


BEHAVIORAL HEALTH ADVISORY BOARD
YOUTH & FAMILY COMMITTEE
MINUTES ▪ Wednesday, January 11, 2017

<p>Present Denise Nielsen, Chair Martie Miles, Aspiranet Marika Collins, Casa Pacifica Ken McDermott, CFS Laura Gutierrez Woolridge, Interface Joelle Vessels, Interface Crystal Cummings, Kids & Families Together Karina Garcia, Kids & Families Together Daisy Polido, New Dawn Laurie Jordan, Rainbow Connection Regina Reed, SELPA Lori Litel, United Parents Sheri Long, Vista Real Charter High School</p>	<p>VCBH Managers/Staff Present Pete Pringle, Youth & Family Division Chief Dr. Deborah Thurber, Y&F Division Medical Director Pam Roach, Transformational Liaison Julie Glantz, STAR/Crisis Team/RISE Manager Edith Pham, BHAB Assistant</p> <p>NEXT MEETING: Wednesday, February 8, 2017, 10:00 a.m. – 12:00 pm</p> <p>Ventura County Behavioral Health 1911 Williams Drive, Training Room (first floor), Oxnard</p>
---	---

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 Chair Denise Nielsen called the meeting to order at 10:05.		
II.	Approval of the Agenda Ms. Nielsen asked the Committee to review and approve today's agenda.	The agenda was approved as written. M/S/C	
III.	Approval of the Minutes Ms. Nielsen asked the committee to review and approve the minutes of the November 16, 2016 meeting.	The minutes were approved as written. M/S/C	
IV.	Welcome and Introductions Ms. Nielsen welcomed everyone and asked for introductions.		
V.	Chair Announcements Ms. Nielsen wished everyone a happy New Year.		
VI.	Public Comments None.		
VII.	New Business Presentation: Crisis Team – Julie Glantz, Manager <ul style="list-style-type: none"> • Over the last three years there has been a large increase in calls to the Crisis Team regarding children and youth, in 5585 holds written for minors, and in youth hospitalizations. • This Fiscal Year there is only one crisis team that provides services to adults, children and youth. The VCBH Crisis Team has increased its staffing. • The Children's Crisis Stabilization Unit (CSU) opened in early December 2016 with the goal of increasing in-home stabilization and reducing hospitalizations. It provides assessment and stabilization for children ages 6 to 17. It has four 23-hour beds. Private insurance, Medi-Cal, non-insured are accepted. • The Crisis Team answers all calls and covers the entire county. • Law Enforcement collaborates on some calls: when Crisis Team staff are all out on other calls, or when assault or weapons are involved. • The Crisis Team tries to stabilize clients in the community. It provides follow-up services as warranted. • RISE provides linkage as needed. It can be reached at 981-4233. See attached for details. 	Information	

VIII.	<p>Old Business</p> <p>A. Creation of an app for the Family Resource Packet – Pete Pringle Pete Pringle has discussed this idea with IT. He is looking into using MHSA funds. This is in the preliminary stages. Joelle Vessels proposed linking the app to 211, which is regularly updated. Pam Roach, Denise Nielsen, Marika Collins, Lori Litel and Joelle Vessels agreed to team up on this project and review the current content of the packet. Pete Pringle will send an invitation to the first meeting.</p> <p>B. Suicide Prevention workgroup – Kiran Sahota Ms. Sahota was not in attendance.</p> <p>C. Parent workgroup – Lori Litel Ms. Litel hopes to offer the parent partner curriculum training on a quarterly basis. United Parents is trying to get additional positions to handle referrals from other agencies. Currently, it is contracted to get referrals only from VCBH.</p> <p>D. VCBH update – Pete Pringle</p> <ol style="list-style-type: none"> 1. The CSU opened on December 7. The ribbon-cutting ceremony will be on January 26. The census averages one child/youth per day. So far, 35 children have been served. 2. The COMPASS program (children's crisis residential) is not yet open due to a licensing issue. 3. CCR (Continuum of Care Reform) took effect on January 1st. Its goal is to get foster children out of congregate care. Foster families are needed. 4. VCBH assesses all children who come into the foster care system. The innovative PASS (Priority Access to Services and Support) is being piloted to assess parents within 5 days of referrals; eventually, this will also apply to all the children coming into CCR. The Board of Supervisors has approved additional positions to handle the increased workload. 5. The ISES (Intensive Social Emotional Services) program has expanded by five clinicians. One clinician now works at the Juvenile Facilities with students who are in Special Education. <p>E. VCBH Youth & Family Division Medical Director's update – Dr. Thurber</p> <ol style="list-style-type: none"> 1. Dr. Dresnin has retired. He was working at the Juvenile Facilities. 2. The JD paperwork is still a problem as there has not been a change in regulations. Children in foster care have to have a judge's order to take medications, including those that were prescribed prior to foster care. 	Send meeting invitation	P. Pringle
IX.	<p>Committee Members' Comments, Activities, updates, items of interest</p> <p>A. Laurie Jordan stated that to mark May is Mental Health Month, the Child Abuse Council for Ventura County is inviting this Committee to prepare a list of available resources, which will be used as part of a public campaign.</p> <p>B. Marika Collins noted that the Governor is reducing the funding to crisis services for children, from \$28 million to \$11 million, by putting on hold programs that are not currently in place.</p> <p>C. Regina Reed announced that Agency 101 will be on January 25, and Carpe Diem on March 10.</p> <p>D. Laura Gutierrez Woolridge noted that Interface is taking PETSAs referrals for children victims of sexual abuse. Call 485-6114.</p>	Prepare a list of available resources by March	Committee
X.	<p>Items for the Next Meeting Agenda</p> <p>Sheri Long agreed to present on Vista Rialto Charter High School.</p>		
XI.	<p>Adjourn</p> <p>The meeting adjourned at 11:20.</p>		



VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

January 11, 2017

**CHILDREN'S CRISIS
CONTINUUM OF CARE**

Julie Glantz, LCSW
Behavioral Health Manager

Children's Crisis Continuum of Care

AN OVERVIEW
HISTORICAL SERVICES AND
MOVING FORWARD

Children's Crisis Continuum of Care

Need For Response Has Grown Year-Over-Year

- The Numbers – 3 Year Trending
 - 68% Increase In Calls
 - 43% Increase in 5585's Written
 - 37% Increase in Hospitalization
 - Recidivism Remains at 33%
 - Community; 31% Emergency Rooms; 40% Schools; 29%

Children's Crisis Continuum of Care

Current System

- **24/7 Children's Crisis Team**
 - Minimal Staffing – On Call Overnight & Weekends
- **Law Enforcement**
 - Default Responders
 - 73% Transported to A&R – 20% to EDs
- **Emergency Departments**
 - Become 'Holding Area' for MH Needs
 - Ill-Equipped to Assess & Determine Disposition
 - Responsible for 'Bed Finding'
- **Assessment & Referral Adult Unit (A&R)**
 - Not Licensed Nor Prepared for Youth
 - Over 500 Youth Transferred Annually
 - Lack of Children's Hospital Beds (California has 1 bed for every 5,975 / Should Be 2,000)
- **The Result**
 - Reliance on 'Non-Mental Health' Professionals to Determine Disposition
 - Lack of Coordination and Consistency in Treatment Planning
 - Law Enforcement Pulled From Their Responsibility For Community Safety
 - Emergency Departments Housing Youth – Sometimes For Length of Hold
 - Unnecessary Hospitalization
 - Lack of After-Care Follow-Up Resulting in Re-Hospitalization

Children's Crisis Continuum of Care

Moving Forward – A Full Continuum of Services

- **24/7 Crisis Team**
 - Increased Staffing
 - Phone Triage
 - Face-To-Face Community Assessment & Stabilization
 - Coordinate Next Level of Care if Indicated
- **Crisis Stabilization Unit (CSU)**
 - 23hrs/59min Assessment and Stabilization
- **Short Term Crisis Residential Program (COMPASS)**
 - Up To 30 Days
 - Not Able To Stabilize In Under 24 Hours
 - Not Acute Enough For Hospitalization
 - Step Down In Care
- **Hospitalization**
 - When Appropriate and Coordinated
- **RISE Aftercare or Coordinated Follow-Up In Home Clinic**
 - For Clients Not Enrolled In Mental Health Services RISE will Follow-Up and Transition to Aftercare
 - 60% of Crisis Services Are To Youth Not Enrolled in Mental Health Services

Children's Crisis Continuum of Care

Our Partners In Collaboration, Development & Protocol

- **Development of Protocols Across Agencies, Departments and Community Partners**
 - Law Enforcement
 - VCOE / SELPA
 - Emergency Medical Services EMS / AMR
 - Hospital Association
 - Human Services Agency
 - Probation Department
 - Tri-Counties Regional Center
- **What We Can Expect**
 - Increased In-Home Stabilization
 - Reduction In Reliance on Law Enforcement Time and Response To Mental Health Crisis
 - Decrease In Emergency Department Youth In Mental Health Crisis
 - Increase In Coordinated Efforts with Emergency Transport Services - Algorithm
 - Reduction in 5585 Applications by Over 50%
 - Reduction In Hospitalization by 50%
 - Reduction In Recidivism by Over 50%
 - Increase in Youth Receiving Coordinated Mental Health Services in the Community
 - Decrease in 'Bottle Neck' at School Site With Coordinated Effort Across CT, LE, EMS, ED & CSU

Mobile Crisis Team

Mobile Crisis Team

- 24/7
- All Ages
- Field Visits and Phone
- Respond Anywhere in Ventura County
- Crisis Intervention/De-escalation
- Linkage/Resources & Crisis Follow-Up
- 5150/5585 Evaluations

Mobile Crisis Team

Multi-Disciplinary Staff of 30

- Registered Nurses
- Psychiatric Technicians
- Behavioral Health Clinicians
 - Licensed Clinical Social Workers
 - Marriage and Family Therapists
- Full Time and Per Diem Staff

Two base locations : West and East Counties

Number of staff on duty: Varies with time of day

Mobile Crisis Team

When to Call Crisis Team

- *After* you have exhausted your internal crisis de-escalation procedures and have consulted per your school's established protocols
- *And* when the following are still present:
 - Threatening to harm/kill **Self and/or Others**
 - Presenting as gravely disabled (could include signs of psychosis)

Mobile Crisis Team

When to Include Law Enforcement

- **Physically assaultive**
- **Has a weapon**
- **Has eloped**

When to Seek Medical Attention

- **Injuries present (fresh cuts, substances ingested, trauma)**

Mobile Crisis Team

Goals

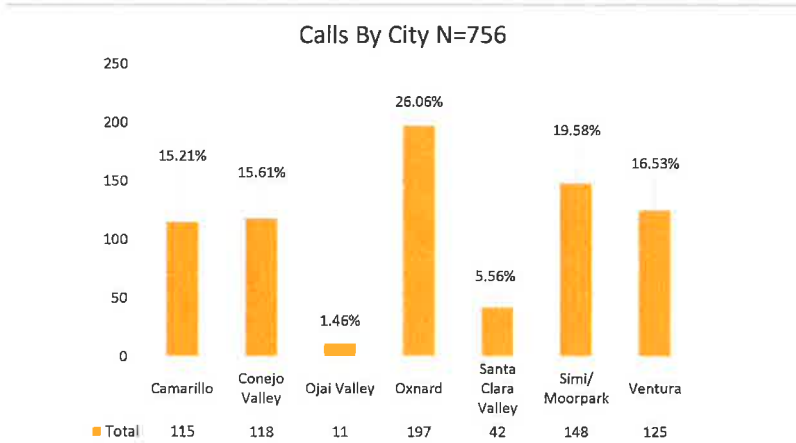
- De-Escalation
- Safety Plan when possible
- Linkage to resources and needed services
- Immediate Follow-Up offered
- Reduce Recidivism
- Reduce total number of hospitalizations

Follow-Up Services

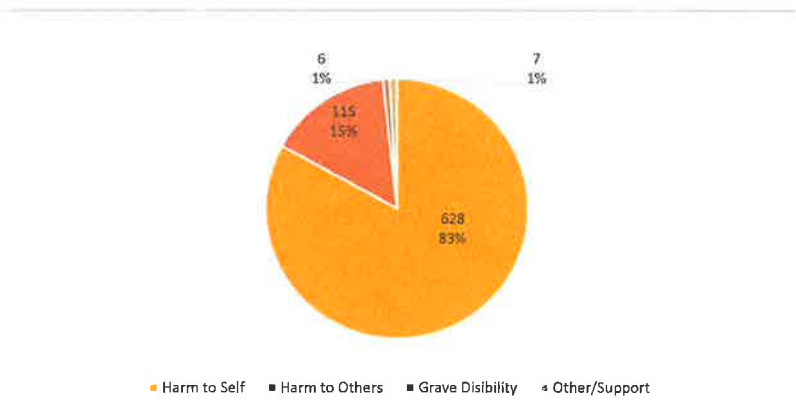
Post Crisis Follow Up Services

- Crisis Team coordinates follow up with VCBH Clinic for enrolled clients
- Crisis Team offers next day follow up for all field visits
- Crisis Team offers immediate link with VCBH RISE Program for follow up services until unenrolled client is linked to ongoing mental health services
- RISE Outreach, engagement and in-home stabilization

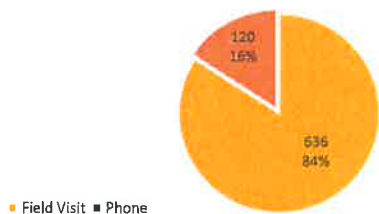
May 1, 2016 - December 31, 2016 Overview of Youth Crisis Calls By City N=756



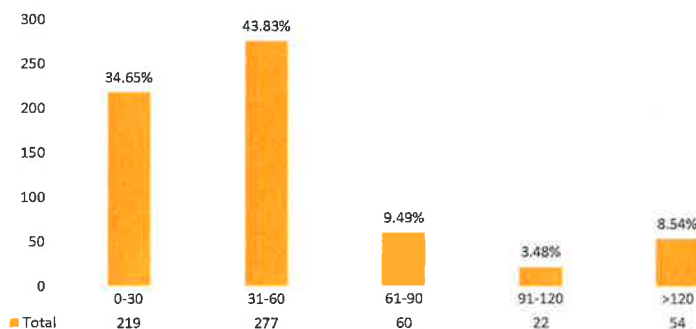
May 1, 2016 - December 31, 2016 Overview of Youth Crisis Calls Reason for Call N=756



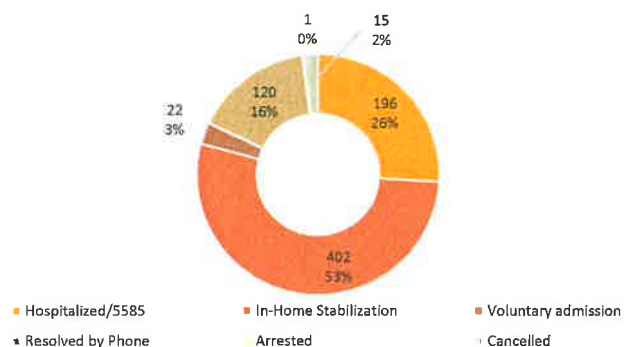
May 1, 2016- December 31, 2016 Youth Crisis Responses Response Type N=756



May 1, 2016 - December 31, 2016 Youth Crisis Field Visits Response Time



May 1, 2016 - December 31, 2016 Youth Crisis Outcomes



VCBH Programs

Questions?

VCBH Crisis Team Contact Information

- 24/7 Mobile Crisis Team Hotline 1-866-998-2243
 - Behavioral Health Manager, Julie Glantz, LCSW
 - julie.glantz@ventura.org, 805-981-5476
 - Clinic Administrator, Robin Boscarelli, Ph.D.
 - robin.boscarelli@ventura.org, 805-981-5432
 - Clinic Administrator, Erick Elhard, BCBA
 - erick.elhard@ventura.org, 805-973-5307

RISE (Rapid, Integrated Support & Engagement)

Developed from STAR's existing successful *Bridge Building* initiative, the primary mission of RISE is to prevent clients from "falling through the cracks" by engaging them early, frequently, and comprehensively via Bridge Building Services.

The RISE Team builds upon established relationships with law enforcement, IPU, A&R, NAMI, Client Network and other community providers to ensure services are integrated and reflect community priorities and develop new community relationships as necessary.

RISE continued

The team has identified core parts of bridge building services:

- Establish contact intervals (daily, periodically, etc.), methods (phone, in person, etc.), and staff (CSC, BHC, Specialist)
- Assess basic needs and provide required linkage (food bank, bus tokens, shelter, etc.)
- Perform Safety Analysis
- Develop Action Plan for linkage to VCBH
- Provide transportation as needed
- Coordinate warm handoff with clinics

Overview of RISE Team



Crisis Stabilization Unit and COMPASS

RISE Team will have a clinician co-located at the CSU and COMPASS.

- Ensure linkage to services for unenrolled youth.
- Ensure communication and reconnection back to VCBH clinics for enrolled youth.
- Assist families with connection to appropriate resources as needed.

Crisis Stabilization Unit

Program Overview

- WIC 5151 Receiving Center
- Population served
- Staffing model
- Services and interventions

In Practice:

- Voluntary and involuntary
- Referrals
- EMS involvement
- Medical Stability
- Multidisciplinary assessment
- Stabilization and safety planning or transfer

COMPASS Comprehensive Assessment and Stabilization Services

Program Overview

- Short term hospital alternative residential program
- Population served
- Staffing model
- Interventions and services
- Family involvement
- Transition and aftercare

Collaboration

CSU

- HIPAA
- Notification
- Collateral assessment

COMPASS

- Communication with Schools
- Transition and aftercare planning

Questions?

Thank you for your time.

Please let us know if you have any questions.