

**BEHAVIORAL HEALTH ADVISORY BOARD
TRANSITIONAL AGE YOUTH (TAY) COMMITTEE
MINUTES ■ Thursday, March 22, 2018**

<p>Board Members Present Cmdr. Ron Nelson, Committee Chair Anna Colangelo, Casa Pacifica Rocio Avina, CFS Erin Locklear, Interface Georgia Perry, NAMI Vanessa Cortez, TAY Tunnel Cici Romero, TAY Tunnel Andrew Nelson, Ventura College</p>	<p>VCBH Staff Present Pam Roach, Transformational Liaison Greg Bergan, MHSA Edith Pham, BHAB Assistant</p> <p>NEXT MEETING: Thursday, April 26, 2018, 10:30 – 12:00 p.m.</p> <p>Ventura County Behavioral Health 1911 Williams Drive, Lake Tahoe Room (second floor), Oxnard</p>
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Note: The committee has not yet approved these minutes. There may be additions/deletions or corrections before the minutes are accepted in final form.

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Cmdr. Ron Nelson called the meeting to order at 10:33 a.m.		
II.	Approval of the Agenda Cmdr. Nelson asked the Committee to review and approve today's agenda. Vanessa Cortez moved to approve, Anna Colangelo seconded. The motion passed unanimously.	The agenda was approved as written. M/S/C	
III.	Approval of the Minutes Cmdr. Nelson asked the committee to review and approve the minutes of the February 26, 2018 meeting. Georgia Perry moved to approve, Pam Roach seconded. Anna Colangelo requested a change under XI.C.-Providers Update: remove the second sentence, starting with "A co-occurring relapse prevention group." Pam Roach requested to change, under XII.A. "Ms. Gomez" to "Ms. Goble." The motion passed unanimously as amended.	The minutes were approved as amended. M/S/C	
IV.	Welcome and Introductions Cmdr. Nelson welcomed everyone and asked for introductions.		
V.	Chair Announcements Cmdr. Nelson noted that progress is being made regarding the opening of a 64-bed unit for inmates with medical and mental health special needs. The Sheriff's Department is hoping to open this to a Request for Proposal (RFP) in April.		
VI.	Public Comments None.		
VII.	Presentation: Wise Relationships With Your TAY – Georgia Perry, Pam Roach, Jennifer Goble (by phone) Wise Relationship was developed in response to the needs of the community. The meetings were held at the Pacific Clinics TAY Wellness and Recovery Center in Oxnard, in keeping with BHAB input. The meetings were open to all, whether their TAY were enrolled with VCBH or not. Following an evaluation by participants, the format was changed. At each meeting, participants identified something positive about their TAY. They focused on one person/family and gave suggestions, solving real problems that the families were facing. The benefits were extensive: parents had more realistic expectations of their TAY, they learned about available resources, and they felt better equipped to raise their younger teens. The revamped program ended after two years due to budget problems; it cost about \$8,000 annually in staff time and cost of dinner and gas cards.		

	<p>The committee discussed the possibility of restarting the program. It was agreed to see whether community partners may be interested, then see whether MHSA might want to pick up the idea as an Innovation project. It was noted that providing support to the parents and caregivers may make it less likely that the TAY will be kicked out and become homeless when they turn 18. It may also be helpful for the TAY who are incarcerated.</p> <p>Cmdr. Nelson agreed to bring up the idea to the full BHAB.</p>		
<p>VIII.</p>	<p>Old Business</p> <p>A. Committee Membership Cmdr. Nelson reminded all of the discussion that took place at the previous meeting. People who regularly attend the meetings of this committee can now be appointed as members, and they will be able to vote.</p> <p>Cmdr. Nelson appointed the following as members of this committee:</p> <p style="padding-left: 40px;">Kay Wilson-Bolton, BHAB Anna Colangelo, Casa Pacifica David Vahidi, Children and Family Services Erin Locklear, Interface Georgia Perry, NAMI Jennifer Goble, TAY Tunnel Vannessa Cortez, TAY Tunnel Cici Romero, TAY Tunnel</p>	<p>Appoint members to this committee</p>	<p>Cmdr. Nelson</p>
<p>IX.</p>	<p>New Business</p> <p>A. Discussion on "Site Visit Recommendations" Cmdr. Nelson noted that the committees have been asked to provide the full board with suggestions on site visits for the remainder of the fiscal year. The committee suggested the following: Interface in downtown Oxnard, Casa de Esperanza, Many Mansions, Turning Point Wellness Center, One Step a la Vez in Fillmore. Cmdr. Nelson will share this list with the full board at the upcoming General Meeting.</p> <p>B. Discussion on Los Angeles County's push for changes regarding the definition of "Gravely Disabled" Cmdr. Nelson distributed copies of a Daily News article. It discusses the push by Los Angeles County to expand the definition of "gravely disabled" to include health concerns. Ms. Colangelo noted that the pros and cons of the proposed amendment need to be weighed so that the civil rights of the mentally ill are not violated. The committee agreed to ask the BHAB full board to monitor this.</p> <p>C. Prepare to Discuss Goals and Objectives Cmdr. Nelson distributed copies of the BHAB Objectives for 2017-18. He noted that for the next year the full board will adopt some of the committees' objectives as its own, and he asked all to start thinking of objectives that this committee could adopt and send to the full board. Cmdr. Nelson also noted that throughout the year, the committees will be asked to evaluate their progress toward their objectives. He will prepare a performance evaluation analysis that will be reviewed at the April meeting.</p>		
<p>X.</p>	<p>VCBH Transitions Update – Sevet Johnson Sevet Johnson was not in attendance.</p>		
<p>XI.</p>	<p>VCBH Alcohol & Drug Program Update – Anna Flores Anna Flores was not in attendance.</p>		
<p>XII.</p>	<p>Providers Update</p> <p>A. Greg Bergan noted that MHSA staff are focusing on data regarding Prevention and Early Intervention. They are working on updating the three-year plan, which looks at outcomes and will be sent to the state.</p>		

	<p>B. Pam Roach noted that her role as transformational liaison is to be a bridge between the community and VCBH. She provides orientations to newly-enrolled clients.</p> <p>C. Erin Locklear noted that Interface is working on a Housing and Urban Development (HUD) grant application that would focus on youth homelessness. She also noted that there is a push to tackle homelessness in this county.</p> <p>D. Vanessa Cortez noted that the TAY Tunnel had an ice cream social. Staff is present at various resource fairs.</p>		
XIII.	<p>Committee Members' and Participants' Comments, Activities</p> <p>A. Anna Colangelo noted that SB 968 is under consideration in Sacramento. It would require that state colleges have one full-time equivalent mental health counselor per 1,000 students.</p> <p>B. Cici Romero noted that Pacific Clinics staff is supporting the passage of SB906, which would establish a statewide peer, parent, transition-age and family support specialist certification program.</p> <p>C. Georgia Perry noted that the NAMI Walk will be held on October 13.</p> <p>D. Andrew Nelson noted that he has met with Rapid Integrated Support and Engagement (RISE) staff. Ventura College currently employs five interns, four of them part-time.</p>		
XIV.	<p>Items for Next Meeting Agenda</p> <p>Invite Turning Point Foundation to present.</p>	Contact Jason Meek	E. Pham
XV.	<p>Adjourn</p> <p>The meeting adjourned at noon.</p>		

Wise Relationships with Your TAY

FOR PARENTS AND CAREGIVERS OF ALL STRIPES WHO CARE FOR TAY WITH MENTAL HEALTH ISSUES

Why TAY? Responding to a need

- ▶ Support/education groups available to parents of children with emotional challenges (United Parents)
- ▶ Support groups available to parents of adult children with serious and persistent mental illness (NAMI)
- ▶ "Wise Relationship" designed specifically to address unique challenges of parents or caregivers of youth, ages 16 to 25 years, who have mental health challenges

History of Wise Relationship

Developed in collaboration with

- ▶ Ventura County Behavioral Health
- ▶ Pacific Clinics
- ▶ Telecare Corporation
- ▶ Parents
- ▶ NAMI

Format

- ▶ Eight free, biweekly practical skills classes
- ▶ Optional peer-led discussion groups on alternate weeks
- ▶ Topics addressed skills for communicating with TAY and wellness tools for parents and caregivers
- ▶ Hosted by Pacific Clinics TAY Wellness and Recovery Center

Topics

- ▶ The TAY Brain
- ▶ Mindfulness
- ▶ Motivational Interviewing
- ▶ Wellness and Recovery Action Plans
- ▶ Engaging your TAY
- ▶ Mental Health First Aid
- ▶ Problem Solving
- ▶ Substance Abuse
- ▶ Engaging your TAY in Community Resources

Outreach and Participants

- ▶ TAY Survey Monkey
- ▶ Flyer distributed via email to VCBH, schools, SELPA and community partners county-wide
- ▶ Twenty-three parents and/or caregivers participated from all areas of the county – Westlake to Ojai

Outcomes

- ▶ Evaluations completed by participants at conclusion of eighth session
- ▶ Input from parents/caregivers led to revamped format
- ▶ Which became.....

Parent and Caregiver Problem-Solving Group

Format

- ▶ Two times a month problem solving group facilitated by two trained individuals
- ▶ 6:00 pm dinner provided at no charge
- ▶ 6:15 check in with each participant regarding what is going well, what could be better
- ▶ Highlight one person/family's problem for problem-solving
- ▶ Group brainstorm solutions, identifying positive and negative of each
- ▶ Identified person/family will choose an action plan based on proposed solutions and this becomes homework to be completed for next session, at which time the new session will begin with a report on how the plan worked

Participants

- ▶ Initial invitation to those previous participants of the TAY Skills series
- ▶ Participants' TAY ranged 15- 24 years of age
- ▶ Additionally folks attended who were not part of initial series
- ▶ Where are we now. . . .

NEWS

LA County leaders press forward to amend state law to help 'gravely disabled' homeless



Bearing cuts all over his face, a homeless drug addict, who said his name is April Jane, aimlessly stares into space on a sidewalk in the Skid Row area of downtown Los Angeles, Thursday, Nov. 2, 2017. No one shares the same story how they ended up in the center of poverty and despair. The streets are ruled by drugs day and night. Help exists, but too many turn to drugs to cope with their problems. (AP Photo/Jae C. Hong)



By **SUSAN ABRAM** | sabram@scng.com | Daily News



PUBLISHED: January 30, 2018 at 6:16 pm | UPDATED: January 31, 2018 at 1:14 pm

The 80-pound homeless woman who lives on Skid Row has cancer. She also has been stabbed three times.

But she can't be taken to a hospital by social workers. Current state law says even if she's been diagnosed with a mental illness and she doesn't know she's suffering, she has a right to refuse medical help.

“Where do outreach and services end and intervention begin?” social worker Anthony Ruffin asked the Board of Supervisors Tuesday during their weekly public meeting in downtown Los Angeles.

“In my experience, we have met people out there who are gravely disabled, but due to the law they perish on the streets,” he said as he choked back tears, telling them about the cancer-stricken woman. “There's nothing we can do right now but watch this slow death. It is emotionally draining and it also brings our moral obligation to light.”

Faced with a growing number of such stories on Los Angeles County's streets, the Board of Supervisors voted 4 to 1 Tuesday to sponsor legislation that would allow social workers such as Ruffin and members of law enforcement to determine if a homeless person is “gravely disabled” enough to be detained and taken into medical care.

That means the county will pursue amending a state code to expand the definition of gravely disabled, which currently reads: “A condition in which a person, as a result of a mental disorder (rather than a chosen lifestyle or lack of funds) is unable to provide for his or her basic needs for food, clothing or shelter.”

In their joint motion, Supervisors Kathryn Barger and Mark Ridley-Thomas want to add the phrase “or medical treatment where the lack or failure of such treatment results in substantial physical harm or death.” to the definition. There are 37 other states that have language similar to what the county is proposing, Barger said.

"Allowing the most vulnerable to languish and even die on the streets without a lifeline to medical care is inhumane," Barger said. "With today's action, we can move forward to employ an effective approach to help deliver lifesaving treatment and care for those desperately in need and add California to 37 other states who consider medical treatment a basic human need for those suffering from a mental illness."

Barger said pursuing the amended language to the definition of gravely disabled was needed, because along with the increasing number of homeless people living on Los Angeles County's streets, the number who died doubled in the last five years, rising to 831 deaths in 2017, according to a recent report.

RELATED STORY: [More of LA County's homeless are dying. Here's why](#)

Many of those deaths were deemed preventable, according to the report compiled by the county's Department of Mental Health.

While there is no definitive conclusion, at least 28 percent of the nearly 58,000 homeless people county on Los Angeles County's streets and in shelters last year reported having been diagnosed with a mental illness.

Ridley-Thomas said amending the state definition of gravely disabled is one piece of a multi-dimensional approach the county can take to help the most vulnerable.

"The status quo is not working and in fact it's unacceptable," he said. "This is in not a one-dimensional pursuit. This is complementary in terms of a range of things that need to happen."

Parents and relatives who testified to the Board Tuesday agreed with the amended language, saying more was needed to help their sons and daughters, brothers and sisters from dying on the streets when they don't even know they are suffering.

Sandy Carlson said her son cycles in and out of court and then is back onto the streets. She supported the Board's efforts.

"Maybe my son will be able to have his life saved," she told the Board. "My son suffers from lack of insight. He does not know he is seriously mentally ill."

Brittney Weissman, Executive Director of National Alliance on Mental Illness (NAMI), said her agency is in support of the expanded definition of gravely disabled as well, because it also will help families, providers and law enforcement.

“They want a positive outcome for the person they’re engaging, but the limits of the law insist they turn away from providing lifesaving help,” Weissman told the Board. “We have done much in our county over the last two years to help people who are justice-involved and live with serious mental illness and/or substance use disorders. We need to energize the same commitment to reforming our mental health system.”

But Supervisor Sheila Kuehl, who cast the lone no vote, said she remained concerned with the amended language and how it affects self-autonomy and civil rights.

She questioned if the system in place is good enough to support people taken away. For example, many homeless people have pets, and being forced into treatment or a hospital means they would leave dogs and cats behind.

“It is troubling to some people,” she said.

In addition, there’s been a history of forced treatment on some communities.

RELATED STORY: L.A. County leaders seek more ability to detain, help people with severe mental illness

Kuehl listed forced sterilization in prisons as an example, as well as LGBTQ youth who were placed in mental institutions as examples of civil rights violations.

“We must have safeguards in place,” she added.

Delilah Niedbalec, 23, said she’s been homeless for two years. She opposed the amended language, she told the board, because hospitals don’t treat homeless people well.

Asked to address those concerns, Dr. Jonathan Sherin, director for the county’s Department of Mental Health, told the board he has reached out to civil rights groups and others to help craft legislation. About 80 percent agree with the language, but 20 percent do not, and he said he’s open to learning about their concerns.

“I don’t see this as an expansion of grave disability, but a clarification” he said to the supervisors. “Physical deterioration or risk of death are indicators that self care is not intact. I am like all others, very focused on how this will be implemented.”

-This story has been updated to correct typos.

Tags: **community, Environment, health, LA County Board of Supervisor**



Susan Abram

Susan Abram covers public health and county government for the Los Angeles

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BHAB Objectives

2017-18

Finalized at the General Meeting of June 19, 2017

1. As funding and resources diminish, stay focused on caring for the Severely and Persistently Mentally Ill (SPMI) through the delivery of integrated services utilizing County and community partners.
2. Support efforts to streamline access to mental health and substance abuse services.
3. Advocate for school-based services for children at risk of mental illness.
4. Support local efforts to divert those with severe mental illness from the criminal justice system.
5. Conduct at least six site visits in the fiscal year, including reviewing each relevant contract, per Site Visit Protocol.
6. Explore ways to better meet the needs of adults in crisis by supporting cooperation between Ventura County Behavioral Health, hospitals and the Crisis Residential Treatment (CRT).
7. Advocate for Ventura County Behavioral Health to provide services to meet the culturally diverse needs of the community.

Ongoing efforts

1. Advocate for increased supported housing, and partner with cities to open year-round housing with integrated services for the SPMI.
2. Advocate for integrated programs and residential settings for those in all age groups with mental health, suicidal ideations, and addiction challenges.
3. Advocate for additional local treatment facilities for inmates within the Justice system in order to expedite their treatment to help them regain trail competency and return them to court for adjudication.
4. Advocate for the older adult population with mental illness and physical issues.