of the state's cultural richness.

MICOP hosted the first Guelaguetza in Oxnard in September 2007. It drew 500 people to an amphitheater in Oxnard to witness the spectacle of a large brass *banda*(who played each of the region's unique songs), and several dozen dancers performing the unique dances of each of Oaxaca's eight regions .

Now in 2019, we invite you to this year's Guelaguetza! Families will enjoy delicious food and handmade art from El Fortin Restaurant, Tatianas Restaurant, Tlacolula Restaurant, Del Rio Discount Store, Artesanias Aztlan, Artesanias Mexicana, and others. Indigenous dancers from Ballet Folklorico Nueva Antequera, Grupo Folklorico Huaxyaca, Diablos Elejidos de Asis and Rubios Agua Azul will give a magical and colorful presentation of the Oaxacan culture. Traditional music will be provided by Maqueos Music, Banda Atoyac and Banda Corona.

Join the fun as we share our little piece of home with the 805.

We hope to see you on June 30th at Oxnard's Plaza Park from 10:00AM to 5:00PM for a free, family-friendly event.

For more information, please call 805-483-1166.

We will see you there!!!





### Reasons why teens say they vape

- Peer pressure
- Thinking it's cool
- Looking mature
- Friends and/or family use
- Thinking it's safer than cigarettes
- Curiosity



In California it is illegal to sell or provide vaping paraphernalia to anyone under age 21



### Why is it a problem?

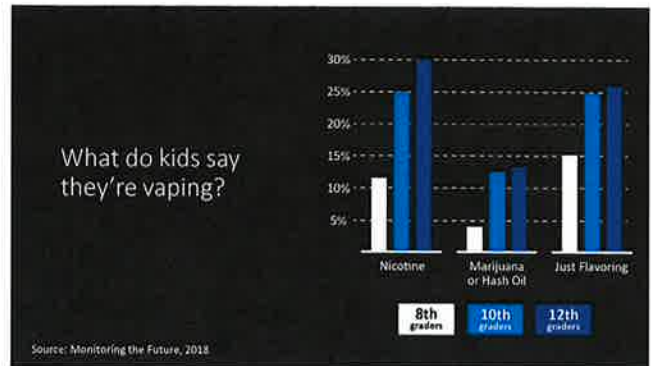


Teen use is on the rise




Source: Monitoring the Future, 2018

People at high schools are calling bathrooms  
"vape rooms"




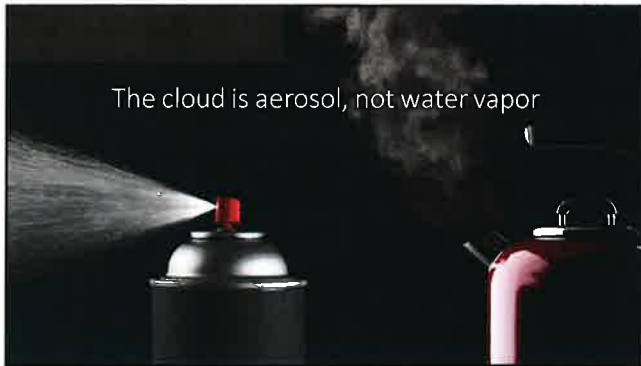
8<sup>th</sup> graders are twice as likely to try vaping  
nicotine than smoking cigarettes

Source: [www.stillblowingmoke.org](http://www.stillblowingmoke.org)



How can it affect my child?





### Chemicals in Vapor

The vapor from vaping devices is not harmless water vapor. It's an aerosol with a mix of ultrafine particles.

They have been found to contain cancer-causing chemicals such as formaldehyde, cadmium, and benzene.

And heavy metals such as chromium, nickel, and lead.

Source: [www.stillblowingmoke.org](http://www.stillblowingmoke.org)



Source: [www.stillblowingmoke.org](http://www.stillblowingmoke.org)



### Nicotine

Nicotine is highly addictive and can harm brain development.

It contributes to problems with concentration, learning, and impulse control.

Nicotine can lead to diabetes, neurobehavioral defects, and increased asthma attacks.

Source: [www.stillblowingmoke.org](http://www.stillblowingmoke.org)



Nicotine is as addictive as heroin

Source: [www.stillblowingSmoke.org](http://www.stillblowingSmoke.org)

Behavioral Health

Priming for Addiction

Nicotine changes the reward pathways in the brain.

It can rewire developing brains (up to age 25) to be more easily addicted to other drugs.

The damage can also affect the skills needed for making good decisions, leading to greater risk of addiction in the future.

Sources: Scientific American, Center on Addiction

Behavioral Health

Nationally, 1 in 11 middle- and high-school students report vaping marijuana, hash oil or wax

Source: [www.mfactcheck.org](http://www.mfactcheck.org)

Behavioral Health

Vaping Cannabis

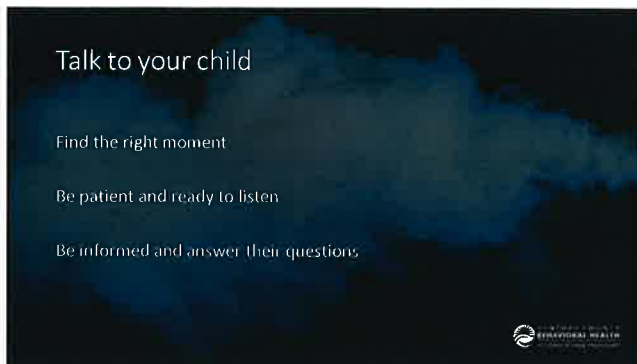
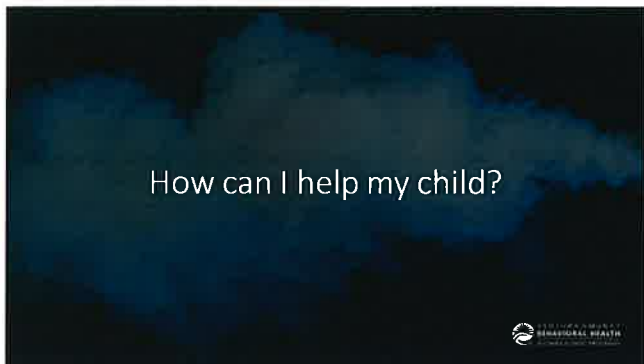
THC in concentrates used for vaping can range between 50% and 90%.

Cannabis use can have long-lasting or permanent effects on the developing adolescent brain.


It contributes to worse problem-solving skills, reduced attention span, and poor memory, leading to a decline in school performance.

Source: [www.mfactcheck.org](http://www.mfactcheck.org)

Behavioral Health







**BHAB BUDGET REPORT**  
*FY19 Year-end Projections*  
*FY20 Preliminary Budget*

Leisa Donovan  
 Sr Manager, Accounting  
 June 2019

**BEHAVIORAL HEALTH FY 2018-19  
 YEAR END PROJECTION  
 as of AP09**

**TERMS**

**EXPENSE** = Cost to provide services  
 = Amount we spend

**APPROPRIATION** = Amount we are authorized to spend


**REVENUE** = Income  
 = Amount we expect to receive for services

**NET COUNTY COST** = Expense minus Revenue  
 = Amount of County general fund needed to help cover the cost of services

**ADJUSTED BUDGET** = Adopted Budget + Additional Appropriations approved by the Board of Supervisors + Purchase Order Rollovers

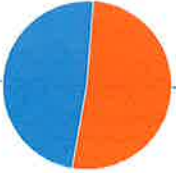
**FY 2018-19** = Fiscal Year = July 1, 2018 thru June 30, 2019

**AP09** = Accounting Period 9 = July 2018 thru March 2019



**BEHAVIORAL HEALTH FY 2018-19  
 YEAR END PROJECTION  
 as of AP09**


**FY18-19 Projection**



Revenue Expense

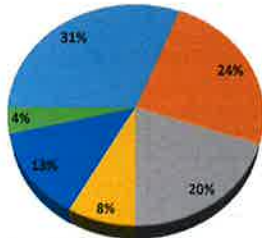
SD or Drug Medi-Cal  
 Realignment/State Aid  
 Prop 63 MHSA  
 Grants/Other  
 Interfund  
 General Fund:  
 IPU, ADP, COP, JJ

Salaries/Benefits  
 Contract Providers  
 Prof Medical Svcs  
 Bldg Leases & Maint  
 Housing/Other Supports  
 Interfund  
 Contributions to IPU




**BEHAVIORAL HEALTH FY 2018-19  
 YEAR END PROJECTION  
 as of AP09**

**FY 2018-19 PROJECTED FUNDING \$175M**



31%  
 24%  
 8%  
 13%  
 8%  
 20%

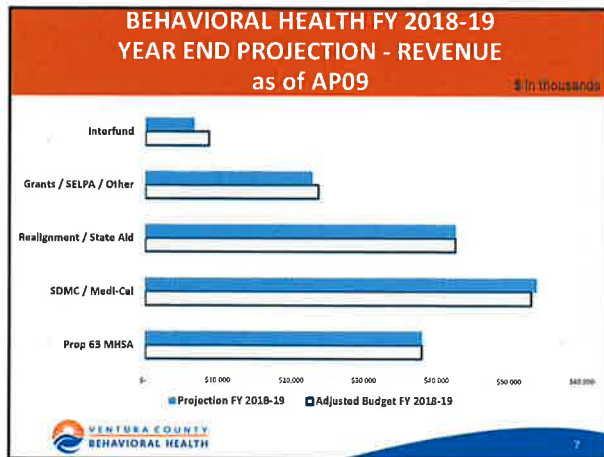
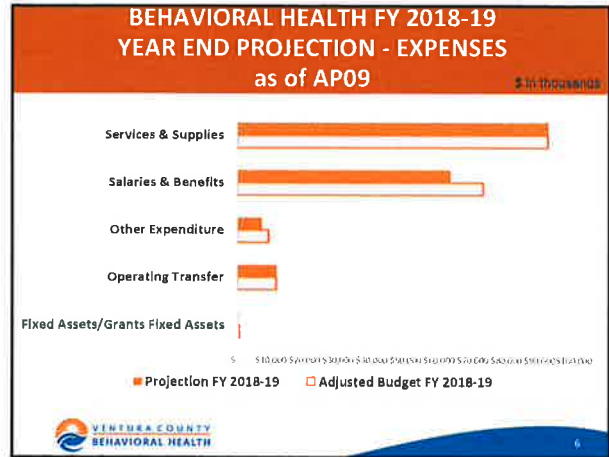
- SDMC / Medi-Cal
- Realignment / State Aid
- Prop 63 MHSA
- Net County Cost
- Grants / SELPA / Other
- Interfund



**BEHAVIORAL HEALTH FY 2018-19  
REV/EXP BY SERVICE TYPE  
Year End Projection as of AP09** \$ in thousands

	Mental Health	ADP	DUI	Total BHD	Adjusted Budget*	Variance fav (unfav)
Revenue	\$137,519	\$22,219	\$4,209	\$163,947	\$166,042	\$ (2,095)
Expense	\$146,861	\$23,438	\$4,427	\$174,727	\$186,486	\$ 11,760
Net County Cost (Surplus)	\$ 12,546	\$ 1,220	\$ 218	\$ 13,984	\$ 13,262	\$ (722)
Use of MHSA Unspent Funds	\$ (3,205)			\$ (3,205)	\$ 7,182	\$ 10,387

\* net of PO rolls



**MENTAL HEALTH REV/EXP  
Year End Projection as of AP09** \$ in thousands


	Adjusted Budget*	AP09 Projection	Variance fav (unfav)
<b>Mental Health Revenue</b>			
CalWORKS / HSA	\$ 1,447	\$ 1,623	\$ 175
SDMC / Medi-Cal	\$ 42,273	\$ 44,208	\$ 1,935
Realignment / State Aid	\$ 34,376	\$ 34,449	\$ 73
Prop 63 - MHSA	\$ 38,000	\$ 38,000	\$ -
Grants / SELPA / Other	\$ 13,042	\$ 12,521	\$ (521)
Interfund	\$ 8,592	\$ 6,718	\$ (1,874)
<b>Mental Health Projected Revenue</b>	<b>\$ 137,831</b>	<b>\$ 137,519</b>	<b>\$ (311)</b>
<b>Mental Health Expenditures</b>			
Salaries & Benefits	\$ 61,078	\$ 52,167	\$ 8,910
Services & Supplies	\$ 75,492	\$ 75,801	\$ (309)
Other Expenditure	\$ 9,209	\$ 7,113	\$ 2,097
Fixed Assets/Grants Fixed Assets	\$ 280	\$ 280	\$ -
Operating Transfer	\$ 11,500	\$ 11,500	\$ -
<b>Mental Health Projected Expenditures</b>	<b>\$ 157,559</b>	<b>\$ 146,861</b>	<b>\$ 10,698</b>
<b>MHSA Unspent Funds - Reduce (Add)</b>	<b>\$ 7,182</b>	<b>\$ (3,205)</b>	<b>\$ 10,387</b>
<b>Projected Net County - Cost (Surplus)</b>	<b>\$ 12,546</b>	<b>\$ 12,546</b>	<b>\$ 0</b>

### ADP REV/EXP Year End Projection as of AP09

\$ in thousands

ADP Revenue	Adjusted Budget*	AP09 Projection	Variance fav (unfav)
CalWORKS	\$ 211	\$ 211	\$ -
DMC / Medi-Cal	\$ 10,782	\$ 9,565	\$ (1,217)
Realignment / State Aid	\$ 6,793	\$ 6,715	\$ (77)
Grants / SELPA / Other	\$ 5,690	\$ 5,727	\$ 36
Interfund	\$ -	\$ -	\$ -
<b>ADP Projected Revenue</b>	<b>\$ 23,477</b>	<b>\$ 22,219</b>	<b>\$ (1,258)</b>
<b>ADP Expenditures</b>			
Salaries & Benefits	\$ 8,165	\$ 7,579	\$ 586
Services & Supplies	\$ 16,005	\$ 15,859	\$ 145
Other Expenditure	\$ -	\$ -	\$ -
Fixed Assets/Grants Fixed Assets	\$ -	\$ -	\$ -
Operating Transfer	\$ -	\$ -	\$ -
<b>ADP Projected Expenditures</b>	<b>\$ 24,170</b>	<b>\$ 23,438</b>	<b>\$ 731</b>
<b>Projected Net County - Cost (Surplus)</b>	<b>\$ 693</b>	<b>\$ 1,220</b>	<b>\$ (527)</b>

\*Not all PO risks




9

### DUI REV/EXP Year End Projection as of AP09

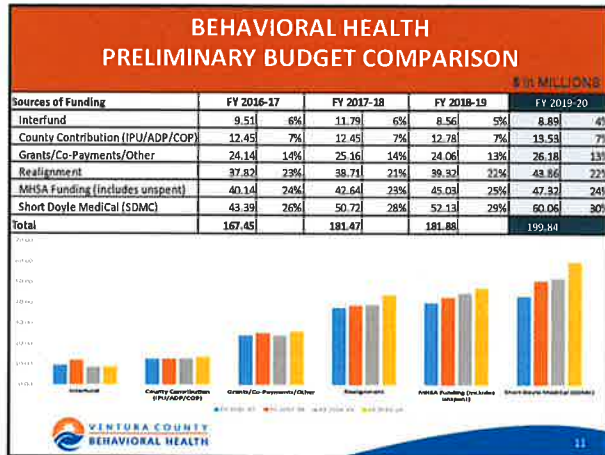
\$ in thousands

DUI Revenue	Adjusted Budget*	AP09 Projection	Variance fav (unfav)
CalWORKS	\$ 40	\$ 40	\$ -
DMC / Medi-Cal	\$ -	\$ -	\$ -
Realignment / State Aid	\$ -	\$ -	\$ -
Client Fees / Other	\$ 4,695	\$ 4,169	\$ (525)
Interfund	\$ -	\$ -	\$ -
<b>DUI Projected Revenue</b>	<b>\$ 4,735</b>	<b>\$ 4,209</b>	<b>\$ (525)</b>
<b>DUI Expenditures</b>			
Salaries & Benefits	\$ 3,867	\$ 3,564	\$ 303
Services & Supplies	\$ 891	\$ 864	\$ 27
Other Expenditure	\$ -	\$ -	\$ -
Fixed Assets/Grants Fixed Assets	\$ -	\$ -	\$ -
Operating Transfer	\$ -	\$ -	\$ -
<b>DUI Projected Expenditures</b>	<b>\$ 4,758</b>	<b>\$ 4,427</b>	<b>\$ 330</b>
<b>Projected Net County - Cost (Surplus)</b>	<b>\$ 23</b>	<b>\$ 218</b>	<b>\$ (195)</b>

\*Not all PO risks



10





**California Association of Local Behavioral Health  
Boards and Commissions**

June 4, 2019

The Honorable Richard Pan  
Chair of the Senate Committee on Health &  
Members of the Senate Committee on Health  
California State Capitol, Room 2191  
Sacramento, CA 95814

**Re: SUPPORT for AB 1352 - Community mental health services: mental health boards.**

Dear Chair Pan and Members of the Senate Committee on Health,

The Governing Board of the California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) is in support of AB 1352 (June 3, 2019 version).

CALBHB/C leadership understands the importance of providing structure and support to local boards/commissions so that they can effectively advise regarding the best mental health offerings and outcomes in their communities. This bill acts to remind everyone of the obligations, duties and responsibilities of California's 59 local Mental Health Boards (MHBs), with goals of strengthening their representation and increasing their effectiveness.

We appreciate that AB 1352 updates CA Welfare and Institution Code in the following areas:

**Reviewing Facilities** – Proposed amendments bring to light tools/resources that will improve local MHB's ability to review facilities with limited access (such as jails); this includes the ability to request assistance from local Patients Rights Advocates and/or the local Civil Grand Jury. We note these are *not* mandates, and both are already available to MHB members or private citizens (in the case of Grand Juries). Additionally, we note the Grand Juries already provide annual reviews of local correctional facilities.

**Membership/Community Involvement** – While continuing to recognize the importance of consumer and family members, this bill emphasizes strengthening mental health boards by identifying and including a cross-section of community members and leadership from a variety of sectors that interact with mental health in the local community.

**Response by local Agencies** - This bill calls attention to the requirement for mental/behavioral health agencies to respond to substantive recommendations made specifically by local MHBs in regard to Mental Health Services Act (MHSA) 3-year Plans and Updates.

**Budget** – This bill calls attention to funding that is already available to local mental/behavioral health agencies (MHSA Community Program Planning (CPP) funding can be up to 5% of local MHSA spending). This funding can be used for necessary staff support and resources to create and sustain the structure necessary for local MHBs to build and maintain their membership and perform their duties, including ensuring citizen and professional involvement at all stages of the planning process.

We therefore ask for your support of AB 1352. If you have any questions, please do not hesitate to contact [Theresa.Comstock@calbhbc.com](mailto:Theresa.Comstock@calbhbc.com) or 916-917-5444.

Sincerely,



*Benjamin G. Benavidez, President*



*Theresa Comstock, Executive Director*

cc: CA Assembly Member Marie Waldron  
Joseph Shinstock, Assembly Member Waldron's Office  
Mental Health Services Oversight & Accountability Commission (MHSOAC) Members  
Toby Ewing, MHSOAC  
Norma Pate, MHSOAC  
Adriana Ruelas, Steinberg Institute  
Adrienne Shilton, Steinberg Institute  
CA Behavioral Health Planning Council Members  
Jane Adcock, CA Behavioral Health Planning Council  
Naomi Ramirez, CA Behavioral Health Planning Council  
Tyler Rinde, County Behavioral Health Directors Association of California  
Connie Delgado, Delgado Government Affairs  
Farrah McTing, CA Association of Counties  
Andrea Crook, NorCal Mental Health America  
Tiffany Carter, NorCal Mental Health America  
Noah Hampton-Asmus, NorCal Mental Health America  
Sheree Lowe, CA Hospital Association



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## AB-1352 Community mental health services: mental health boards. (2019-2020)

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Date Published: 06/03/2019 09:00 PM

AMENDED IN SENATE JUNE 03, 2019

AMENDED IN ASSEMBLY APRIL 22, 2019

AMENDED IN ASSEMBLY MARCH 25, 2019

CALIFORNIA LEGISLATURE— 2019-2020 REGULAR SESSION

### ASSEMBLY BILL

**No. 1352**

Introduced by Assembly Member Waldron

February 22, 2019

An act to amend Sections 5604, 5604.2, 5604.3, 5604.5, and 5848 of the Welfare and Institutions Code, relating to mental health.

### LEGISLATIVE COUNSEL'S DIGEST

AB 1352, as amended, Waldron. Community mental health services: mental health boards.

Existing law, the Bronzan-McCorquodale Act, governs the organization and financing of community mental health services for persons with mental disorders in every county through locally administered and locally controlled community mental health programs. Existing law generally requires each community mental health service to have a mental health board consisting of 10 to 15 members who are appointed by the governing body, and encourages counties to appoint individuals who have experience with and knowledge of the mental health system. Existing law specifies the duties of mental health boards, including, among other things, reviewing specified county agreements. Existing law requires a local mental health board to develop bylaws to be approved by the governing body to establish the specific number of members on the mental health board and to ensure that the composition of the mental health board represents the demographics of the county as a whole.

This bill would require a mental health board to report directly to the governing body, and to have the authority to ~~act, review, and report independently from the county mental health department or county behavioral health department.~~ *review and evaluate the local mental health system and advise the governing body independently from the local mental health agency or*

*local behavioral health agency*, as applicable. ~~The bill would require a local mental health board to develop bylaws to establish the goal of appointing up to 13 of the board membership from public, private, and nonprofit entities that engage with seriously mentally ill individuals in the course of daily operations.~~ The bill would revise the duties of mental health boards by, among other things, authorizing the *local* mental health boards to make recommendations to the governing body regarding concerns with the above-described county agreements. By imposing new duties on county mental health boards, the bill would impose a state-mandated local program. The bill would encourage ~~counties governing bodies~~ *governing bodies* to provide a budget for the *local* mental health board that is sufficient to ~~ensure that board meetings may be held and administered independently from the county mental health department or county behavioral health department, as applicable.~~ *facilitate the purpose, duties, and responsibilities of the local mental health board.*

Existing law, the Mental Health Services Act, an initiative statute enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs. The act provides that the Legislature may amend that act through a bill passed by a 2/3 vote of the Legislature if the amendments are consistent with, and further the intent of, that act. The act authorizes the Legislature to add provisions to clarify its procedures and terms by majority vote.

The act requires each county mental health program to prepare a 3-year program and expenditure plan and annual updates, and requires the local mental health board to review the adopted plan or update and make recommendations to the county mental health department for revisions.

This bill would *instead require the board to make those recommendations to the local mental health agency or local behavioral health agency, as applicable, and would* require the ~~county local mental health department agency or local behavioral health agency, as applicable,~~ *to provide a report of written explanations to the county board of supervisors local governing body and the State Department of Health Care Services for any substantive recommendations from the made by the local mental health board that are not included in the final plan or update. By requiring county local mental health departments agencies and local behavioral health agencies* to provide a higher level of service with regard to existing duties, ~~this~~ *the* bill would impose a state-mandated local program.

*The bill would also include findings, declarations, and a statement of intent.*

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

This bill would declare that it clarifies procedures and terms of the Mental Health Services Act.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

## THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

### **SECTION 1.** *The Legislature finds and declares all of the following:*

*(a) The Bronzan-McCorquodale Act (Part 2 (commencing with Section 5600) of Division 5 of the Welfare and Institutions Code) (the act) defines California's county mental health system, which was first established in 1968 through the Short-Doyle Act. The act requires county mental health systems to provide mental health services to children and adolescents who have a serious emotional disturbance, and adults and older adults who have a serious mental illness.*

*(b) This framework created local mental health advisory boards or commissions, as determined by each county, to provide community voice and input into the development and adoption of community mental health service plans, and to ensure that the county's system of care is transparent, accountable, and responsible to the community being served.*

*(c) Local mental health boards or commissions are appointed by the governing body of the county (in most cases the county board of supervisors) and advise the governing body on a variety of issues related to the implementation of the community's mental health system.*

*(d) Membership on local mental health boards generally ranges from 10 to 15 members, and may be as few as 5 members in counties with populations less than 80,000, and is required to include one member of the governing body, and no fewer than one-half of membership must be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental services.*

*(e) In 2004, California voters approved Proposition 63, which enacted the Mental Health Services Act (MHSA), and which provided increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. The MHSA addresses a broad continuum of prevention, early intervention, and service needs, and the necessary infrastructure, technology, and training elements that will effectively support this system.*

*(f) The MHSA established the Mental Health Services Oversight and Accountability Commission (commission) to provide vision and leadership, in collaboration with clients, their family members, and underserved communities, to ensure Californians understand mental health is essential to overall health. This commission holds public mental health systems accountable; provides oversight for eliminating disparities; promotes wellness, recovery and resiliency; and ensures positive outcomes for individuals living with serious mental illness and their families.*

*(g) The commission advises the Governor and Legislature regarding actions the state may take to improve care and services for individuals with mental illness. The commission consists of 16 voting members, including 4 consumers, or family members of consumers, but also includes a broader, less traditional definition of community members. Commission membership includes representatives from the mental health profession, law enforcement, educational institutions, health care service plans or insurers, and employers.*

**SEC. 2.** *It is the intent of the Legislature in enacting this act to do all of the following:*

*(a) Clarify the role local mental health boards and commissions play in advising county boards of supervisors, or other related governing bodies, and local mental health agencies or local behavioral health agencies, as applicable.*

*(b) Strengthen and empower local mental health boards to serve their intended purpose, to provide community voice and input into the development and adoption of community mental health service plans, and to ensure that the county's system of care is transparent, accountable, and responsible to the community being served.*

*(c) Increase transparency for the community to understand the reasons why substantive recommendations made by the local mental health board or commission are not included in the community mental health services plans or updates.*

*(d) Increase the role of nontraditional community participation on local mental health boards and commissions. In addition to the existing membership requirements, county governing bodies are encouraged to seek individuals with the experiences, knowledge, and expertise in different sectors of the community that intersect and engage with the mental health systems, such as representatives of county offices of education, hospitals, emergency departments, and law enforcement.*

**SECTION 1-SEC. 3.** Section 5604 of the Welfare and Institutions Code is amended to read:

**5604.** (a) (1) Each community mental health service shall have a mental health board consisting of 10 to 15 members, depending on the preference of the county, appointed by the governing body, except that boards in counties with a population of less than 80,000 may have a minimum of five members. ~~The board shall report directly to the governing body, and one member of the board shall be a member of the local governing body.~~ A county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. This section does not limit the ability of the governing body to increase the number of members above 15. ~~Local mental health boards may recommend appointees to the county supervisors. Counties are encouraged to appoint individuals who have experience with and knowledge of the mental health system. The board membership should reflect the ethnic diversity of the client population in the county.~~

(2) (A) *The board shall report directly to the governing body, and one member of the board shall be a member of the local governing body. Local mental health boards may recommend appointees to the county supervisors. The board membership should reflect the ethnic diversity of the client population in the county.*

(2)

(B) Fifty percent of the board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.

*(C) In addition to consumers and family members referenced in subparagraph (B), counties are encouraged to appoint individuals who have experience with and knowledge of the mental health system. This would include nontraditional members of the community that engage with individuals suffering from mental illness in the course of daily operations, such as representatives of the county offices of education, large and small businesses, hospitals, hospital districts, emergency departments, the city police, county sheriffs, and service providers.*

(3) (A) In counties with a population that is less than 80,000, at least one member shall be a consumer, and at least one member shall be a parent, spouse, sibling, or adult child of a consumer, who is receiving, or has received, mental health services.

(B) Notwithstanding subparagraph (A), a board in a county with a population that is less than 80,000 that elects to have the board exceed the five-member minimum permitted under paragraph (1) shall be required to comply with paragraph (2).

(b) The mental health board shall have the authority to ~~act, review, and report independently from the county mental health department or county behavioral health department;~~ *review and evaluate the local mental health system, pursuant to Section 5604.2, and advise the governing body independently from the local mental health agency or local behavioral health agency,* as applicable.

(c) The term of each member of the board shall be for three years. The governing body shall equitably stagger the appointments so that approximately one-third of the appointments expire in each year.

(d) If two or more local agencies jointly establish a community mental health service pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code, the mental health board for the community mental health service shall consist of an additional two members for each additional agency, one of whom shall be a consumer or a parent, spouse, sibling, or adult child of a consumer who has received mental health services.

(e) (1) Except as provided in paragraph (2), a member of the board or the member's spouse shall not be a full-time or part-time county employee of a county mental health service, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of, a mental health contract agency.

(2) A consumer of mental health services who has obtained employment with an employer described in paragraph (1) and who holds a position in which the consumer does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the board. The member shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the board.

(f) Members of the board shall abstain from voting on any issue in which the member has a financial interest as defined in Section 87103 of the Government Code.

(g) If it is not possible to secure membership as specified in this section from among persons who reside in the county, the governing body may substitute representatives of the public interest in mental health who are not full-time or part-time employees of the county mental health service, the State Department of Health Care Services, or on the staff of, or a paid member of the governing body of, a mental health contract agency.

(h) The mental health board may be established as an advisory board or a commission, depending on the preference of the county.

**~~SEC. 2.~~ SEC. 4.** Section 5604.2 of the Welfare and Institutions Code is amended to read:

**5604.2.** (a) The local mental health board shall do all of the following:

(1) Review and evaluate the community's mental health needs, services, facilities, and special ~~problems. This includes the authority to review and report on needs, services, or special problems that have been identified in the community or~~ *problems in* any facility within the county *or jurisdiction* where mental health evaluations ~~and or~~ services are being ~~provided.~~ *provided,*

*including, but not limited to, schools, emergency departments, jails, and psychiatric facilities.*

- (2) Review any county agreements entered into pursuant to Section 5650. The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.
- (3) Advise the governing body and the local mental health director as to any aspect of the local mental health program. Local mental health boards ~~are encouraged to~~ *may* request assistance from the grand jury ~~when reviewing issues related to the provision of mental health services within county jails, or local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in facilities with limited access, such as county jails.~~
- (4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning ~~process by all citizens, including~~ *process. Involvement shall include* individuals with lived experience *of mental illness* and their families, ~~professionals representing a variety of organizations, and community members,~~ *community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals suffering from mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.*
- (5) Submit an annual report to the governing body on the needs and performance of the county's mental health system.
- (6) Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.
- (7) Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.
- (8) This part does not limit the ability of the governing body to transfer additional duties or authority to a mental health board.
  - (b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

**SEC. 3. SEC. 5.** Section 5604.3 of the Welfare and Institutions Code is amended to read:

**5604.3.** (a) The board of supervisors may pay from any available funds the actual and necessary expenses of the members of the mental health board of a community mental health service incurred incident to the performance of their official duties and functions. The expenses may include travel, lodging, childcare, and meals for the members of an advisory board while on official business as approved by the director of the local mental health program.

~~(b) Counties are encouraged to provide a budget for the mental health board that is sufficient to ensure that board meetings may be held and administered independently from the county mental health department or county behavioral health department, as applicable.~~

*(b) Governing bodies are encouraged to provide a budget for the local mental health board, using planning and administrative revenues identified in subdivision (c) of Section 5892, that is sufficient to facilitate the purpose, duties, and responsibilities of the local mental health board.*

**SEC. 4. SEC. 6.** Section 5604.5 of the Welfare and Institutions Code is amended to read:

**5604.5.** The local mental health board shall develop bylaws to be approved by the governing body which shall do all of the following:

- (a) Establish the specific number of members on the mental health board, consistent with subdivision (a) of Section 5604.
- (b) Ensure that the composition of the mental health board represents ~~the~~ *and reflects the diversity and* demographics of the county as a whole, to the extent feasible.
- (c) Establish that a quorum be one person more than one-half of the appointed members.
- (d) Establish that the chairperson of the mental health board be in consultation with the local mental health director.

(e) Establish that there may be an executive committee of the mental health board.

~~(f) Establish the goal of appointing up to one-third of the board membership from public, private, and nonprofit entities that engage with seriously mentally ill individuals in the course of daily operations, including, but not limited to, representatives of the city police, county sheriffs, large and small business owners, hospitals, hospital districts, emergency departments, and county offices of education.~~

**SEC-5-SEC. 7.** Section 5848 of the Welfare and Institutions Code is amended to read:

**5848.** (a) Each three-year program and expenditure plan and update shall be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests. Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations. A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans.

(b) The mental health board established pursuant to Section 5604 shall conduct a public hearing on the draft three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by subdivision (a). Each adopted three-year program and expenditure plan and update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the ~~county local~~ mental health ~~department~~ *agency or local behavioral health agency, as applicable*, for revisions. The ~~county local~~ mental health ~~department or county~~ *agency or local* behavioral health ~~department; agency~~, as applicable, shall provide a report of written explanations to the ~~county board of supervisors~~ *local governing body* and the State Department of Health Care Services for any *substantive* recommendations made by the *local* mental health board that are not included in the final plan or update.

(c) The plans shall include reports on the achievement of performance outcomes for services pursuant to Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) funded by the Mental Health Services Fund and established jointly by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, in collaboration with the County Behavioral Health Directors Association of California.

(d) Mental health services provided pursuant to Part 3 (commencing with Section 5800) and Part 4 (commencing with Section 5850) shall be included in the review of program performance by the California Behavioral Health Planning Council required by paragraph (2) of subdivision (c) of Section 5772 and in the local mental health board's review and comment on the performance outcome data required by paragraph (7) of subdivision (a) of Section 5604.2.

(e) The department shall annually post on its internet website a summary of the performance outcomes reports submitted by counties if clearly and separately identified by counties as the achievement of performance outcomes pursuant to subdivision (c).

**SEC-6-SEC. 8.** If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

**SEC-7-SEC. 9.** The Legislature finds and declares that this act clarifies procedures and terms of the Mental Health Services Act within the meaning of Section 18 of the Mental Health Services Act.

**VENTURA COUNTY**  
**BEHAVIORAL HEALTH ADVISORY BOARD**  
For Review During the BHAB General Meeting of June 17, 2019

**MISSION**

6/18/18

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

**VISION**

6/18/18

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.

**OBJECTIVES 2018-2019**

6/18/18, updated 10/15/18

**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**

Promote cannabis education and awareness.



# California Association of Local Behavioral Health Boards and Commissions

SUMMER 2019 Newsletter

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

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

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

“The way a team plays as a whole determines its success.” *Babe Ruth*

California’s behavioral health system is on the cusp of knowing and bringing to scale effective mental/behavioral health programs, facilities, prevention and integrated community solutions throughout the state.

We know that being on the cusp is not easy, and we encourage local board/commission leadership and staff liaisons to connect with us for resources, issue-based advice and requests for statewide advocacy.

**Resources:** CALBHB/C provides support and resources to help boards/commissions fulfill their vital role in reviewing and advising locally as part of a system that strongly values input from individuals with lived experience of mental illness, their family members, and stakeholders. See page 2 for a list of resources, visit [www.calbhbc.com](http://www.calbhbc.com), contact us at [info@calbhbc.com](mailto:info@calbhbc.com) or use our [on-line form](#).

**Advocacy:** We are proud that we participated in our first-ever Capitol Day in April (in collaboration with NAMI, CA) with particular focus on **mental health workforce development**. We also participated in Mental Health Matters Day (organized by Mental Health America of CA) in May at the Capitol.



Our continued advocacy efforts focus on issues reported to us from CA’s 59 local MH/BH boards/commissions. We note promising statewide movement toward addressing integrated mental/behavioral health solutions for **Housing, Workforce, Employment, Education, Disaster Planning & more!**

## MEETINGS / TRAINING

Southern/LA: June 21 & 22, Santa Ana

Superior: August 24, Chico

Central: October, Sacramento

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

*There is no fee for meetings or trainings. All MH/BH board/commission members are invited, and support staff. Travel expenses reimbursed for 1+ member /county in the region.*

## NEW REPORTS AND MORE

Disaster [MH Plan from Napa County](#)

MHSA Fiscal and Program Data  
[MHSOAC Transparency Dashboard](#)

Older Adult DN Overview Report  
[CA Behavioral Health Planning Council  
Overview of 2017 Data Notebook](#)

## TOP ISSUES

Top mental health issues reported by leadership (42 jurisdictions reporting)

- 1) Gaps in **Housing Continuum**, including Board & Cares for adults with severe mental illness.
- 2) Gaps in **Crisis Continuum** – Need for increased crisis stabilization services and crisis residential for children and adults.
- 3) **Workforce Shortage** – Psychiatrists and mental health professionals needed at all levels.
- 4) **Jails** – MH Services in question; Facilities inadequate; assaults on inmates and staff; not therapeutic.

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CALBHBC NEWSLETTER

**Resources** ([link to website](#))[Best Practices Handbook:](#)[for Mental/Behavioral Health Boards & Commissions](#)[Brown Act \(Open Meeting Rules\)](#)[Data Notebooks](#)[Issue-Based Advocacy](#)[Mental Health Services Act Plans/Innovations](#)[Templates/Sample Docs](#)[Bylaws, Member Orientation, Site Visit, etc.](#)[Training \(Online and Handbooks\)](#)**Duties of Boards & Commissions**The local mental health board shall : ([WIC 5604.2\(a\)](#))

1. Review and evaluate the community's mental health needs, services, facilities, and special problems.
2. Review any county agreements entered into pursuant to [Section 5650](#).
3. Advise the governing body and the local mental health director as to any aspect of the local mental health program.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
5. Submit an [annual report](#) to the governing body on the needs and performance of the county's mental health system.
6. Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.
7. Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council. ([Data Notebooks](#))
8. Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.

[5604.2\(b\)](#): ...shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

[5848](#): ...conducts a public hearing on the county's MHSA Three Year Program and Expenditure Plan and Annual Update.

**Mental Health Services Act (MHSA) Summary**

The Mental Health Services Act of 2004, passed by the voters as "Proposition 63," increased overall State funding for the community mental health system by imposing a 1% income tax on California residents with more than \$1 million per year in income. The stated intention of the proposition was to "transform" local mental health service delivery systems from a "fail first" model to one promoting intervention, treatment and recovery from mental illness. A key strategy in the act was the prioritization of prevention and early intervention services to reduce the long-term adverse impacts of untreated, serious mental illness on individuals, families and state and local budgets.

According to WIC 5813.5, MHSA Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers:

1. To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.
2. To promote consumer-operated services as a way to support recovery.
3. To reflect the cultural, ethnic, and racial diversity of mental health consumers.
4. To plan for each consumer's individual needs.

**The Six Components:** The funds are divided into six components. County mental health agencies are required to develop detailed plans for the use of MHSA funds in each of these components, then submit those plans to the Mental Health Services Oversight and Accountability Commission (MHSOAC) or State for approval. The following are the components:

1. Community Program Planning (CPP)
2. Community Services and Supports (CSS)
3. Prevention and Early Intervention (PEI)
4. Innovation (INN)
5. Capital Facilities & Technology Needs (CFTN)
6. Workforce Education and Training (WET)

**[MHSA On-Line Training](#)**

Role of the Mental Health Board w/  
MHSA Component Descriptions and Fiscal Info

Ventura County Behavioral Health  
Board Letter Summary of Contracts for May

Board Date	Contractor	Amount	Term	Description
5/21/2019	Golden State Health Centers, Inc.	\$2,205,767	6/1/19 to 6/30/2020	VCBH is contracting with Golden State Health Centers, Inc. (GSHC) to operate the Crisis Residential Treatment program due to notification from the existing contractor that they would cease to operate. The contract term is June 1, 2019 through June 30, 2020 for a maximum contract amount of \$2,205,767.
5/21/2019	Golden State Health Centers, Inc.	\$1,681,959	6/1/19 to 6/30/2020	VCBH is contracting with GSHC to operate the Mental Health Rehabilitation Center program due to notification from the existing contractor that they would cease to operate. The contract term is June 1, 2019 through June 30, 2020 for a maximum contract amount of \$1,681,959.
5/21/2019	California Department of Health Care Services	\$351,868	11/12/18 to 6/30/19	In response to the Hill and Woolsey fires, VCBH received \$351,868 in federal crisis counseling assistance and training program services funding from the California Department of Health Care Services through the Federal Emergency Management Agency. The funding is effective from November 12, 2018 through June 30, 2019.
5/21/2019	United Parents, Inc.	\$132,232	7/1/18 to 6/30/19	United Parents, Inc. (United Parents) provides respite services (short-term, temporary relief/care) for parents and caregivers of children with serious emotional, behavioral, and mental health issues. The fiscal year (FY) 18-19 agreement is being increase by \$6,500 to \$132,232 in order to fund additional services to families on the waiting list, effective July 1, 2018 through June 30, 2019.
5/21/2019	United Parents, Inc.	\$112,867	7/1/19 to 12/31/19	United Parents provides respite services (short-term, temporary relief/care) for parents and caregivers of children with serious emotional, behavioral, and mental health issues. The FY 19-20 agreement, in the amount of \$112,867, is for the six month term of July 1, 2019 through December 31, 2019. The contract was increased an additional \$46,752 in order to fund additional services to families on the waiting list.

## MEMORANDUM

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**DATE:** June 4, 2019

**TO:** Behavioral Health Advisory Board

**FROM:** Contracts Administration

**SUBJECT:** Board of Supervisors Approved May Agreements/Board Items

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### Executive Summary

#### Board of Supervisors Approved Agreements – May 7, 2019

**1. Alcohol and Drug Programs (ADP): California Department of Health Care Services (DHCS) Substance Abuse and Prevention Treatment Block Grant (SABG) State Agreement and First Amendment Contract Language Revisions.**

*This item recommended that the Board of Supervisors authorize the Ventura County Behavioral Health (VCBH) Director or designee to amend existing VCBH ADP Prevention and Treatment contracts that contain SABG funding to include contract language that conforms to the DHCS SABG State Agreement. There is no proposed fiscal impact related to this item.*

To ensure that VCBH is compliant with the California DHCS Standard Agreement and First Amendment for SABG services and all DHCS requirements and guidance released to date, VCBH is revising its existing ADP SABG service contract templates to conform to the DHCS requirements. The contract templates are being revised to adjust and/or include new terms related to: (1) non-discrimination, (2) general discrimination provisions, (3) audit record retention requirements, (4) audit of services and site inspection, (5) cultural and linguistic competence compliance, (6) notification of federal funding, (7) federal salary rate cap, (8) debarment and suspension, (9) Trafficking of Victims Protection Act of 2000, (10) air or water pollution requirements, (11) alien ineligibility certification, (12) Byrd Anti-Lobbying Amendment and (13) additional contract restrictions. The proposed revisions to the contract templates were provided to the Ventura County Board of Supervisors for their review.

While VCBH has been very diligent in reviewing the DHCS Standard Agreement and First Amendment and other guidance provided by DHCS thus far, future Mental Health and Substance Use Disorder Services (MHSUDS) notices or guidance from DHCS could be released

that require further revisions and clarifications to VCBH's ADP SABG service contracts. To assist VCBH in timely responding to future DHCS/MHSUDS requirements or guidelines, VCBH will require authorization for the VCBH Director or designee to amend VCBH's ADP SABG service contracts to revise or add language applicable to SABG service providers, as required by DHCS, subject to County Counsel review and approval.

VCBH recommended approval of the VCBH ADP SABG contract template language, authorization for the VCBH Director or designee to amend existing VCBH ADP SABG service contracts to conform to the revised contract template language, and authorization for the VCBH Director or designee to amend VCBH's ADP SABG service contracts to revise or add language applicable to SABG service agreements, as required by DHCS, subject to County Counsel review and approval.

**Board of Supervisors Approved Agreements – May 21, 2019**

**1. Golden State Health Centers, Inc. (GSHC) Crisis Residential Treatment (CRT) and Mental Health Rehabilitation Center (MHRC) Program Contracts.**

*This item recommended approval of two separate agreements with Golden State Health Centers, Inc. to operate the CRT and MHRC Programs, effective June 1, 2019 through June 30, 2020. The maximum contract amounts are: (1) \$2,205,767 for the CRT and (2) \$1,681,959 for the MHRC.*

On May 1, 2019, VCBH was notified that the current vendor providing services at the CRT and MHRC program facilities would cease to operate within 4 to 6 weeks. VCBH contacted multiple providers to identify a provider that could expediently take over the operations of both facilities.

The CRT facility provides a short-term voluntary program for up to 15 adults experiencing increased psychiatric symptoms or a behavioral health crisis. The length of stay at this facility does not exceed 90 days. The CRT facility's services are used by clients to avoid acute hospitalization or to assist clients in stepping down from an acute hospital stay. Treatment services include psychiatric care and medication management, individual and group therapy, life and coping skills training, peer support, substance abuse relapse prevention services, and recreational group activities. Services are designed to achieve psychiatric stabilization and community reintegration.

The MHRC program is a 15-bed facility that provides housing and support for up to 18 months for individuals with severe and persistent mental illness to enable them to transition to independent or supported-living arrangements. The program uses a psychosocial rehabilitation model that provides a balance of activities, education, vocational services, therapy, health, and socialization to support physical, psychological, and spiritual health.

VCBH identified GSHC as the new operator of both the MHRC and CRT. GSHC operates Sylmar Health and Rehabilitation Center (Sylmar) and has contracted with VCBH since 2005.

GSHC was selected based upon its operational experience and performance of the current contract with Sylmar. Also, GSHC was willing to work on an expedited timeline to minimize any disruption to clients.

The agreements with GSHC will initiate the transition of operations of the CRT and MHRC facilities from the current vendor. These agreements are funded with Short Doyle Medi-Cal Federal Financial Participation (SD/MC FFP), Realignment, and Mental Health Services Act (MHSA) funding.

VCBH recommended approval for the VCBH Director or designee to sign the agreements with GSHC for the CRT and MHRC programs, in the amounts of \$2,205,767 (CRT) and \$1,687,959 (MHRC), effective June 1, 2019 through June 30, 2020.

## **2. DHCS Standard Agreement for Federal Crisis Counseling Assistance and Training Program (CCP) Services.**

*This item recommended approval for the VCBH Director or designee to sign the DHCS Standard Agreement for CCP services, in response to the Hill and Woolsey fires, in the amount of \$351,868, effective November 12, 2018 through June 30, 2019.*

Pursuant to the Stafford Act, the Federal Emergency Management Agency (FEMA) provides assistance to states that suffer natural disasters. Section 416 of that Act authorizes FEMA to fund behavioral health services and training following a natural disaster. Pursuant to that section of the Act, FEMA funds crisis counseling and related services through the Federal CCP for a limited period of time. The mission of CCP is to assist individuals and communities to recover from the effects of natural and man-made disasters by providing community-based outreach and psycho-education services. Services are short-term interventions including: assisting disaster survivors in understanding their current situation and reactions, mitigating stress, assisting survivors in reviewing their disaster recovery options, promoting the use and development of coping strategies, providing emotional support, and encouraging linkages with other individuals and agencies that may help survivors recover to pre-disaster functioning.

The CCP is comprised of three funding terms: (1) Immediate Services Program (ISP) – Funding is provided for the CCP for 60 days from the date of the Presidential declaration. (2) Immediate Services Program Extension (ISP Extension) – Funding is provided to cover the period from the day after the end of the ISP to the award date of the Regular Services Program (RSP). The review and approval process time for the RSP is estimated to take between six and eight weeks. (3) Regular Services Program (RSP) – Funding is provided for 9 months from award date to continue and expand the provision of CCP services.

In response to the Thomas Fire, on July 31, 2018, the Ventura County Board of Supervisors approved the Standard Agreement No. 17-94706 for Federal CCP Services, effective January 15, 2018 through March 31, 2019.

On November 12, 2018, the State of California received a Presidential Disaster Declaration for the California wildfires in Butte, Los Angeles and Ventura counties (FEMA-4407-DR-CA), which authorized the State to apply for CCP funding. On March 26, 2019, VCBH received the DHCS Standard Agreement No. 18-95420 related to the Hill and Woolsey Fires. The Agreement provides VCBH with CCP funding to provide crisis counseling and related services pursuant to the initial 60 day CCP funding term, the ISP and ISP Extension. During the term of Thomas Fire agreement, VCBH implemented the California HOPE of Ventura County program. The program was comprised of a clinical team that was FEMA trained to provide free and confidential community-based counseling services to Thomas Fire survivors. This team was used to provide services under the Hill and Woolsey Fire agreement. During the period of November 12, 2018 through March 13, 2019, the team made over 1,062 in-person brief educational or supportive contacts, 282 telephone contacts by crisis counselor, and 735 email contacts.

VCBH recommended approval for the VCBH Director or designee to sign the Standard Agreement No. 18-95420 with the DHCS, in the amount of \$351,868.24, effective November 12, 2018 through June 30, 2019.

**3. United Parents, Inc. (United Parents) Respite Services FY 18-19 Fourth Amendment and FY 19-20 Fifth Amendment.**

*This item recommended approval for the VCBH Director or designee to sign the: (1) Fourth Amendment for respite services with United Parents, to increase the contract maximum from \$125,732 to \$132,232 (an increase of \$6,500) to fund additional client services, effective July 1, 2018 through June 30, 2019 and (2) Fifth Amendment for respite services with United Parents, to extend the term of the agreement for an additional six-month period, July 1, 2019 through December 31, 2019, in the amount of \$112,867 (an increase of \$46,752 over the previous six month period).*

VCBH contracts with United Parents to provide respite services (short-term, temporary relief/care) for parents and caregivers of children with serious emotional, behavioral, and mental health issues. Trained respite providers care for the children in or out of the home. Program services are designed to minimize stressors on caregivers and families which could lead to destabilization, crisis, and the potential for children to be placed out of the home. During the first two quarters of FY 2018-19 (July-December), there were 84 families enrolled while 50 families were added to a waiting list. During the same period in FY 2017-18 (July-Dec), 66 families were enrolled while 39 families were added to a waiting list. The need for families seeking respite services continues to increase. The FY 2018-19 contract was increased an additional \$6,500 to \$132,232 to allow United Parents to hire additional respite workers to be able to serve families that are awaiting services.

VCBH's FY 2019-20 budget will reflect an increase in Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health Block Grant (MHBG) funding of \$190,331 of which \$93,500 will be allocated to United Parents for the expansion of the FY 2019-20 Respite program. United Parents will use these funds to continue hiring additional respite

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workers to serve additional families. The agreements are fully funded with SAMHSA MHBG funds.

VCBH recommended approval for the VCBH Director or designee to sign the: (1) Fourth Amendment for respite services with United Parents, increasing the contract maximum to \$132,232 (an increase of \$6,500) and updating the Budget in Exhibit "B" and (2) Fifth Amendment for respite services with United Parents, extending the term for an additional six-month period, from July 1, 2019 through December 31, 2019, for a contract maximum of \$112,867 (an increase of \$46,752 over the previous six month period).