

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, August 21, 2023, 1:00 – 3:30PM

BHAB Members Present:

Janis Gardner, Chair	Liz Warren, 1st Vice Chair
Elizabeth R. Stone, 2 nd Vice Chair	Jennifer Morrison, Secretary
Soledad Barragan, Member-At-Large	Michael Rodriguez, Chair Emeritus
Claudia Armann	Nancy Borchard
Kevin Clerici	James Espinoza
Cheryl Heitmann	Supervisor Matt LaVere
Naomi (Nomi) Marrufo	Dianne McKay
Shawn Pewsey	Dalia Robkin

Guests:

Alex Aguirre, EvalCorp	Dustin Anderson, EvalCorp
Ratan Bhavnani, NAMI Volunteer	Margaret Cortese, Community
Stacy Dalgleish, Community	Rachelle Dean, VCDA
Kristen Donovan, EvalCorp	Stuart E. Fiedler, Oxnard Client Network
Roberta Griego, NAMI	Mary Haffner, Advocate
Rae Hanstad, EvalCorp	Jeffery Hayden, Community
Priscila Hazrun, Spanish Interpreter	Martha Johnson, VC HCA
Carol C.J Keavney, BHAB Member	Martha Knutson, VC County Council
Pete LaFollette, MHSA Advocate	Supervisor Kelly Long, BOS District 3

Supervisor Vianey Lopez, BOS District 5
Robert O' Riley, VC BOS 5th District
Mariana de Santibanes, Community
Lourdes Solorzano, BOS 1st District
Chris Tejeda, BHAB Member
Tina Wang, VC CEO
Senior Deputy Mike Zabarsky, CIT

Joanna Mackie, First 5 VC
Chris Ridge, VCOE
Carole Shelton, Rainbow Connection
Lorena Suarez, Spanish Interpreter
Maria Torres, Community
Alex Ycaza Herrera, EvalCorp
Barry Zimmerman, VC HCA

Ventura County Behavioral Health (VCBH) Staff Present:

Scott Gilman, Director
Dr. John Schipper, Adult Services Division Chief
Jessica Davis, Substance Use, Senior Manager
Daniel Hicks, Prevention Services Manager
Sloane Burt, Quality Improvement Manager
Katie Stefl, MHSA Program Administrator
Monica Neece, MHSA Suicide Prevention Coordinator
Andrea Wallace, Assistant to the VCBH Director and Assistant Director
Jakeline De Leon, Management Assistant/Zoom Engineer

- I. **Call to Order** – The meeting was called to order at 1PM by Chair Janis Gardner. Lorena Suarez and Priscila Hazrun, Spanish Interpreters, introduced themselves and provided instruction on the interpretation services available for the meeting.
- II. **Quorum Roll Call and Introductions** – Secretary Jennifer Morrison conducted the roll call; a physical quorum of the board members was present. All BHAB members introduced themselves.
- III. **Roll Call of Members with Just Cause** – NONE.
 - a. **State others present in the room over the age of 18.**
- IV. **Requests for Emergency Circumstances** – NONE.

- V. Approval of the Agenda** – The Behavioral Health Advisory Board General Committee agenda for August 21, 2023, was approved (Rodriguez/McKay/Passed). Chair Gardner requested the committee reports be moved to the next General meeting if time runs out. It was motioned to approve as amended by majority vote through roll call.
- VI. Approval of the July 17, 2023, Minutes** – The Behavioral Health Advisory Board General Committee minutes for July 17, 2023, were approved (McKay/Armann/Passed). 1st Vice Chair Warren commented that under Old Business, letter A should read “1st Vice Chair Warren” and “the BHAB Ombudsman Workgroup recommendation letter for approval”. It was motioned to approve as amended by majority vote through roll call. Mr. Espinoza, Mr. Rodriguez, and 2nd Vice Chair Stone abstained.
- VII. Public Comments** – A written public comment was submitted by Pete LaFollette and Cece Casey. The written public comments were read by Ms. De Leon and will be attached to the minutes. No other comments were made.
- VIII. Chair Comments** – Chair Gardner shared a response from Deputy District Attorney Rachelle Dean during District Attorney Erik Nasarenko’s presentation at the last General meeting, “Our mental health unit is comprised of 5 attorneys, and each handled approximately 50 cases. These cases consist of civil commitments, gun fermeture hearings, veterans court, mental health court, mental health diversion, and incompetent to stand trial matters.” Chair Gardner mentioned there are flyers provided at the entrance of the training room, which will be attached to the minutes. Lastly, Ms. Gardner announced that in order to streamline the agenda and allow everyone to have a voice, board member comments will be reduced to 3 minutes per speaker, a round robin format. Should time allow, it will circle back to the first speaker.
- IX. Time Certain Presentation** – Ms. Aguirre shared a PowerPoint presentation on the “Preliminary Findings from Provider Key Stakeholder Interviews and Listening Sessions”, along with Ms. Donovan, Mr. Anderson, Ms. Hanstad, and Ms. Ycaza. The presentation will be attached to the minutes.
- X. Director’s Report** – Director Gilman presented his report. He met with the Ombudsman Workgroup. The executive team worked on restructuring the front door, decentralizing Star, created a model to shift psychiatrists to the front of the line and it is no longer required to do the full assessment. The list of 300 plus individuals waiting in line is gone, they have been contacted. Director Gilman is scheduling a public and permanent meeting due to the

MHSA reform amendments and substance use disorder has been added as a required population to serve. In regard to CalAIM, counties can opt in and volunteer to work on the red tape that needs to be addressed at the state level in order to bring substance use and mental health services together. There will also be another waiver called BH Connect, and it is an opportunity for Behavioral Health to expand community-based services, add supported employment, and counties moving forward with BH Connect can begin to bill Medi-Cal for institutions of mental disorders. Lastly, Director Gilman mentioned the building purchase in Port Hueneme will no longer take place in Port Hueneme, however, there is a vacant lot that is closer to the target neighborhoods.

- XI. Board Member Comments & Announcements** – Ms. Marrufo commented Spirit of Santa Paula’s Harvard Shelter is having a celebration on the completion of the construction called the Launch Pad which consists of more office spaces, a facility conference room, an additional restroom, and shower units that will be held Thursday, August 24th at 11AM. Mr. Rodriguez commented he wanted to clarify his role at the Public Defender’s office as one of the four chief deputies, he oversees mental health, both the criminal courts, the hospitals, the probation service, and the immigration unit.
- XII. Secretary’s Report / Announcements** – Secretary Morrison announced there is an opening in district 2, Supervisor Gorell’s office. On September 12th, the 8th Annual Suicide Prevention Pathways to Healing will take place at the Oxnard College Performing Arts Center, 4000 S. Rose Avenue in Oxnard from 4PM to 8PM. Walk with Us Out of Darkness to Prevent Suicide will take place at the Ventura Pier on September 23rd and check in is at 9AM. On September 27th from 6PM to 7:30PM at the Ventura County Office of Education at 5100 Adult Rd. in Camarillo, VCBH and the Superintendent of schools, Dr. Cesar Morales will be hosting a Facing Down Fentanyl Town Hall for the community.
- XIII. BHAB Committee Reports** – Chair Gardner asked all committees to devise 3 goals or priorities that they would like to see the BHAB work on for the coming year. Those priorities then, will be brought back to the board to vote on the top 4.
- A. Prevention Committee (July 25)** – Chair Gardner gave her report for the Prevention Committee. The committee approved and discussed its annual report. There was a presentation by Erica Fernandez, Substance Use Community Services Coordinator, entitled, “What You Need to Know about Fentanyl and Opiates”. She also mentioned there has been a development of test strips to contest if fentanyl is present and test strips

are available to the whole community. The Ventura County Office of Education will be presenting at the next Prevention meeting.

- B. Youth & Family Committee (August 9)** – Mr. Clerici gave his report for the Youth and Family committee. They did not meet quorum; however, they were able to discuss priorities as well as receive updates from VCBH staff. Mr. Clerici also thanked the Board of Supervisors for approving the expanded funding for the wellness centers and it is a topic that has been discussed in the committee.
- C. Transitional Age Youth (TAY) (August 16)** – Second Vice Chair Stone provided her report for the Transitional Age Youth committee. The presentation they had at the last TAY meeting was from one of the organizations that received a mini grant, Dr. Schipper provided an update on the mini grants and Jen Harkey provided an update on the Housing Continuum of Care. Second Vice Chair Stone also asked they inform her if they may know anyone who has a connection with individuals between the ages of 16 and 24 and are housing insecure or have experienced being unhoused within the past 2 to 3 years. It is a prerequisite to get funding from Housing and Urban Development Federal Agency for them to have a Youth Action Board to be able to submit requests for this competitive funding.

XIV. Old Business

- A. Site Visits Resumption** – Members who would like to lead a site visit please email the chair at janis@panacea-ent.com and the BHAB management assistant at bhabadmin@ventura.org. Second Vice Chair Stone requested to visit the IP In Patient Unit and the Crisis Stabilization Unit. First Vice Chair Warren requested to visit Horizon View.

XV. New Business

- A. Annual Report Workgroup** – Mr. Rodriguez reminded all committee chairs to send him the listed priorities and gaps for each committee in order to submit the annual report to the Board of Supervisors.
- B. Presentation Requests** – All presentation requests can be sent to the Chair, Janis Gardner at janis@panacea-ent.com and at bhabadmin@ventura.org with a description of the subject and who will be conducting the presentation. In September there will be a presentation from Substance Use Chief, Raena West, on the Substance Use division and will be presenting bimonthly. Other presentations coming up may be Gold Coast CalAIM, Pacific Clinics TAY Tunnel, and the Stepping Up Initiative. Second Vice Chair Stone requested a presentation on veterans

and Mr. Espinoza and Chair Gardner confirmed they are working on coordinating a presentation.

C. Recognition Award Recommendations – All recognition recommendations can be sent to the Chair, Janis Gardner and BHAB management assistant with a description of the recommendation as well as the reason behind the recommendation at bhabadmin@ventura.org and janis@panacea-ent.com.

XVI. Contracts – No discussion.

XVII. Public Comments – A member from the community, Maria Torres, commented she would like the BHAB to invite more organizations and the public to interact with other organizations to learn about resources, be more united, and also commented there is a need for first responders for mental health in the community.

XVIII. Recognition Award, (posthumously), for Carmen Ramirez, Former 5th District Supervisor of Ventura County – First Vice Chair Warren presented the recognition award posthumously, for former 5th district Supervisor Carmen Ramirez to her family and Supervisor Lopez's office.

XIX. Adjournment – The meeting was adjourned at 3:26PM by Chair Janis Gardner.

Next Meeting Date – September 18, 2023, from 1:00PM – 3:30PM.

Behavioral Health Advisory Board General Meeting Attendance

2023-24	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										
District 5	09/15/20-09/15/23	Soledad Barragan	X	X										
District 3	01/26/21-01/26/24	Nancy Borchard	E	X										
District 1	10/07/21-10/06/24	Kevin Clerici	JC	X										
Veteran Rep	10/14/21-10/13/24	James Espinoza	E	X										
District 1	04/27/21-04/26/24	Genevieve Flores-Haro	X											
District 3	04/15/21-04/14/24	Janis Gardner	X	X										
District 1	05/11/21-05/10/24	Cheryl Heitmann	X	X										
District 2	01/08/22-01/07/25	Carol J. Keavney	X	E										
BOS	01/01/22-12/31/24	Supervisor Matt LaVere	E	X										
District 3	09/13/22-12/01/23	Naomi (Nomi) Marrufo	X	X										
District 2	09/17/22-09/16/25	Dianne McKay	X	X										
District 4	02/09/21-02/09/24	Jennifer Morrison	X	X										
Law E. Rep	03/28/23-03/27/26	Sergeant Shawn Pewsey	E	X										
District 4	04/25/23-04/24/26	Dalia Robkin	X	X										
District 5	01/25/20-01/24/23	Michael Rodriguez	E	X										
District 2	03/01/22-02/28/25	Elizabeth R. Stone	X	X										
District 4	09/18/21-09/17/24	Christopher Tejada	X	E										
District 5	01/11/20-01/24/23	Marlen Torres												
District 5	04/21/22-03/22/24	Liz Warren	X	X										
District 2		VACANT												
District 4		VACANT												
District 3		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

JC = Just Cause | EC = Emergency Circumstance

From: pete lafollette <plafollette@yahoo.com>
Sent: Wednesday, July 19, 2023 1:53 PM
To: DeLeon, Jakeline <Jakeline.DeLeon@ventura.org>
Subject: oversight placed in the disbursement of funds

WARNING: If you believe this message may be malicious use the Phish Alert Button to report it or forward the message to Email.Security@ventura.org.

HI JAKY...PLS post following PC for August VCBH General Mtg

----- Forwarded Message -----

Really important that that stakeholder oversight placed in the disbursement of funds, that it actually goes where lawfully intended, and not become another cadillac roll out for contractors, consultants, advisors, without getting around to the actual supported housing. There are no uniform governing authorities for MHSA on county by county basis, which has led to obfuscating of funding which would apply to Care Court initiative. Also those counties with political clout could monopolize funding if no uniform criteria is being met as well- if no recovery modeling in place- for example no sobriety or behavioral treatment required, critics of plan could cite blight on the community or warehousing with no demonstrated outcome besides basic survival needs being met. Of course we MHSA stakeholders desire homelessness addressed- but funds are for specific use such as SMI, not to solve broader societal ills, there is not enough anywhere to apply to the broad middle class slippage experiences everywhere now.

Pete LaFollette/Ventura County

TRANSLATION:

----- Mensaje reenviado -----

Realmente importante que esa supervisión de las partes interesadas coloque en el desembolso de fondos, que realmente vaya a donde legalmente se pretende, y no se convierta en otro despliegue de cadillac para contratistas, consultores, asesores, sin llegar a la vivienda con apoyo real. No hay autoridades gubernamentales uniformes para MHSA condado por condado, lo que ha llevado a la ofuscación de fondos que se aplicarían a la iniciativa del Tribunal de Atención. Además, aquellos condados con influencia política podrían monopolizar la financiación si no se cumplen criterios uniformes, si no se implementan modelos de recuperación, por ejemplo, no se requiere sobriedad o tratamiento conductual, los críticos del plan podrían citar la plaga en la comunidad o el almacenamiento sin resultado demostrado además de satisfacer las necesidades básicas de supervivencia. Por supuesto, las partes interesadas de MHSA deseamos que se aborde la falta de vivienda, pero los fondos son para uso específico, como SMI, no para resolver males sociales más amplios, no hay suficiente en ningún lugar para aplicar a las amplias experiencias de deslizamiento de la clase media en todas partes ahora.

Pete LaFollette/Condado de Ventura

From: Cece Casey cecec388@verizon.net
Sent: Friday, August 18, 2023 3:55 PM
To: bhabadmin bhabadmin@ventura.org
Subject: Written Public Comments for Aug. 21 BHAB general meeting.

WARNING: If you believe this message may be malicious use the Phish Alert Button to report it or forward the message to Email.Security@ventura.org.

To my regret, I am unable to attend this meeting.

Hello I am Cece Casey, a family member, who was once a Mental Health Board member in 2005. An amendment AB 459 to the Bronzan McCorquDale Act realignment funds from State to County. The County is to consult with designated agency stakeholders to address individuals with mental health disorders who meet the target population. It further states that it is up to the counties to determine whether SUD is to be included in the stakeholder's process for funding to the BHAB target population. It specifically states that county behavioral health agency partners shall be determined by the County and may include, but are not limited to, drug and alcohol programs, etc. This county chose not to include individuals with thought disorders, like schizophrenia after implementing the 2004 MHSA. It was devastating to them and families. It is time, as advised by Gov. Newsom to address the most seriously mentally ill individuals who are homeless or at risk of becoming homeless, categorizing Functional Impairment to housing needs. There is much discussion that outpatient services to SMI will be cut if SUD's are added. The Severely Mentally Ill need accountability and oversight with their own funding stream as I have advocated for in the past. About a quarter of those with schizophrenia have severe symptoms, even those who take improved medications and have neurocognitive disturbances like memory, attention, concentration, organization, and planning that effects cognitive functioning, leading some to be resistant to treatment. Provide funding and accountability for 120 bed MHRC's, Augmented Board and Cares, CSU, Evidence Based Full-Service Partnership and to retain and add to the already provided outpatient services to treat those who are severely mentally ill. Thank you. Cece

TRANSLATION:

Muy a mi pesar, no puedo asistir a esta sesión.

Hola, soy Cece Casey, un miembro de la familia, que una vez fue miembro de la Junta de Salud Mental en 2005. Una enmienda AB 459 a la Ley Bronzan McCorquDale realinea los fondos del estado al condado. El Condado debe consultar con las partes interesadas designadas de la agencia para abordar a las personas con trastornos de salud mental que cumplen con la población objetivo. Además, establece que corresponde a los condados determinar si se debe incluir SUD. en el proceso de las partes interesadas para la financiación de la población objetivo de BHAB. Establece específicamente que los socios de la agencia de salud conductual del condado serán determinados por el Condado y pueden incluir, pero no se limitan a, programas de drogas y alcohol, etc. Este condado optó por no incluir a las personas con trastornos del pensamiento, como la esquizofrenia después de implementar la MHSA de 2004. Fue devastador para ellos y sus familias. Es hora, según lo aconsejado por el gobernador Newsom, de abordar a las personas con enfermedades mentales más graves que no tienen hogar o corren el riesgo de quedarse sin hogar, categorizando el deterioro funcional

según las necesidades de vivienda. Hay mucha discusión de que los servicios ambulatorios a SMI se reducirán si se agregan SUD. Los enfermos mentales graves necesitan rendición de cuentas y supervisión con su propio flujo de fondos, como he defendido en el pasado. Alrededor de una cuarta parte de Las personas con esquizofrenia tienen síntomas graves, incluso aquellos que toman medicamentos mejorados y tienen trastornos neurocognitivos como la memoria, la atención, la concentración, la organización y la planificación que afectan el funcionamiento cognitivo, lo que lleva a algunos a ser resistentes al tratamiento. Proporcionar fondos y responsabilidad para 120 camas MHRC, Augmented Board and Cares, CSU, Evidence Based Full-Service Partnership y retener y agregar a los servicios ambulatorios ya proporcionados para tratar a aquellos que tienen enfermedades mentales graves. Gracias. Cece



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Continuum of Care Needs Assessment Evaluación de las Necesidades en la Continuidad de Atención

Provider Engagement Updates
Presentation to the BHAB

Actualizaciones de Participación
de Proveedores
Presentación al BHAB

August 21, 2023

Agenda | Agenda

1. Needs Assessment Overview
2. Stakeholder Interviews
 - a) Progress Update
 - b) Preliminary Themes
3. Listening Sessions Preliminary Findings

1. Resumen de Evaluación de Necesidades
2. Entrevistas de Partes Interesados
 1. Actualización del Progreso
 2. Temas Preliminares
3. Temas Preliminares de Sesiones de Escucha

Acknowledgments

Expresiones de Gratitud

Needs Assessment Recap

Resumen de Evaluación de Necesidades

Needs Assessment Overview Recap

Resumen de Evaluación de Necesidades

Purpose

This is a comprehensive continuum of care assessment of Ventura County's Mental Health and Substance Use Disorder Services delivery systems of care for the mild to seriously mentally ill receiving services within the county departments, agencies, and The Superior Court of California - Country of Ventura.

Objetivo

Esta es una evaluación integral de la continuidad de atención de los sistemas de provisión de Servicios de Salud Mental y Desórdenes por Uso de Sustancias del Condado de Ventura para los enfermos mentales de leves a graves que reciben servicios dentro de los departamentos y agencias del condado y el Tribunal Superior de California - País de Ventura.

Definitions

Definiciones

Community Members

Current or potential users of mental health or substance use services.

Providers/Stakeholders

Deliver direct mental health or substance use services

Stakeholders

Facilitate or support direct mental health or substance use services

Miembros de la Comunidad

Usuarios actuales o potenciales de servicios de salud mental o uso de sustancias.

Proveedores

Brindar servicios directos de salud mental o uso de sustancias

Partes interesadas

Facilitar o apoyar servicios directos de salud mental o uso de sustancias

Data Collection Activities

Actividades de Recopilación de Datos



Primary Data

- In-Depth Interviews
 - Community Members
 - Providers/Stakeholders
- Community Listening Sessions
- Surveys
 - Community Members
 - Providers/Stakeholders



Datos Primarios

- Entrevistas en Profundidad
 - Miembros Comunitarios
 - Proveedores y Partes Interesadas
- Sesiones de Escucha
- Encuestas
 - Miembros Comunitarios
 - Proveedores y Partes Interesadas



Secondary

- Prevalence and utilization of service



Datos Secundarios

- Prevalencia y uso del servicio

Overview: Mental Health Service Delivery System

Resumen: Sistema de Provisión de Servicios de Salud Mental

Insurance Payer Source				
	Private Insurance	Medi-Cal/GC	Medicare	Uninsured
Severe	Primary Care Provider	VCBH	Authorized Provider	VCBH
Moderate	Primary Care Provider	Carelon BH	Authorized Provider	VCBH Comm. Clinics
Mild	Primary Care Provider	Carelon BH	Authorized Provider	Comm. Clinics Private Practice

Fuente de Pago del Seguro				
	Seguro Privado	Medi-Cal/GC	Medicare	Sin Seguro
Severo	Proveedor de Atención Primaria	VCBH	Proveedor Autorizado	VCBH
Moderado	Proveedor de Atención Primaria	Carelon BH	Proveedor Autorizado	VCBH Clínicas Comunitarias
Leve	Proveedor de Atención Primaria	Carelon BH	Proveedor Autorizado	Clínicas Comunitarias Seguro Privado

Engagement Process Updates

Actualización del Proceso de Participación

Engagement Updates

Actualizaciones de Participación



Community

- In-depth Interviews
- Listening Sessions
- Community Health Survey

Comunidad

- Entrevistas en Profundidad
- Sesiones de Escucha
- Encuesta de Usuarios de Servicios



Provider/Stakeholder

- In-depth interviews
- Provider Survey

Proveedor/Parte Interesada

- Entrevistas en Profundidad
- Encuesta de Proveedores

Provider Engagement - Interviews

Participación del Proveedor: Entrevistas

- Conducted 45 interviews with 69 individuals
 - 86% of participating agencies service both east and west county residents
 - Both Mental Health and Substance Use providers
 - 97% of participating agencies reported services can be provided in Spanish
- Se llevaron a cabo 45 entrevistas con 69 personas
 - 86% de las agencias participantes brindan servicio a los residentes del este y oeste del condado
 - Tanto los proveedores de salud mental como los de consumo de sustancias
 - 97% de las agencias participantes informaron que los servicios se pueden brindar en español

Preliminary Themes: Provider Interviews

Temas Preliminares: Entrevistas con Proveedores

Provider Engagement: Interview Themes

Participación del Proveedor: Temas de la Entrevista

- Mental Health and Substance Use Issues
- Barriers to Care
- Services Needs / Gaps to Services
- Recommendations

- Problemas de Salud Mental y Uso de Sustancias
- Barreras a la Atención
- Necesidades de Servicios / Brechas en los Servicios
- Recomendaciones

Mental Health and Substance Use Conditions

Condiciones de Salud Mental y Uso de Sustancias

Specific mental health conditions

- Schizophrenia
- Bipolar Disorder
- Depression
- Others

Specific substance use conditions

- Opioids
- Stimulants

Specific mental health conditions

- Esquizofrenia
- Desorden Bipolar
- Depresión
- Otros

Condiciones Específicas de Uso de Sustancias

- Opioides
- Estimulantes

Mental Health and Substance Use Issues

Problemas de Salud Mental y Uso de Sustancias



Access to treatment



Acceso a tratamientos



Timeliness of treatment



Puntualidad del tratamiento



Collaboration and coordination



Colaboración y coordinación



Support for vulnerable populations



Apoyo a poblaciones vulnerables

Barriers

Barreras

- Access and Availability of Services
 - Stigma and Shame
 - Transportation
 - Systemic Issues
 - Mental Health:
 - Cultural and Linguistic Barriers
 - Responsiveness and Knowledge of Providers
 - Substance Use:
 - Lack of Information or Resources
- Acceso y Disponibilidad de Servicios
 - Estigma y Vergüenza
 - Transporte
 - Problemas Sistémicos
 - Salud Mental:
 - Barreras Culturales y Lingüísticas
 - Capacidad de Respuesta y Conocimiento de los Proveedores
 - Uso de sustancias:
 - Falta de Información o Recursos

Mental Health Service Needs / Gaps to Services

Necesidades de Servicios de Salud Mental / Brechas de Servicios

- Improved access to mental health services
 - Crisis services and crisis interventions
 - Housing and continuity of care
 - Mental health needs in the legal system
- Mejor acceso a los servicios de salud mental
 - Servicios de crisis e intervenciones de crisis
 - Vivienda y continuidad de atención
 - Necesidades de salud mental en el sistema legal

Substance Use Service Needs / Gaps to Service

Necesidades de Servicios de Uso de Sustancias / Brechas de Servicios

- Expanded local treatment options
 - Focus on specific populations
 - Opioid/Stimulant Use and Medication-Assisted Treatment
 - Access to services and continuity of care
 - Prevention, education, and awareness
- Ampliación de las opciones de tratamiento local
 - Enfócate en poblaciones específicas
 - Uso de opioides/estimulantes y tratamiento asistido por medicamentos
 - Acceso a los servicios y continuidad de la atención
 - Prevención, educación y concientización

Provider Interviews: Recommendations

Entrevistas a Proveedores: Recomendaciones

- Increase staffing/ funding
- Enhance crisis services
- Foster additional collaborations and partnerships
- Focus on prevention and early intervention
- Address disparities and cultural competence
- Improve Access and timeliness
- Staff training and retention



- Aumentar el personal/ financiamiento
- Mejorar los servicios de crisis
- Fomentar colaboraciones y asociaciones adicionales
- Foco en la prevención y la intervención temprana
- Abordar disparidades y competencia cultural
- Mejorar el acceso y la puntualidad
- Capacitación y retención del personal



Listening Sessions: Community Engagement

Sesiones de Escucha: Participación Comunitaria

- 5 listening sessions with 90 individuals
- 4/5 facilitated in Spanish
- Ages 14-64 (average 27)
- Geographically Diverse
- Upcoming:
 - Veterans
 - LGBTQIA

- 5 sesiones de escucha con 90 personas
- 4/5 facilitado en Español
- Edades 14-64 (promedio 27)
- Geográficamente Diversa
- Próximo:
 - Veteranos
 - LGBTQIA

Community Listening Sessions: Barriers

Sesiones de Escucha Comunitaria: Barreras

- Stigma and Fear
- Lack of Awareness and Information
- Access and Availability Issues
- Financial Barriers
- Cultural and Linguistic Barriers

- Estigma y Miedo
- Falta de Conciencia e Información
- Problemas de Acceso y Disponibilidad
- Barreras Financieras
- Barreras Culturales y Lingüísticas

Community Listening Sessions: Recommendations

Sesiones de Escucha Comunitaria: Recomendaciones

- Education and Prevention
- Community Engagement
- Language and Cultural Competency
- Funding/Resource Allocation
- Collaboration and Partnerships
- Accessible and Localized Services
- Supportive Community Networks



- Educación y Prevención
- Participación de la Comunidad
- Competencia Lingüística y Cultural
- Asignación de Fondos/Recursos
- Colaboración y Asociaciones
- Servicios Accesibles y Localizados
- Redes Comunitarias que Apoyan



Thank You | Gracias

Contact Us | Contáctenos

Kristen Donovan
kdonovan@evalcorp.com

Dustin Anderson
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Director's Update

BHAB General Meeting 8.21.2023

General Updates:

- **September has the following days of significance to highlight:**
 - Suicide Prevention Month
 - National Suicide Prevention Week: September 10-16
 - Recovery Month
 - Labor Day – September 4
 - World Suicide Prevention Day – September 10
 - Grandparents Day – September 10
 - Hispanic Heritage Month – September 15 – October 15
 - National Opioid & Substance Awareness Day – September 21

Due to Smart Care, there will be no Active Consumers Data Report

Adult Services Division:

- The Adult Division launched its Short-Term Treatment Teams on 8/7/23. This short-term treatment approach is taking the place of STAR and its centralized triage and assessment. Persons seeking services from VCBH will continue to be screened by Access line staff; however, those appearing to meet admission criteria will be referred directly the nearest clinic for follow up. Recent CalAIM changes allow for more problem-focused, initial appointments. Each clinic will have their own Short-Term Treatment Team which will see referrals in a timely manner as either “walk-ins” or at schedule times. The nature and course of treatment with the Short-Term Treatment team is expected vary from client-to-client but will include psychiatric services (including medication when warranted). Those clients who follow up and require extended care will be transferred to the regular clinic or “Long-Term Treatment Team”.
- The 8th Annual Suicide Prevention Forum is scheduled to take place Tuesday, September 12, 2023, at Oxnard College (see attached flier). This year’s theme is “Pathways to Hope and Healing” and the keynote speaker is Gabe Teran, Youth Development & Advocacy Consultant. The event is free, but registration in advance is requested. The forum will run from 4:00 pm to 8:00 pm and dinner will be provided.

Youth and Family (Y&F) Services Division:

Division Highlights

- The Y&F Division has hired a Peer Services Specialist for our new Youth Full-Service Partnership (FSP). This is the first Peer ever to be hired in the Y&F Division and we are thrilled to add this important voice and skill set to the treatment team.

Initiatives and Progress

- BH Manager Ana Magbitang and Clinic Administrators from Santa Paula/Fillmore, Simi, and North and South Oxnard clinics met with Ashley Nettles to set up process regarding overdose education and provision of Overdose Prevention Kits to our families as requested. Next step is for Ashley to meet with each team separately, provide further training and the kits for distribution.
- The Y&F Division is pleased to announce the Youth FSP is fully developed and serving West County and is now able to implement a soft launch for East County. The FSP will provide increased and enhanced field-based services to our highest acuity, unserved or underserved youth (ages 0-21) and their families.

Collaborations

- CA Kat Baca Leanos and BH Manager Ana Magbitang attended a monthly collaborative meeting with Vista Real Charter School (7/11/23) to learn more about their program, discuss how to improve collaboration on youth to which we both provide services, as well as provide update on changes with intake process for VCBH.
- CalWORKs clinicians continue to facilitate weekly workshops on a variety of topics (depression, anxiety, communication, life balance) to welfare to work recipients. Our clinicians are co-located at Human Services Agency sites throughout the county and collaborate closely with our partnering agency to meet the mental health needs of the CalWORKs population.
- CAs Daniella Bednarz and Stephanie Cowie collaborated with VCOE and Aspiranet to train staff on the provision of Educationally Related Social Emotional Services.
- BH Manager Monica Torres along with a SUS staff provided Adult Mental Health First Aid to a diverse group of county employees on 6/20/23.

Training & Conferences

- n/a

Substance Use Services (SUS) Division:

DHCS SUD integrated Care Conference in Long Beach:

VCBH representatives from all units in SUS as well as Quality Care and SPA attended the DHCS SUD integrated Care Conference in Long Beach August 15-17. The conference was an opportunity for the behavioral health, treatment, and recovery workforce to network and learn about important and emerging issues and trends, and program outcomes in SUD prevention. The multisession conference showcased SUD service delivery systems that advance the goals of California Advancing and Innovating Medi-Cal (CalAIM); focused on community change and solutions that address the opioid epidemic; highlighted promising, evidence-based practices; provided training opportunities; and supported workforce development.

Prevention:

- **Piru community receives “Five Facts on Fentanyl” and Overdose Prevention resources.**
 - The Piru Neighborhood Council meeting invited Prevention services to share information and resources at their meeting of July 19 at 7 p.m.
 - A brief presentation on fentanyl risks included Overdose Prevention basics and an overview of Overdose Rescue kits available for free to residents.
 - Of the 26 attendees, 13 folks left the meeting naloxone kits, and an understanding of how to identify and respond to an opioid overdose.

- **Local non-profits join Fentanyl test strip rollout.**
 - On Wednesday July 26, we hosted a meeting for agencies interested in test strips to reduce the risk of accidental fentanyl exposure, as a hybrid in-person and virtual event.
 - Response was VERY strong, with Ventura County Fire, One Step a la Vez, and a range of other non-profit organizations signing up to be distribution partners.
 - Messaging about available resources, local treatment options, and how to respond to an overdose were discussed, and 10 agencies are preparing to partner with VCBH to get test strips out to our communities.
 - Learn more about Test Strips orientation with hands-on training for programs who want to make test kits available to people who might otherwise not be aware that Fentanyl is in their drug. Visit: www.VenturaCountyResponds.org

- **UPCOMING from COAST– Fentanyl Town Hall at VCOE**
 - Mark your calendars for Wednesday evening, September 27th for a discussion of Fentanyl and the current Opioid Crisis, Featuring a panel of local leaders:

- Medical Examiner Dr. Christopher Young,
- District Attorney Erik Nasarenko
- Substance Use Services Division Chief Raena West
- Sheriff Jim Fryhoff
- Light dinner provided; parents and community members welcome, 150 expected.
- Register at Eventbrite.com – see “Facing Down Fentanyl”

Treatment Services:

- SUS operations staff have been navigating the new HER - SmartCare. CAs are working to create workflows with the input of staff.
- New Addiction Medicine Fellows have started at the MAT clinic and have been trained in the new EHR.
- Sublocade will be provided at the Oxnard SUTS clinic. Sublocade Room at the Oxnard clinic is tentatively ready to go in the next 6-8 weeks.

DUI Services:

On August 11, 2023 VCBH issued a request for proposals (RFP) for the DUI program. Ventura is the last county in California to directly operate a DUI program. Over the past years our labor costs have gone up making the service too costly to directly operate without raising our fees. Because we already have the highest fee structure in the state, raising fees even higher would present an undue hardship for participants. We believe transitioning to a model used by other counties of contracting with a provider is the best option. Our goal is to offer the same level of service, lower the cost for participants and expand local operating hours beyond our current offerings.

If there are bidders, the new provider(s) must go through the DHCS application process which could take another six (6) months after the three (3) month RFP process. VCBH will continue to operate the DUI program until we have secured an acceptable contractor to provide services. VCBH intends to absorb all DUI staff into other VCBH clinics or programs.

Quality Division:

Quality Assurance:

- QA SmartCare SuperUsers are actively testing new EHR screens to provide guidance to Operations Teams. QA has sent out a Reference Guide for VCBH staff and contracting CBOs related to payment reform implementation. The QA Team is supporting both MH and DMC-ODS providers with compliance efforts through the ongoing Monthly QA Office Hours (Zoom meeting). QA is maintaining a working CalAIM FAQ page for VCBH Clinics and CBOs that assists in answering

regulation related questions. The Site Certification Team continues to collaborate with Fiscal Department to work toward Medicare provider status for VCBH. QA reviews SUS Treatment Authorization Requests for approval and is testing SmartCare screens to make the process as efficient as possible. QA supervises the Medical Records Unit related to subpoenas and records requests. Grievances and appeals from beneficiaries are being addressed, resolved, and tracked for quality improvement.

- **VCBH Policy Office:** Policy Office continues to lead the 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 first Fiscal policy (Use of Funds) resulting from this effort was finalized, approved, published, and distributed for training. This policy also satisfied the BHQIP deliverable requirement for implementing Intergovernmental Transfers and will be submitted to DHCS accordingly, by August 15th. Additionally, Policy Office concluded its assessment of Policy Stat as the policy library and identified SharePoint as the less costly and more flexible repository. Policy Office has engaged some contracted providers to test the proposed solution before implementation. This effort is ongoing. 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 continues to evaluate and manage the medical necessity, appropriateness, and efficiency of the behavioral health services provided to our clients. In addition, UR continuously collaborates with various stakeholders, VCBH and CBO providers, including acute inpatient psychiatric hospitals, to make informed decisions about patient care, resource allocation, and documentation compliance that adheres to relevant clinical guidelines, policies, and regulations. UR continuously evaluates the SmartCare system and CalMHSA UR Tools and recommends necessary changes. Lastly, UR will continuously evaluate SmartCare performance and user feedback and provide essential support to ensure documentation accuracy and compliance with Payment Reform and CalAIM requirements.
- **Training:** VCBH Internship Program is onboarding 32 students (undergraduate, graduate and doctoral) to support services county wide and promote recruitment efforts. Recently 3 of the 11 2022-2023 students have been hired.
- The 2022-2023 Training Plan is being reviewed to ensure completion and inform future Training Planning.
- SCRP grant funds are being used to offer a Clinical Supervision conference in October 2023 to acknowledge the skills and dedication of our Clinical Supervisors. VCBH will be identifying and sending 12 VCBH Clinical Supervisors to attend – hoping to identify staff who have provided exceptional service by supporting numerous clinicians’ professional growth through the provision of Clinical Supervisor.

Quality Improvement:

- **Audits & Reviews:** The QI team is leading all audits, reviews, and corrective action plans (CAPs) for the department. We are beginning to prepare for the DHCS MHP Triennial and DMC-ODS/SABG Annual Review, now referred to as the DHCS County-Specific Engagement. The date has been changed and will now begin October 16th (with a 7–10-day review period) instead of occurring in August, more information forthcoming. We are also supporting the MHSA Program Review (September 26-28); all pre-visit documents have been submitted to DHCS. The FY 23-24 MHP and DMC-ODS External Quality Review (EQRO) has been set for December 5-7.
- **Quality Improvement Committee:** Initial Quality Improvement Committee (QIC) meetings and subcommittee meetings have occurred under this new/revised structure for ongoing quality management monitoring and use of data-driven decision making across the department. This process involves different 7 focus areas and includes VCBH staff at all levels as well as contractors and community partners.
- **PIPS:** QI now has 5 performance improvement projects (PIPs) that address various areas for improvement. We have developed 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 developing a new MH PIP to support identification of individuals who should be enrolled in 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:** SmartCare launched on July 1, 2023. During the first two weeks of the launch, the EHR team held twice daily zoom meetings for superusers and managers to address immediate issues. This was done as part of the overall Command Center established to support Go-Live. Since then, the EHR and Billing teams have been handling issues through a Service Now ticket system. This helps track ongoing system issues and troubleshoot problems. Right now, the project is in the Stabilization phase. During this phase we have been developing job aides to help address issues that multiple parties are having. We will continue to work with CalMHSA to address broken workflows and system issues. We are also working with operations to identify areas for additional training and guidance.
- **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.

- **Trainings:** In-person and Zoom trainings began the first week of June and will carry through mid-July. Additional trainings and/or QA sessions will be continued through July.

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.

August 2023: Strategic Initiatives

- VCBH continues to focus on the transition to the new Electronic Health Record (SmartCare). The VCBH EHR team is working collaboratively with CalMHSA and the EHR vendor to resolve technical issues on a regular basis. In addition, the EHR team continues to hold weekly Superuser check-ins to answer staff questions and help clarify workflows. The weekly Superuser check-ins will extend through August with the possibility of an additional extension if needed. In addition, CalMHSA has been continuously updating their SmartCare website to into various user-specific quick guides and FAQs to help users navigate the system.
- VCBH has submitted the DHCS BHQIP August 15th submission related to the Department of Health Care Services' policies and associated processes related to Behavioral Health Intergovernmental Transfers (IGT). VCBH is currently working on collecting the necessary documentation for the required BHQIP deliverables due September 29, 2023.

VCBH Adult Division placements as of 8/11/23

Level	Facility	Location	Available beds	Clients in placement
Locked	Horizon View	Camarillo	16	15
	Sylmar Health & Rehabilitation Center	Sylmar	n/a	22
	California Psychiatric Transitions	Delhi	n/a	1
	Crestwood MHRC	Bakersfield	n/a	2
	Parkside Healthcare	El Cajon	n/a	20
	View Heights	Los Angeles	n/a	33
Total				93
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	20
	Sandra Jarmon's	Oxnard	6	3
	Sunrise Manor	Oxnard	60	46
	Thompson Place (formerly La Siesta)	Ventura	26	26
Total				120
Residential Care for the Elderly	The Elms	Ventura	54	43
	Oak Place (formerly Hickory House)	Camarillo	34	37
Total				80
Skilled Nursing Facilities	Telecare La Paz	Paramount	n/a	7
	Pasadena Senior Living	Pasadena	n/a	1
	Vista Knoll	Vista	n/a	8
Total				15

PREVENTING SUICIDE

8th Annual Forum

Pathways to Hope and Healing

KEYNOTE

GABE TERAN, MS

Youth Development &
Advocacy Consultant



Suicide touches us all. Join us for this community-wide event. Find connections and support in personal stories, wellness activities and local resources.

Tuesday, September 12
4PM – 8PM

- 4PM Resource Tables
- 4:30PM – 7:30PM Main Event
- Dinner Provided

Oxnard College
Performing Arts Building

4000 South Rose Avenue, Oxnard

A Tale of Two Journeys

Keynote Speaker Gabe Teran, a lifelong resident of Ventura County, will share his own journey of loss and grief after the death of a family member by suicide – followed by another journey, one of hope and healing. Through sharing these two journeys, he hopes that others can find strength in navigating their own.

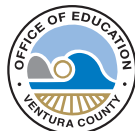


REGISTER NOW
for this Free Event!

www.brite.link/forum2023

Spanish and ASL interpretation will be available.

For more information, email
mhsa@ventura.org or call 805-981-5447.



For suicide prevention resources, visit: www.WellnessEveryDay.org

Funding is made through Ventura County Behavioral Health, Mental Health Services Act.

Ventura County Behavioral Health Advisory Board

August 2023 Secretary's Report

❖ *There is one new opening for a BHAB member in Supervisor Gorell's office – District 2*

Announcements:

Time Sensitive: On **September 12th**, the 8th Annual Suicide Prevention, "Pathways to Healing" will take place at Oxnard College Performing Arts Center 4000 South Rose Avenue, Oxnard from **4:00-8:00 p.m.**

Walk with Us, "Out of The Darkness to Prevent Suicide," will take place at the Ventura Pier on **September 23rd**, check in is at **9:00 am**.

With over 181 deaths in V.C. from Fentanyl in 2022, public and private agencies are working harder than ever to stop this epidemic. **On September 27th 6:00-7:30 p.m.**, at the Ventura County Office of Education at 5100 Adolfo Road in Camarillo, VCBH and the Superintendent of Schools Dr. Caesar Morales will be hosting a "Facing Down Fentanyl Town Hall" for the community. Community members are invited to learn the latest about the continuing fentanyl crisis and how county agencies are pulling together to stop this epidemic, dinner and refreshments will be serviced. More information will be forthcoming in September.

1. On July 25th, Ventura County Board of Supervisors approved \$1.62 in funding for supportive shelter services in the Santa Clara Valley. The combined City and County funding will service individuals who are experiencing homelessness. BHAB member, Nomi Marufo is the General Manager at the "Spirit Of Santa Paula" shelter and the recipient of the funding. <https://spiritofsantapaula.org>
2. **CALIFORNIA AWARDS \$12.1 MILLION FOR OPIOID AND STIMULANT USE**

SACRAMENTO – As part of Governor Gavin Newsom's \$1 billion [Master Plan for Tackling the Fentanyl and Opioid Crisis](#), the Department of Health Care Services (DHCS) has awarded \$12.1 million to [54 entities](#) through the Opioid and Stimulant Use Disorder Prevention for Communities of Color Project.

"Awardees will use their funding to increase community understanding of opioid, stimulant, and polysubstance use, reduce stigma, and increase access to treatment services through referrals and partnerships," said **DHCS Director Michelle Baass**.

PROJECT GOALS: The project directs funding to entities that have demonstrated they can effectively and equitably serve individuals in Black, Indigenous, and People of Color (BIPOC) communities who are disproportionately impacted by the negative consequences of drug use and the criminalization of substance use disorders (SUD). These communities include Native American, African American, Latino, and Asian-Pacific Islander communities and often have less access to treatment and information about opioid and stimulant use and supports.

1. The project is designed to overcome gaps in access through the following expected outcomes¹. Increase individual and community understanding of opioids and opioid use, stimulants and stimulant use, and/or polysubstance use in BIPOC communities, prioritizing harm reduction and public health solutions that focus on positive messages to prevent SUD.

2. Reduce community and individual stigma of people who use drugs and care and treatment services.

3. Increased knowledge of treatment services, particularly Medication Assisted Treatment (MAT) and stimulant use disorder treatment, including where and how to access services, as well as integrating and strengthening referral pathways to community SUD care treatment providers to prevent or stop disordered use.

WHY THIS IS IMPORTANT: In California, from October 2020 through September 2021, more than 3,296 people from BIPOC communities died from opioid-related overdoses, accounting for 46% of deaths. Communities of color have faced historical and ongoing trauma, systemic racism, and criminalization.

This trauma is perpetuated by the lack of investment in community-based prevention, intervention, and treatment access, especially for culturally responsive, healing-centered, and trauma-informed approaches, and by the ongoing stigma related to seeking SUD treatment in American culture.

BROADER EFFORT: This project is part of DHCS' broader efforts to address SUDs, collectively known as the [California MAT Expansion Project](#), to increase access to MAT, reduce unmet treatment needs, and reduce opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities. MAT is the use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of opioid use disorders and can help some people sustain recovery. For more information, please visit the DHCS [website](#).

BIGGER PICTURE: Since coming into office, Governor Gavin Newsom has dedicated more than \$1 billion in funding to fight the opioid crisis by removing opioids from the streets, providing resources to California communities in need, and increasing education and awareness to prevent harm in the first place. In fiscal year 2022-23, DHCS invested more than \$558 million in various opioid prevention and treatment grant activities.

AWARD DETAILS: The project has a total of \$12.1 million in available funds awarded to 54 entities, with a maximum of up to \$250,000 per entity for the 12-month

contract period of July 1, 2023, through June 30, 2024.

DHCSCommunications@DHCS.CA.GOV

Please note, due to the new Brown Act Rules, all BHAB members and committee members are required to attend meetings in-person, unless otherwise excused. It is important for members to attend the meetings in order to establish a quorum. **Without a quorum the business of the board and committees cannot be done.**



150 DAYS OF CELEBRATION

Step into history and embrace the spirit of innovation, resilience, and community as Ventura County celebrates its 150th anniversary in 2023.

Upcoming Events (Partial list)

- | | |
|---------|---|
| June 23 | Kick-Off Party
Museum of Ventura County |
| July | Online Festival
Games, shows, puzzles and more!
Online at venturamuseum.org |
| Aug 4 | Pop-up Celebration at Ventura County Fair
Ventura County Fairgrounds |
| Sept 16 | Pop-up Celebration at Ragtime Revival
Strathearn Historical Park, Simi Valley |
| Sept 30 | Pop-up Celebration at the Banana Festival
105 E. Port Hueneme Rd., Port Hueneme |
| Oct 7 | Pop-Up Celebration at Moorpark Country Days
High Street, Moorpark |
| Oct 21 | Mountain to Sea Jubilee: Celebrating 150 Years of VC
Family fair and music festival including parade, games, exhibit unveiling, live music by Big Bad Voodoo Daddy and more!
Agriculture Museum, Santa Paula |
| Nov 2 | State of the County Address
Ronald Reagan Presidential Library and Museum, Simi Valley |
| Nov | Satellite Exhibit Installations
Oxnard, Simi Valley, Thousand Oaks, and Ventura |
| Nov 11 | Pop-up Celebration
Bank of America Performing Arts Center Thousand Oaks |

**More events
announced soon!**

venturacounty150.com



Ventura County Behavioral Health

Board Letter Summary of Contracts for July 2023

Board Date	Contract	Amount	Term	Description
7/11/2023	Ventura County Office of Education (VCOE)	\$8,063,710	July 1, 2023 Through June 30, 2026	<p>FY 2023-26 VCOE Amendment for School-Based Wellness Center Services. VCOE provides school-based Wellness Center services for Ventura County Behavioral Health (VCBH) utilizing Mental Health Student Services Act (MHSSA) grant funding. These school-based Wellness Centers provide service strategies within each school that increase early identification of mental health needs, reduce access barriers, and facilitate linkage to ongoing and sustained services. These Wellness Centers and the collaboration between VCBH have been held out as a model program in the state. Because of the successful MHSSA grant funded collaboration and service delivery, VCBH and VCOE developed eleven additional Wellness Centers within high schools and middle schools last fiscal year utilizing VCBH Proposition 63 Mental Health Services Act (MHSA) funding. Through the proposed First Amendment to the Agreement with VCOE for Wellness Center services, VCBH is seeking to utilize additional MHSA funding to amend the Agreement to fund efforts to create up to a total of 32 Wellness Centers. These Wellness Centers are targeting middle and elementary schools in several existing Local Education Agencies (LEAs) as well as expanding to three new school districts (Hueneme Elementary School District, Oak Park School District, and Ventura Unified School District).</p> <p>The First Amendment to the agreement with VCOE increases the maximum contract amount by \$2,063,710, to fund the expansion of services and replace the previous Scope of Work with updated project goals and outcomes. This agreement is funded by MHSA funding.</p>

MEMORANDUM

DATE: July 3, 2023

FROM: Michele Morris
Contracts Administration

SUBJECT: July 11, 2023 – Board Letter - FY 2023-26 Ventura County Office of Education- First Amendment

On July 11, 2023, Ventura County Behavioral Health (VCBH) will be requesting (1) approval and authorization for the VCBH Director or designee to sign the First Amendment to the Agreement with the Ventura County Office of Education (VCOE) to provide Wellness Center Services, to \$8,063,710 (an increase of \$2,063,710), effective July 1, 2023 through June 30, 2026; and (2) Authorization for the Auditor-Controller to process the necessary budgetary transactions (recommendation #2 Requires 4/5ths Vote).

- VCOE provides Wellness Center services for VCBH across several schools within the County. Under a previous agreement with VCOE, VCOE provided school-based Wellness Center services for VCBH utilizing Mental Health Student Services Act (MHSSA) grant funding. The Wellness Centers provide service strategies within each school that increase early identification of mental health needs, reduce access barriers, and facilitate linkage to ongoing and sustained services. These Wellness Centers and the collaboration between VCBH and VCOE have been held out as a model program in the State. Because of the successful MHSSA grant funded collaboration and service delivery, VCBH and VCOE developed eleven (11) additional Wellness Centers within high schools and middle schools last fiscal year. The proposed First Amendment to the agreement with VCOE increases the overall maximum contract amount by \$2,063,710, to furnish and open new Wellness Centers within six (6) additional middle and elementary school districts: Hueneme School District, Moorpark Unified School District, Oak Park School District, Oxnard School District, Pleasant Valley School District, and Ventura Unified School District.
- The agreement is funded with MHSA dollars.

Please sign and return the attached amendment. If you have any questions, please do not hesitate to reach out to me.

Michele Morris
Contracts Administration (805) 981-5410

Ventura County has more homeless shelter beds than ever. It's still not enough



Tony Biasotti

Published 9:00 a.m. PT Aug. 9, 2023

Daisy Rodriguez was living in a tent in a dirt parking lot in Fillmore in the spring of 2022, after about 10 years of on-and-off homelessness, when police told her she couldn't stay there anymore. Her only other option, they said, was a homeless shelter in Santa Paula.

Rodriguez moved into the Spirit of Santa Paula shelter, and then, she said, “a miracle happened” — after a few months of feeling sorry for herself, she turned her life around, worked with the shelter's case managers and found a permanent home. She now rents a one-bedroom apartment in an affordable housing complex in Fillmore built by the nonprofit developer Many Mansions.

“I didn't know there was a place like Spirit of Santa Paula, where I could have my own bed, not a cot or a rug on the floor. My own space. My own things,” said Rodriguez, who is 68 and retired from a job with the County of Ventura. “I had food, I had coffee, things that helped make me normal again.”

Until recently, there weren't places in Ventura County like Spirit of Santa Paula: full-service, year-round homeless shelters open to anyone who needs them, with counseling, job and housing placement, and other services for residents.

For decades, the county's main homeless shelters operated in winter only. Residents slept on cots in an open room at a National Guard armory in Ventura or Oxnard, with the site usually switching between cities every year. They had to leave the facility every morning, sometimes before sunrise, and return in the evening. The Ventura shelter was an active armory, so it

had to close when the National Guard needed the building, and the Guard kept a security guard on site because it's a military weapons depot.

“Those winter warming shelters were just aimed at getting people out of the elements,” said Ventura County Supervisor Matt LaVere, who was a member of the Ventura City Council when the Ventura armory shelter was open. “There weren't a lot of services being provided, and that's what makes these new shelters different.”

Spirit of Santa Paula went year-round in 2019, the same year that Oxnard's first year-round publicly funded shelter opened. Then in 2020, a year-round shelter opened in Ventura. Both Ventura's and Oxnard's are operated by the nonprofit Mercy House. Thousand Oaks is planning to open its own shelter next year, and officials in Ojai have expressed interest in one in their city.

Ventura County now has 641 emergency shelter beds, according to information provided by the County of Ventura. That's a 160% increase since 2019.

The current total includes both permanent shelters and hotel rooms rented for homeless people through Project Roomkey, a state program that started in 2020 to provide temporary housing for senior citizens and other people at elevated risk from COVID-19.

Ventura County matches local cities' funding for homeless shelters

In 2018, the Ventura County Board of Supervisors approved county funding on a dollar-for-dollar match to any city that wanted to fund a homeless shelter. The Ventura, Oxnard and Santa Paula shelters all operate with this funding model, and when the shelter in Thousand Oaks opens, it will too.

Once the Thousand Oaks shelter opens, the county and cities will spend a combined \$7 million on four publicly funded, year-round shelters, with a total of 244 beds. The county pays half the total for each shelter, and its offer remains open: to split the costs with any city that wants to open one.

“There are homeless people in every city in the county, and I would hope every city would step up and do their part,” LaVere said. “To get people off the streets permanently, we need to get them off the streets temporarily. You're so much more effective at starting that path once you can convince them to come into shelter temporarily.”

For years, the answer to someone looking for emergency shelter in the summertime was almost always “no,” said Jenn Harkey, who oversees the county’s homelessness services as director of its Continuum of Care program. Now, it’s “sometimes yes,” she said. The shelters are almost entirely full, but there’s usually a bed somewhere for people who need one with a few days’ notice, especially if they’re referred by a police officer or social worker.

Homeless population always undercounted in annual survey

There’s a lot more emergency shelter available than there was, but it isn’t enough to keep up with the growing homelessness situation. Every year in January, the County of Ventura oversees a census of the homeless population, with social workers and volunteers counting everyone they can find without permanent housing on one specific night.

The number is always an undercount, since not every unhoused person will be found, and because it’s a single-night survey that doesn’t count someone who might be homeless at a different point in the year.

The 2023 Homeless Count found 2,441 people in Ventura County without a permanent home, more than double the number from 2017. People who live in emergency shelters are counted as homeless, but they are considered “sheltered.”

Even with hundreds more shelter beds available, the number of unsheltered people in the county keeps rising: The 2023 count found 1,633 people living without any indoor shelter, a 146% increase from 2017.

“If you look at the unsheltered population, it’s continuing to increase, so how many beds is enough? Where you do draw the line?” Harkey said.

Perhaps the biggest problem, Harkey said, is a lack of places for people to go after they leave an emergency shelter. The shelters are usually meant for three-month stays, but because permanent housing is scarce for people without incomes or with very low incomes, the average stay is closer to six months, she said.

One option is an affordable housing complex like the one Rodriguez moved into last year in Fillmore. Another is “transitional housing,” a type of longer-term temporary housing where people have their own rooms and services are geared toward moving residents into truly permanent housing.

Between 2019 and 2023, when the number of emergency shelter beds in Ventura County more than doubled, there was a slight decrease in the number of transitional housing spots, from 170 beds to 167. The main reason for a lack of transitional housing, Harkey said, is because there isn't federal funding available for it, like there is for emergency shelters.

"That was intentional at the federal level, because they really wanted to move people through shelter quickly, transitional housing is a longer-term program," she said.

'I didn't know how to get myself out of homelessness'

The state of California, though, is funding Project Homekey, a successor to the Project Roomkey pandemic program for temporary housing. The cities of Ventura, Oxnard and Thousand Oaks have all been awarded state Roomkey funds to buy motels in their cities and turn them into housing for the formerly homeless, with kitchens in the former motel rooms.

And nonprofit developers like Many Mansions and Cabrillo Economic Development Corp. are building low-cost housing, with rents that are affordable for people whose only income is Social Security or other government assistance. The Many Mansions complex in Fillmore opened last year, and Cabrillo is pursuing projects in Oxnard for farmworkers and veterans and for the formerly homeless.

With Ventura County's high housing costs, there is always excess demand for affordable housing. Navigating the system and getting a low-cost apartment is hard enough for someone staying in a homeless shelter; for someone living on the streets, it can be nearly impossible.

"It would be extremely difficult," said Joseph Alexander, who, like Rodriguez, lives in the Many Mansions building in Fillmore and moved there from the Spirit of Santa Paula shelter. "You need time, you need a place to be able to use a computer, you need to be able to print documents."

Rodriguez said she doesn't think she could have found an apartment if she had to look for one when she was living outdoors.

"I'm an intelligent person. I read, I educate myself, and I didn't know how to get myself out of homelessness," she said. "Looking for a place on my own was impossible, but the shelter

will work with you and with your income and find you a place. They know where to look, and I had no idea.”

Not all homeless shelter residents have success stories

Of course, not every shelter resident is a success story. Project Roomkey, which places people in individual motel rooms, has moved about 40% of its residents to some type of permanent housing since 2020, Harkey said.

Group shelters have similar success rates: Spirit of Santa Paula places about 40% of its residents in permanent housing when they leave, and its funding agreement with the county sets a goal of placing 75% of its residents in “acceptable living arrangements” within a year, including permanent housing, treatment facilities or living with relatives.

At the ARCH shelter in Ventura — the name stands for All Roads Connect to Housing — there are 35 beds in the men’s dormitory room, 17 in the women’s dorm, and two in a medical dorm reserved for people who are sick or intoxicated.

The facility is in a county-owned building, and it opened, with terrible timing, in late January of 2020. Within six weeks, the pandemic hit. The shelter had to reduce its capacity and still suffered a series of outbreaks, but no one became seriously ill — perhaps because the most vulnerable people were moved to motel rooms under Project Roomkey.

“It’s really well done here, and I’ve been in some other places,” said Ryan Schatz, who had been sleeping on the streets of Ventura for two years before he came to the ARCH shelter.

The other shelters he’s stayed in would make residents leave during the day. That led Schatz to spend his days drinking in the park.

“I’m an alcoholic. I wish I wasn’t,” he said.

At ARCH, he could spend his days in treatment, looking for work, dealing with his upcoming court case on a DUI charge or just watching TV in the common room.

Schatz, 48, has not been one of ARCH’s success stories. He left the shelter not long after talking to the Star about his situation, and not for permanent housing. Amanda Cruz, a program manager at ARCH, said Schatz had been asked to leave for not following the rules. She didn’t know where he’d ended up.


Like the county's other publicly funded shelters, ARCH is a "low barrier" environment, Cruz said. That means residents don't have to be sober or in treatment to stay, but there are still rules, about using drugs on the premises, causing problems while intoxicated, loitering in the shelter's neighborhood and more.

The majority of shelter residents are like Schatz, in that when they leave, it won't be for a clean, one-bedroom apartment in a new affordable housing complex. But the time spent at the ARCH shelter was still preferable to more nights sleeping in the corner of a shopping center.

"The best part is the three meals a day," Schatz said of the shelter. "No, actually, the best part is a good night's sleep. You get here and you just sleep like a baby."

Tony Biasotti is an investigative and watchdog reporter for the Ventura County Star. Reach him at tbiasotti@vcstar.com. This story was made possible by a grant from the Ventura County Community Foundation's Fund to Support Local Journalism.

Featured Weekly Ad



VENTURA COUNTY
STRATEGIC PLAN
FOR SUICIDE PREVENTION

DRAFT

2023-2028

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You are Not Alone!

Please remember that you are not alone and help is available through local and national resources. Everyone needs help sometimes and we have multiple options to find help for ourselves or someone else. Visit www.wellnesseveryday.org/preventing-suicide for additional information.

GET HELP NOW

If you or someone you care about is in crisis or thinking of suicide, help and support are available:

Ventura County Crisis & Referral
Local Resources & Mobile Crisis Response Team
1-866-998-2243

Substance Use Treatment Services:
1-844-385-9200
24 hours a day, 7 days a week
www.vcbh.org

Suicide Prevention Lifeline
Dial 988 from any phone in the US
Call: 1-800-273-8255
TTY: 1-800-799-4889
Free, Confidential, 24 hours a day, 7 days a week
www.988lifeline.org

Veterans Crisis Line
Call 1-800-273-8255 and press 1
24 hours a day, 7 days a week
www.veteranscrisisline.net

Crisis Text Line
Text HELLO to 741741
Or message on WhatsApp (+1 443-787-7678)
Free 24/7 support
www.crisistextline.org

The Trevor Project
Confidential support and help for LGBTQ+ youth
Call: 1-866-488-7386
Text: 678-678
www.thetrevorproject.org/get-help



Additional Resources:

- For non-emergency emotional support call the Mental Health Warm Line at: 1-855-845-7415 or connect with them via web chat at: mentalhealthsf.org/peer-run-warmline
- For local Ventura County resources call 2-1-1 or text your zip code to 898211
- For teens, call the TEEN LINE at 310-855-4673 or text HEARME to 839863
- For transgender people, call the Trans Lifeline at 877-565-8860
- For law enforcement personnel, call the COPLINE at 800-267-5463
- For other first responders, call the Fire/EMS Helpline at 888-731-FIRE (3473)

Dedication

The strategic plan is dedicated to all the residents of Ventura County that have been touched by the issue of suicide whether by death, suicide attempt, bereaved loved ones, personal experience with suicide thoughts, or for those providing care and support for individuals impacted by suicide. We believe that, together, we can make a difference and prevent the tragedy of suicide in our community.

Acknowledgements

Several years ago, the Ventura County Suicide Prevention Council engaged in the development of a vision statement, mission statement and council goals. One of the primary goals identified was to create a county-wide Suicide Prevention Strategic Plan.

In the time since, the Suicide Prevention Council and the Suicide Strategic Plan subcommittee have helped to shape the goals, objectives, and strategies in this plan. Several committee members and the Ventura County Behavioral Health Mental Health Services Act Department organized and facilitated community forums and focus groups, provided data used in this plan, and assisted with writing of this document. In doing so, they considered individual experiences, trends shown in local data, and evidence-based practices that are known to help. The Ventura County Behavioral Health Department sincerely thanks all those who contributed to making this Suicide Strategic Plan a reality.

Thank you so much for your dedication to this cause and for your tenacity during this process. Your input and collaborative spirit have made this process possible.

A Note on Language

The Ventura County Suicide Strategic Plan places value on the lived experiences and choices of all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance. To reflect this vision, a concerted effort was made to use inclusive and person-first language throughout the Plan. Evidence-based, contemporary terminology is used to convey respect and empowerment and to reduce stigma faced by communities and populations disproportionately impacted by suicide.

Despite these efforts, specific terminology or language may be unintentionally offensive or stigmatizing to some individuals or populations. Language is subjective, and the meaning and use of language changes over time. This approach is intended to help the Suicide Strategic Plan's users to identify these societal shifts in preferred terminology and to communicate in a manner that reflects its vision for a collective, inclusive, and respectful community response.

Together We Can Make a Difference

Dear Residents of Ventura County,

This strategic plan is based on the idea that a comprehensive approach to suicide prevention will best help us move towards a goal of fewer (and even zero) suicides for Ventura County. The plan was developed by a subcommittee of the Ventura County Suicide Prevention Council and with input from stakeholders and community members. Identified strategies are appropriate for our community and are generally aligned with Striving for Zero: California's Strategic Plan for Suicide Prevention 2020–2025. The Ventura County Suicide Prevention Council includes a wide variety of people from our community who are dedicated to reducing suicides by offering help and hope to people of every culture, gender, and socioeconomic group across their lifespans.

The Council's purpose is to promote help and hope to everyone at risk or affected by suicide, with the understanding that this touches each of our lives. This involves working together and taking action to:

- Raise awareness of mental health challenges and the impact of suicidal thoughts and feelings
- Reduce the stigma, challenges, or barriers to getting help and finding support
- Make sure our community knows how to find resources for themselves or others
- Learn together and promote educational and training opportunities for our community
- Think outside the box and support creative and non-traditional activities to prevent suicide and support community members who are struggling to find hope and healing.

By thinking ahead and supporting people even before a crisis starts, during a crisis, and after a crisis, we can achieve the best outcomes and develop a strong safety net that prevents people from slipping through the cracks.

To see real change in this area depends on the support of our whole community, from government agencies, formal organizations, community providers, peers, individuals with life experience, and community members from all walks of life. Everyone has a role to play in suicide prevention. We hope that you will use this plan to get involved, promote hope, and help us move together towards a safer Ventura County.

Sincerely,

Scott Gilman
Director, Ventura County Behavioral Health

The development of the SP strategic plan is funded by Ventura County Behavioral Health through the Mental Health Services Act (MHSA).

In 2004, California voters passed Proposition 63, MHSA, aka "The Millionaires Tax". MHSA provides a 1% tax on taxable personal income over \$1 million. MHSA funds are designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues and their families.



WELLNESS • RECOVERY • RESILIENCE

How to Use This Plan

Stakeholders are encouraged to use this plan to support and guide actions that individuals, families, and organizations can participate in to help prevent suicide for our Ventura County communities.

Understanding the Need for Suicide Prevention in Ventura County (page 5) includes information on priority populations and other information to highlight how suicide ideation and behavior are affecting Ventura County residents. The information helps us see how and to whom we can focus our efforts.

A Continuum of Experience and Supports (page 12) shows how a comprehensive way of thinking about, planning for, and addressing suicide prevention, intervention, and postvention is necessary to help us make meaningful and sustainable change.

At-A-Glance (page 17) gives an overview of Strategic Aims and Goals so stakeholders can more easily focus on the aspects of the plan that are of the most interest to them.

Call to Action

No single individual, organization or sector can succeed alone in putting this into action. We hope that and invite all community members to look at this plan, see where they fit in, and be inspired to take action and get involved.

Organizations and individuals throughout Ventura County are invited to join the collective effort to combat suicide and its devastating consequences. With the support and partnership of individuals, agencies, and organizations, we can prevent suffering and suicide, together.

Strategies we can all take in our home, school, place of work, worship and/or gathering include:

- Share the VCBH Crisis & Referral Line: 1-866-998-2243 for local resources and the Suicide & Crisis Lifeline: 988 for nationwide resources with family, friends, co-workers and community
- Learn about and use person-first language when talking about suicide and mental health.
- Learn to recognize the warning signs for suicide and respond in a helpful way.
- Attend a training or workshop to learn more and build your skills to help.
- Donate resources or time to local organizations or events that are helping.
- Join or help with a local event.
- Share safe and effective messaging and resources on social media.
- Utilize apparel, pins, stickers, profile pictures, Zoom backgrounds, etc., with supportive mental health messaging and resources.
- View and share inspiring messages from young people at directingchange.ca.org
- Speak out to share your own story and normalize talking about mental health.

Later in this plan, we have listed additional resources or ways to get involved in the various activities, contribute to planning efforts, and inspire or motivate others to get involved.

Visit www.wellnesseveryday.org/preventing-suicide, VCBH.org, or email MHSA@ventura.org for additional information about suicide and ways to stay connected with Ventura County Suicide Prevention efforts.

Understanding the Need For Suicide Prevention in Ventura County

A comprehensive approach to suicide prevention requires telling a comprehensive story about suicide and suicide prevention in our local communities. Data is one source of information that helps support a common understanding of the problem, and allows us to develop long term goals for suicide prevention and to set priorities. Everything cannot be changed at once; however, including the gathering, review, and consideration of data in our process allows us to:

- Provide context to local issues of suicide
- Dispel misconceptions and raise awareness about how this impacts us all
- Focus effort where the problem is most severe
- Identify risk and protective factors to select interventions
- Persuade funders, policy and decision makers to invest in and prioritize suicide prevention efforts
- Evaluate and measure change over time

We also know that data does not tell the entire story. Data can be biased based on who is designing the research or providing the analysis. It has been used to perpetuate inequalities and justify leaving out people who should be at the center of our work. But used with the purpose of advancing justice, inclusion and equity, it can also be a powerful tool to help us get a more complete view of what is needed. Ideally these approaches work together to address health disparities – for instance pairing deep listening with data helps us answer questions like: “Who is not at the table? Whose voice is not yet being heard?” Additionally, resource mapping of programs, trainings, services, supports, and community strengths as well as gaps can help us assess what we can build on and what gaps we need to fill.

Obtaining and reviewing data can help us answer these and other questions to inform our work:

- Who is seeking help by reaching out to a crisis or warm line or accessing services? Who isn't?
- Who is attempting suicide?
- Who is dying by suicide?
- How long does it take for survivors of loss to access support?
- What risk and protective factors are present?
- What care transitions exist? How well are these working?
- What can be improved?
- What community strengths can support suicide prevention efforts?
- What are the gaps?

Samples of data are shared below. For more information, visit: www.HealthMattersInVC.org

PRIORITY POPULATIONS

Suicide is a complex phenomenon. Data tells us that some groups are at disproportionate risk compared to the general community. This may be due to stigma, inequities, lack of resources, and other factors.

It is important to aim for representation from these groups in planning efforts and to build awareness of and respond to unique cultural needs wherever possible. It is our goal that programs and supports will be accessible and acceptable to people from these communities.

LGBTQIA+

Those with
Mental
Health
needs

Trauma-
exposed

Older
Adults

Youth &
Young
Adults

Middle-aged
White
Males

Ventura County Community Health Needs Assessment 2022

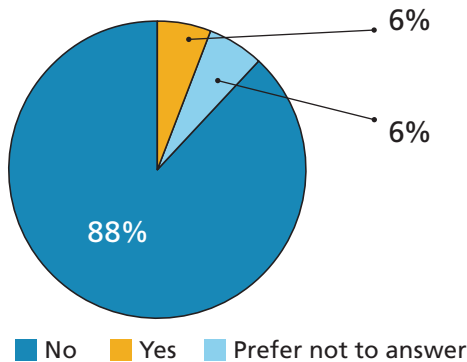
Summary data on suicidal ideation, attempts, and death is from the Community Health Needs Assessment is shared below.

View additional information gathered through this needs assessment:

[VCBH Survey Items – Summary of Findings](#) →

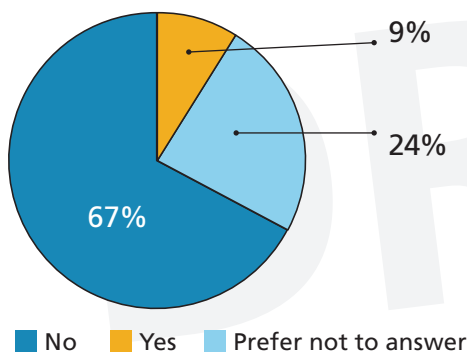


SUICIDAL THOUGHTS IN THE PAST 12 MONTHS (n = 2855)



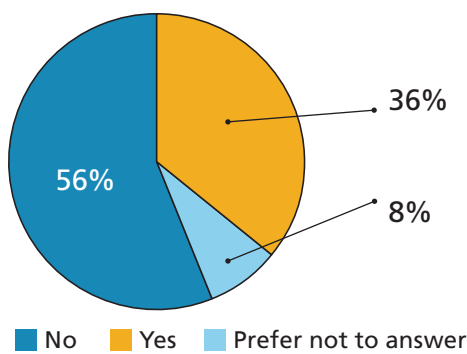
About 6% of survey respondents reported having thoughts of suicide in the past 12 months.

SUICIDE ATTEMPTS IN THE PAST 12 MONTHS (n = 328)



About 9% of individuals who responded reported that they attempted suicide. Additionally, 17% of individuals who reported having suicidal thoughts indicated that they attempted suicide.

RECEIVED MEDICAL ATTENTION AFTER ATTEMPT (n = 25)



Most individuals who made a suicide attempt did not receive medical attention afterward.

Suicide Ideation and Attempts – Age Comparisons

- Suicidal thoughts were more common among younger age groups.
- Suicide attempts were most common among individuals aged 45-54 and under 18 years
- Older age groups were less likely to have suicidal thoughts, but more likely to have made attempts, compared to their younger counterparts

Age Group	Suicidal Thoughts ₁	Suicide Attempts ₂
0–17 Years (n ₁ = 133, n ₂ = 99)	15%	15%
18–24 Years (n ₁ = 292, n ₂ = 76)	12%	7%
25–34 Years (n ₁ = 502, n ₂ = 62)	6%	7%
35–44 Years (n ₁ = 629, n ₂ = 56)	5%	11%
45–54 Years (n ₁ = 427, n ₂ = 31)	5%	16%
55–64 Years (n ₁ = 388, n ₂ = 35)	4%	3%
65 Years and Up (n ₁ = 370, n ₂ = 18)	2%	11%

Summary of Findings – Recommendations

Expand mental health services across the country. Find ways to target individuals who report having unmet mental health needs.

Help individuals experiencing mental health stress identify factors in their life that are contributing to the stress and provide co-occurring, integrated services.

Outreach to individuals for mental health services should include targeting individuals who identify as Hispanic/Latino non-CIS gendered individuals between the ages of 25 and 44.

Almost 1 out of 5 respondents who reported having suicidal thoughts also indicated that they attempted suicide. Training to potential responders would acknowledge this high risk of dying that people are in when having suicidal ideation.

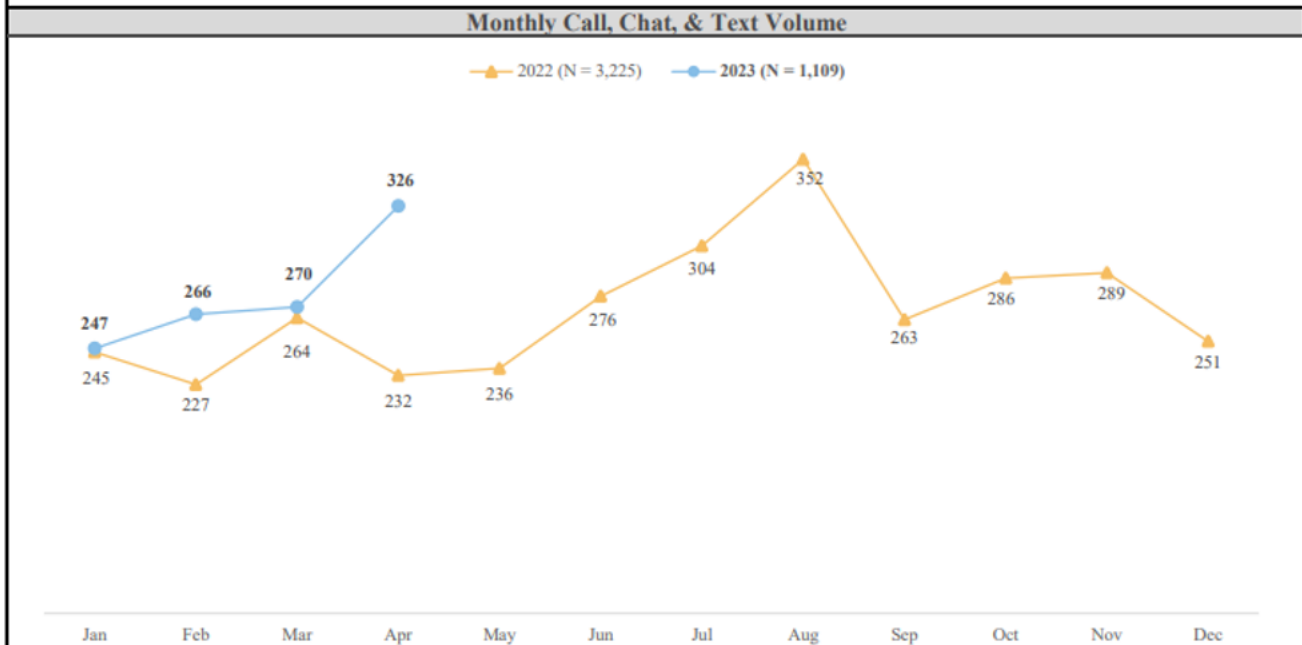
EXAMPLE OF HELP-SEEKING DATA: CALL VOLUME TO THE 988 SUICIDE CRISIS LIFELINE

SUICIDE PREVENTION CENTER HOTLINE
Ventura County Monthly Report



CONTACT ANALYSIS FOR VENTURA COUNTY APRIL 2023		
	April 2023	Year to Date
Total Calls	295	1,053
Total Chats	10	23
Total Texts	21	33
Grand Totals*	326	1,109

* Contacts from 988, SPC Local Line, Teenline, and Disaster/Distress.
+ 988 Launch was on 7/16/2022



In April 2023, Ventura County's contact volume accounted for 3% of contacts to SPC from California.

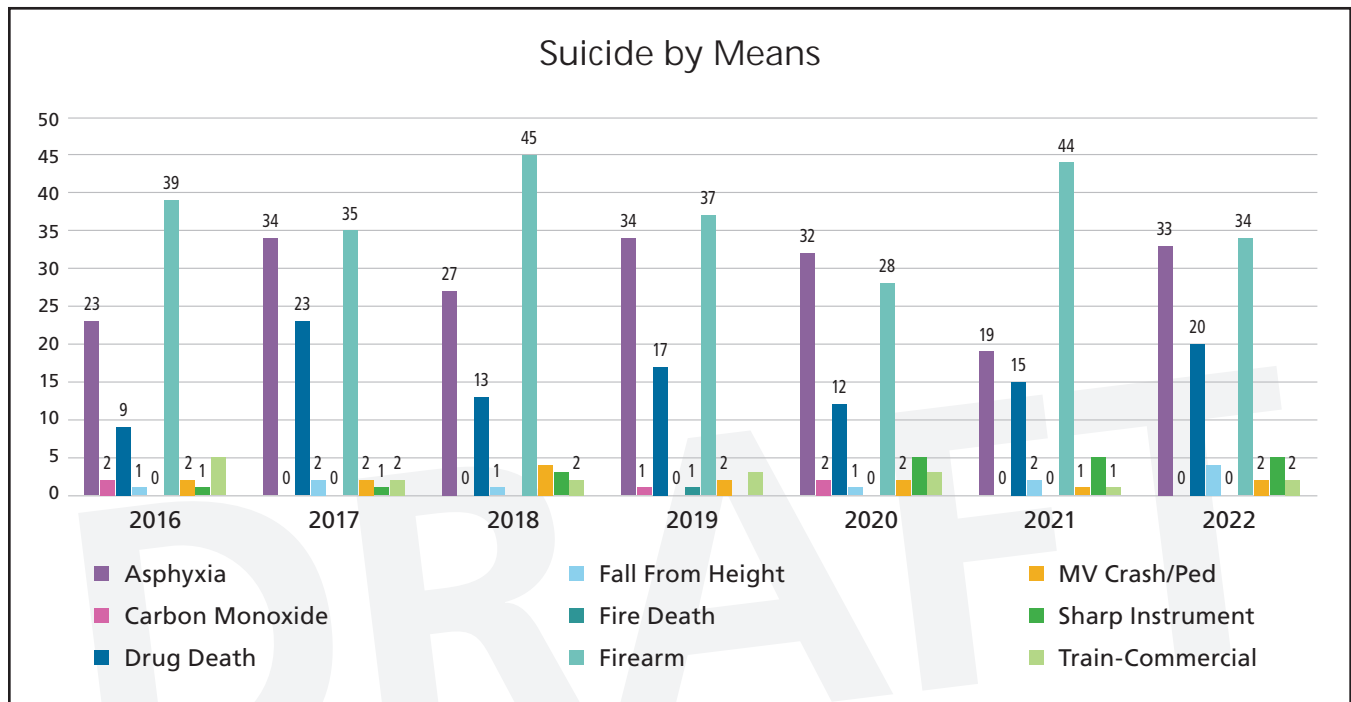
This month, 3% of contacts were considered High or High-Moderate risk (N = 10).

Top Cities Contacting the Crisis Line in Ventura County		
	N	%
Oxnard	107	33%
Thousand Oaks	60	18%
Ventura	36	11%
Camarillo	31	10%
Simi Valley	26	8%
Ojai	13	4%
Newbury Park	12	4%

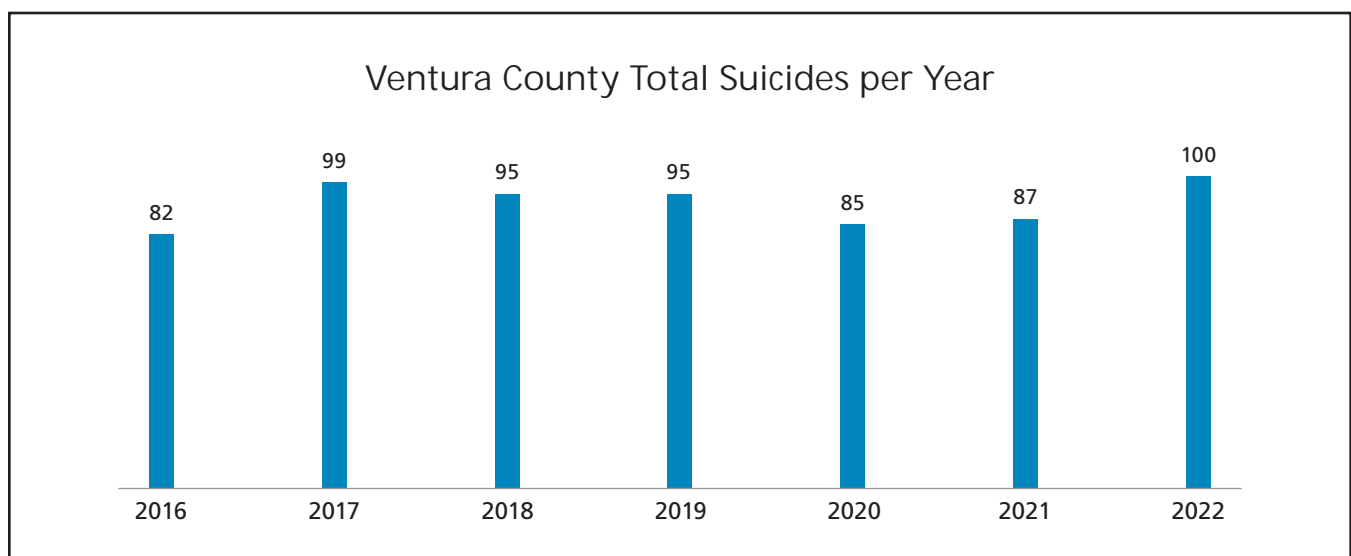
EXAMPLE OF SUICIDE DEATH DATA: VENTURA COUNTY SUICIDE DEATHS 2016-2022

Ventura County Medical Examiner Data Sources for Suicide Prevention Planning

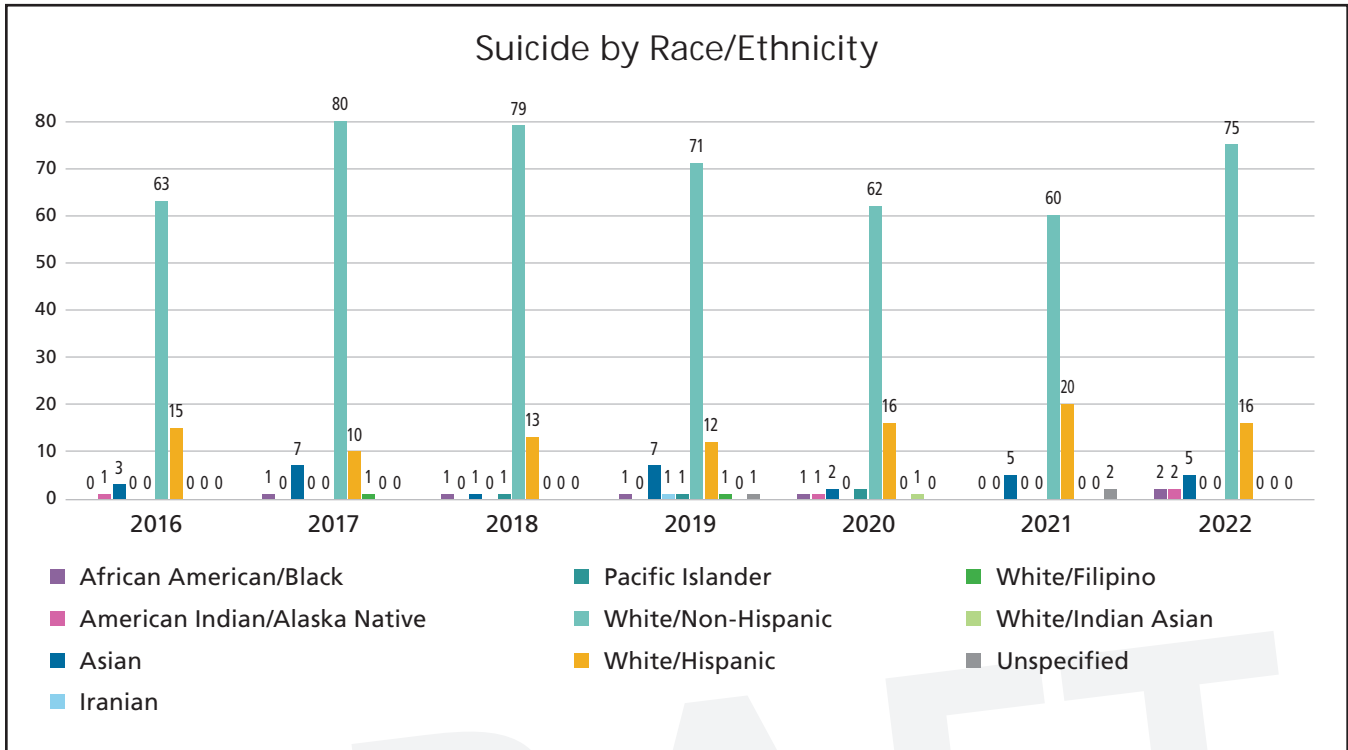
Note: Data includes outside residents who die within Ventura County lines and does not include Ventura County residents who die outside county lines.



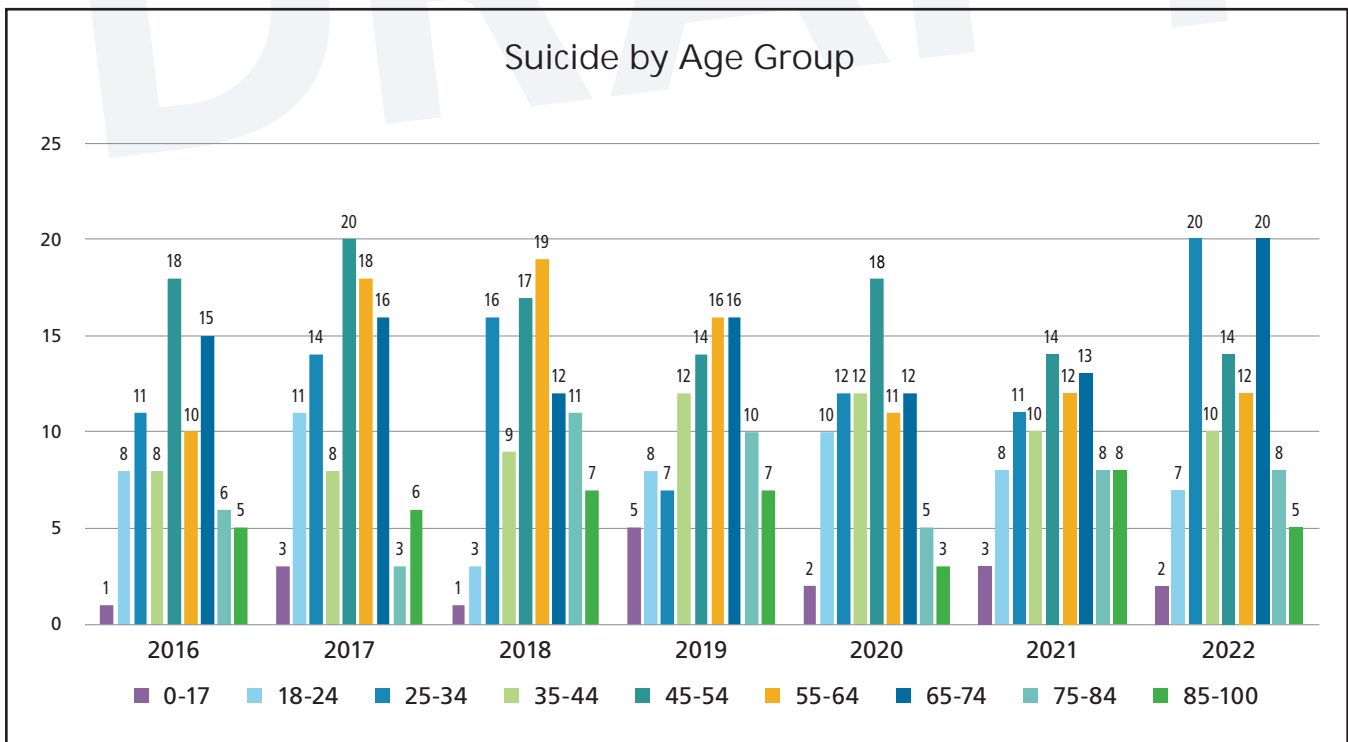
Asphyxia, Drug Deaths and Firearms remain the highest means of suicide in seven years



2022 showed an all-time high looking back 7 years at 100 although we did show a decline during the pandemic years



White Hispanics and White non-Hispanics outnumber by far all other race/ethnicities in Ventura County.



For the first time in 7 years, the highest two age groups for 2022 is 25-34 and 55-64 both with 20 each. Some decline for the 45-54 range the last two years.

A Continuum of Experience and Supports

IT'S COMPLICATED & IT'S POSSIBLE: SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION

At any point in our daily living, our normal or new normal can be thrown off when the balance between our stressors and supports is compromised. Individuals across the world can experience thoughts and feelings of despair, grief, or suicide – what matters is how we, as a community, respond to and support those who are struggling.

Thoughts of suicide can happen for any of us at any point. However, sometimes an event, experience, or period of rapid change can combine with other factors (like a risky environment) to make it harder to cope and even harder to stay safe. We each experience crises differently, but we all deserve support in getting through these times to find a new normal or baseline.

The idea of a continuum of services and care is based on the idea that, anywhere in the community, if someone is having thoughts of suicide, at risk of acting on these thoughts, navigating a suicide attempt, or grieving a suicide death, we want to be prepared to respond in the appropriate way. We recognize that one size does not fit all and also that we cannot do it all at once. We know that some members of our community are at increased or disproportionate risk for suicide. We also want to know about the upstream factors that can make life so hard that someone is more likely to think of suicide (sometimes called risk factors) and do what we can to minimize these.

The problem of suicide is complex, and effective suicide prevention requires a combination of efforts working together to address different aspects of the problem. A public health approach to suicide recognizes that this is a real possibility and challenge for our communities. As such, we need a range of strategies for the whole community, in schools/businesses/organizations and also for individuals. These strategies will be most effective if we are working both to help prevent problems from occurring and also to ensure access to effective help when problems do occur. Programs that have taken the public health approach to suicide prevention have demonstrated reductions in suicidal behaviors, as well as other negative outcomes.

Another important piece of the puzzle is the type and quality of screening and risk assessment tools being used (in addition to whom is using these and how well they are trained to screen/assess, as well as to use caring and effective referral practices). When suicide risk screening/assessment is ineffective, it creates a burden on the crisis response system by sending too many people who are at low risk for unnecessarily intensive services (when lesser is needed) and exposes these individuals in distress to unnecessary trauma.

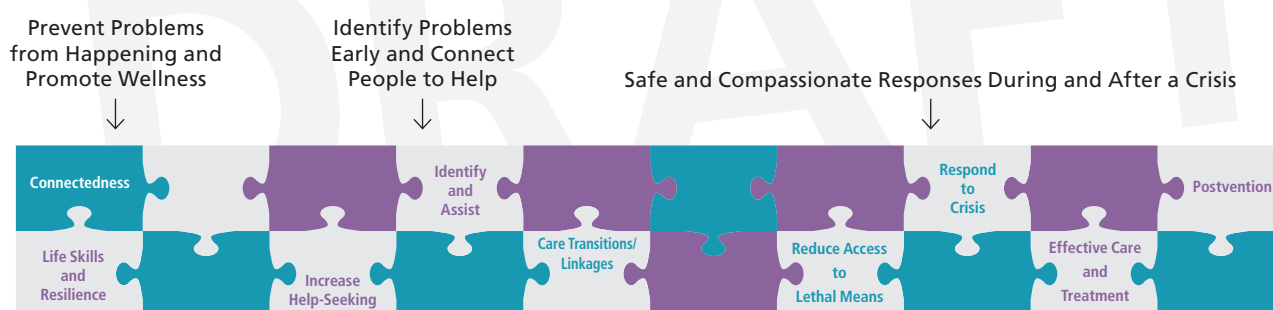
This unnecessary burden on the crisis response system therefore limits resources available for those most in need of acute services. In some cases, using similar practices or a single tool for assessment or screening across the community can make the overall process more transparent and collaborative, both for service providers, but also for the folks they are trying to help.

We each experience crises differently, but we all deserve support in getting through these times to find a new normal or baseline.

Although the term crisis services is often used to refer to hotlines or helplines, it also encompasses other programs that provide a wide variety of services or supports. These can include crisis hotlines, mobile crisis teams, walk-in crisis clinics, hospital-based mental health emergency services, 23-hour crisis observation or stabilization, and a wide range of peer- and community-based crisis services. Each of these supports and services can be provided individually but will have the greatest level of impact when all efforts are in place and connected. Many communities offer two or three types of crisis care, but few provide a full continuum of services designed to provide the right care at the right time in the least restrictive setting. A solid suicide prevention plan for any community includes a focus on crisis services; ideally, these crisis services are provided along a spectrum or continuum, so that individuals, peers, family members, and service providers can connect someone in crisis with the right type of help for that person. Systems that deliver the right care, at the appropriate time and in the least restrictive setting will be most effective in supporting individuals who are considering suicide.

Finally, crisis services also include how we respond when a suicide attempt or suicide death has occurred – supporting individuals who have experienced a suicide attempt or loss to suicide (and doing this in a caring, proactive, and timely manner) can make a big difference for those individuals’ ability to stay alive during and after the crisis they are experiencing.

The Suicidal Crisis Path model¹ helps conceptualize a public health approach within the context of an individual’s suicidal experience. It is a framework to match strategies and interventions that would help prevent suicide at each stage of the crisis pathway.



The following nine strategies adapted from the Suicide Prevention Resource Center detail this idea of a comprehensive approach to suicide prevention. Each can be advanced through an array of possible activities (i.e., programs, policies, practices & services) and are most effective when pursued together:

- **ENHANCE LIFE SKILLS AND RESILIENCE:** Help people form, build, and strengthen the life skills that can help them navigate the difficult times by building strengths (sometimes called protective factors) such as critical thinking, stress management and coping or lessening the challenges or threats (sometimes called risk factors) that can make surviving a crisis more difficult.
- **PROMOTE SOCIAL CONNECTEDNESS AND SUPPORT:** People need people. Supportive relationships and the feeling of being connected to others can make it easier to navigate a crisis or difficult time. We all find this in different ways.

¹ Based on Suicide Prevention Resource Center Comprehensive Approach to Suicide Prevention and the Suicidal Crisis Path Model developed by Lezine, D.A. & Whitaker. N.J., published in Fresno County’s Community-Based Suicide Prevention Strategic Plan, 2018

- **INCREASE HELP-SEEKING:** One goal is to help people to recognize when they need help and know that they are worthy of this help, as well as make it easy to access types of support that are accessible and acceptable to the person. Reducing barriers or challenges to getting help can greatly increase the chance that someone in distress will reach out to appropriate supports.
- **IDENTIFY AND ASSIST PEOPLE WHO HAVE SUICIDE THOUGHTS:** Promote awareness, reduce stigma, and normalize reaching out for support. Help those who are in a position to support someone else to feel more prepared and ready to help. This involves messaging campaigns, trainings, and tools that can help us recognize when we or our friends, family, neighbors, and colleagues are struggling.
- **ENSURE ACCESS TO EFFECTIVE MENTAL HEALTH AND SUICIDE CARE AND TREATMENT:** We want to be sure that folks experiencing thoughts of suicide can readily find and get the supports that are available, acceptable, and approachable for them.
- **RESPOND EFFECTIVELY TO INDIVIDUALS IN CRISIS:** Provide a full continuum of care for individuals in distress to help ensure that people are receiving the appropriate level of care in the least restrictive setting.
- **SUPPORT SAFE CARE TRANSITIONS AND CREATE ORGANIZATIONAL LINKAGES:** Ensure that individuals who have been treated for suicide risk or after a suicide attempt have uninterrupted care transitions. Basically, this means that the organizations who support someone take measures to make it easier (rather than more difficult) to work together and for the person to participate in or receive services from multiple providers in different care settings.
- **PROVIDE FOR IMMEDIATE AND LONG-TERM POSTVENTION:** Develop postvention (meaning after a suicide) plans and supports to provide effective and compassionate care for those impacted by suicide deaths.
- **REDUCE ACCESS TO LETHAL MEANS AND PROMOTE MEANS SAFETY:** Prevent individuals who are experiencing thoughts of suicide from accessing or obtaining lethal means to use in a suicide attempt and promote means safety efforts such as gun locks and safe storage and use of medications. This is based on the evidence that, for most people, ensuring a safe environment during an immediate suicide crisis can help the person remain safe and avoid harming or killing themselves during this high risk time.

Each of these supports and services can be provided individually but will have the greatest level of impact when all efforts are in place and connected.

When combining the Comprehensive Approach to Suicide Prevention with the Suicidal Crisis Path, we can begin to identify what potential programs and interventions to implement and how they can be most effective. This approach also lets us place a high value on data-driven and evidence-based activities while equally valuing the life experiences, stories, and perspectives of one another and our community members.

Strategic Planning Process

The Ventura County Suicide Prevention Strategic Plan includes a comprehensive approach that will have the greatest potential to support individuals who are experiencing thoughts of suicide and after a suicide attempt, their loved ones, and survivors of suicide loss in our county. The plan was developed by a subcommittee of the Suicide Prevention Council and informed through ongoing collaborative subcommittee and council meetings, by surveying council members regarding the goals and process, incorporating successful approaches used in comparable counties, and with support from local and state experts.

SURVEY

The Council created an online survey for wellness and support service partners and community members involved in suicide prevention efforts throughout Ventura County. Survey participants were asked to designate one person in their organization or department to fill out the survey. Seventeen community members completed the survey between December 2022–January 2023.

Participants were asked to indicate their background, with the option to indicate multiple options:

37.5%	Education K-12
31.25%	Community-based organizations
25%	Education Post-Secondary
25%	Suicide Loss Survivor
25%	Behavioral Health Professional
25%	Community Members

KEY FINDINGS INCLUDED THE FOLLOWING

- Nearly all of the participants indicated that their organization promoted (93.75%) Coping and Resilience, and (81.25%) Social Connectedness
- 75% of participants indicated that their organizations addressed mental health and supportive relationships.
- Participants addressed what gatekeeper trainings/community presentations they provided; results included:
 - safeTALK (LivingWorks): 23.08%
 - Mental Health First Aid: 23.08%
 - QPR (Question, Persuade, Refer): 15.38% , and
 - Custom/Other: 38.46%
- Half of the respondents indicated they had received both Crisis Intervention Team and Mental Health First Aid trainings.
- Asked about topics they would like to see more trainings on, respondent comments included
 - More training for collaboration across systems of care/response
 - Resources and appropriate response based on level of risk
 - Trainings for and to support populations at disproportionate risk, including veterans, first responders, older adults, etc.
- Asked about screening or assessment tools utilized:
 - The majority (64.29%) of survey respondents indicated that do not currently use the Columbia Suicide Severity Rating Scale
 - Other tools used include customized/internal tools and the Patient Health Questionnaire (PHQ-9).
- The majority of survey participants (91.67%) indicated that they were aware of resources or programs to support individuals in Ventura County that are thinking about suicide.
- Slightly more than half (57.14%) of survey respondents indicated that they were aware of any resources or programs to support individuals after a suicide attempt.
- More than two-thirds of participants (69.23%) indicated they were aware of resources for people who have lost someone to suicide. The most common responses included support groups.
- The last survey question regarding resources and programs asked respondents to identify programs or supports they would like to see started (or more of) in Ventura County. Commonly identified groups included youth & older adults.
- Lastly, survey respondents were asked to think about the one or two big “ideas” they have that they would like to see included in Ventura County’s strategic plan for suicide prevention. Narrative responses included the following:

The majority of survey participants (91.67%) indicated that they were aware of resources or programs to support individuals in Ventura County that are thinking about suicide.

(Key findings Suicide Prevention Council Survey, continued)

- Finding and supporting local igniters or changemakers for grant writing, reporting, etc.
- Follow-up after hospitalization, focus on whole person care
- Increase response by mental health professionals to offset burden/responsibility for first responders
- Higher quality training, better linkage to services based on continuum of risk
- For focused populations (e.g. veterans), prioritize peers and service providers with shared experience.
- Support in navigating insurance and financial challenges in accessing mental health care.
- Preparing community members to reach out and provide support, rather than waiting for someone needing support to reach out.
- Coordinated collection of suicide attempt data across the county,
- Standardized mental health and suicide prevention related curriculum for students starting in K-5

AT-A-GLANCE: STRATEGIC AIMS AND GOALS

For each of the strategic aims listed below, objectives and strategies can be identified to achieve progress community-wide and for key community settings, including healthcare, corrections, education, and workplaces, amongst others. As a whole, the intention is to address each area along the Suicidal Crisis Path and ensure that we are using appropriate strategies at a community-wide level and for those at enhanced risk. Following, please view initial goals identified for each area and consider where you would like to be involved.

STRATEGIC AIM 1: An Ongoing Priority: Maintain Local Resources and Supports for Suicide Prevention & Strategic Planning

STRATEGIC AIM 2: Promote Protective Factors

STRATEGIC AIM 3: Create Safe Environments

STRATEGIC AIM 4: Recognize and Connect: Make it easier for individuals, family members, peers, and service providers to recognize when someone needs help and connect themselves or someone else with the right services or supports.

STRATEGIC AIM 5: Individuals are Supported with Managing Thoughts and Feelings About Suicide

STRATEGIC AIM 6: Individuals and Communities are Supported After a Suicide Loss

STRATEGIC AIM 7: Support Youth Suicide Prevention Efforts

FROM PLANNING TO IMPLEMENTATION

Creating a strategic plan only results in change when the strategies, objectives, and goals in the plan are implemented, evaluated, and adapted over time to meet the shifting needs of the community. Success also depends on supportive partnerships with and active participation from a wide range of individuals, agencies, and organizations.

Following the adoption of the Ventura County Suicide Prevention Strategic Plan 2023-2028, the Suicide Prevention Council, along with Ventura County Behavioral Health and community partners, adopted an implementation framework to develop action plans and next steps for each area, as well as to examine how progress and success will be measured.

If you are interested in getting involved as a workgroup member or would like more information, please contact: MHSA@ventura.org



STRATEGIC AIM #1

An Ongoing Priority: Maintain Local Resources and Supports for Suicide Prevention & Strategic Planning

1
PRIORITY: Maintain a Suicide Prevention Council that properly represents our community. The SPC should provide leadership and identify the resources needed to establish and continue partnerships that are necessary to reduce suicidal behavior in our county.

GOAL 1: Identify administrative/staffing support for the Council and a Chair or Co-Chairs to lead and facilitate meetings and maintain minutes, circulate information, etc.

GOAL 2: Prioritize the inclusion, participation, and input of individuals with life experience around suicide ideation, attempts, and loss. Continually strive to ensure that planning processes are accessible and welcoming to individuals with life experience.

GOAL 3: Work with Council members to identify opportunities for collaboration and how they will partner to implement strategies within the Plan.

GOAL 4: Identify ways to connect and integrate existing suicide prevention, intervention, and survivor supports into local programs and activities. Look for ways to prioritize collective impact and avoid duplicating efforts.

2
PRIORITY: Develop a plan to collect data around suicide ideation, attempts, loss, and help-seeking. Develop a consistent way to review and discuss this data to inform our efforts.

GOAL 1: Develop a data gathering and evaluation system or dashboard. Potential partners include the Medical Examiner, public health, hospitals, and emergency departments, crisis team, service providers, training evaluators, and others collecting data related to suicide deaths, attempts and ideation.

GOAL 2: Establish methods and find opportunities to share appropriate data publicly (to raise awareness and provide context for current efforts). This includes considerations for providing context and applying effective messaging for suicide prevention.

GOAL 3: Review local data routinely in planning and implementation efforts, including to: 1) Learn about and address personal, familial, or societal factors that increase or lessen risk for suicide, 2) Identify trends and groups at disproportionate risk for suicide, 3) Utilize culturally responsive, and effective practices.

GOAL 4: Review, at least annually, the data, data system, and the county’s suicide prevention strategies to improve data collection processes, determine effectiveness and transparency of prevention strategies and adjust accordingly.

GOAL 5: Identify models and available resources to review suicide death and attempt data (to understand the factors that influence suicide death over time); this is often referred to as a suicide fatality review team. Team members may include representatives of the medical examiner, law enforcement, subject matter experts, and others with legal access to confidential information, amongst others. The goal is that data will be shared where possible and used to support prevention goals throughout Ventura County.

Support and expand programs that strengthen the life and coping skills that can help community members navigate difficult times.



STRATEGIC AIM #2

Promote Protective Factors

GOAL 1: Support and expand programs that strengthen the life and coping skills that can help community members navigate difficult times.

GOAL 2: Identify, partner with, and promote organizations and resources that focus on building strengths such as social-emotional learning, stigma reduction, promoting help-seeking, and strengthening relationships and connectedness. While these efforts or programs may not be explicitly identified as related to suicide prevention, they have a powerful supportive impact to lessen risk and promote safety.

Protective factors can vary by individual, family, and community.

Currently, the Centers for Disease Control (CDC) include the following:

INDIVIDUAL PROTECTIVE FACTORS (PERSONAL/INDIVIDUAL FACTORS)

- Effective coping and problem-solving skills
- Reasons for living (for example, family, friends, pets, etc.)
- Strong sense of cultural identity

RELATIONSHIP PROTECTIVE FACTORS: HEALTHY RELATIONSHIP EXPERIENCES

- Support from partners, friends, and family
- Feeling connected to others

COMMUNITY PROTECTIVE FACTORS: SUPPORTIVE COMMUNITY EXPERIENCES

- Feeling connected to school, community, and other social institutions
- Availability of consistent and high quality physical and behavioral healthcare

SOCIETAL PROTECTIVE FACTORS:

CULTURAL AND ENVIRONMENTAL FACTORS WITHIN THE LARGER SOCIETY

- Reduced access to lethal means of suicide among people at risk
- Cultural, religious, or moral objections to suicide.

<https://www.cdc.gov/suicide/factors/index.html>

Spotlight on Protective Factors: Sharing our Stories and Healing Together

Art-based learning and other forms of self-expression can be a powerful tool for us to express thoughts, process feelings, and cope through difficult times. The following poem and film “Peace with My Past” were created by a young person in Ventura County involved with the BRITE program and as part of the Directing Change Youth Suicide Prevention program. Many youth, particularly incarcerated youth, can benefit from the opportunity to use art as a creative outlet to express their inner thoughts, hopes, and frustrations, and as a way to process difficult emotions while gaining confidence, empathy and resilience.

PEACE WITH MY PAST <https://vimeo.com/683539724>

*Have you ever felt that you were placed on this earth for a reason?
Things aren't going to be easy in life but the easy way out isn't always the right answer
Running in front of a truck didn't work
I just ended up in the hospital with a broken arm and ribs
Maybe I didn't run fast enough or hard enough, but at the moment I thought life was meant for me
I started thinking that if I died then I wouldn't be able to have a real family
I realized how hard I had been hurting the people I love and care for and protect
Looking into the future was difficult since I didn't even want to look into the present
But five years from now I would be 18 with my life put together
Smart and beautiful and stronger than ever
I'm glad I'm alive now, standing on hard ground believing in things I thought not possible
Suicide seems like the right answer, but it's not
Think about the people who love and care for you
Think about life even if that sucks
Feel happy even if you can't
Love people even if that's hard
I've made peace with my past
I have thoughts and finally learned to love somebody*

STRATEGIC AIM #3

Create Safe Environments

GOAL 1: Increase the number of people who have information about how to create safe environments for themselves or a loved one before, during, or following a crisis.

GOAL 2: Partner with firearm owners (e.g. retailers, ranges, firearm owners, law enforcement) to incorporate suicide prevention and safe storage practices into their firearm safety processes.

GOAL 3: Work with local pharmacies to build relationships and increase awareness of how to incorporate suicide prevention activities and resources (including safe storage/disposal) into their work.

GOAL 4: Partner with existing coalitions, campaigns, and efforts related to means safety.

STRATEGIC AIM #4

Recognize and Connect

Make it easier for individuals, family members, peers, and service providers to recognize when someone needs help and to connect themselves or someone else with the right type of services and supports.

GOAL 1: Increase the number of people who have information and skills to recognize and respond appropriately to signs of distress. Raise awareness through educational opportunities, trainings, and awareness/messaging tools and campaigns.

GOAL 2: Train a wide range of community members, caregivers, peers, helpers, and service providers to accurately screen or assess for suicide risk. Make sure crisis services providers are also trained and are using these tools in transparent and collaborative ways, and are referring people for appropriate supports based on risk.

STRATEGIC AIM #5

Individuals are supported with managing thoughts and feelings about suicide.

GOAL 1: Increase the number of people that are trained in supporting an individual with managing thoughts and feelings about suicide and/or suicide loss.

GOAL 2: Identify sources of information, assess strengths and gaps, and develop a plan to help providers and community members find people trained in supporting an individual with managing thoughts and feelings about suicide.

GOAL 3: Bring together people, peers, and professionals who have received and/or provide crisis level services. Meet regularly to map out what currently happens when someone is known to be having suicide thoughts, where additional needs are, what can be improved, and how to support one another.

GOAL 4: Promote the use of crisis services as alternatives to hospitalization and as a resource to support people in distress. Look for opportunities and support efforts to make crisis services more person-focused and collaborative—crisis supports should reflect and respect the wishes of the individual wherever possible.

GOAL 5: Make sure that people who have received or participated in crisis services have options for ongoing and follow-up supports. Identify ways for providers to make referrals, transition, or warm hand-offs as effective, caring, and inclusive as possible.

STRATEGIC AIM #6

Individuals and communities are supported after a suicide loss.

GOAL 1: Offer support groups for survivors of suicide loss, on a regular basis, assess if the resources available meet the needs of survivors of suicide loss in the community.

GOAL 2: Implement programs that reduce the amount of time between when a suicide loss is experienced and access to bereavement services, supports and resources.

Resources for Suicide Loss

Individuals who experience the suicide death of a friend or loved one are often exposed to immense trauma. In addition to grief stemming from the loss, survivors of suicide loss frequently experience complicated emotions, including shame, guilt, anger, resentment, loss, and sadness. They can become consumed with questions about why the person ended their life that are often difficult to answer. The complicated grief and stigma can often leave them feeling isolated or threaten their support system.

For many, the first few weeks and months after a death are filled with details and practical considerations (such as funeral or insurance arrangements). During this time, individuals may be in shock and not yet fully able to experience the enormity of grief. The deeper impacts may not be felt for months, and even years. Long term suicide loss survivors report periods of worsening grief intermittently or during significant times such as holidays, birthdays, or the anniversary of the death.

If you have lost someone to suicide, you are not alone. Grief is hard and grief after suicide can be even more complex. You deserve support for yourself and others in your life who are grieving this loss. Support is available when you are ready.

NATIONAL RESOURCES

American Foundation for Suicide Prevention

<https://afsp.org/ive-lost-someone>

Print and online materials, conversations, and annual events



Friends For Survival

<https://friendsforsurvival.org/>

Local and online support, materials, and activities



American Association of Suicidology:

<https://suicidology.org/resources/suicide-loss-survivors/>

Online materials and activities for loss survivors



LOCAL RESOURCES AND SUPPORTS

Didi Hirsch Suicide Bereavement Support Group

Newbury Park: (424) 362-2912

Hospice of the Conejo Valley

Thousand Oaks: (805) 495-2145

Livingston Memorial Visiting Nurse Association

Ventura: (805) 642-0239

ProCare Hospice

Oxnard: (805) 988-1173

Suicide L.O.S.S. Group, Camarillo Hospice

(805) 389-6870

The Church of the Epiphany Grief and Loss Support Group

Oak Park: (818) 991-4797

Compassionate Friends – Supporting Family after a Child Dies

Thousand Oaks: (805) 579-7065 or (805) 443-1905

TLC Hospice

Moorpark: (805) 517-1620

Life After Loss Grief Support Group

Simi Valley: (805) 415-3709

A Friend In Deed: Peer directed services and advocacy

Ventura: (805) 721-1124

STRATEGIC AIM #7

Support Youth Suicide Prevention Efforts

Another way to think about and approach our strategic aims, goals, and objectives, includes examining how we might make progress in each of these areas for a particular group (such as youth) or in a particular community setting (such as our educational systems).

The Suicide Prevention Council has developed these specific areas of focus to support youth throughout Ventura County:

GOAL 1: Support schools and learning communities with implementing comprehensive suicide prevention efforts.

GOAL 2: Support and Promote Education and Prevention Activities. For example:

- Raising awareness of warning signs and actions to take (school staff, teachers and students)
- Building protective factors through social-emotional learning activities and peer-based clubs
- Preparing young people to recognize warning signs and take action to help themselves or a friend.
- Destigmatizing talk about suicide and mental health and increase active listening skills.
- Promoting and normalizing the use of the Suicide Crisis Lifeline (988) and other resources
- Supporting youth at disproportionate risk (such as system-involved youth and LGBTQ+ youth).
- Promoting gender-specific and gender-inclusive messaging
- Increasing the number of parents, caregivers and adult allies who are aware of the warning signs of suicide, what actions to take if they are concerned about a young person, and helpful resources.

GOAL 3: Implement Compassionate and Effective Intervention Strategies, for example:

- Connecting youth and families with multiple points of community-based alertness that are trained in identification and asking directly about suicide and know how to connect person to the least restrictive support possible.
- Offering skills-based intervention training and using best practices for school counselors, psychologists, wellness center staff, and community-based organization staff

GOAL 4: Plan Ahead for Postvention, for example:

- Identifying and mapping existing resources and efforts
- Increasing the number of districts and schools with a plan in place to support the school community (students, staff, administrators, parents) with appropriate communication, immediate resources, and follow-up supports after a suicide death.

Together We Can Make a Difference

Creating a community that is safer from suicide behavior and loss truly involves us all. Your voice matters as we continue to work together. We encourage all community members to please:

- Learn about and share ideas on ways to connect with others in our community – finding our place and our people can make a big difference.
- Share your ideas and thoughts on connectedness and how we can find this together and reduce isolation as individuals and as a community!
- Contribute your ideas on this plan and our proposed strategies.
- Learn more about suicide warning signs and the supports available to help yourself or someone else who is in distress.

With the support and partnership of individuals, agencies, and organizations, we can prevent suffering and suicide, together.

To stay connected with Ventura County suicide prevention efforts, visit www.wellnesseveryday.org/preventing-suicide or VCBH.org, or contact MHSA@ventura.org for more information.



Learn How to Help

Suicide Warning Signs

www.WellnessEveryDay.org/preventing-suicide/suicide-warning-signs

American Foundation for Suicide Prevention

Suicide prevention resources

www.afsp.org

1-888-333-AFSP (2377)

Know the Signs

Learn the warning signs – Find the words – Reach out

www.suicidepreventable.org

safeTALK Suicide Alertness Classes

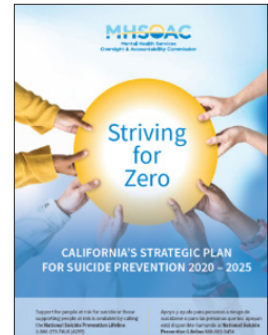
Free, 3-hour training sessions for schools

LinkClick.aspx (vcoe.org)

Additional Resources to Learn More

The following resources include recommendations and resources to support communities in creating and using strategic plans and cooperative efforts for suicide prevention. The Suicide Prevention Council referred to many of these in the creation of this plan.

Striving for Zero: California’s Strategic Plan for Suicide Prevention
(Mental Health Services Oversight and Accountability Commission)



Striving For Zero: Learning Collaborative Modules and Resources
(Mental Health Services Oversight and Accountability Commission)

Know the Signs: Strategic Planning for Suicide Prevention Learning Collaborative
(California Mental Health Services Authority)



The Surgeon General’s Call to Action to Implement National Strategy
for Suicide Prevention

Preventing Suicide: A Technical Package of Policy, Programs, and Practices
(Centers for Disease Control and Prevention)

Transforming Communities: Key Elements for the Implementation of Comprehensive
Community-Based Suicide Prevention
(National Action Alliance for Suicide Prevention)

National Action Alliance for Suicide Prevention
(National Action Alliance for Suicide Prevention)

Suicide Prevention Resource Center



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Community Forum Attendees
We would like to express our sincerest
appreciation and gratitude to the
community members and partners who
attended the community forums, events,
council meetings, and/or participated in
focus groups. Your input was invaluable.

DRAFT

VENTURA COUNTY
STRATEGIC PLAN
FOR SUICIDE PREVENTION

2023-28



VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

WALK WITH US TO PREVENT SUICIDE REGISTER TODAY

Be a part of a nationwide movement, and register for the **Ventura County Out of the Darkness Walk.**

The Out of the Darkness Community Walk is a journey of remembrance, hope, and support. It unites our communities and provides an opportunity to acknowledge the ways in which suicide and mental health conditions have affected our lives and the lives of those we love and care about.

Now, more than ever, it's important to be there for one another and take steps to safeguard our mental health and prevent suicide.

Register today and be part of the movement to walk #OutOftheDarkness.

Ventura County Out of the Darkness Walk

Saturday, September 23rd at 10:00am (check-in opens at 9:00am)

Promenade Park (on the Ventura Pier)

afsp.org/vc



**American
Foundation
for Suicide
Prevention**



Facing Down Fentanyl

A VENTURA COUNTY TOWN HALL

Wednesday, September 27 • 6:00 – 7:30PM

Ventura County Office of Education • 5100 Adolfo Road, Camarillo, CA

FREE EVENT • DINNER PROVIDED

County leaders will discuss the ongoing opioid crisis in our community, and what you need to know about fentanyl to protect the health and safety of your family.

Brought to you by Ventura County's Behavioral Health Department, in cooperation with Superintendent of Schools Dr. Cesar Morales, attendees at this Town Hall event will hear from panelists:

- District Attorney Erik Nasarenko
- Medical Examiner Dr. Christopher Young
- Public Health Officer Dr. Robert Levin
- Sheriff Jim Fryhoff
- Behavioral Health Division Chief Raena West

181 Fentanyl Overdose Deaths
in Ventura County in 2022



Fentanyl can be found in fake pills and any street drug.

Light dinner and refreshments.
Spanish interpretation available.
Email ahead for ASL interpretation services:
Sheila.Murphy@ventura.org.

REGISTER NOW

<https://fentanylforum.eventbrite.com>

