

BEHAVIORAL HEALTH ADVISORY BOARD

General Committee Meeting Minutes

Ventura County Behavioral Health (VCBH)

1911 Williams Dr, Training Room (first floor) · Oxnard, CA 93036

IN-PERSON & VIRTUAL MEETING VIA ZOOM

Monday, May 15, 2023, 1:00 – 3:30PM

BHAB Members Present:

Michael Rodriguez, Chair	Chris Tejeda, 1st Vice Chair
Nancy Borchard, 2 nd Vice Chair	Janis Gardner, Secretary
Elizabeth R. Stone, Member-At-Large	Claudia Armann
Soledad Barragan	James Espinoza
Genevieve Flores-Haro	Cheryl Heitmann
Carol J. “C.J” Keavney	Naomi (Nomi) Marrufo
Dianne McKay	Jennifer Morrison
Shawn Pewsey	Dalia Robkin
Liz Warren	

Guests:

Ratan Bhavnani, NAMI Volunteer	Rachelle Dean, VCDA
Rachel G, Access TLC	Roberta Griego, NAMI
Mary Haffner, Advocate	Clair Haider, Disability Rights CA
Melissa Hannah, United Parents	Priscila Hazrun, Spanish Interpreter
Martha Johnson, VC HCA	Aaron Kitzman, CIT
Robert O’ Riley, VC BOS 5th District	Erin Olivera, Community Member
Dan Schneider, VC HSA	Lourdes Solorzano, VC BOS 1st District
Mark Stadler, CIT	Lorena Suarez, Spanish Interpreter
Maria Torres, Community Member	Caridad Vazquez, Community Member

Scott Walker, VC COSSUP

Tina Wang, VC CEO

Suzanne Weist, VCOE

Ventura County Behavioral Health (VCBH) Staff Present:

Scott Gilman, Director

Dr. John Schipper, Adult Services Division Chief

Hilary Carson, MHSA Sr. Program Administrator

Dan Hicks, Prevention Services Manager

Esperanza Mata, MHSA Community Service Coordinator

Christine Voth, MHSA Program Administrator

Katie Stefl, MHSA Program Administrator

Monica Neece, MHSA Suicide Prevention Coordinator

Andrea Wallace, Administrative Assistant to VCBH Assistant Director and Director

Jakeline De Leon, Management Assistant/Zoom Engineer

- I. **Call to Order** – The meeting was called to order at 1:08PM by Chair Rodriguez. Lorena Suarez and Priscila Hazrun, Spanish Interpreters, introduced themselves and provided instruction on the interpretation services available for the meeting.
- II. **Roll Call to Determine Physical Quorum** – Secretary Janis Gardner conducted the roll call; a quorum of the board members was present.
- III. **Roll Call of Members with Just Cause** – NONE.
 - a. **State others present in the room over the age of 18.**
- IV. **Welcome & Introductions** – All BHAB members introduced themselves.
- V. **Approval of the Agenda** – The Behavioral Health Advisory Board General Committee agenda for May 15, 2023, was approved (Warren/Keavney/Passed). Chair Rodriguez requested item XVI. A. be moved before chair comments. It was motioned to approve as amended by majority vote through roll call. Ms. Robkin abstained.

VI. Approval of the April 17, 2023, Minutes – The Behavioral Health Advisory Board General Committee minutes for April 17, 2023, were approved (McKay/Borchard/Passed). It was motioned to approve as written by majority vote through roll call. Ms. Stone abstained.

VII. Public Comments – NONE.

VIII. Ombudsman Workgroup Report – Ms. Warren presented her Ombudsman workgroup report. The report will be attached to these minutes. Chair Rodriguez suggested that moving forward the workgroup present a board letter next meeting, it would be set as an action item, and the committee will vote.

IX. Nominating Committee Report and Recommendations –

A. Presentation of Slate of Officer for Fiscal Year 2023-24 – Ms. Keavney presented the slate of officers for Fiscal Year 2023-24 on behalf of the nominating committee. The nominees are as follows: Janis Gardner for Chair, Liz Warren for 1st Vice Chair, Elizabeth Stone for 2nd Vice Chair, Jennifer Morrison for Secretary, and Michael Rodriguez for Chair Emeritus.

B. Accept Nominations from the Floor – No other nominations were made.

The motion to close nominations was approved (Tejeda/Stone/Passed). It was motioned to approve by majority vote through roll call. The motion to approve the slate of officers was approved (Tejeda/Morrison/Passed). It was motioned to approve by majority vote through roll call.

X. Chair Comments – Chair Rodriguez commented he encourages members as well as the public to participate in the standing committees as there is proposed state legislation allowing hybrid attendance at all meetings, including general and committee meetings. He mentioned he is a part of the governing committee of the California Association of Behavioral Health Boards and Commissions and at the last meeting, they discussed proposed legislation allowing hybrid attendance at all meetings. Most of the committee was against it because they believe in-person meetings create more open dialogue and opportunities to network before and after meetings. However, for committee meetings he advocated for allowing hybrid meetings. With that said, Chair Rodriguez announced the upcoming committee meetings. The next Adult Services meeting will be July 6 at 10AM, the next Disparities Reduction meeting will be July 18 at 4:30PM, the next Prevention meeting will

be July 11 at 3:15PM, the next Transitional Age Youth (TAY) meeting will be June 21 at 3:30PM, and the next Youth & Family meeting will be June 14 at 10AM.

- XI. Director's Report** – Director Gilman presented his report. On May 16th, Chair Rodriguez and Director Gilman will be receiving a proclamation for Mental Health Awareness Month at the Board of Supervisors meeting and presenting for the moment of inspiration where they will highlight Mental Health Awareness Month activities. He announced there are 23 organizations that will be receiving grants/contracts for the Community Mini-Grant related services. There will be funding to help providers with the CalAim transition. VCBH had a job fair on April 29th, 32 offers were made, and 25 individuals accepted offers. In June, the Prevention and SUD team will be a part of an update to the Board of Supervisors on Fentanyl Awareness. VCBH has also secured a building in Port Hueneme for a Youth Center. Lastly, Dr. Schipper provided a quarterly report on out-of-county placements for the Director's report which will be attached to these minutes.
- XII. Board Member Comments & Announcements** – Ms. Warren commented on the Client Network and held their May Mental Health Awareness month event on May 5th. Ms. Flores-Haro commented that she sits on County Public Safety Racial Equity Group and informed members that the county's Diversity, Equity, and Inclusion director was placed on a leave of absence and is not expected to return. Ms. Flores-Haro said that the former DEI Director, Phin Xaypangna, has been a great person to work with and will be missed. Ms. Stone commented that for anyone who is working with youth, the Continuum of Care is pushing to start a youth advisory board for youth and TAY housing. Flyers were provided by Ms. Stone and will be attached to these minutes. Ms. Barragan commented on May 13th, Padres Juntos had their Suicide Prevention and the Impact of Emotional Abuse in Families training event. There were about 80 attendees, and many parents are worried, which is why they are interested in starting a campaign for suicide prevention. Mr. Espinoza commented that May 15th is National Peace Officers Memorial Day and would like to recognize National Police week. In the past month he has attended 3 veterans' events and wanted to add to Ms. Stone's comments regarding resources for veterans.
- XIII. Secretary's Report / Announcements** – Secretary Gardner provided her report. She welcomed Dalia Robkin as the new BHAB member, appointed by Supervisor Parvin. Ms. Robkin introduced herself. There is one opening from Supervisor Gorell's district. She announced moving forward the secretary's report will be submitted in writing and attached to the meeting materials. Tuesday, May 9th was National Fentanyl Awareness Day. An article by

Director Gillman and Dr. Cesar Morales regarding a fentanyl awareness event will be attached to her report. Ms. Flores-Haro announced MICOP's Indigenous Knowledge conference will be on May 26th at Oxnard College from 9AM to 3:30PM. They will be speaking on Transnationalism, migration, and indigenous communities from Southern Mexico to California. There will be other workshops, a panel re: how to confine anti-indigenous policies, and redirecting leadership within those spaces. Additionally, they are curating a wellness space.

XIV. BHAB Committee Reports

A. Disparities Reduction Committee (May 2) (Cancelled)

B. Adult Services Committee (May 4) – Vice Chair Tejada provided a report. The committee was able to meet a quorum and invites members to join. They discussed items for the future and Vice Chair Tejada will be reaching out to specific programs to touch on the items. Items such as the Stepping Up initiative, MHSA updates, CalAim, and outreach for the committee.

XV. Old Business

A. Site Visits Resumption – Chair Rodriguez announced if members are interested in organizing a group, to please contact the BHAB assistant, Ms. De Leon at bhabadmin@ventura.org and Chair Rodriguez at michael.rodriquez@ventura.org.

XVI. New Business

A. Public Hearing to End 30-day Public Comment Period on the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2022-23 (April 17-May 15) – This item was moved before Chair Comments. Ms. Carson informed the committee that the 3-year plan and the annual update have been separated and are posted as two separate links. This item was approved (Warren/McKay/Passed). Ms. Stone shared her concern about receiving no presentation on the document and requested the date period be closed May 17th instead of May 15th to be thirty days. It was motioned to approve as amended by majority vote through roll call. Ms. Carson clarified May 15th is the public hearing, however the comment period may be open until May 17th. Mr. Espinoza and Ms. Heitmann abstained.

B. Annual Report Workgroup – Chair Rodriguez informed the committee this is still a work in progress, and he will be reaching out to different committees.

C. Presentation Requests – All presentation requests can be sent to Chair Rodriguez at Michael.rodriquez@ventura.org and bhabadmin@ventura.org with a description of the subject and who will be conducting the presentation.

D. Recognition Award Recommendations – All recognition recommendations can be sent to Chair Rodriguez with a description of the recommendation as well as the reason behind the recommendation at Michael.rodriquez@ventura.org and bhabadmin@ventura.org.

XVII. Contracts – Chair Rodriguez announced there were 13 approved agreements and encouraged committees to review the contracts and report back to the BHAB, if appropriate.

XVIII. Public Comments – NONE.

XIX. Adjournment – The meeting was adjourned at 3:33PM by Chair Michael Rodriguez.

Next Meeting Date – June 26th, 2023, from 1:00PM – 3:30PM.

Behavioral Health Advisory Board General Meeting Attendance

2022-23	Terms	Members	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
District 1	03/11/21-03/10/24	Claudia Armann	X	X	E	X	E	X	X	X	X	X	X	
District 5	09/15/20-09/15/23	Soledad Barragan	E	X	X	X	E	E	E	X		X	X	
District 3	01/26/21-01/26/24	Nancy Borchard	E	X	X	X	X	E	X	X	X	X	X	
District 3	01/13/22-01/12/25	Gane Brooking				X	X							
District 1	10/07/21-10/06/24	Kevin Clerici	X	X	X	X	X	E	E	X	E	X	E	
Veteran Rep	10/14/21-10/13/24	James Espinoza										X	X	
District 1	04/27/21-04/26/24	Genevieve Flores-Haro	X	X	X	X	X	E	X	E		X	X	
District 3	04/15/21-04/14/24	Janis Gardner	X	X	X	X	X	E	X	X	X	X	X	
District 1	05/11/21-05/10/24	Cheryl Heitmann	X	X	X	X	X	E	E	X	X	X	X	
District 2	01/08/22-01/07/25	Carol J. Keavney	E	X	X	E	X	X	X	X	E	X	X	
BOS	01/01/22-12/31/24	Supervisor Matt LaVere	X		X	X	E	E	X	X	X	X	E	
District 3	09/13/22-12/01/23	Naomi (Nomi) Marrufo			X	X	E	E	E	X	X	X	X	
District 2	09/17/22-09/16/25	Dianne McKay								E	X	X	X	
District 4	02/09/21-02/09/24	Jennifer Morrison	X	E	X	E	E	X	X	X		X	X	
Law E. Rep	03/28/23-03/27/26	Sergeant Shawn Pewsey										X	X	
District 4	04/25/23-04/24/26	Dalia Robkin											X	
District 5	01/25/20-01/24/23	Michael Rodriguez	X	X	X	X	X	X	X	X	X	X	X	
District 2	03/01/22-02/28/25	Elizabeth R. Stone	X	X	X	X	X	X	X	X	X	X	X	
District 4	09/18/21-09/17/24	Christopher Tejada	X	X	X	X	E	X	X	X	E	X	X	
District 5	01/11/20-01/24/23	Marlen Torres		E			E	E	E	X	E		E	
District 5	04/21/22-03/22/24	Liz Warren	X	X	X	X	X	X	X	X	X	X	X	
District 2		VACANT												
District 4		VACANT												
Optional Practicing Psychiatrist		VACANT												

Present = X

- District 1: Supervisor LaVere
- District 2: Supervisor Gorell
- District 3: Supervisor Long
- District 4: Supervisor Parvin
- District 5: Supervisor Lopez

BHAB Ombudsman Workgroup Report – February 27, 2023

Historical Context

The word “Ombudsman” evolved from the Swedish ombudsman signifying “the legal representative.” Initially, the Swedish legislature made the designation of the ombudsman in early 1800, with the translation of ombudsman as “the official investigator of citizen complaints.” This person was acknowledged as “the person of legal capabilities and superior virtue.”

The ombudsman is independent, unbiased and provides cost-free services. They investigate complaints when problems have been inappropriately managed, or individuals undergo unfair consequences, some situations like maladministration, included examples are inconsistent delay, negligence to follow procedures, bias, disrespect, presenting inadequate suggestions.

In order to receive and investigate complaints from aggrieved parties against a county agency or organizational entities in an impartial, independent, and confidential manner, an ombudsman can be used for different issues in several domains, some examples are below:

Seven Types of Ombudsmen

1. Organizational Ombudsman
2. Classic Ombudsman
3. Advocate Ombudsman
4. Hybrid Ombudsman
5. Legislative Ombudsman
6. Executive Ombudsman
7. Media Ombudsman

After reviewing the various types of ombudsmen, the workgroup identified the two types of ombudsmen they think best fit the needs of the community. The workgroup is recommending one of the following - the **Organizational Ombudsman**, or the **Advocate Ombudsman**. Descriptions of both ombudsmen options follow.

Organizational Ombudsman

While working in the private and public sector, an organizational ombudsman receives and investigates complaints made by an entity's members, employees, or contractors about its practices or policies. Serving as a designated unbiased individual in a particular organization, an organization ombudsman assists in dealing with the conflicts at an informal level for the organization with a wide range of procedures from conflict coaching to informal mediation. Only the ombudsman is responsible to respond to the concerns and disputes reported by individuals to the administrative office and can report trends, integral problems, and organizational issues to high-level officials and employees in a confidential manner. An organizational ombudsman is an informal resource, i.e., cannot engage in any formal administrative process related to the issues brought to their attention. An example of an organizational ombudsman is the university ombudsman. An organizational ombudsman could interrogate or operate with the informal processes described in an official agreement, and direct various inquiries legitimately and independently.

Advocate Ombudsman

An advocate ombudsman can be allocated in both the public and private sector for evaluating allegations, but it is also required to defend or advocate at the place of individuals or groups of people identified as persecuted. However, an advocate ombudsman is generally found in organizations such as long-term care amenities or agencies, and the organizations that specifically operate with juvenile offenders. An advocate ombudsman can represent the interests of constituents in terms of several policies, practiced by chartering entities, government agencies, or other organizations and can begin action when entitled in the judicial, administrative, or legislative forum.

California Department of Healthcare Services

Medi-Cal Managed Care and Mental Health Office of the Ombudsman

The Medi-Cal Managed Care and Mental Health Office of the Ombudsman helps solve problems from a neutral standpoint to ensure that our members receive all medically necessary covered services for which plans are contractually responsible. The Mental Health Ombudsman is designed to create a bridge between the Mental Health Plan system and individuals, family members and friends of individuals, in need of mental health services by providing information and assistance in navigating through the system. The Ombudsman will not automatically take sides in a complaint. We consider all sides in an impartial and objective way. It is our job to help develop fair solutions to health care access problems.

(From their website.)

D R A F T

Ventura County Behavioral Health Ombudsman (VCBHO)

Mission:

The Ventura County Behavioral Health Ombudsman (VCBHO) is designated neutral and works independently as an intermediary to assist any individual that interacts with Ventura County Behavioral Health with exploring and determining options to resolve conflicts, problematic issues, or concerns. The VCBHO provides a confidential avenue to address complaints and resolve issues at the lowest possible level. They propose policy and procedural changes when systemic issues are identified. The VCBHO's primary objective is to advocate for a fair process and fair administration of services.

Advantages of an Ombudsman:

- Cost-free services,
- An autonomous system, i.e., independent from the institution, the individual and organization,
- Reports are created (a record) while methodically addressing issues emerging under a county agency or while deploying a county program/service,
- Improper practices could be corrected, and
- An ombudsman of the county may provide reconciliation along with impartial investigation.

Disadvantages of an Ombudsman:

- An ombudsman is unable to render instantaneous solutions for very complicated problems,
- The individual with the complaint has no sway on the investigation, an ombudsman does not advocate for the individual or the county agency, or organization
- Specific decisions, made by an ombudsman, are not obligatory.

DRAFT

Ventura County Behavioral Health Ombudsman (VCBHO)

Role:

The VCBHO responds to inquiries from a variety of agencies and individuals. They may be contacted by a consumer, a family member, a community member, or staff from an agency. The VCBHO listens, answers questions, analyzes the situation and context of any complaint or issue, reviews the application of Ventura County Behavioral Health policies and procedures, advocates for the fairness of a process as opposed to advocating for an individual party, provides information and at times advice and develops options, suggests appropriate referrals, and recommends a possible resolution. The VCBHO appraises the Health Care Agency and Ventura County Behavioral Health of significant trends and may recommend changes in policies and procedures.

The VCBHO does not disclose and may not be required to disclose information provided in confidence, except to address an imminent risk of serious harm to an individual or others where there is no other responsible option. The VCBHO may disclose information relevant to the complaint when in possession of a signed release form and consent from the individual. There is no cost to receive services from the VCBHO.

The Ombudsman Workgroup recommends the Behavioral Health Advisory Board move forward again and request Ventura County Behavioral Health to create the position of an independent Ombudsman.

If the issue/complaint cannot be resolved by the VCBHO then the Ombudsman refers the individual(s) or agency staff to Ventura County Behavioral Health (VCBH) to file a formal complaint and begin the formal state regulated grievance process.

Ventura County Behavioral Health Grievance Process

The Ventura County Behavioral Health Department's Grievance Process falls under VCBH Quality Assurance.

It has a phone line (888) 567-2122 with voicemail that is staffed by two or three clinicians; an MFT / LCSW. The staff will take incoming calls/complaints. The voicemail is monitored throughout the day. The call can be about anything and the staff gets the information from the call.

A letter is drafted acknowledging receipt of the complaint and mailed to the individual making the complaint within five days. The staff will then contact the appropriate entity, i.e., clinic to inform them of the complaint. **Under state regulations the complaint must be resolved within 90 days. The complaint is reported to the state.**

BHAB General Meeting Minutes October 19, 2020

VI. Public Comments

- Liz Warren commented on agenda item XIII.F. – Ombudsman/Peer Advocate for Assistance with Access of Services.
- Carole Shelton spoke regarding advocacy for services for a family member with mental health challenges and Intellectual/Development Disabilities (I/DD).
- Evelyn McGrath spoke regarding advocacy for services for a family member with mental health challenges and hardships.

XII New Business

F. Ombudsman / Peer Advocate Assistance with Access or Services Issues

Mr. Bhavnani suggested a motion to make a recommendation to VCBH to consider an Ombudsman or an equivalent position. He noted that this item was discussed at its August Executive Committee, was brought forward to the General meeting in September however was tabled due to lack of time. The idea would bring a formal process in place to directly assist families with resolving difficulties accessing services. Mr. Bhavnani moved to make a recommendation to VCBH to consider an Ombudsman or equivalent position to help resolve service issues; Dr. Cortese seconded. Ms. Gardner asked for additional information on how the position would be funded and implemented. Mr. Bhavnani advised that previous positions of this nature were funded through the Mental Health Services Act (MHSA). Ms. Stone asked for Dr. Johnson's response on VCBH's support that was reported at a previous meeting. Dr. Johnson confirmed that discussions had taken place and that VCBH supports the concept to hire a staff member to assist with navigating the mental health system and that MHSA funding would be used. Mr. Bhavnani stressed the importance of ensuring that the person assists with health navigation and problems that may arise once services are received.

Liz Warren made a public comment regarding the wide array of work that VCBH's previous Community Liaison had done that included case management, problem solving and assisting people with housing, shelter, and food. Dr. Johnson welcomed input from Mr. Bhavnani, Liz Warren and others interested to collaborate with VCBH in writing the job description to ensure the essence of what is seen for the proposed position is captured.

Mr. Bhavnani restated the motion. The motion carried unanimously by roll call.

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XIII Old Business

C. BHAB Ombudsman/Peer Advocate Hiring Update

Dr. Sevet Johnson noted that the position will be requested through the budget process and upon approval, VCBH will process the necessary paperwork to begin working on the job description and recruitment process.

April 26, 2022

Excerpts from April 26, 2022 (page 6 of 7) letter submitted by HCA Director Barry Zimmerman to the Ventura County Board of Supervisors requesting 55 additional positions (additions and deletions) for the Ventura County Behavioral Health Department at the request of Behavioral Health Director Dr. Sevet Johnson.

❖ Paragraph Four (page six of seven)

Access & Outreach Division

“One (1) Program Administrator III is requested to develop and work independently as the Ombudsman for VCBH and assist clients in navigating through services. This addition is offset by the deletion of one (1) Program Administrator I. One (1) Management Assistant II position is requested to support the new Access & Outreach Division Chief.”

❖ Paragraphs Three and Four (page seven of seven)

“In support of these critical behavioral health services, VCBH recommends that your Board adopt the attached resolution adding fifty-five new regular full-time equivalent positions and deleting two regular full time equivalent positions within VCBH, effective April 24, 2022, to meet the increasing caseload and program requirements described above. This Board Letter has been reviewed by the County Executive Office, Auditor-Controller's Office, County Counsel and Human Resources. If you have any questions regarding this item, please contact VCBH Assistant Director Loretta Denering or HCA Assistant Chief Financial Officer Narcisa Egan at (805) 981-1881.”

THE NEED FOR AN OMBUDSMAN

Examples of How an Ombudsman Could Have Helped

1. A young man in his mid-twenties, diagnosed with schizophrenia after his second year in college at Cal State Channel Islands, had been hospitalized numerous times, and a client of VCBH. He was placed at a sober living home but was not ready for that level of step-down. He went off his medication and left sober living and became homeless. He would go back to his mom's house once in a while to get a shower. She had noticed that he looked emaciated and had lost a lot of weight. The mom tried to get in touch with his case manager and they said there was nothing they could do, that he was "successfully homeless."

If someone could have spoken for the family and interfaced with VCBH, the sober living facility, and his case manager, they may have possibly gotten him back into treatment and on medication, and then place him in the appropriate facility. Instead, he deteriorated to the point where he was found without clothes laying in an alley and was 5150'd again. It wasn't until I helped his mom reach out to her County Supervisor that VCBH began to pay attention to what was happening. If VCBH does not want Supervisors involved, they should have an Ombudsman.

2. A mom contacted me; her son, diagnosed with schizophrenia and autism was placed at Horizon View. She was the conservator but when she requested his information and files, they refused to release them to her. The public guardian stated that she was not required to have that information. She was feeling that Horizon View staff was rude and defensive. If an Ombudsman could be a middle-person to communicate with both the facility, the mom, and the Public Guardian, the relationship might not have deteriorate. Now the mom is stating that she wants to sue Horizon View and the county.

3. I have worked with at least six families whose loved one was placed in a facility that was not the appropriate step-down, they leave the facility, become homeless, leave treatment, and go off their medication. If there was someone who could take the information from the family and communicate with VCBH, the facility, and the Public Guardian, it would benefit all involved. Often times, the turnover in case managers also creates a chasm for the family, they do not know who to contact.

4. A father called and said his son was a client of VCBH, living at home, was in treatment and following his medication protocol. Unexpectedly, the son became increasingly psychotic, with incoherent rambling and walking away from the home at odd times. He did not know who to contact; his son did not have a case manager, and the Crisis Team did not see a need to respond. He was concerned his son would end up in the hospital; he asked if his son could be assigned a case manager who could help bring him in for an early appointment at his clinic.

5. A VCBH client was arrested and taken to jail, for threatening the family and resisting arrest. The jail would not release any information about the condition of the client. There was a release in place for both parents. The family was frantic and asked if their daughter's VCBH case manager could visit or get more information and relieve their concerns; but they were not able to reach the case manager. They did not know where to turn.

6. At the March 20th, 2023 BHAB General Meeting, where there was not a quorum of members, a Public Comment was made. Martin and Patricia talked about their daughter being sent off to View Heights Convalescent Hospital where she was still residing after 2 years. Before that placement, she had been doing well at Casa De Esperanza and at a Board & Care. But because of a minor incident at the Board & Care, she was placed by VCBH in a locked facility in Los Angeles, far from home. They stated their daughter had regressed at View Heights and believed strongly that their daughter would progress in her recovery at one of the facilities in Ventura County. They received no response from the letter they sent, and had to resort to coming and speaking to the BHAB.

7. At the March 20th, 2023 BHAB General Meeting a representative of county EMTs and paramedics made a Public Comment regarding the inability of her employees to obtain mental health services for their family members. As a result, after numerous failed attempts to connect their loved ones to treatment, they had no choice but to stay home and care for their loved ones. Unable to go to work, their absence led to a shortage of ambulance drivers and paramedics to respond to emergencies. Had there been one point of contact like an Ombudsman they would have been able to receive assistance in real time which would have also averted the critical shortage of ambulances responding to county 911 calls.

Director's Update
BHAB General Meeting 5.15.2023

General Updates:

- **May has the following days of significance to highlight:**

- Mental Health Matters Month
- National Asian/Pacific American Heritage Month
- National Maternal Depression Awareness Month
- Foster Care Awareness Month
- Older Americans Month
- World Maternal Mental Health Awareness Day – May 4, 2023
- Fentanyl Awareness Day – May 9, 2023
- National Children's Mental Health Awareness Week – May 7-13, 2023
- Public Service Recognition Week – May 7-13, 2023
- National Prevention Week – May 7-13, 2023
- National Older Adults Mental Health Awareness Day – May 10, 2023
- Mother's Day – May 14, 2023
- Mental Health Matters Day – May 22, 2023

- **Mini Grant update, NOTIFICATION OF INTENT TO AWARD**

Ventura County Behavioral Health (VCBH) announces its intent to award grants/contracts for Community Mini-Grant related services to:

1. Two Trees Community Inc.
2. Westminster Free Clinic
3. National Health Foundation
4. Mesa
5. Nyeland Promise
6. Ventura County Family Justice Center Foundation
7. Amplify Arts Project Girls Rock SB
8. No Limits Theater Group, Inc.
9. Boys & Girls Club of Greater Oxnard and Port Hueneme
10. Childhood Matters
11. Autism Society Ventura County
12. Candela Group
13. Ventura County Clergy and Laity United for Economic Justice
14. Oxnard Performing Arts Center Corporation
15. Women of Substance & Men of Honor
16. De Colores Multicultural Folk Arts, Inc.
17. The Elite Theater Company
18. Santa Paula Town Hall – Adelante
19. Namba Performing Arts Space Inc. and Rock and Roll High
20. Open Door Studio
21. Nate's Place a Wellness and Recovery Center
22. Lucha/Poder Popular
23. Big Brothers Big Sisters of Ventura County

- **OPEN HOUSE**

On Saturday April 29, Ventura County Behavioral Health (VCBH) Personnel held an open house for those interested in careers in Behavioral Health. 39 VCBH internal staff including Executive staff were there to help work the event, as well as 6 County Human Resource staff to support with walk-ins and registration. Contracted Temp Agencies, Maxim and Medix, were also included in the hiring event to offer opportunities and other roles to those individuals who were not offered VCBH employment. In addition, Maxim and Medix help with early onboarding while the County hire is in process. As of 5/10/2023, 5 of those employees (clinicians and nurses) have already started working. Below is the outcome of our open house hiring event.

32 offers were made

25 have accepted the offers

- 12 hired for the Adult Division
- 7 hired for the Access and Outreach Division
- 5 hired for Youth and Family Division
- 1 hired for Substance Use Services Division

3 candidates declined their offers

4 remaining to accept the offers based location/population/salaries

Here is the breakdown should the 4 remaining offers accept

12 BH Clinicians

7 Mental Health Associates

1 Crisis Team Clinician

4 Registered Nurses

5 Peer Specialists

Access and Outreach Division:

- We are now utilizing the standardized screening tool that was mandated by the state – to assist individuals accessing care – to determine what delivery system they are to be receiving services in and link them faster to the appropriate delivery system of care.
- We continue to work internally to reduce unneeded touch points to ensure we are linking individuals to appropriate care.
- We attended our VCBH Open House – that allowed us to interview on the spot, candidates and will be onboarding new staff for our programs – truly excited to continue building up our teams.
- As the weather is getting nicer, more opportunities to join our community partners in outreach events and provide information on VCBH services and how to get linked to care.

Adult Services Division:

May 2023

- Empower up! The second annual youth event focused on mental health and well-being took place on May 4th at Cal Lutheran University. This year's event focused on highschoolers, grades 9-12th and hosted more than 400 attendees (more than double last year's attendance!).
- VCBH is partnering with LULAC-La Colonia, Rio School District, trainers for Community Change, Oxnard School District, Fuerza Latina Health Community Group, and Padres Juntos Promoviendo la Education to produce a suicide prevention conference taking place on Saturday May 13th at Lemonwood Elementary School in Oxnard.
- An inspirational workshop for women will take place in Santa Paula on May 30th. Dr. Dulce Lopez will be giving a presentation on Metamorphosis, the transformation of women towards their inner light. The presentation's focus is on providing positive coping skills that might assist individuals on their life journey toward self-empowerment, healing, and well-being. It will be on May 30th at the Casa del Mexicano in Santa Paula. It will start at 5:30 pm. There will be dinner provided and resources tables. The initial response has been so strong the budget has been doubled from 100 to 200 participants. If you would like to join, please register at MHSA.org or by calling 805-981-5447.
- Working remains ongoing in the development of the Community Care Expansion Preservation Program. The California Department of Social Services has awarded VCBH with \$1.6M in Capital Project funds and \$1.1M in Operating Subsidy Payment funds. This one-time, non-competitive funding is intended to improve the physical plants of licensed board and cares and to better support the clients they serve.

Youth and Family (Y&F) Services Division:

Division Highlights

- Six members of the Y&F Management team attended the California Mental Health Advocates for Children and Youth (CMHACY) Conference 5/09 – 5/12/23. The CMHACY Conference is the most recognized and longest-standing conference in the state of California focused upon the social, emotional, and behavioral health of children, youth, and their families.

Initiatives and Progress

- The new Y&F Full-Service Partnership was officially launched as of May 1. Referrals will be accepted from West County clinics to begin serving the most high-risk youth to be successful in their home and communities.

Collaborations

- CWS Clinic Administrator, Savannah Eden in collaboration with Human Services Agency, judges, and attorneys, participated in the Court Appointed Special Advocate (CASA) Juvenile Dependency Panel on 5/4/23. The Juvenile Dependency Panel provides new CASA volunteers with an opportunity to learn about different agencies' roles and services available to families while youth are in dependency.

Training & Conferences

- The Y&F Division was able to send approximately 15 staff and CBO partners to the Foundational Practice for Ventura County's Wellness System: Integrated Core Practice Model (ICPM) Training. The goal is to train all client-serving staff in the division. Additionally, two recently trained ICPM CAs were there to facilitate portions of the training.

Other

- Insights FSP was featured in Ventura County Bar Association's "Citations Magazine" President's Message for the month of May 2023.

Substance Use Services (SUS) Division:

Prevention:

- **National Fentanyl Awareness Day May 9th**
 - In collaboration with the Ventura County Sheriff's Office, the County Office of Education, local school districts, and multiple community-based organizations, Prevention Services produced "Fake Pills, Real Danger," a Fentanyl education event for all secondary schools shared in classrooms across the county, underscoring the very real risks posed by fentanyl in counterfeit pressed pills and virtually any illegal drug.
 - Two separate Prescribers Care events were hosted to encourage MAT prescribing in both VCBH and primary care settings after the X-waiver requirement has been lifted. Dr. Vlaskovits spearheaded a series of provider panel discussions featuring local experts from law enforcement, the office of the medical examiner, and VCMC.
 - The first floor of the Hall of Administration also featured a fentanyl awareness display encouraging visitors and employees alike to learn about the risks and prevent tragedy.
- **Fentanyl test strip distribution pilot**
 - VCBH Prevention Services have partnered with local NTP providers Aegis and Western Pacific to distribute Fentanyl Test Strips to clients at the programs and are also available to the community. Four Aegis and one Western Pacific location began operations as test strip distribution sites and anyone wanting to access the strips may do so at any of the locations. Consumers will be given five test strips at a time and to get a refill they

need to complete a survey about their use of the strips including what drugs were tested and if it impacted their decision to use or not.

- **Public Health issued County of Ventura Naloxone Standing Order effective May 25th.**
 - This standing order authorizes the distribution of intra nasal naloxone to management employees of County of Ventura, its agencies, and departments—including Human Services Agency, Public Works Agency, County Library System, and other departments, where staff are in a position to assist a person at risk of an opioid-related overdose—and such staff have completed the required opioid overdose prevention and training program with required documentation.
 - This standing order authorizes management employees of the County of Ventura, to maintain supplies of intra nasal naloxone on county premises within a First Aid Kit or similar container (“Institutional Kit”) for the purpose of licensed or trained persons administering naloxone to a person who is experiencing an opioid overdose.
- **June 6th BOS Presentation – County Opioid Abuse Suppression Taskforce (COAST) “COAST-Facing Down Fentanyl”**
 - 10:00 a.m., with speakers from VCBH, Sheriff’s Office, office of the District Attorney, Office of the Medical Examiner, and Public Health.

Treatment Services:

- SUS and Prevention management team attended the annual RX and Illicit drug summit April 10-13th. It is the largest national collaboration of professionals from local, state, and federal agencies, business, academia, treatment providers, and allied communities impacted by prescription drug misuse and illicit drug use. It is *the* event for decision-makers and allied professionals working to address this public health emergency.
- SUTS clinics have begun conducting toxicology testing at intake using Millennium Health. This service is free for medical beneficiaries and staff plan to do either an oral or a urine screen with each client at intake to get a baseline of their substance use. The specimens are sent to the lab for free and processed within 24 hours. The lab will give VCBH the ability to access reports on what clients are using as an opportunity as well to see if there are substances showing up that clients may be aware they are using, i.e., cocaine cut with Fentanyl.
- SUTS staff have started the process to implement Helping Men Recover groups in most clinics for men who have a history of trauma.

DUI Services:

- DUI program had a gain of 66 clients in April. New enrollments were 177, with a high show rate across the system. Currently the DUI program across 5 sites has 1,524 active clients. The Ventura DUI rate of non-compliance is only 17%.

Quality Division:

Quality Assurance:

- Supports both MH and DMC-ODS providers with compliance efforts through the establishment of Monthly QA Office Hours. Assists in answering regulation related questions and in maintaining a working CalAIM FAQ page for VCBH Clinics and CBOs. Some team members are assigned as SmartCare Superusers to be prepared for the EHR transition scheduled for July 2023. Our QA team also oversees Medi-Cal Site Certification for our VCBH clinics/CBO's, in the last month, the team started unannounced onsite visits to ensure public facing informing materials are available as required by policies and regulations. QA reviews SUS Treatment Authorization Requests for approval. The QA team also provides support to the Medical Records Team related to requests received/records maintained. Grievances and appeals from beneficiaries are being addressed, resolved, and tracked for quality improvement effort.
- **VCBH Policy Office:** Policy Office initiated a Fiscal policy development workgroup to support Fiscal and Billing teams in further development of policies to support Payment Reform roll out effective July 1st, 2023, and Fiscal operations thereafter, in compliance with regulatory and contractual obligations. The Policy Office completed its review and standardization of policy archives and implemented a fully electronic archive management system, in preparation for a fully electronic approval process implementation on July 1st, 2023. Additionally, the Policy Office, in collaboration with the Quality Assurance team, reviewed and revised the existing policies related to Appeals and Grievance processes for a more accurate, clear, and streamlined policy on People in Care Issue Resolution. This policy update is pending final approval and the development of an associated training, which will accompany the policy revision roll-out. Finally, Policy Office continues to work with the Office of Health Equity and Cultural Diversity to establish an operational guideline for use of language and public-facing documents to create more accessible and equitable policies and materials in support of Behavioral Health integration.
- **Utilization Review:** The UR team transitioned to the Concurrent Chart Reviews process. However, approximately 5% of out-of-county hospitals still need to transition to the Concurrent Review process. UR maintains the quarterly chart reviews of non-hospital programs, and an administrative exit feedback meeting is held to address compliance issues findings and reinforce CalAIM implementation. UR collaborates with the CalAIM team, QA staff, VCBH leadership, and CBOs to resolve identified CalAIM compliance, quality of patient care, or utilization of services issues. The UR team is in the process of transitioning to CalMHSA UR Tools.
- **Training:** Committed to the provision of quality care, VCBH has contracted with the Academy of Cognitive Behavioral Therapy for over a decade to create a standard of care foundation to ensure all clinical staff are trained in Cognitive Behavioral Therapy (CBT) – an Evidence Based Practice which embraces cultural differences, as it uses one's world view to conceptualize presenting issues and develops a collaborative relationship between provider and clients to work together to achieve recovery. To further enhance cultural competency in our service delivery, VCBH has confirmed an exciting new learning opportunity where CBT conceptualization and tools taught by the developer of the model in Spanish: April 26 & 27 Trial-Based Cognitive Therapy: Expanding CBT Tools.

In addition, VCBH is in the process of certifying 5 Mental Health First Aid Trainers to provide this EBP in Spanish. MHFA is a nationally recognized Evidence Based Practice (EBP), focused on teaching skills to identify, understand, and respond to the signs of mental illness and substance use.

Continued efforts to collaborate with local Educational Partners to support 32 students (graduate and undergraduate) in the 23-23 Academic Year – application process is open, and Training and Personnel staff will be attending 6 Educational Partners Job and Career Fairs (between February and April) to recruit students for educational practicum and graduates to apply for county employment. VCBH has proudly been awarded acceptance to be awarded funding for Year 2 of the Mentored Internship Program grant. Continuing to identify Round 2 recipients of SCRPF funded Loan Repayment awards to 13 staff in various job categories (clinical and non-clinical).

Quality Improvement:

- **Audits & Reviews:** The QI team is leading all audits, reviews, and corrective action plans (CAPs) for the department. The annual DHCS DMC-ODS and SABG review to monitor Substance Use Services was conducted at the end of March; the draft report and findings are pending. We are beginning to prepare for the DHCS MHP Triennial Audit (August 22-24), as well as the MHSA Program Review (September 26-28). The tentative date for the FY 23-24 External Quality Review (EQRO) is December 5-7.
- **Quality Improvement Committee:** We are working on developing a new/revised structure for ongoing quality management monitoring and use of data-driven decision making across the department. In doing so, we will be modifying the Quality Management Action Committee (QMAC) to be more focused on the voice and needs of the community, including representation of individuals in care, and ensure a process of continuous quality improvement. More information will be forthcoming.
- **EQRO:** The final reports for the FY 2022-23 Mental Health and DMC-ODS external quality reviews that happened November 8th-10th have been received. They are posted on the vcbh.org website under “Reports & Performance.” We are now focusing on improvement efforts based on the opportunity areas and formal recommendations.
- **PIPs:** QI now has 5 performance improvement projects (PIPs) that address various areas for improvement. We are working on interventions for 3 new PIPs specific to CalAIM-related shifts in measuring specific items to follow-up after an emergency room visit and adherence to Medication Assisted Treatment (MAT). In addition, we are in the process of developing a new MH PIP to support VCPOP and a SUS PIP on engagement in services continues.
- **Performance Metric Tracking:** QI is building out ongoing tracking and reporting of key performance metrics and is working with VC-Information Technology Services to design a public-facing data dashboard. The initial phase of development will be completed soon, with further metrics added in the future.

Electronic Health Record:

- **CalMHSA EHR SmartCare:** The EHR team is actively engaged in the data migration/conversion phase of the project. SuperUsers are actively engaged in training and workflows. The team has successfully met the Round 2 milestone and expects to meet the upcoming Round 3 milestone as well. The team meets daily to ensure timely completion. CalMHSA provides weekly meetings on specific topics and separate ones focused on data conversion topics.
- **Data Gaps Analysis:** EHR and QI are working to establish an interim solution for data needs that will not be in SmartCare, while longer term solutions are being assessed and evaluated.
- **SuperUser Trainings:** Superusers from Mental Health, Access and Outreach, Substance Use Services and Contracted providers groups have begun training on the new SmartCare system. These trainings are conducted weekly.
- **End-User Trainings:** CalMHSA will be providing end-user trainings the entire month of June.

California Advancing and Innovating Medi-Cal:

- VCBH's CalAIM unit (California Advancing and Innovating Medi-Cal) continues to coordinate CalAIM efforts across the department. The CalAIM team's support includes providing technical support in a variety of ways to both staff and contracted providers; and ongoing communication and collaboration with contracted county partners and the local managed care health plan continue to help facilitate a smooth implementation experience.
- **May 2023: Strategic Initiatives**

Payment Reform efforts are ongoing. VCBH is continuing to meet with individual contracted providers to review rates and contracts. CalMHSA is expected to release provider-level training by June 1, 2023. In addition, VCBH is working on developing internal practitioner-type training for staff to focus on the specific implications of each provider type/taxonomy.

The VCBH EHR team is working diligently to prepare for the transition to a new Electronic Health Record system (SmartCare) on July 1, 2023. VCBH has established a superuser group made up of identified county staff and contracted providers. Superusers are staff members trained to move through the electronic health record (EHR) system quickly and can share helpful hints, tips, and techniques. Our EHR superusers will provide internal training to office staff and clinicians. The implementation team continues to attend weekly CalMHSA's Semi-Statewide Shared EHR presentations and workgroups for the counties participating in the "Phase I" implementation phase, as well as collaboratively working alongside a CalMHSA EHR project manager to ensure a smooth transition.

VCBH has entered into a new Participation Agreement (PA) with CalMHSA to work with CBO's, VCBH staff, and Community Partners to solicit their interest in applying for the Medi-Cal PEER Support Specialist certification. The participation agreement runs from January 2023 through December 2024. Through this agreement, VCBH has purchased a limited amount of certification bundles to fund the certification process for interested individuals. VCBH is set to send request of interest out mid-May. More information to come.

We Invite You to Our Conference:

BUILDING HEALTHY FAMILIES

Our Building Healthy Families Conference will focus on suicide prevention, emotional abuse and the impact on families. Our presenter will address these mental health issues in Spanish through storytelling, community building, and resilience activities. Participants will learn to identify symptoms and outcomes in dealing with suicide prevention and emotional abuse while building supportive relationships.

Presenter: Dr. Luis Garcia
Internationally Known Psychologist

Saturday, May 13, 2023

8:00AM-4:00PM

Lemonwood Elementary School

2200 Carnegie St. Oxnard, CA 93033

For more information call: (805) 701-7441



Free Event
Breakfast & Lunch
Included
Space is Limited

Register Now!

http://bit.ly/Familias_Saludables

Sponsored by Padres Juntos Promoviendo la Educación, Trainers for Community Change/GRR; Ventura County Behavior Health (VCBH), The Port of Hueneme, Oxnard School District; El Rio School District; LULAC Colonia Council and Fuerza Latina Health Association

VCBH Adult Division placements as of 5/10/23

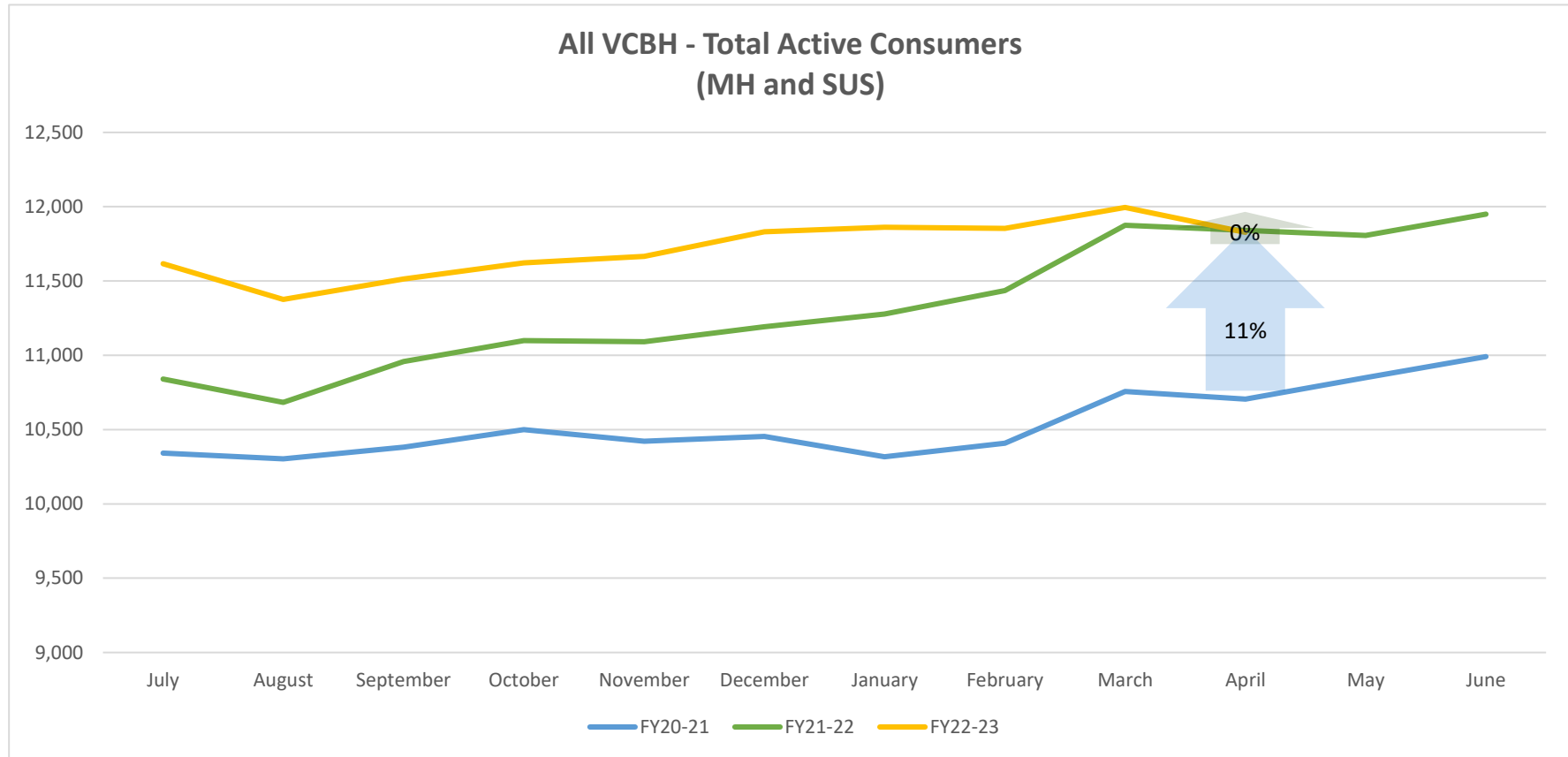
Level	Facility	Location	Available beds	Clients in placement
	Horizon View	Camarillo	16	15
	Sylmar Health & Rehabilitation Center	Sylmar	n/a	20
	California Psychiatric Transitions	Delhi	n/a	2
	Crestwood MHRC	Bakersfield	n/a	2
	Parkside Healthcare	El Cajon	n/a	19
	View Heights	Los Angeles	n/a	28
Total				86
Unlocked	Hillmont House	Camarillo	15	15
	Crestwood The Bridge	Bakersfield	n/a	1
	Ann Sippi Clinic, Bakersfield	Bakersfield	12	12
	Ann Sippi Clinic, Los Angeles	Los Angeles	12	8
	Casa de Esperanza (Casas B, C, and D)	Camarillo	45	45
Total				81
Board & Cares	Casa de Esperanza (Casa E)	Camarillo	15	15
	Brown's Board & Care	Oxnard	10	10
	Cottonwood	Saticoy	24	19
	Saundra Jarmon's	Oxnard	6	3
	Sunrise Manor	Oxnard	60	41
	Thompson Place (formerly La Siesta)	Ventura	26	26
Total				114
Residential Care for the Elderly	The Elms	Ventura	54	43
	Oak Place (formerly Hickory House)	Camarillo	34	36
Total				79
Skilled Nursing Facilities	Telecare La Paz	Paramount	n/a	6
	Pasadena Senior Living	Pasadena	n/a	1
	Vista Knoll	Vista	n/a	8
Total				15

VENTURA COUNTY BEHAVIORAL HEALTH

Total Active Consumers In The Month Of April

Open episodes in April 2023 with billing activity in prior 12 months

As of 5/4/2023



**Percent change compares FY to previous FY (e.g., FY21-22 and FY22-23 had a percent change of 0%)*

VENTURA COUNTY BEHAVIORAL HEALTH

Total Active Consumers In The Month Of April

Open episodes in April 2023 with billing activity in prior 12 months

As of 5/4/2023

All VCBH SUS - County & Contractor MH Adult - County & Contractor MH Y&F - County & Contractor VCBH STAR Adult Crisis	VCBH Treatment Programs County & Contractor Includes outpatient and residential
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	VCBH Program Group					
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis
Total Consumers With Open Episode	11,827	1,011	6,084	4,118	1,013	362

Total Consumers With Open Episode Age Group *	VCBH Program Group					
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis
0-15	2,865	35		2,615	293	29
16-25	2,546	203	894	1,362	239	83
26-59	5,045	719	3,945	141	422	192
60+	1,371	54	1,245		59	58
Not Reported						
Grand Total	11,827	1,011	6,084	4,118	1,013	362

Total Consumers With Open Episode Preferred Language	VCBH Program Group					
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis
English	9,792	928	5,082	3,350	766	303
Spanish	1,089	55	505	434	109	21
Mixteco	5		1	4	2	
Non-Threshold Language	74	3	57	11	3	3
Not Reported	867	25	439	319	133	35
Grand Total	11,827	1,011	6,084	4,118	1,013	362

Total Consumers With Open Episode Ethnicity	VCBH Program Group					
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis
Latinx	6,106	594	2,740	2,598	484	118
Non-Latinx	4,034	350	2,755	804	250	127
Not Reported	1,678	65	585	712	279	116
Declined to State	9	2	4	4		1
Grand Total	11,827	1,011	6,084	4,118	1,013	362

Total Active Consumers At Each Location *** Program Service Location	VCBH Program Group					
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis
CAMARILLO	482		96	387		
FILLMORE	190	31		166		
MOORPARK	2			2		
OXNARD	6,243	749	2,722	1,849	1,013	362
SANTA PAULA	877		602	275		
SIMI VALLEY	1,370	80	780	532		
THOUSAND OAKS	1,298	71	930	321		
VENTURA	2,281	96	1,218	998		
Outside Ventura County (Contractor)	154	132	22			
Grand Total	12,897	1,159	6,370	4,530	1,013	362

*** Consumers may be counted under multiple locations

Total Consumers With Open Episode Residence Region - City	VCBH Program Group					
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis
Conejo Valley	991	86	567	245	98	50
Conejo Valley-Newbury Park	258	32	142	66	29	12
Conejo Valley-Oak Park	41	2	14	20	5	2
Conejo Valley-Thousand Oaks	642	49	382	148	59	32
Conejo Valley-Westlake Village	50	3	29	11	5	4
Moorpark	348	21	140	175	20	11
Moorpark	348	21	140	175	20	11
Ojai	214	23	110	69	16	5
Ojai	156	18	87	46	10	4
Ojai-Oak View	58	5	23	23	6	1
Oxnard Plains	5,281	439	2,690	1,909	478	126
Oxnard Plains-Camarillo	783	61	464	238	53	17
Oxnard Plains-Oxnard	4,072	347	2,040	1,498	376	92
Oxnard Plains-Port Hueneme	405	29	175	164	48	17
Oxnard Plains-Somis	21	2	11	9	1	
Santa Clara Valley	1,198	77	505	541	97	41
Santa Clara Valley-Fillmore	384	35	144	183	38	11
Santa Clara Valley-Piru	49	3	17	25	5	1
Santa Clara Valley-Santa Paula	765	39	344	333	54	29
Simi Valley	1,355	114	698	477	97	44
Simi Valley	1,355	114	698	477	97	44
Ventura	2,110	228	1,202	585	193	73
Ventura	2,110	228	1,202	585	193	73
Not Reported / Out of County	330	23	172	117	14	12
Grand Total	11,827	1,011	6,084	4,118	1,013	362

Residence cities do not reflect consumer service location.



May 2023, Secretary's Report and Announcements-

Secretary's Report-

-The BHAB welcomes our newest member, Dalia Robkin, who was appointed by Supervisor Janice Parvin.

-The BHAB has one opening remaining in Supervisor Gorell's District.

As we move forward into our new fiscal year, in order to streamline the agenda and create time for important BHAB member requested presentations and agenda items pertinent to our work, the Secretary's Report and Announcements will be submitted in writing. Time sensitive information will be briefly announced.

Announcements-

-May is National Mental Health Month with events conducted around the County including numerous mental health related events from Providers and Contractors.

-Tuesday May 9th was National Fentanyl Awareness Day.

Every law enforcement agency in Ventura County along with the District Attorney's office and Probation Agency have combined resources, personnel and the desire to end senseless deaths caused by

overdose and addiction. This has led to the creation of The Ventura County Fentanyl and Overdose Crimes Units – VC FOCUS. They are working in unison to stop the chain of drugs into our communities and bring justice to the proprietors of death through criminal prosecution. Numerous other State and Federal law enforcement will soon be embedded with VC FOCUS. The executive leadership of each agency recognizes the impact fentanyl has had on our local communities. realizes the future impact on Ventura County and is committed to this task force.

The primary mission of VC FOCUS is to combat fentanyl related crimes and opioid overdoses by targeting the supply chain of individuals and criminal organizations responsible for the sales of these drugs in Ventura County. In addition, the task force will work to identify current trends of abuse among the younger population and educate the community on the lethal danger of this epidemic. The task force is divided into two distinct teams investigating cases in the east and west sides of the county.

-VCBH Director Gilman along with Dr. Cesar Morales, the Ventura County Superintendent of Schools, were guest columnists in “Your Turn” in the Ventura County Star. The article reads as follows:

“The Opioid & Illicit Drug Workgroup brought together leaders at every level of county government, along with community stakeholders countywide.

Comparing fentanyl overdose deaths in our county from 2020-2022, there was an increase from 87 deaths in 2020 to 164 in 2021 and most recently, another jump up, to 181 fatalities for 2022.

We have a naloxone distribution program which has distributed 8,920 overdose rescue kits since it started and has documented 2,441 overdose reversals (lives saved) during that timeframe. But current efforts are not enough. We are intensifying the collaboration with local law enforcement, public health professionals, clinics and hospital systems, as well as the Office of the Medical Examiner to obtain and visualize data, better enabling us to geo-target our efforts in reaching the populations at higher risk for overdose. And we are finding new ways to inform and protect vulnerable groups.

On Tuesday, National Fentanyl Awareness Day, our inaugural youth summit, “Real Talk: Fake Pills, 100% Danger,” will inform high school students around the county on the

dangers of opioids in our community. The Ventura County Office Education is proud to be a partner in the effort to reach young people in high school classrooms.

A website, www.venturacountyresponds.org, provides information and resources about the opioid crisis to our community. It features a dashboard that tracks local stats like opioid-related deaths, lives saved with naloxone, prescriptions for opioids in a given year, and other important statistics. Over the past three years in our county, there has been an 24% reduction in opioid prescriptions, thanks to medical providers employing safer prescribing practices. But even while prescriptions for opioid medication have gone down, deaths from fentanyl and fake pills, have gone up.

Since 2016, fentanyl and other synthetic opioids have been the leading cause of accidental overdose deaths in the U.S., and the world. While we may never fully eradicate fentanyl overdose deaths in our county, we are committed to preventing as many as possible. If you or a loved one is struggling with a substance use disorder, including an addiction to fentanyl, please contact our access line at [1-844-385-9200](tel:1-844-385-9200), which is toll free and available 24/7.

The county of Ventura is committed to the safety and well-being of everyone in our community. Please know that your county Behavioral Health Department, Public Health, Emergency Medical Services, District Attorney, Sheriff's Office and other law enforcement agencies, as well as the Ventura County Office of Education and hospital systems are redoubling our efforts to reduce the risks and save lives.

Scott Gillman is the Ventura County Behavioral Health Director. Dr. César Morales is the Ventura County Superintendent of Schools.

Advertisement

Since 2016, fentanyl and other synthetic opioids have been the leading cause of accidental overdose deaths in the U.S., and the world. While we may never fully eradicate fentanyl overdose deaths in our county, we are committed to preventing as many as possible. If you or a loved one is struggling with a substance use disorder, including an addiction to fentanyl, please contact our access line at [1-844-385-9200](tel:1-844-385-9200), which is toll free and available 24/7.

Your Turn Scott Gilman and Dr. Cesar Morales Guest columnists

MICOP is proud to announce the return of their Indigenous Knowledge Conference. For the first time since 2019, join MICOP as they celebrate this year's conference On May 26th at Oxnard College. Space is limited, please register now.

The City of Camarillo is dropping plans to rehabilitate a hotel on Daily Drive into permanent housing for the local unhoused population. The city said it will no longer apply for funding

from the third wave of state project Home Key as the costs of rehabilitation the hotel proved to be too costly, more than \$32 million dollars.

Ventura County Behavioral Health
Board Letter Summary of Contracts for April 2023

Board Date	Contractor	Amount	Term	Description
4/11/2023	Turning Point Foundation (TPF)	\$1,230,114	July 1, 2022 Through June 30, 2023	FY 22-23 Sixth Amendment to the Agreement with TPF for Psychiatric Rehabilitation Services. TPF provides psychiatric rehabilitation-oriented services to Ventura County Behavioral Health (VCBH) enrolled clients who have been authorized and referred by VCBH to TPF. Psychiatric rehabilitation promotes recovery, full community integration, and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives. The Sixth Amendment to the Agreement with TPF, increases the maximum contract amount by \$45,820, to provide additional funding for: (1) staff wage increases stemming from CA minimum wage increase effective January 1, 2023, (2) cost of living adjustments, and (3) inflationary costs related to facilities maintenance and office supplies. This agreement is funded with Short Doyle/Medi-Cal Federal Financial Participation (SD/MC FFP) and Realignment funding.
4/11/2023	For The Future, Inc.	\$546,458	July 1, 2022 Through June 30, 2023	FY 22-23 Seventh Amendment to the Agreements with For The Future, Inc., for Short Term Residential Therapeutic Program Services. For the Future, Inc. provides short term residential therapeutic program (STRTP) services to at risk youth within Ventura County. They operate a child-centered treatment facility that offers among other services, impulse control, behavior management skills, structured group activities and feeling identification. The Seventh Amendment to the Agreement with For the Future, Inc. increases the maximum contract amount by \$11,740, to provide funding for administration office and increased operating costs. This agreement is funded with SD/MC FFP and Realignment funding.
4/11/2023	ASC Treatment Group (Los Angeles) (ASC Los Angeles)	\$757,120	July 1, 2022 Through June 30, 2023	FY 22-23 Sixth Amendment to the Agreement with ASC Los Angeles for Adult Residential Treatment Services. ASC Los Angeles provides adult residential treatment services. This facility offers 24-hour staffing and a full range of clinical and rehabilitation services that are designed to assist clients in their mental health recovery. Specifically, the following clinical and rehabilitation services are provided: psychiatry and medication support, individual and group therapy, therapeutic recreation/community activities, and case management. The goal of this program is to assist clients in being able to live in a less restrictive environment upon discharge. The Sixth Amendment to the Agreement with ASC Los Angeles increases the maximum contract amount by \$38,306, to fund increased operating costs, including wages, office supplies, and insurance. This agreement is funded with SD/MC FFP and Realignment funding.
4/11/2023	ASC Treatment Group (Bakersfield) (ASC Bakersfield)	\$1,191,343	July 1, 2022 Through June 30, 2023	FY 22-23 Seventh Amendment to the Agreement with ASC Bakersfield for Adult Residential Treatment Services. ASC Bakersfield provides adult residential treatment services. This facility offers 24-hour staffing and a full range of clinical and rehabilitation services that are designed to assist clients in their mental health recovery. Specifically, the following clinical and rehabilitation services are provided: psychiatry and medication support, individual and group therapy, therapeutic recreation/community activities, and case management. The goal of this program is to assist clients in being able to live in a less restrictive environment upon discharge. The Seventh Amendment to the Agreement with ASC Bakersfield increases the maximum contract amount by \$135,723, to fund increased operating costs, including wages, office supplies, and insurance. This agreement is funded with SD/MC FFP and Realignment funding.

4/11/2023	BH-VC OPCO SP, LLC dba Jackson House Santa Paula (Jackson House)	\$2,208,250	July 1, 2022 Through June 30, 2023	<p>FY 22-23 Fourth Amendment to the Agreement with Jackson House for Medi-Cal Specialty Mental Health Care Adult Short Term Crisis Residential Recovery Treatment Program Services. Jackson House provides Medi-Cal Specialty Mental Health Care Adult Short Term Crisis Residential Recovery Treatment Program services to Ventura County residents between the ages of 18 and 59 authorized by VCBH. Most clients will have a serious mental illness and significant functional impairment who are at risk of psychiatric hospitalization but do not require care in a locked treatment setting or who may require an intensive level of support but no longer require treatment in a locked treatment program. The Fourth Amendment to the Agreement with Jackson House increases the maximum contract amount by \$558,250, to fund increased bed days utilization by VCBH. This agreement is funded with Proposition 63 Mental Health Services Act (MHSA) and SD/MC FFP funding.</p>
4/11/2023	Idea Engineering, Inc	\$427,240	July 1, 2022 Through June 30, 2023	<p>FY 22-23 Third Amendment to the Agreement with Idea Engineering, Inc for MHSA Prevention and Early Intervention Services (PEI). Idea Engineering, Inc. provides MHSA PEI services support on various projects sponsored by VCBH. In order to address growing needs within the community to provide access and resources around mental health and PEI services, Idea Engineering, Inc., has partnered with VCBH on developing, disbursing, and coordinating information and promotional materials that bring awareness to mental health services. The Third Amendment to the Agreement with Idea Engineering, Inc., is being amended to cover the cost for: (1) additional promotional materials needed for the Empower Up event sponsored by VCBH and (2) additional mental wellness communication materials through fiscal year end. The additional expense will increase the maximum contract amount from \$295,000 to \$427,240 (an increase of \$132,240). This agreement is funded with MHSA funding.</p>
4/11/2023	Evalcorp	\$179,575	July 1, 2022 Through June 30, 2023	<p>FY 22-23 Fifth Amendment to the Agreement with Evalcorp for Data Collection and Analysis Services. Evalcorp provides data collection and analysis services on various projects on behalf of VCBH. Evalcorp is currently providing these services in order to support the Wellness Centers coordinated with Ventura County Office of Education (VCOE). The primary objective of the agreement is to: (1) collaborate with VCBH and VCOE to develop evaluation infrastructure and evaluation capacity, (2) implement a school-wide survey to assess the impact of the Wellness Centers on issues related to awareness of and access to school-based mental health services, (3) conduct required data monitoring for middle school Wellness Centers as needed to inform quarterly and yearly reporting requirements, (4) conduct requisite univariate and multivariate statistical analyses, (5) develop the annual evaluation reports and (6) prepare for and facilitate monthly evaluation meetings with VCBH and VCOE. The Fifth Amendment to the Agreement with Evalcorp is being amended to cover additional hours for the Senior Research Associates related to expansion of Wellness Centers throughout Ventura County. The provider has requested to increase the staff hours from 573 to 873 hours (an increase of 300 staff hours). The additional expense will increase the maximum contract amount from \$149,875 to \$179,575 (an increase of \$29,700). This agreement is funded with MHSA funding.</p>
4/11/2023	TPF	\$941,214	July 1, 2022 Through June 30, 2023	<p>FY 22-23 Fourth Amendment to the Agreement with TPF for Adult Wellness and Rehabilitation Center and Mobile Wellness Services. The primary objective of the agreement with TPF is to provide: (1) mobile wellness centers that provide Wellness Recovery Action Plan (WRAP), (2) recovery groups, (3) linkage and access resources and (4) socialization opportunities as well as step down treatment for individuals in need through Ventura County. The Fourth Amendment to the Agreement with TPF is being amended to cover an increase in staff wages due to changes in the minimum wage requirement that went into effect on January 1, 2023. Additional funding is also needed to cover the cost to replace three (3) laptops. The additional expense will increase the maximum contract amount from \$887,749 to \$941,214 (an increase of \$53,465). This agreement is funded with MHSA funding.</p>

4/11/2023	Homeland Languages Services LLC (Homeland)	\$343,743	July 1, 2022 Through June 30, 2023	FY 22-23 Third Amendment to the Agreement with Homeland for Interpretation and Translation Services. Homeland provides interpretation and translation services for VCBH. The primary objective of the contract is to support VCBH in providing critical interpretation/translation services to members of the community who need to access services provided by VCBH. The Third Amendment to the Agreement with Homeland is being amended to cover an increase in requested translation and interpretation services. This is due in large part to clinics and other services opening up to provide in-person support. Previously due to COVID-19 protocols, utilization of these services were limited. The additional expense will increase the maximum contract amount from \$150,000 to \$343,743(an increase of \$193,743). This agreement is funded with MHSA funding.
4/11/2023	Elms Manor Corporation (Elms Manor)	\$225,000	July 1, 2022 Through June 30, 2023	FY 22-23 Third Amendment to the Agreement with Elms Manor for Augmented Board and Care Services. Elms Manor provides augmented board and care services for adults ages 18 to 59 with serious and persistent mental illness that has resulted in significant functional impairments requiring 24-hour care and supervision to promote safety and recovery. The acuity level of these individuals is high in that they require daily assistance in one (1) or more areas of life functioning, including: attending to self-care and basic needs, attending to medical and medication needs, maintaining participation in supportive mental health/substance abuse and other recovery-based support programs, and socializing and re-integrating into the community. VCBH currently pays these providers a rate per client/per month for augmented board and care services. VCBH funding is in addition to the Social Security Insurance (SSI) that these facilities receive from clients to provide basic board and care services. If the client does not have SSI benefits, VCBH provides temporary funding to cover basic board and care services until the client receives SSI benefits. Currently, 43 clients are residing at Elms Manor. The Third Amendment to the Agreement with Elms Manor is being amended to increase the maximum contract amount from \$219,000 to \$225,000 (an increase of \$6,000) for the service period of July 1, 2022 through June 30, 2023, to cover additional SSI benefits cost. This agreement is funded with MHSA, Tobacco Settlement, and 1991 Realignment funding.
4/25/2023	Aegis Treatment Centers, LLC (Aegis)	\$6,750,000	July 1, 2022 Through June 30, 2023	FY 22-23 Seventh Amendment to the Agreement with Aegis for Outpatient Narcotic Treatment Program (NTP) Services. Aegis provides outpatient NTP services and Medications for Addiction Treatment (MAT) services for adults. Aegis currently has clinics in Oxnard, Santa Paula, Simi Valley, and Ventura with a total licensed capacity of 1,370 clients. From July 1, 2021 to June 30, 2022, Aegis provided services to 737 DMC clients. Since July 2022, Aegis has provided services to 734 DMC clients and estimates serving 745 DMC clients by fiscal year end. The Seventh Amendment to the Agreement with Aegis increases the contract amount by \$350,000 due to an upward trend in clients. In FY 2021-22, the contract maximum was decreased due to the reduced number of clients due to the COVID-19 pandemic. This agreement is funded with Drug Medi-Cal Federal Financial Participation (D/MC FFP) and Realignment funding.

4/25/2023	HealthRight 360	\$3,554,873	July 1, 2022 Through June 30, 2023	<p>FY 22-23 Tenth Amendment to the Agreement with HealthRight 360 for Residential Treatment Services. HealthRIGHT 360 provides three levels of residential treatment services and one level of withdrawal management treatment services for women and their children. The three levels of residential treatment services include: (1) clinically managed low-intensity residential services, (2) clinically managed population-specific high-intensity residential services for adults only, and (3) clinically managed residential services with high intensity for adults and medium intensity for adolescents. HealthRIGHT 360's satisfactory discharge rate is 55%. From July 1, 2021 through June 30, 2022, HealthRIGHT 360 served 151 residential and 109 withdrawal management clients and 68 of those clients received MAT services. Since July 2022, HealthRIGHT 360 served 119 residential and 61 withdrawal management clients and 49 of those clients received MAT services. HealthRIGHT 360 estimates serving 160 residential and 115 withdrawal management clients and 70 of those clients will receive MAT services by the end of the fiscal year. The Tenth Amendment to the Agreement with HealthRIGHT 360, increases the contract amount by \$638,759 due to: (1) increased staffing costs related to the withdraw management modality, from prior year, as well as the addition of staff and salary increases to attract and retain staff and (2) increased costs related to additional bed utilization particularly in the level 3.5 residential modality. This agreement is funded with D/MC FFP, State General Fund, Substance Abuse Block Grant (SABG) discretionary, 2011 Realignment, CalWORKS, Judicial Council of California (JCC) and AB 109 funding.</p>
4/25/2023	Idea Engineering, Inc.	\$404,500	July 1, 2022 Through June 30, 2023	<p>FY 22-23 Ninth Amendment to the Agreement with Idea Engineering, Inc. for Substance Use Services (SUS) Prevention Services. Idea Engineering, Inc. provides VCBH with SUS Prevention communication materials and public messaging campaign services, including custom and localized public service announcements to support various program priorities (e.g., prescription drug abuse prevention initiatives, impaired driving prevention, opioid overdose prevention and rescue efforts) using a range of media channels. Traditional print media and internet-based digital messaging services are directed to youth and adults. Marketing, media and prevention messaging services reach targeted groups locally, consistent with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework. In the first three quarters of FY 2022-23, Idea Engineering Inc. developed messaging themes covering topics such as "fentanyl can be found in any street drug" and "You Can Save A Life" using naloxone overdose rescue strategies. Messages focused on prescription drug misuse prevention, fentanyl and methamphetamine awareness, and access to care messaging were created and delivered with strong local impressions. The Fentanyl and Fake Pills October 2022 campaign alone garnered 588,343 impressions via targeted website ads, 824,600 radio impressions, and 17,050,000 transit impressions via 40 buses, for a total of 18,462,943 impressions. The Ninth Amendment to the Agreement with Idea Engineering, Inc. increases the contract amount by \$30,000 to expand awareness campaigns about current trends in illegal drug use among older school-aged youth and inform parents of these youth about new forms of opioid and stimulant risks. This agreement is funded by Vehicle Fines, Statham and SABG American Rescue Plan Act (ARPA) funding.</p>

Alternatives to Suicide Groups Charter

Since 2008, the Western Mass RLC has hosted healing spaces for conversations around suicide and despair that otherwise rarely happen. Alternatives to Suicide is the approach that has grown out of that work, and can be applied to a variety of situations that involve speaking about, sitting with, understanding and moving through thoughts of wanting to die. This Charter defines the principles and values of support groups using the Alternatives to Suicide approach.

Responsibility To—and not For or Over

As a community, we are responsible to be honest, transparent and present with one another, but cannot be responsible for one another's choices or actions. Both experience and research have shown that when the system takes responsibility for or over an individual, through force and/or coercion, the typical result is often more trauma, isolation and disconnection. Trauma, isolation, disconnection have been linked to increases in suicide rates.

Consent and Choice

We honor that suicidal thoughts are valid responses to painful experiences in peoples' lives. That pain often comes a lack of choice related to resources, housing, relationships and community, healthcare, income, work, exposure to violence and so on. In contrast, these groups prioritize consent and self-determination, and recognize and respect the many ways that people live with, sit with, cope with, or move through these experiences.

Responses to Injustice

In these groups, we validate and explore the hurt and pain we experience of systemic oppression and injustice—for example, rape, interpersonal violence, and discrimination or being devalued based on race, gender, ability, sexual orientation, immigration status, class, employment status, generational traumas and other inherited struggles. Together, we make space to explore the unique ways each of us makes meaning of and responds to these injustices.

Healing in Communities

These groups emphasize being part of community by choice. For many people, moving through suicidal moments includes acknowledging the pain that can come from feeling like they don't belong, or from being hurt or rejected by people with whom they have been connected. In groups we make space for envisioning a world where one consistently has a sense of belonging, and can find meaning and purpose.

This Charter is meant to act as a guide for creating groups that are consistent with these values, and as a tool for advocating for these groups to occur even when they are in conflict with other organizational or community policies or beliefs. What follows are the practices and intentions essential to Alternatives to Suicide groups.

1. We invite conversations with the freedom to:
 - a. Make meaning and share about one's own experiences in one's own words.
 - b. Challenge and explore social roles and expectations impacted by gender, class, race, productivity, parenthood etc.
 - c. Talk about anything, not just thoughts of suicide.
2. Groups meet in community spaces, rather than clinical or treatment group settings where conflicting practices are or have been in place.
3. Facilitators openly identify with the experience of suicidal thoughts in groups and are willing to be vulnerable and share about this and other relevant life experiences during groups
4. No pressure of any kind is placed on facilitators to report back (to funders, supervisors, or other authorities) about details of who attend s or what gets shared in groups.
5. Value of privacy is stated, and everyone is asked to maintain that "what's said here, stays here" or to "leave the names, take the lessons."
6. Responsibility for what happens during the group and how the values are held among all people attending, and is not solely the responsibility of the facilitators.
7. Everyone present is asked to speak from their personal experience, avoid harmful generalizations, and honor that each individual is the expert on themselves.
8. Where language is concerned:
 - a. Facilitators use open, non-clinical language that makes space for a variety of perspectives;
 - b. There is no assumption that suicidal thoughts are linked to 'mental illness' and everyone is supported to use words that make the most sense to them when speaking about their own experiences.
9. The group recognizes that suicidal thoughts are often rooted in experiences of systemic oppression; and therefore:
 - a. People's experiences of systemic oppression are validated; and
 - b. We strive to consistently interrupt words and actions rooted in systemic oppression, and explore where these ideas come from whenever possible.
10. We value relationships, embracing and working through imperfections to learn and grow, rather than trying to fix or change each other.
11. Groups are only for people attending for their own support. Observers such as media, students, providers, and anyone else wanting to come for any reason other than to explore their own experiences are not able to attend.
12. Decisions are made by group consensus as much as possible and transparency is prioritized when decisions are made outside of that format.
13. Attendance is completely voluntary and self-determined, being open to people:

1. Without regard to where they live
 2. Whether or not they use particular services
 3. Without intake, discharge, referral or other 'gatekeeping' requirements
 4. Whether or not someone chooses to speak when there (silence and acting as a witness to other people's pain are named as valuable)
14. Value is placed on meeting and accepting people as they are—validating the stories people share about themselves,
 15. Emphasis is placed on a harm reduction approach which includes avoiding assumptions when someone shares about self-injury, drug use, or any other coping practice.
 16. Relationships are based in respect and curiosity instead of fear and judgment.
 17. Groups prioritize an overall willingness to sit with people in deep distress and explore thoughts and feelings without jumping to clinical or other interventions.
 18. All participants agree not to call to involuntary interventions like police, crisis services, people's family members, or other outside entities about something that's happened in the group unless there is an act or direct threat of violence to someone in the group.



YOUTH FOCUS GROUP

Help More Young People in Our Community!

People don't understand enough about young people who don't have a stable place to call home. **We need your help to better understand the housing and service needs of youth in our community.** The youth focus group will help us gather information. We will keep everything you share private.

Virtual Option

Thursday, June 8, 2023

3:00pm to 4:00pm

Meeting ID: 883 1851 4944

Zoom Link:

<https://us02web.zoom.us/j/88318514944>

In Person Option

TUESDAY, June 6, 2023

3:00pm to 4:00pm

Interface Children & Family Services
4001 Mission Oaks Blvd. Suite I
Camarillo, California, 93012

ARE YOU...

16-24
YEARS OLD?

HAVE YOU BEEN
WITHOUT A SAFE,
STABLE PLACE TO
SLEEP AT NIGHT?

INTERESTED IN
ENDING YOUTH
HOMELESSNESS?

YOUR VOICE
COUNTS!

NEED MORE INFO?

Contact Jennifer Harkey at
805-658-4342 or email
Jennifer.harkey@ventura.org



VENTURA COUNTY
CONTINUUM OF
CARE ALLIANCE

ENDING HOMELESSNESS
IN VENTURA COUNTY

Be Heard:
how do you *really* feel?



Alternatives to Suicide

**a welcoming, non-judgmental, non-clinical
peer-led support group that eschews coercion
for adults with *personal* lived experience – past or present –
with suicidal thoughts and/or suicide attempt(s)**

WEDNESDAYS 6PM

information = a.friend.in.deed.ventura@gmail.com

funded by MHSA via VCBH

**If you feel you are in crisis and need immediate assistance,
please dial 988 or go to your local emergency room**

POWER THREAT MEANING FRAMEWORK

- key questions
(about the origins and maintenance of distress)

What happened to you?

(How has **POWER** operated in your life?)

How did it affect you?

(What kind of **THREATS** does this pose?)

What sense did you make of it?

(What is the **MEANING** of these situations and experiences to you?)

What did you have to do to survive?

(What kinds of **THREAT RESPONSE** are you using?)



**parenting
while navigating
our
mental health
needs**

a new peer support group

led by a mother who raised her children
while balancing her mental health care
with the demands of parenting

sponsored by
FIND: A Friend in Deed
with monies from
MHSA / VCBH

email for more info:
a.friend.in.deed.ventura@gmail.com

Find the Balance between extreme attitudes

“running the person’s life
for him/her”

Get the person to
do what I want or
think is best

(Protect)

“letting the person do
whatever he/she wants”

Let the person
do whatever
he/she wants

(Neglect)



Support & Empower

- ✓ Deep Listening
- ✓ Menu of Options
- ✓ Person Chooses
- ✓ Build Skills for Success

**Dignity of Risk
&
Duty to Care**

Patricia Deegan, PhD



Talking Mental Health:
A Toolkit for Empowering Conversations
Funded by New York State's Mental Illness Anti-Stigma Fund



TALKING MENTAL HEALTH: A Toolkit for Empowering Conversations

Saying the Right Thing



Appreciate the appropriate language to describe people living with mental health conditions and times of instability; learn to use person-first language; ask productive, non-offensive questions about mental health

Supporting Diverse Choices



Understand the diverse beliefs people can form about the causes, labels and treatments for instability and the choices people may make for their mental health; validate the different choices people make about their mental health

Getting Past Positions



Expand the conversation beyond peoples' initial positions to explore their deeper concerns and needs; learn specific tactics for challenging conversation topics



Saying the Right Thing

There are many different terms. Ask people what they mean by them. Ask what they prefer.



Mental Health
 Mental health is defined differently by different people. One definition is anything people do to take care of their emotional well-being.



Mental Illness
 Mental illness is also defined differently by different people. Generally, it is a problem related to thoughts, feelings, or behaviors and it lasts a significant amount of time and is disruptive.



DSM Mental Disorder
 The American Psychiatric Association publishes the Diagnostic and Statistical Manual of Mental Disorders to describe clinical definitions of mental health problems including mood disorders, anxiety disorders, psychotic disorders, and many others. The validity of these labels is debated within the scientific community.



Recovery
 When used in mental health, the term "recovery" does not necessarily mean that the person is completely free of symptoms – it may mean that the person has developed a balanced sense of stability and coping that fits their personal quality-of-life goals.



Patient
 While clinicians still often use the word "patient," the history of stigma associated with ideas such as "mental patient" have made this word offensive to many.



Consumer
 The term "consumer" is one of many terms to describe someone with lived experience. It is meant to be empowering, but some find it offensive.



Peer
 A peer has had personal experience living with a mental health, substance use, or trauma condition.



Other Terms
 Consult the companion webinar to learn about some other terms including "psychiatric survivor," "user," and "person with lived experience"

Quick-Tips

- ✖ **Use person-first language**
 - Say "she has schizophrenia" instead of "~~She is schizophrenic~~" - this avoids defining someone by a label
- ✖ **Avoid assumptions**
 - Do not assume that the person sees their life as a "struggle" or "problem" without their initiating that conversation
 - Do not assume that the person needs help
 - Do not assume that treatment will work quickly, or even at all, when supporting someone
- ✖ **Emphasize choices**
 - Remind the person it is their choice to disclose or seek support, and that they have many options

Ask productive, non-offensive questions like:

- ✔ **What do you mean when you say ____?**
- ✔ **What do you want me to know when you say ____?**
- ✔ **What terms do you prefer I use?**
- ✔ **What role, if any, do you want me to play? How can I be helpful?**
- ✔ **You have choices. What do you want to do?**



Supporting Diverse Choices

People have *diverse perspectives* about all sorts of topics. When it comes to mental health experiences, here are some ideas to think about to ensure you are validating all perspectives equally.

Why People Form Different Views in Mental Health

People have different **roles, cultures, beliefs, and experiences** which lead them to become part of various mental health communities, to prefer different terminologies, and to access different clinicians and services.

What Kinds of Choices Can People Make

Given that people have so many different perspectives in mental health, they can make a variety of different choices including:

- Beliefs About the Nature of the Problem**
- Preferences for Labels, Diagnoses, and Other Language Usage**
- Types of Treatment to Pursue**
- Who They Want to Tell and What They Want to Tell Them**
- What Kind of Support to Pursue**
- Where to Live**
- What Kind of Lifestyle They Want to Have**

🗨️ Can you think of other choices?

How to Validate Someone's Perspective and Choices

- 1. Appreciate Their Point of View:** Remember people have a lot of choices in mental health and each person decides their own right answers.
- 2. Listen:** Do not interrupt, then repeat back what they said (without sharing your opinion or advice)
- 3. Acknowledge Their Voice:** Tell them you know they have their own opinions and choices.
Remember, when we validate we respect someone's voice but we don't have to agree with them
- 4. Respect Their Choice:** Emphasize that they have choices and honor the decisions they make.
- 5. How to Share Additional Information:** Don't negate, elaborate.

Checklist for Validating Diverse Mental Health Choices

🗨️ Are you:

- Equally respectful to people who call themselves patients, peers, consumers, survivors, or users of services? And to people who do not feel their sensitivities are an illness?
- Able to support someone who has chosen an alternative way of addressing their mental health situation just as much as you support someone who is following the exact advice of a medical clinician?
- Aware that mental health professionals, family members, and people living with mental health histories may have different perspectives of a situation and able to validate them all?
- Able to not form a judgment when someone talks to you about their mental health situation?
- Able to not give your opinion when someone talks to you about their mental health situation?
- Accepting of a mental health situation without trying to fix it?
- Supportive to anyone who talks to you about mental health regardless of whether you agree with their perspective?



Getting Past Positions

When people share their views, they often share their *positions* (the specific things that they want) rather than their *interests or needs* (the reasons they want them). In order to have productive conversations, it is important to shift the conversation to discuss someone's underlying concerns and needs, rather than stay stuck in positions.

Positions		<u>An iceberg is a helpful metaphor for appreciating positions and interests</u>
Needs		<i>Positions</i> are the smaller piece of ice that is above the water line – they are superficial, we can see them, and they do not tell the full story.
		<i>Interests or Needs</i> are the large piece beneath the water's surface. They contain more substance, and are more impactful and permanent.

Quick-Tips

- ⊗ Remember to do your best to understand one another's ideas rather than critiquing them
- ⊗ Use open-ended questions to learn about why the person has formed their position
- ⊗ Do **not** respond to a position with a counter-position or assess if it is a good idea

Some Common Needs in Mental Health Conversations

- | | | |
|------------|-------------|------------|
| ★ Respect | ★ Stability | ★ Privacy |
| ★ Safety | ★ Inclusion | ★ Fairness |
| ★ Autonomy | ★ Support | ★ Trust |

Questions to Ask to Uncover Interests and Needs

- "Why do you want _____?"
- "What would _____ do for you?"
- "What do you mean by _____?"
- "What are specific examples of _____?"

Tips for Engaging Challenging Conversation Topics

Trauma

- ⊗ Recognize that anyone can have experienced trauma and use trauma-informed practices with everyone (be sensitive, empowering, and transparent)
- ⊗ Do not ask about traumatic experiences, but be supportive if the person brings them up

Labels and Diagnosis:

- ⊗ Recognize labels may relate to disempowering or stressful past experiences
- ⊗ Listen reflectively to appreciate the labels and language each person prefers, and their feelings regarding different labels

Sensitivities:

- ⊗ Avoid criticizing someone for ways they are sensitive (ex. don't say they are overreacting)
- ⊗ Remember treatment could be a sensitive subject; it is often a source of pain, stress, and trauma

Lifestyles:

- ⊗ Try to appreciate why a person wants a certain lifestyle even if you do not feel it is realistic
- ⊗ Ask questions in support of their goals rather than emphasize criticisms or limitations