

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

July 15, 2019

NEXT MEETING:

Monday, August 19, 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

Claudia Armann
Ratan Bhavnani, 1st Vice Chair
Nancy Borchard
Gane Brooking, 2nd Vice Chair
Kevin Clerici
Margaret Cortese
Capt. James Fryhoff
Janis Gardner, Chair
Mary Haffner
Jerry Harris, Chair Emeritus
Supervisor Linda Parks
Gina Petrus, Secretary
Joe S. Ramirez
Ezequiel A. Sánchez
Marlen Torres
Sheri Valley

BHAB Members Absent

Jamie Banker
Monique Garcia
Patricia Mowlavi
Denise Nielsen
Irene Pinkard

Others Present

Marika Collins, Casa Pacifica
Stuart Fiedler, Client Network
Jerry Weaver
Pete Lafollette, Client Network
Bob Wickham, NAMI
David Deutsch
Kevin Janeway
Dawn Anderson, Ventura County Office of Education
Sally Harrison, County Executive Office
Kalie Matisek, Turning Point Foundation
Jennifer Goble, Pacific Clinics
Matthew Sandoval, Health Care Agency
Mark Stadler, Crisis Intervention Teram
Maya Lazos, Vista del Mar Hospital

Ventura County Behavioral Health (VCBH) Managers and Staff Present

Dr. Sevet Johnson, VCBH Director
Dr. Loretta Denering, Alcohol and Drug Programs Division Chief
Kiran Sahota, MHSA Manager
Dr. John Schipper, Adult Division Chief
Susan White Wood, Housing Manager
Edith Pham, BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ACTIONS	RESPONSIBLE
I.	Call to Order Chair Gardner called the meeting to order at 1:05 p.m. She thanked Mr. Harris for the leadership he provided in his two years as Chair of the BHAB. Capt. Fryhoff led the audience in reciting the Pledge of Allegiance to the U.S. Flag.		
II.	Approval of the Agenda Ms. Gardner asked the Board to review and approve today's agenda. Gina Petrus moved to approve, Kevin Clerici seconded. Ms. Gardner noted that item XII.B, Member At Large Appointment, needs to be moved up to right after the Events and Announcements. The motion carried unanimously.	The agenda was approved as amended. M/S/C	
III.	Approval of the Minutes Ms. Gardner asked the Board to review and approve the minutes of the June 17, 2019 meeting. Supervisor Parks moved to approve, Kevin Clerici seconded. Nancy Borchard noted that on page 3, item VI. Recognition: Pam Roach, her comment should read that Ms. Roach was Chair of the Mental Health Board as the Mental Health Services Act was being created. Supervisor Parks agreed to the change. The motion carried unanimously.	The minutes were approved as amended. M/S/C	
IV.	Welcome and Introductions Ms. Gardner welcomed everyone and asked BHAB members to introduce themselves and their affiliations.		
V.	Public Comments Kevin Janeway noted that an article in the Ventura County Star gives information about the year-round shelter in Oxnard that will open in the future. Also, Mr. Janeway attended a presentation on a program called WISE (Workforce Integration Support and Education), funded through MHSA; it helps peers become integrated in the service delivery systems. The peer voice should not be overshadowed by clinical posturing. Pete Lafollette of the Client Network and Mental Health Services Oversight and Accountability Commission noted that clients need to be involved in planning, legislation and engagement as related to MHSA programming.		
VI.	Chair's Report – Janis Gardner Ms. Gardner: <ul style="list-style-type: none"> thanked the board members for their confidence in her leadership and said that it was her commitment to the board that every member have a voice in the work that is done. She noted that the BHAB will address with intent and purpose issues that are germane to the BHAB Committees work and that of the board as a whole; mentioned that during members' travels around the county, if they come across or are made aware of any conferences, presentations or other announcements they would like to impart, they can email her and cc the BHAB Assistant; requested that when members or committees would like to bring an idea to the board's attention, they email her and cc the BHAB Assistant; noted that the BHAB is very excited to hear from Mr. Foley, Health Care Agency Director. He will address the board later on in this meeting and give an update as to the changes and focus in the county; thanked Dr. Johnson, VCBH Director, for taking the time to attend the BHAB meetings and for giving the board her extremely welcomed and comprehensive Director's Report each month; noted that Ratan Bhavnani will now take over the Events and Announcements agenda item, which previously had been her responsibility. Ratan Bhavnani provided brief information on: <ul style="list-style-type: none"> MICOP's Operation Backpack; donations help children get ready for school; MICOP's Night in Oaxaca on August 16; Saving Lives Camarillo and its drug prevention booth at the Camarillo Fiesta on July 21; NAMI Walk on Saturday, October 12; An article in the Ventura Star describing the MHSA program called Bartenders as Gatekeepers, which trains bartenders to recognize possible signs of suicidal ideation. 		
VII.	Board Members Comments and Announcements Claudia Armann noted that the Prevention Committee discussed vaping. That evening, the Ventura City Council will consider directing staff to draft an ordinance on the retail of vaping products. Upon		

<p>questioning, David Tovar, VCBH Alcohol and Drug Programs (ADP), Prevention Services, noted that ADP staff will attend that meeting; they attend various city council meetings when appropriate.</p> <p>Margaret Cortese noted that she had volunteered earlier to lead a site visit to the Turning Point Wellness Center in Oxnard. Anyone interested in participating should contact the BHAB Assistant. She also invited TAY clients to attend for free the dress rehearsal of “burundanga”, a play that deals with topics that young adults can relate to; it will be at the Elite Theater in Oxnard on July 25.</p> <p>Gane Brooking noted that the Oxnard homeless shelter is moving forward. Mercy House is the contractor.</p>		
<p>VIII. Director’s Report – Dr. Sevet Johnson</p> <p>A. Dr. Johnson thanked Mr. Harris for his past service and for continuing to serve on the BHAB and on the CALBHB/C.</p> <p>B. Adult Services Division</p> <ul style="list-style-type: none"> • VCBH has transitioned its psychiatric providers from Sterling to Transitions. • Anka, which operated the Crisis Residential Treatment and the Mental Health Rehabilitation Center, declared bankruptcy in early May. VCBH had only three weeks to find another provider. Staff worked diligently to get a contract in place, allowing for a smooth transition. <p>C. Youth & Family</p> <ul style="list-style-type: none"> • Some staff attended an annual training with Dr. Leslie Sokol of the Academy of Cognitive Therapy (ACT), who noted that VCBH is the first county in California to use its own ACT trainers and build a robust sustainability plan. VCBH has in-house trainers who provide trainings and refreshers. <p>D. Alcohol and Drug Programs</p> <ul style="list-style-type: none"> • Drug Medi-Cal Organized Delivery System (DMC-ODS): a Request for Proposal (RFP) has been submitted to provide clinically-managed non-perinatal residential withdrawal management and treatment services for adults diagnosed with substance use disorders. • Sheila Murphy is managing a grant called County Opioid Abuse Suppression Task Force (COAST grant), which will be used to address the opioid crisis. • Bartenders as Gatekeepers: this innovative suicide prevention project is a short-term selective prevention program focusing on men ages 45-65. VCBH will train bartenders in recognizing the danger signs; email mhsa@ventura.org to refer bar owners and managers interested in the training. <p>Kiran Sahota, MHSa Manager, provided some information on this research project. She noted that VCBH works with Didi Hirsch and its national hotline; its office in Los Angeles will collect local data for this project. Information can be found at www.notalone.vc.org</p>		
<p>IX. Health Care Agency Update – William Foley, HCA Director</p> <p>Mr. Foley noted that he has been with the Health Care Agency (HCA) for six months. The agency is in the early stages of developing a strategic plan, which will include VCBH. Stakeholders will be involved.</p> <p>After a brief closure of its obstetrics department, Santa Paula Hospital will resume delivering babies as of August 1st. This is the result of community input and of Clinicas del Camino Real’s commitment to refer ten deliveries per month. A blue ribbon committee will help HCA determine the long-term needs in Santa Paula, including for mental health.</p> <p>Behavioral health resources at Ventura County Medical Center (VCMC) include the Inpatient Psychiatric Unit (IPU) and the Crisis Stabilization Unit (CSU). The IPU is currently staffed for 30 beds and is licensed for 42 beds. The CSU is currently staffed for four chairs. As part of the strategic planning, HCA is looking at the demands for behavioral health services now and in the future; resources will be adjusted and capacity will be increased as needed.</p> <p>Dr. John Fankhauser is the new HCA Chief Medical Officer. He has a long history with HCA.</p>		

<p>In answer to questions, Mr. Foley noted that:</p> <ul style="list-style-type: none"> • He has worked as vice president of a hospital in New York, CEO in Chicago Cook County, and in San Bernardino, Riverside and Monterey. • The recent hiring freeze will not affect the planning for CSU and IPU as this will be based on the needs of the community; • There have been discussions about VCBH having oversight of the IPU and CSU. The HCA leadership team will revisit this topic; • In June the Board of Supervisors approved the HCA budget for FY 2019-20, which has a deficit of just under \$3 million. The focus is on stabilizing the finances of HCA. <p>Supervisor Parks noted that the Mental Health and Safety Task Force that was created after the Borderline shooting has identified the lack of psychiatric beds as an issue. She hopes that funding will increase so that more psychiatric beds are available.</p> <p>Matt Sandoval noted that the IPU is considered a patient unit of the hospital.</p> <p>Mr. Harris voiced his concern about medical clearance for admission to the CSU being done at the Emergency Departments. He would like to see this done at the CSU. Dr. Johnson noted that this is not feasible with four chairs. Ms. Borchard noted that some counties do not do medical screenings in emergency rooms. Supervisor Parks noted that this is a requirement that clients be checked physically before being admitted to the IPU. She encouraged all to visit VenturaCountyRecovers.org and to leave suggestions with the County of Ventura Task Force on Mental Health and Safety.</p> <p>Mark Stadler made a public comment. He noted that law enforcement can no longer bring people directly to the IPU for evaluation; instead, they have to take them to the Emergency Departments (ED). He has been told that once 12 chairs are open at the CSU, HCA will look into the feasibility of hiring a mental health nurse who would handle the medical screening at the CSU. Regulations require a screening, not a medical clearance. Some clients spend the 72 hours of 5150 involuntary hold in the ED without receiving any mental health treatment. Capt. Fryhoff concurred and noted that when law enforcement officers are tied up in the ED, they are not available to respond to the community.</p> <p>Joe Ramirez thanked Mr. Foley, CEO Mike Powers and others for continuing to provide services at the Santa Paula Hospital; it was a community effort. Nancy Borchard voiced her satisfaction that HCA heard the voice of the Santa Paula community.</p>		
<p>X. Secretary's Report – Gina Petrus</p> <p>Once Capt. Fryhoff becomes the official Law Enforcement representative on the BHAB, there will be one opening in District 4, Supervisor Huber.</p> <p>Ms. Petrus spoke with Monique Garcia, who is sick. She is planning to attend the Youth & Family Committee meetings as it fits her schedule better than the TAY Committee meetings.</p> <p>Dr. Jamie Banker is currently teaching in Italy. She will return in August.</p>		
<p>XI. BHAB Committee Reports</p> <p>A. Adult Services Committee – Nancy Borchard, Gane Brooking, Co-Chairs Ms. Brooking noted that the committee went dark in July.</p> <p>B. Prevention Committee – Janis Gardner, Chair The committee is working on its objectives and mission statement. Straight Up and VCOE showed a video regarding vaping, depression, suicide prevention and addiction. The videos were created by middle and high school students.</p> <p>C. Transitional Age Youth (TAY) Committee – Margaret Cortese, Chair Ms. Brooking and Mr. Ramirez were appointed to the committee. The committee has finalized its mission statement and objectives and will now work on its action plans.</p> <p>D. Youth & Family Committee – Denise Nielsen, Chair In Ms. Nielsen's absence, Ms. Petrus noted that the committee went dark in July.</p>		

	Ms. Gardner encouraged all committees to work on their objectives for this Fiscal Year.		
XII.	<p>New Business</p> <p>A. Formation of Legislative Workgroup Ms. Gardner noted that a Legislative Workgroup has been formed but that as yet there is no date or time set for the first meeting. Mr. Bhavnani and Marlen Torres will co-chair.</p> <p>B. Member At Large Appointment Ms. Gardner noted that the appointment is a six-month commitment to help a newer member learn how the board works. Ms. Gardner asked if there were any volunteers for this position. Joe Ramirez volunteered; no other member did. Ms. Cortese moved to appoint Mr. Ramirez as Member At Large. Ms. Borchard seconded. The motion carried unanimously.</p> <p>C. Review of Budget Presentation Ms. Gardner asked for feedback on the budget presentation given at the June meeting. Ms. Borchard requested to have future budget presentations show funding allocations by age groups; Mr. Bhavnani and Mr. Harris agreed. Mr. Harris added that he would like to see the allocations for the older adult population. He would also like to see a comparison of what VCBH requested and what the Board of Supervisors approved. Ms. Brooking would like to see more detailed presentations, as has been done at Executive meetings.</p> <p>D. California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) Update – Jerry Harris Mr. Harris noted that he attended the quarterly meeting of the CALBHB/C governing board, followed by a training session. He finds it useful to see what other counties do. He reminded the BHAB members that CALBHB/C will cover one member’s cost associated with attending these meetings. Mr. Harris shared the last brief, which focuses on disaster preparedness.</p>	Appoint J Ramirez as Member At Large M/S/C	
XII.	<p>Old Business</p> <p>A. Institution for Mental Diseases (IMD) Exclusion Waiver – Mary Haffner Ms. Haffner noted that Medicaid does not currently allow for the reimbursement of the cost of mental health services in IMDs. As a result, clients suffering from a severe and persistent mental illness do not always receive the care they need, and they cycle in and out of emergency room and jail. For the first time since 1965, states can apply for a waiver of the Exclusion. Several counties, including Los Angeles, have asked the state to do so. Ms. Haffner referred to a bullet point document she prepared which lists arguments for and against applying for the waiver. She will meet with Supervisor Parks and Sue Hughes of the county’s Government Affairs office on July 17th. Supervisor Parks noted that the county’s 1115 waiver, which brings substantial funds for the entire health care system, will expire in December 2020. The county is concerned about the risk of imperiling the entire waiver by focusing on the IMD portion of the waiver. Supervisor Parks assured all that the Board of Supervisors wants to apply for the 1115 waiver, but it is a question of timing.</p> <p>B. Lanterman, Petris, Short (LPS) Reform Workgroup Ms. Gardner noted that Mr. Harris is chairing this new workgroup. She also noted that so far the workgroup members are Ratan Bhavnani, Gane Brooking, Ezequiel Sanchez, Gina Petrus, Nancy Borchard, and herself. Mr. Harris noted that the workgroup met for the first time the previous week and created a plan of action to reach the desired outcome. He added that the next meeting, on August 19, will include a presentation by Mark Gale, one of the primary authors of the LPS Reform Task Force II report dated March 2012. Mr. Bhavnani noted that the workgroup is planning to make recommendations aimed at legislative reforms and issues that can be tackled within the county.</p> <p>C. Future Presentations Ms. Gardner noted that a presentation on Trauma-informed Care will be given in August, and a presentation on Public Administration/Public Guardian is being planned. Ms. Gardner suggested having a presentation by Sheriff Ayub, and the board agreed.</p> <p>D. Future Recognitions Ms. Gardner noted that two recognitions will be presented in August to:</p>		

	<ul style="list-style-type: none"> • Edwin Solano of the Santa Paula clinic. Dr. Johnson noted that she received a letter from a family thanking Mr. Solano for his help with their loved one. • William Shilley, posthumously. Ms. Cortese noted that she knew him as he worked with VCBH and later with Oxnard College and is pleased about his recognition. 		
<p>XIV.</p>	<p>Contracts</p> <p>Ms. Gardner encouraged BHAB members to ask questions regarding the VCBH contracts that the Board of Supervisors approved during the previous month (see Executive Summary for details):</p> <p>A. Board of Supervisors Approved Agreements – June 4, 2019</p> <ol style="list-style-type: none"> 1. Mental Health Services Act (MHSA) Fiscal Year (FY) 2019-20 Annual Update <p>B. Board of Supervisors Approved Agreements – June 11, 2019</p> <ol style="list-style-type: none"> 1. FY 2019-20 Agreements with Clinicas Del Camino Real, Inc. (Clinicas), Mixteco/Indigena Community Organizing Project (MICOP), EVALCORP, and Interface Children and Family Services (Interface) for MHSA Related Services 2. FY 2018-19 and FY 2019-20 Agreements with Pacific West Care Homes, LLC (Hickory House), Elms Manor Corporation (Elms Manor), La Siesta Guest Home, LLC (La Siesta), and Sunrise Manor for Augmented Board and Care Services 3. FY 2019-20 Agreements with Sylmar Health & Rehabilitation Center, Inc., Crestwood Behavioral Health, Inc., and Telecare Corporation for Mental Health Services 4. Alcohol and Drug Programs (ADP): FY 2017-20 State Agreement for Substance Abuse Prevention and Treatment Block Grant (SABG) Services and FY 2018-19 Reality Improv Connection, Inc. dba Straight Up for ADP Prevention Services <p>C. Board of Supervisors Approved Agreements – June 18, 2019</p> <ol style="list-style-type: none"> 1. ADP: FY 2018-19 Agreement with Aegis Treatment Centers, LLC (Aegis) and FY 2019-20 Agreements with Aegis, Dennis M. Giroux & Associates, Inc. (DMG), Healthright 360, Tarzana Treatment Centers, Inc. (Tarzana), and Western Pacific Med-Corp (Western Pacific) for Drug Medi-Cal Organized Delivery System (DMC-ODS) Substance Use Disorder (SUD) Services 2. FY 2019-20 Agreements with ASC Treatment Group (ASC), Turning Point Foundation (Turning Point), and Pathpoint for Mental Health Services 3. FY 2019-20 Agreements with Telecare Corporation (Telecare) for Mental Health Services 4. FY 2019-20 Agreement with Traditions Psychology Group, Inc. dba Traditions Behavioral Health (Traditions) for Psychiatric Services 5. FY 2018-19 Agreement with Pacific Clinics for Transitional Age Youth (TAY) Wellness and Recovery Center (WRC) services 6. FY 2018-19 and FY 2019-20 Aspiranet, Kids & Families Together (KFT), New Dawn Counseling and Consulting, Inc. (New Dawn) for Mental Health Services <ul style="list-style-type: none"> • Ms. Cortese noted that MICOP’s Promotoras program is very important. • Mr. Bhavnani noted that some Board & Care facilities are in jeopardy but are not on this month’s list. Dr. Johnson asked him for the names of the facilities and noted that the list includes only those facilities whose contracts were approved by the Board of Supervisors in June. • Mr. Bhavnani noted that Sylmar and Crestwood are IMDs; VCBH spends significant amount of money to have clients treated there, and the cost is not reimbursed because of the IMD Exclusion. • Ms. Gardner asked about Khepera House contract ending. Dr. Loretta Denering, ADP Chief, noted that a Request for Proposal has gone out. <p>Ms. Gardner requested a tutorial on funding streams. Dr. Johnson agreed.</p>		
<p>XV.</p>	<p>Public Comments</p> <p>Mr. Lafollette noted that work needs to be on a reciprocal, rather than adversarial, level. He thanked the board and staff for their time.</p>		
<p>XVI.</p>	<p>Adjourn</p> <p>The meeting adjourned at 2:45 p.m.</p>		

Behavioral Health Advisory Board GENERAL Meeting Attendance

2019-20	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											
District 2	1/8/19 – 1/7/22	Jamie Banker	e											
District 2	2/24/19 – 2/23/22	Ratan Bhavnani	X											
District 3	1/27/18 – 1/26/21	Nancy Borchard	X											
District 3	1/13/19 – 1/12/22	Gane Brooking	X											
District 1	10/7/18 – 10/6/21	Kevin Clerici	X											
District 5	1/11/18 – 1/10/21	Margaret Cortese	X											
District 4	10/14/18 – 10/13/21	Capt. James Fryhoff	X											
District 5	10/17/17 – 9/23/20	Monique Garcia	e											
District 3	4/15/18 – 4/14/21	Janis Gardner	X											
District 1	4/8/18 – 4/7/21	Mary Haffner	X											
District 4	9/17/16 – 9/17/19	Jerry Harris	x											
District 2	3/14/17 – 3/14/20	Patricia Mowlavi	e											
District 4	9/18/18 – 9/17/21	Denise Nielsen												
BOS	1/1/19 – 12/31/21	Supervisor Linda Parks	X											
District 1	5/8/18 – 5/7/21	Gina Petrus	X											
District 5	1/24/17 – 1/24/20	Dr. Irene Pinkard												
District 3	4/9/19 – 12/1/20	Joe S. Ramirez	X											
District 2	6/11/19 – 9/13/19	Ezequiel A. Sánchez	X											
District 5	1/10/17 – 1/10/20	Marlen Torres	X											
District 4	2/6/18 – 2/6/21	Sheri Valley	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

CONDADO DE VENTURA DEL COMPORTAMIENTO SALUD ASESOR JUNTA

REUNIÓN GENERAL

MINUTOS

15 de julio de 2019

SIGUIENTE JUNTA:

Lunes 19 de agosto de 2019

1:00 pm - 3:30 pm

Administración de Salud del Comportamiento del Condado de
Ventura
1911 Williams Drive , Sala de entrenamiento ♦ Oxnard, CA 93036

Nota: La Junta Asesora de Salud del Comportamiento aún no ha aprobado estas actas. Puede haber adiciones / eliminaciones o correcciones antes de que las actas se acepten en forma final.

Miembros BHAB presentes

Claudia Armann
Ratan Bhavnani, ^{1er} Vicepresidente
Nancy Borchard
Gane Brooking , 2nd Vicepresidente
Kevin Clerici
Margaret Cortese
Capitán James Fryhoff
Janis Gardner, presidente
Mary Haffner
Jerry Harris, presidente emérito
Supervisor Linda Parks
Gina Petrus , Secretaria
Joe S. Ramirez
Ezequiel A. Sánchez
Marlen Torres
Sheri Valley

Miembros de BHAB ausentes

Jamie Banker
Monique Garcia
Patricia Mowlavi
Denise Nielsen
Irene Pinkard

Otros presentes

Marika Collins, Casa Pacífica
Stuart Fiedler, red de clientes
Jerry Weaver
Pete Laf Ollette, red de clientes
Bob Wickham, NAMI
David Deutsch
Kevin Janeway
Dawn Anderson, Oficina de Educación del Condado de Ventura
Sally Harrison, Oficina Ejecutiva del Condado
Kalie Matisek, Fundación Turning Point
Jennifer Goble, Clínicas del Pacífico
Matthew Sandoval, Agencia de Atención Médica
Mark Stadler, Teram de intervención en crisis
Maya Lazos, Hospital Vista del Mar

Gerentes y personal presente de Ventura County Behavioral Health (VCBH)

Dr. Sevet Johnson, Director de VCBH
Dra. Loretta Denering, Jefa de la División de Programas de Alcohol y Drogas
Kiran Sahota, Gerente de MHSA
Dr. John Schipper, Jefe de División de Adultos
Susan White Wood, Gerente de Vivienda
Edith Pham, Asistente BHAB

	DISCUSIÓN / CONCLUSIONES	RECOMENDACIONES / COMPORTAMIENTO	RESPONSABLE
YO.	Llama para ordenar El Presidente Gardner dio por terminada la reunión a la 1: 05 pm . Agradeció al Sr. Harris por el liderazgo que brindó en sus dos años como Presidente del BHAB. El Capitán Fryhoff le dio a la audiencia al recitar el Juramento a la Bandera de los Estados Unidos.		
II	Aprobación de la agenda La Sra. Gardner le pidió a la Junta que revisara y aprobara la agenda de hoy. Gina Petrus se movió para aprobar, Kevin Clerici lo secundó. La Sra. Gardner señaló que el artículo XII.B, Nombramiento de miembro en general, debe avanzar hasta la contienda después de los Eventos y Anuncios . La moción fue aprobada por unanimidad.	El orden del día fue aprobado en su forma enmendada . M / S / C	
III.	Aprobación del acta La Sra. Gardner solicitó a la Junta que revise y apruebe las actas de la reunión del 17 de junio de 2019 . El supervisor Parks se movió para aprobar, Kevin Clerici lo secundó. Nancy Borchard señaló que en la página 3, ítem VI. Reconocimiento: Pam Roach, su comentario deberían leer t sombrero Sra Roach fue Presidente de la salud mental B UNTA como estaba siendo la Ley de Servicios de Salud Mental creado . El supervisor Parks acordó el cambio. La moción fue aprobada por unanimidad.	Las actas fueron aprobadas en su forma enmendada . M / S / C	
IV.	Bienvenida y Presentaciones La Sra. Gardner dio la bienvenida a todos y pidió a los miembros de BHAB que se presentaran a sí mismos y sus afiliaciones .		
V.	Comentarios públicos Kevin Janeway señaló que un artículo en el Ventura County Star brinda información sobre el refugio durante todo el año en Oxnard que se abrirá en el futuro. Además, el Sr. Janeway asistió a una presentación sobre un programa llamado WISE (Workforce Integration Support and Education), financiado a través de MHSA; i T ayuda pares se integran en los sistemas de prestación de servicios. La voz de la persona no debería verse ensombrecida por la postura clínica . Pete Laf ollette de la red de cliente y la salud mental y Supervisión de Servicios de Responsabilidad Com misión observó que los clientes necesitan estar involucrados en la planificación, la legislación y el compromiso en relación con la MHSA de programación .		
VI.	Presidente 's Informe - Janis Gardner Sra. Gardner : <ul style="list-style-type: none"> • agradeció a los miembros de la junta por su confianza en su liderazgo y dijo que era su compromiso con la junta que cada miembro tuviera voz en el trabajo que se realiza. Señaló que BHAB abordará con intención y propósito los asuntos relacionados con el trabajo de los Comités BHAB y el de la junta en su conjunto; • mencionó que durante los viajes de los miembros por el condado, si se encuentran o se enteran de conferencias, presentaciones u otros anuncios que les gustaría impartir, pueden enviarle un correo electrónico y enviarle un correo electrónico al Asistente de BHAB; • solicitó que cuando los miembros o comités quisieran presentar una idea a la atención de la junta, la envíen por correo electrónico y le envíen un cc al Asistente de BHAB; • señaló que BHAB está muy emocionado de escuchar al Sr. Foley, Director de la Agencia de Atención Médica. Se dirigirá a la junta más adelante en esta reunión y dará una actualización sobre los cambios y el enfoque en el condado; • agradeció a la Dra. Johnson, Directora de VCBH, por tomarse el tiempo para asistir a las reuniones de BHAB y por darle a la junta su Informe de Director extremadamente bienvenido y completo cada mes; • señaló que Ratan Bhavnani ahora se hará cargo del tema de la agenda de Eventos y Anuncios, que anteriormente había sido su responsabilidad. <p>Ratan Bhavnani proporcionó información breve sobre:</p>		

	<ul style="list-style-type: none"> • Mochila de operación de MICOP; las donaciones ayudan a los niños a prepararse para la escuela; • La noche de MICOP en Oaxaca el 16 de agosto; • Salvando vidas Camarillo y su puesto de prevención de drogas en la Fiesta de Camarillo el 21 de julio; • NAMI Walk el sábado 12 de octubre ; • Un artículo en el Ventura Star que describe el programa MHSa llamo a Bartenders como Gatekeepers, que entrena a los bartenders para que reconozcan posibles signos de ideación suicida. 		
VII.	<p>Comentarios de los miembros de la Junta y Anuncios</p> <p>Claudia Armann señaló que el Comité de Prevención discutió el vapeo. Esa noche, el Ayuntamiento de Ventura considerará ordenar al personal que redacte una ordenanza sobre la venta minorista de productos de vapeo. Al ser interrogado, David Tovar, VCBH Alcohol and Drug Programs (ADP), Servicios de Prevención, señaló que el personal de ADP asistirá a esa reunión; ellos asisten a varias reuniones del consejo de la ciudad cuando es apropiado.</p> <p>Margaret Cortese señaló que anteriormente se había ofrecido voluntaria para dirigir una visita al Centro de Bienestar Turning Point en Oxnard. Cualquier persona interesada en participar debe contactar al Asistente de BHAB. También invitó a los clientes de TAY a asistir gratis al ensayo general de "burundanga", una obra de teatro que trata temas con los que los adultos jóvenes pueden relacionarse; Será en el Teatro Elite en Oxnard el 25 de julio .</p> <p>Gane Brooking señaló que el refugio para personas sin hogar de Oxnard está avanzando. Mercy House es el contratista.</p>		
VIII	<p>Dir Informe de Ector - Dr. Johnson Sevet</p> <p>A. El Dr. Johnson agradeció al Sr. Harris por su servicio anterior y por continuar sirviendo en el BHAB y en el CALBHB / C.</p> <p>B. División de servicios para adultos</p> <ul style="list-style-type: none"> • VCBH ha cambiado sus proveedores psiquiátricos de Sterling a Transitions. • Anka, que operaba el Centro de tratamiento residencial de crisis y el Centro de rehabilitación de salud mental, se declaró en quiebra a principios de mayo . VCBH tuvo solo tres semanas para encontrar otro proveedor. El personal trabajó diligentemente para lograr un contrato, lo que permitió una transición sin problemas. <p>C. Juventud y familia</p> <ul style="list-style-type: none"> • Algunos miembros del personal asistieron a un entrenamiento anual con el Dr. Leslie Sokol de la Academia de Terapia Cognitiva (ACT), quien señaló que VCBH es el primer condado en California en usar sus propios entrenadores ACT y construir un sólido plan de sostenibilidad. VCBH tiene entrenadores internos que brindan capacitación y repaso. <p>D. Programas de alcohol y drogas</p> <ul style="list-style-type: none"> • Sistema de entrega organizada de medicamentos de Medi-Cal (DMC-ODS): se ha enviado una Solicitud de propuesta (RFP) para proporcionar servicios de tratamiento y gestión de retiro residencial no perinatal administrados clínicamente para adultos diagnosticados con trastornos por uso de sustancias. • Sheila Murphy está administrando una subvención llamada Grupo de Trabajo para la Supresión del Abuso de Opioides del Condado (subvención COAST), que se utilizará para abordar la crisis de opioides. • Bartenders como Gatekeepers: este innovador proyecto de prevención del suicidio es un programa de prevención selectiva a corto plazo que se centra en hombres de 45 a 65 años. VCBH entrenará a los camareros para que reconozcan las señales de peligro; <u>envíe un</u> correo electrónico a mhsa@ventura.org para <u>recomendar</u> a los propietarios y gerentes de bares interesados en la capacitación. 		

Kiran Sahota, Gerente de MHSA, proporcionó información sobre este proyecto de investigación . Señaló que VCBH trabaja con Didi Hirsch y su línea directa nacional ; Su oficina en Los Ángeles recopilará datos locales para este proyecto . La información se puede encontrar en www.notalone.vc.org

IX. Actualización de la Agencia de Atención Médica - William Foley, Director de HCA
El Sr. Foley señaló que ha estado con la Agencia de Atención Médica (HCA) durante seis meses. La agencia se encuentra en las primeras etapas de desarrollo de un plan estratégico, que incluirá VCBH. Las partes interesadas estarán involucradas.

Después de un breve cierre de su servicio de Obstetricia, Hospital Santa Paula se reanudará la entrega de los bebés, de 1 de agostost . Este es el resultado del aporte de la comunidad y del compromiso de Clínicas del Camino Real de referir diez entregas por mes. Un comité de cinta azul ayudará a HCA a determinar las necesidades a largo plazo en Santa Paula, incluida la salud mental.

Los recursos de salud del comportamiento en el Centro Médico del Condado de Ventura (VCMC) incluyen la Unidad de Psiquiatría para pacientes hospitalizados (UIP) y la Unidad de estabilización de crisis (CSU). La UIP cuenta actualmente con 30 camas y tiene licencia para 42 camas. La CSU cuenta actualmente con cuatro sillas. Como parte de la planificación estratégica, HCA está analizando las demandas de servicios de salud mental ahora y en el futuro ; se ajustarán los recursos y se aumentará la capacidad según sea necesario.

El Dr. John Fankhauser es el nuevo director médico de HCA. Tiene una larga historia con HCA.

En respuesta a las preguntas, el Sr. Foley señaló que:

- Ha trabajado como vicepresidente de un hospital en Nueva York, CEO en el condado de Chicago Cook y en San Bernardino, Riverside y Monterey.
- La reciente congelación de contratación no afectará la planificación de CSU e IPU, ya que se basará en las necesidades de la comunidad;
- Ha habido discusiones sobre VCBH que supervisa la IPU y la CSU. El equipo de liderazgo de HCA revisará este tema;
- En junio, la Junta de Supervisores aprobó el presupuesto de HCA para el año fiscal 2019-20 , que tiene un déficit de poco menos de \$ 3 millones . El objetivo es estabilizar las finanzas de HCA.

El Supervisor Parks señaló que la Oficina de Salud Mental y Seguridad que se creó después del tiroteo en el límite ha identificado la falta de camas psiquiátricas como un problema. Ella espera que los fondos aumenten para que haya más camas psiquiátricas disponibles.

Matt Sandoval señaló que la UIP se considera una unidad de pacientes del hospital .

El Sr. Harris expresó su preocupación por la autorización médica para la admisión a la CSU que se realiza en los Departamentos de Emergencia. Le gustaría ver esto hecho en la CSU. El Dr. Johnson señaló que esto no es factible con cuatro sillas. La Sra. Borchard señaló que algunos condados no realizan exámenes médicos en las salas de emergencia . El supervisor Parks señaló que este es un requisito para que los clientes sean revisados físicamente antes de ser admitidos en la UIP . Ella alentó a todos a visitar VenturaCountyRecovers.org y dejar sugerencias con el Grupo de Trabajo del Condado de Ventura sobre Salud y Seguridad Mental.

Mark Stadler hizo un comentario público. Se observó que la policía ya no puede llevar a la gente directamente a la UIP f o evaluación ; en cambio , tienen que llevarlos a los departamentos de emergencia (ED). Le han dicho que una vez que 12 sillas estén abiertas en la CSU, HCA estudiará la posibilidad de contratar a una enfermera de salud

	<p>mental que se encargará de la evaluación médica en la CSU. Las regulaciones requieren una evaluación, no una autorización médica . Algunos clientes pasan las 72 horas de 5150 retención involuntaria en el servicio de urgencias sin recibir ningún tratamiento de salud mental. El Capitán Fryhoff estuvo de acuerdo y señaló que cuando los agentes de la ley están atados en el ED, no están disponibles para responder a la comunidad.</p> <p>Joe Ramírez agradeció al Sr. Foley, CEO Mike Powers y otros por continuar brindando servicios en el Hospital Santa Paula; Fue un esfuerzo comunitario. Nancy Borchard expresó su satisfacción de que HCA escuchó la voz de la comunidad de Santa Paula.</p>		
X.	<p>Informe secreto de Ary - Gina Petrus</p> <p>Una vez que el Capitán Fryhoff se convierta en el representante oficial de la Aplicación de la Ley en el BHAB, habrá una apertura en el Distrito 4, el Supervisor Huber.</p> <p>La Sra. Petrus habló con Monique García, quien está enferma. Ella planea asistir a las reuniones del Comité de Jóvenes y Familia, ya que se ajusta mejor a su horario que las reuniones del Comité TAY.</p> <p>El Dr. Jamie Banker actualmente enseña en Italia. Ella regresará en agosto.</p>		
XI	<p>Informes del Comité BHAB</p> <p>A. Comité de Servicios para Adultos - Nancy Borchard, Gane Brooking, Copresidentes La Sra. Brooking señaló que el comité se oscureció en julio.</p> <p>B. Comité de Prevención - Janis Gardner, Presidenta El comité está trabajando en sus objetivos y declaración de misión. Straight Up y VCOE mostraron un video sobre vapeo, depresión, prevención del suicidio y adicción. Los videos fueron creados por estudiantes de secundaria y preparatoria.</p> <p>C. Comité de Jóvenes en Edad de Transición (TAY) - Margaret Cortese, Presidenta La Sra. Brooking y el Sr. Ramírez fueron nombrados para el comité. El comité ha finalizado su declaración de misión y objetivos y ahora trabajará en sus planes de acción.</p> <p>D. Comité de Juventud y Familia - Denise Nielsen, Presidenta En ausencia de la Sra. Nielsen, la Sra. Petrus notó que el comité se oscureció en julio.</p>		
	<p>La Sra. Gardner alentó a todos los comités a trabajar en sus objetivos para este año fiscal.</p>		
XII	<p>Nuevo negocio</p> <p>A. Formación del grupo de trabajo legislativo La Sra. Gardner señaló que se formó un Grupo de Trabajo Legislativo, pero que aún no hay una fecha o hora fijada para la primera reunión. El Sr. Bhavnani y Marlen Torres serán los copresidentes .</p> <p>B. Nombramiento de miembro en general La Sra. Gardner señaló que la cita es un compromiso de seis meses para ayudar a un miembro nuevo a aprender cómo funciona la junta. La Sra. Gardner preguntó si había voluntarios para este puesto. Joe Ramírez voló sin mentir; ningún otro miembro lo hizo. La Sra. Cortese se movió para nombrar al Sr. Ramírez como miembro en general. La Sra. Borchard la secundó. La moción fue aprobada por unanimidad.</p> <p>C. Revisión de la presentación del presupuesto La Sra. Gardner solicitó comentarios sobre la presentación del presupuesto dada en la reunión de junio. La Sra. Borchard solicitó que las futuras presentaciones del presupuesto muestren las asignaciones de fondos por grupos de edad; El Sr. Bhavnani y el Sr. Harris estuvieron de acuerdo. El Sr. Harris agregó que le gustaría</p>	<p>Nombrar a J Ramírez como miembro general M/S/C</p>	

ver las asignaciones para la población adulta mayor. También le gustaría ver una comparación de lo que solicitó VCBH y lo que aprobó la Junta de Supervisores. Sra. A Brooking le gustaría ver presentaciones más detalladas, como se ha hecho en las reuniones ejecutivas.

D. Actualización de la Asociación de Juntas y Comisiones Locales de Salud del Comportamiento de California (CALBHB / C) - Jerry Harris

El Sr. Harris señaló que asistió a la reunión trimestral de la junta directiva de CAL BHB / C, seguida de una sesión de capacitación. Le resulta útil ver lo que hacen otros condados. Recordó a los miembros de BHAB que CALBHB / C cubrirá el costo de un miembro asociado con asistir a estas reuniones. El Sr. Harris compartió el último informe, que se centra en la preparación para desastres.

XII Viejo negocio

A. Exención de exclusión de la Institución para Enfermedades Mentales (IMD) - Mary Haffner

La Sra. Haffner señaló que Medicaid actualmente no permite el reembolso del costo de los servicios de salud mental en los IMD. Como resultado, los clientes que padecen una enfermedad mental grave y persistente no siempre reciben la atención que necesitan, y entran y salen de la sala de emergencias y la cárcel. Por primera vez desde 1965, los estados pueden solicitar una exención de la Exclusión. Varios condados, incluido Los Ángeles, han pedido al estado que lo haga. La Sra. Haffner se refirió a un documento de viñeta que preparó que enumera los argumentos a favor y en contra de solicitar la exención. Ella se reunirá con el Supervisor de Parques y Sue Hughes, de la oficina de asuntos gubernamentales del

condado el día 17 Julio .

El supervisor Parks señaló que la exención 1115 del condado, que aporta fondos sustanciales para todo el sistema de atención médica, expirará en diciembre de 2020. El condado está preocupado por el riesgo de poner en peligro toda la exención al centrarse en la parte de IMD de la exención. El Supervisor Parks aseguró a todos que la Junta de Supervisores quiere solicitar la exención 1115, pero es una cuestión de tiempo.

B. Grupo de trabajo de reforma de Lanterman, Petris, corto (LPS)

La Sra. Gardner señaló que el Sr. Harris está presidiendo este nuevo grupo de trabajo. También señaló que hasta ahora los miembros del grupo de trabajo son Ratan Bhavnani, Gane Brooking, Ezequiel Sanchez, Gina Petrus, Nancy Borchard y ella misma. El Sr. Harris señaló que el grupo de trabajo se reunió por primera vez la semana anterior y creó un plan de acción para alcanzar el resultado deseado. Agregó que la próxima reunión, el 19 de agosto, incluirá una presentación de Mark Gale, uno de los principales autores del informe del Grupo de trabajo II sobre la reforma de LPS con fecha de marzo de 2012. El Sr. Bhavnani señaló que el grupo de trabajo planea hacer recomendaciones dirigidas a reformas legislativas y cuestiones que pueden abordarse dentro del condado.

C. Presentaciones Futuras

La Sra. Gardner señaló que en agosto se realizará una presentación sobre la atención informada sobre el trauma y se está planificando una presentación sobre la administración pública / tutor público. La Sra. Gardner sugirió que el Sheriff Ayub hiciera una presentación, y la junta estuvo de acuerdo.

D. Reconocimientos futuros

La Sra. Gardner señaló que se presentarán dos reconocimientos en agosto para:

- Edwin Solano de la clínica Santa Paula. El Dr. Johnson señaló que recibió una carta de una familia agradeciendo al Sr. Solano por su ayuda con su ser querido.
- William Shilley, a título póstumo. La Sra. Cortese señaló que lo conocía mientras trabajaba con VCBH y más tarde con Oxnard College y está contenta con su reconocimiento.

XIV Contratos

La Sra. Gardner alentó a los miembros de BHAB a hacer preguntas sobre los contratos de VCBH que la Junta de Supervisores aprobó durante el mes anterior (ver Resumen Ejecutivo para más detalles):

A. Acuerdos aprobados de la Junta de Supervisores - 4 de junio de 2019

1. Ley Anual de Servicios de Salud Mental (MHSA) Actualización Anual del Año Fiscal 2019-2019

B. Acuerdos aprobados de la Junta de Supervisores - 11 de junio de 2019

1. Acuerdos del año fiscal 2019-20 con Clínicas Del Camino Real, Inc. (Clínicas), Mixteco / Indígena Community Organizing Project (MICOP), EVALCORP e Interface Children and Family Services (Interface) para servicios relacionados con MHSA
2. Acuerdos del año fiscal 2018-19 y del año fiscal 2019-20 con Pacific West Care Homes, LLC (Hickory House), Elms Manor Corporation (Elms Manor), La Siesta Guest Home, LLC (La Siesta) y Sunrise Manor para servicios aumentados de pensión y cuidado
3. Acuerdos del año fiscal 2019-20 con Sylmar Health & Rehabilitation Center, Inc., Crestwood Behavioral Health, Inc. y Telecare Corporation para servicios de salud mental
4. Programas de Alcohol y Drogas (ADP): Acuerdo Estatal FY 2017-20 para Servicios de Subsidio de Tratamiento y Prevención de Abuso de Sustancias (SABG) y Realidad 2018-19 Reality Improv Connection, Inc. dba Directamente para Servicios de Prevención ADP

C. Acuerdos aprobados de la Junta de Supervisores - 18 de junio de 2019

1. ADP: Acuerdo del año fiscal 2018-19 con Aegis Treatment Centers, LLC (Aegis) y acuerdos del año fiscal 2019-20 con Aegis, Dennis M. Giroux & Associates, Inc. (DMG), Healthright 360, Tarzana Treatment Centers, Inc. (Tarzana) y Western Pacific Med-Corp (Pacífico occidental) para los servicios del Trastorno por uso de sustancias (SUD) del Sistema de entrega organizada de medicamentos de Medi-Cal (DMC-ODS)
2. Acuerdos para el año fiscal 2019-20 con ASC Treatment Group (ASC), Turning Point Foundation (Turning Point Foundation) y Pathpoint para servicios de salud mental
3. Acuerdos del año fiscal 2019-20 con Telecare Corporation (Telecare) para servicios de salud mental
4. Acuerdo para el año fiscal 2019-20 con Traditions Psychology Group, Inc. dba Traditions Behavioral Health (Traditions) para servicios psiquiátricos
5. Acuerdo para el año fiscal 2018-19 con Pacific Clinics para los servicios del Centro de Bienestar y Recuperación para Jóvenes en Edad de Transición (TAY) (WRC)
6. FY 2018-19 y FY 2019-20 Aspiranet, Kids & Families Together (KFT), New Dawn Counseling and Consulting, Inc. (New Dawn) para servicios de salud mental

- La Sra. Cortés señaló que el programa Promotora de MICOP es muy importante.
- El Sr. Bhavnani señaló que algunas instalaciones de la Junta y Cuidado están en peligro pero no están en la lista de este mes. El Dr. Johnson le pidió los nombres de las instalaciones y señaló que la lista incluye solo aquellas instalaciones cuyos contratos fueron aprobados por la Junta de Supervisores en junio.
- El Sr. Bhavnani señaló que Sylmar y Crestwood son IMD; VCBH gasta una cantidad significativa de dinero para que los clientes sean tratados allí, y el costo no se reembolsa debido a la Exclusión de IMD.
- La Sra. Gardner preguntó sobre la finalización del contrato de Khepera House. La Dra. Loretta Denering, Jefa de ADP, señaló que se ha enviado una Solicitud de propuesta.

La Sra. Gardner solicitó un tutorial sobre fuentes de financiación. El Dr. Johnson estuvo de acuerdo.

X
V. **Comentarios públicos**

	El Sr. Lafollette señaló que el trabajo tiene que ser en un recíproco, en lugar de confrontación y nivelada. Agradeció a la junta y al personal por su tiempo.		
XVI	Aplazar Se levanta la sesión a las 2:45 p.m.		

Junta Asesora de Salud del Comportamiento GENERAL Asistencia a la reunión

2019-20	Condiciones	Miembros	julio	ago	Septiembre	oct	nov	dic	ene	feb	mar	abr	Mayo	junio
Distrito 1	11/03/18 - 10/03/21	Claudia Armann	X											
Distrito 2	8/1/19 - 7/1/22	Jamie Banker	mi											
Distrito 2	24/02/19 - 23/02/22	Ratan Bhavnani	X											
Distrito 3	27/01/18 - 26/01/21	Nancy Borchard	X											
Distrito 3	13/1/19 - 1/12/22	Gane Brooking	X											
Distrito 1	10/7/18 - 10/6/21	Kevin Clerici	X											
Distrito 5	1/11/18 - 1/10/21	Margaret Cortese	X											
Distrito 4	14/10/18 - 13/10/21	Capitán James Fryhoff	X											
Distrito 5	17/10/17 - 23/09/20	Monique Garcia	mi											
Distrito 3	15/4/18 - 14/04/21	Janis Gardner	X											
Distrito 1	8/4/18 - 4/7/21	Mary Haffner	X											
Distrito 4	17/09/16 - 17/09/19	Jerry Harris	X											
Distrito 2	14/03/17 - 14/03/20	Patricia Mowlavi	mi											
Distrito 4	18/09/18 - 17/09/21	Denise Nielsen												
BOS	1/1/19 - 31/12/21	Supervisor Linda Parks	X											
Distrito 1	8/05/18 - 7/5/21	Gina Petrus	X											
Distrito 5	24/1/17 - 24/01/20	Dra. Irene Pinkard												
Distrito 3	4/9/19 - 12/1/20	Joe S. Ramirez	X											
Distrito 2	11/06/19 - 13/09/19	Ezequiel A. Sánchez	X											
Distrito 5	1/10/17 - 1/10/20	Marlen Torres	X											
Distrito 4	6/2/18 - 2/6/21	Sheri Valley	X											
LE		vacante												

Presente = X

Supervisor del Distrito 1 Bennett
 Parques Supervisores del Distrito 2
 Supervisor del Distrito 3 Largo
 Supervisor del Distrito 4 Huber
 Supervisor del Distrito 5 Zaragoza



What We Do

Meaningful Inclusion is What We're All About

We meet agencies where they're at, listen to their needs and what they want to accomplish, and find ways to help them reach their goals. We do this through:

- COLLABORATIVE LEARNING AND MUTUAL SUPPORT
- INDIVIDUALIZED ASSESSMENTS OF WORKPLACE NEEDS
- IN-PERSON AND ON-CALL TECHNICAL ASSISTANCE
- CUSTOM ONLINE AND INSTRUCTOR-LED TRAININGS
- RELEVANT RESEARCH AND EDUCATIONAL RESOURCES
- NETWORKING AND SOCIAL CONNECTIONS



WISE is a program of NorCal MHA



WISE is administered by OSHPD



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Workforce Integration Support and Education

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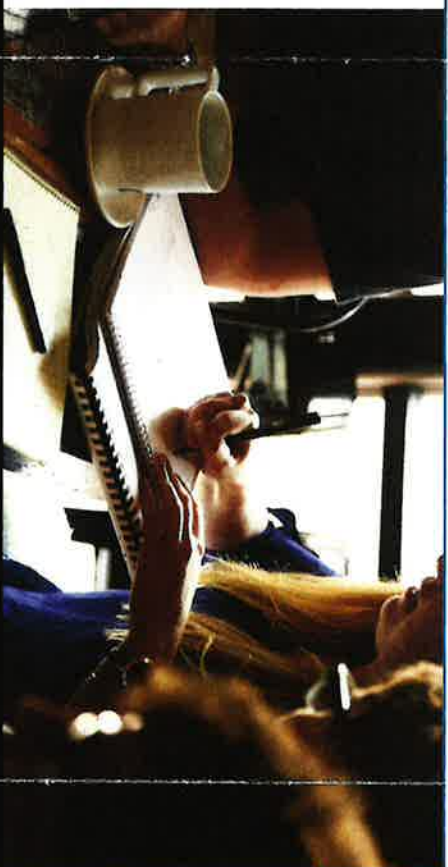
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Workforce Integration Support and Education

STRENGTHENING CALIFORNIA'S
PEER WORKFORCE,
ONE WORKPLACE AT A TIME





OUR EXPERIENCE IS OUR EXPERTISE

W-I-S-E, which stands for **W**orkforce **I**ntegration **S**upport and **E**ducation, is a new program of NorCal MHA funded by the Mental Health Services Act (MHSA/Prop 63) and administered by the Office of Statewide Health Planning and Development (OSHPD). **Our goal is simple: to help employers in California's public mental health system recruit and retain qualified consumer and family member staff through genuine workforce integration.**

We understand the constraints and issues you're facing because we've been there. In fact, we **are** there. Over 90% of our staff identify as consumers and/or family members, including our entire Executive Leadership team and all of our program managers. Just like you, we strive to put the MHS&A's vision and values into practice by promoting and advancing peer employment. We've learned that successful incorporation of consumers and family members requires the convergence of many factors, which include:

- A recovery-oriented work culture
- Dedicated and influential workplace leaders
- Supportive managers and supervisors
- Ongoing training, coaching, and peer mentoring
- Adequate oversight, evaluation, and feedback for peers
- Clearly-defined core competencies and peer roles
- Genuine opportunities for career advancement
- Collaborative working relationships
- Continuity and growth of peer programs
- Opportunities for peers to interact and learn together
- Flexible workplace policies and procedures

Employers have achieved varying levels of progress in each of these areas. We can all use assistance with reinforcing our strengths and mitigating our weaknesses. Just as peers need support from one another to encourage growth and continual improvement, our employer partners also benefit from sharing their successes and challenges with one another in a non-judgmental environment. We are passionate about providing these services and helping our partner agencies realize their specific organizational objectives.

FAQs

Why should employers care about workforce integration?

The MHS&A requires agencies that receive Prop 63 funding to meaningfully include mental health clients and their family members in the creation and delivery of public mental health services. This is frequently accomplished by hiring peer staff to provide direct support and recovery services to public mental health clients and their family members.

While the MHS&A's mandate to hire and retain consumer and family member staff is clear, the path to successful implementation of this mandate remains elusive. If employers do not prepare and plan for the hiring of peers or do not adequately support them once hired, the success, growth, and continuity of peer-run services is at risk. We help employers get it right no matter where they're at in this process.

Do you offer services for peer staff too?

YES! While primarily focused on organizational leadership, W-I-S-E also provides career coaching, mentoring, training, skills building, and other supportive resources to help peers achieve success in their roles.

Operation Backpack 2019!

Dear Friends,

MICOP is collecting monetary donations and new backpacks to distribute to at least 600 children this year on August 2nd. Each year the children and their parents look forward to this distribution and are so grateful for the generous donations that allow them to start the school year with a new backpack. It means everything to them to be prepared for that exciting first day of school.

Many of the children we outfit with backpacks will be going into kindergarten through 12th grade. As a suggestion, they love character backpacks and whatever is popular in the stores for the 4 to 17-year-old age group. The middle school and high school students love Jansport backpacks or something similar to that. We are grateful for ALL donations! We will be distributing backpacks Friday August 2nd from 1 PM to 6 PM in the MICOP parking lot if you would like to join us in handing out backpacks.

Donations of backpacks may be dropped off at the MICOP office at 520 West 5th St., Suite B or Suite G, between 9:30 AM and 5:00 PM, Monday through Friday. Monetary donations may be made on our website at: <http://mixteco.org/donate/> or you click on the button below! Please note to select "Backpack Campaign" on the drop down menu. You may also send a donation check to: MICOP, PO Box 20543, Oxnard, CA 93034.

The MICOP community is grateful to you for partnering with us each year to ensure that our children start the school year ready to learn and equipped with new a new backpack to kick-off the school year!

Xa'a Bindo! ¡Gracias!

Thank you for your consideration, and for your continued support of our community!

Arcenio J. López
& The MICOP Team

Night in Oaxaca Tickets Now Available!



The Mixteco/Indígena Community Organizing Project's Night in Oaxaca tickets are finally ON SALE!

New this year is a VIP pre-event Reception. Come an hour early and enjoy special appetizers and drinks.

Ticket Prices:

General Admission- \$75 each/ \$125 per couple

VIP Reception and Admission- \$90 each/ \$150 per couple

To purchase a table, please contact Patricia at 805-483-1166.

Get your tickets early- we will sell out again!



Getting Ready for the Fiesta - Saving Lives Drug Prevention Booth



Ready to have a blast and do some good? Saving Lives needs help!
Looking for volunteers to help man the Saving Lives booth at the
Camarillo Fiesta,

Sunday, July 21 from 12-8

Let's work together to raise drug prevention awareness in Camarillo

Tell Your Friends!

Stop by and show your support of Saving Lives initiatives to be entered into a raffle to win a Saving Lives portable charger and bluetooth speaker!

BACKPACK GIFT AWAY DONATION DRIVE

FOR FOSTER/RESOURCE, KINSHIP & ADOPTIVE CHILDREN



are hosting our 9th Annual Backpack Gift Away
event on August 10, 2019

We need your help to make the start of the school year
for these children a great success!!

Deadline is August 5, 2019

School supplies needed for Kindergarten-12th Graders:

Backpacks	Washable markers
Binder	Sharpeners
Dividers	Glue sticks
Composition notebook	Scissors
Wide/college ruled paper	Erasers
Spiral notebooks	Highlighters
Pencils	Index cards
Pens	Rulers
Pencil pouches	2 Line calculator
Crayons	Graphing calculator
Colored pencils	Hand sanitizer

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SAVE THE DATE

Thursday September 12, 2019

5:30 PM- Reception

6-8 PM-Program

Poinsettia Pavilion

3451 Foothill Rd. Ventura, CA 93003

WORKSHOP ON VENTURA'S FIRST PERMANENT SHELTER

Scheduled to Open Late December, 2019

- **Presentation by Mercy House-
Proven Effective Operators of Permanent Case Managed Shelters**
- **Testimonials from Currently Unhoused and Shelter Housed Citizens**
- **A Forward Path to Facilitate Success and Growth of Ventura's First
Permanent Shelter**

**Without the advocacy and support of the Faith Community the Permanent
Shelter might not have become a reality.**

**Please mark your calendars, attend the workshop and continue to support the
effort to end homelessness in Ventura**

Ventura County bartenders asked to serve the question, 'Are you going to kill yourself?'

Bartender Linsie Robinson absorbed the desperate words scrawled on a bar napkin.

The note was left by the polite middle-aged man who called himself a loser and told her others in his family had found the success that evaded him.

"Tell my father I'm sorry for what I'm going to do," he scribbled just before heading to the parking lot, "and thanks to the (Ventura Police Department) for what they're about to do for me."

It was a suicide note.

Robinson, who works at O'Leary's Tavern in east Ventura, remembered the words on a June Saturday after being trained with other bartenders on helping people who have decided the cocktail they just downed is their last one.

"Just try to link in anything that could remind them that they matter. There's people that would be upset and sad that they wouldn't be here anymore," said program trainer Hilary Carson, urging the bartenders to directly ask the question she put into words later.

"Are you thinking about killing yourself?"

Robinson didn't have to ask on a September Wednesday in 2017. The note said it. She immediately called the Ventura Police Department. Officers found the man in the parking lot. He carried a knife, according to news reports. He appeared to try to provoke police, at one point reaching into a fanny pack as if to grab another weapon.

They were able to subdue him and take him into custody. Someone told Robinson he yelled out a message to her as he was taken away.

"Thanks a lot," he said.

The story is the kind stirring a new Ventura County Behavioral Health Department prevention program. It's called Bartenders as Gatekeepers.

The concept was conceived from numbers. Of the 95 Ventura County residents who killed themselves in 2018, 77 were men and 34 of them were between the ages of 46 and 70, according to data provided by behavioral health officials. They concluded the people most likely to pursue life-ending action are middle-aged white men.

"Men are not calling for help but they're dying of suicide," said Kiran Sahota, who administers prevention, intervention and other efforts funded by an income tax increase targeting the wealthy and passed by California voters in 2004.

Why not bartenders?

The idea, said Sahota, was to find at-risk people in a place where they feel comfortable and then reach out to them through people to confide in, people who make a living by listening and pouring.

"We came up with this idea, 'Hey why don't we train bartenders?'" said Sahota. Because the funding mandates innovation, county staff searched to figure out if there were similar programs.

The idea is to understand the warning signs of suicide and react to them, Carson told the handful of bartenders and managers wearing shorts, caps and Dodgers gear at The Shores Oxnard restaurant and bar at 9 a.m.

Some of the clues are obvious, like the note left for Robinson. Others can be indirect — references to no one caring, claims the person's death would help family members or a surge of interest in religion.

Sudden life changes patrons reveal over a drink can be evidence too — loss of a job, a best friend who just killed himself or a cancer diagnosis.

Carson said the bartenders could reach out by asking a patron who seems depressed if he's been unhappy. They could serve a drink on one of the coasters supplied in the new program.

"It's OK" to feel sad and depressed, reads the coaster that comes with a QR code sending people to a suicide prevention website. "But if you feel this way all the time, call 1-800-273-8255."

Staying longer, talking less

The bartenders, from The Shores and sister bar O'Leary's, confided they worry sometimes about regulars. Some patrons shut themselves down, not engaging with anyone. Others engage too much, dominating and escalating every conversation.

Mostly, they talked about the man who came to one of the bars a couple of times week, for a beer or two. He talked about sports and a World Cup wager he made.

He started staying at the bar a little longer. Sometimes, he wouldn't talk at all.

"We saw things happen but we didn't realize how far it had gotten," said Stacey Gibson, now a manager at The Shores.

The father of three killed himself on a Father's Day. Afterwards, bar staff wondered if maybe there was something they could have done. It's one reason they came for the training.

"I think it's something every bar should do," said Bill Kracht, who owns O'Leary's and The Shores, noting that bartenders forge a bond with patrons that puts them in a position to help.

Sahota remembers visiting a microbrewery and watching five men sitting near each other, each silent, facing forward, hands wrapped around a beer, seemingly oblivious of others.

"I wondered, 'What's going on in their heads,'" she said. She wants to train staff in bars across Ventura County. She cited 2018 medical examiner data showing Ventura had more suicides than any other region in the county, followed by Moorpark-Simi Valley and the Conejo Valley.

'If you can help another human being, you should'

At The Shores, Carson walked the bartenders through each step of a program called "Question, Persuade, Refer." The program administrator with behavioral health told them to listen without judging and to offer hope.

She cited suicide hotlines and a www.notalonevc.org website that includes stories from people who have survived suicide, including former NFL quarterback Erik Kramer.

She said the best approach is the most direct one, suggesting bartenders ask patrons with warning signs point blank about suicide. Often putting the question in blunt words triggers a sense of relief and a feeling of finally being able to express their desperation.

"If you use anything less direct," she said, "they'll slide right past."

Kracht talked about the man who ended his life on a Father's Day, remembering conversations shared and wondering if a sign was missed. He cited his own involvement helping problem gamblers and noting the key is to recognize signs and then approach people.

"I noticed there's a difference in you. Is something wrong?" he said, rehearsing what he might say. "...If you can help another human being, you should."

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THE PROBLEMS WITH THE IMD EXCLUSION

Brittany La Couture - Insight - October 15, 2015

The Institutes for Mental Disease (IMD) exclusion is a limitation on Medicaid coverage of services provided by institutions that specialize in providing mental health care. The exclusion was created so that federal funds would not end up supplanting state mental health funding, but it has resulted in a number of predictable, yet dangerous consequences.

BACKGROUND

The IMD exclusion prohibits the use of federal monies through Medicaid for any care (including non-mental health services) provided to patients from 21 to 65 years old, in mental health or substance abuse residential treatment facilities with more than 16 beds. A facility is determined to be an IMD based on its "overall character," or the totality of whether the facility is a licensed psychiatric facility, is under the state's mental health authority's jurisdiction, specializes in providing psychiatric care or treatment (based on the proportion of staff trained in psychiatric care), or whether more than 50 percent of patients are admitted to the facility for mental health care.

The IMD exclusion was included in the Social Security Amendments Act of 1965, which created Medicaid and Medicare. By including this exemption, Congress was attempting to leave the provision and funding of mental health services to state governments. The IMD exclusion has not been significantly changed in over a half of a century. The primary objections to updating the exclusion have been the significant price tag of including inpatient mental health care among the many other services already paid for by Medicaid, and concerns that a repeal or rollback of the IMD exclusion would incentivize the reinstitutionalization of mentally ill or disabled individuals who are currently living (however tenuously) among the general public.

PROBLEMS CAUSED BY THE EXCLUSION

Because of the IMD exclusion, many inpatient psychiatric treatment facilities have been closed down, and other facilities have decreased the number of staffers trained to treat mental illness.

As a result, many individuals suffering from mental illness and substance use disorders are unable to access care. Individuals with private insurance or Medicaid managed care plans may even find that though their plans cover mental health care, there may not be any mental health professionals available to provide it. In fact, nearly 43 percent of Americans suffering from mental illness in 2013 did not receive treatment. This is at least partially explained by the fact that 16 states have 5 or fewer operating psychiatric hospitals; six states had two or fewer. Nationally, less than one in five general hospitals have separate psychiatric wards, and these facilities are subject to the IMD exclusion, and are therefore incentivized to keep their bed count below 16 to preserve their Medicaid payment eligibility. These restrictions create significant barriers to patients attempting to access care.

Those who are unable to find appropriate treatment before a mental health crisis occurs may face any number of negative outcomes including job loss, homelessness, imprisonment, emergency room boarding, substance abuse, or vulnerability to violence.

Inpatient psychiatric treatment can be extremely expensive, and attempts to control prices often have unintended consequences that simply shift costs or reduce access. A number of studies by the National Institute of Mental Health and others demonstrate that the average cost for 11 days of treatment for schizophrenia was \$8,990, yet 7 days of treatment was \$5,707. Similarly, bipolar disorder treatment

averages \$7,593 for 7 days of treatment, but \$4,356 for 5.5 days of treatment—this pattern of uneven treatment costs continues across diagnoses and indicates the difficulties created by payment caps and the resulting inability to accurately estimate the true cost of providing care for severe mental illness.

REFORMING THE IMD EXCLUSION

Because a full repeal of the IMD exclusion is neither politically nor fiscally practicable, policymakers should look at ways of reforming the rule to better provide care to those who need it by giving providers an incentive to make mental health care more accessible.

The first option would be to modify the parameters of the exclusion itself. Congress could make the exclusion apply strictly to long-term care institutions by allowing Medicaid payments for IMDs with average inpatient stays that extend to 30, 60, or 90 days, as opposed to the current limit of 15 days. Similarly, Congress could limit the exclusion by narrowing the definition of IMDs to facilities with more than 30 or more psychiatric beds. These approaches would leave the IMD exclusion itself in place while making access to short-term inpatient care more accessible.

Alternatively, Congress could exclude substance use disorders from the definition of mental diseases only as it applies to the IMD exclusion. Substance use-related hospital admissions make up a large portion of mental health patients who seek care through a general hospital emergency room. By eliminating substance use disorders from this definition, Congress would effectively lower the number of patients eligible for mental health services in the inpatient context, and therefore exempt many general hospitals with psychiatric beds from the threat of losing Medicaid payments through the IMD exclusion.

Another reform approach that is available is for state departments of health to apply to the Department of Health and Human Services for a §1115 innovation waiver. This waiver, if approved by the Department of Health and Human Services (HHS), would enable the state to design its own Medicaid program as long as it provides citizens with equivalent benefits. With such a waiver, a state could design a program that does allow Medicaid payments to IMDs. In the past HHS has approved similar waivers for Arizona, Delaware, Hawaii, Iowa, Maryland, Massachusetts, Oregon, Rhode Island, Tennessee, and Vermont, though with the passage of the Affordable Care Act (ACA) these states were rolled into the Medicaid Emergency Psychiatric Demonstration, which made Medicaid funds available to IMDs for emergency inpatient care. The demonstration will sunset at the end of this year. In response, the House of Representatives has passed the Breaking Addiction Act of 2015, which would compel HHS to accept state §1115 IMD waiver applications if they provide comprehensive addiction treatment; the bill contains no parallel clause for providing treatment for severe mental illness.

This option is the most in line with the original intent of the IMD exclusion – to leave the design of how to provide mental health services to the individual states, and would allow them to function as laboratories of experimentation to find the most effective way to provide care. This approach would also have no cost for the federal government. Most importantly, this approach would create an incentive for psychiatric hospitals to reopen, and for general hospitals to open more beds to patients with mental illness. By better aligning incentives, more appropriate care can be provided in a timely manner, which could help avoid psychiatric crises and the long-term harm they may cause.

Health Policy Counsel

Brittany has a J.D. from Georgetown University where she focused her studies on health care policy, and is licensed in New Jersey.

Read more: <https://www.americanactionforum.org/insight/the-problems-with-the-imd-exclusion/#ixzz5tCSb9CzJ>



California Association of Local Behavioral Health Boards and Commissions

July 2019 r.1

www.facebook.com/CALBHBC

www.calbhbc.com

DISASTER – Integrating Mental/Behavioral Health into local disaster planning.



ISSUE BRIEF

Preparing for, responding to, and recovering from disasters and traumatic events is essential to the behavioral health (mental health and substance use) of individuals and communities. Mental health interventions can help facilitate recovery and prevent long-term mental illness (such as depression, anxiety and Post-Traumatic Stress Disorder).

Prepare for Disaster

Questions to ask to assess your local level of Disaster Response Preparedness:

1. How is Mental/Behavioral Health integrated, staffed, funded and supported in your County?
2. Does your county have a Disaster MH/BH Subject Matter Expert?
3. Current, written, integrated disaster plan? (Example of a Mental Health Disaster plan www.calbhbc.com/disaster-recoveryreadiness.html)
4. Disaster Department Operations Center?
5. Staff identified for National Incident Management System (NIMS) Roles? Trained?
6. What are the Disaster BH Intervention Standards for those who are least impacted to most impacted?
7. What is your BH Department's Disaster Mission?
8. What is the working relationship between the American Red Cross and Disaster Mental Health Services in your County?
9. What are the BH plans for County staff disaster mental health? (Employee Health and Well Being Unit Leader selected and trained?)
10. Do you have back-up for every mental health position? (Staff may be evacuees.)

Children's Disaster Mental Health

Research shows that children are at particular risk for disaster-related mental illness. It is critical to provide best practice and evidence-based care immediately following disaster. The National Children's Disaster Mental Health Concept of Operations (NCDMH CONOPS) outlines a triage-enhanced children's disaster mental health incident response strategy for "seamless" preparedness, response and recovery operations. More info: [CONOPS Handout](#) and www.calbhbc.com/disaster-recoveryreadiness.html



Psychiatric Advance Directives (PAD)

PADs are legal documents, drafted when a person is well enough to consider preferences for future mental health treatment. PADs allow appointment of a health proxy to interpret preferences in a crisis, and the PAD is used when a person becomes unable to make decisions during a mental health crisis. PAD forms, information & Mental Health America's video links at:

www.calbhbc.com/disaster-recoveryreadiness.html

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