

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

October 21, 2019

NEXT MEETING:

Monday, November 18, 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

Jamie Banker
Ratan Bhavnani, 1st Vice Chair
Nancy Borchard
Gane Brooking, 2nd Vice Chair
Margaret Cortese
Monique Garcia
Janis Gardner, Chair
Mary Haffner
Jerry Harris, Chair Emeritus
Patricia Mowlavi
Denise Nielsen
Supervisor Linda Parks
Gina Petrus, Secretary
Joe S. Ramirez
Carol Thomas
Sheri Valley

Ventura County Behavioral Health (VCBH) Managers and Staff Present

Dr. Sevet Johnson, VCBH Director
Dr. Loretta Denering, Alcohol and Drug Programs Division Chief
Narcisa Egan, Assistant Chief Financial Officer
Doreen Fekete, Billing Manager
Patricia Gonzalez, Quality Improvement
Aurelia Musni, Fiscal
Kiran Sahota, MHSA Manager
Dr. John Schipper, Adult Division Chief
David Tovar, ADP Prevention
Susan White Wood, Housing Manager
Terri Yanez, Administrative Division Chief
Edith Pham, BHAB Assistant

BHAB Members Absent

Claudia Armann
Kevin Clerici
Capt. James Fryhoff
Marlen Torres

Others Present

Karyn Bates
Kevin Janeway, Client Network
Elizabeth R. Stone, MHSOAC
Roberta Griego, NAMI
Shirley Brandon
Dan Powell, VCMC Inpatient Psychiatric Unit
Lucrecia Campos-Juarez, Clinicas del Camino Real
Sally Harrison, County Executive Office
Mark Stadler, CIT
Sonna Gray
Mark Schumacher, Turning Point Foundation
Jennifer Goble, Pacific Clinics

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Gardner called the meeting to order at 1:05 p.m. Dan Powell 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. Margaret Cortese moved to approve, Jamie Banker 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 September 16, 2019 meeting. Ratan Bhavnani moved to approve, Ms. Cortese seconded. Jerry Harris requested that the first sentence under XI.E read "Mark Gale, one of the primary writers of the LPS Reform Task Force II Report, participated in the second meeting of the workgroup." The motion carried unanimously as amended.	The minutes were approved as amended. M/S/C	
IV.	Oath of Office – New Member Carol Thomas Edith Pham, BHAB Assistant, administered Carol Thomas's Oath of Office following her appointment to the BHAB on September 17, 2019.		
V.	Welcome and Introductions Ms. Gardner welcomed everyone and asked BHAB members to introduce themselves.		
VI.	Public Comments Kevin Janeway referenced the new movie The Joker - Dark Gallows, which includes a portrayal of mental illness. He hopes that the movie will cause unsettling for the wealthy who mock the disabled. He also hopes that the systems will change.		
VII.	County Executive Office Update – Michael Powers, County Executive Officer Mr. Powers thanked the board for its work. A lot of good programs have been put in place, and community conversations and the BHAB will be helpful in addressing unmet needs. The Institution for Mental Diseases (IMD) Exclusion is part of the State-Federal Waiver agreement which establishes the Medi-Cal program for the State. A Medicaid waiver allows the federal government to waive rules that usually apply to the Medicaid program. Waivers are typically approved for five-year terms, and the current waiver will expire in December 2020. Currently, regulations limit locked mental health facilities to 16 beds. Ventura County has two such facilities: the Inpatient Psychiatric Unit (IPU), which is exempt as it is administered under the Ventura County Medical Center's license, and Horizon View, which has 16 beds. The 16-bed federal limit is contained in the Waiver. Starting in late October 2019, the State Department of Health Care Services (DHCS) will begin a stakeholder input process. DHCS will lead the negotiations with the federal government, Centers for Medicare and Medicaid Services (CMS). Trying to change the content of the waiver outside of this process is not practical as it affects Medi-Cal for the entire state. Now is the appropriate time to give input to the state about what the BHAB would like to see in the waiver. If the IMD Waiver is granted, the private and public systems will need to strengthen the current continuum of care. In answer to various questions, Mr. Powers noted that: A. Now is the right time to discuss the IMD Waiver and bring it to the Board of Supervisors. Supervisor Parks and the BHAB have championed a community conversation around the need to increase inpatient psychiatric beds in the county. B. Ventura County Medical Center (VCMC) is dealing with financial issues that may hinder the increase in Inpatient Psychiatric Unit (IPU) beds. Other hospitals may be interested in buying a few beds, such as recuperative beds, as part of a public-private partnership. C. The County cares. It operates the IPU because it is the right thing to do. With input from VCBH and the BHAB, the County has added a Crisis Residential Treatment facility and a Mental Health Rehabilitation Center. More needs to be done. D. The County and City of Ventura have partnered on the first-ever permanent year-round shelter in Ventura, which will open in January 2020. It will have 55 beds and will provide wrap-around services. The County is covering 50% of the cost of opening and operating the facility. Oxnard is working on opening its own shelter.		

	<p>A request was made by Mary Haffner and Mr. Harris asking for various data to help the BHAB with its oversight duty. Ms. Gardner noted that, according to Audra Strickland, Regional Director of the Hospital Association of Southern California, who presented during the BHAB Executive Meeting the week prior, information sharing between hospitals is problematic. Dr. Johnson noted that the Health Care Agency has been looking into health information exchange (HIE), which would be very helpful when clients are hospitalized in private hospitals. It could be included in the waiver. The waiver would most likely also include peer certification.</p> <p>Supervisor Parks noted that the County of Ventura Task Force on Mental Health & Safety is making good progress; an update will be provided when the Board of Supervisors holds its meeting in Thousand Oaks in January. The Task Force will most likely recommend assistance in increasing the number of beds at IPU and the number of step-down beds, and for a public-private partnership. Supervisor Parks noted that the CSU has been remarkable in reducing the number of hospitalizations. Supervisor Parks mentioned she would like to have the Mental Health and Safety Task Force present to the BHAB after the first of the year.</p>		
VIII.	<p>Chair’s Report – Janis Gardner</p> <p>A. The Board of Supervisors has ratified the Health Care Agency’s application for a Whole Person Care (WPC) pilot housing program for Medi-Cal beneficiaries who are mentally ill and homeless. It has also adopted a resolution authorizing the application for funding for a WPC pilot housing program from the Department of Health Care Services (DHCS).</p> <p>B. Per Capt. Fryhoff, California has launched a statewide mental health line: 1-855-845-7415.</p> <p>C. The National Institute of Health funded research that has linked vaping nicotine to cancer.</p> <p>D. Per an article read by Dr. Johnson, Ms. Gardner noted there is currently a rare alliance in central Oregon and other states between gun enthusiasts and mental health experts in relation to suicide prevention. The collaboration includes gun shops, shooting ranges and those with concealed weapon permits.</p> <p>E. Vista del Mar Psychiatric Hospital has a 17-bed adolescent unit.</p> <p>Mr. Bhavnani gave brief information on:</p> <p>A. Turning Point Foundation’s Mental Health Day event on October 10;</p> <p>B. Casa Pacifica’s Road to Independence on November 2, for youth ages 14-19;</p> <p>C. La Ventana Women’s Residential Treatment Center in Thousand Oaks;</p> <p>D. The NAMI Walk on May 2, 2020.</p>		
IX.	<p>Board Members Comments and Announcements</p> <p>Sheri Valley noted that the non-profit Community Conscience in Thousand Oaks owns a building and leases space to other non-profit agencies. They are available for a presentation.</p> <p>Gane Brooking noted that the Cultural Equity Advisory Committee will recommend training VCBH staff on trauma in connection with detention and deportation. Also, a location has been found for a shelter in Oxnard, but it will take up to two years before it opens.</p> <p>Supervisor Parks noted that Supervisor Bennett and she have requested that the Board of Supervisors adopt a moratorium on new tobacco and vaping retail outlets. Also, there are safety concerns about the Oxnard homeless shelter being in the former Armory building; a safer location needs to be found.</p> <p>Mr. Harris stated that it will be helpful to have medical clearance done at the CSU and giving law enforcement the ability to bring individuals directly to the CSU.</p>		
X.	<p>Director’s Report – Dr. Sevet Johnson</p> <p>A. Dr. Johnson thanked the VCBH Outreach team, who often work weekends. They participate in community fairs and various events, up to five in one day.</p> <p>B. The Power and Impact of Opioids, hosted by the Drug Enforcement Administration, will take place the following day at the Reagan Library.</p> <p>C. A Statewide Integrated Care Conference will take place at the Hilton Universal City Hotel on October 23 and 24.</p> <p>D. On October 24 California Lutheran will host an event on The Underlying Causes of Immigration from Mexico to the US.</p> <p>E. The Suicide Prevention Council meets on the first Friday of the month at 10:00 a.m. at VCBH Administration.</p>		

	<p>F. To mark the first-year anniversary of the County Opioid Abuse Suppression Taskforce (COAST) grant, a meeting will take place on November 12 to discuss progress in the first year and next steps.</p> <p>G. On September 23 VCBH Alcohol & Drug Programs (ADP) staff participated in the DHCS-funded Ventura County Mom and Baby Substance Exposure Initiative. Dr. Loretta Denering and Anna Flores provided an overview of ADP services and initiatives.</p> <p>H. On September 24 ADP Prevention was selected by the California Office of Traffic Safety (OTS) to be highlighted in the 2019 OTS Annual Performance Report. Congratulations, David Tovar.</p> <p>I. Three No Place Like Home applications have been received.</p> <p>J. The local press has provided positive coverage about VCBH. One article is on the VCBH team that is embedded with law enforcement, another one is on the Mental Health Diversion program.</p> <p>K. The external evaluator for the Assist program recently completed an Assertive Community Treatment (ACT) fidelity assessment. It shows an increase in the fidelity score and identifies areas for more improvement.</p> <p>L. VCBH Youth & Family, Adult and ADP Divisions presented a department overview to the first-year class of California Lutheran University psychology graduate students. The goal is to foster mutually beneficial relationships around clinical research.</p> <p>M. The North and South Oxnard Youth & Family Clinics are planning their annual family event on November 6.</p> <p>N. The Children’s Auxiliary has once again invited VCBH to participate in the annual Holiday Gift Vouchers, which benefits children and foster parents.</p> <p>O. VCBH provider New Dawn’s counseling center is fully integrated into VCBH health record system. This improves communication regarding client records.</p> <p>P. VCBH Primary Care Intervention clinicians are embedded in the six Ambulatory Care clinics.</p> <p>Mary Haffner requested a copy of the ACT fidelity score.</p>		
<p>XI.</p>	<p>Secretary’s Report – Gina Petrus There are two vacancies on the board, one in District 4 and one in District 5. The requirement for serving on the BHAB is to attend meetings of one committee on a regular basis.</p>		
<p>XII.</p>	<p>BHAB Committee Reports</p> <p>A. Adult Services Committee – Nancy Borchard, Gane Brooking, Co-Chairs Ms. Brooking noted that the committee has identified its objectives for this year.</p> <p>B. Prevention Committee – Janis Gardner, Chair Committee members are concerned that the smell of hemp when driving along the 101 freeway could trigger a relapse. Public Health presented on tobacco. Jennifer Goble made a public comment and clarified that the TAY Tunnel does not have a partnership with the Todd Rd. Jail medical wing, although staff does outreach at the jail.</p> <p>C. Transitional Age Youth (TAY) Committee – Margaret Cortese, Chair There is strong participation from various agencies. Youth participation is difficult, though the TAY Tunnel brings some youth occasionally. The Annual Report has been finalized.</p> <p>D. Youth & Family Committee – Denise Nielsen, Chair The committee discussed its objectives for the year, including for children ages 0-5. Dr. Danielle Shaw has put together a collaborative with pediatricians, psychiatrists and psychol-ogists. Ms. Haffner asked about discussing Innovation programs for a wide spectrum.</p> <p>E. Lanterman, Petris, Short (LPS) Reform Workgroup – Jerry Harris, Chair The workgroup has gathered information and is discussing the issues related to LPS.</p> <p>F. Legislative Workgroup – Ratan Bhavnani, Chair The legislative season has ended. The governor vetoed many mental health-related bills, including SB 10 (peer support specialist certification). Some bills have been signed into law: SB 389 (use of MHSA funds to provide services for diversion); SB 40 (conservatorship) applies only to Los Angeles, San Diego and San Francisco counties. Some bills are being held: AB 680 (public</p>		

	<p>safety dispatchers), AB 451 (psychiatric emergency medical conditions), and AB 1572 (gravely disabled). Mr. Bhavnani requested that the workgroup stop while the legislation is in recess.</p> <p>G. Housing Workgroup – Gane Brooking The workgroup has reviewed a wish list to address housing needs and discussed what is currently in place.</p>		
<p>XIII.</p>	<p>New Business</p> <p>A. BHAB Committee Objectives for Fiscal Year 2019-20 The board reviewed and discussed the list of the committees’ objectives. The committee chairs provided input into which ones were most important to the committees. Mark Stadler made a public comment and suggested that the Adult Services objective use the word “medical screening” because a medical clearance requires medical staff. After a discussion, the following list was proposed:</p> <ol style="list-style-type: none"> 1. Adult Services: Advocate for the expansion of the Crisis Stabilization Unit (CSU) at the Hillmont Psychiatric Center (HPC) to the maximum approved number of chairs (12), including the capability of conducting medical screening examinations on-site, and for the reactivation of the 12 inpatient beds currently not in use. 2. Transitional Age Youth: Advocate for increased housing options for TAY. 3. Youth & Family: Follow the continuum of crisis care for children covered by Medi-Cal and children with private insurance. Provide feedback to the BHAB, VCBH, and community providers. 4. Prevention: Promote vaping and cannabis education and awareness, and advocate for banning flavored vaping products. <p>Mr. Bhavnani moved to approve the proposed list of objectives, Mr. Harris seconded. The motion carried unanimously.</p> <p>B. Welfare & Institutions Code (WIC) Changes – Jerry Harris Mr. Harris highlighted some of the changes to the WIC, as listed on the Fall 2019 News-letter of the California Association of Local Behavioral Health Boards & Commissions (CALBHB/C). He noted that County Counsel should review the changes and the board’s bylaws. Ms. Gardner agreed.</p> <p>C. Site Visits in Fiscal Year 2019-20</p> <ol style="list-style-type: none"> 1. Margaret Cortese noted that Joe Ramirez and she are planning to do a site visit at the Wellness Center in South Oxnard. 2. Mr. Bhavnani is willing to lead a visit to the Mental Health Rehabilitation Center (MHRC) or the Crisis Residential Treatment (CRT). Jamie Banker and Ms. Gardner volunteered. It was decided to start with the CRT. 3. Ms. Brooking is interested in doing a site visit to Vista del Mar Psychiatric Hospital to look at their client-friendly culture/services. 4. Ms. Petrus is interested in doing a site visit to the Children’s CSU in Oxnard. <p>All above site visits will be scheduled for early 2020.</p> <p>Mark Stadler made a public comment. He requested information about a plan for a public/private partnership to address the expansion of the IPU and the CSU, if the plan exists. Ms. Haffner asked for confirmation that currently there is not a plan. Dr. Johnson stated that Mr. Powers has been vocal about such a plan and is working on it.</p>	<p>Approve objectives for FY 2019-20 M/S/C</p>	
<p>XIV.</p>	<p>Old Business</p> <p>A. BHAB Annual Report Update – Janis Gardner Ms. Gardner thanked the committee chairs for finalizing their reports. The BHAB Annual Report will be presented at the January General meeting.</p> <p>B. Future Presentations Ms. Gardner noted that in November the board will hear an update from William Foley, Health Care Agency Director, and a budget update from VCBH Fiscal; Ms. Gardner can only stay for the first part of the meeting, and Mr. Bhavnani will chair the second part of the meeting. In January, there will be a presentation from the Inpatient Psychiatric Unit and RISE. In February, Mr. Foley will give his quarterly update.</p>		

	<ol style="list-style-type: none"> 1. Sheri Valley suggested a presentation from Robin Brett of Community Conscience to speak about the non-profit. Ms. Borchard questioned this. Ms. Gardner asked Ms. Valley to distribute the non-profit's brochure and consult with committee chairs regarding possible presentation at a committee meeting. 2. Ms. Gardner noted that Supervisor Parks would like to give a presentation on the County of Ventura Task Force on Mental Health & Safety. The board agreed to do this in February. 3. Ms. Haffner reminded all that she had requested a presentation on Early Detection and Intervention for the Prevention of Psychosis (EDIPP). Mr. Bhavnani suggested that this be done at a meeting of the Adult Services Committee. Ms. Haffner agreed. 4. Mr. Harris said he feels that presentations should be related to the BHAB objectives. 5. Ms. Cortese is interested to hear from Telecare regarding Casa A, B, C, D. 6. Ms. Borchard would like to hear about the new provider for the CRT. Mr. Bhavnani suggested that such a presentation be done at the Adult Services Committee. <p>Ms. Gardner reminded all that the committee meetings are open to the public, anyone is welcome to attend.</p> <p>C. Future Recognitions</p> <ol style="list-style-type: none"> 7. Ms. Gardner noted that the Crisis Intervention Team (CIT) Recognitions will take place at the January meeting. Arcenio Lopez of MICOP will be recognized at the February meeting. Former BHAB member Irene Pinkard will be recognized in the near future. Ms. Cortese suggested recognizing Alex Nguyen, Oxnard City Manager, for his work on homelessness, in the Spring 2020 or later. 		
XV.	<p>Contracts</p> <p>Dr. Johnson asked BHAB members if they had any questions regarding the VCBH contracts that the Board of Supervisors approved in September (see Executive Summary for details):</p> <p>A. Board of Supervisors Approved Agreements – September 10, 2019</p> <ol style="list-style-type: none"> 1. Substance Abuse and Mental Health Services Administration (SAMHSA) Community Mental Health Block Grant (MHBG) Allocation Worksheet 2. FY 2019-20 Interface Children & Family Services (Interface) Agreement for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medi-Cal Specialty Mental Health Care Services and FY 2019-20 United Parents Agreement for Family Access and Support Team (FAST) Services <p>B. Board of Supervisors Approved Agreements – September 17, 2019</p> <ol style="list-style-type: none"> 1. Alcohol and Drug Programs (ADP): California Office of Traffic Safety (OTS) Grant Agreement for ADP Prevention Services and FY 2019-20 Idea Engineering, Inc. Seventh Amendment for ADP Prevention Services 2. FY 2019-20 Telecare Corporation (Telecare) Casa B, Casa C, and Casa D Social Rehabilitation Agreements and Casa E Adult Residential Facility Agreement <p>C. Board of Supervisors Approved Agreements – September 24, 2019</p> <ol style="list-style-type: none"> 1. FY 2019-20 HealthRIGHT 360 Second Amendment for Drug Medi-Cal Organized Delivery System (DMC-ODS) Substance Use Disorder (SUD) Services <p>Following a question from Ms. Haffner, Kiran Sahota noted that she is the contact person for the Prevention & Early Intervention contract with Ventura County Office of Education that the Board of Supervisors approved the previous week.</p> <p>Mr. Harris requested that the spreadsheet be emailed in landscape format rather than portrait format for ease of reading.</p> <p>Mr. Bhavnani requested information on the per-capita cost as related to the contracts.</p>		
XVI.	<p>Public Comments</p> <p>Sonna Gray requested a better way to keep community stakeholders informed on what is going on with VCBH so that stakeholders can participate more.</p>		
XVII.	<p>Adjourn</p> <p>Ms. Gardner asked BHAB members to think about drafting information so that the BHAB has some input to the state on the IMD situation; this will be discussed at the November meeting. The meeting adjourned at 3:25 p.m.</p>		

Behavioral Health Advisory Board GENERAL Meeting Attendance

2019-20	Terms	Members	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
District 1	3/11/18 – 3/10/21	Claudia Armann	X	X	X	e								
District 2	1/8/19 – 1/7/22	Jamie Banker	e	e	X	X								
District 2	2/24/19 – 2/23/22	Ratan Bhavnani	X	X	X	X								
District 3	1/27/18 – 1/26/21	Nancy Borchard	X	X	e	X								
District 3	1/13/19 – 1/12/22	Gane Brooking	X	X	X	X								
District 1	10/7/18 – 10/6/21	Kevin Clerici	X	X	X									
District 5	1/11/18 – 1/10/21	Margaret Cortese	X	X	X	X								
LE	9/10/19 – 9/10/22	Capt. James Fryhoff	X	X	e	e								
District 5	10/17/17 – 9/23/20	Monique Garcia	e	X	X	X								
District 3	4/15/18 – 4/14/21	Janis Gardner	X	X	X	X								
District 1	4/8/18 – 4/7/21	Mary Haffner	X	X	X	X								
District 4	9/17/19 – 9/9/17/22	Jerry Harris	x	X	X	X								
District 2	3/14/17 – 3/14/20	Patricia Mowlavi	e	X	X	X								
District 4	9/18/18 – 9/17/21	Denise Nielsen		e	X	X								
BOS	1/1/19 – 12/31/21	Supervisor Linda Parks	X	X		X								
District 1	5/8/18 – 5/7/21	Gina Petrus	X	X	e	X								
District 3	4/9/19 – 12/1/20	Joe S. Ramirez	X	X	e	X								
District 2	9/17/19 – 9/16/22	Carol Thomas				X								
District 5	1/10/17 – 1/10/20	Marlen Torres	X	e	X									
District 4	2/6/18 – 2/6/21	Sheri Valley	X	X	X	X								
District 4		vacant												
District 5		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

21 de octubre de 2019

SIGUIENTE JUNTA:

Lunes 18 de noviembre 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

Jamie Banker
Ratan Bhavnani, ^{1er} Vicepresidente
Nancy Borchard
Gane Brooking, ² nd Vicepresidente
Margaret Cortese
Monique Garcia
Janis Gardner, presidente
Mary Haffner
Jerry Harris, presidente emérito
Patricia Mowlavi
Denise Nielsen
Supervisor Linda Parks
Gina Petrus, Secretaria
Joe S. Ramirez
Carol Thomas
Sheri Valley

Miembros de BHAB ausentes

Claudia Armann
Kevin Clerici
Capitán James Fryhoff
Marlen Torres

Otros presentes

Karyn Bates
Kevin Janeway, red de clientes
Elizabeth R. Stone, MHSOAC
Roberta Griego, NAMI
Shirley Brandon
Dan Powell, Unidad de psiquiatría de pacientes hospitalizados de VCMC
Lucrecia Campos-Juárez, Clínicas del Camino Real
Sally Harrison, Oficina Ejecutiva del Condado
Mark Stadler, CIT
Sonna Gray
Mark Schumacher, Fundación Turning Point
Jennifer Goble, Clínicas del Pacífico

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

Dr. Sevet Johnson, Director de VCBH
Dra. Loretta Denering, Jefa de la División de Programas de Alcohol y Drogas
Narcisa Egan, Subdirectora Financiera
Doreen Fekete, Gerente de Facturación
Patricia Gonzalez, Mejora de calidad
Aurelia Musni, Fiscal
Kiran Sahota, Gerente de MHSA
Dr. John Schipper, Jefe de División de Adultos
David Tovar, ADP Prevención
Susan White Wood, Gerente de Vivienda
Terri Yáñez, Jefe de División Administrativa
Edith Pham, Asistente BHAB

	DISCUSIÓN / CONCLUSIONES	RECOMENDACIONES / COMPORTAMIENTO	RESPONSABLE
YO.	Llama para ordenar El Presidente Gardner dio por terminada la reunión a la 1: 05 pm Dan Powell dirigió a la audiencia al recitar el Juramento a la Bandera de los Estados Unidos.		
II	Aprobación de la agenda La Sra. Gardner le pidió a la Junta que revisara y aprobara la agenda de hoy. Margaret Cortese hizo la moción para aprobar, Jamie Banker lo 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 16 de septiembre de 2019 . Ratan Bhavnani se movió para aprobar, la Sra. Cortese secundó. Jerry Harris solicitó que la primera oración bajo XI.E decía "Mark Gale, uno de los escritores principales del Informe del Grupo de Trabajo II sobre la Reforma de LPS, participó en la segunda reunión del grupo de trabajo". La moción fue aprobada por unanimidad y enmendada .	Las actas fueron aprobadas en su forma enmendada . M / S / C	
IV.	Juramento del cargo - Nuevo miembro Carol Thomas Edith Pham, Asistente de BHAB, administró el Juramento del cargo de Carol Thomas luego de su nombramiento en BHAB el 17 de septiembre de 2019.		
V.	Bienvenida y Presentaciones La Sra. Gardner dio la bienvenida a todos y pidió a los miembros de BHAB que se presentaran .		
VI	Comentarios públicos Kevin Janeway hizo referencia a la nueva película The Joker - Dark Gallows , que incluye un retrato de la enfermedad mental. Espera que la película cause inquietud a los ricos que se burlan de los discapacitados . También espera que los sistemas van a cambiar.		
VII.	Actualización de la Oficina Ejecutiva del Condado - Michael Powers, Oficial Ejecutivo del Condado Powers agradeció a la junta por su trabajo. Una gran cantidad de buenos programas se han puesto en marcha, y c conversaciones COMUNITARIOS y la BHAB será útil para hacer frente a las necesidades no satisfechas. La exclusión de la Institución para Enfermedades Mentales (IMD) es parte del acuerdo de exención estatal-federal que establece el programa Medi-Cal para el estado. Una exención de Medicaid le permite al gobierno federal renunciar a las reglas que generalmente se aplican al programa Medicaid. Las exenciones generalmente se aprueban por períodos de cinco años, y la exención actual vencerá en diciembre de 2020. Actualmente, las regulaciones limitan las instalaciones de salud mental cerradas a 16 camas. El Condado de Ventura tiene dos de estas instalaciones: la Unidad de Psiquiatría para pacientes hospitalizados (IPU) , que está exenta ya que se administra bajo la licencia del Centro médico del condado de Ventura , y Horizon View, que tiene 16 camas. El límite federal de 16-b ed está contenido en la exención . A partir de finales de octubre de 2019 , T él Estado Departamento de Servicios de Salud (DHCS) va ser la ginebra un proceso aportaciones de los interesados. DHCS dirigirá las negociaciones con el gobierno federal , los Centros de Servicios de Medicare y Medicaid (CMS) . Intentar cambiar el contenido de la exención fuera de este proceso no es práctico, ya que afecta a Medi-Cal en todo el estado. Ahora es el momento apropiado para dar información al estado sobre lo que el BHAB quisiera ver en la exención. Si se concede la exención del IMD, las sys privadas y públicas TEMS se necesita para fortalecer el continuo de atención actual. En respuesta a varias preguntas, el Sr. Powers señaló que: A. Ahora es el momento adecuado para discutir la exención IMD y llevarla a la Junta de Supervisores. El supervisor Parks y el BHAB han defendido una conversación		

comunitaria sobre la necesidad de aumentar las camas psiquiátricas para pacientes hospitalizados en el condado .

- B. El Centro Médico del Condado de Ventura (VCMC) está lidiando con problemas financieros que pueden dificultar el aumento de las camas de la Unidad de Psiquiatría para pacientes hospitalizados (UIP). Otros hospitales pueden estar interesados en comprar algunas camas, como camas de recuperación, como parte de una asociación público-privada.
- C. El condado se preocupa. Se opera la UIP porque es lo que hay que hacer. Con el aporte de VCBH y la BHAB, T se ha añadido un condado de C Risis Residencial T instalación ratamiento y un Centro de Rehabilitación de Salud Mental. Se necesita hacer más.
- D. El condado y la ciudad de Ventura se han asociado en el primer refugio permanente y anual en Ventura , que se abrirá en enero de 2020. Tendrá 55 camas y brindará servicios integrales . El Condado cubre el 50% del costo de apertura y operación de la instalación . Oxnard está trabajando para abrir su propio refugio.

Mary Haffner y el Sr. Harris hicieron una solicitud solicitando diversos datos para ayudar al BHAB con su deber de supervisión . La Sra. Gardner señaló que, según Audra Strickland, Directora Regional de la Asociación de Hospitales del Sur de California, quien presentó durante la reunión ejecutiva de BHAB la semana anterior, el intercambio de información entre hospitales es problemático. El Dr. Johnson señaló que la Agencia de Cuidado de la Salud ha sido mirando en HEA LTH intercambio de información (HIE), lo que sería muy útil cuando los clientes están hospitalizados en hospitales privados. Podría incluirse en la exención. Lo más probable es que la exención también incluya la certificación por pares.

El supervisor Parks señaló que el Grupo de Trabajo del Grupo de Trabajo de Ventura sobre Salud y Seguridad Mental está haciendo un buen progreso; Se proporcionará una actualización cuando la Junta de Supervisores celebre su reunión en Thousand Oaks en enero. El Grupo de trabajo probablemente recomendará asistencia para aumentar el número de camas en la UIP y el número de camas reductoras , y para una asociación público-privada . El supervisor Parks señaló que la CSU ha sido notable en la reducción del número de hospitalizaciones. La supervisora Parks mencionó que le gustaría que la Fuerza de Tarea de Salud Mental y Seguridad estuviera presente en el BHAB después del primer año del año.

VI
II .
Presidente 's Informe - Janis Gardner

- A. La Junta de Supervisores ha ratificado la de Agencia de Salud aplicación licación para una persona en su totalidad Care (WPC) piloto de vivienda del programa para los beneficiarios de Medi-Cal que están mentalmente enfermos y sin hogar . También ha adoptado una resolución que autoriza la solicitud de fondos para un programa piloto de vivienda WPC del Departamento de Servicios de Atención Médica (DHCS).
- B. Por Capt. Fryhoff, California ha lanzado una línea de salud mental en todo el estado : 1- 855-845-7415.
- C. El Instituto Nacional de Salud financió la investigación que ha relacionado la nicotina vaping con el cáncer.
- D. Por un artículo leído por el Dr. Johnson, Sra. Gardner señaló que hay actualmente una alianza poco común en el centro de Oregon y otros estados entre la pistola entusiastas y expertos en salud mental en relación con la prevención del suicidio. La colaboración incluye tiendas de armas, campos de tiro y aquellos con permisos de armas ocultas.
- E. El Hospital Psiquiátrico Vista del Mar tiene una unidad de adolescentes de 17 camas.

Sr. Bhavnani grave breve información sobre:

- A. Evento del Día de la Salud Mental de la Fundación Turning Point el 10 de octubre ;
- B. Casa Pacifica's Road to Independence el 2 de noviembre, para jóvenes de 14 a 19 años;
- C. Centro de tratamiento residencial para mujeres La Ventana en Thousand Oaks;
- D. La Caminata NAMI el 2 de mayo de 2020.

IX .
Comentarios de los miembros de la Junta y Anuncios

Sheri Valley señaló que la organización sin fines de lucro Community Conscience en Thousand Oaks posee un edificio y alquila espacio a otras agencias sin fines de lucro. Están disponibles para una presentación.

Gane Brooking señaló que el Comité Asesor de Equidad Cultural recomendará capacitar al personal de VCBH sobre el trauma en relación con la detención y la deportación . También, un lugar se ha encontrado un refugio en Oxnard, pero va a tomar hasta dos años antes de que se abra s.

La Supervisora Parks señaló que la Supervisora Bennett y ella han solicitado que la Junta de Supervisores adopte una moratoria sobre los nuevos puntos de venta de tabaco y vapeo . Además, existen preocupaciones de seguridad sobre el refugio para personas sin hogar de Oxnard en el antiguo edificio de la Armería; Se necesita encontrar un lugar más seguro .

El Sr. Harris declaró que sería útil tener una autorización médica en la CSU y dar a las fuerzas del orden público la posibilidad de llevar a las personas directamente a la CSU.

X . Dir del ector Informe - Dr. Johnson Sevet

- A. El Dr. Johnson agradeció al equipo de VCBH Outreach, que a menudo trabaja los fines de semana. Ellos participan en com nidad ferias y diversos eventos, hasta cinco en un día.
- B. El poder y el impacto de los opioides, organizado por la Administración de Control de Drogas, tendrá lugar al día siguiente en la Biblioteca Reagan.
- C. Los días 23 y 24 de octubre se llevará a cabo una conferencia estatal de atención integrada en el hotel Hilton Universal City.
- D. El 24 de octubre, California Lutheran organizará un evento sobre Las causas subyacentes de la inmigración de México a los Estados Unidos.
- E. El Consejo de Prevención del Suicidio se reúne el primer viernes de cada mes a las 10:00 am en la Administración VCBH.
- F. T o marcar el primer aniversario del Condado de opioides abuso Supresión Taskf Orce (costa) subvención , una reunión se llevará a cabo el 12 de noviembre para discutir el progreso en el primer año y los siguientes pasos.
- G. El 23 de septiembre, el personal de los Programas de Alcohol y Drogas (ADP) de VCBH participó en la Iniciativa de exposición a sustancias para bebés y madres del condado de Ventura, financiada por el DHCS . La Dra. Loretta Denering y Anna Flores proporcionaron una descripción general de los servicios e iniciativas de ADP.
- H. El 24 de septiembre, la Oficina de Seguridad del Tráfico de California (OTS, por sus siglas en inglés) seleccionó a ADP Prevention para que se destaque en el Informe Anual de Desempeño OTS 2019. Enhorabuena, David Tovar.
- I. Se han recibido tres solicitudes No Place Like Home .
- J. La prensa local ha proporcionado una cobertura positiva sobre VCBH . Un artículo está en el equipo de VCBH que está integrado con la aplicación de la ley, otro está en el programa de Desviación de Salud Mental .
- K. El correo externo tasador para el programa de asistencia recientemente completa d un tratamiento asertivo comunitario (ACT) evaluación fidelidad. Muestra un aumento en el puntaje de fidelidad e identifica áreas para una mayor mejora.
- L. VCBH Juventud y Familia, el adulto y ADP Divisiones presentan una visión general del departamento a la clase de primer año de la Universidad de California Lutheran estudiantes graduados de psicología. El objetivo es fomentar relaciones mutuamente beneficiosas en torno a la investigación clínica.
- M. Las clínicas para jóvenes y familias del norte y sur de Oxnard están planeando su evento familiar anual el 6 de noviembre.
- N. El Children's Auxiliary ha invitado nuevamente a VCBH a participar en los vales anuales de regalo de vacaciones, que benefician a los niños y a los padres adoptivos.
- O. El centro de asesoramiento del proveedor de VCBH New Dawn está totalmente integrado en el sistema de registros de salud de VCBH. Esto mejora la comunicación con respecto a los registros del cliente .
- P. Los médicos de intervención de atención primaria de VCBH están integrados en las seis clínicas de atención ambulatoria.

Mary Haffner solicitó una copia del puntaje de fidelidad ACT.

XI	<p>Informe secreto de Ary - Gina Petrus</p> <p>Hay dos vacantes en la junta, una en el Distrito 4 y otra en el Distrito 5. El requisito para servir en el B HAB es asistir a las reuniones de un comité de manera regular .</p>		
XII	<p>Informes del Comité BHAB</p> <p>A. Comité de Servicios para Adultos - Nancy Borchard, Gane Brooking, Copresidentes La Sra. Brooking señaló que el comité ha identificado sus objetivos para este año .</p> <p>B. Comité de Prevención - Janis Gardner, Presidenta Los miembros del comité están preocupados de que el olor a cáñamo al conducir por la autopista 101 pueda desencadenar una recaída. Salud pública presentada sobre tabaco. Jennifer Goble hizo un comentario público y aclaró que el Túnel TAY no está asociado con Todd Rd. Ala médica de la cárcel, aunque el personal se acerca a la cárcel.</p> <p>C. Comité de Jóvenes en Edad de Transición (TAY) - Margaret Cortese, Presidenta Hay una fuerte participación de varias agencias. La participación juvenil es difícil, aunque el Túnel TAY atrae a algunos jóvenes ocasionalmente. El Informe Anual ha sido finalizado.</p> <p>D. Comité de Juventud y Familia - Denise Nielsen, Presidenta El comité discutió sus objetivos para el año, incluso para niños de 0 a 5 años. La Dra. Danielle Shaw ha creado una colaboración con pediatras, psiquiatras y psicólogos . La Sra. Haffner preguntó sobre la discusión de los programas de innovación para un amplio espectro.</p> <p>E. Grupo de trabajo de reforma de Lanterman, Petris, Short (LPS) - Jerry Harris, presidente El grupo de trabajo tiene recopilar ed información y es discutir ing las cuestiones relacionadas con LPS.</p> <p>F. Grupo de trabajo legislativo - Ratan Bhavnani, presidente La temporada legislativa ha terminado. El gobernador vetó muchos proyectos de ley relacionados con la salud mental , incluida la SB 10 (certificación de especialistas en apoyo de pares). Algunos proyectos de ley se han firmado : SB 389 (uso de fondos de MHSA para proporcionar servicios de desvío); SB 40 (curatela) se aplica solo a los condados de Los Ángeles, San Diego y San Francisco. Algunas cuentas están siendo llevan a cabo: AB 680 (pública despachadores de seguridad), AB 451 (condiciones médicas de emergencia psiquiátrica), y AB 1572 (discapacidad grave). El Sr. Bhavnani solicitó que el grupo de trabajo se detenga mientras la legislación está en receso.</p> <p>G. Grupo de trabajo de vivienda - Gane Brooking El grupo de trabajo ha revisado una lista de deseos para abordar las necesidades de vivienda y ha discutido lo que está actualmente en vigencia.</p>		
X III .	<p>Nuevo negocio</p> <p>A. Objetivos del Comité BHAB para el año fiscal 2019-20 La junta revisó y discutió la lista de los objetivos de los comités . Los presidentes de los comités aportaron información sobre cuáles eran más importantes para los comités. Mark Stadler hizo un comentario público y sugirió que el objetivo de Servicios para adultos use la palabra "evaluación médica" porque una autorización médica requiere personal médico. Después de una discusión, se propuso la siguiente lista:</p> <ol style="list-style-type: none"> 1. Servicios para adultos : abogue por la expansión de la Unidad de Estabilización de Crisis (CSU) en el Centro Psiquiátrico Hillmont (HPC) hasta el número máximo aprobado de sillas (12), incluida la capacidad de realizar exámenes de detección médicos en el sitio, y para la reactivación de las 12 camas para pacientes hospitalizados actualmente no en uso. 		

2. Jóvenes en edad de transición: abogar por el aumento de las opciones de vivienda para TAY .
3. Juventud y familia: siga la continuidad de la atención de crisis para niños cubiertos por Medi-Cal y niños con seguro privado. Proporcione retroalimentación a BHAB, VCBH y proveedores de la comunidad.
4. Prevención: promueva la educación y la conciencia del vapeo y el cannabis , y defienda la prohibición de los productos con sabor a vapeo.

El Sr. Bhavnani intentó aprobar la lista de objetivos propuesta , el Sr. Harris secundó. La moción fue aprobada por unanimidad.

B. Cambios en el Código de Bienestar e Instituciones (WIC) - Jerry Harris

El Sr. Harris destacó algunos de los cambios en el WIC, tal como figuran en las Noticias de otoño de 2019 : carta de la Asociación de Juntas y Comisiones Locales de Salud del Comportamiento de California (C ALBHB / C). Señaló que el Consejo del Condado debe revisar los cambios y los estatutos de la junta. Ms. Gardner estuvo de acuerdo.

C. Visitas al sitio en el año fiscal 2019-20

1. Margaret Cortese señaló que Joe Ramírez y ella planean hacer una visita al Centro de Bienestar en South Oxnard.
2. El Sr. Bhavnani está dispuesto a dirigir una visita al Centro de rehabilitación de salud mental (MHRC) o al Tratamiento residencial de crisis (CRT). Jamie Banker y Ms. Gardner se ofrecieron como voluntarias. Se decidió comenzar con la CRT.
3. La Sra. Brooking está interesada en hacer una visita al hospital psiquiátrico Vista del Mar para ver su cultura / servicios amigables con el cliente.
4. La Sra. Petrus está interesada en hacer una visita a la CSU para niños en Oxnard.

Todas las visitas al sitio anteriores se programarán para principios de 2020.

Mark Stadler hizo un comentario público. Solicitó información sobre un plan para una asociación público / privada para abordar la expansión de la UIP y la CSU , si el plan existe . La Sra. Haffner solicitó confirmación de que actualmente no hay un plan . El Dr. Johnson declaró que el Sr. Powers ha expresado su opinión sobre tal plan y está trabajando en ello.

Aprobar
objetivos para el
año fiscal 2019-
20
M / S / C

XIV Viejo negocio

A. Actualización del Informe Anual de BHAB - Janis Gardner

La Sra. Gardner agradeció a los presidentes de los comités por finalizar sus informes. El informe anual de BHAB se presentará en la reunión general de enero.

B. Presentaciones Futuras

La Sra. Gardner señaló que en noviembre la junta escuchará una actualización de William Foley, Director de la Agencia de Atención Médica, y una actualización del presupuesto de VCBH Fiscal; La Sra. Gardner solo puede quedarse durante la primera parte de la reunión, y el Sr. Bhavnani presidirá la segunda parte de la reunión. En enero, habrá una presentación de la Unidad de Psiquiatría para pacientes hospitalizados y RISE. En febrero, el Sr. Foley dará su actualización trimestral.

1. Sheri Valley sugirió una presentación de Robin Brett de Community Conscience para hablar sobre la organización sin fines de lucro. La Sra. Borchard cuestionó esto. La Sra. Gardner le pidió a la Sra. Valley que distribuyera el folleto de la organización sin fines de lucro y consultara con los presidentes de los comités acerca de la posible presentación en una reunión del comité.
2. La Sra. Gardner señaló que a la Supervisora Parks le gustaría hacer una presentación sobre la Fuerza de Tarea sobre Salud Mental y Seguridad del Condado de Ventura. La junta acordó hacer esto en febrero.
3. La Sra. Haffner recordó a todos que había solicitado una presentación sobre Detección temprana e intervención para la prevención de la psicosis (EDIPP). El Sr. Bhavnani sugirió que esto se haga en una reunión del Comité de Servicios para Adultos. La Sra. Haffner estuvo de acuerdo.
4. El Sr. Harris dijo que siente que las presentaciones deben estar relacionadas con los objetivos de BHAB.
5. La Sra. Cortese está interesada en saber de Telecare sobre Casa A, B, C, D.

	<p>6. A la Sra. Borchard le gustaría saber sobre el nuevo proveedor para el CRT. El Sr. Bhavnani sugirió que tal presentación se haga en el Comité de Servicios para Adultos.</p> <p>La Sra. Gardner recordó a todos que las reuniones del comité están abiertas al público, cualquiera puede asistir.</p> <p>C. Reconocimientos futuros</p> <p>7. La Sra. Gardner señaló que los reconocimientos del Equipo de Intervención de Crisis (CIT) tendrán lugar en la reunión de enero. Arcenio López de MICOP será reconocido en la reunión de febrero. La ex miembro de BHAB, Irene Pinkard, será reconocida en el futuro cercano. La Sra. Cortese sugirió reconocer a Alex Nguyen, Gerente de la ciudad de Oxnard, por su trabajo sobre la falta de vivienda, en la primavera de 2020 o más tarde.</p>		
XV	<p>Contratos</p> <p>El Dr. Johnson preguntó a los miembros de BHAB si tenían alguna pregunta sobre los contratos de VCBH que la Junta de Supervisores aprobó en septiembre (ver Resumen Ejecutivo para más detalles):</p> <p>A. Acuerdos aprobados de la Junta de Supervisores - 10 de septiembre de 2019</p> <ol style="list-style-type: none"> 1. Hoja de trabajo de asignación de subvención de bloque de salud mental comunitaria (MHBG) de la Administración de Servicios de Salud Mental y Abuso de Sustancias (SAMHSA) 2. FY 2019-20 Interface Servicios para niños y familias (Interface) Acuerdo para detección, diagnóstico y tratamiento tempranos y periódicos (EPSDT) Servicios especializados de atención de salud mental de Medi-Cal y FY 2019-20 Acuerdo de padres unidos para el equipo de acceso y apoyo familiar (FAST) Servicios <p>B. Acuerdos aprobados de la Junta de Supervisores - 17 de septiembre de 2019</p> <ol style="list-style-type: none"> 1. Programas de alcohol y drogas (ADP): Acuerdo de subvención de la Oficina de Seguridad del Tráfico de California (OTS) para servicios de prevención de ADP y para el año fiscal 2019-20 Idea Engineering, Inc. Séptima enmienda para servicios de prevención de ADP 2. FY 2019-20 Telecare Corporation (Telecare) Acuerdos de rehabilitación social Casa B, Casa C y Casa D y Acuerdo de instalación residencial para adultos Casa E <p>C. Acuerdos aprobados de la Junta de Supervisores - 24 de septiembre de 2019</p> <ol style="list-style-type: none"> 1. FY 2019-20 HealthRIGHT 360 Segunda enmienda para los servicios del Trastorno por uso de sustancias (SUD) del Sistema de entrega organizada de medicamentos de Medi-Cal (DMC-OD S) <p>A raíz de una pregunta de la Sra Haffner, Kiran Sahota señalar que ella es la persona de contacto para la Prevención e Intervención Temprana y contrato con Vent Oficina de Educación del Condado ura que la Junta de Supervisores aprobó la semana anterior.</p> <p>El Sr. Harris solicitó que la hoja de cálculo se envíe por correo electrónico en formato horizontal en lugar de formato vertical para facilitar la lectura.</p> <p>El Sr. Bhavnani solicitó información sobre el costo per cápita en relación con los contratos.</p>		
XVI	<p>Comentarios públicos</p> <p>Sonna Gray solicitó una mejor manera de mantener informados a los interesados de la comunidad sobre lo que está sucediendo con VCBH para que los interesados puedan participar más.</p>		
XV II.	<p>Aplazar</p> <p>La Sra. Gardner pidió a los miembros de BHAB que piensen en la redacción de información para que BHAB tenga alguna aportación al estado sobre la situación de IMD ; esto se discutirá en la reunión de noviembre. Se levanta la sesión a las 3:25 p.m.</p>		

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

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Mantenlas aseguradas

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Elimine de manera apropiada

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Mantenlos asegurados

No comparta

Elimine de manera apropiada

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Medication Safety at Home



Medicamentos Seguros en el Hogar

VAPING

OUR TEENS ARE AT RISK

VAPEAR

NUESTROS ADOLESCENTES
ESTÁN A RIESGO

VAPING ILLNESS UPDATE

As of October 15, 2019



1,479

Confirmed cases of vaping-related lung injuries from 49 states (all except Alaska) & 1 U.S. territory

33

DEATHS in 24 states, including 3 in California

36%

OF CONFIRMED CASES INVOLVE PEOPLE YOUNGER THAN 21 YR.



133

Total cases in CALIFORNIA

8

Confirmed cases in VENTURA COUNTY (10 suspected cases)

1

CONFIRMED DEATH OF A 17 YEAR OLD

The latest findings from the CDC investigation into lung injuries associated with e-cigarette use suggest products containing THC play a role in the outbreak. Most patients reported using THC-containing products or both THC & nicotine containing products. Some patients reported using only nicotine-containing products.

RECOMMENDATIONS



- Consider refraining from using e-cigarettes or vaping products, including those containing THC
- Do not buy these products off the street & do not modify or add any substances that are not intended by the manufacturer

SYMPTOMS



- Cough, shortness of breath, or chest pain
- Nausea, vomiting, or diarrhea
- Fatigue, fever, or abdominal pain

Source: Centers for Disease Control and Prevention, For the Public: What You Need to Know, https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease/need-to-know/index.html
Centers for Disease Control and Prevention, Outbreak of Lung Injury Associated with E-cigarette Use, or Vaping, https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

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TOBACCO POLICY PROGRAM**

TEL: (805) 981-6656
Smoke-freevc@ventura.org
www.vchca.org/ph

ACTUALIZACIÓN DE LA ENFERMEDAD DE VAPEO

Según el 15 de Octubre de 2019



1,479

Casos confirmados de lesión pulmonar asociada al uso de cigarrillos electrónicos o vapeo de 49 estados y 1 territorio estadounidense

33

MUERTES en 24 estados, incluyendo 3 en California

36%

DE LOS PACIENTES EN CASOS CONFIRMADOS SON MENORES DE 21 AÑOS DE EDAD

133

Casos en total en CALIFORNIA

8

Casos confirmados en el CONDADO DE VENTURA (10 casos sospechados)

1

MUERTE CONFIRMADA DE UN ADOLESCENTE DE 17 AÑOS DE EDAD

Los resultados más recientes de la investigación de las lesiones pulmonares asociadas al uso de cigarrillos electrónicos o vapeo parecen indicar que los productos que contenían THC forman parte del brote. La mayoría de los pacientes reportaron uso de productos que contenían THC, o productos que contenían ambos THC y nicotina. Algunos pacientes reportaron uso exclusivo de productos que contenían nicotina.

RECOMENDACIONES



- Considere no usar productos de cigarrillos electrónicos o vapeo, incluyendo los que tengan THC
- No compre estos productos de fuentes "en la calle", y no los modifique ni agregue ninguna sustancia que no haya sido aprobada para su uso por el fabricante



- Tos, dificultad para respirar, o dolor de pecho
- Náusea, vomito, o diarrea
- Fatiga, fiebre, o dolor abdominal

Source: Centers for Disease Control and Prevention, For the Public: What You Need to Know, https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease/need-to-know/index.html
Centers for Disease Control and Prevention, Outbreak of Lung Injury Associated with E-cigarette Use, or Vaping, https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

PARA MÁS INFORMACIÓN: TOBACCO POLICY PROGRAM

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Shamed by Hollywood homeless catastrophe, she went to Italy for answers

By Steve Lopez, columnist - Los Angeles Times - October 5, 2019



*Kerry Morrison, right, talks to George Cooper, 60, who is homeless, at an encampment on El Centro Avenue in Hollywood.
(Mel Melcon / Los Angeles Times)*

Kerry Morrison had seen enough. She was not a clinician or policymaker, and she didn't know what the answers were. But she knew she was looking at failure, and she knew she could no longer ignore it.

All around her, in the heart of Hollywood, people were living in subhuman conditions, sprawled beside storefronts and at bus stops. Their clothing was shredded, their bodies were black with grime, and their unattended madness was a daily indictment of public compassion and will.

"I couldn't reconcile the sight of cranes, signifying progress, while stepping over mentally ill people on the street," said Morrison, who was director of the Hollywood Property Owners Alliance for many years, and a decade ago began taking a closer look at the growing homeless population.

I remember wondering briefly, when I met Morrison back then, if she was more interested in cleansing the streets on behalf of the business interests she represented than in helping those who were suffering. But she and I were soon sharing notes on our daily interactions with those who were struggling, and on social workers who against all odds were making a difference.

"I felt called to this," Morrison says now

She reached out to professionals, joined boards, helped launch a campaign to identify and help the 14 most dreadfully ill people living on the streets of Hollywood. Morrison researched mental health policy and the history of what went wrong in the United States, and in particular in Los Angeles, where against a backdrop of economic progress and wealth, sick people were living in squalor.



*Kerry Morrison, left, talks to Keith Weston, 52, who is homeless, at an encampment on El Centro Avenue in Hollywood.
(Mel Melcon / Los Angeles Times)*

Morrison won a fellowship to further her studies, checked out mental health programs in other U.S. cities, and traveled to a town in Belgium where families "foster" adults with mental illness. Last year, she gave notice to the property owners group that she'd be leaving her job in February to devote her full attention, unpaid, to her cause.

But it was a trip to Trieste, on the uppermost rim of the Adriatic in Northern Italy, that turned her despair into hope. It was there, in the summer of 2017, that Morrison found a mental health model in which every patient was looked after and no one was left to pitch a tent and fend for themselves. And it was there that she began mapping a plan to bring the Trieste model home to Hollywood.

Morrison tells a story about that first visit to Trieste, when she asked a young psychiatrist named Tommaso Bonavigo how he handled one difficult case involving a seriously troubled patient.

“He said he started going out to his house to find him and I said, ‘Excuse me, Tommaso. You went to his house?’” said Morrison. “I said, ‘You know what, Tommaso? I almost wish I hadn’t heard this because the chasm between what you’re doing in Trieste and what we’re doing in Los Angeles seems completely insurmountable.’”

It is, in many ways — especially given the scale of the problem here. But when Morrison got back home, she refused to let the thousand and one challenges cloud the promise of Trieste. There, Morrison had found, the program was patient-based, not bureaucracy-driven. The philosophy was to focus on the person rather than just the illness, to treat people as full-fledged members of the community, address individuals’ specific needs and closely monitor the progress.

One of the first people she went to in Los Angeles was Dr. Jonathan Sherin, the new director of the L.A. County Mental Health Department.



*Dr. Jonathan Sherin, right, the new director of the L.A. County Mental Health Department, chats with a homeless person on a Hollywood sidewalk.
(Steve Lopez / Los Angeles Times)*

“I told him, ‘Jon, you gotta see this,’” Morrison recalls.

Sherin knew about Trieste but had never been there. He listened to what Morrison had to say, then talked it over with L.A. County Superior Court Judge Jim Bianco. Bianco works in the mental health division and has long been frustrated by the number of sick people who end up homeless, in jail or in psychiatric lockdown because so few alternatives are available.

“Bianco and I ... both agreed — we’re going,” said Sherin. “And we went.”

So did 10 other curious locals, led by Morrison, and they liked what they saw. Upon their return, they began pitching others on the wonders they’d seen, and the momentum grew. It was decided that a section of Hollywood, with about 100,000 people, high levels of addiction and mental illness but not as many services as skid row, would be a good place to test Trieste.

But how to pay for a pilot project in L.A.?

Thanks to voter-approved Proposition 63 in 2004, which taxed millionaires, about \$2 billion is generated annually for mental health services in the state. Sherin appealed to the Mental Health Services Act oversight committee to take a shot on a new strategy that focuses on outcomes rather than process, and \$116 million was freed up from an “innovations” fund.

The deal now awaits a stamp from the county Board of Supervisors.

Two weeks ago, a delegation of three dozen local and state officials and members of nonprofit service agencies went to Italy with Morrison for a closer look. L.A. Mayor Eric Garcetti’s homeless services leader, Christina Miller, went along, as did California Assemblyman Richard Bloom. L.A. Dist. Atty. Jackie Lacey was there, too, along with representatives from the LAPD, the L.A. County Sheriff’s Department, and the office of county Supervisor Sheila Kuehl.

And I tagged along to see firsthand what all the excitement is about.

I've written a lot in the last 15 years about what works and what doesn't, about how our streets were turned into asylums, about a friend I've been trying to shepherd through the failing system, and about how we're now averaging nearly three homeless deaths a day in L.A. County.

In Trieste, I was curious about two things:

How do they do it? And can we replicate it?

The first question, I can now say, is easier to answer than the second.

No magic was involved in Trieste. When mental institutions were closed 40 years ago in Italy — about the same time as in the U.S. — Trieste innovated while the U.S. abdicated, falling miserably short on the promise of community clinics.

Under the leadership of a psychiatrist named Franco Basaglia, Trieste built a coordinated network of treatment centers, embraced patients as full-fledged members of the community, invited family members to participate in their loved one's recovery, built relationships with employers who hired the patients, and didn't let bureaucracy or billing entanglements sabotage good outcomes.

When someone has a psychotic episode in Trieste and there's a call for help, it's usually a mental health team that responds, not police, and the team often has already built a relationship with the client. At one mental health center we visited, a nurse described a recent event in which she responded to a distress call and spent seven hours with a patient who eventually agreed to come in for help.

The doors of community mental health facilities are not locked in Trieste, and we were told that if patients choose to leave, staff members follow them to make sure they remain connected to help.

Psychiatrists at one mental health center said they had only five cases of involuntary commitments last year. It happens rarely because when people have easy access to regular help and begin to know and trust care providers, they're easier to treat, and not as inclined to have their conditions deteriorate, or to resist therapy or medication that might help.

As ideal as this all seemed, there were times when Trieste sounded a little too good to be true, and it was hard to know in just five days what the long-term outcomes look like. The program has been criticized over the years, by those who favor more institutionalization, and Italian budget constraints could threaten its survival.

But what we saw was so vastly superior to the bedlam we call a system, I felt a sense of shame when Los Angeles briefly took center stage in Trieste.

Care providers from around the world were in the northeastern Italian city of about 200,000, with daily presentations and panel discussions from attendees, many of whom spoke of innovative programs to help those in need. And then Morrison stepped up onstage with Anthony Ruffin, of L.A.'s mental health department, to talk about Hollywood's sickest homeless people and the mostly failed efforts to rescue them.

Photos of the Hollywood 14 were displayed on the big screen. A majority of them were African American. They were sprawled on streets and huddled under blankets, like storm refugees or casualties of war. Three of them died, Morrison told the crowd.

She also talked about how we usually have about 5,000 mentally ill people locked up in our jails at any given time.

The conference center fell silent.

In the richest country on the planet, this was the state of Hollywood, the world's mythical capital of imagination?

It was like seeing our own abominable failure with fresh eyes, and it wasn't entirely clear that even with a map in hand, we could find our way to a better place.

We have 40 times the population of Trieste and 50 times the challenges.

There was no evidence of NIMBYism anywhere; we've got it everywhere.

In five days, I didn't see a single homeless person in Trieste. Trieste has no drug epidemic, even as ours rages, and it's harder to help people with both a serious mental illness and a debilitating addiction.

Especially when they live in tents.

The Hollywood pilot will serve those who are housed as well as those who are unsheltered, but there will be legions of the latter. At one point, Miller asked the lead psychiatrist in Trieste — Dr. Roberto Mezzina — his thoughts on treating people with a mental illness who are homeless and may be for quite a while.

"It's impossible," Mezzina said.

On one of our days in Trieste, we visited a recovery home where four residents live. Michele, the house supervisor, talked about how he himself once went through storms of depression and had no desire to go on living.

"It's like going under the sea," he said.

In the Trieste program he was prescribed medication that helped, he got a job, and for the first time in his struggles with mental illness he saw doctors he believed were truly invested in him getting better.

Michele supervises four residents who are now where he once was. One, who works as chef, was in the kitchen making a birthday cake for another resident, who works as an elder care assistant. I asked Michele what happens if relatives call and ask how the residents are doing.

He reacted as if that were an odd question. They are happy to talk to relatives about clients, he said, "if it's for the benefit of the person."

The reason I asked is that in the U.S., laws protecting patient privacy often keep family members in the dark, and we can add this to the list of needed American reforms and challenges for Hollywood.

Also, Trieste has no shortage of mental health facilities for its clients, no matter the severity of their illness. We have epic shortages of everything. We also have a disjointed, beastly bureaucracy and criminally tortuous billing systems designed to beat the breath out of hope.

So this won't be easy to bring home, or to scale up to our vast need, and no one in the L.A. delegation was under the illusion that it will be. There were gasps when we learned that Trieste has enough staff to make two or three daily home visits to check on clients in the throes of crisis. That's a huge investment, and going forward in L.A., covering the cost will be yet another monumental challenge.

But our comparative debacle of a system makes it all the more critical that we blow it up, and it's unforgivable that it's taken this long to try something new.

I've seen programs in Los Angeles that echo the Trieste model on a small scale, some of them quite effective. But even those get battered by bureaucratic interference and debilitating resource shortages.

The Hollywood pilot has to be built to eviscerate those problems and free a well-trained army of people to serve a far larger population, and whatever clicks in Hollywood has to be rolled out to the rest of the county as quickly as possible.

Mental illness hits about a quarter or more of our homeless population, but this is not about ending homelessness. It's about ending our inhumanity, and finally helping those we've left to languish and even die at our feet.

What comes next is a year of planning out the specifics, siting urgent-care and community health centers, recruiting Hollywood businesses to hire participants, convincing residents this will be a community asset and not a burden, hiring clinicians and outreach teams that include those who were once in need of help, and lining up enough housing to give the pilot a chance.

"I'm out on a limb on this one," Sherin admitted when I met with him in Hollywood one morning after I got back from Trieste, and we discussed the promise and the challenge.

Sherin said Los Angeles has focused for too long on easier cases while giving up on those with more severe and hard-to-treat symptoms. In the pilot, he envisions several teams of 10 to 12 staffers assigned to groups of 100 to 125 clients, and he doesn't want those clients endlessly shuffled from streets to jails to hospitals without a constant, coherent effort to help them break that cycle.

"I don't give a rap what time of night it is, you take care of them," Sherin said.

The doctor said he hits the streets with his outreach teams once a week or so to stay in touch with the need. Anthony Ruffin, who is helping build the pilot and whose dogged outreach efforts I wrote about two years ago, wanted Sherin to check on a man with mental illness and meth addiction who has been living on the same patch of sidewalk near a coffee shop for 10 years.

When we got there the man was ranting, taunting passersby, screaming profanities and insults.

Sherin sat next to him on the sidewalk, took the full brunt of the eruptions, and waited him out. They talked quietly for a few minutes. The man said he was out of his medication, and Sherin promised to come back and bring him some.

We have way too many such cases and we can no longer have people camped outside for 10 years, and sometimes longer, as we shrug or throw our hands up in surrender, or tell rattled merchants or residents we're sorry but we don't have any answers.

The man was still ranting when we left, but Sherin said the pilot won't shy away from tough cases like this one. It will take them on because it's the humane and moral thing to do. Whatever happens, I found it encouraging that the county's mental health director doesn't consider himself above sitting on a gritty Hollywood sidewalk to connect with someone in desperate need.

When I checked back in with Morrison after my return to Los Angeles, she had moved on to Rome, where she was looking at more mental health innovations and trying to learn from them. She said that Trieste for her was still the gold standard, and she was ready to begin the hard work of bringing Los Angeles into line.

As the headline said on a Morrison blog post two years ago:

"Once You've Seen Trieste, You Can't Pretend It Doesn't Exist."



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To schedule a tour, contact Kristi Kettle at KRISTIK@LAVENTANATREATMENT.COM or call (mobile) 805-433-3152



National Alliance on Mental Illness

ANNOUNCEMENT
NAMI WALK CHANGE BACK TO:
*****SPRING - MAY 2, 2020*****

After careful consideration, and popular demand, the NAMI Ventura County Walk date is being changed back to our traditional spring date and will be held on **May 2, 2020** instead of October 12, 2019. This date will be changed on our NAMI National website to reflect the new date and remains open for active fundraising. The following are points to consider:

- * PLEASE CONTINUE YOUR FUNDRAISING EFFORTS!**
- * ALL FUNDS RAISED TO DATE BY TEAMS, WALKERS & SPONSORS WILL COUNT TOWARDS THE MAY 2, 2020 NAMIWalks.
- * THIS IS A MILESTONE WALK - OUR 15TH - AND WE WANT TO MAKE IT SPECIAL.
- * WALK TEAMS WILL HAVE AN ADDITIONAL 7 MONTHS TO RAISE FUNDS.
- * THERE IS AN OVERWHELMING PREFERENCE FOR OUR TRADITIONAL SPRING WALK.
- * BE ON THE LOOK-OUT FOR WALK RALLYS & OTHER EXCITING EVENTS.

All teams who have not signed up are encouraged to do so by accessing our website at: namiwalks.org/venturacounty.

Let's use our extra time to make this our best walk ever!! Any questions please give me a call at (805) 889-7674.

A handwritten signature in black ink that reads "Roberta".

Roberta Griego
NAMI Ventura County
Walk Manager

[Home \(/\)](#) > [Need Housing Assistance?](#)

Need Housing Assistance?



Are you homeless or at risk of homelessness?

Contact an organization in your local community who can help.

[Find Homeless Assistance \(https://www.hudexchange.info\)](https://www.hudexchange.info)

Local agencies provide a range of services, including food, housing, health, and safety. Contact a national hotline or locate an organization near you. **If you are experiencing a life-threatening emergency, please dial 911.**

Housing Assistance

- Contact a homeless service provider (<https://www.hudexchange.info/housing-and-homeless-assistance/homeless-help/>) in your community.
- Contact a housing counseling agency (<http://www.consumerfinance.gov/find-a-housing-counselor/>) in your area or call 800-569-4287.
- Find affordable rental housing (http://portal.hud.gov/hudportal/HUD?src=/topics/rental_assistance) near you.
- Get assistance with home improvements (http://portal.hud.gov/hudportal/HUD?src=/topics/home_improvements).
- Find assistance to avoid foreclosure (http://portal.hud.gov/hudportal/HUD?src=/topics/avoiding_foreclosure) near you or call the Making Home Affordable (<https://www.makinghomeaffordable.gov/>) hotline 888-995-4673.
- Find HIV/AIDS housing and services (<https://locator.hiv.gov/>) near you.
- Search for a HUD home to purchase on HUDhomestore.com (<https://www.hudhomestore.com/Home/Index.aspx>).
- File a housing discrimination complaint (http://portal.hud.gov/hudportal/HUD?src=/topics/housing_discrimination).
- File a Housing Choice Voucher complaint (https://www.hud.gov/program_offices/public_indian_housing/programs/ph/am/helpdesk) by calling 1-800-955-2232 or sending an email to Public Housing's Customer Service at HUD-PIHRC@tngusa.net (<mailto:HUD-PIHRC@tngusa.net>).
- Find tenant rights assistance (http://portal.hud.gov/hudportal/HUD?src=/topics/rental_assistance/tenantrights).

Food

- Find your local Food Bank (<http://www.feedingamerica.org/>).
- Apply for WIC (Women, Infant, and Children) Benefits (<http://www.fns.usda.gov/wic/who-gets-wic-and-how-apply>).
- Apply for SNAP (Supplemental Nutrition Assistance Program) Benefits (<http://www.fns.usda.gov/snap/apply>).

Learn more about other available food programs (<http://www.fns.usda.gov/>).

Health and Safety

- Locate a Health Center (http://findahealthcenter.hrsa.gov/Search_HCC.aspx) near you, including Health Care for the Homeless Programs.
- Locate a Diaper Bank (<https://nationaldiaperbanknetwork.org/get-help-now/>) near you that distributes diapers to families in need.
- Substance Abuse and Mental Health Services Administration (SAMHSA) Hotline (<http://www.samhsa.gov/find-help/national-helpline>): 1-800-662-4357 for confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental health and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations.
- Locate Behavioral Health Treatment Services (<https://findtreatment.samhsa.gov/>) near you, including substance abuse, mental health, and veteran services.
- Locate Early Serious Mental Illness Treatment (<https://www.samhsa.gov/esmi-treatment-locator>) near you, including evidence-based programs providing medication, therapy, family and peer support, and other assistance for those seeking treatment for a recent onset of serious mental illness such as psychosis, schizophrenia, bi-polar disorder, and other conditions.
- National Suicide Prevention Lifeline (<http://www.suicidepreventionlifeline.org/>): 1-800-273-8255 is available 24/7 to confidentially provide counseling services at a crisis center in your area.
- Locate HIV/AIDS care services (<https://locator.hiv.gov/>) near you.
- National Domestic Violence Hotline (<http://www.thehotline.org/>): 1-800-799-7233 is available 24/7 to talk confidentially with anyone experiencing domestic violence, seeking resources or information, or questioning unhealthy aspects of their relationship.
- Childhelp National Child Abuse Hotline (<https://www.childhelp.org/hotline/>): 1-800-422-4453 is available 24/7 to talk confidentially with anyone experiencing child abuse, seeking resources or information, and referrals to thousands of emergency, social service, and support resources.
- RAINN Sexual Assault Hotline (<https://hotline.rainn.org/online/terms-of-service.jsp>): 1-800-656-4673 is available 24/7 to talk confidentially with anyone experiencing sexual violence and in need of crisis support.
- National Runaway Safeline (<http://www.1800runaway.org/>): 1-800-786-2929 provides support to at-risk youth and their families 24 hours a day through phone, email, and live chat.
- Locate a Runaway and Homeless Youth Program (<http://www.acf.hhs.gov/programs/fysb/grants/fysb-grantees>) near you for emergency shelter, transitional living program, or street outreach program for runaway or homeless youth.
- National Human Trafficking Resource Center (<http://traffickingresourcecenter.org/>): 1-888-373-7888 is available 24/7 to confidentially provide help to victims of human trafficking.

Disaster

- **Disaster Distress Helpline** (<http://www.samhsa.gov/find-help/disaster-distress-helpline>): 1-800-985-5990 or text TalkWithUs to 66746 provides crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters.
- Visit a **Disaster Recovery Center** (<http://www.fema.gov/disaster-recovery-centers>) (DRC) to talk with someone in person for guidance or information. To find a center near you, use the **DRC Locator** (<https://gateway.fema.gov/ESF6/DRCLocator>) or text DRC and your zip code to 4FEMA (43362). Example: *DRC 01234*. (Standard text message rates apply.)
- Search for open shelters near you by texting SHELTER and your zip code to 4FEMA (43362). Example: *Shelter 01234*. (Standard text message rates apply.)
- Locate the nearest shelter or find your local Red Cross. (<https://www.redcross.org/get-help.html>)
- Find your closest hospital, use the U.S. Hospital Finder (<http://www.ushospitalfinder.com/>).
- Apply for assistance on **DisasterAssistance.gov** (<https://www.disasterassistance.gov/>).
- Search on **FEMA.gov** (<https://www.fema.gov/>) for up-to-date information on Presidentially declared disasters and learn how to get assistance.
- Visit **Ready.gov** (<https://www.ready.gov/>) for comprehensive guidance on how to prepare for emergencies and disasters.
- Visit **Project Porchlight** (<https://www.moneymanagement.org/disaster-recovery>) to access free financial recovery counseling and personalized assistance for disaster survivors under a foundation-assisted grant program, offered by Money Management International (MMI), a HUD-Approved Housing Counseling agency.
- Download the **ASPCA Pet Safety App for Lost Pets, Disaster Prep and Emergency Alerts** (<https://www.aspcare.org/pet-care/general-pet-care/aspcare-mobile-app>).
- Visit **Hurricane Information and Resources for HUD Grantees, Partners, and Residents** (<https://www.hudexchange.info/news/hurricane-harvey-information-and-resources-for-hud-grantees-partners-and-residents/>) to find assistance with hurricane disaster response and relief efforts.

Employment and Job Training

- **DOL's Employment and Training Helpline** (<https://www.doleta.gov/jobseekers/>): 1-877-872-5627 provides information for job seekers, workers, and employers on employment and training.
- **Workforce Development Board Locator** (<http://www.servicelocator.org/workforcecontacts.asp>) provides local job centers where job seekers can get employment information, find out about career development training opportunities and connect to various programs in their area.
- **The American Job Center Finder** (<http://www.careeronestop.org/localhelp/americanjobcenters/find-american-job-centers.aspx?newsearch=true>) provides local job centers that help job seekers find jobs, training, and answer other employment related questions.
- **DOL's Employment Training page** (<http://www.servicelocator.org/Aslprograms.asp?prgcat=1>) provides a short-term training finder, an education and training finder, a Certification Finder, links to Apprenticeship programs, financial aid, and much more.
- **Unemployment Benefits Finder** (<http://www.careeronestop.org/localhelp/UnemploymentBenefits/find-unemployment-benefits.aspx>) provides information about filing for unemployment benefits by state.
- **Job Corps Helpline** (<http://www.jobcorps.gov/>): 1-800-733-5627 provides information about this education and training program that helps young people learn a career, earn a high school diploma or GED, and find and keep a good job.

Veterans

- **Help for Homeless Veterans Helpline** (<http://www.va.gov/homeless/>): 1-877-424-3838 provides 24/7 access to VA's services for homeless and at-risk Veterans.
- **Veteran's Crisis Line** (<http://www.veteranscrisisline.net/>): 1-800-273-8255 is available 24/7 to talk confidentially with veterans in crisis (and their families and friends).
- **Veterans.gov** (<http://veterans.gov/>) provides employment opportunities for veterans including job postings, local career centers, and online self-assessments.
- Locate a **VA Medical Center** (<http://www.va.gov/directory/guide/home.asp?isflash=1>) for medical care.
- Locate a **Community Resource and Referral Center** (<http://www.va.gov/HOMELESS/crrc-list.asp>) near you that provides Veterans who are homeless and at risk of homelessness with one-stop access to community-based, multiagency services to promote permanent housing, health and mental health care, career development and access to VA and non-VA benefits.

Learn more about other services and benefits available to homeless veterans by visiting the **Resources for Homeless Veterans and HUDVet page** (</homelessness-assistance/resources-for-homeless-veterans/>), the **Veterans Administration page for homeless veterans** (<http://www.va.gov/homeless/>), and **National Coalition for Homeless Veterans** (<http://www.nchv.org/>).

Team effort with police, other services increases outreach to Ventura's homeless

[Arlene Martinez](#), Ventura County Star



Maria, who is homeless, gets help from Diana Gasmi, a community service coordinator with Ventura County Behavioral Health.

It's hard to say how many "touches" social services providers and law enforcement officers had with Irene, who first became homeless in 2005.

Meredith Hart, who oversees homelessness efforts for the city of Ventura, guesses over the years when she and others visited Irene in the Santa Clara River, saw her downtown at a park or walking along the street, there were hundreds.

And then the phone call came: "I'm ready to get out of the river bottom."

Hart, who answered Irene's call, wasted no time. "We all jumped at the opportunity, calling in everybody we knew," she said.

Within hours, a broad group of people and organizations that work on homelessness had culled together \$600, enough to get Irene into a sober-living home.

The team that works – on the best days to get phone calls like those – is part of an increasingly coordinated and growing group of mental health, law enforcement and social service professionals dedicated to getting people off the streets.

"I feel like everybody right now is solution-based, working together to make differences," said Hart, who in December joined the city as its safe and clean manager. "The energy's right. It's just kind of a perfect partnership."



Ventura police Sgt. Mike Anselmo gets a hug from Irene at Plaza Park downtown. Anselmo, along with other individuals, helped her out of an encampment near the Santa Clara River. (Photo: JUAN CARLO/THE STAR)

Ramping up mental health services

Earlier this month, the Ventura City Council and Ventura County Board of Supervisors voted to have a dedicated social worker proactively help connect homeless people with services.

Such a position had been a wish for years by city staff, who have long felt Ventura receives a disproportionate impact from homelessness as the home of the county jail and county medical and psychiatric hospitals.

The position will work to connect with homeless people at encampments, parks, meal programs, bus stations and One Stop outreach programs, which bring a number of agencies together to provide food, clothing, referrals and help with documentation to get public benefits.

"After initial contact, the social worker will make regular visits to establish rapport and trust, to ensure linkages to services and ultimately, to ensure clients secure rental assistance funds and permanent housing," Human Services Agency Director Barry Zimmerman wrote in a staff report to supervisors.

The county and city will pay around \$88,000 for the 19-month pilot program, set to start Dec. 1. That'll give the worker time to be in place when the new shelter opens a month later.

A permanent shelter, finally

After years of looking for real estate, money and political will — all in short supply for the longest time — the city and county inked a deal this year to open a permanent, year-round homeless shelter. Set to open in January, the 55-bed facility will be run by [Mercy House](#), [an Orange County-based provider](#).

The city and county will split the \$1.2 million annual cost to run it, though Ventura's cash contribution is higher, \$712,500 to \$532,000, because the county owns the building.

Mercy House is guided by a housing-first policy, considered a national best practice when it comes to ending homelessness.

“You don’t fix the person; you end the homelessness,” executive director Larry Haynes said during a January city council meeting.

Hart hopes it will be successful at “lowering the number of those who are unsheltered in our community and reducing costs associated with those services.”

Another tool to get people help

For the city, the shelter also gives it another tool to move people out of illegal encampments, parks and streets. An appellate court ruling out of Boise, Idaho, ruled law enforcement couldn’t cite or remove someone for sleeping or camping in public spaces if it didn’t have a low-barrier alternative.

In years past, Ventura dismantled homeless encampments in the Santa Clara and Ventura river bottoms. But that effort largely stopped in response to the court case, and the camps have grown.



Michael lives along the Santa Clara River in Ventura. Because of a court ruling that impacts how cities can enforce anti-camping ordinances, many people are living illegally throughout the city.

Ventura is one of more than 30 municipalities that this week sent an [amicus brief asking the U.S. Supreme Court to review the case](#), arguing it is too wide ranging and exposes governments to costly litigation that could divert funding away from badly needed housing and services.

On a recent trip to the Santa Clara River area behind River Haven — a legal, transitional housing facility run by the Ventura-based nonprofit Turning Point — there were some elaborate camps.

One person had rigged a homemade shower, the water originating from a well he'd dug into the ground; another person had a car illegally parked, and he promised to have it off by the next day. Hart confirmed later he did.



Ventura police Sgt. Mike Anselmo, Officer Jaime Uribe and Cpl. Trenner Marchetti speak with Felipe, who is homeless, before he speaks with a Ventura County Behavioral Health community service coordinator. The position is embedded with police three days per week.

To help keep the area clean, the city drops off trash bags twice a month. One day they drop them off, giving officials a chance to see how folks are doing and whether today is the day they'll take some help. The next day, they're back picking the full bags up.

So far the city's collected around 550 bags, Hart said.

Hart got the idea after talking to Irene and another homeless individual since debris and trash piles up fast, impacting the sensitive habitat and river and jeopardizing human health.

Dwellers have enthusiastically participated. "It's been great for the environment as well as getting individuals to have some responsibility," Hart said.

And with each visit, officials can talk to residents.

"I tell them that the shelter is coming, and things are going to change," she said.

Ventura Police Sgt. Mike Anselmo, who oversees the seven-person Patrol Task Force responsible for homelessness, vagrancy and related issues, knows the process can be slow and full of bumps.

It can be frustrating work, but when someone accepts help and starts getting healthier, there is nothing better, he said.

"You see where you can make a difference," he said.

Embedded mental health services

In January, four community service coordinators joined law enforcement agencies in Ventura, Oxnard, Simi Valley and Camarillo and Thousand Oaks. Ventura and Oxnard have their own, and the other two coordinators split time with the three other cities.

The positions were funded with part of a three-year, \$1.75 million state grant, said Felicia Skaggs, clinic administrator for Ventura County Behavioral Health's Rapid Integrated Support and Engagement program.

Diana Gasmi is the community service coordinator embedded with Ventura. She can't put a hold on people who are gravely disabled or a threat to themselves or others – that's what police and other licensed professionals are there for – but she can build relationships with people they're trying to reach.

On a recent Tuesday, a man well known to police, Hart and Gasmi flung his arms wildly as he shouted out unintelligible words and zigzagged across streets.



Felipe, who is homeless, gets help calling his mother from Diana Gasmi, a community services coordinator with Ventura County Behavioral Health. Three days a week, she is embedded with the Ventura Police Department's Patrol Task Force.

Anselmo called police, who showed up within a couple of minutes. Upon seeing the squad car, Felipe sat down on the sidewalk. The officers talked to him.

"I'm monitoring him. Right now, he's not approachable," Gasmi said.

But soon enough he was, and Gasmi went to him. They spoke quietly for a few minutes.

The man has family in Santa Paula, and splits his time between the cities, Hart explained. For a long time, he's been in that condition.

"This is the usual," Hart said.

Gasmi jotted down notes, then returned to Hart and Anselmo.

The follow-up with Felipe, and others she comes in contact with, could include passing along notes to case workers or others working with the clients, shuttling them to appointments, following up on paperwork or calling a family on their behalf. The list is as long and varying as the needs of the individuals.

Later, the team ran into a French man who came to the United States as a young boy. He had paperwork to show Gasmi, who whooped with joy when she saw it.

Gasmi had helped him apply for a fee waiver from the \$600 cost to replace his green card. Success.

The partnership has worked well, she said.

"We really get to see the client as a whole, their weaknesses and strengths, and work as a team to help them get better."

Climbing, pushing, going

Getting Irene back on her feet and into stable housing has been a process.

The sober-living home didn't work out, and she briefly relapsed. But she didn't last long out there on the streets and soon moved into the Turning Point transitional shelter off Thompson Boulevard in Ventura.

She has reconnected with her daughter who lives in town. Irene is welcome to nap on her couch and visit with her three grandsons.

"It's nice. I really like sleeping in a bed," she said, and there are the showers, laundry and television.

Irene left an abusive relationship, which was hard, but "each day I'm away from him it gets a little easier."

She is hopeful for the future and feels a purpose. Those around her see it, too.

"She's just filled with life," Hart said.

She hasn't lost touch with all of her old river friends. But nowadays, she's encouraging them to come in from the elements and try something new.

North & South Oxnard Youth and Family clinics' 6th Annual

HeART Night

Celebrating Culture, Art, and Community

Celebrando la cultura, el arte, y la comunidad

food will be provided

dancing

art-making

sharing

singing

face painting

raffle



alimentos serán proporcionados

baile

creando arte

compartiendo

cantando

pintando las caras

la rifa

Wednesday, November 6, 2019

Miercoles, 6 de Noviembre

4:00-6:00pm

VCBH Training Room, 1911 Williams Drive, Oxnard CA 93036



California Association of Local Behavioral Health Boards and Commissions

FALL 2019 Newsletter

Email: info@calbhbc.com

www.calbhbc.com



CALBHBC NEWSLETTER

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

SPECIAL WIC UPDATE: Changes to CA Welfare & Institution Code 5604 and 5848.

California's government recently made changes to the following areas of CA Welfare & Institutions Code (WIC):

- [Bylaws \(5604.5\)](#)
- [Duties \(5604.2\) & MHSA Duties \(5848\)](#)
- [Expenses \(5604.3\)](#)
- [Membership \(5604\)](#)

Changes appear in bold print in this newsletter.

Updated WIC is also on-line at:
www.calbhbc.com/legislation-mhb-wic.html

Expenses (WIC 5604.3)

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

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

WIC 5892 (c) The allocations pursuant to subdivisions (a) and (b) shall include funding for annual planning costs pursuant to Section 5848 . The total of these costs shall not exceed 5 percent of the total of annual revenues received for the fund. The planning costs shall include funds for county mental health programs to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process ...

Bylaws (WIC 5604.5)

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

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

Issue Briefs: www.calbhbc.com

Resources: www.calbhbc.com/resources

Duties (5604.2) and MHSA Duties (5848)

Duties of Boards & Commissions (5604.2)

The local mental health board shall : (WIC 5604.2(a))

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

Duties of Boards & Commissions (MHSA)

MHSA Duties from Code Section 5848:

- (b) The mental health board established pursuant to Section 5604 shall conduct a public hearing on the draft three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by subdivision (a). Each adopted three-year program and expenditure plan and update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the local **mental health agency or local behavioral health agency, as applicable, for revisions.** The local mental health agency or local behavioral health agency, as applicable, shall provide an annual report of written explanations to the local governing body and the State Department of Health Care Services for any substantive [see (f) below] recommendations made by the local mental health board that are not included in the final plan or update.
- (f) For purposes of this section **"Substantive recommendations made by the local mental health board"** means any recommendation that is brought before the board and approved by a **majority vote of the membership present at a public hearing of the local mental health board that has established its quorum.** (WIC 5848 updated 10/19)

Membership (WIC 5604.)

Membership (WIC 5604.)

(a) (1) Each community mental health service shall have a mental health board consisting of 10 to 15 members, depending on the preference of the county, appointed by the governing body, except that boards in counties with a population of less than 80,000 may have a minimum of five members. A county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. **This section does not limit** the ability of the governing body to increase the number of members above 15.

(2) (A) The board serves in an advisory role to the governing body, and one member of the board shall be a member of the local governing body. Local mental health boards may recommend appointees to the county supervisors. The board membership should reflect the diversity of the client population in the county to the extent possible.

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

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

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

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

(b) The mental health board shall review and evaluate the local public mental health system, pursuant to Section 5604.2, and advise the governing body on community mental health services delivered by the local mental health agency or local behavioral health agency, as applicable.

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

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

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

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

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

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

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



OFFICE OF THE GOVERNOR

OCT 13 2019

To the Members of the California State Senate:

I am returning Senate Bill 10 without my signature.

This bill would require the Department of Health Care Services (DHCS) to establish a new state certification program for mental health and substance use disorder peer support specialists.

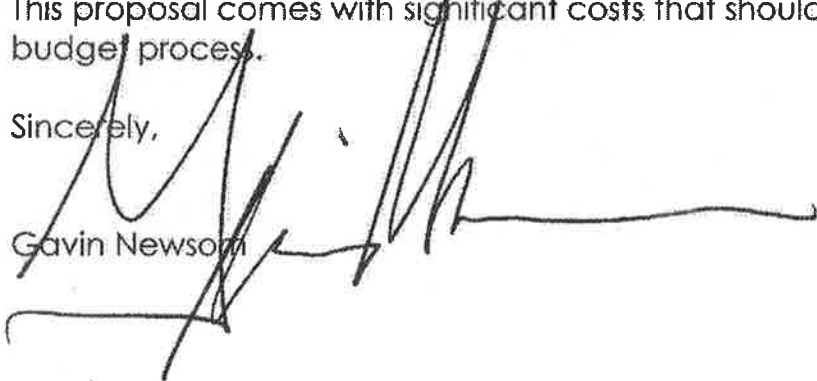
Peer support services can play an important role in meeting individuals' behavioral health care needs by pairing those individuals with trained "peers" who offer assistance with navigating local community behavioral health systems and provide needed support. Currently, counties may opt to use peer support services for the delivery of Medicaid specialty mental health services.

As the Administration, in partnership with the Legislature and counties, works to transform the state's behavioral health care delivery system, we have an opportunity to more comprehensively include peer support services in these transformation plans. I look forward to working with you on these transformations efforts in the budget process and future legislation, as improving the state of the state's behavioral health system is a critical priority for me.

This proposal comes with significant costs that should be considered in the budget process.

Sincerely,

Gavin Newsom



Behavioral Health Advisory Board
Committee Objectives for Fiscal Year 2019-20

Adult Services Committee

1. Advocate for the expansion of the Crisis Stabilization Unit (CSU) at the Hillmont Psychiatric Hospital to the maximum approved number of chairs (12) including the capability of conducting medical clearance examinations on-site.
2. Advocate for the reactivation of the 12 inpatient beds at the Hillmont Psychiatric Hospital currently not in use.
3. Advocate for the Crisis Residential Treatment (CRT) facility to be used for both a crisis prevention unit to avoid hospitalizations and as a step-down from Hillmont Psychiatric Hospital or other intensive service.
4. Advocate for the development of a CSU supported by one of the community hospitals in Ventura County.
5. Advocate for access to increased inpatient, community-based and in-home services to the older adult population.
6. Participate in all efforts to establish affordable and supportive housing for individuals who live with mental health and/or substance use disorder challenges that includes additional VCBH staff to provide supportive services associated with No Place Like Home and other potential supportive housing developments.

Transitional Age Youth (TAY) Committee

1. Advocate for increased housing options for TAY.
2. Review the needs of the TAY population. Develop and prioritize strategies to address service needs for the TAY population relative to mental health and substance abuse treatment.
3. Encourage increased participation of community partners serving TAY in the BHAB TAY Committee meetings.
4. Develop approaches to increase community outreach, especially to underserved communities. Improve communication among parents, clients, agencies and the TAY Committee.
5. Engage TAY population membership on this committee.

Youth & Family Committee

1. **Continuum of Care**
 - a. Follow the implementation of the Continuum of Care Reform (CCR). Identify further needs or gaps in services to children in foster care.
 - b. Follow the continuum of crisis care for children covered by Medi-Cal and children with private insurance. Provide feedback to the Behavioral Health Advisory Board (BHAB), Ventura County Behavioral Health (VCBH) and community providers.
 - c. Ensure communication and care coordination of health record information between care providers.
2. **Community and Parent Outreach**
 - a. Engage community agencies to schedule presentations regarding the role and activities of this Committee.
 - b. Recruit community members to serve on the Committee, and inform families about mental health services available.
 - c. Create innovative strategies to learn about parents/caregivers' needs and concerns.

- d. Raise awareness of alcohol and substance use resources. Actively disseminate alcohol and substance use prevention resources to the community partners, including community-based organizations (CBOs), law enforcement, and school districts.
- e. Maintain the availability of relevant materials on the Ventura County Behavioral Health's wellnesseveryday/saludsiempre website.
- f. Continue to explore the use of technology to enhance access to services and resources.
- g. Identify and address system barriers for access to service needs for children ages 0-5. Advocate for improvement in the continuum of services.

Prevention Committee

1. Support and collaborate with VCBH and the BHAB in helping to prevent the onset of substance use and mental illness amongst multi-generational populations.
2. Promote vaping and cannabis education and awareness.

Ventura County Behavioral Health

Board Letter Summary of Contracts for September 2019

Board Date	Contractor	Amount	Term	Description
9/10/2019	Substance Abuse and Mental Health Services Administration (SAMHSA)	\$836,523	10/1/2018 to 9/30/2019	VCBH receives SAMHSA Mental Health Block Grant (MHBG) funds to support the following mental health activities: United Parents FAST and Respite services, Juvenile Justice Dual Diagnosis services, and VIPS services. This item ratifies the submittal of the FY 2019-20 SAMHSA MHBG allocation worksheet by the VCBH Director.
9/10/2019	Interface	\$1,610,000	7/1/2019 to 6/30/2020	VCBH is contracting with Interface to provide early and periodic screening, diagnostic and treatment (EPSDT) mental health care services. Interface will continue to provide EPSDT services for FY 2019-20 with the agreed maximum amount unchanged from FY 2018-19.
9/17/2019	United Parents	\$469,781	7/1/2019 to 12/31/2019	VCBH is contracting with United Parents to provide family access and support team (FAST) supportive services. This FY 2019-20 agreement with United Parents provides continued FAST services that remain unchanged from FY 2018-19 agreement, with the agreement maximum reduced to account for the six-month agreement term.
9/17/2019	Office of Traffic Safety (OTS)	\$125,000	10/1/2019 to 9/30/2020	VCBH receives OTS grant funds to support Alcohol and Drug Program (ADP) prevention services. This agreement with OTS provides funding for new OTS grant-related services, such as (1) environmental prevention to targeted outreach and education, (2) improved understanding and use of tools to recognize impairing drug combinations, (3) increased understanding of the threat legal drug combinations pose to driving safety, (4) targeted messaging for pharmacies and medical offices, and (5) improved access and understanding about drug disposal locations and messaging to patients and the community at large.
9/17/2019	Idea Engineering	\$182,000	7/1/2019 to 12/31/2019	VCBH is contracting with Idea Engineering to provide ADP prevention services. This amendment includes OTS funding for ADP Prevention marketing campaign services.
9/17/2019	Telecare: Casa B	\$891,775	7/1/2019 to 6/30/2020	VCBH is contracting with Telecare Casa B for social rehabilitation services, for TAY and adults. The third amendment allows continued provision of these services for FY 2019-20, revises contract language, and makes no changes to the existing maximum contract amount of \$891,775.

9/17/2019	Telecare: Casa C	\$975,083	7/1/2019 to 6/30/2020	VCBH is contracting with Telecare Casa C for social rehabilitation services, for TAY and adults. The third amendment will allow continued provision of these services for FY 2019-20, revises contract language, and makes no changes to the existing maximum contract amount of \$975,083.
9/17/2019	Telecare: Casa D	\$880,354	7/1/2019 to 6/30/2020	VCBH is contracting with Telecare Casa D for social rehabilitation services, for TAY and adults. The third amendment allows continued provision of these services for FY 2019-20, revises contract language, and makes no changes to the existing maximum contract amount of \$880,354.
9/17/2019	Telecare: Casa E	\$766,456	7/1/2019 to 6/30/2020	VCBH is contracting with Telecare Casa E for adult residential care services. The third amendment allows continued provision of these services for FY 2019-20, revises contract language, and makes no changes to the existing maximum contract amount of \$766,456.
9/24/2019	HealthRIGHT 360	\$3,315,635	7/1/2019 to 6/30/2020	VCBH is contracting with HealthRIGHT 360 to provide three levels of residential treatment services and one level of withdrawal management treatment services for women and their children. This amendment revises contract funding source language only with no change to the existing maximum contract amount of \$3,315,635.

MEMORANDUM

DATE: October 4, 2019
TO: Behavioral Health Advisory Board
FROM: Contracts Administration
SUBJECT: Board of Supervisors Approved September Agreements/Board Items

Board of Supervisors Approved Agreements – September 10, 2019

1. Substance Abuse and Mental Health Services Administration (SAMHSA) Community Mental Health Block Grant (MHBG) Allocation Worksheet.

This item recommended the Board of Supervisors (Board) ratify the submission and acceptance of the SAMHSA MHBG allocation worksheet, by the Ventura County Behavioral Health (VCBH) Director, in the amount of \$836,523, representing an increase in the allocation of \$190,331, for the period of October 1, 2018 through September 30, 2019.

VCBH receives the SAMHSA MHBG funds on an annual basis, following the federal fiscal year of October 1st through September 20th. VCBH uses the SAMHSA MHBG funding to support the following mental health activities: 1) United Parents FAST contract services (partially funded with SAMHSA MHBG funds), 2) United Parents Respite contract services (fully funded with SAMHSA MHBG funds), 3) Juvenile Justice Dual Diagnosis Services (partially funded with SAMHSA MHBG funds), and 4) Ventura County Early Intervention Program Services (VIPS) (partially funded with SAMHSA MHBG funds). In FY 2018-19, VCBH received an initial SAMHSA MHBG allocation of \$646,192 for the service period of October 1, 2018 through September 30, 2019, and later in FY 2018-19, unexpectedly received \$190,331 in additional SAMHSA MHBG funding for that same service period. To meet the DHCS grant submission and acceptance timeframe, VCBH submitted the grant allocation worksheet to DHCS without Board approval to accept the additional funding. VCBH was later notified by the CEO that Board approval of this action was needed due to the increase in the funding amount above the originally budgeted amount. VCBH returned to the Board to seek approval of the submission of the SAMHSA MHBG allocation worksheet.

VCBH recommended the Board ratify the submission of the grant allocation worksheet, signed by the VCBH Director, and accept the DHCS SAMHSA MHBG, in the amount of \$836,523, representing an increase in the allocation of \$190,331, for the service period of October 1, 2018 through September 30, 2019.

2. FY 2019-20 Interface Children & Family Services (Interface) Agreement for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medi-Cal Specialty Mental Health Care Services and FY 2019-20 United Parents Agreement for Family Access and Support Team (FAST) Services.

This item recommended approval for the VCBH Director or designee to sign the: (1) FY 2019-20 agreement with Interface for EPSDT services, in the amount of \$1,610,000 and (2) FY 2019-20 agreement with United Parents for FAST services, in the amount of \$469,781. These agreements are funded by Short Doyle/Medi-Cal (SD/MC) Federal Financial Partnership (FFP), 2011 Realignment, Proposition 63 Mental Health Services Act (MHSA), and SAMHSA MHBG funds.

Interface provides mental health and trauma treatment to address the complex needs of children and families in the community, working collaboratively with other service providers. They provide multiple services including family support, domestic violence intervention, outreach and youth activities, prevention, as well as prevention and mental health counseling within economically challenged communities. Interface provides EPSDT services to children under than 21 years of age who are EPSDT Medi-Cal beneficiaries and meet the criteria for medical necessity. Under the proposed agreement, Interface will continue to provide EPSDT services within Ventura County, with services and the agreement maximum unchanged from the previous fiscal year.

United Parents provides FAST services to children and families, providing short term intensive home and community based supportive services in a proactive approach with the goal of reducing the need for crisis-based interventions, hospitalizations and out-of-home placements. Families of children diagnosed with Serious Emotional Disturbance (SED) benefit from a more proactive approach which supports and teaches strategies to prevent an escalating situation from turning into a crisis, reducing emotional stress on the entire family, with the program's peer to peer component training utilizing trained parents to work with families to build specific skills and techniques. Under the proposed agreement, United Parents will continue to provide FAST services within Ventura County, with services remaining unchanged from the previous fiscal year. The agreement maximum was reduced to account for the six-month agreement term.

VCBH recommended approval for the VCBH Director or designee to sign the: (1) FY 2019-20 agreement with Interface for EPSDT services, in the amount of \$1,610,000 and (2) FY 2019-20 agreement with United Parents for FAST services, in the amount of \$469,781, for the six-month term of July 1, 2019 to December 31, 2019.

Board of Supervisors Approved Agreements – September 17, 2019

1. Alcohol and Drug Programs (ADP): California Office of Traffic Safety (OTS) Grant Agreement for ADP Prevention Services and FY 2019-20 Idea Engineering, Inc. Seventh Amendment for ADP Prevention Services.

This item recommended approval for the VCBH Director or designee to sign the: (1) OTS agreement for ADP prevention services, in the amount of \$125,000, for the service period of October 1, 2019 through September 30, 2020 and (2) FY 2019-20 seventh amendment to the agreement with Idea Engineering, Inc. for ADP prevention services, increasing the maximum agreement amount from \$162,500 to \$182,000, an increase of \$19,500. The Idea Engineering, Inc. agreement is funded by the OTS Grant and Substance Abuse Prevention and Treatment Block Grant (SABG).

OTS awarded VCBH a grant on June 26, 2019, in the amount of \$125,000 for the service period of October 1, 2019 through September 30, 2020. Per the OTS approved grant application, VCBH will: (1)

collaborate environmental prevention through targeted outreach and education, (2) improve prescriber's and furnisher's understanding and usage of California's Prescription Drug Monitoring Program (PDMP) and California's Controlled Substance Utilization Review and Evaluation System (CURES), as a tool to recognize impairing drug combinations, (3) increase understanding for prescribers and furnishers of medications about the threats legal drugs, especially combinations of drugs, pose to patients' ability to drive safely, (3) create targeted messaging for pharmacies and medical offices, and (4) improve access to, and understanding of, drug disposal by improving messaging about drop off locations to patients and community at large.

In addition, to seeking approval from the Board to accept the OTS grant funding and sign the OTS grant agreement, VCBH amended the Idea Engineering, Inc. agreement to add additional funding for new OTS grant-related marketing campaign services. These new OTS grant marketing campaign services are in addition to the communication planning and materials, graphic design, and strategic messaging services that Idea Engineering, Inc. currently provides in support of various ADP Prevention Services publications and outreach efforts.

VCBH recommended approval for the VCBH Director or designee to sign the: (1) OTS Standard Grant Agreement, in the amount of \$125,000, for the service period of October 1, 2019 through September 30, 2020 and (2) FY 2019-20 seventh amendment to the agreement with Idea Engineering, Inc., for ADP Prevention Services, in the amount of \$182,000 (an increase of \$19,500).

2. FY 2019-20 Telecare Corporation (Telecare) Casa B, Casa C, and Casa D Social Rehabilitation Agreements and Casa E Adult Residential Facility Agreement.

This item recommended approval for the VCBH Director or designee to sign the: (1) FY 2019-20 third amendments to the agreements with Telecare for social rehabilitation services at Casa B, Casa C, and Casa D, to revise contract language and (2) FY 2019-20 third amendment to the agreement with Telecare for adult residential facility services at Casa E, to revise contract language. There was no change to the previously approved contract maximums. These agreements are funded with Realignment, SD/MC FFP, and MHSA funding.

Telecare operates and manages the following four mental health residential treatment facilities (Casas) through four separate agreements with VCBH: (1) Casa B – Brighter Tomorrows, (2) Casa C – House of Transition, (3) Casa D – Recovery Starship, and (4) Casa E – Stonehenge. Casas B, C and D are 12-bed long-term social rehabilitation facilities, and the program is approximately 12 months in duration, servicing Transitional Age Youth (TAY) and adults. Casa E is a 15-bed adult residential facility, with no limit to length of stay. The proposed amendments replace contract language, removing the Ventura County Maximum Allowance rate and referencing the maximum unit rate in Exhibit B and updating the Certification of Claims for Payment for Services Rendered terms specified in Exhibit G.

VCBH recommended approval for the VCBH Director or designee to sign the: (1) FY 2019-20 third amendments to the agreement with Telecare for social rehabilitation services at Casa B, Casa C, and Casa D, revising contract language as discussed above and (2) FY 2019-20 third amendment to the agreement with Telecare for adult residential care services at Casa D, revising contract language as discussed above.

Board of Supervisors Approved Agreements – September 24, 2019

1. FY 2019-20 HealthRIGHT 360 Second Amendment for Drug Medi-Cal Organized Delivery System (DMC-ODS) Substance Use Disorder (SUD) Services.

This item recommended approval for the VCBH Director or designee to sign the FY 2019-20 second amendment to the agreement with HealthRIGHT 360 for DMC-ODS SUD services, revising funding source information. There was no change to the previously approved contract maximum. This agreement is funded by DMC-ODS FFP, SABG Discretionary, Realignment, Assembly Bill 109 funds, CalWORKS, and Judicial Council of California (JCC).

HealthRIGHT 360 provides three levels of residential treatment services and one level of withdrawal management treatment services for women and their children. HealthRIGHT 360's satisfactory discharge rate is 75%. The proposed amendment adds two additional anticipated funding sources to the contract: CalWORKS and JCC. These two funding sources were inadvertently not included in the FY 2019-20 agreements. CalWORKS is a state welfare-to-work public assistance program that provides income support and access to health coverage on a temporary basis to eligible families that have children in the home. The CalWORKS VCBH Program is a collaboration between the Human Services Agency and VCBH, targeting the welfare-to-work population and working to eliminate barriers to self-sufficiency through behavioral health, drug and alcohol services. The Ventura County Superior Court receives annual JCC grant funding through various California programs, and uses this funding to support ADP services provided by HealthRIGHT 360 for participants in the juvenile dependency drug court program.

VCBH recommended approval for the VCBH Director or designee to sign the FY 2019-20 second amendment to the agreement with HealthRIGHT 360, for DMC-ODS SUD services, revising the funding source information.