

## DeLeon, Jakeline

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**From:** bhabadmin  
**Sent:** Tuesday, December 27, 2022 9:43 AM  
**Subject:** In Honor and Remembrance of Celia Brown

*Approved for distribution to all BHAB Members by Michael Rodriguez, Chair at the request of Elizabeth Stone – Behavioral Health Advisory Board.*

Good morning,

Please see the message below.

Thank you.

### In Honor and Remembrance of Celia Brown



I deeply regret to inform you all that Celia Brown passed away yesterday.

Celia was and will always be one of our movement's most cherished and most influential leaders, a very kind, devoted, determined and humble leader who led the way in the advancement of rights-based advocacy, peer support, trauma informed approaches, cultural competence and humility, peer specialist roles and numerous efforts to combat racism and discrimination.

She was a long-time leader in the consumer/survivor/ex-patient movement who was introduced to the civil rights movement early in her childhood by her family's experience and role in the struggle.

She was a founding member of the National People of Color/Consumer Survivor Network and following the deaths of people of color across the nation due to deadly force of police, she helped to create Surviving Race: The intersection of Injustice, Disability and Human Rights in 2014 to explore the intersections between race and disability in the human rights movement.

Celia's advocacy on behalf of people with psychiatric and other disabilities spanned the globe. Celia served as President of the Board of [MindFreedom International](#), served as their main representative to the United Nations and collaborated with other disability organizations on the Convention on the Rights of People with Disabilities. She traveled to Finland, New Zealand and Geneva and marched on the roads of Ghana, West Africa to lift the stigma and disenfranchisement of Ghanians with disabilities to change its laws.

For a great many years, Celia served as the Regional Advocacy Specialist at the NYC Field Office, NYS Office of Mental Health, providing technical assistance and support to people with psychiatric disabilities and their families and facilitating trainings on peer support, wellness, and recovery approaches in community mental health agencies.

Celia was a humble but powerful changemaker and truth-teller, whose love, kindness and inspiration touched everyone she met. She was both a Mother of our Movement and she was a very dear friend to me.

Her legacy will live forever. Every time, we stand up for recovery and peer support and march for choice, rights and social justice....Celia will be there.

**Harvey Rosenthal, NYAPRS CEO**

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When I entered the peer support workforce community nearly two decades ago, Celia Brown was one of the first pioneers of the consumer/survivor/ex-patient movement I met; she soon became an ally, a mentor, and a deeply close personal friend. Celia possessed unparalleled wisdom and skill navigating historically oppressive systems while simultaneously “changing the narrative” within these same hierarchies.

She was a tireless advocate, possessed a buoyant spirit, and was intentional about supporting others. Celia inspired her fellow advocates to speak out against inhumane practices, racism, and stigma. She skillfully and inimitably traversed her multiple roles with grace and discretion. Mere words cannot capture the breadth and depth of support Celia exchanged with her peers, friends, and family.

On a more personal note, I always experienced a sense of excitement, hope and rejuvenation talking with Celia. Regardless of what was going on in our lives and throughout the world, we always found something to be grateful for and laugh about. We sought comic relief to buffer the harshness of police violence, political upheaval, and structural racism. Celia and I share a birthday and were born in the same year. I am fortunate to have worked with Celia on planning the New York City Conference for Working Peer Specialists for the past 17 years; convening the Inaugural Surviving Race Dialogues this past summer in Savannah, Georgia; and hosting virtual peer support groups on Saturday afternoons for 14 months during the pandemic.

Celia sought to change systems one person at a time and never deemed any cause insurmountable. I will miss her immensely and will always be enriched by her dedication, friendship and support.

**Jonathan P. Edwards, Ph.D., Peer Support Workforce Advocate and Researcher, Colleague and Longtime Friend**

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When I returned to New York after over 10 years working in behavioral health in rural Arizona, one of the first people I met was Celia Brown. Her warm and giving soul made me so comfortable. As I learned more and more about Celia, I was honored and humbled that she took time to call me in on the movement and its history as she and others in the consumer/survivor/ex-patient network shared their knowledge and their time.

Celia made time for everything, I too worked with her for the past nine years on planning and executing the annual New York City Conference for Working Peer Specialists. She was a leader, who did not make one feel “led,” she was a wealth of historical knowledge, compassion, and passion for the work and for the international peer community.

Celia was always there for people; I remember riding home with her on the subway from Greenpoint in Brooklyn, where we had just spent time with visitors from the Netherlands, telling our stories. It was bitterly cold, and she had a long ride to the Bronx ahead, but she came out for these people as she always did for her family, friends, and colleagues.

I had the privilege of being invited by Celia to take part in the 2022 Surviving Race Dialogues and gratefully appreciated the opportunity to be of service at this social justice event. Celia was all about advocacy, equity, and justice, and my life will be forever changed by her resolute presence and kind mentoring.

**Gita Enders, Director of the Office of Behavioral Health Medical and Professional Affairs, New York City Health + Hospitals**

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I have been battling for almost an hour to put the words together on how to describe the celebration of the life of Ms. Celia Brown and what an inspiration she is to so many. I felt such a deep heartache once I heard the news of her passing, but as I reflect, I am reminded of my profound gratitude for having the opportunity to get to know who she truly was and what she stood for. Celia was a pioneer and what we call a Mother of The Movement.

Celia was not only a driving force in OMH as the first peer advocate, but I often reflect that her work outside the organization was her true heart and soul. Celia was the voice for the voiceless and offered resiliency and strength for the people; as one of the founding members of Surviving Race: The Intersection of Injustice, Disability, and Human Rights, her work stemmed from addressing the trauma of systematic racism, police brutality, and inequalities within communities of color and the mental health system.

I have such wonderful memories with my dear friend. Celia and I would share stories of adventures in Ghana, her love for family, and her passion for changing the World. Celia once told me, "We all have a place here, and our voices can never be silenced!"

She is a true inspiration, and to honor her legacy in advocacy; I will carry the lessons Celia taught me of the past that hold a tremendous amount of value, harness those lessons, and build on that foundation for future advocacy.

She will forever be missed.

**Taina Laing, CEO, Baltic Street AEH**

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### **For Celia on Her Way Home Tonight**

Celia Brown died tonight. The stillness of my memories are filled with the strength and power of Celia's enormous heart. So many times she wordlessly anchored a space, making it feel safe because she was there. I admired the way she let us into her world, sharing her joy, anger, sadness, and love with tremendous grace and courage.

Celia Brown was a pioneer of peer support, an ardent advocate for people re-claiming power and speaking for themselves. Her global accomplishments could fill many pages but she most often spoke about the importance of relationships in her life; how proud she was of her son, how much she valued family, being a mother, daughter, a sister and friend. And of course, she remarked on being from the Bronx in an unmistakable accent that became thicker with every word. Celia regularly made communities

bigger by reaching out to diverse groups of people and welcoming them into discussions and activities. She believed in possibilities, in the goodness of people, in their ability to work out differences and find a common ground. In this way, Celia instilled hope and encouraged others to do the same. Despite the setbacks, she kept moving forward, with grace and a conviction that it would “be ok.”

I’ve known Celia almost half my life and it doesn’t feel possible that she is gone. Despite the enormous sadness, I am also grateful for the powerful legacy she leaves behind, of profound generosity, abiding belief in others to build connections rather than increase the divides. To me she will always be an example of what can happen when we dare to live with our hearts full and open. Celia Brown is finally free. I went outside this evening to gaze at the stars, to see if I could find her leaving trails across the sky before escaping into the inky night on her way home.

**Laura Prescott, President, Sister Witness International**

**Translation:**

*Aprobado para su distribución a todos los miembros de BHAB por Michael Rodríguez, Presidente de la Junta Asesora de Salud del Comportamiento solicitado por Elizabeth Stone.*

Buenos Días,

Por favor vea el mensaje a continuación.

Gracias.

**En honor y recuerdo  
de Celia Brown**



Lamento profundamente informarles a todos que Celia Brown falleció ayer.

Celia fue y siempre será una de las líderes más queridas e influyentes de nuestro movimiento, una líder muy amable, dedicada, decidida y humilde que abrió el camino en el avance de la defensa basada en los derechos, el apoyo entre pares, los enfoques informados sobre el trauma, la competencia cultural y la humildad, los roles de especialistas entre pares y numerosos esfuerzos para combatir el racismo y la discriminación.

Ella fue una líder de mucho tiempo en el movimiento de consumidores / sobrevivientes / ex pacientes que fue introducida al movimiento de derechos civiles temprano en su infancia por la experiencia y el papel de su familia en la lucha.

Fue miembro fundador de la National People of Color/Consumer Survivor Network y después de las muertes de personas de color en todo el país debido a la fuerza letal de la policía, ayudó a crear *Surviving Race: The intersection of Injustice, Disability and Human Rights* en 2014 para explorar las intersecciones entre raza y discapacidad en el movimiento de derechos humanos.

La defensa de Celia en nombre de las personas con discapacidades psiquiátricas y de otro tipo se extendió por todo el mundo. Celia se desempeñó como Presidenta de la Junta de [MindFreedom International](#), se desempeñó como su principal representante ante las Naciones Unidas y colaboró con otras organizaciones de discapacidad en la Convención sobre los Derechos de las Personas con Discapacidad. Viajó a Finlandia, Nueva Zelanda y Ginebra y marchó por las carreteras de Ghana, África Occidental para eliminar el estigma y la privación de derechos de los ghaneses con discapacidades para cambiar sus leyes.

Durante muchos años, Celia se desempeñó como Especialista Regional de Defensa en la Oficina de Campo de la Ciudad de Nueva York, Oficina de Salud Mental del Estado de Nueva York, brindando asistencia técnica y apoyo a personas con discapacidades psiquiátricas y sus familias y facilitando capacitaciones sobre apoyo entre pares, bienestar y enfoques de recuperación en agencias comunitarias de salud mental.

Celia fue una humilde pero poderosa creadora de cambios y narradora de la verdad, cuyo amor, amabilidad e inspiración tocaron a todos los que conoció. Ella era a la vez una Madre de nuestro Movimiento y era una amiga muy querida para mí.

Su legado vivirá para siempre. Cada vez, defendemos la recuperación y el apoyo de los compañeros y marchamos por la elección, los derechos y la justicia social ... Celia estará allí.

#### **Harvey Rosenthal, director ejecutivo de NYAPRS**

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Cuando ingresé a la comunidad de la fuerza laboral de apoyo entre pares hace casi dos décadas, Celia Brown fue una de las primeras pioneras del movimiento de consumidores / sobrevivientes / ex pacientes que conocí; Pronto se convirtió en una aliada, una mentora y una amiga personal profundamente cercana. Celia poseía una sabiduría y habilidad incomparables navegando por sistemas históricamente opresivos mientras simultáneamente "cambiaba la narrativa" dentro de estas mismas jerarquías.

Ella era una defensora incansable, poseía un espíritu optimista y era intencional para apoyar a los demás. Celia inspiró a sus compañeros defensores a hablar en contra de las prácticas inhumanas, el racismo y el estigma. Ella hábil e inimitablemente atravesó sus múltiples roles con gracia y discreción. Las meras palabras no pueden capturar la amplitud y profundidad del apoyo que Celia intercambió con sus compañeros, amigos y familiares.

En una nota más personal, siempre experimenté una sensación de emoción, esperanza y rejuvenecimiento hablando con Celia. Independientemente de lo que estaba sucediendo en nuestras vidas y en todo el mundo, siempre encontramos algo por lo que estar agradecidos y reírnos. Buscamos alivio cómico para amortiguar la dureza de la violencia policial, la agitación política y el racismo estructural. Celia y yo compartimos un cumpleaños y nacimos en el mismo año. Tengo la suerte de haber trabajado con Celia en la planificación de la Conferencia de la Ciudad de Nueva York para Especialistas en Pares Trabajadores durante los últimos 17 años; convocar los Diálogos Inaugurales

de Supervivencia a la Raza el verano pasado en Savannah, Georgia; y organizar grupos virtuales de apoyo entre pares los sábados por la tarde durante 14 meses durante la pandemia.

Celia buscó cambiar los sistemas una persona a la vez y nunca consideró que ninguna causa fuera insuperable. La extrañaré inmensamente y siempre me enriqueceré con su dedicación, amistad y apoyo.

**Jonathan P. Edwards, Ph.D., defensor e investigador de la fuerza laboral de apoyo entre pares, colega y amigo desde hace mucho tiempo**

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Cuando regresé a Nueva York después de más de 10 años trabajando en salud conductual en la zona rural de Arizona, una de las primeras personas que conocí fue Celia Brown. Su alma cálida y generosa me hizo sentir muy cómoda. A medida que aprendí más y más sobre Celia, me sentí honrada y humilde de que se tomara el tiempo para llamarme sobre el movimiento y su historia mientras ella y otros en la red de consumidores / sobrevivientes / ex pacientes compartían sus conocimientos y su tiempo.

Celia hizo tiempo para todo, yo también trabajé con ella durante los últimos nueve años en la planificación y ejecución de la Conferencia anual de la Ciudad de Nueva York para Especialistas en Pares Trabajadores. Era una líder, que no hacía que uno se sintiera "guiado", era una riqueza de conocimiento histórico, compasión y pasión por el trabajo y por la comunidad internacional de pares.

Celia siempre estaba ahí para la gente; Recuerdo ir a casa con ella en el metro desde Greenpoint en Brooklyn, donde acabábamos de pasar tiempo con visitantes de los Países Bajos, contando nuestras historias. Hacía mucho frío, y tenía un largo viaje al Bronx por delante, pero salió por estas personas como siempre lo hizo por su familia, amigos y colegas.

Tuve el privilegio de ser invitado por Celia a participar en los Diálogos de Sobrevivir a la Raza 2022 y aprecié con gratitud la oportunidad de servir en este evento de justicia social. Celia tenía que ver con la defensa, la equidad y la justicia, y mi vida cambiará para siempre por su presencia resuelta y su amable tutoría.

**Gita Enders, Directora de la Oficina de Asuntos Médicos y Profesionales de Salud del Comportamiento, New York City Health + Hospitals**

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He estado luchando durante casi una hora para juntar las palabras sobre cómo describir la celebración de la vida de la Sra. Celia Brown y la inspiración que es para muchos. Sentí una profunda angustia una vez que escuché la noticia de su fallecimiento, pero al reflexionar, recuerdo mi profunda gratitud por tener la oportunidad de conocer quién era realmente y qué. Ella representaba. Celia fue una pionera y lo que llamamos una Madre del Movimiento.

Celia no solo fue una fuerza impulsora en OMH como la primera defensora de pares, sino que a menudo reflexiono que su trabajo fuera de la organización fue su verdadero corazón y alma. Celia era la voz de los que no tenían voz y ofrecía resiliencia y fuerza para la gente; como uno de los miembros fundadores de Surviving Race: The Intersection of Injustice, Disability, and Human Rights, su trabajo surgió de abordar el trauma del racismo sistemático, la brutalidad policial y las desigualdades dentro de las comunidades de color y el sistema de salud mental.

Tengo recuerdos maravillosos con mi querido amigo. Celia y yo compartíamos historias de aventuras en Ghana, su amor por la familia y su pasión por cambiar el mundo. Celia me dijo una vez: "¡Todos tenemos un lugar aquí, y nuestras voces nunca pueden ser silenciadas!"

Ella es una verdadera inspiración, y para honrar su legado en la defensa; Llevaré las lecciones que Celia me enseñó del pasado que tienen una enorme cantidad de valor, aprovecharé esas lecciones y construiré sobre esa base para la defensa futura.

Ella siempre será extrañada.

**Taina Laing, directora ejecutiva, Baltic Street AEH**

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**Para Celia en su camino a casa esta noche**

Celia Brown murió esta noche. La quietud de mis recuerdos está llena de la fuerza y el poder del enorme corazón de Celia. Muchas veces ancló un espacio sin palabras, haciéndolo sentir seguro porque estaba allí. Admiré la forma en que nos dejó entrar en su mundo, compartiendo su alegría, ira, tristeza y amor con tremenda gracia y coraje.

Celia Brown fue una pionera del apoyo entre pares, una ardiente defensora de las personas que reclaman el poder y hablan por sí mismas. Sus logros globales podrían llenar muchas páginas, pero la mayoría de las veces habló sobre la importancia de las relaciones en su vida; Qué orgullosa estaba de su hijo, cuánto valoraba a la familia, ser madre, hija, hermana y amiga. Y, por supuesto, comentó que era del Bronx con un acento inconfundible que se hacía más grueso con cada palabra. Celia regularmente hizo comunidades más grandes al llegar a diversos grupos de personas y darles la bienvenida a discusiones y actividades. Ella creía en las posibilidades, en la bondad de las personas, en su capacidad para resolver las diferencias y encontrar un terreno común. De esta manera, Celia infundió esperanza y animó a otros a hacer lo mismo. A pesar de los contratiempos, siguió avanzando, con gracia y la convicción de que "estaría bien".

He conocido a Celia casi la mitad de mi vida y no parece posible que se haya ido. A pesar de la enorme tristeza, también estoy agradecida por el poderoso legado que deja atrás, de profunda generosidad, creencia permanente en los demás para construir conexiones en lugar de aumentar las divisiones. Para mí ella siempre será un ejemplo de lo que puede suceder cuando nos atrevemos a vivir con el corazón lleno y abierto. Celia Brown finalmente está libre. Salí esta noche para contemplar las estrellas, para ver si podía encontrarla dejando rastros en el cielo antes de escapar a la noche de tinta en su camino a casa.

**Laura Prescott, Presidenta, Sister Witness International**

Thank you,

*Jakeline (Jaky) De Leon*

Management Assistant II

Ventura County Behavioral Health

Phone: (805) 981-6832

Email: jakeline.deleon@ventura.org

1911 Williams Dr., Suite #200

Oxnard, California 93036

Pronouns: She/Her



## DeLeon, Jakeline

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**From:** bhabadmin  
**Sent:** Tuesday, December 27, 2022 10:09 AM  
**Subject:** Invitation: Jan. 20 MEETING / Jan. 21 TRAINING (Hybrid Events: Zoom/San Diego)  
**Attachments:** invitation\_january\_20\_and\_21\_2023\_calbhb\_c\_meeting\_training.pdf; SPAN invitation\_january\_20\_and\_21\_2023\_calbhb\_c\_meeting\_training.pdf

*Approved for distribution to all BHAB Members by Michael Rodriguez, Chair – Behavioral Health Advisory Board.*

Good morning,

Please see the message below from CALBHBC regarding some upcoming meetings and trainings, attached will be the PDF version as well.

Thank you.

We invite you to register & share with MH/BH Board/Commission members and staff!

[View as PDF](#)



### **CALBHB/C Quarterly Meeting *and/or* Training**

Hybrid: Zoom / In-Person (San Diego\*)

**Meeting:** January 20, 2023 (Friday)

**Training:** January 21, 2023 (Saturday)

We invite you to register! Registration is open to local mental/behavioral health board/commission members and staff. There is no fee to register.

**Please Register at:** [www.calbhbc.org/registration](http://www.calbhbc.org/registration)

#### **Meeting** - Jan. 20th, 1 pm - 4:30 pm; *Lunch available at 12 pm for in-person attendees*

- Updates/presentations from statewide organizations: CALBHB/C, CA BH Planning Council, MH Services Oversight & Accountability Commission, CA LGBTQ Health & Human Services Network
- Implementing a Robust Crisis Care Continuum
- Peer Provider Certification Progress & Implementation
- Issue-Based Discussion

#### **Training** - Jan. 21st, 9 am - 2 pm; *Lunch break: 11:30 am-12:30 pm; (Lunch provided for in-person)*

- How to Be an Effective MH/BH Board/Commission (Rules, Duties and Tools) (9 am - 11:30 am)
- Behavioral Health Continuum: Foundational Elements & Sustainable Funding ) (12:30 pm)

- Issue-Based Discussion - Local mental/behavioral health board/commission members are encouraged to share local successes and challenges related to mental/behavioral health (1 pm)

Please Register at: [www.calbhbc.org/registration](http://www.calbhbc.org/registration)

**\* In-Person Registrants:**

Location information is provided through registration confirmations to attendees.

Expenses: CALBHB/C will pay travel and lodging expenses for one\*\* MH/BH board/commission member per county in the Southern Region\*\* (but more are welcome to attend.). \*\*CALBHB/C will pay travel and lodging for two members in Ventura, Imperial, San Diego and LA Counties)

Additional Meetings: CALBHB/C's meeting immediately follows the CA Behavioral Health Planning Council Meetings January 17-20, 2023 at the same location. (In-person attendees are welcome to attend their meetings. Planning Council meetings end at 12 pm on January 20th.)

The CA Association of Local Behavioral Health Boards & Commissions (CALBHB/C) supports the work of CA's 59 local mental/behavioral health boards and commissions.

[www.calbhbc.org](http://www.calbhbc.org) email: [info@calbhbc.com](mailto:info@calbhbc.com) [facebook/CALBHBC](https://facebook.com/CALBHBC)

CALBHB/C is a 501(c)(3) Non-Profit Organization

**Translation:**

***Aprobado para su distribución a todos los miembros de BHAB por Michael Rodríguez, presidente de la Junta Asesora de Salud del Comportamiento.***

Buenos Dias,

Consulte el mensaje a continuación de CALBHBC con respecto a algunas próximas reuniones y capacitaciones, también se adjuntará la versión en PDF.

Gracias.

¡Lo invitamos a registrarse y compartir con los miembros y el personal de la Junta / Comisión de MH / BH!

[Ver como PDF](#)



**Reunión trimestral y/o capacitación de CALBHB/C**

Híbrido: Zoom / en persona (San Diego\*)

Reunión: 20 de enero de 2023 (viernes)

Entrenamiento : 21 de enero de 2023 (sábado)

¡Te invitamos a registrarte! La inscripción está abierta a la salud mental / conductual local Miembros y personal de la junta/comisión. No hay tarifa para registrarse.

Por favor regístrese en: [www.calbhbc.org/registration](http://www.calbhbc.org/registration)

**Reunión** - 20 de enero, 1 pm - 4:30 pm; *Almuerzo disponible a las 12 pm para los asistentes en persona*

- Actualizaciones/presentaciones de organizaciones estatales: CALBHB/C, CA BH Planning Council, MH Services Oversight & Accountability Commission, CA LGBTQ Health & Human Services Network
- Implementación de un sólido continuo de atención de crisis
- Progreso e implementación de la certificación de proveedores pares
- Debate basado en temas

**Adiestramiento** - 21 de enero, 9 am - 2 pm; *Pausa para el almuerzo: 11:30 am-12:30 pm; (Almuerzo proporcionado en persona)*

- Cómo ser una Junta / Comisión efectiva de MH / BH (Reglas, deberes y herramientas) (9 am - 11:30 am)
- Continuo de salud conductual: elementos fundamentales y financiamiento sostenible) (12:30 pm)
- Discusión basada en temas - Se alienta a los miembros locales de la junta / comisión de salud mental / conductual a compartir los éxitos y desafíos locales relacionados con la salud mental / conductual (1 pm)

Por favor regístrese en: [www.calbhbc.org/registration](http://www.calbhbc.org/registration)

\* Inscritos en persona:

La información de ubicación se proporciona a través de confirmaciones de registro a los asistentes.

Gastos: CALBHB / C pagará los gastos de viaje y alojamiento para un \*\* miembro de la junta / comisión de MH / BH por condado en la Región Sur \*\* (pero más son bienvenidos a asistir). \*\* CALBHB / C pagará el viaje y el alojamiento de dos miembros en los condados de Ventura, Imperial, San Diego y LA)

Reuniones adicionales: La reunión de CALBHB / C sigue inmediatamente a las reuniones del Consejo de Planificación de Salud Conductual de CA del 17 al 20 de enero de 2023 en el mismo lugar. (Los asistentes en persona son bienvenidos a asistir a sus reuniones. Las reuniones del Consejo de Planificación terminan a las 12 pm el 20 de enero).

La Asociación de Juntas y Comisiones Locales de Salud del Comportamiento de CA (CALBHB / C) apoya el trabajo de las 59 juntas y comisiones locales de salud mental / conductual de CA.

Correo electrónico: [info@calbhbc.com](mailto:info@calbhbc.com) [facebook/CALBHBC](https://facebook.com/CALBHBC) [www.calbhbc.org](http://www.calbhbc.org)

CALBHB/C es una organización sin fines de lucro 501(c)(3)

Thank you,

*Jakeline(Jaky)De Leon*

Management Assistant II

Ventura County Behavioral Health

Phone: (805) 981-6832

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# California Association of Local Behavioral Health Boards and Commissions

## **CALBHB/C Quarterly Meeting *and/or* Training**

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CALBHB/C is a 501(c)(3) Non-Profit Organization

## DeLeon, Jakeline

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**From:** bhabadmin  
**Sent:** Thursday, December 29, 2022 12:51 PM  
**Subject:** Crisis Now Program of Ventura County – Ventura Breeze Article  
**Attachments:** venturabreeze.com-Crisis Now Program of Ventura County.pdf; venturabreeze.com-Crisis Now Program of Ventura County-SPANISH.pdf

***Approved for distribution to all BHAB Members by Michael Rodriguez, Chair – Behavioral Health Advisory Board.***

Good afternoon,

Please click on the link below to view the Crisis Now Program of Ventura County – Ventura Breeze Article.

Link: [Crisis Now Program of Ventura County – Ventura Breeze](#)

The PDF format will also be attached above in English and in Spanish.

### **TRANSLATION:**

***Aprobado para su distribución a todos los miembros de BHAB por Michael Rodríguez, presidente de la Junta Asesora de Salud del Comportamiento.***

Buenas Tardes,

Haga clic en el enlace a continuación para ver el artículo Crisis Now Program of Ventura County – Ventura Breeze.

Enlace: [Crisis Now Program of Ventura County – Ventura Breeze](#)

El formato PDF también se adjuntará arriba en inglés y en español.

Gracias.

Thank you,

*Jakeline(Jaky)De Leon*

Management Assistant II

Ventura County Behavioral Health

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# Crisis Now Program of Ventura County

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 [venturabreeze.com/2022/12/28/crisis-now-program-of-ventura-county/](https://venturabreeze.com/2022/12/28/crisis-now-program-of-ventura-county/)

*Before coming to work in Ventura, Gilman was the Behavioral Health Director for San Mateo County.*

by Carol Leish, MA

“I don’t think of all the misery, but of the beauty that still remains”—Anne Frank

Scott Gilman, who became the new director of Ventura County Behavioral Health Department in August, 2022, said, “We have an incredible opportunity to improve Ventura County mental health crisis services using the ‘Crisis Now’ Community Planning framework. Sevet Johnson, Ph.D., identified improving mental health crisis services as one of the county’s top priorities.”



Before coming to work in Ventura, Gilman was the Behavioral Health Director for San Mateo County. Gilman also served as CEO of a community mental health and substance use-health center in Michigan.

“The Crisis Now Planning Project,” according to Gilman, “would be funded by the Mental Health Services Act ([mhsa@ventura.org](mailto:mhsa@ventura.org)). We’ll be able to focus on coordinating current resources into four core elements. This will include: 1) A High-tech Crisis Call Center; 2) A 24/7 Mobile Crisis Team; 3) Commitment to evidenced-based safe care practices, such as Trauma-Informed Care and Zero Suicide principles; and, 4) A multidisciplinary approach to crisis resolutions.

“The National Action Alliance for Suicide Prevention in 2016 produced, ‘Crisis Now: Transforming Services is Within Our Reach,’ which has been documented to be a proven strategy to crisis response with the four core elements listed above.

“The Crisis Now model enables counties to assess community crisis care needs, enhance access to care, and realizes the overall cost savings.” (Crisis Now Multi-County Innovation Plan Mental Health Services Oversight & Accountability Commission.)”

Those who are struggling with suicidal thoughts, please call: '988' (Suicide & Crisis Lifeline)

Or, locally, call the Ventura County Behavioral Health Crisis Team: '866-998-2343.'

"It's important to get the help that you need in order to deal with a crisis in order to realize that you are not alone, and that your situation will improve. For further resources, visit: [www.WellnessEveryDay.Org](http://www.WellnessEveryDay.Org). ("Preventing Suicide: Connections & Community 7<sup>th</sup> Annual Forum'-Ventura Breeze'-September 21-October 4, 2022.)

According to Gilman, "The four phases of the Crisis Now Innovation Project are/have been: 1) (October-December, 2022) Identifying County data gathering for current crisis responses; 2) (January-February,2023) Stakeholder Engagements; 3) (February-March, 2023) Innovation Plan Project Design & Budget plan; and, 4) (April-May, 2023) Crisis Now Innovation Plan & Presentation to the Mental Health Services Oversight and Accountability Commission for ongoing funding.

"The county also has plans to expand upon crisis stabilization units, along with more crisis beds. Because no two individuals in crisis are the same, we need multiple levels of care that can respond to a variety of unique situations and are not necessarily dependent on law enforcement. Our system of mental health care must also address substance abuse challenges. We know that many individuals experiencing a mental health crisis also have substance use issues. Resolving the immediate crisis is only the beginning of the journey. To ensure individuals are successful, we must continue to build our community-based treatment system so that supports are in place when needed. I believe our community is ready to come together to make this happen."

Follow-up articles will be done in order to show the progress and changes that have been made.

## DeLeon, Jakeline

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**From:** bhabadmin  
**Sent:** Wednesday, January 4, 2023 4:07 PM  
**Subject:** Brown Act Guide  
**Attachments:** brown\_act\_guide 12.30.22.pdf; brown\_act\_guide 12.30.22 - SPAN.pdf

*Approved for distribution to all BHAB Members by Michael Rodriguez, Chair – Behavioral Health Advisory Board.*

Good afternoon,

Happy New Year! 😊

Please see the attached Brown Act Guide above for your information.  
This is just a little heads up, there will be some new changes.

### **TRANSLATION:**

*Aprobado para su distribución a todos los miembros de BHAB por Michael Rodríguez, presidente de la Junta Asesora de Salud del Comportamiento.*

Buenas Tardes,

Feliz Año Nuevo! 😊

Consulte la Guía de la Ley Brown adjunta arriba para su información.  
Esto es solo un pequeño aviso, habrá algunos cambios nuevos.

Gracias.

Thank you,

*Jakeline (Jaky) De Leon*

Management Assistant II

Ventura County Behavioral Health

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# Brown Act Guide

Rev. 12/22

## Open Meeting Rules *for CA's Local Mental/Behavioral Health Boards/Commissions*

1. The Basics
2. Frequently Asked Questions
3. Allowances:
  - Public Emergency Allowances (*Expire 1/1/24*) (***COVID-19 Emergency Ends 2/28/23***)
  - Member Emergency & Just Cause Allowances (*In Effect 1/1/2023 - 1/1/2026*)

CA Association of Local Behavioral Health Boards & Commissions (CALBHB/C) supports the work of CA's 59 local mental and behavioral health boards & commissions. [www.calbhbc.org/brown-act](http://www.calbhbc.org/brown-act)

**Brown Act Open Meeting Rules for  
CA's Local Mental Health / Behavioral Health Boards & Commissions**

*Revised September 2022*

- I. The Basics..... See Below
- II. Frequently Asked Questions..... Page 2
- III. Allowances ([AB 2449](#))
  - A. Members: “Just Cause” or “Emergency”... Page 4
  - B. Public Emergency..... Page 6

**I. THE BASICS** - Under the Brown Act, an agency must comply with the following:

**Open & Public Meetings**

A meeting is any gathering of a majority of the members (quorum) of a covered board, commission, or its standing committees to hear, discuss, or deliberate on matters within the agency’s or board’s jurisdiction. Meetings of public bodies must be “open and public“. Actions may not be secret. Action taken in violation of open meetings laws may be voided.

**Who is covered?**

**Public bodies** of local agencies, including counties and cities, school and special districts.

- **“Legislative bodies”** of each agency, the agency’s governing body, plus “covered boards,” that is, any board, commission, committee, task force or other advisory body created by the agency, whether permanent or temporary.
- **Standing Committees** of a covered board or commission, regardless of number of members.

**Who is not covered?**

**Ad hoc advisory committees** (also called “work groups”) consisting of less than a quorum of the covered board (or its standing committees) with a short-term, time-limited purpose.

**Most non-profit organizations**

**State government agencies** are instead covered by the Bagley-Keene Open Meeting Act.

**Documents**

- Treat documents shared with a majority of the board or commission as public. Distribute and post “without delay”.

**Posting:**

- Agendas posted 72 hours in advance of regular meetings
- Agendas posted 24 hours in advance of special meetings (plus notification of local media)
- Agendas must be posted on the local agency’s website

**Public Participation:**

- Public Comment before or during agenda items.
- Sign-In or identification is not required
- Non-disruptive recording and broadcasting is allowed

**Teleconferencing** - Note: “Allowances” on Pages 3-7

- Agendas must be posted at all teleconference physical locations
- Each teleconference location must be listed on the meeting notice and agenda
- Each teleconference location must be accessible to the public, allowing for public comment.
- At least a quorum of the members must participate from locations within the county (or jurisdiction)
- All votes must be by roll call.

**Voting**

- Conduct only public votes (no secret ballots)
- All teleconference votes must be by roll call.

## II. FREQUENTLY ASKED QUESTIONS

**Conference Attendance** - If individual members attend a conference called by someone else, is this covered by the Brown Act? They are allowed to attend. The best practice is for board/commission members to sit apart from one another.

**Closed Meetings** - Is it permissible to conduct "Closed Meetings"? **Yes & No**, closed meetings are allowed under certain conditions, and with specific requirements:

Pending Litigation: Only if open discussion "would prejudice the position of the agency in the litigation". The litigation must be named on the posted agenda or announced in open session unless doing so would jeopardize the board's ability to service process on an unserved party or conclude existing settlement negotiations to its advantage. To qualify, the agency must:

- Be a party to pending litigation
- *Or* expect, based on certain specified facts, to be sued
- *Or* expect to file suit itself

Personnel: To discuss the appointment, employment, performance evaluation, discipline, complaints about or dismissal of a specific employee or potential employee. The employee may request a public meeting on any charges or complaints.

Not Allowed for discussing:

- General employment
- Independent contractors not functioning as employees
- Salaries
- The performance of any elected official, or member of the board or commission
- The local agency's available funds
- Funding priorities or budget

**Lack of Quorum** - A board, commission or a standing committee meeting has less than a quorum. Is it still required to meet openly? **Yes**, if it has either a set meeting schedule or a continuing subject matter jurisdiction, it is required to meet openly. (A quorum is required for members to conduct a vote.)

**Serial Meetings** - Members use individual contacts to collectively decide an issue. Is this a violation? **Yes**, information communicated to a quorum through a series of contacts (such as: individual phone calls ("daisy chain"), emails, chat messages, or a third person ("spoke and wheel")) is prohibited by the Brown Act.

**Retreats** - Are board/commission retreats subject to Brown Act Rules? **Yes**, if it is a meeting of a local board, commission or a standing committee, the event is subject to the requirements of the Brown Act.

**IIIA. ALLOWANCES for MEMBERS:** “Just Cause” or “Emergency” (When not operating in a “Public Emergency”) *In Effect 1/1/23 - 1/1/26*

A local board/commission member may participate remotely without posting their physical location on the agenda if all of the following requirements are met:

- 1) Quorum at Physical Location - At least a quorum of the members of the board/commission participate in person from a singular physical location clearly identified in the agenda.
- 2) Public Access - (Both Remote and In-Person)
  - a) Remote Public Access - The public may access the meeting remotely through:
    - i) A two-way audiovisual platform **or**
    - ii) A two-way telephonic service and a live webcasting of the meeting
  - b) In-Person Public Access to the physical location.
- 3) Circumstances: One of the following circumstances applies:
  - a. **“Just Cause”** - The member notifies the legislative body at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting. The provisions of this clause shall not be used by any member of the legislative body for more than two meetings per calendar year. **or**
  - b. **“Emergency Circumstances”** - The member requests to participate in the meeting remotely due to emergency circumstances and the board/commission takes action to approve the request. The board/commission shall request a general description of the circumstances relating to the member’s need to appear remotely at the given meeting. A general description of an item generally need not exceed 20 words and shall not require the member to disclose any medical diagnosis or disability, or any personal medical information.
- 4) Procedures:
  - a) Member Request - A member shall make a request to participate remotely at a meeting pursuant to this clause as soon as possible. The member shall make a separate request for each meeting in which they seek to participate remotely.
  - b) Board/Commission Response - The board/commission may take action on a request to participate remotely at the earliest opportunity. If the request does not allow sufficient time to place proposed action on such a request on the posted agenda for the meeting for which the request is made, the legislative body may take action at the beginning of the meeting.
  - c) Disclosure - The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member’s relationship with any such individuals.
  - d) BOTH Audio & Visual Participation - The member shall participate through both audio and visual technology.

- Continued on the Next Page -

- 5) Limits to Remote Participation - The provisions of this subdivision shall not serve as a means for any member of a legislative body to participate in meetings of the legislative body solely by teleconference from a remote location for a period of more than three consecutive months or 20 percent of the regular meetings for the local agency within a calendar year, or more than two meetings if the legislative body regularly meets fewer than 10 times per calendar year.

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#### DEFINITIONS:

**“Emergency circumstances”**: A physical or family medical emergency that prevents a member from attending in person.

**“Just cause”** means any of the following:

1. A childcare or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires them to participate remotely.
2. A contagious illness that prevents a member from attending in person.
3. A need related to a physical or mental disability.
4. Travel while on official business of the legislative body or another state or local agency.

**“Remote location”** means a location from which a member of a legislative body participates in a meeting other than any physical meeting location designated in the notice of the meeting. Remote locations need not be accessible to the public.

**“Remote participation”** means participation in a meeting by teleconference at a location other than any physical meeting location designated in the notice of the meeting. Watching or listening to a meeting via webcasting or another similar electronic medium that does not permit members to interactively hear, discuss, or deliberate on matters, does not constitute remote participation.

**“State of emergency”** means a state of emergency proclaimed pursuant to Section 8625 of the California Emergency Services Act (Article 1 (commencing with Section 8550) of Chapter 7 of Division 1 of Title 2).

**“Teleconference”** means a meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both.

**“Two-way audiovisual platform”** means an online platform that provides participants with the ability to participate in a meeting via both an interactive video conference and a two-way telephonic function.

**“Two-way telephonic service”** means a telephone service that does not require internet access, is not provided as part of a two-way audiovisual platform, and allows participants to dial a telephone number to listen and verbally participate.

**“Webcasting”** means a streaming video broadcast online or on television, using streaming media technology to distribute a single content source to many simultaneous listeners and viewers.

### III B. ALLOWANCES: DURING PUBLIC EMERGENCIES - [AB 2449](#) (Expires 1/1/2024) *COVID-19 Emergency Ends 2/28/23*

Local boards and commissions **may meet solely by teleconference without providing any physical meeting addresses** during a proclaimed state of emergency in which state or local officials have imposed or recommended measures to promote social distancing.

Continuation of this allowance requires that the local agency must **place an item on the agenda** of a Brown Act meeting **once every thirty days** to make findings regarding the circumstances of the emergency and **vote** to continue using the law's exemptions for as long as it deems necessary. See below for specifics.

State of emergency exemptions from in-person requirements are permissible under the following conditions, and with the following requirements:

- The legislative body holds a meeting during a proclaimed state of emergency, and state or local officials have imposed or recommended measures to promote social distancing.
- The legislative body holds a meeting during a proclaimed state of emergency for the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.
- The legislative body holds a meeting during a proclaimed state of emergency and has determined, by majority vote that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees. [To continue the allowances, this vote must be agendized once every thirty days to make findings regarding the circumstances of the emergency and vote to continue using the law's exemptions for as long as it deems necessary. ]

A local agency that holds a meeting under these circumstances is required to do all of the following, in addition to giving notice of the meeting and posting agendas as required under the Brown Act. These additional requirements are intended to protect the public's right to participate in the meetings of local agency legislative bodies.

- Allow the public to access the meeting and require that the agenda provide an opportunity for the public to directly address the legislative body pursuant to the Brown Act's other teleconferencing provisions;
- In each instance when the local agency provides notice of the teleconferenced meeting or posts its agenda, give notice for how the public can access the meeting and provide public comment;
- Identify and include in the agenda an opportunity for all persons to attend via a call-in or an internet-based service option;
- The legislative body need not provide a physical location for the public to attend or provide comments;
- Conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the public;
- Stop the meeting until public access is restored in the event of a service disruption that either prevents the local agency from broadcasting the meeting to the public using the call-in or internet-based service option, or is within the local agency's control and prevents the public from submitting public comments (any actions taken during such a service disruption can be challenged under the Brown Act's existing challenge provisions);
- Not require comments be submitted in advance (though the legislative body may provide that as an option), and provide the opportunity to comment in real time;
- Provide adequate time for public comment, either by establishing a timed public comment period or by allowing a reasonable amount of time to comment;

- If the legislative body uses a third-party website or platform to host the teleconference, and the third-party service requires users to register to participate, the legislative body must provide adequate time during the comment period for users to register, and may not close the registration comment period until the comment period has elapsed.

If the state of emergency remains active for more than 30 days, the board/commission must make the following findings by majority vote every 30 days to continue using the exemption to the Brown Act teleconferencing rules.

- The legislative body has reconsidered the circumstances of the emergency; and
- Either of the following circumstances exist: The state of emergency continues to directly impact the ability of members to meet safely in person, or State or local officials continue to impose or recommend social distancing measures.

This means that a local agency will have to put an item on the agenda of a Brown Act meeting once every thirty days to make findings regarding the circumstances of the emergency and vote to continue using the law's exemptions for as long as it deems necessary. The public emergency allowances will sunset on January 1st, 2024.

## DeLeon, Jakeline

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**From:** bhabadmin  
**Sent:** Tuesday, January 10, 2023 12:39 PM  
**Subject:** Theresa Comstock's email--- CALBHB/C documentation on site visits  
**Attachments:** BEST PRACTICES 2023.pdf; BEST PRACTICES 2023 - SPANISH.pdf; NAPA-site\_visit\_facility\_observations\_form.pdf; NAPA-site\_visit\_facility\_observations\_form-SPANISH.pdf; Riverside-SITE REVIEW FORM\_ELECTRONIC.pdf; Riverside-SITE REVIEW FORM\_ELECTRONIC-SPANISH.pdf; Ventura-site\_visit\_report\_form.pdf; Ventura-site\_visit\_report\_form-SPANISH.pdf

*Approved for distribution to all BHAB Members by Michael Rodriguez, Chair – Behavioral Health Advisory Board.*

Good afternoon,

I hope all is well.

Please see the attachments above for your review for the upcoming site visit discussion at the General meeting. Also, please see part of an email below where Theresa Comstock from CAL BHBC answers some questions (answers are highlighted), providing additional information.

- 
- Can the forms be changed or updated by an individual BHAB, or are they state protocol, or would changes need to be approved by the CAL BHB/C? **Yes, the forms can be changed. It is good for your BHAB to adopt agreed-upon forms and procedures.**
  - How many BHAB persons is customary to go on a Site visit? In the past we have been having 3 or 4 BHAB members at the most, but I was wondering what your take is on this. **It is fine to have multiple members attend site visits. Usually a smaller number (2) works best, but it is fine to have more as long as the number is less than a quorum (one more than 1/2 of current membership of the BHAB). The "less than a quorum" rule also applies to Standing Committees (such as the Executive Committee).**
  - One last question, how are we not in violation of the Brown Act with three or more members going out simultaneously? **It is fine as long as it is "less than a quorum" of current membership (as mentioned above.)**

### TRANSLATION:

*Aprobado para su distribución a todos los miembros de BHAB por Michael Rodríguez, presidente de la Junta Asesora de Salud del Comportamiento.*

Buenos Tardes,

Espero que todo este bien.

Consulte los archivos adjuntos anteriores para su revisión de la próxima visita al sitio de discusión en la reunión general. Además, vea parte de un correo electrónico a continuación donde Theresa Comstock de CAL BHBC responde algunas preguntas (las respuestas están resaltadas), brindando información adicional.

- 
- ¿Los formularios pueden ser modificados o actualizados por un BHAB individual, o son un protocolo estatal, o los cambios deben ser aprobados por CAL BHB/C? **Sí, los formularios se pueden cambiar. Es bueno que su BHAB adopte formas y procedimientos acordados.**

- ¿Cuántas personas de BHAB se acostumbra a realizar una visita al Sitio? En el pasado hemos tenido 3 o 4 miembros de BHAB como máximo, pero me preguntaba cuál es su opinión sobre esto. Está bien que varios miembros asistan a las visitas al sitio. Por lo general, un número más pequeño (2) funciona mejor, pero está bien tener más siempre que el número sea menor que el quórum (uno más de la mitad de los miembros actuales de BHAB). La regla de "menos de un quórum" también se aplica a los Comités Permanentes (como el Comité Ejecutivo).
- Una última pregunta, ¿cómo no estamos violando la Ley Brown con tres o más miembros saliendo simultáneamente? Está bien siempre que sea "menos de un quórum" de membresía actual (como se mencionó anteriormente).

Gracias.

Thank you,

*Jakeline (Jaky) De Leon*

Management Assistant II

Ventura County Behavioral Health

Phone: (805) 981-6832

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## SITE VISITS - Suggested Procedures

**I. PURPOSE** With the goal of providing high quality, accessible mental/behavioral health services and programs, delivered efficiently and effectively, with client-centered outcomes, the purpose of MHB Site Visits is to fulfill the following CA WIC 5604.2 duties of the board:

1. Review and evaluate the community's mental health needs, services, facilities and special problems.
2. Review any County agreements entered into pursuant to Section 5650.
3. Advise the Board of Supervisors (or local governing body) and the local Mental/Behavioral Health (MH/BH) Director as to any aspect of the local mental health program.

### **II. ROLE OF MENTAL HEALTH BOARD (MHB)**

1. Learn about program, service and/or facility;
2. Educate the Mental/Behavioral Health Board/Commission (MHB) member(s) about the program/facility;
3. Educate the program and clients/consumers about the role of the MHB;
4. Solicit information on consumer satisfaction and concerns;
5. Make recommendations to the MH/BH Director and/or public officials based on site visit findings.

### **III. ROLE OF COUNTY MENTAL HEALTH/BEHAVIORAL HEALTH SERVICES STAFF**

It is important to understand the MH/BH services staff's role overseeing contractors. Program monitoring is measured by various means and processes:

1. Quantity: number of clients served, number of referrals, admissions, discharges, reduction of waiting lists, etc.
2. Quality: improve an illness, restore or improve social and vocational functioning, maximize client and family members sense of well-being and personal fulfillment, prevent injury to others and to the client, specific percentage improvement upon completion of specific task, upgrading efficiency, stimulating morale, utilization of staff, appropriate supervision, training, evidence based programs utilized, etc.
3. Time: timeliness of service, deadlines met, frequency, number of days to complete, etc.
4. Cost: use of budgetary resources, percent variance from allocation, cost per client, cost per service unit, etc.
5. Consumer/Client satisfaction written surveys examine the adequacy and appropriateness of the services being provided and the extent of the desired outcomes from the client's perspective.

### **IV. RECOMMENDED MHB SITE VISIT PROCEDURES**

- A. **Make Contact** - MHB staff (or MHB member) makes contact with the provider, describing purpose of the site visit, and requesting date for site visit.

*Continued on Next Page*

## **SITE VISITS - Suggested Procedures *Continued***

- B. Review Contract** - MHB Staff will provide MHB members who plan to conduct the site visit (less than a quorum) with the current county contract (including budget) related to the site to be visited.
- C. Tour facility** - MHB Members (less than a quorum):
1. Observe interaction between staff and clients/consumers. (Is it respectful? Are clients/consumers comfortable interacting with staff?)
  2. Take note of condition of facility, including:
    1. Common Areas
    2. Dining Area
    3. Program Areas
    4. Client/Consumer Bedrooms (if invited/appropriate)
    5. Outdoor Areas
  3. Check to see if there are Posted Grievance Procedures and/or Access to Patients Rights Advocate Contact Information
  4. Meeting with site/facility staff (before or after tour): Discussion with program/facility director/staff. Discussion could be guided by questions in the [Site Visit Observation Form \(Sample\)](#)
- D. Report to MHB**
1. Provide completed “Site Visit Observation Form” to the Executive Committee
  2. Once reviewed by the Executive Committee and the MH/BH director or staff, and approved for presentation to the MHB by the Executive Committee, the report can be placed on the agenda for presentation at an upcoming MHB meeting.
  3. MHB staff (or Executive Committee) will send a courtesy copy of the report to the contractor, along with the date/time that the report will be heard by the MHB.
  4. The MHB shall request County staff to follow-up with the MHB whenever major deficiencies are identified.

**NAPA COUNTY MENTAL HEALTH BOARD  
FACILITY/PROGRAM OBSERVATION REPORT**

BY: \_\_\_\_\_  
Board Member Names

**This Report Is Based On A Personal Visit From One Or More Members  
Of The Napa County Mental Health Board**

Date Of Site Visit:

Program/Facility Name:

Street Address:

Program Supervisor/Contact  
(Name & Phone #):

**Observations / Staff Interview**

1. How does the staff interact with individuals? For example, does the staff appear compassionate, patient, caring, rushed, indifferent or perfunctory?
2. Are individual grievance procedures prominently posted? **Y/N** Are grievance forms readily available to the individual? **Y/N** Is the current Patients' Rights Advocate's contact information posted? **Y/N**
3. What are desired outcomes/treatment goals? How often are these achieved?
4. What are two or three obstacles your program, staff and individuals face which may make it difficult to achieve these outcomes/goals?

5. (Will not apply to all programs): Do some individuals require re-entry to the program/facility after discharge? If yes, what percentage return and why?
6. (Will not apply to all programs): How many individuals are engaged in your program? How often do they visit? What programs are the best attended?
7. What efforts are made to provide linguistically and culturally competent services/programs? Do the people you serve reflect the ethnic make-up of the community?
8. Does your agency's Board of Directors, owners or management include any mental health consumer members? **Yes / No**
9. Does your agency's staff include any peer providers? **Yes/No** Are peer providers consumers, family members or caretakers of adults with mental illness? Are they paid or volunteers?
10. How many people seeking services/involvement did your organization turn away over the course of a year? Why? (Qualifications? Behavioral? Medical? Waiting List? Other? – please specify)
11. Is there any other aspect of the program you'd like to share with us today?

### SITE VISIT SUMMARY

MENTAL HEALTH BOARD MEMBERS TO COMPLETE THESE QUESTIONS AFTER VISITING THE PROGRAM

1. What Is Your Overall Impression Of The Facility/Program, Including Strengths And Limitations?
2. Any Recommendations For This Facility Or Program for the Mental Health Board to consider?

# RIVERSIDE COUNTY BEHAVIORAL HEALTH COMMISSION SITE REVIEW

The information provided is to educate other board members and the general public regarding the mental health and substance abuse services being provided in their region of Riverside County. **The Site Review Form will be completed in collaboration with staff or supervisor of the facility being reviewed.**

**SUPERVISOR/ STAFF:** *Prior to the personal visit from Commissioner/ Regional Board member, please complete the following sections:*

- SUPERVISOR/ STAFF COMPLETING FORM
- DATE COMPLETED
- NAME OF FACILITY/ PROGRAM
- ADDRESS, PHONE NUMBER
- TYPE OF PROGRAM
- REGION SERVED
- PROGRAM SUPERVISOR, PHONE NUMBER, E-MAIL
- PROGRAM/ CLINIC INFORMATION
- MISCELLANEOUS SERVICES OFFERED
- STAFF ADDITIONAL RECOMMENDATION/ COMMENTS

After completing form, please return to Behavioral Health Commission Liaison, Maria Roman either by e-mail (MYRoman@rcmhd.org) or interoffice (MS #3810).

**COMMISSIONER/ REGIONAL BOARD MEMBER:** *Please complete the following sections:*

- COMMISSIONER/ REGIONAL BOARD MEMBER REVIEWING FACILITY
- DATE COMPLETED
- BEHAVIORAL HEALTH COMMISSIONER OR REGIONAL BOARD MEMBER; INDICATE REGION.
- ACCESSIBILITY & SECURITY
- BOARD RECOMMENDATION/ COMMENTS

After completing form, please submit to Behavioral Health Commission Liaison, Maria Roman either by e-mail (MYRoman@rcmhd.org) or by mail at: 2085 Rustin Avenue, Riverside, CA 92507, ATTN: Maria Roman. Commissioner or Board Members are required to present findings at the next Commission or Regional Board meeting (BHC Liaison will confirm date). Please be prepared to give a 5-minute presentation providing information and highlights of the program/clinic.

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**SUPERVISOR/ STAFF COMPLETING FORM:**

**DATE COMPLETED:**

**COMMISSIONER/ REGIONAL BOARD MEMBER REVIEWING FACILITY:**

**DATE COMPLETED:**

**BEHAVIORAL HEALTH COMMISSIONER**

**REGIONAL BOARD MEMBER**

Desert

Mid-County

Western

**NAME OF FACILITY/ PROGRAM:**

**ADDRESS:**

**PHONE NUMBER:**

**TYPE OF PROGRAM:** *(Check what applies)*

Mental Health

Substance Abuse

County Facility

Contract Provider

**REGION SERVED:**

Desert                      Mid-County                      Western

**PROGRAM SUPERVISOR:**

**PHONE NUMBER:**

**E-MAIL:**

**ACCESSIBILITY & SECURITY**

Is the Program/ Clinic Easily Located:

YES                      NO

Is there ample parking:

YES                      NO

Is the entrance easily located:

YES                      NO

Handicap Parking Spaces:

YES                      NO

Wheelchair Ramps:

YES                      NO

Automatic Doors for handicap access:

YES                      NO

Low clearance counters:

YES                      NO

In case of emergency, are exits clearly marked:

YES                      NO

Description of program/ clinic space: *(Check all that apply)*

Lobby/ waiting room

Indoor area

Outdoor area

Childcare or kid space

Recreational areas

Cafeteria or vending machine

Security: *(Check all that apply)*

Security fence around clinic

Security cameras in facility

Cameras in parking lot

Emergency exits

Security guard

**PROGRAM/ CLINIC INFORMATION**

Program/ Clinic Type(s): *(Check all that apply)*

Outpatient

Inpatient

Day Treatment

Residential

Does this program require a referral:

YES                      NO

Program Age Group: *(Check all that apply)*

Children/ Youth(0-16)

Transition Age Youth(16-25)

Adult (19-59)

Older Adult (60+)

Type of Services provided: *(Check all that apply)*

Assessment/ Intake

Physical Health Screenings

Medication Assisted Treatment

Individual Therapy

Group Therapy

Detoxification

Classes or Education Groups

Peer Supports

Crisis Intervention

Case Management

Integrated Care

Program/ Clinic Capacity:

Max Possible:

Monthly Average:

Daily Average:

Does this facility provide medication:                      Are medications stored in a secure area (*behind two locks or badge entry*):

YES              NO                                      YES                      NO                                      Not Applicable

Please indicate which staff handles and provides medication: (*Check all that apply*)

Physician                                      Physician Assistants                                      Nurses (LVN, RN, etc.)  
Pharmacist                                      Other (authorized personnel)                                      Not Applicable

Average length of stay in facility, time requirement/ allowance for participation in program/treatment:

14-Days                      30-Days                      60-Days                      90-Days                      Not Applicable

Number of clinical staff (psychiatrist, psychologist, therapist, counselor, nurse, etc.):

5-10                      10-15                      15-20                      20 or more                      Not Applicable

Number of administrative staff (office assistants, secretaries, accounting, etc.):

5-10                      10-15                      15-20                      20 or more                      Not Applicable

Type of staff in clinic/ program/ treatment: (*Check all that apply*)

Peers                                      Family Advocates                                      Parent Partners  
Behavioral Health Specialist                      Clinical Therapist                                      Psychologist  
Psychiatrist                                      Physician/ Primary Care                                      Physician Assistant  
Nurse                                      LVN/ Psychiatric Technicians                                      Office Assistant  
Community Services Assistant                      Not Applicable

How does this program/ clinic implement the "Recovery Model": (*Check all that apply*)

Client Choice                      Client Empowerment                      Cultural Competency                      Installation of Hope  
Self-Help                      Not Applicable

What "Evidence-Based Practices" does this program/clinic use: (*Check all that apply*)

Multi-Dimensional Family Therapy (MDFT)  
Treatment Foster Care Oregon Formerly (MTFC)  
Aggression-Replacement Therapy (ART)  
Wraparound  
Cognitive Behavioral Therapy (CBT)  
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)  
Parent-Child Interaction Therapy (PCIT)  
Incredible Years (IY)  
Triple P  
Depression Treatment Quality Improvement (DTQI)  
Strengthening Families Program  
Cognitive Behavioral Interventions for Trauma in Schools (CBITS)  
Mobile PCIT

"Evidence-Based Practices": *(Continued)*

- Dialectical Behavior Therapy (DBT)
- Recovery Management (RM)
- Integrated Co-occurring Disorders Treatment (COD)
- Assertive Community Treatment/ Integrated Services Recovery Centers
- Specialty Multidisciplinary Aggressive Response Treatment (SMART)
- Nonviolent Crisis Intervention
- Wellness Recovery Action Plan (WRAP)
- Cognitive Behavioral Therapy (CBT) for Late Life Depression
- Seeking Safety
- Mamas Y Bebes (Mothers & Babies)
- Program to Encourage Active Rewarding Lives for Seniors (PEARLS)

**MISCELLANEOUS SERVICES OFFERED**

Housing Assistance:  
*(Section 8, Vouchers, etc.)*

YES      NO

Benefits Assistance:  
*(SSI, healthcare, etc.)*

YES      NO

Transportation Available:  
*(Drop-off/ Pick-up)*

YES      NO

Meals/ snacks available:  
*(Provided or for purchase)*

YES      NO

Home Visits:

YES      NO

Follow-up Care:

YES      NO

**STAFF ADDITIONAL COMMENTS:** *(if any)*

**BOARD RECOMMENDATION/ COMMENT(S):** *(If any)*

**SUPERVISOR/ STAFF INSTRUCTIONS:**

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**COMMISSIONER/ BOARD MEMBER INSTRUCTIONS:**

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## Behavioral Health Advisory Board Site Visit Report

Date: \_\_\_\_\_

Facility / Program: \_\_\_\_\_ Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

BHAB Review Team: \_\_\_\_\_

### FACILITY / PROGRAM DEMOGRAPHICS

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

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

2. **Number of Clients Served:**

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

**BHAB Reviewer Response**

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

[Empty response area for client activities]

**Staff identified program needs ?**

[Empty response area for staff identified program needs]

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

**Board Member Recommendations for Program Needs?**