

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

August 19, 2019

NEXT MEETING:

Monday, September 16, 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
Monique Garcia
Janis Gardner, Chair
Mary Haffner
Jerry Harris, Chair Emeritus
Patricia Mowlavi
Supervisor Linda Parks
Gina Petrus, Secretary
Joe S. Ramirez
Ezequiel A. Sánchez
Sheri Valley

BHAB Members Absent

Jamie Banker
Denise Nielsen
Irene Pinkard
Marlen Torres

Others Present

David Deutsch, The Client Network
Scott Walker, CIT
Mark Stadler, CIT
Dan Powell, VCBH Inpatient Psychiatric Unit
Kevin Janeway
Sonna Gray
Lucrecia Campos-Juarez, Clinicas del Camino Real
Marika Collins, Casa Pacifica
Karyn Bates
Mark Schumacher, Turning Point Foundation
Esperanza
Sally Harrison, County Executive Office
Bob Wickham, NAMI
Jennifer Goble, Pacific Clinics
Danielle Shaw
Elizabeth R. Stone, CFLC/MHSOAC
Maya Lazos, Vista del Mar Psychiatric Hospital
Cathi Nye, VCOE
Mark Gale

Ventura County Behavioral Health (VCBH) Managers and Staff Present

Dr. Sevet Johnson, VCBH Director
Clara Barron, MHSA Operations Manager
Hilary Carson, MHSA
Dr. Loretta Denering, Alcohol and Drug Programs Division Chief
Leisa Donovan, Fiscal Manager
Dr. John Schipper, Adult Division Chief
David Tovar, ADP Prevention
Edith Pham, BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Janis Gardner called the meeting to order at 1:05 p.m. Jerry Harris 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. Claudia Armann moved to approve, Gina Petrus seconded. The motion carried unanimously.	The agenda was approved as written. M/S/C	
III.	Approval of the Minutes Ms. Gardner asked the Board to review and approve the minutes of the July 15 meeting. Sheri Valley moved to approve, Margaret Cortese seconded. The motion carried unanimously.	The minutes were approved as written. M/S/C	
IV.	Welcome and Introductions Ms. Gardner welcomed everyone and asked BHAB members to introduce themselves.		
V.	Public Comments None.		
VI.	Recognitions Ms. Gardner presented a Certificate of Commendation to: <ul style="list-style-type: none"> 1. William "Bill" Shilley' daughter, Kristin, posthumously, for Mr. Shilley's life of service, particularly as a founding member of the California Association of Alcohol and Drug Educators (CAADE) and a teacher and Chair of Oxnard College's Addictive Disorders Studies program. <ul style="list-style-type: none"> o David Deutsch noted that Mr. Shilley was an amazing professor and mentor, and his work will live on through the people he has positively impacted. o Margaret Cortese noted that she has known Mr. Shilley since the 1980s. He was a great person. 2. Edwin Solano, a VCBH clinician at the Santa Paula Adult Clinic for inspiring clients, their families and his coworkers through his commitment and empathy. <ul style="list-style-type: none"> o Dr. Sevet Johnson noted that Mr. Solano has a great heart and passion for his clients. She thanked him for his work. o Dr. John Schipper noted that Mr. Solano often volunteers at work. He is a fine representation of the staff. o Mr. Solano thanked the BHAB and credited the staff at the Santa Paula Adult Clinic for their service. 		
VII.	Chair's Report – Janis Gardner <ul style="list-style-type: none"> A. Ms. Gardner asked for a moment of silence to honor the victims of the recent mass shootings in El Paso and Dayton. B. During the August 6 Board of Supervisors meeting, Supervisor Bennett encouraged all to write letters to our representatives, as private citizens, and take a stand on violence. C. Capt. Fryhoff has forwarded a letter from many Attorneys General asking for changes to privacy laws, dealing with the opioid crisis, and to repeal the IMD Exclusion. D. Ms. Gardner attended the recent NAMI Conference in Camarillo. Supervisor Parks and Sheriff Ayub were on a panel, and Dr. Schipper gave an update on VCBH services. Mike Powers, County Executive Officer, announced that the Crisis Stabilization Unit (CSU) will add four chairs in the next few months. He stated that permanent supported housing is a priority. The county is in the early stages of opening a 64-bed health and program unit with psychiatric care at the Todd Rd Jail in Santa Paula, with anticipated opening in early 2021. Supervisor Parks brought up the IMD Waiver, and Mr. Powers noted that the County supports this. Ms. Gardner will receive a slide on housing from Mr. Powers' presentation, which she will share with the board. Mr. Powers stated that there will be 110 beds in the Ventura homeless shelter. Sheriff Ayub gave information on law enforcement training, and Ms. Gardner would like to invite him to present at a future BHAB General meeting. <p>Supervisor Parks commented that the conference was useful for the audience and for the panelists, who were educated through the questions that were asked and the information that was shared.</p>		

	<p>Mr. Bhavnani provided brief information on:</p> <ul style="list-style-type: none"> A. A military and veteran job fair on August 24 at Oxnard College; B. A housing survey by the state Department of Housing and Community Development, which can be completed online by October 1st; C. A workshop on a permanent shelter in Ventura, on September 12 at 6:00 p.m. at the Poinsettia Pavilion; D. The NAMI Walk on Saturday, October 12 at San Buenaventura State Beach. <p>Kevin Janeway made a public comment regarding mass shootings. He noted that the August 15 edition of Vida included an article that gave multiple resources related to safety.</p>		
VIII.	<p>Board Members Comments and Announcements</p> <p>Margaret Cortese noted that 40 years ago she was one of the staff who opened the Santa Paula Clinic. She is pleased to see that it is still putting service to clients first.</p> <p>Supervisor Parks noted that Ezequiel Sánchez is leaving the BHAB, and she thanked him for his service. She will have an opening, which she would like to fill with a person with lived experience. Ms. Gardner invited Mr. Sánchez to return when he completes his studies.</p>		
IX.	<p>Presentation: Trauma-Informed Care – Dr. Kathleen Van Antwerp</p> <p>Interest has built in California, nationally and internationally to take a developmental approach to juvenile justice reform and train law enforcement on the science of child and adolescent development. Such trainings are being conducted locally in various agencies, including during Crisis Intervention Team (CIT) academies. Law enforcement officers and school staff do not have a behavioral health background, and cross-disciplinary training helps them gain a basic understanding of the biosocial, cognitive and psychosocial aspects of growth and brain maturation.</p> <p>See attached for details of the presentation and for Trauma Informed Practice handout.</p>		
X.	<p>Director’s Report – Dr. Sevet Johnson</p> <ul style="list-style-type: none"> A. Dr. Johnson thanked Ezekiel Sánchez for his commitment to the BHAB and the community. She wished him well in his studies. B. Dr. Johnson thanked Kevin Janeway for sharing the article on safety. She noted that the Sheriff’s Office has a history of training law enforcement for active shooting scenarios. Supervisor Parks has helped organize the County of Ventura Task Force on Mental Health & Safety. Supervisor Parks added that the public is encouraged to share their ideas and suggestions with the task force at www.venturacountyrecovers.org. She noted she was surprised to see a front page article in the Ventura County Star regarding a recent training that law enforcement conducted at a local high school. Capt. Fryhoff noted that there is a difference between the people with a mental illness who are served at VCBH and people who are not in their right mind and commit mass shootings. C. Adult Division: <ul style="list-style-type: none"> 1. The Adult Division held a retreat the previous week. It involved over 200 staff, including several of the new psychiatrists brought in by Traditions. 2. After more than 20 years in operation, an interagency workgroup has produced a written protocol for the mental health court program. A “white paper” details some very encouraging findings related to its long-term outcomes. D. Youth & Family Division: <ul style="list-style-type: none"> 1. Insights (the youth mental health court program) has served 56 youth since its inception two years ago. Currently, 23 are enrolled, and 17 have graduated, been removed from probation, and linked to regional VCBH clinics for ongoing services. This is a very successful multi-agency collaborative program. 2. On August 8 Pete Pringle, Division Chief, was recognized with the Fainer Award. E. Alcohol and Drug Programs (ADP) Division 		

	<ol style="list-style-type: none"> 1. ADP has partnered with the new Ventura County Medical Center (VCMC) Addiction Medicine Fellowship program for clinical rotations within the ADP treatment system. 2. No OD Program is being expanded to all Sheriff's Office patrol officers. 3. An ADP intern is working on a vaping project, with the goal of developing a report for the community and school districts focusing on vaping issues. In addition to focus groups and interviews, ADP Prevention is setting up presentations for students, parents and teachers on the risks associated with vaping. Supervisor Parks noted that she and Supervisor Bennett have put a discussion on a tobacco moratorium on the agenda of the Board of Supervisors meeting of September 10. <p>F. Mental Health Services Act (MHSA) The MHSA Program is organizing the 4th Annual Suicide Prevention Conference on September 13 at Moorpark College. It will include workshops focusing on the LGBTQ+, Latino, military and veterans, Question-Persuade-Refer (QPR).</p>		
XI.	<p>Secretary's Report – Gina Petrus There will be two openings on the board: when Mr. Sánchez leaves, and when Capt. Fryhoff gets appointed to the Law Enforcement seat. Anyone interested in serving on the board should fill out an application.</p>		
XII.	<p>BHAB Committee Reports</p> <p>A. Adult Services Committee – Nancy Borchard, Gane Brooking, Co-Chairs Ms. Borchard noted that the committee worked on its action plans and is working on its annual report.</p> <p>B. Prevention Committee – Janis Gardner, Chair The committee has finalized its objectives and mission. Vaping will need to be addressed multi-generationally. Ojai has the first law enforcement agency in the county whose officers carry naloxone and are trained in its use to reverse opioid overdose.</p> <p>C. Transitional Age Youth (TAY) Committee – Margaret Cortese, Chair The committee is working on its action plans and on homelessness. It has updated its member list. Its upcoming meeting will be held at Vista Real Charter High School in downtown Oxnard.</p> <p>D. Youth & Family Committee – Gina Petrus, Alternate Chair The committee is drawing a list of its accomplishments and looking at how to build on them. It also discussed its possible role in relation to mass shootings.</p> <p>E. Legislative Workgroup – Ratan Bhavnani, Chair The first meeting will be on August 29. The state legislature is working on more than 20 bills related to mental illness. Mr. Bhavnani referred to a handout of the County administrative policy manual related to legislative coordination and advocacy.</p>		
XIII.	<p>New Business</p> <p>A. Committee Objectives and Mission Statements Ms. Gardner noted that all committees are working on their objectives. The full board will review them at an upcoming meeting.</p> <p>B. 2019 Data Notebook – Formation of Workgroup Ms. Gardner asked for volunteers to work with her on this project. Gane Brooking, Jerry Harris and Monique Garcia volunteered. Ms. Brooking agreed to take the lead.</p> <p>C. BHAB Committees and Workgroups Ms. Gardner asked BHAB members to think about which workgroup, if any, they would like to join.</p> <p>D. Proposed Housing Workgroup Ms. Brooking noted that the VCBH Housing manager and others are interested in creating a housing workgroup. Sheri Valley, Nancy Borchard, Margaret Cortese, Patricia</p>		

	<p>Mowlavi and Mr. Bhavnani volunteered to serve on this workgroup. Ms. Brooking agreed to take the lead.</p> <p>Claudia Armann noted that the Vulnerable Population Housing Advocacy Network, which is looking into housing issues in the county, was started by Clyde Reynolds, who may be helpful for the workgroup.</p> <p>Elizabeth Stone made a public comment. She spoke in favor of including non-BHAB members in BHAB workgroups in order to hear multiple perspectives and give a voice to those with lived experience. Ms. Gardner agreed to speak with Dr. Johnson about the process. She informally asked the board if they agreed to have people with lived experience and members of the public participate in workgroups, and the answer was positive.</p> <p>E. Meetings in November and December 2019 After a brief discussion, Capt. Fryhoff moved to go dark in December 2019; Ms. Garcia seconded. The motion carried unanimously.</p> <p>F. Harvest Fest Potluck Lunch on October 21, 2019 After a brief discussion, Ms. Garcia moved to have a potluck lunch on October 21 at 11:45 a.m., Joe Ramirez seconded. The motion carried unanimously.</p> <p>G. Governor Newsom’s 2019-20 Budget and Senate Bill 79 Ms. Gardner referred to a handout. Information related to mental health is in blue. She noted that Governor Newsom has appointed a tsar to focus on mental health issues.</p> <p>H. Ventura County’s Legislative Coordination and Advocacy Guidelines Ms. Gardner shared this as it addresses advocacy activities (pages 6 and 7). Mr. Harris noted that he received two versions. Ms. Gardner agreed that the 2019 version is the one being used.</p>	<p>Go dark in December M/S/C</p> <p>Potluck lunch on 10/21 M/S/C</p>	
<p>XIV.</p>	<p>Old Business</p> <p>A. Institution for Mental Diseases (IMD) Exclusion Waiver Meeting Update – Mary Haffner Ms. Haffner reminded all that the BHAB previously discussed this topic and voted to send a letter to the Board of Supervisors in support of the IMD Exclusion Waiver. Additionally, many Attorneys General have signed a letter in support of the repeal of the IMD Exclusion. Ms. Haffner noted that she had a meeting with Supervisor Parks, Dr. Johnson and Sue Hughes of the County’s Government Affairs office. Supervisor Parks noted that the Board of Supervisors is concerned about the impact that such a letter could have on other fundings. Dr. Johnson noted that the state does not appear likely to support of the repeal. Ms. Gardner suggested inviting Ms. Hughes to the next BHAB meeting. Mr. Harris noted that the severely mentally ill are often unable to request services, and he wondered what the BHAB can do to help. At Ms. Gardner’s request, Ms. Haffner agreed to collaborate with Ms. Hughes on a BHAB letter.</p> <p>B. Future Presentations Mark Stadler made a public comment. He requested that the BHAB host the Crisis Intervention Team (CIT) Awards during the January 27, 2020 General Meeting. Capt. Fryhoff and Mr. Harris spoke in support of this. Capt. Fryhoff proposed that Mr. Stadler give a presentation on CIT. Ms. Gardner noted that in September the BHAB will hear a presentation on Public Administration/Public Guardian, and in October Bill Foley, Director, will give an update on the Health Care Agency.</p> <p>C. Future Recognitions Ms. Gardner proposed to recognize Arcenio Lopez of Mixteco/Indigena Community Organizing Project (MICOP).</p>	<p>Invite Sue Hughes to the next BHAB meeting</p>	<p>J. Gardner</p>
<p>XV.</p>	<p>Contracts 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 – July 23, 2019</p> <ol style="list-style-type: none"> 1. Alcohol and Drug Programs (ADP): Fiscal Year (FY) 2019-20 Third Amendment with Aegis Treatment Centers, LLC (Aegis) 2. ADP: FY 2019-20 Memorandum of Agreement (MOA) with Ventura County Office of Education (VCOE) at Gateway Community School 3. FY 2019-20 Agreements with Catalyst Ventura Church, One Step a La Vez, and Idea Engineering, Inc. 4. FY 2019-20 First Amendments with (1) Golden Ventura CRT, LLC (GVCRT) and (2) Golden Hillmont House MHRC, LLC (GHHMHRC) 5. FY 2019-20 Third Amendment with Senior Planning Elder Care Services (SPECS) 6. FY 2019-20 Eleventh Amendments with La Siesta Guest Home and Hickory House <p>B. Board of Supervisors Approved Agreements – July 30, 2019</p> <ol style="list-style-type: none"> 1. FY 2019-20 Amendments with All Languages Interpreting and Translating, Inc. (ALIT), Turning Point Foundation for Quality of Life Improvement (QLI), and National Alliance on Mental Illness Ventura County (NAMI) 2. FY 2019-20 Amendments with Kids & Families Together (KFT) and Seneca Family of Agencies(Seneca) <p>In answer to some questions, Dr. Johnson provided additional information on the staffing for One Step a la Vez, on Board & Care facilities, whose contracts require an increase due to the increase in the number of clients residing there, and on temporary services for elder care services.</p>		
XVI.	Public Comments None.		
XVII.	Adjourn The meeting adjourned at 3:20 p.m.		

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

CONDADO DE VENTURA DEL COMPORTAMIENTO SALUD ASESOR JUNTA

REUNIÓN GENERAL

MINUTOS

19 agosto 2019

SIGUIENTE JUNTA:

Lunes 16 de septiembre 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

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

Dr. Sevet Johnson, Director de VCBH

Clara Barron, Gerente de Operaciones MHSA

Hilary Carson, MHSA

Kevin Clerici
Margaret Cortese
Capitán James Fryhoff
Monique Garcia
Janis Gardner, presidente
Mary Haffner
Jerry Harris, presidente emérito
Patricia Mowlavi
Supervisor Linda Parks
Gina Petrus , Secretaria
Joe S. Ramirez
Ezequiel A. Sá nchez
Sheri Valley

Dra. Loretta Denering, Jefa de la División de Programas de Alcohol y Drogas
Leisa Donovan, Gerente Fiscal
Dr. John Schipper, Jefe de División de Adultos
David Tovar, ADP Prevención
Edith Pham, Asistente BHAB

Miembros de BHAB ausentes

Jamie Banker
Denise Nielsen
Irene Pinkard
Marlen Torres

Otros presentes

David Deutsch, la red del cliente
Scott Walker, CIT
Mark Stadler, CIT
Dan Powell, VCBH Unidad de psiquiatría para pacientes hospitalizados
Kevin Janeway
Sonna Gray
Lucrecia Campos-Juárez, Clínicas del Camino Real
Marika Collins, Casa Pacifica
Karyn Bates
Mark Schumacher, Fundación Turning Point
Esperanza
Sally Harrison, Oficina Ejecutiva del Condado
Bob Wickham, NAMI
Jennifer Goble, Clínicas del Pacífico
Danielle Shaw
Elizabeth R. Stone, CFLC / MHSOAC
Maya Lazos , Hospital Psiquiátrico Vista del Mar
Cathi Nye, VCOE
Mark Gale

	DISCUSIÓN / CONCLUSIONES	RECOMENDACIONES	RESPONSABLE
		/	

		COMPORTAMIENTO	
YO.	Llama para ordenar El presidente Janis Gardner dio por terminada la reunión a la 1: 05 pm. Jerry Harris dirigió 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. Claudia Armann hizo una moción para aprobar, Gina Petrus la secundó. La moción fue aprobada por unanimidad.	La agenda fue aprobada como está escrita. M / S / C	
III.	Aprobación del acta La Sra. Gardner solicitó a la Junta que revise y apruebe las actas de la reunión del 15 de julio . Sheri Valley se movió para aprobar, Margaret Cortese secundó. La moción fue aprobada por unanimidad.	Las actas fueron aprobadas tal como están escritas. 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 .		
V.	Comentarios públicos Ninguna.		
VI.	Reconocimientos La Sra. Gardner presentó un Certificado de recomendación a: 1. William "Bill" Shilley hija, Kristin, a título póstumo, para el señor de Shilley vida de servicio, en particular como miembro fundador de la Asociación de California de Alcohol y Drogas de Educadores (CAADE) y un enseñan er y Presidente del Programa de Estudios de Trastornos Adictivos de la universidad de Oxnard . <ul style="list-style-type: none"> o David Deutsch señaló que el Sr. Shilley fue un profesor y mentor increíble, y su trabajo vivirá a través de las personas a las que ha impactado positivamente. o Margaret Cortese señaló que conoce al Sr. Shilley desde la década de 1980. El era una gran persona. 2. Edwin Solano, un médico de VCBH en la Clínica de Adultos de Santa Paula por inspirar a los clientes, sus familias y sus compañeros de trabajo a través de su compromiso y empatía. <ul style="list-style-type: none"> o El Dr. Sevet Johnson señaló que el Sr. Solano tiene un gran corazón y pasión por sus clientes. Ella le agradeció su trabajo. o El Dr. John Schipper señaló que el Sr. Solano a menudo es voluntario en el trabajo. Él es una buena representación del personal. o El Sr. Solano agradeció al BHAB y le dio crédito al personal de la Clínica de Adultos de Santa Paula por su servicio. 		
VI I	Presidente 's Informe - Janis Gardner A. La Sra. Gardner pidió un momento de silencio para honrar a las víctimas de los recientes tiroteos masivos en El Paso y Dayton. B. Durante la reunión de la Junta de Supervisores del 6 de agosto, el Supervisor Bennett alentó a todos a escribir cartas a nuestros representantes, como ciudadanos privados, y tomar una posición sobre la violencia. C. El Capitán Fryhoff ha enviado una carta de muchos Fiscales Generales pidiendo cambios a las leyes de privacidad, lidiando con la crisis de opioides , y derogar la Exclusión de IMD. D. La Sra. Gardner asistió a la reciente Conferencia NAMI en Camarillo. El Supervisor Parks y el Sheriff Ayub estaban en un panel, y el Dr. Schipper dio una actualización sobre los servicios de VCBH . Mike Powers , Oficial Ejecutivo del Condado, anunció que la Unidad de Estabilización de Crisis (CSU) agregará cuatro sillas en los próximos meses. Dijo que la vivienda permanente con apoyo es una prioridad. El condado se encuentra en las primeras etapas de la apertura de una unidad de salud y programa de 64 camas con atención psiquiátrica en la Cárcel de Todd Rd en Santa Paula, con apertura anticipada a principios de 2021. Supervisor Parks trajo la exención de IMD, y el Sr. Powers señaló que el condado apoya esto. La Sra. Gardner recibirá una diapositiva sobre vivienda de la presentación del Sr. Powers, que compartirá con la junta. El Sr. Powers declaró que habrá 110 camas en el refugio para personas sin hogar de Ventura. El sheriff Ayub brindó información sobre capacitación para la aplicación de la ley, y la Sra. Gardner quisiera invitarlo a presentarse en una futura reunión general de BHAB.		

	<p>El supervisor Parks comentó que la conferencia fue útil para la audiencia y para los panelistas , quienes fueron educados a través de las preguntas que se hicieron y la información que se compartió.</p> <p>El Sr. Bhavnani proporcionó información breve sobre:</p> <p>A. Una feria de trabajo militar y de veteranos el 24 de agosto en el Oxnard College;</p> <p>B. Una encuesta sobre la vivienda por el Departamento de Estado de Vivienda y Desarrollo de la Comunidad, que se puede completar en línea antes de octubre 1st ;</p> <p>C. Un taller sobre un refugio permanente en Ventura, el 12 de septiembre a las 6:00 pm en el Poinsettia Pavilion;</p> <p>D. La caminata NAMI el sábado 12 de octubre en San Buenaventura State Beach.</p> <p>Kevin Janeway hizo un comentario público sobre los tiroteos masivos. Señaló que la edición del 15 de agosto de Vida incluía un artículo que brindaba múltiples recursos relacionados con la seguridad.</p>		
<p>VI II.</p>	<p>Comentarios de los miembros de la Junta y Anuncios</p> <p>Margaret Cortese señaló que hace 40 años fue una de las integrantes del personal que abrió la Clínica Santa Paula. Le complace ver que todavía está poniendo el servicio a los clientes primero.</p> <p>Supervisor de Parques señalar que Ezequiel Sánchez abandona el BHAB , y ella le dio las gracias por su servicio. Ella tendrá una oportunidad , que le gustaría llenar con una persona con experiencia vivida . Sra. Gardner invitó al Sr. Sánchez para volver cuando termine sus estudios.</p>		
<p>IX.</p>	<p>Presentación: Atención informada por trauma - Dra. Kathleen Van Antwerp</p> <p>El interés se ha desarrollado en California, a nivel nacional e internacional, para adoptar un enfoque de desarrollo para la reforma de la justicia juvenil y capacitar a las fuerzas del orden en la ciencia del desarrollo de niños y adolescentes. Dichas capacitaciones se llevan a cabo localmente en varias agencias, incluso durante las academias del Equipo de Intervención de Crisis (CIT). Los funcionarios encargados de hacer cumplir la ley y el personal de la escuela no tienen antecedentes de salud conductual, y la capacitación interdisciplinaria les ayuda a obtener una comprensión básica de los aspectos biosociales, cognitivos y psicosociales del crecimiento y la maduración del cerebro.</p> <p>Ver adjunto para detalles de la presentación y para el folleto de Práctica Informada de Trauma .</p>		
<p>X.</p>	<p>Dir Informe de Ector - Dr. Johnson Sevet</p> <p>A. El Dr. Johnson agradeció a Ezequiel Sánchez por su compromiso con la BHAB y la comunidad. Ella le deseó lo mejor en sus estudios.</p> <p>B. El Dr. Johnson agradeció a Kevin Janeway por compartir el artículo sobre seguridad . Señaló que la Oficina del Sheriff tiene un historial de capacitación en la aplicación de la ley para escenarios de disparos activos. El Supervisor Parks ha ayudado a organizar el Grupo de Trabajo del Condado de Ventura sobre Salud y Seguridad Mental. La supervisora Parks agregó que se alienta al público a compartir sus ideas y sugerencias con el grupo de trabajo en www.venturacountyrecovers.org . Señaló que estaba sorprendida de ver un artículo de primera plana en el Ventura County Star con respecto a una capacitación reciente realizada por la policía en un escuela secundaria local El Capitán Fryhoff señaló que existe una diferencia entre las personas con una enfermedad mental que reciben servicios en VCBH y las personas que no están en su sano juicio y cometen tiroteos masivos.</p> <p>C. División de adultos :</p> <ol style="list-style-type: none"> 1. La División de Adultos hel d un retiro de la semana anterior. l T implicadas más de 200 personas , entre ellos varios de los nuevos psiquiatras aportados por las tradiciones . 		

2. Después de más de 20 años en funcionamiento , un grupo de trabajo interinstitucional ha producido un protocolo escrito para el programa del tribunal de salud mental . Un " libro blanco " detalla algunos hallazgos muy alentadores relacionados con sus resultados a largo plazo.

D. División Juventud y Familia:

1. Insight s (el programa de la corte de salud mental juvenil) ha servido a 56 jóvenes desde su creación hace dos años. Actualmente, 23 están inscritos y 17 se han graduado, han sido retirados de la libertad condicional y vinculados a clínicas regionales de VCBH para servicios continuos. Este es un programa colaborativo de múltiples agencias muy exitoso.
2. El 8 de agosto, Pete Pringle, Jefe de División, fue reconocido con el Premio Fainer .

E. División de Programas de Alcohol y Drogas (ADP)

1. ADP se ha asociado con el nuevo programa de Becas de Medicina de Adicciones del Centro Médico del Condado de Ventura (VCMC) para rotaciones clínicas dentro del sistema de tratamiento de ADP.
2. Ningún programa OD se está expandiendo a todos los oficiales de patrulla de la Oficina del Sheriff.
3. Un pasante de ADP está trabajando en un proyecto de vapeo, con el objetivo de desarrollar un informe para la comunidad y los distritos escolares centrados en los problemas de vapeo. Además de los grupos focales y las entrevistas, ADP Prevention está organizando presentaciones para estudiantes, padres y maestros sobre los riesgos asociados con el vapeo . La Supervisora Parks señaló que ella y el Supervisor Bennett han discutido sobre una moratoria sobre el tabaco en una reunión de la Junta de Supervisores del 10 de septiembre.

F. Ley de servicios de salud mental (MHSA)

El Programa MHSA está organizando la ⁴³ Conferencia Anual de Prevención del Suicidio el 13 de septiembre en Moorpark College. Incluirá talleres centrados en LGBTQ +, latinos, militares y veteranos, Question -Persuade-Refer (QPR).

XI . Informe secreto de Ary - Gina Petrus

Habrá dos aberturas en la pizarra: cuando el Sr. Sánchez hojase, y cuando el capitán Fryhoff pone. Nombrado al asiento Aplicación de la Ley. Cualquier persona interesada en servir en el tablero debe completar una solicitud.

XII Informes del Comité BHAB

- A. Comité de Servicios para Adultos - Nancy Borchard, Gane Brooking, Copresidentes
La Sra. Borchard señaló que el comité trabajó en sus planes de acción y está trabajando en su informe anual.
- B. Comité de Prevención - Janis Gardner, Presidenta
El comité ha finalizado sus objetivos y misión. Vaping deberá abordarse de manera multigeneracional. Ojai tiene la primera agencia de aplicación de la ley en el condado cuyos oficiales llevan naloxona y están capacitados en su uso para revertir la sobredosis de opioides.
- C. Comité de Transitional Age Youth (TAY) - Margaret Cortese , Presidenta
El comité está trabajando en sus planes de acción y en la falta de vivienda. Ha actualizado su lista de miembros. Su próxima reunión se llevará a cabo en Vista Real Charter High School en el centro de Oxnard.
- D. Comité de Juventud y Familia - Gina Petrus, Presidenta Alterna
El comité está elaborando una lista de sus logros y estudiando cómo desarrollarlos. También discutió su posible papel en relación con los tiroteos masivos.

	<p>E. Grupo de trabajo legislativo - Ratan Bhavnani , presidente La primera reunión será el 29 de agosto. La legislatura estatal está trabajando en más de 20 proyectos de ley relacionados con enfermedades mentales. El Sr. Bhavnani se refirió a un folleto del manual de políticas administrativas del Condado relacionado con la coordinación legislativa y la defensa.</p>		
<p>X III .</p>	<p>Nuevo negocio</p> <p>A. Objetivos del Comité y declaraciones de misión La Sra. Gardner señaló que todos los comités están trabajando en sus objetivos. La junta completa los revisará en una próxima reunión.</p> <p>B. Cuaderno de datos 2019 - Formación del grupo de trabajo La Sra. Gardner pidió voluntarios para trabajar con ella en este proyecto. Gane Brooking, Jerry Harris y Monique García fueron voluntarios. La Sra. Brooking acordó tomar la iniciativa.</p> <p>C. Comités y grupos de trabajo de BHAB La Sra. Gardner les pidió a los miembros de BHAB que pensaran en qué grupo de trabajo, si lo hubieran , les gustaría unirse.</p> <p>D. Grupo de trabajo de vivienda propuesto La Sra. Brooking señaló que el gerente de vivienda de VCBH y otros están interesados en crear un grupo de trabajo de vivienda. Sheri Valley, Nancy Borchard, Margaret Cortese, Patricia Mowlavi y el Sr. Bhavnani se ofrecieron como voluntarios para formar parte de este grupo de trabajo. La Sra. Brooking acordó tomar la iniciativa. Claudia Armann señaló que Clyde Reynolds, quien puede ser útil para el grupo de trabajo , inició la Red de defensa de la vivienda de la población vulnerable , que está investigando los problemas de vivienda en el condado . Elizabeth Stone hizo un comentario público. Ella habló en favor de la inclusión no-B miembros de HAB en BHAB grupo de trabajo s con el fin de escuchar múltiples perspectivas y dar voz a las personas con la experiencia vivida . La Sra. Gardner acordó hablar con el Dr. Johnson sobre el proceso. Ella manera informal pidió a la junta si se accedió a que las personas con la experiencia vivida y los miembros del público participar en grupos de trabajo s , y la respuesta fue positiva.</p> <p>E. Reuniones en noviembre y diciembre de 2019 Después de una breve discusión, el Capitán Fryhoff se mudó a la oscuridad en diciembre de 2019 ; La Sra. García la secundó. La moción fue aprobada por unanimidad.</p> <p>F. Harvest Fest Potluck Lunch el 21 de octubre de 2019 Después de una breve discusión, la Sra. García se mudó para almorzar el 21 de octubre a las 11:45 am , Joe Ramírez lo secundó. La moción fue aprobada por unanimidad.</p> <p>G. Presupuesto del gobernador Newsom para 2019-20 y proyecto de ley del Senado 79 La Sra. Gardner se refirió a un folleto. La información relacionada con la salud mental está en azul. Señaló que el gobernador Newsom ha designado un zar para centrarse en los problemas de salud mental.</p> <p>H. Pautas de Coordinación Legislativa y Defensa del Condado de Ventura La Sra. Gardner compartió esto al abordar las actividades de promoción (páginas 6 y 7). El Sr. Harris señaló que recibió dos versiones. La Sra. Gardner estuvo de acuerdo en que la versión 2019 es la que se está utilizando.</p>	<p>Oscurer en diciembre M / S / C</p> <p>Almuerzo informal el 21/10 M / S / C</p>	
<p>XI V .</p>	<p>Viejo negocio</p>		

	<p>A. Actualización de la reunión de exención de exclusión de la Institución para Enfermedades Mentales (IMD) - Mary Haffner La Sra. Haffner recordó a todos que el BHAB discutió previamente este tema y votó para enviar una carta a la Junta de Supervisores en apoyo de la exención de exclusión de IMD. Además, muchos fiscales generales han firmado una carta en apoyo de la derogación de la exclusión de IMD. La Sra. Haffner señaló que tuvo una reunión con el Supervisor Parks, el Dr. Johnson y Sue Hughes de la oficina de Asuntos Gubernamentales del Condado. El Supervisor Parks señaló que la Junta de Supervisores está preocupada por el impacto que dicha carta podría tener en otros fondos. El Dr. Johnson señaló que no parece probable que el estado apoye la derogación. La Sra. Gardner sugirió invitar a la Sra. Hughes a la próxima reunión de BHAB. El Sr. Harris señaló que los enfermos mentales graves a menudo no pueden solicitar servicios, y se preguntó qué puede hacer el BHAB para ayudar. A petición de la Sra. Gardner, la Sra. Haffner acordó colaborar con la Sra. Hughes en una carta de BHAB.</p> <p>B. Presentaciones Futuras Mark Stadler hizo un comentario público. Solicitó que el BHAB reciba los Premios del Equipo de Intervención de Crisis (CIT) durante la Reunión General del 27 de enero de 2020. El Capitán Fryhoff y el Sr. Harris hablaron en apoyo de esto. El Capitán Fryhoff propuso que el Sr. Stadler haga una presentación sobre CIT. La Sra. Gardner señaló que en septiembre la BHAB escuchará una presentación sobre la Administración Pública / Guardián Público, y en octubre Bill Foley, Director, dará una actualización sobre la Agencia de Atención Médica.</p> <p>C. Reconocimientos futuros La Sra. Gardner propuso reconocer a Arcenio López de Mixteco / Indígena Community Organizing Project (MICOP).</p>	<p>Invita a Sue Hughes a la próxima reunión de BHAB</p>	<p>Janis ????</p>
<p>XV</p>	<p>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):</p> <p>A. Acuerdos aprobados de la Junta de Supervisores - 23 de julio de 2019</p> <ol style="list-style-type: none"> 1. Programas de alcohol y drogas (ADP): Año fiscal (año fiscal) 2019-20 Tercera enmienda con Aegis Treatment Centers, LLC (Aegis) 2. ADP: Memorando de Acuerdo (MOA) para el año fiscal 2019-20 con la Oficina de Educación del Condado de Ventura (VCOE) en Gateway Community School 3. Acuerdos del año fiscal 2019-20 con Catalyst Ventura Church, One Step a La Vez e Idea Engineering, Inc. 4. Primeras modificaciones del año fiscal 2019-20 con (1) Golden Ventura CRT, LLC (GVCRT) y (2) Golden Hillmont House MHRC, LLC (GHHMHRC) 5. Tercera enmienda para el año fiscal 2019-20 con servicios de planificación para personas mayores (SPECS) 6. Decimoprimer año fiscal 2019-20 enmiendas con La Siesta Guest Home y Hickory House <p>B. Acuerdos aprobados de la Junta de Supervisores - 30 de julio de 2019</p> <ol style="list-style-type: none"> 1. Enmiendas del año fiscal 2019-20 con todos los idiomas Interpreting and Translating, Inc. (ALIT), Fundación Turning Point para la mejora de la calidad de vida (QLI) y Alianza Nacional sobre Enfermedades Mentales del Condado de Ventura (NAMI) 		

Distrito 4	6/2/18 - 2/6/21	Sheri Valley	X	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

Junta General de BHAB - 19 de agosto de 2019

Free Event

2019

Military & Veteran Job Fair / EXPO

Saturday, August 24, 2019
10 a.m. – 2 p.m.

Oxnard College, Condor Hall
4000 S. Rose Avenue, Oxnard, CA 93033

FREE Event

Featuring military & veteran-related service providers, information on federal and state VA benefits, and the area's largest veteran job fair. Civilians welcome from noon - 2 p.m.

Local food trucks offering a variety of menus will be available. Cash only.

For Expo information, contact Hope Deborse at (805) 477-5394 or hope.deborse@ventura.org
For Job Fair information, contact Nancy Frawley at (805) 482-1904 or nancy.frawley@asm.ca.gov



06/2019

Veteran in crisis? Call 1 800 273-8255, press 1



HCD ANNOUNCEMENT

FOR IMMEDIATE RELEASE

Date: July 19, 2019

Contact: Alicia Murillo

Office: (916) 263-7400

Alicia.Murillo@hcd.ca.gov

California's Department of Housing Asks Californians to Share Their Thoughts on Housing Needs and Challenges in Their Communities

SACRAMENTO - The state Department of Housing and Community Development (HCD) released a [survey](#) asking for Californians - from renters, homeowners, and people experiencing homelessness to developers, real-estate professionals, elected officials, and people living in rural communities - to share their opinions on housing and community needs and challenges within their neighborhoods.

In addition to [the survey](#), in August 2019, HCD will begin hosting focus groups in inland, central, and northern California to collect additional input. The results from both the survey and the focus groups will be used as part of a large-scale planning effort to provide context for U.S. Census data and data provided by the federal Department of Housing and Urban Development (HUD).

Californians interested in housing and community issues, particularly in rural areas, are encouraged to complete [the survey \(hacer la encuesta en español\)](#) by October 1, 2019.

"This survey is the first step in creating California's five-year plan that examines the housing and community development needs throughout the state," said Ben Metcalf, California Department of Housing and Community Development Director. "The plan also spells out how federal funds will be used to address those needs and improve the quality of life for Californians."

Known as California's "Consolidated Plan," the five-year plan will be submitted to HUD and will guide how the state will spend the estimated \$120 million received annually from various HUD-funded programs. Much of that funding is provided to

jurisdictions that do not receive funding directly from HUD (known as "non-entitlement jurisdictions"), which are typically smaller and located in rural areas. When approved, the plan will allow HCD to administer funds in non-entitlement areas for the following federal housing and community development programs:

- Community Development Block Grant
- Home Investment Partnerships
- Emergency Solutions Grants (Continuum of Care)

Housing Opportunities for Persons with AIDS (administered by the California Department of Public Health).

HCD also administers the federal National Housing Trust Fund, which is partnered with Housing for a Healthy California to fund affordable homes across the state.

"You can't achieve Governor Newsom's vision of a 'California for All' without tackling the housing crisis," said Director Metcalf. "And, as we all know, any worthwhile plan to address a challenge as big and pervasive as housing affordability has to begin with input from those who are most affected. Public participation is always step one. We're asking Californians to weigh in and share their opinions in this survey."

HCD is partnering with numerous statewide and regional groups to promote the survey and its importance for Californians and their communities. Dates and details for the public focus groups will be posted on HCD's Event Calendar at the bottom of [HCD's homepage](#) and via email announcements. To sign up to receive HCD's email announcements, visit [HCD's homepage](#). On the right side of the page, click on "Email Sign up."

The California Department of Housing and Community Development is dedicated to the preservation and expansion of safe and affordable housing, so more Californians have a place to call home. Our team works to ensure an adequate supply of housing for Californians and promotes the growth of strong communities through its leadership, policy and program development. For more information, please visit www.hcd.ca.gov and follow us on Twitter, @California_HCD; Facebook, @CaliforniaHCD; and LinkedIn.

###

<https://www.surveymonkey.com/r/S72S3BK> - English

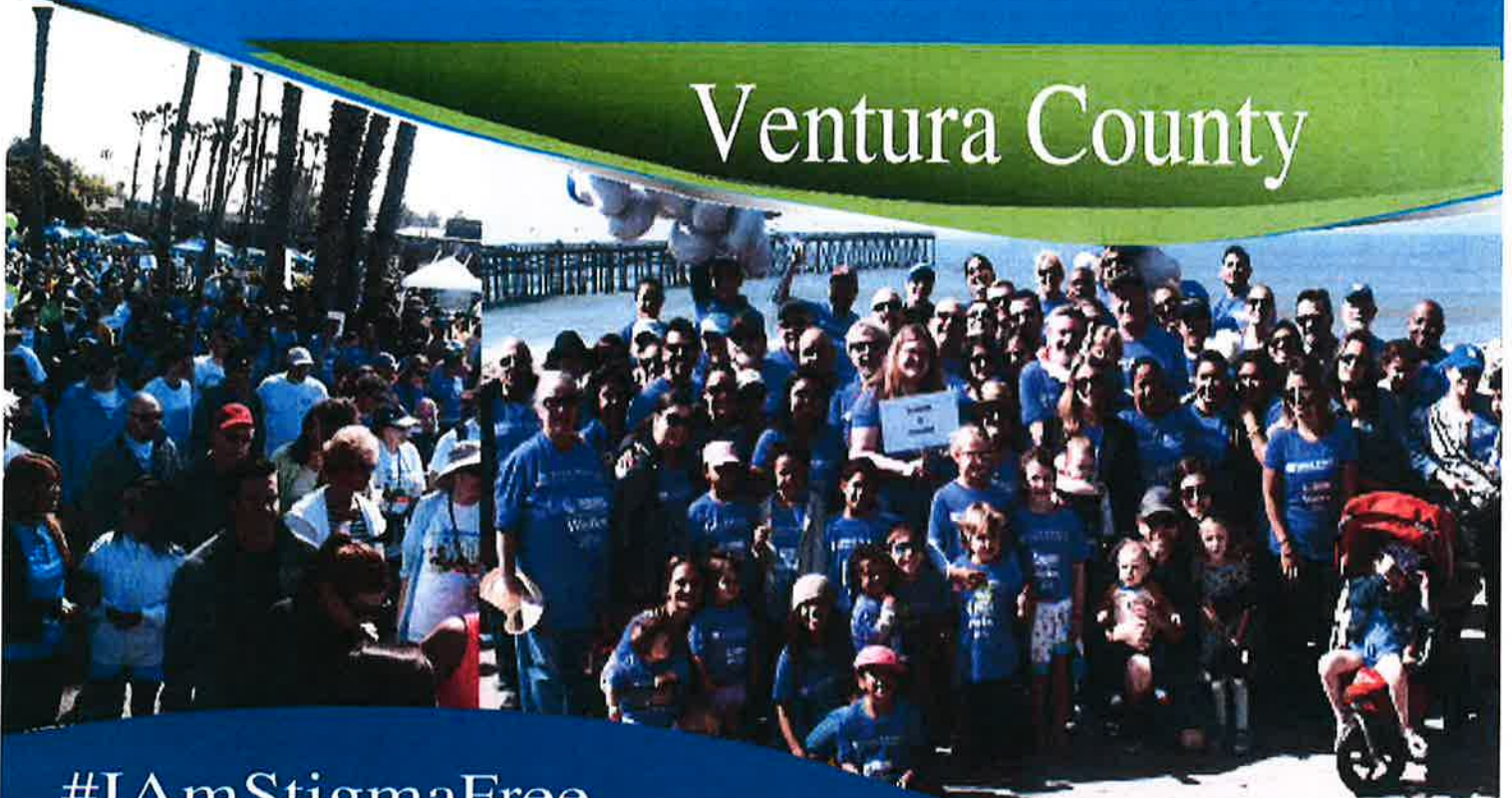
<https://www.surveymonkey.com/r/JDLV5HF> - Spanish



NAMI Walks

National Alliance on Mental Illness

Ventura County



#IAmStigmaFree

Join the NAMI Ventura County mental health walk to raise funds and awareness to help change perceptions about mental illness.

JOIN THE MOVEMENT

Saturday, Oct. 12, 2019

San Buenaventura State Beach Parking Lot (pier lot)

Register and Donate Today!

Namiwalks.org/venturacounty

For more information contact: Roberta Griego, roberta@namiventura.org (805) 641-2426

#NAMIWalksVENTURA COUNTY

The Brain Behavior & Mental Health

Dr. Kathleen Van Antwerp

Child Behavioral Specialist's

Youth Outreach From A Developmental Approach

Full Circle Consulting

1

Juvenile Justice Reform A Developmental Approach

- A developmental approach to juvenile justice reform focuses on law enforcement officers being trained in the core curriculum of the science of child and adolescent development. Providing officers, educators and youth outreach staff with a basic understanding of the three domains of development, age and stage milestones and brain maturation.

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2

Child & Adolescence Development (CAD)

- Children's Development & Behavior
 - Three domains of development
 - Social skills guidance
 - Recognize complexity of cultures etc.. But our focus is on more universal developmental milestones/brain maturation in all humans
 - Start out by understanding that teenagers are basically/developmentally the same as two year old's... (brain growth, food, sleep, self absorbed, striving for autonomy)



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Three Domains of Development

1

Every aspect of growth involves all three domains

2

Biosocial = physical growth & development – includes biology and medicine

*Physical Health

3

Cognitive = brain maturation & language- includes psychology and education

* Mental Health

4

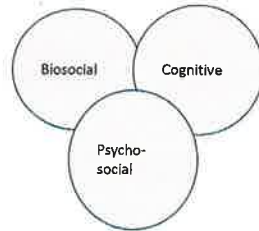
Psychosocial = sociology & anthropology

*Behavioral Health

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Biopsychosocial

- A term emphasizing the interaction of the three developmental domains.
- The domains are studied individually but they are completely intertwined



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5

3 Domains & Why
My Teenager Acts
Like a
2- year old....

Developmental Milestones

Pruning

Nutrition

Sleep

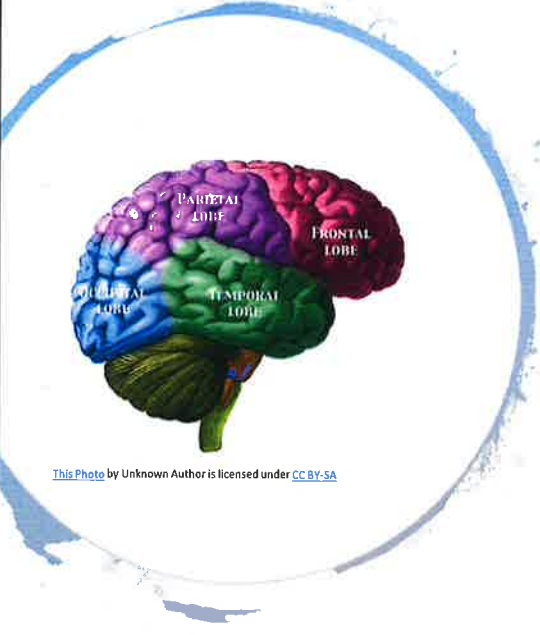
Autonomy

Communication/Temper Tantrums

Internal – External growth

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6



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Brain Maturation Key Concepts

- All behavior is a result of brain activity
- Every risk factor and protective factor in a child's life before and after birth can have an impact on the brain
- The development of higher level thinking skills depends on love and attachment.

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|

Brain
Maturation

The brain develops from the bottom

Hindbrain = fight or flight – automatic functions, survival (Cerebellum, brainstem)

Midbrain = The “Emotional Center” – emotions, impulse control, memory, sense of belonging (Limbic Brain)

Forebrain = The “Executive Center”
Decision making, rational/abstract thinking

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Brain & Behavior

It was once thought that genes completely controlled brain development

We thought the brain was totally developed by age 5, then age 7, 12... now we know that the brain is not totally developed until our early twenties.

It is also clear that the environment plays an equally enormous role and is even involved in turning on genes that may otherwise remain inactive.

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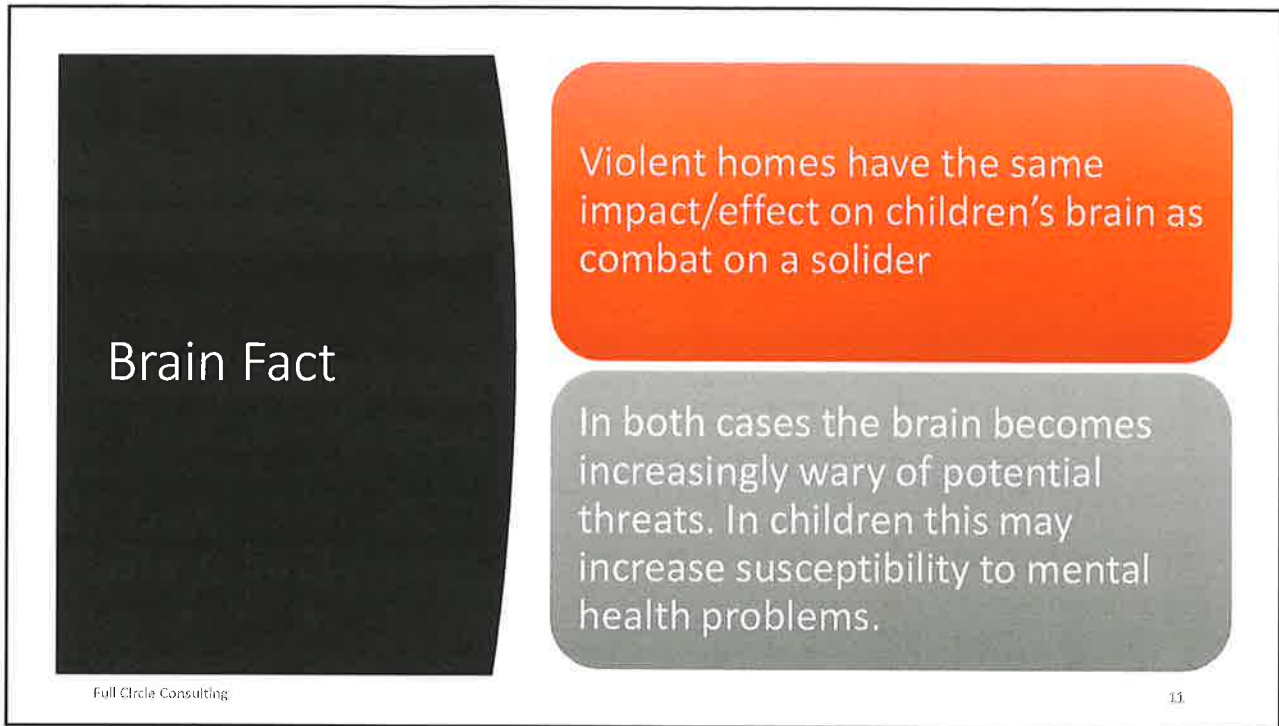
Brain Fact

•Your brain keeps developing until your late 40's – The Pre-Frontal Cortex known as the key to what makes us human. The area of the brain that goes through the most protracted development is at the front of the brain.

•It is the part of the brain that is involved in high cognitive function such as decision making, planning and social behavior. It is also to do with understanding other people. It starts to develop in early childhood, is recognized in late adolescence and continues developing well into the 30's and 40's.

It is the part of the brain that makes us human

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Brain Fact

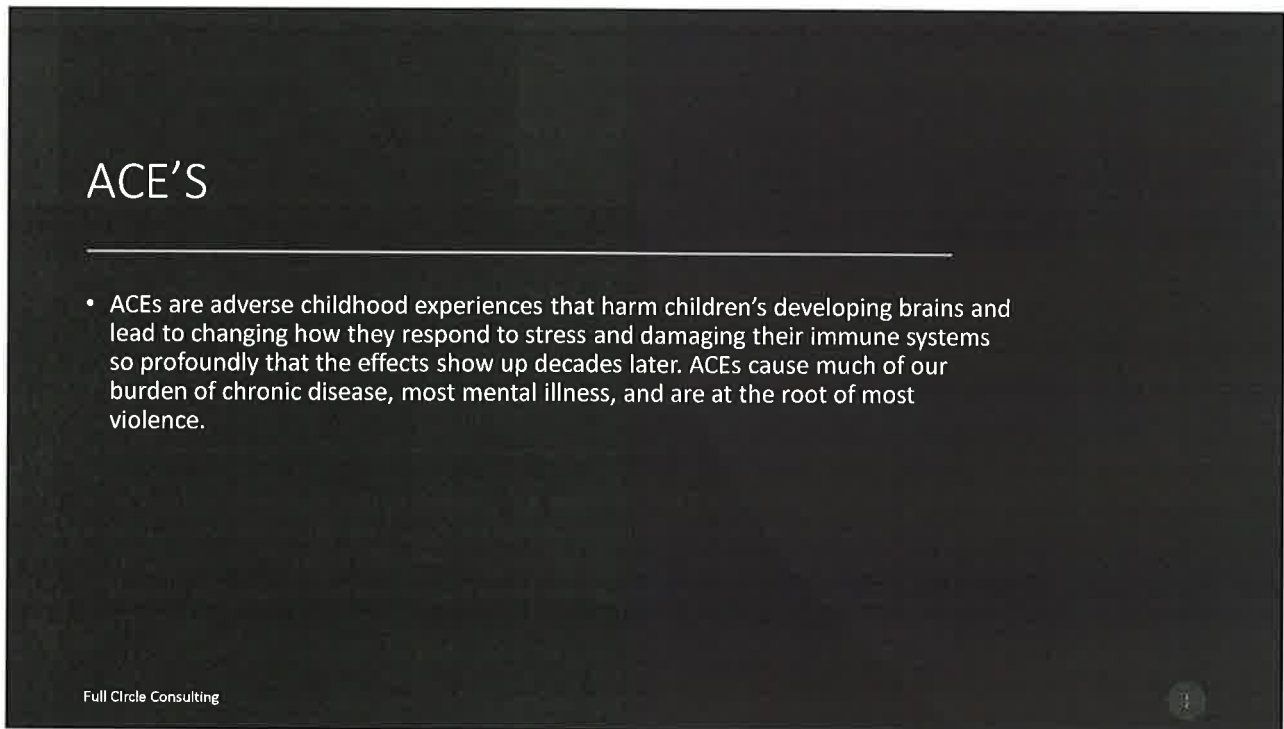
Violent homes have the same impact/effect on children's brain as combat on a soldier

In both cases the brain becomes increasingly wary of potential threats. In children this may increase susceptibility to mental health problems.

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11

This slide features a black vertical bar on the left with the text 'Brain Fact'. To the right, there are two rounded rectangular boxes: an orange one at the top and a grey one at the bottom, both containing text. The orange box states that violent homes have the same impact on children's brains as combat on a soldier. The grey box explains that in both cases, the brain becomes increasingly wary of potential threats, which in children can lead to increased susceptibility to mental health problems. The slide footer includes 'Full Circle Consulting' and the number '11'.



ACE'S

- ACEs are adverse childhood experiences that harm children's developing brains and lead to changing how they respond to stress and damaging their immune systems so profoundly that the effects show up decades later. ACEs cause much of our burden of chronic disease, most mental illness, and are at the root of most violence.

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12

This slide has a dark grey background. At the top left, the text 'ACE'S' is displayed in a large, white, sans-serif font. Below this, a horizontal white line is followed by a single bullet point. The bullet point text explains that ACEs (adverse childhood experiences) harm children's developing brains, change their stress response, and damage their immune systems, with effects appearing decades later. It also states that ACEs are a major cause of chronic disease, mental illness, and violence. The slide footer contains 'Full Circle Consulting' and the number '12'.

What is your ACE Score?

- **What's Your ACE Score? (and, at the end, What's Your Resilience Score?)**
- There are 10 types of childhood trauma measured in the ACE Study. Five are personal — physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. Five are related to other family members: a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment. Each type of trauma counts as one. So a person who's been physically abused, with one alcoholic parent, and a mother who was beaten up has an ACE score of three.

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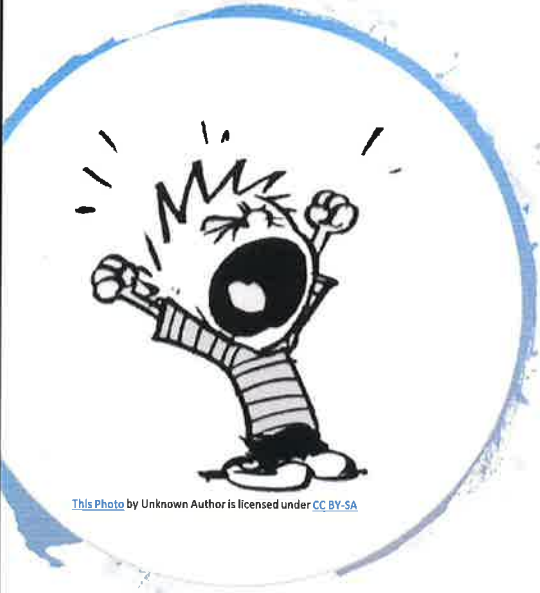
13

Many Types of Childhood Trauma

- There are, of course, many other types of childhood trauma — racism, bullying, watching a sibling being abused, losing a caregiver (grandmother, mother, grandfather, etc.), homelessness, surviving and recovering from a severe accident, witnessing a father being abused by a mother, witnessing a grandmother abusing a father, involvement with the foster care system, involvement with the juvenile justice system, etc. The ACE Study included only those 10 childhood traumas because those were mentioned as most common by a group of about 300 Kaiser members; those traumas were also well studied individually in the research literature.

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Behavior

- Challenging behavior is so complex that it isn't really possible to talk about its causes. Instead, researchers refer to "risk factors" that may predispose a child to act in an aggressive or antisocial way and "protective factors" that may enable her to avoid such behavior. Risk factors increase the risk of a particular outcome, but they don't determine it. Outcomes depend on a wide range of genetic and environmental influences.

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Risk Factors vs. Protective Factors

Risk factors and protective factors both impact brain development.

Recognize risk factors impacting the children you work with on a daily basis.

Take a proactive role in becoming a protective factor in a child's life.

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What is Trauma?

Traumatic events are defined as those that involve a direct threat of death, severe bodily harm, or psychological injury that the person at the time finds intensely distressing.

The most common traumatic events reported are witnessing someone being badly injured or killed, being involved in a **natural disaster** or a life threatening incident, molestation, rape, combat exposure, physical assault and physical abuse.

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What is Trauma-Informed Care/Practice

Trauma informed care recognizes traumatic events make people feel unsafe and powerless.

Three phases:

Safety and stabilization: Safety—the foundation of the trauma-informed approach and arguably the most important of the foundational principles of TIC is creating a safe environment for those you serve and all who work at your organization

Basic needs – connection to resources/self care/identification of support system

Avoid re-victimization (protective factors)

Wellness and Self-Care—the organizational culture needs to be one of overall wellness and self-care, not just of those you serve but all employees and supervisors.

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TRAUMA INFORMED PRACTICE

3 E'S

- 1. EVENTS**
- 2. EXPERIENCE**
- 3. EFFECTS**

4 R'S

- 1. REALIZATION**
- 2. RECOGNITION**
- 3. RESPONDING**
- 4. RESISTING RE-TRAUMATIZATION**

6 KEY PRINCIPLES

- 1. SAFETY**
- 2. TRUSTWORTHINESS/TRANSPARENCY**
- 3. PEER SUPPORT**
- 4. COLLABORATION & MUTUALITY**
- 5. EMPOWERMENT, VOICE, CHOICE**
- 6. CULTURAL, HISTORICAL & GENDER ISSUES**

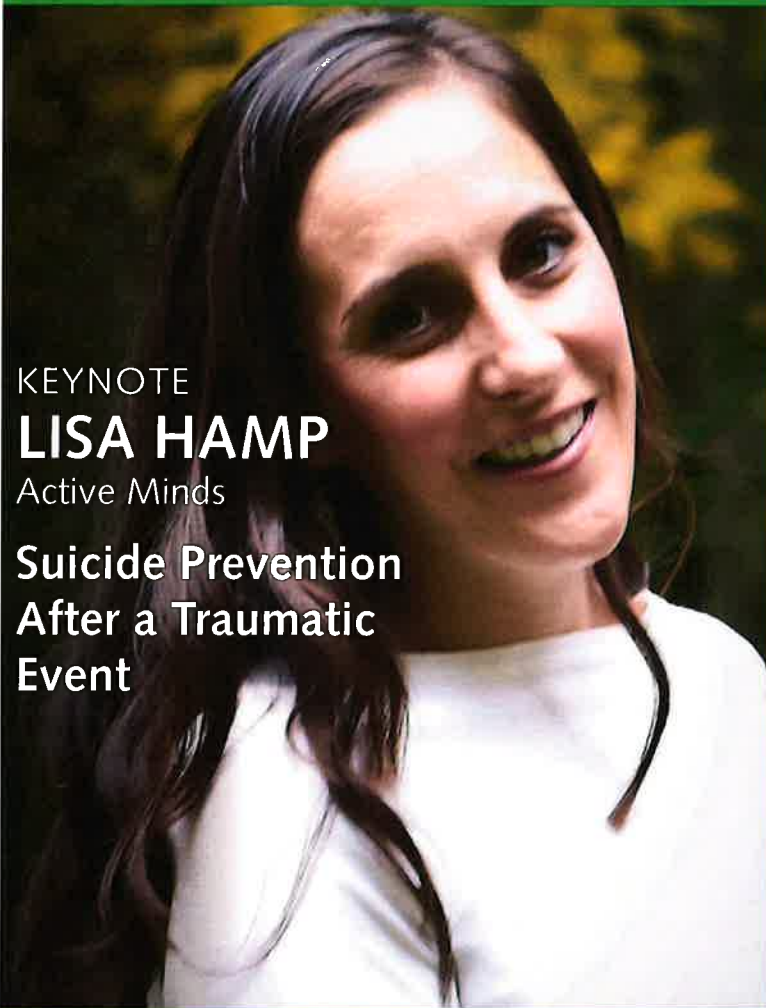
RESOURCE:

U.S. Department of Health and Human Services Substance Abuse and Mental Health Services
Administration Office of Policy, Planning and Innovation

2019

PREVENTING SUICIDE HELP & HOPE

4TH ANNUAL CONFERENCE • FRIDAY, SEPTEMBER 13, 2019
8:00 AM – 12:30 PM • MOORPARK COLLEGE • FREE



KEYNOTE

LISA HAMP

Active Minds

**Suicide Prevention
After a Traumatic
Event**

With suicide on the rise nationwide, how can we make a difference in our community?

Workshops in English and Spanish:

- LGBTQ+ Suicide Prevention
- Latino Mental Health and Suicide Prevention
- Preventing Military Veteran Suicide
- QPR Training: Question. Persuade. Refer.
- "Talk Saves Lives" Training by the American Foundation for Suicide Prevention

Community Resource Tables

SAVE THE DATE! • SEPTEMBER 13, 2019



For more information, email mhsa@ventura.org.

This conference is made possible through funding from Ventura County Behavioral Health through the Mental Health Services Act, in partnership with Moorpark College.

PREVENCIÓN DEL SUICIDIO AYUDA Y ESPERANZA

4^{TA} CONFERENCIA ANUAL • VIERNES 13 DE SEPTIEMBRE DEL 2019
8:00 AM – 12:30 PM • EN MOORPARK COLLEGE • GRATIS

CONFERENCISTA
PRINCIPAL

LISA HAMP

Active Minds

**Prevención del
Suicidio Después
de Eventos
Traumáticos**

Con el suicidio en aumento en todo el país, ¿cómo podemos hacer una diferencia en nuestra comunidad?

Talleres en español y inglés:

- Salud Mental y Prevención del Suicidio Latino
- Rol crítico del apoyo familiar en la prevención del suicidio para jóvenes LGBTQ
- Previniendo el Suicidio de Veteranos Militares
- Entrenamiento QPR: Preguntar. Persuadir. Recomendar.
- Entrenamiento de "Hablar Salva Vidas" por parte de la American Foundation for Suicide Prevention

¡REGÍSTRESE AHORA!

AyudaYEsperanza2019.eventbrite.com



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Para obtener más información escriba al correo electrónico mhsa@ventura.org.

Esta conferencia es posible gracias al financiamiento de Ventura County Behavioral Health mediante la Ley de Servicios para la Salud Mental, en colaboración con Moorpark College.

Governor Newsom Signs 2019-20 State Budget Published: Jun 27, 2019

The Budget creates the biggest reserve in state history, pays off the Wall of Debt and helps Californians tackle the cost crisis

SACRAMENTO – Governor Gavin Newsom today signed a balanced, on-time state budget that builds a strong fiscal foundation and makes significant progress toward combatting the affordability crisis that impacts too many Californians. “The driving idea behind this budget – and my first year in office – is to combat the cost crisis and maintain fiscal discipline,” said Governor Newsom. “This is a responsible budget that saves for challenging times ahead while investing in the present-day needs of working Californians.

The \$214.8 billion budget, of which \$147.8 billion is General Fund, creates the biggest reserve in state history – all while helping Californians tackle affordability challenges.

Significant details of the 2019-20 budget:

Building a Strong Fiscal Foundation

The Budget will end the year with total reserves of \$19.2 billion, of which \$16.5 billion is in the Rainy Day Fund, \$1.4 billion in the Special Fund for Economic Uncertainties, \$900 million in the Safety Net Reserve, and nearly \$400 million in the Public School System Stabilization Account.

The Budget makes an extra payment of \$9 billion over the next four years to pay down unfunded pension liabilities. This includes \$3 billion to CalPERS and \$2.9 billion to CalSTRS on behalf of the state, and \$3.15 billion to CalSTRS and CalPERS on behalf of schools.

The Budget invests \$4.5 billion to eliminate the Wall of Debt and reverses the decade old deferral undertaken during the last recession.

The Budget prioritizes one-time investments, with 88 percent of new expenditures being temporary rather than ongoing. This addresses the affordability crisis facing Californians while minimizing ongoing commitments to avoid putting the state at fiscal disadvantage in the future.

Confronting the Cost Crisis

The Budget tackles affordability challenges and expands opportunity for all Californians. The Budget supports Californians facing the cost crisis by expanding health care access, increasing housing production, making historic investments in education, expanding the Cal-EITC Working Families Tax Credit and investing in early childhood education and development.

Health Care

The Budget preserves health coverage protections for Californians and includes a series of proposals that leads the nation in reducing health care costs and increasing access for families. The Budget:

- Invests \$1.45 billion over three years to increase Covered California health insurance premium support for low-income Californians – and provides premium support for the first time to qualified middle-income individuals earning up to \$72,000 and families of four earning up to \$150,000, partially funded by restoration of an enforceable Individual Mandate
- Expands Medi-Cal coverage to all income-eligible undocumented young adults ages 19 through 25
- **Includes an increase of \$1 billion, using Prop 56 funding, to support increased rates to Medi-Cal providers, expanded family planning services, and value-based payments that encourage more effective treatment of patients with chronic conditions**
- **Invests in and supports California’s seniors by expanding health and other vital state services to this fast-growing part of California’s population**
- Ends the “senior penalty” in Medi-Cal by raising the income eligibility limit for older Californians

- Expands eligibility to 138 percent of the federal poverty level for the Medi-Cal Aged, Blind and Disabled program, estimated to help 22,000 Californians
- Invests boldly in responding to Alzheimer's disease including \$3 million for research grants with a focus on women and communities of color, and \$5 million for Alzheimer's disease local infrastructure
- Establishes a pathway to transition Medi-Cal's drug benefit to a model where the state is directly bargaining for the lowest drug prices
- Restores the 7 percent across the board reduction to IHSS service hours

Housing Affordability

The high cost of housing is a defining quality-of-life concern for people across California. In order to increase housing supply, the Budget makes a historic investment to accelerate the production of new housing, and supports local governments to meet their required housing goals.

- **The Budget invests \$1.75 billion in the production and planning of new housing. It includes support to local governments to increase housing production**
- **The Governor has taken measures to hold local jurisdictions accountable to meet housing demand**
- To assist renters, the Budget includes \$20 million to provide legal aid for renters and assist with landlord-tenant disputes, including legal assistance for counseling, renter education programs, and preventing evictions

Working Families Tax Cut

The Cal-EITC has helped put money back into the pockets of California's working families, lifting some out of poverty. The Budget more than doubles the investment in the Cal-EITC to \$1 billion, which will increase the number of participating households from 2 million to 3 million and:

- Help low-income families with young children through a new \$1,000 credit for families with children under the age of six
- Significantly increase the average yearly amount individuals receive through the tax credit
- Expand eligibility to include full-time workers making the 2022 minimum wage of \$15/hour

Parents Agenda

The Budget includes a Parents Agenda that addresses specific cost-of-living issues faced by young parents and parents of small children. The Budget:

- Expands paid family leave from six to eight weeks for each parent or caretaker of a newborn child, potentially allowing a child to benefit from as much as four months of paid family leave. This will bring California closer to the goal of six months of paid family leave, helping more workers, especially lower-wage workers, who pay into the system take the benefits
- Puts California on the path to provide universal access to preschool for all four-year-olds and full-day kindergarten, including funding for childcare workers, expanding state-subsidized facilities and increasing slots
- Provides resources for lower-income parents, including: home-visiting services, black infant health programs, developmental and trauma screenings, temporary cash assistance to families with children to meet basic needs, child savings accounts to support future higher education expenses and a sales tax exemption on diapers and menstrual products
- Establishes or increases Cal Grant Access Awards for student parents attending the University of California, California State University, or California Community Colleges. This two-generation approach will help students complete their education, increase their future earning potential, and provide additional support to their children

Education

The Budget makes an historic investment in education for Californians, paving the path towards universal preschool, recruiting and retaining qualified educators and facilitating tuition freezes at the UC and CSU.

K-14

- Makes highest-ever investment in K-14 education, including approximately \$5,000 more per K-12 pupil than eight years ago
- Invests \$90 million to recruit and retain qualified educators to teach in a high-need field at priority schools and address California's teacher shortage, and invests \$43.8 million to provide training and resources for classroom teachers and paraprofessionals to build capacity around key state priorities
- Supports students with specialized needs by providing a 19.3-percent increase in funding for special education

Higher Ed

- Significantly increases funding for higher education, facilitating tuition freezes and increased enrollment slots at both the University of California and California State University systems for the 2019-20 school year
- Provides support for community college students by funding two years of free community college tuition for first-time, full-time students
- Provides \$41.8 million to increase the number of competitive Cal Grant scholarships from 25,750 to 41,000 for income-eligible Californians
- Provides \$96.7 million to support the living expenses of student parents with dependent children to increase degree completion
- Qualifying new or renewal Cal Grant A recipients will receive an access award of up to \$6,000,
- Qualifying new or renewal Cal Grant B recipients will see their access award increase from \$1,648 to \$6,000, and
- Qualifying Cal Grant C recipients will see their book and supply award increase from \$1,094 to \$4,000
- Provides \$50 million for child savings accounts that aid families in managing future higher education expenses

Preparing For Emergencies

Climate change has created a new reality that impacts every Californian, in urban, suburban and rural communities. Governor Newsom is taking aggressive actions to build resiliency, increase response and tackle recovery. The Budget invests nearly \$1 billion:

- Includes \$225.8 million to implement forest health and wildfire prevention efforts
- **Builds resiliency to ensure every community is prepared in the face of a disaster with investments in community emergency preparedness, 9-1-1 system upgrades and earthquake warning system development**
- Funds new firefighting resources and technology so Cal FIRE has state-of-the-art tools at its disposal when responding to disasters, including:
- \$127.2 million for C-130 Air Tankers and twenty-first century firefighting helicopters
- \$130.3 million for better communication equipment for first responders
- **Supporting communities so they can get back on their feet after a disaster, including investment in local property tax backfill, Camp Fire Recovery and the California Disaster Assistance Act**

Advancing Justice for All

Homelessness

California is facing a homelessness epidemic across the state. Recognizing the importance of mental health supports in the fight against homelessness, the Budget includes an historic \$1 billion investment, which will:

- **Provide homelessness emergency aid to local governments for emergency housing vouchers, rapid rehousing programs and emergency shelter construction**
- **Increase mental health supports, which includes expanding Whole Person Care services that provide wrap-around health, behavioral health and housing services, and building strategies to address the shortage of mental health professionals in the public mental health system**
- Fund rapid rehousing and basic needs initiatives for students in the University of California, California State University and California Community College systems

Safe Drinking Water

The Budget provides stable ongoing funding to assist disadvantaged communities in paying for the costs of obtaining access to safe and affordable drinking water. The proposal will:

- Initiate the Safe and Affordable Drinking Water Fund program one year earlier than previously planned by investing \$100 million Greenhouse Gas Reduction Funds (GGRF) and \$30 million General Fund in 2019-20; with \$130 million continuously appropriated on an ongoing basis until 2030
- Use the GGRF for safe drinking water to advance the state's climate resiliency goals by helping to secure water resources statewide and advance the state's climate change priorities by supporting and providing benefits to disadvantaged communities most impacted by climate change

Criminal Justice

The Budget prioritizes public safety, while helping to make the state's criminal system more humane and just – focusing on rehabilitation and successful reentry.

- Moves youth correctional facilities from the California Department of Corrections and Rehabilitation to a new department under the Health and Human Services Agency to enable the state to better provide youth offenders with services and support reentry
- Provides local law enforcement training on use of force and de-escalation, while restoring funding to maintain training and improve competency for local correctional and law enforcement personnel
- **Overhauls the substance use disorder programs in prison, including integrating medically assisted treatment and reentry services as appropriate**

The budget and related acts signed by the Governor today include:

- AB 74 by Assemblymember Philip Ting – Budget Act of 2019. Line-item vetoes can be found [here](#).
- SB 78 by the Committee on Budget and Fiscal Review – Health.
- **SB 79 by the Committee on Budget and Fiscal Review – Mental health.**
- SB 80 by the Committee on Budget and Fiscal Review – Human services omnibus.
- SB 81 by the Committee on Budget and Fiscal Review – Developmental services.
- SB 82 by the Committee on Budget and Fiscal Review – State Government.
- SB 83 by the Committee on Budget and Fiscal Review – Employment.
- SB 84 by the Committee on Budget and Fiscal Review – Political Reform Act of 1974: online filing system.
- SB 85 by the Committee on Budget and Fiscal Review – Public resources: omnibus trailer bill.
- SB 87 by the Committee on Budget and Fiscal Review – Transportation.
- SB 90 by the Committee on Budget and Fiscal Review – Public employees' retirement.
- SB 92 by the Committee on Budget and Fiscal Review – Taxation.
- SB 93 by the Committee on Budget and Fiscal Review – Budget Act of 2018: augmentation.
- SB 94 by the Committee on Budget and Fiscal Review – Public Safety: omnibus.
- SB 95 by the Committee on Budget and Fiscal Review – Courts.
- SB 105 by the Committee on Budget and Fiscal Review – Corrections facilities: financing.

For full text of these bills, visit: www.leginfo.legislature.ca.gov.



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Jeff Landry
Louisiana Attorney General

PRESIDENT-ELECT
Tim Fox
Montana Attorney General

VICE PRESIDENT
Karl A. Racine
District of Columbia
Attorney General

IMMEDIATE PAST PRESIDENT
Derek Schmidt
Kansas Attorney General

EXECUTIVE DIRECTOR
Chris Toth

August 5, 2019

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
H-232, The Capitol
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
S-230, The Capitol
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
H-204, The Capitol
Washington, DC 20515

The Honorable Charles Schumer
Minority Leader
U.S. Senate
S-221, The Capitol
Washington, DC 20510

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell,
and Minority Leader Schumer,

The undersigned attorneys general share your concern about the impact of the opioid epidemic on our country. As President Trump has recognized in the National Drug Control Strategy he released earlier this year, the opioid crisis has resulted in more American deaths in just two years than in the course of the entire Vietnam War. In 2017, there were more than 70,200 drug overdose deaths in the United States. More than 47,500 of these deaths involved an opioid, and more than half of these deaths involved a synthetic opioid such as illicit fentanyl or one of its analogues.

The impact of the epidemic has been so pervasive and so severe that life expectancy in the United States has declined for three years in a row for the first time since the influenza pandemic of 1918. The epidemic has contributed to a rise in Hepatitis C and heart valve infections (endocarditis), a rise in the number and rate of hospitalizations associated with drug withdrawal in newborns, and other significant and costly health impacts.

This loss of life and these major health consequences are matched by significant and continuing costs imposed on our criminal justice and social service systems. And the economic cost of the opioid crisis exceeded \$500 billion in 2015 – equal to 2.8 percent of the U.S. Gross Domestic Product (GDP) that year – according to the White House Council of Economic Advisers.

We all understand that effective treatment is key to saving lives and helping to stop this epidemic. In particular, research shows that Medication-Assisted Treatment (MAT) – the use of medications, in combination with counseling and behavioral therapies – is a highly effective approach to the treatment of opioid use disorders.

1850 M Street, NW
Twelfth Floor
Washington, DC 20036
Phone: (202) 326-6000
<http://www.naag.org/>

Unfortunately, there are three significant barriers to treating opioid use disorder that we cannot change at the state level and that must be tackled at the federal level. We share these barriers below in the hope that we can work together to remove them and allow more providers to offer treatment for opioid use disorder and other substance use disorders.

1. Replace the cumbersome, out-of-date, privacy rules contained in 42 CFR Part 2 with the effective and more familiar privacy rules contained in the Health Insurance Portability and Accountability Act (HIPAA).

42 CFR Part 2 sets forth strict requirements for the use and disclosure of patients' substance use disorder treatment records. The complexities of complying with 42 CFR Part 2 often prevent general practice providers from even attempting to treat patients with substance use disorders through the use of medication-assisted treatment (MAT), because – while providers are familiar with how to comply with the privacy requirements of HIPAA – they may be intimidated by the requirements of 42 CFR Part 2.

This regulatory scheme also sets up a strange situation in which office-based MAT providers do not have to follow the specialized requirements of 42 CFR Part 2 unless they advertise to the public that they provide MAT. So, in an era when we are trying to promote access to MAT, we are encouraging office-based MAT providers to keep secret the fact that they provide this life-saving service so they can avoid the cumbersome 42 CFR Part 2 rules.

These privacy rules were created more than 40 years ago in a time of intense stigma surrounding substance use disorder treatment. They were created to assure patients that they would not face adverse legal or civil consequences when seeking treatment by protecting confidentiality of substance use disorder patient records. Unfortunately, they now serve to perpetuate that stigma, as the principle underlying these rules is that substance use disorder treatment is shameful and records of it should be withheld from other treatment providers in ways that we do not withhold records of treatment of other chronic diseases. While maintaining confidentiality is imperative to encouraging individuals to seek and obtain treatment, the inability to share records among providers can burden coordination of care, potentially resulting in harm to the patient.

To be effective in fighting the opioid epidemic, we must treat substance use disorder as the chronic disease that it is—and that means aligning the rules regarding disclosure of substance use disorder treatment records with the protections against unwanted disclosure of patient records already contained in HIPAA, particularly as it relates to disclosure of substance abuse treatment information to authorized providers.

In seeking needed changes in 42 CFR Part 2, we are joined by Democratic and Republican lawmakers in both houses of Congress. In the House, the Overdose Prevention and Patient Safety Act (OPPS Act) (H.R. 2062) was introduced by Reps. Markwayne Mullin (R-OK) and Earl Blumenauer (D-OR); and in the Senate, the Protecting Jessica Grubb's Legacy Act (Legacy Act) (S. 1012) was introduced by Sens. Joe Manchin (D-WV) and Shelley Moore Capito (R-WV). Both bills will align Part 2 with HIPAA for the purposes of health care treatment, and both are supported by the Partnership to Amend 42 CFR Part 2, a growing coalition of more than

40 national health care organizations that includes the American Hospital Association, the American Psychiatric Association, and the American Society of Addiction Medicine.

2. Pass H.R. 2482, the Mainstreaming Addiction Treatment (MAT) Act, and eliminate unnecessary burdens on buprenorphine prescribing imposed by the Drug Addiction Treatment Act of 2000 (DATA 2000).

DATA 2000 was a step forward in substance use disorder treatment because it allowed the treatment of opioid use disorder in an office-based setting. However, it created a cumbersome bureaucratic system whereby providers who wish to prescribe buprenorphine in an office-based setting must prove to the Substance Abuse and Mental Health Services Administration (SAMHSA) that they have taken special trainings and then apply to the Drug Enforcement Administration (DEA) for a special DEA “X” number to indicate when buprenorphine is being prescribed to treat substance use disorder.

This is the only drug on the market for which prescribers have to prove they have received specialized training in order to prescribe the drug. This requirement was put in place well before the rapid rise in opioid use disorder and opioid overdose deaths that have become a national crisis. Just as opioid use disorder and opioid overdose deaths have risen dramatically in recent years, so the need for MAT with buprenorphine has risen just as dramatically. Because the need for MAT is far out-pacing the availability of such treatment, it is time to reconsider the DATA 2000 regulatory framework and other barriers that stand in the way of expanded use of buprenorphine to treat opioid use disorder and help prevent opioid overdose deaths.

The fact is that, as a partial agonist, buprenorphine is a safer drug than opioid agonists such as oxycodone and fentanyl that are readily prescribed without any requirements for training or specialized DEA numbers. So, doctors need not prove any special training to prescribe more addictive opioid pain killers but must follow complicated bureaucratic steps to prescribe a less addictive opioid (buprenorphine) for substance use disorder treatment.

Buprenorphine should not be singled out from all other drugs because it is a treatment for substance use disorder. Providers should be trained to prescribe buprenorphine the same way they are trained to prescribe other drugs – in medical schools, nurse practitioner schools, medical residencies, and continuing medical education. The stigma-based policy is endangering lives by suppressing access to treatment and should be changed.

In our effort to eliminate this antiquated policy that restricts a healthcare provider’s ability to prescribe buprenorphine, we are joined by a coalition of 22 states, led by the New York State Department of Health, seeking exactly this change.

H.R. 2482, the Mainstreaming Addiction Treatment (MAT) Act, would address this issue by eliminating the redundant and outdated requirement that practitioners apply for a separate waiver through the DEA to prescribe buprenorphine for the treatment of substance use disorder. We urge Congress to pass – and President Trump to sign – the MAT Act or similar legislation as expeditiously as possible.

3. Fully repeal the Medicaid Institutions for Mental Diseases (IMD) exclusion.

The Institutions for Mental Diseases (IMD) exclusion generally prohibits state Medicaid programs from receiving federal reimbursement for adults between 21 and 65 receiving mental health or substance use disorder treatment in a residential treatment facility with more than 16 beds.

This arcane federal policy, while well intentioned at its inception to encourage treatment in community-based settings, has proven to detrimentally limit states' ability to provide the full continuum of clinically appropriate care for Medicaid enrollees with a substance use disorder. We join the National Governor's Association and a wide range of health care and public health groups in calling on the Administration to continue working with states to expedite approval of IMD waivers, while also recognizing the need for a permanent, statutory solution to resolve this issue for all states.

The recently-enacted Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act took a step in the right direction, but it did not go far enough. The SUPPORT Act partly eliminates the IMD exclusion for a five-year period by allowing states to cover IMD services to people with at least one substance use disorder for up to 30 days over a 12-month period under certain circumstances. Congress needs to go further, by fully repealing the IMD exclusion.

We applaud the federal government for its recent constructive steps to address the opioid epidemic through both legislative and executive action, but we all know that there is more work to be done. By making the changes recommended, Congress would make effective treatment for opioid use disorders more widely and readily available so that we can save more lives and help turn the tide on this crisis.

Thank you for your consideration.

Sincerely,



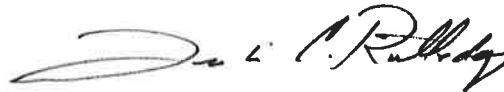
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North Carolina Attorney General



Mike Hunter
Oklahoma Attorney General



Kevin G. Clarkson
Alaska Attorney General



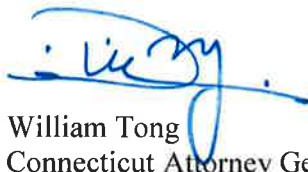
Leslie Rutledge
Arkansas Attorney General



Xavier Becerra
California Attorney General



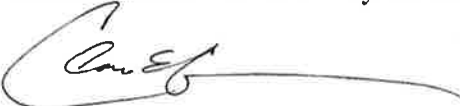
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Colorado Attorney General



William Tong
Connecticut Attorney General



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Clare E. Connors
Hawaii Attorney General



Kwame Raoul
Illinois Attorney General



Jeff Landry
Louisiana Attorney General



Maura Healey
Massachusetts Attorney General



Keith Ellison
Minnesota Attorney General



Tim Fox
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Aaron D. Ford
Nevada Attorney General



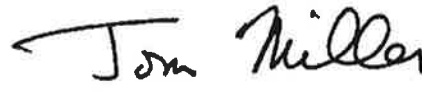
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Idaho Attorney General



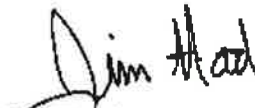
Tom Miller
Iowa Attorney General



Aaron M. Frey
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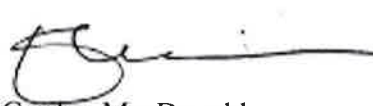
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South Dakota Attorney General

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Tennessee Attorney General

Sean Reyes
Utah Attorney General

T.J. Donovan
Vermont Attorney General

Mark R. Herring
Virginia Attorney General

Robert W. Ferguson
Washington Attorney General

Patrick Morrissey
West Virginia Attorney General

Joshua L. Kaul
Wisconsin Attorney General

COUNTY OF VENTURA	2018 ADMINISTRATIVE POLICY MANUAL		GENERAL INFORMATION CHAPTER II
Originating Agency: CEO	Last Issued 2018	Revised 2019	<u>Policy No. Chapter II - 7</u> LEGISLATIVE COORDINATION AND ADVOCACY
Policy Change Requires: <input checked="" type="checkbox"/> Board of Supervisors Approval <input type="checkbox"/> CEO Approval Forms Change Requires: <input checked="" type="checkbox"/> CEO Approval			

POLICY

Ventura County's legislative program has as its goal the development and maintenance of good, sound, and effective local government. The purpose of the legislative program is to secure legislation that benefits the County and its residents while seeking to mitigate or oppose legislation that would adversely impact the County's delivery of service; to secure state and federal funding through the grant and/or appropriations process; and to shape public policy in priority areas that impact County government.

To provide an effective program of legislative representation and assure consistency in conveying official positions of the Board of Supervisors on all legislative matters, the following procedures are designed to implement the legislative policy of the County of Ventura.

PROCEDURE

1. STATE AND FEDERAL LEGISLATIVE AGENDAS

The purpose of the County's state and federal legislative agendas is to:

- identify and secure Board approval for specific state and federal legislative proposals to be pursued during the upcoming year; and
- identify and secure Board approval for specific program and funding priorities to be pursued during the upcoming year.

Prior to initiating the following procedures for development of the annual legislative agendas, the County Executive Office will seek input from the Board of Supervisors regarding the Board's legislative goals and objectives for the County.

- A. Each fall County agencies/departments shall submit their proposals for potential County-sponsored State and federal legislation. Legislative proposals should support the County's goal of actively shaping good, sound, and effective local government.

- B. County legislative staff will review and coordinate departmental requests for legislation and supply recommendations for the proposed annual legislative agendas to the County Executive Officer for Board consideration.
- C. In order to allow sufficient time to secure authors for the County's legislative proposals, these recommendations will generally be submitted to the Board on or before January 1 of each year.
- D. The coordination of all actions related to the Board-adopted legislative agendas shall be the responsibility of the County Executive Officer/County legislative staff, who shall report regularly on the status of pending items, and who shall make recommendations on legislative policy issues as needed.
- E. Board approval is required for any new legislation proposed on behalf of the County.

2. STATE AND FEDERAL LEGISLATIVE PLATFORMS

State and federal platforms are adopted by the Board of Supervisors to provide a framework from which the legislative program will operate and a foundation for more effective advocacy on behalf of Ventura County. Platforms contain principles that are basic to county government and can be used to shape federal or state policies for the benefit of Ventura County.

The platforms provide specific parameters within which the Board, County Executive Officer, County agencies/departments, and the County's legislative advocates may represent County positions on legislation when time is an issue and immediate communication on behalf of the County is necessary.

The following process is used to develop the legislative platforms:

- Each fall/winter the County Executive Office legislative staff reviews the state and federal platforms with Board members, as well as agency/department heads.
- Suggested changes, additions, or deletions that could improve or assist County operations and enhance financial health will be incorporated into the platforms and presented to the Board for adoption.
- Generally, on or before January 1 of each year, the Board shall adopt a state and federal legislative platform, which shall serve as the official position of the County with regard to pending legislation. Once adopted, the platforms serve as a tool for focusing on and achieving the County's legislative goals while providing a reference for evaluating pending legislation under consideration at the state and federal levels.
- Although the state platform is designed to coincide with the two-year legislative session, both the state and federal platforms are reviewed annually to keep current with issues facing the County and any policy changes of the Board.

- If during the year an important issue arises which is not covered under the Board-adopted legislative platforms or is not consistent with existing Board policy, the County Executive Officer has the discretion to present the item to the Board for consideration at a regularly scheduled Board meeting.

3. PENDING STATE AND FEDERAL LEGISLATION

Pending legislation which may have significant impact on the County shall be presented to the Board of Supervisors through the coordinated effort of the County Executive Officer, elected and appointed County officials, and the County's legislative staff.

- A. The County Executive Office legislative and budget staff will forward to departments for their review and analysis pending legislation that appears to have a potential impact on operations or programs for which they are responsible.
- B. County agencies and departments are responsible for monitoring legislation in their specific areas and bringing bills, which have a potential major impact on the County, to the attention of the County Executive Office by submitting an analysis and recommendation for a position, if required.
- C. County Executive Office legislative and budget staff will review departmental analyses on pending legislation and present to the Board those bills identified as likely to have the greatest impact on the County. In doing so, staff will take into consideration the need to limit the size of the legislative program in order to maximize opportunities and efforts with respect to advocacy for each bill included in the program.
- D. If a bill potentially affects more than one agency or department, the County Executive Officer/County legislative staff will work to achieve a consensus position among those impacted before presenting the item for Board consideration.
- E. From time to time throughout the legislative session, the County Executive Officer/County legislative staff will present recommendations on pending legislation with high impact to Ventura County to the Board for adoption of positions.
- F. All requests for Board action on legislative issues shall be reviewed by and coordinated with the County Executive Officer/County legislative staff.
- G. The County Executive Officer/County legislative staff will maintain a file to track the progress of bills on which the Board has adopted a formal position and will report regularly on the status of pending bills.

4. COORDINATION OF STATE AND FEDERAL LEGISLATIVE ADVOCACY

In order to maintain a presence in Washington D.C. and Sacramento, the County contracts for federal and state representation to advocate official County positions on pending federal and state legislation and administrative and/or regulatory proceedings. The federal and state advocates will coordinate advocacy activities with the County Executive Officer/County legislative staff.

- A. It is the primary responsibility of the Senior Deputy Executive Officer for Government Affairs and County legislative staff, in coordination with the Washington D.C. and Sacramento advocates, to advance the official County position on bills as they progress through the legislative process. However, this advocacy may require and include the participation of Board members, the County Executive Officer, agency/department heads, and other designated County staff as appropriate.
- B. Advocacy activities may include direct interaction with members of the Legislature and their staffs, legislative committees and their staffs, the Administration, state and federal agencies, statewide organizations (e.g., California State Association of Counties (CSAC), Urban Counties of California (UCC), and League of California Cities), as well as local or regional governmental decision-making bodies.
- C. An agency/department **may not** take any action that would imply the County's support or opposition to any pending legislation in the absence of, or inconsistent with, adopted Board positions.
- D. Any time a County employee appears before a state, federal, or local body to express a personal opinion or make a public comment, that individual must state for the record that he or she are speaking as a private citizen, and **not** as an employee of the County or a representative of the agency/department for which he or she works. Further, written personal opinions shall not appear on County or department stationery.
- E. These procedures do not apply to elected officials who have been independently elected to represent the County and its residents. However, elected agency/department heads are encouraged to continue the past practice of open communication with the County Executive Officer/County legislative staff on important state and federal issues. In addition, the support of the elected officials on behalf of County policy positions can be a persuasive factor when dealing with state and federal representatives, and efforts to maintain this cooperative spirit will be given a high priority by the County Executive Officer/Senior Deputy Executive Officer and County legislative staff.

The following procedures address appropriate advocacy efforts on behalf of Ventura County.

A. Testimony

- 1) In general, it shall be the primary responsibility of the Senior Deputy Executive Officer, County legislative staff, or the County's contract advocates to represent the County in Sacramento and Washington D.C. for the purpose of conveying County support or opposition to specific measures, as well as how those measures affect Ventura County.
- 2) The Senior Deputy Executive Officer or County legislative staff shall coordinate with the County's contract advocates the scheduling of testimony/presentations before legislators, staff members and legislative committees.
- 3) Other County staff who authorized or requested to testify before the Legislature on behalf of the County shall submit proposed testimony as far in advance as possible

so that the Senior Deputy Executive Officer or County legislative staff can review the material and coordinate the testimony with that of other agencies, counties, etc. as necessary.

- 4) When requests are received by an agency/department to present expert testimony (i.e., technical expertise) on an issue, it is not necessary to provide a copy of the testimony to the County Executive Office for review prior to the testimony. However, notification is required to the Senior Deputy Executive Officer or County legislative staff about the expert testimony in order to facilitate coordination of testimony with other counties or agencies, if necessary.
- 5) When an agency/department representative is requested or invited to provide expert testimony about a subject on which the Board has no formal position, it is imperative that the individual providing the testimony state for the record that he or she is providing testimony as an expert in the given field, and not as a representative of Ventura County.

B. Written Correspondence

- 1) Following action by the Board of Supervisors on legislative matters, the County Executive Officer/County legislative staff shall coordinate with the Board Chair and Clerk of the Board to forward copies of such action to appropriate State and federal representatives, committees, and agencies.
- 2) Letters of support or opposition to legislation will be prepared and coordinated with departments by the Senior Deputy Executive Officer or County legislative staff in accordance with Board-adopted positions. As appropriate, and in collaboration with the County's advocates, letters of support/opposition will be sent to appropriate State and federal representatives, committees, and agencies.
- 3) Written correspondence on behalf of the County to elected officials at the federal, State or local level shall be transmitted over the signature of the Board Chair, the County Executive Officer, or County advocates.
- 4) Agency/department heads may also sign and send support/opposition letters reflecting the County's position on a particular piece of legislation; **however, such letters must include a reference to the date of the Board's adoption of the policy position on the bill.** Copies of such support/opposition letters must be transmitted to the County Executive Officer/County legislative staff.

C. Other Contact with State and Federal Representatives

- 1) County staff planning trips to Sacramento or Washington D.C. to meet with state or federal representatives, committees, and/or agencies shall notify County legislative staff of their intended appearance, specifying the general purpose of the visit and whom they plan to see.

Although issues to be discussed may appear minor or administrative in nature, advance notification of such appearances may allow legislative staff to provide the department with information that will enhance the meeting.

- 2) Any written material that is to be presented to a state or federal representative, committee, or agency of a legislative or policy nature should be provided to the County Executive Officer/County legislative staff in advance of such presentation. This will permit the County Executive Officer/County legislative staff to review the material to insure that the information does not contain inconsistencies with adopted Board policy.
- 3) It is important that the County Executive Officer/County legislative staff be informed as to what occurred at or as a result of the meeting in the event that questions are raised at a later date by a Board member.
- 4) From time to time legislator, as well as officials of state and federal agencies, may request/schedule meetings or visits to County Agencies or Departments. It is important that advance notification of these visits/meetings be provided to the Chair of the Board, County Executive Officer and County legislative staff. If appropriate and when convenient, a Board member or representative of the County Executive Office may wish to participate in the meeting/visit.

D. Professional Organizations - Requests for Advocacy

From time to time professional organizations representing various functions of County Agencies/Departments may take a position on a particular piece of State or federal legislation and request letters of support/opposition for that organization's position.

Before writing letters in support of a professional organization's position or engaging in other related advocacy activities, agencies/departments shall contact County legislative staff to:

- discuss the requested action;
- determine whether there is existing County policy on the issue; and
- verify that it does not conflict with adopted Board policy or adversely impact other County operations.

E. Advisory Groups - Advocacy Activities


Some agencies/departments work directly with and coordinate activities with an advisory board, committee, or council.

Before writing letters of support or opposition or engaging in other related advocacy activities, advisory groups shall contact County legislative staff to:

- discuss the requested action;

- determine whether there is existing County policy on the issue; and
- verify that it does not conflict with adopted Board policy or adversely impact other County operations.

Whenever an advisory group takes a position on pending legislation, written correspondence should be signed by the chair of the advisory group and must state that the position reflects the policy of that advisory group, not the County Agency/Department or the Board of Supervisors. If the Board of Supervisors has taken a position on the legislation, that position should be noted within the correspondence, with reference to the date of adoption.



Together We Can
Reducing Criminal Justice Involvement
for People with Mental Illness

CA Association of Local Behavioral Health Boards
& Commissions
Webinar Presentation on August 1, 2019
Sacramento, CA

WELLNESS • RECOVERY • RESILIENCE

Presenter

Ashley Mills, MS

- MHSOAC Senior Researcher
- Criminal Justice and Mental Health Project Staff Lead



2

About the Commission

- Created to provide oversight, accountability, and leadership to guide transformational change of the community-based mental health system
- Commission “Tools”
 - Innovation
 - Prevention and Early Intervention
 - Plan Review
 - Incentivizing Grants
 - Data and Analytics
 - Advocacy
 - Policy Research Projects



3

About the Project

- Criminal Justice and Mental Health Project Subcommittee
- Project activities:
 - Subcommittee Meetings
 - Public Hearings
 - Community Forums
 - Site Visits
 - Local and National Initiatives
 - Small Group Discussions
 - And more



4

Problem

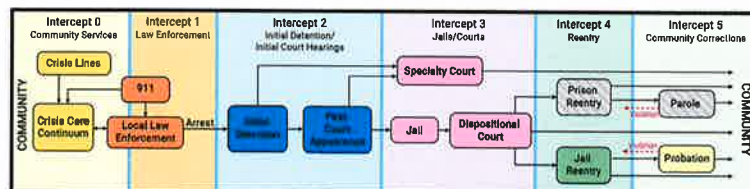
- Increase in the number of people with mental health needs in the criminal justice system
 - What are the potential drivers of this increase?



5

Findings in Support of Diversion

- Opportunities for Diversion
 - Organizing a system that diverts people with mental health needs at various criminal justice “touch points”



6

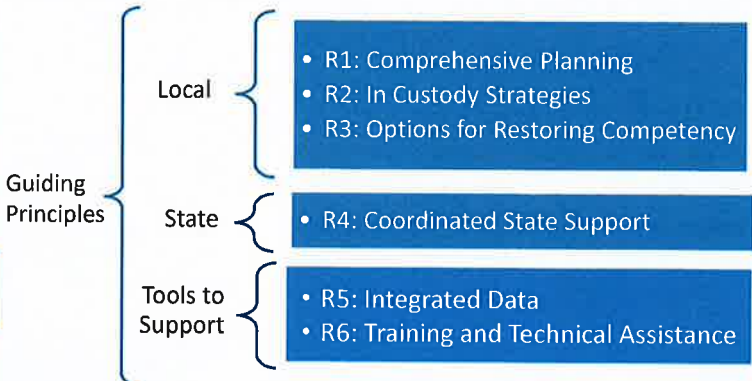
Findings in Support of Prevention

- Opportunities for Prevention
 - Preventing criminal justice contact from happening in the first place
 - ◆ Leadership
 - ◆ Capacity
 - ◆ Collaboration
 - ◆ Equity
 - ◆ Integration




7

Report Overview: Findings and Recommendations




Guiding Principles

- Local
 - R1: Comprehensive Planning
 - R2: In Custody Strategies
 - R3: Options for Restoring Competency
- State
 - R4: Coordinated State Support
- Tools to Support
 - R5: Integrated Data
 - R6: Training and Technical Assistance



8




■ FINDING ONE

- Too many mental health consumers, particularly those from African American, Latino, Native American, and LGBTQ communities, end up in jail because of unmet needs and system inequities.
- A robust, prevention-oriented system can reduce this unnecessary harm.

■ RECOMMENDATION ONE

- California's mental health agencies, in partnership with law enforcement and others, should have a comprehensive prevention-focused plan that reduces the incarceration of mental health consumers in their communities.

9




■ FINDING TWO

- California's jails are not equipped to serve mental health consumers.
- Diversion should be prioritized but counties need more effective in-custody options to ensure they can provide appropriate and necessary services for those who cannot be diverted.

■ RECOMMENDATION TWO

- The Board of State and Community Corrections should facilitate a collaborative effort with counties to identify, develop, and deploy services and strategies that improve outcomes for mental health consumers in jail, including universal screening for mental health needs at booking and enhanced training for custody staff.

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■ FINDING THREE

- A large and growing number of people found incompetent to stand trial because of unmet mental health needs are forced to spend months in jail awaiting services necessary for their cases to proceed.

■ RECOMMENDATION THREE

- To reduce the backlog of people found incompetent to stand trial, California must maximize diversion from the criminal justice system.
- For people who cannot be diverted and are found incompetent to stand trial, the state and counties should expand options for restoring competency.

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■ FINDING FOUR

- California has not put in place a statewide, systemic approach for prevention and diversion to reduce criminal justice involvement for mental health consumers and improve outcomes.

■ RECOMMENDATION FOUR

- The Council on Criminal Justice and Behavioral Health should fortify its efforts to champion collaboration among state agencies to support local prevention and diversion of mental health consumers from the criminal justice system.

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■ FINDING FIVE

- Data is a critical tool in decision-making and service delivery, but state and local agencies are not effectively harnessing its power to improve outcomes for those in need.

■ RECOMMENDATION FIVE

- The California Health and Human Services Agency should reduce or eliminate barriers so that data and information technology are used to drive decision-making, identify service gaps, and guide investments in programs to reduce the number of people with mental health needs in the criminal justice system.

13



■ FINDING SIX

- To build effective prevention and diversion systems, criminal justice and mental health professionals will need new knowledge, skills, and abilities to better serve mental health consumers and their communities.

■ RECOMMENDATION SIX

- The State, in partnership with the counties, should expand technical assistance resources to improve cross-professional training, increase the use of data and evaluation, and the dissemination of best practices, including community-driven and evidence-based practices.

14

Update

- What's happened since the report was released?



15

Thank you!

Additional questions?

Please contact Ashley Mills at ashley.mills@mhsoac.ca.gov

Project Website | <http://mhsoac.ca.gov/criminal-justice-and-mental-health>



Mental Health Services Oversight and Accountability Commission | www.mhsoac.ca.gov

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NSSC

National Shattering Silence Coalition
Speaking Out • Inspiring Change

NSSC is a nonpartisan alliance of family members, individuals suffering from SMI, professionals in the trenches, and people who care who are uniting to ensure that mental illness, health, and criminal justice systems count those with SMI, SED, and their families in all federal, state, and local policy reforms. We are voices for the 11.2 million adults and 7 million children living with and dying too young from serious mental illness.

August 22, 2019

The Honorable Senator Christopher Murphy
136 Hart SOB
Washington, DC 20510

The Honorable Michael F. Bennet
261 Russell Senate Building
Washington, DC 20510

The Honorable Cory A. Booker
717 Hart SOB
Washington, DC 20510

The Honorable Christopher A. Coons
218 Russell Senate Office Bldg.
Washington, DC 20510

The Honorable Dianne Feinstein
331 Hart SOB
Washington, DC 02510

The Honorable Bernard Sanders
332 Dirksen SOB
Washington, DC 20510

The Honorable Dan Sullivan
302 Hart SOB
Washington, DC 20510

The Honorable Sherrod Brown
503 Hart SOB
Washington, DC 20510

The Honorable Tammy Duckworth
524 Hart SOB
Washington, DC 20510

The Honorable Kamala D. Harris
112 Hart SOB
Washington, DC 20510

The Honorable Angus King, Jr.
133 Hart SOB
Washington, DC 20510

The Honorable Edward Markey
255 Dirksen SOB
Washington, DC 20510

The Honorable Chris Van Hollen
110 Hart SOB
Washington, DC 20510

The Honorable Richard Blumenthal
706 Hart SOB
Washington, DC 20510

The Honorable Bill Cassidy, M.D.
520 Hart SOB
Washington, DC 20510

RE: The Dire Need to Fully Repeal the IMD Exclusion and Calculate the “Cost of Not Caring” For Those Suffering From Serious Mental Illnesses

Dear Senator Murphy, Senator Bennet, Senator Booker, Senator Coons, Senator Feinstein, Senator Sanders, Senator Sullivan, Senator Blumenthal, Senator Cassidy, Senator Brown, Senator Duckworth, Senator Harris, Senator King, Senator Markey, and Senator Van Hollen:

Our coalition applauds your efforts to see that the 21st Century Cures Act is fully funded, as evidenced by your letter of April 13, 2018, addressed to Senator Roy Blunt, Chairman, and Senator Patty Murray, Ranking Member of the Subcommittee on Labor-Health and Human Services-Education to “request robust funding for the Helping Families in Mental Health Crisis Reform Act of 2016”.

We’re writing to ask you to introduce two bills -- one which would fully repeal one of the most damaging barriers to treatment for persons with serious mental illness (SMI) in America - the Medicare Institutions for Mental Disease (IMD) Exclusion, and one that would lead to proof that the “Cost of Not Caring” as referred to by the NSSC, is hidden in the justice system and in personal, family and societal costs and far exceeds the cost to actually providing treatment.

Two years after the Community Mental Health Centers Act of 1963, they barred Medicaid funds from use to treat adults between the ages of 21 and 64 in facilities of over 16 beds for the specific treatment of mental illness (IMD). This exclusion has driven out of business those psychiatric hospitals for persons that do not have access to private health insurance. The limit in size eliminates the possibility of achieving economies of scale for these critically needed facilities and led to the closing of institutions, losing treatment beds, and provided no effective system to replace them.

We have developed a position paper that fully explains the failings of the IMD Exclusion. It can be found at

<https://storage.googleapis.com/wzukusers/user-30068683/documents/5baa3c7610d00Drlizk1/MD%20Position%20Statement.pdf>. The Treatment Advocacy Center, the Schizophrenia and Related Disorders Alliance of America, Mental Illness Policy.Org, the National Association of State Mental Health Program Directors, the National Association for Behavioral Healthcare, American Psychiatric Association, the National Governors Association, the American Medical Association, 39 US Attorney Generals, and the Interdepartmental Serious Mental Illness Coordinating Committee support this position.

In November 2018, CMS issued guidance, as mandated by Section 12003 of the 21st Century Cures Act (P.L. 114- 255), about opportunities to design innovative systems for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). This guidance allows states to provide Medicaid coverage through Section 1115 waivers for short-term stays in IMDs for individuals with SMI and SED.

According to the Kaiser Family Foundation, as of July 16, 2019, 24 states had approved Section 1115 waivers allowing states to receive federal Medicaid funds for SUD services in IMDs and 1 only state had an approved waiver for mental health services. At that time, 5 states had pending waivers for SUD services, and only 1 state had a pending waiver for mental health services. To use these waivers, the states must submit applications and create special administrative and reporting processes to comply with the terms of the waivers. States simply do not bother to undertake this additional workload. Only complete elimination of the IMD Exclusion makes it possible, regardless of state actions, for facilities to scale up and be built to serve in areas that don't have enough psychiatric treatment beds to serve our most vulnerable population.

We now have a system in which it uses Medicaid funds to provide treatment of Alzheimer's and Parkinson's diseases, and opioid addictions, but not those with serious psychiatric diseases like schizophrenia or bipolar disease. This is so discriminatory. We ask you, how is it allowed to stand?

It's unethical, barbaric, and dangerous to deny needed psychiatric treatment. Too often those with serious mental illnesses act out their delusions in public by harming themselves, a family member, or stranger. Consider the episode in a Minneapolis mall where a person who had shown repeated psychotic behaviors pushed a child from a third-floor balcony.

Once in the judicial system, a mentally ill person not only does not receive proper medical treatment but is often cruelly mistreated at the hands of the officers and other inmates. Instead of "corrected", it exacerbates their illnesses. Their times of incarceration are on average several times longer than others with the same original charges. This is expensive, inefficient, ineffective and amounts to unconstitutional cruel and unusual punishment, all because our nation does not treat the original disease safely and effectively.

We need your help to prove that the costs hidden in the justice system and in personal, family and societal costs of not caring far exceed the cost to actually provide treatment. Please consider introducing a bill that would ask our federal, state and local governments (including judicial systems) to examine the exact amount of money allotted each fiscal year to address the effects of untreated serious mental illness on our society and report its findings to Members of Congress.

Our coalition is also attempting to quantify the personal cost to our families related caring for an adult loved one with a serious mental illness: the cost of items such as out of pocket mental

health care costs, lost wages, psychiatric services required for caregivers and family members, homes lost to second and third mortgages to gain treatment or to pay legal fees, and 401Ks/Retirement Accounts that have been exhausted because of the need to secure help for a loved one with SMI. These are just some examples of overlooked expenses to deal with when they are responsible for a person with a serious mental illness who is not receiving proper medical care.

There may be no way to assign a dollar amount to other costs: the marriages destroyed, family relationships that have fallen apart under the stress, careers destroyed and jobs lost, physical injuries or deaths of family members and others inflicted by those with SMI--and the dreams and futures of our loved ones shattered when serious mental illness presents itself.

We look forward to hearing from you and hope that you will accept this challenge. The time for ending the IMD Exclusion and bringing treatment to our loved ones is now.

Sincerely,

A handwritten signature in black ink that reads "Jeanne A. Gore". The signature is written in a cursive, flowing style.

Jeanne A. Gore
National Shattering Silence Coalition

Please Contact Us:
Jeanne A. Gore
Coordinator, NSSC & Co-Chair Steering Committee
coordinator@nationalshatteringsilencecoalition.org
603-969-3135

Tamara Dalrymple
Co-Chair Steering Committee
tamaradalrymple76@gmail.com
304-305-0819

A Son's Schizophrenia – Violence & Incarceration – A Parents' Endless Efforts To Help Gabriel

BY **PETE EARLEY** www.peteeearley.com/2019/07/15



(7-15-19) Not wanting to stigmatize individuals with mental illnesses, the majority of whom are not dangerous, few families openly discuss violence in their homes. Families, especially parents, are the most vulnerable when a seriously mentally ill loved one becomes dangerous. Here is the first of a two-part guest blog written by Elena Broslovsky who chronicles her son's ongoing struggles with schizophrenia that lead to violence, his imprisonment and, ultimately a return to sanity.

Of Dragons, Magic Pills, And A Nine Word Incantation (Part 1 of 2)

Guest blog by [Elena Broslovsky](#), author, blogger, advocate and mother.

On Mother's day, I realized it might have been me lying cold and bleeding on the floor with my spleen kicked in.

I could have been airlifted to the emergency room, one eye battered closed, barely conscious. It was Dove, who took the beating. In shock, I fervently prayed he would live, while wishing I could die along with this nightmare.

Our son had slipped through time again into the grasping dragons of mental illness and addiction. The memory of my nose buried in gold silk wisps at the soft spot of his newborn crown, always returns. In my dreams and in broad daylight, the long ago intoxicating powdery sweet smell and recollection of that perfect peace, haunts. The ability to stop his cries and fill his needs with gentle rocking and Mother's milk are long gone.

As he grew, so did our pride in his accomplishments and hopes for his future.

He graduated with both academic and athletic honors at 16 and was accepted at UC Santa Cruz. After his second semester, we began losing him in bewildering painful increments. We fought demons with conflicting theories and advice. Our love and good intentions were ineffective weapons. He would partially recover with just enough of himself intact to give hope he might be restored and redeemed.

Each recovery left fewer fragments of our once brilliant, happy child.

There were magic pills to 'fix' him but he did not believe he needed fixing.

After a dozen years in-and-out of hospitals and on-and-off meds, he chose to live on the street even though he had a comfortable home. He was almost thirty when he slashed the throat of an attacker in broad day light on Pacific Avenue. It was deemed self defense. All he had to do to stay out of prison was take the pills that made him stable.

But they also made his hands tremble and caused weight gain on his once taut athletic frame. He refused meds and was locked up for almost six years till he was finally convinced the meds and freedom might be a better alternative. He was influenced, he told us, by a lengthy stay in the SHU, aka Special Housing Unit, aka Solitary Confinement. He was told he would not get out till he took his meds.

Released, he fought his way back slowly with the help of Twelve Step programs, a sponsor, and his practice of Zen Buddhism. Dove, a soft spoken, pale, brown robed priest mentored him. He was a teacher at a Zen Community when he first met our Gabriel, then a 16 year old, before his Twin Dragons struck. We were so grateful that such a kind, intelligent, generous and peaceful man befriended our son. He taught him as a young University student and later when he was released from prison.

Dove helped Gabriel secure a small cottage on the grounds of the Zen Community.

For the next five years Gabriel battled his mental illness, gambling and substance addictions.

He was so drastically different from the child we once knew that he seemed to be our Second Son. As he struggled to rebuild a remnant of a stable life, we walked on eggshells in his presence. He had a volatile temper and lashed out at us. He often seemed irrational and sometimes withdrew completely. It was a difficult dance to be supportive but not tolerate abusive behavior. We were guided by our local NAMI chapter, on-line support groups, classes, and oceans of books from other bewildered family members and mental health professionals. There was lots of support but also conflicting information and suggestions.

Most friends and family subtly and often blatantly blamed us, sometimes while bragging of their own child's accomplishments.

Gabriel was often hostile and mistrustful, blaming us for his difficulties and insisting there was nothing wrong with him. We were the problem. He would not sign a release form so we could communicate with those providing health care. I sent past health records and a written history of the changes we noted but could never confirm they were received.

We were shut out of assisting a treatment team.

We jumped at the sporadic chances to connect when he was open and loving and willing to include us in his life. We had intermittent glimpses of the charming, sweet person he could be. We lived on a Ranch in the Central Valley that I loved but I decided to move to Santa Cruz to be closer to him.

Eventually he took his Precepts in a Zen Buddhist ceremony and ironically was given the Zen name *Mysterious Dragon of Constant Virtue*. His head was shaved. He studied Compassion, Harmony and Buddha nature. He served at ceremonies and meditations lighting incense and ringing bells. He helped make meals for the homeless. He had a part time delivery job.

When he completed his parole, he was no longer required to go to 12 step meetings.

The Twin Dragons that slumbered in his brain had been held at bay. Now they stirred, awoke, and breathed their fetid fire. He withdrew from activities, commitments, and community. He stopped his meds and quit his job. He stopped feeding the fish he had loved and nurtured and let them slowly die in the tank his best friend had given him.

One bright February day, he tossed his phone and computer in a dumpster, and vanished.

After an exhaustive three weeks search I found him in a deteriorated state. Although he recognized me, he wasn't speaking. He was dazed. His cottage was still open and available but he would not consider returning to it. I left money in an account for him at his favorite market. The compassionate store clerk's brother also battled schizophrenia. She emailed updates and a warning. The owner, her boss did not want him around the store.

Dove was deeply concerned and we both sought help from the police pleading for 5150 (involuntary psychiatric hold), to get him off the street and into care.

Gabriel had learned the magic words. His hair was matted knots, his eyes were wild and his clothes filthy, wreaking rags. A former clean cut, athletic, honor student was living on wild mushrooms in the wooded area surrounding the park where he sometimes slept. Even though the police knew he had a schizoaffective diagnosis, and a prison record for a violent act...

"He is not," I was coldly informed, "breaking the law."

When approached he had incanted the nine magic words:

"I am not a danger to myself or others."

He then melted back, out of reach, into the woods.

Days later, gaunt and wildly hallucinating, he slammed a complete stranger in the back of the head in a coffee shop. Next he broke into Dove's home through the bathroom window. A fight ensued, leaving Dove battered so badly he was airlifted to Stanford and eventually lost his spleen and needed facial reconstruction.

They arrested our son sitting naked on a picnic table at the same market where Dove and I had pleaded with him to come home. He told the police that Dove had been 'replaced' by a Nazi and he was trying to save him and others. A much younger man, with a Dragon Tattoo had inhabited Dove's body and replaced him.

He ranged from raving and incoherent to entirely mute.

Unable to assist in his own defense, he was sent to a state hospital to become 'trial ready,' by the court. He came back stabilized on the meds he was forced to take there. Now with the fog cleared he stated he knew it was Dove at the time. Which according to those who evaluated him, meant he was sane at the time of the offense. Not factoring his altered mental state on-and-off meds.

Gabriel stayed in the county jail for three-and-a-half years ranging from psychotic, to catatonic to barely stable.

In spite of a 27-year history with a diagnosed serious mental illness, and the knowledge that he had been off his much needed medication over 3 months, when he attacked the man who had mentored him since he was sixteen and shown him only deep concern and kindness, it was concluded that he was sane of the attack. With a strike for a previous conviction he faced a 33 year sentence. Once he was properly medicated he realized what he had done and became confused and racked with guilt. He wanted to be punished. I believe he would have rather been a felon in prison than a "loony in the loony bin."

No one wants to create stigma against someone they love. It is painful to accept that untreated and off meds our son can be a danger to himself and others, even though he can say the nine magic words.

"I am not a danger to myself or others."

ABOUT THE AUTHOR: Elena and her husband Attorney Allen Broslovsky live in Aptos CA where they advocate for families dealing with SMI Serious Mental Illness. They are members of the local NAMI chapter <https://www.namiscc.org/> where Elena is part of the Helpline team and a Family Support Group facilitator. They are also members of the amazing NAMI Family Support Group that meets at NAPA State Hospital and is supported by the NSH Staff. You can read more of her [blog posts here](#).

(Tomorrow: PART TWO – Prison, stability and undying love.)

3 1/2 Years Demanding Treatment In Hospital, Rather Than Prison. A Chance For Redemption

BY PETE EARLEY



(7-16-19) This is part two of Elena Broslovsky's courageous telling of her family's struggle to help Gabriel whose serious mental illness led to him being incarcerated for a violent attack that happened when he was psychotic.

Of Dragons, Magic Pills, And A Nine Word Incantation (Part Two)

Guest blog by [Elena Broslovsky](#), author, blogger, advocate and mother.

My husband and I were on a Ferry boat sliding through Alaska's Inside Passage. It was my Birthday. My phone rang. We were told there was no cell service and I thought I had turned it off. The call was from the 707 area code. I almost didn't answer as I block most calls from places not in my contacts.

"Hello, I am in Napa," a breathless and excited voice exclaimed

"Who is this?"

"It's your Son! Happy Birthday! They transferred me to Napa, I thought I was going to Atascadero but ..."

He was cut off. Cell service really ended and the boat was not set to stop till Wrangell. When it finally docked, I tore down the gang plank knowing I had limited time as it was a short unloading stop.

A few people with dogs got off to let the dogs sniff and pee. There was one tiny out building but no phone I could use. I ran to the highway, risking the boat leaving. There were tall quiet pines on the other side of the two lane highway. An occasional beat up truck whizzed by. I crazily speed walked down the edge of the road and miraculously caught a bar and hit redial on his call. It was a pay phone and a patient answered who didn't know by son's name but finally said,

"Oh, it's the new kid.."

A painful silence ensued and then my son's voice sounding brighter than it had years excitedly stumbling over the events that brought him to Napa and describing the conditions there and what it was like to be out of a small cell.

My husband was wildly waving from other side of road. People and pets had returned to boat. The gang plank was being removed as the fog horn bleated its last warning.

"Wait" I wailed, elated as I scrambled back across the road, through the parking lot and the purser, as the gate was being chained closed.

Gabriel had stayed in jail for three and a half years while we fought to get him hospitalized.

A very small percent of those charged with a violent felony are granted this life saving privilege, even with a proven serious mental illness. Most are inhumanely kept locked in cages where a cure is highly unlikely. Most become sicker and remain a danger to themselves and others. Most do not have the advantage of two loving parents who are able to appear at each court appearance. (Gabriel had 23 court appearance over three and a half years.) Most do not have the services of a committed, compassionate Public Defender as we did. Many do not know how the court system works. Many do not know that they can advocate with letters and provide medical and psychiatric histories even though their loved one has not signed a release. In larger cities the courts are so clogged and the Public Defender's have such heavy case loads that many suffering from debilitating mental illness are coerced to accept a plea even when there is a defensible case. This happened to our son after his first arrest. I was determined not to let it happen again.

As a NAMI volunteer I prevailed on our chapter President to send a letter of support to the DA. She lost her own son to suicide and has worked tirelessly since then to educate and advocate. She is well known and well respected in our county. Her letter stated that

"...this case cries out for a thoughtful solution that will protect the public and also provide needed treatment for the defendant. We know that treatment works."

As I write, it has been ten months since his healing journey in Napa State Hospital began. While it is a locked, secured facility and there are gates, guards, and barbwire, it is also a place of healing and support. The difference in Gabriel is astonishing.

For over three years we had visited behind a glass wall after he was shuffled handcuffed and in leg irons, in his orange jump suit. Many times he would make no eye contact for the entire hour visit. Often he would refuse to speak and I would just sing to him through the wall phone. I never even dreamed I would be able to look into his eyes or hug him again.

But we left a prison system where there was no respect or teaming with loved ones (other than to allow visiting) and little hope of recovery.

Our first visit to Napa felt like we were entering OZ, a technicolor place bright with hope for a possible recovery, connection to loved ones, and a productive life.

Who was the handsome, clean cut smiling man, who looked me in the eye with a huge smile and bear hug?

We met in a large lunch room type area after going through triple security checks. There are other families each seated at a round table. We are allowed to bring in food and there are vending machines for drinks.

Families and friends are encouraged to visit and to interact with staff. In November the staff volunteers to put on a Thanksgiving meal for over 600 family members.

The patients in Napa are treated with respect and dignity. While they must wear tan or brown clothes they are given a choice of different types of shirts and pants and responsible for laundering them.

Not everyone responds as well as Gabe who is taking ten classes and participating in relapse prevention, substance recovery, symptom management groups, as well as computer class.

He is learning what he must do if he is ever to reintegrate into society. He must come to terms with what he did and understand why. He will not be considered "cured" and turned out on the street dazed and confused as so many are after a 72 hour hold. Instead, he will go through a conditional release program CONREP, and gradually learn how to become a taxpaying contributing member of his community.

These are some of the differences I observed.

1. The use of family members by staff as part of the treatment team both with and without release forms.
2. Trauma Informed Care training given to Corrections Officers, Police Force, and all staff that interface with patients and family members.
3. Safe, supervised space where family members meet, eat, and interact with loved ones.
4. Partnership, education and special events offered to family members by staff.
5. Con Rep services. (Continued monitoring and support for conditional release)

Of those patients admitted to NSH (Napa State Hospital) about 65 percent get well enough to be discharged. Once hospitalized and on CONREP many persons with serious mental illnesses become tax payers and not tax users. If long term hospitals are built, the number of incarcerated mentally ill and homeless mentally ill would fall substantially and any cost the hospitalization would be more than made up for in a decreased need for homeless programs, housing, jail cells.

As a NAMI volunteer, I answer our Helpline and facilitate Family Support Groups. We see so many families lost, confused, and frightened, looking for and needing answers. We need to work together to find ways to end that confusion, that fear, and offer answers. The practices at Napa are so much more conducive to recovery than jails and prisons. But we need to look backward to when my son and others first get sick. We need to help them before they end up in Napa.

I look back and see so many missed opportunities. I look back and I can still smell the sweet spot on the crown of my baby's head, and see his bright blue eyes smiling up at me.

I look back on the night he attacked Dove. It could have been me. It could have been another.

Now, I look forward with hope. I look for a chance to heal. I look for a chance of redemption.

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Take Action!

Sign Your Organization to a Letter Urging Debate Moderators to Ask 2020 Presidential Candidates about their Plans to Address Housing Affordability

Add your organization to a [national letter](#) urging ABC, Univision, and the moderators of the next presidential debate to ask the candidates about the most important issue impacting our economic wellbeing, health, educational success, and so much more – **affordable homes**.

The nation's housing affordability crisis is an issue of paramount importance to voters. A recent national public opinion [poll](#) commissioned by NLIHC's *Opportunity Starts at Home* campaign found 60% of people in America say housing affordability is a serious problem where they live, 61% report having to make sacrifices because they were struggling with housing costs, and 83% say elected officials are not paying enough attention to the need for more affordable housing. Nearly 8 in 10 say the president should "take major action" to make housing more affordable for low-income families, and 76% say they are more likely to vote for a candidate with a detailed plan.

In the last debates, several presidential candidates [talked about affordable housing solutions](#) for the first time ever in a presidential debate. Eleven presidential candidates have released major plans or other proposals to address the country's housing affordability crisis, and more are coming soon. The candidates are [talking](#) about their housing plans on the campaign trail – in [town halls, forums, coffees](#) and beyond.

But the issue of housing affordability in America needs to be front and center in the upcoming presidential debates!

Add your organization to the [national letter](#) calling for that today!

For more information about how affordable homes are built with ballots, visit: *Our Homes, Our Votes: 2020*. Be sure to follow us on Twitter: @OurHomesVotes and Facebook: @OHOV2020 and use #OurHomesOurVotes2020 in your posts.

Sign Now

 Share  Tweet  Forward

 FRIEND ON FACEBOOK  FOLLOW ON TWITTER  VISIT OUR PAGE



The National Low Income Housing Coalition is dedicated solely to achieving socially just public policy that assures people with the lowest incomes in the United States have affordable and decent homes.

Established in 1974 by Cushing N. Dolbeare, the National Low income Housing Coalition is dedicated solely to achieving socially just public policy that assures people with the lowest income in the United States have affordable and decent homes.

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Ventura County Behavioral Health
Board Letter Summary of Contracts for July

Board Date	Contractor	Amount	Term	Description
7/23/2019	Aegis Treatment Centers, LLC (Aegis)	\$6,984,014	7/1/2019 to 6/30/2020	VCBH is contracting with Aegis to provide outpatient opioid/narcotic treatment program and Medication Assisted Treatment (MAT) for adults. Utilization of opioid/narcotic treatment program services has increased as more clients become eligible and care coordination efforts and referrals have increased. The contract term is July 1, 2019 through June 30, 2020. The maximum amount is \$6,984,014 and was increased to provide a one-time payment for FY 2018-19 services.
7/23/2019	Ventura County Office of Education (VCOE)	\$30,783	7/1/2019 to 6/30/2020	VCBH is contracting with VCOE to provide on-site alcohol and drug program services for students in the Recovery Classroom program at Gateway Community School under a Memorandum of Agreement (MOA). The contract term is July 1, 2019 through June 30, 2020 for a maximum amount of \$30,783.
7/23/2019	Catalyst Ventura Church	\$432,905	7/1/2019 to 6/30/2020	VCBH is contracting with Catalyst Ventura Church to provide services through its Ignite program, an after-school program serving at-risk teens ages 13-19 in Santa Paula. The contract term is July 1, 2019 through June 30, 2020 for a maximum amount of \$432,905.
7/23/2019	One Step a La Vez	\$389,248	7/1/2019 to 6/30/2020	VCBH is contracting with One Step a La Vez through its afterschool program serving at-risk youth ages 13-19 in Fillmore. The contract term is July 1, 2019 through June 30, 2020 for a maximum amount of \$389,248.
7/23/2019	Idea Engineering, Inc.	\$43,100	7/1/2019 to 6/30/2020	VCBH is contracting with Idea Engineering, Inc. to develop a media campaign on suicide prevention for the Bartenders as Gatekeepers program. The contract term is July 1, 2019 through June 30, 2020 for a maximum amount of \$43,100.
7/23/2019	Golden Ventura CRT, LLC (GVCRT)	\$0	7/1/2018 to 6/30/2019	VCBH is contracting with GVCRT to provide short-term crisis rehabilitation treatment (CRT) services used by patients to avoid acute hospitalization and to assist in stepping down from acute hospital stays. VCBH previously contracted with Golden State Health Centers (GSHC), but they requested a name change to GVCRT, for the contract term of July 1, 2019 through June 30, 2020. No cost is associated with this change.
7/23/2019	Golden Hillmont House MHRC, LLC (GHHMHRG)	\$0	7/1/2019 to 6/30/2020	VCBH is contracting with GHHMHRG to provide housing and support at to enable individuals with severe, persistent mental illness to transition to independent or supported-living arrangements. VCBH previously contracted with GSHC, but they requested a name change from GSHC to GHHMHRG for the contract term of July 1, 2019 through June 30, 2020. No cost is associated with this change.

7/23/2019	Senior Planning Elder Care Services (SPECS)	\$550,000	7/1/2019 to 6/30/2020	VCBH is contracting with SPECS to provide certified and/or licensed temporary staff to fill vacation positions from fiscal year (FY) 2018-19. VCBH exceeded the FY 2018-19 contract amount due to vacancies in 12 clinical positions, which are currently under recruitment. The FY 2019-20 budget was increased by \$50,000 to a maximum amount of \$550,000 to cover the overage.
7/23/2019	La Siesta Guest Home	\$222,407	7/1/2019 to 6/30/2020	VCBH is contracting with La Siesta Guest Home for augmented board and care services. This contractor provided a higher level of service than anticipated in FY 2018-19, exceeding their maximum agreement amount. The FY 2019-20 contract was increased to \$222,407 (an increase of \$11,300) to cover the overage.
7/23/2019	Hickory House	\$250,200	7/1/2019 to 6/30/2020	VCBH is contracting with Hickory House for augmented board and care services. This contractor provided a higher level of service than anticipated in FY 2018-19, exceeding their maximum agreement amount. The FY 2019-20 contract was increased to \$250,200 (an increase of \$5,000) to cover the overage.
7/30/2019	All Languages Interpreting and Translating, Inc. (ALIT)	\$335,000	7/1/2019 to 6/30/2020	VCBH is contracting with ALIT to provide interpretation and translation services in clinics, meetings, and community behavioral health forums. A decrease in billable hours for interpretation the first six months of FY 2018-19 represents a decrease of \$105,000, which VCBH will use to expand a pilot program in East County and to add a new interpreter no show fee of \$100 to cover VCBH's cost of the loss of revenue associated with interpreter no shows. The maximum contract amount is \$335,000 and the contract term is July 1, 2019 to June 30, 2020.
7/30/2019	Turning Point Foundation (TPF)	\$539,771	7/1/2019 to 6/30/2020	VCBH is contracting with TPF to provide wellness through non-clinical groups and activities, increase community integration of residents, and help residents learn independent living skills. A salary rate increase in the amount of \$2,427 to support peer positions working with the VCBH Rapid Integrated Support and Engagement (RISE) program and \$541 to support Quality of Life (QLI) peer positions will maintain continuity of peer services to the RISE and QLI teams. The term of the contract is July 1, 2019 through June 30, 2020, and new contract maximum is \$539,771.
7/30/2019	National Alliance on Mental Illness Ventura County (NAMI)	\$158,423	7/1/2019 to 6/30/2020	VCBH is contracting with NAMI to provide mental health supportive services to individuals with mental health issues, their families, and other mental health service providers. The third amendment increased the maximum contract amount \$29,209 to a maximum of \$158,423 to fund an increase in the number of clients served and expansion of services in Spanish. The contract term is July 1, 2019 to June 30, 2020.

7/30/2019	Kids & Families Together (KFT)	\$1,152,790	7/1/2017 to 6/30/2020	VCBH is contracting with KFT for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. The amendment extends the term of the agreement for a one year period for FY 2019-20 and updates contract language pursuant to the mental health agreement with the Department of Health Care Service (DHCS). The contract term is July 1, 2019 through June 30, 2020. The contract maximum is \$1,152,790.
7/30/2019	Seneca Family of Agencies (Seneca)	\$1,480,262	7/1/2018 to 6/30/2019	VCBH is contracting with Seneca for Comprehensive Assessment and Stabilization Services (COMPASS). Seneca will provide a short-term residential therapeutic program (STRTP) to provide voluntary residential treatment for minors unable to be stabilized in less than 24 hours, but who do not meet the criteria for psychiatric hospitalization. The FY 2019-20 budget reflects a \$115,127 increase (salaries and benefits, occupancy and vehicle expenses). The contract term is July 1, 2019 through June 30, 2020. The contract maximum is \$1,480,262.
7/30/2019	Seneca	\$1,595,389	7/1/2019 to 6/30/2020	VCBH is contracting with Seneca for the COMPASS program to provide short-term residential therapeutic program (STRTP) services. The contract term is July 1, 2019 through June 30, 2020. The contract maximum is \$1,595,389.
7/30/2019	Seneca	\$3,472,383	7/1/2018 to 6/30/2019	VCBH is contracting with Seneca for Crisis Stabilization Unit (CSU) services. This program will provide mental health interventions necessary to divert minors from hospitalization and it will safely discharge minors to community services. The contract term is July 1, 2019 through June 30, 2020. The contract maximum is \$3,472,383.
7/30/2019	Seneca	\$3,555,989	7/1/2019 to 6/30/2020	VCBH is contracting with Seneca for CSU services. This program will provide the mental health interventions necessary to divert minors from hospitalization and will safely discharge minors to community services. The contract term is July 1, 2019 through June 30, 2020. The contract maximum is \$3,555,989.

MEMORANDUM

DATE: August 8, 2019

TO: Behavioral Health Advisory Board

FROM: Contracts Administration

SUBJECT: Board of Supervisors Approved July Agreements/Board Items

Executive Summary

Board of Supervisors Approved Agreements – July 23, 2019

1. Alcohol and Drug Programs (ADP): Fiscal Year (FY) 2019-20 Third Amendment with Aegis Treatment Centers, LLC, (Aegis).

This item recommended approval for the Ventura County Behavioral Health (VCBH) Director or designee to sign the FY 2019-20 third amendment with Aegis to increase the FY 2019-20 agreement maximum to \$6,984,014 (an increase of \$50,000), and to pay for services rendered in the prior FY 2018-19. This agreement is funded with Drug Medi-Cal Federal Financial Participation (DMC FFP) and 2011 Realignment funds.

Aegis provides outpatient opioid/narcotic treatment program and Medication Assisted Treatment (MAT) services for adults. With the implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver in December 2018, utilization of opioid/narcotic treatment program services has increased as more clients have become eligible for expanded MAT services. Increased care coordination efforts and referrals have also increased client access to MAT across the continuum of care. Aegis currently has clinics in Oxnard, Santa Paula, Simi Valley, and Ventura with a total licensed capacity of 1,310 clients. Aegis provided services to 878 DMC clients in FY 2017-18. From July 1, 2018 to April 30, 2019, Aegis served 894 DMC clients.

The third amendment to the agreement with Aegis increases the maximum agreement amount an additional \$50,000 to \$6,984,014. This increase is needed to address the increase in clients that required services in FY 2018-19 and to make payments in FY 2019-20 for these services.

VCBH recommended approval for the VCBH Director or designee to sign the third amendment for narcotic treatment program services with Aegis, increasing the maximum agreement amount for FY 2019-20 from \$6,934,014 to \$6,984,014 (an increase of \$50,000) to pay for services rendered in FY 2018-19.

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2. ADP: FY 2019-20 Memorandum of Agreement (MOA) with Ventura County Office of Education (VCOE) at Gateway Community School.

This item recommended approval for the VCBH Director or designee to sign the MOA for coordination and collaboration of alcohol and drug program services with VCOE at Gateway Community school for FY 2019-20. VCOE will pay VCBH \$30,783 per year for alcohol and drug program services.

VCOE has provided on-site alcohol and drug program services for students in the Recovery Classroom program at Gateway Community School for many years under a MOA. These on-site services are more convenient for the students and have enabled more students to access services. The MOA with VCOE ended on June 30, 2019.

VCBH and VCOE wish to continue this collaboration through the MOA, which establishes the working relationship between the parties and details responsibilities of each party regarding the delivery of alcohol and drug program services to students and families at Gateway Community School. Specifically, VCOE agrees to: (1) continue to allocate space to accommodate VCBH staff as they work on-site at Gateway Community School; (2) provide referrals to VCBH as appropriate; (3) communicate student information to VCBH through the referral process; and (4) provide information about VCBH and offer programs, as appropriate. VCBH will use existing staff to provide up to 35 hours per week at Gateway Community School for an alcohol and drug counselor to deliver services to approximately 16 students, including screenings and assessments, substance abuse individual and group counseling, case management, and linkage with collateral services. VCBH will provide drug and alcohol information and education to students, families and staff. VCOE will pay VCBH for counselor staff time in an amount not to exceed \$30,783 for the one-year term of July 1, 2019 through June 30, 2020.

VCBH recommended approval for the VCBH Director or designee to sign the MOA for coordination and collaboration of alcohol and drug program services with VCOE at Gateway Community School, effective July 1, 2019 through June 30, 2020.

3. FY 2019-20 Agreements with Catalyst Ventura Church, One Step a La Vez, and Idea Engineering, Inc.

This item recommended approval of the following three FY 2019-20 agreements with: (1) Catalyst Ventura Church, in the amount of \$432,905, (2) One Step a La Vez, in the amount of \$389,248, and (3) Idea Engineering, Inc., in the amount of \$43,100. These contracts are funded with Mental Health Services Act (MHSA) funds.

Conocimiento: Addressing Adverse Childhood Experiences through Core Competencies Services

Under the MHSA, counties are expected to develop innovative projects and use the information learned from such projects to improve the behavioral health care system. VCBH has developed a four-year MHSA Innovations Project titled Conocimiento: Addressing ACEs though Core Competencies. The following providers are Conocimiento contractors:

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Catalyst Ventura Church will provide services through its Ignite program. The Ignite program is an afterschool program serving at-risk teens ages 13-19 in Santa Paula.

One Step a La Vez will provide services through its afterschool program, serving teens ages 13-19 in Fillmore. This program will provide similar services as Catalyst Ventura Church to at-risk Fillmore youth.

Bartenders as Gatekeepers Program Services

The following contractor will provide Bartenders As Gatekeepers program services:

Idea Engineering, Inc. is developing a media campaign on suicide prevention for the Bartenders as Gatekeepers program. The amendment to the agreement will fund: (1) additional VCBH website content development, (2) the creation of additional messaging videos, and (3) the creation of educational materials for the development of a tool kit.

VCBH recommended approval for the VCBH Director or designee to sign the FY 2019-20 agreements with: (1) Catalyst Ventura Church, in the amount of \$432,905, (2) One Step a La Vez, in the amount of \$389,248, and (3) Idea Engineering, in the amount of \$43,100.

4. FY 2019-20 First Amendments with: (1) Golden Ventura CRT, LLC (GVCRT) and (2) Golden Hillmont House MHRC, LLC (GHHMHRC).

This item recommended approval of two FY 2019-20 first amendments involving name changes for the: (1) short-term crisis rehabilitation treatment (CRT) center from Golden State Health Centers, Inc. (GSHC) to GVCRT and (2) mental health rehabilitation center (MHRC) from GSHC to GHHMHRC.

The CRT facility provides a short-term voluntary program for up to 15 adults experiencing increased psychiatric symptoms or a behavioral health crisis; an individual's length of stay 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 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.

The first amendments to the agreements change the name of the contractors providing CRT and MHRC services for VCBH from GSHC to GVCRT and GHHMHRC respectively. There are no other proposed changes.

VCBH recommended approval for the VCBH Director or designee to sign the first amendments to the FY 2019-20 agreements with GVCRT and GHHMHRC.

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5. FY 2019-20 Third Amendment with Senior Planning Elder Care Services (SPECS).

This item recommended approval for the VCBH Director or designee to sign the FY 2019-20 third amendment for additional medical personnel staffing and recruiting services with Senior Planning Elder Care Services, in the amount \$550,000 (an increase of \$50,000), for services provided in FY 2018-19. This agreement is funded with Tobacco Settlement and 1991 Realignment funds.

SPECS provides certified and/or licensed temporary staff to help fill vacant positions due to difficulty in recruiting qualified and appropriately certified and/or licensed staff, as well as backfilling leaves of absence (LOA). VCBH's combined vacancy and LOA rate ranges between 9% and 20% and VCBH uses temporary staff to fill those vacancies. SPECS temporary staff help VCBH maintain continuous services to clients until permanent VCBH staff can be hired, using a variety of temporary staff from SPECS, including registered nurses, mental health associates, and licensed marriage and family therapists.

The third amendment increased the SPECS agreement budget maximum to allow payment for services provided in FY 2018-19. The additional increase for FY 2018-19 is due to vacancies in twelve clinical positions providing services for the Triage Grant, Juvenile Justice Program and CalWorks. These positions are currently under recruitment and the services must be provided for continuity of care and to fulfill grant requirements. Except for the increase to the agreement budget maximum, all other terms and conditions remained the same.

VCBH recommended approval for the VCBH Director or designee to sign the third amendment for medical personnel staffing and recruiting services with SPECS, to increase the agreement maximum for FY 2019-20 from \$500,000 to \$550,000 (an increase of \$50,000), to pay for services provided during FY 2018-19.

6. FY 2019-20 Eleventh Amendments with La Siesta Guest Home and Hickory House.

This item recommended approval for the purchasing agent or designee to sign FY 2019-20 eleventh amendments with: (1) La Siesta Guest Home, increasing the maximum contract amount from \$211,107 to \$222,407 (an \$11,300 increase) and (2) Hickory House, increasing the maximum contract amount from \$245,200 to \$250,200 (an increase of \$5,000), for services rendered in FY 2018-19. This agreement is funded with Tobacco Settlement and 1991 Realignment funds.

La Siesta and Hickory House provided a higher level of service than anticipated in FY 2018-19, which resulted in the contractors exceeding their maximum agreement amounts. In FY 2018-19, La Siesta served 384 clients and Hickory House served 396 clients. The amendments with La Siesta and Hickory House are needed to increase the FY 2019-20 maximum agreement amounts to provide payments for services provided during FY 2018-19.

VCBH recommended approval for the Purchasing Agent or designee to sign the FY 2019-20 eleventh amendments with: (1) La Siesta, in the amount of \$222,407 (an increase of \$11,300) and (2) Hickory House, in the amount of \$250,200 (an increase of \$5,000), to pay for services rendered in FY 2018-19.

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Board of Supervisors Approved Agreements – July 30, 2019

1. FY 2019-20 Amendments with All Languages Interpreting and Translating, Inc., (ALIT), Turning Point Foundation for Quality of Life Improvement (QLI), and National Alliance on Mental Illness Ventura County (NAMI).

This item recommended approval for the VCBH Director or designee to sign the FY 2019-20 amendments with: (1) ALIT for translating and interpreting services, in the amount of \$335,000, (2) Turning Point Foundation for QLI services, in the amount of \$539,771, and (3) NAMI for Mental Health Services Act services, in the amount of \$158,423. These contracts are funded with MHSAs, Short-Doyle Medi-Cal Federal Financial Participation (SD/MC FFP), and Realignment funds.

ALIT provides interpretation and translation services for VCBH in clinics, meetings and community behavioral health forums. The use of interpreter services in these settings is critical to successful client outcomes and for the department to appropriately communicate available services to the public and to solicit public feedback. In FY 2017-18, ALIT provided 5,835 billable hours of interpretation services. In the first six months of FY 2018-19, ALIT provided 2,720 billable hours of interpretation services. The first amendment to their agreement represents a decrease of \$105,000, which VCBH will be using to expand a pilot program in the East County with another interpreting contractor and the addition of a new interpreter no show fee of \$100 to cover VCBH's cost of the loss of revenue associated with interpreter no shows.

Turning Point Foundation's QLI program focuses on individuals with serious and persistent mental illness living in board and care/supported housing facilities. The goal of the QLI program is to promote wellness through non-clinical groups and activities, increase community integration of the residents, and to help residents learn independent living skills and coping tools to promote recovery. The third amendment includes salary rate increases in the amount of \$2,427 to support peer positions working with the VCBH Rapid Integrated Support and Engagement (RISE) program and \$541 to support QLI peer positions. To maintain continuity of peer services to the RISE and QLI teams, VCBH agreed to approve a salary rate increase for the four (4) peer positions under the QLI contract.

NAMI provides mental health supportive services to individuals with mental health issues, their families and other mental health service providers. In FY 2017-18, NAMI served a total of 928 individuals through its programs. The third amendment to the agreement is increasing the maximum contract amount \$29,209 over the prior year maximum agreement amount to increase the number of clients served, expand staff capabilities to provide all community programs in Spanish, expand the In Our Own Voice program, and extend the Family and Friends program.

VCBH recommended approval for the VCBH Director or designee to sign the FY 2019-20 amendments with: (1) ALIT for translating and interpreting services, in the amount of \$335,000, (2) Turning Point Foundation for QLI services, in the amount of \$539,771, and (3) NAMI for mental health services, in the amount of \$158,423.

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2. FY 2019-20 Amendments with Kids & Families Together (KFT) and Seneca Family of Agencies (Seneca).

This item recommended approval for the VCBH Director or designee to sign the: (1) FY 2019-20 second amendment with KFT for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, in the amount of \$1,152,790, (2) FY 2018-19 eighth amendment with Seneca for Comprehensive Assessment and Stabilization Services (COMPASS), in the amount of \$1,480,262, (3) FY 2019-20 ninth amendment with Seneca for COMPASS services, in the amount of \$1,595,389, (4) FY 2018-19 eighth amendment with Seneca for Crisis Stabilization Unit (CSU) services, in the amount of \$3,472,383, and (5) FY 2019-20 ninth amendment with Seneca for CSU services, in the amount of \$3,555,989. These agreements are funded with MHSA and SD/MC FFP funds.

KFT provides EPSDT Medi-Cal specialty mental health care services to children and their families. The second amendment to the agreement with KFT for specialty mental health care services will: 1) extend the term of agreement for a 1-year period for FY 2019-20 and 2) update contract language related to compliance pursuant to the mental health agreement with the Department of Health Care Services (DHCS).

Seneca contracts with VCBH through two agreements for the operation of CSU and COMPASS programs. The CSU provides mental health interventions necessary to divert minors from hospitalization and which safely discharge the minors to community services. COMPASS is a short-term residential therapeutic program (STRTP) designed to provide voluntary residential treatment for minors unable to be stabilized in less than 24 hours but who do not meet the criteria for psychiatric hospitalization.

VCBH, with delegated authority, extended the term of each agreement for FY 2018-19. Seneca requested operating budget revisions which resulted in a \$53,754 decrease for COMPASS and a \$182,708 increase for CSU for FY 2018-19. VCBH also requested extension of the terms of both agreements for FY 2019-20. The FY 2019-20 COMPASS budget reflects a \$115,127 increase (salaries and benefits, occupancy and vehicle expenses) and CSU reflects a \$116,394 decrease in costs from the FY 2018-19 budget revision.

VCBH recommended approval for the VCBH Director or designee to sign the: (1) FY 2019-20 second amendment with KFT for EPSDT specialty mental health services, in the amount of \$1,152,790, (2) FY 2018-19 eighth amendment with Seneca for Comprehensive Assessment and Stabilization Services (COMPASS), in the amount of \$1,480,262, (3) FY 2019-20 ninth amendment with Seneca for COMPASS services, in the amount of \$1,595,389, (4) FY 2018-19 eighth amendment with Seneca for Crisis Stabilization Unit (CSU) services, in the amount of \$3,472,383, and (5) FY 2019-20 ninth amendment with Seneca for CSU services, in the amount of \$3,555,989.