

BEHAVIORAL HEALTH ADVISORY BOARD
YOUTH & FAMILY COMMITTEE
MINUTES ■ Wednesday, August 8, 2018

<p>Members Present Denise Nielsen, Committee Chair Ken McDermott, Children and Family Services Heather Davidson, First 5 Ventura County Laurie Jordan, Rainbow Connection Regina Reed, SELPA Lori Litel, United Parents</p> <p>Others Present Gina Petrus, BHAB Vicki Murphy, Casa Pacifica Beau Godtel, Casa Pacifica Yalitza Pena, Children and Family Services Joelle Vessels, Interface Carole Shelton, Rainbow Connection Yanka Ricklefs, SELPA</p>	<p>VCBH Managers/Staff Present Jennifer Dougherty, Youth & Family Division Manager Dr. Lisa Acosta, Y&F Division Medical Director Hilary Carson, MHSA Pam Roach, Transformational Liaison Edith Pham, BHAB Assistant</p> <p>NEXT MEETING: Wednesday, September 12, 2018, 10:00 a.m. – 12:00 pm</p> <p>Ventura County Behavioral Health 1911 Williams Drive, Training Room (first 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 Chair Nielsen called the meeting to order at 10:10 a.m.		
II.	Approval of the Agenda Ms. Nielsen asked the Committee to review and approve today's agenda. Laurie Jordan moved to approve, Dr. Acosta seconded. The motion passed unanimously.	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 June 13, 2018 meeting. Dr. Acosta moved to approve, Regina Reed seconded. The motion passed unanimously.	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 announced that Aegis Treatment Centers will hold an open house at its Oxnard office suites on August 23 at 4:00 p.m. See attached. Ms. Nielsen passed around an article published by The Globe in Boston, titled "Long ER waits persist for children in mental health crises." See attached.		
VI.	Public Comments None.		
VII.	Old Business: Fiscal Year 2017-18 Annual Report Draft 1 of the BHAB Youth & Family Committee 2017-18 Annual Report was reviewed and updated. The committee agreed to the following changes: Under Achievements, add: <ol style="list-style-type: none"> 1. Increased membership on this committee as a result of an update in the BHAB Bylaws. 2. Members disseminated information on the services available to children and youth and their parents/caregivers. 3. Members provided community support in the wake of the Thomas Fire. 4. Members continued to monitor and receive updates on the children's Crisis Stabilization Unit (CSU). 		

<p>Under Challenges, add:</p> <ol style="list-style-type: none"> 1. The loss of Vista del Mar Psychiatric Hospital due to the Thomas Fire in early December 2017 negatively impacted the community and VCBH clients. 2. As a result of the Continuum of Care Reform, group homes have to convert their license or stop operating. Only two providers, Casa Pacifica and Seneca, operate a local Short-Term Residential Treatment Program (STRTP). 3. Recruiting foster families, including emergency foster families, who could serve as an alternative to STRTP, is problematic. 4. Prevention and early intervention services for children ages 5 and under are insufficient. Parents/caregivers and preschool teachers are not attuned to the mental health needs of young children. <p>Under Opportunities, add:</p> <ol style="list-style-type: none"> 1. The committee is eager to design a Mental Health Services Act (MHSA) Innovative project that will focus on early intervention for young children exhibiting signs of emerging mental health needs but who do not qualify for services currently available. The project will target preschool teachers and engage academic institutions and local colleges to develop a curriculum for teachers and enhance the current coursework. 2. Utilize the results of parent surveys administered by United Parents to understand the needs and concerns of parents and caregivers. <p>Under Recommendations, add:</p> <ol style="list-style-type: none"> 1. Create a one-page flyer on the BHAB Youth & Family Committee and distribute copies at various community events. 2. Educate parents and caregivers, particularly those with children in private preschools. 3. Understand the needs and concerns of teachers, from preschool through high school. <p>Under 2018-19 Objectives Change objective 2.c, to read "Create innovative strategies to learn about parents/caregivers' needs and concerns."</p> <p>The committee will finalize the report at the September meeting.</p>		
<p>VIII. Ventura County Behavioral Health (VCBH) Youth & Family Division Updates</p> <p>A. Youth & Family Division – Jennifer Dougherty</p> <ol style="list-style-type: none"> 1. The NAMI Walk will be on October 13. All are invited to join the VCBH team or create their own team. 2. SELPA and VCBH are partnering to give presentations on children with emotional needs. The intended audience is special education teachers, clinicians providing Educationally Related Social Emotional Services (ERSES), and other professionals. About five presentations will be given throughout the county, and all school districts are invited to participate. 3. ERSES continues to expand. Of the 900 or so students who receive services, about 300 are in Oxnard, and about 200 are in the Simi Valley/Moorpark area. The services are IEP-driven and do not require that the student be covered by Medi-Cal. 4. All the students who are enrolled at Phoenix School exhibit serious mental and behavioral health challenges. Additional support for the clinicians at that school will be provided by the County Employee Assistance Program (EAP) during meetings which will be held every other month. <p>B. Youth & Family Division Medical Director – Lisa Acosta, M.D.</p> <ol style="list-style-type: none"> 1. A new psychiatrist has started; she is providing support at the Pediatric Diagnostic Clinic a couple of days per month. She will consult with the pediatricians as needed. 2. The eating disorder workgroup held its second meeting. It is planning for services to youth and adults. A dietician is needed to help the workgroup. Over 90 VCBH clients (youth and adults) have been diagnosed with an eating disorder. 		

	<p>C. Mental Health Services Act (MHSA) – Hilary Carson</p> <ol style="list-style-type: none"> 1. The suicide prevention conference will be on September 19. Registration will first be open to the college community, then will be open to the community. A keynote speaker is urgently needed, and recommendations are welcome. 2. The suicide remembrance walk/Out of The Darkness Walk will be on September 15 at Constitution Park in Camarillo. 3. The community survey on needs assessment will be launched at the end of August. All are welcome to fill it out. This survey is in addition to a needs assessment meeting for community leaders on August 22 and several focus groups in September and October. 		
IX.	<p>Committee Members’ and Participants’ Comments, Activities, Updates</p> <ol style="list-style-type: none"> A. Parent Workgroup – Lori Litel, United Parents United Parents has received many surveys completed by parents. B. Carole Shelton shared copies of a flyer on Military Moms “New Mom” meet-up on August 16 on the Huneme Base. See attached. 		
X.	<p>Items for the Next Meeting Agenda</p> <p>Schedule a presentation on Commercial Sexual Exploitation of Children (CSEC). Ken McDermott will provide contact information to the BHAB assistant.</p> <p>Lori Litel agreed to present on parents and caregivers during the October meeting.</p>	<p>Share CSEC contact information</p> <p>Present in October</p>	<p>K. McDermott</p> <p>L. Litel</p>
XI.	<p>Adjourn</p> <p>The meeting adjourned at 11:50 a.m.</p>		

CONSEJO ASESOR DE BEHAVIORAL HEALTH

COMITÉ DE JÓVENES Y FAMILIAS

ACTAS ■ Miércoles 8 de agosto de 2018

<p>Miembros presentes Denise Nielsen, Copresidente de Comité Ken McDermott, Children and Family Services Heather Davidson, First 5 Ventura County Laurie Jordan, Rainbow Connection Regina Reed, SELPA Lori Litel, Padres Unidos</p> <p>Otros Presentes Gina Petrus, BHAB Vicki Murphy, Casa Pacifica Beau Godtel, Casa Pacifica Yalitza Pena, Children and Family Services Joelle Vessels, Interface Carole Shelton, Rainbow Connection Yanka Ricklefs, SELPA</p>	<p>VCBH Managers/ Personal Presente Jennifer Dougherty, Gerente del Comité de Jóvenes y Familias Dra. Lisa Acosta, Directora Médica de la División de Jów. y Fam. Hilary Carson, MHSA Pam Roach, Enlace para la Transformación Edith Pham, Asistente BHAB</p> <p>PRÓXIMA JUNTA: Miércoles 12 de septiembre de 2018, 10:00 a.m. – 12:00 pm</p> <p>Ventura County Behavioral Health 1911 Williams Drive, Training Room (planta baja), Oxnard</p>
<p>Nota: El Comité aún no ha aprobado estas actas. Puede haber adiciones/supresiones o correcciones antes de que las actas sean aceptadas en forma definitiva.</p>	

	DISCUSIÓN /CONCLUSIONES	RECOMENDACIONES/ ACCIONES	RESPONSABLE
I.	Se convoca la reunión Presidente Nielsen convocó la reunión a las 10:10 a.m.		
II.	Aprobación del Orden del Día La Sra. Nielsen pidió al comité revisar y aprobar el orden del día. Laurie Jordan hizo la petición para su aprobación, secundado por la Dra. Acosta. La petición fue aprobada por unanimidad.	Se aprobó el orden del día sin modificaciones. M/S/C	
III.	Aprobación de las Actas La Sra. Nielsen pidió al comité revisar y aprobar las actas de la reunión del 13 de junio de 2018. La Dra. Acosta hizo la petición para su aprobación, secundada por Regina Reed. La petición fue aprobada por unanimidad.	Se aprobaron las actas sin modificaciones. M/S/C	
IV.	Bienvenida y presentaciones La Sra. Nielsen dio a todos la bienvenida y pidió que se hagan las presentaciones.		
V.	Anuncios del Presidente La Sra. Nielsen anunció que Aegis Treatment Centers celebrará un evento abierto al público en sus suites de Oxnard el 23 de agosto a las 4:00 p.m. Ver anexo. La Sra. Nielsen circuló un artículo publicado por The Globe en Boston, titulado "Persisten las largas esperas en Urgencias para los niños en crisis de la salud mental." Ver anexo.		
VI.	Comentarios del Público Ninguno.		
VII.	Asuntos Anteriores: Informe Anual del Año Fiscal 2017-18 Se revisó y se actualizó el borrador 1 del Informe Anual 2017 - 2018 del Comité de Jóvenes y Familias. El Comité acordó los siguientes cambios: En Logros, agregue: 1. Se amplió la membresía como resultado de una actualización en los Estatutos de BHAB. 2. Los miembros difundieron información sobre los servicios disponibles para los niños y los jóvenes y sus padres/ cuidadores 3. Los miembros apoyaron a la comunidad por el incendio Thomas		

	<p>4. Los miembros continuaron monitoreando y recibiendo actualizaciones sobre la Unidad de Estabilización en caso de Crisis Infantil (CSU).</p>		
	<p>En Desafíos, agregue:</p> <ol style="list-style-type: none"> 1. La pérdida del hospital psiquiátrico Vista del Mar debido al incendio Thomas a principios de diciembre de 2017 afectó negativamente a la comunidad y a los clientes de VCBH 2. Como resultado de la Reforma a la Atención Continua, los hogares para grupos tienen que convertir su licencia o parar de funcionar. Sólo dos proveedores, Casa Pacifica y Seneca, operan un Programa local de Tratamiento Residencial a Corto Plazo (STRTP). 3. El reclutar familias de acogida, incluidas las familias de acogida de emergencia, quienes podrían servir como una alternativa al STRTP, es problemático. 4. Los servicios de prevención y de intervención temprana para niños de 5 años o menores son insuficientes. Los padres/cuidadores y maestros preescolares no toman en consideración las necesidades de salud mental de los niños pequeños. <p>En Oportunidades, agregue:</p> <ol style="list-style-type: none"> 1. El Comité está ansioso por diseñar un proyecto innovador de la Ley de Servicios de Salud Mental (MHSA) que se centrará en la intervención temprana para niños pequeños que muestren síntomas de necesidades emergentes de salud mental pero que no califiquen para los servicios actualmente disponibles. El proyecto estará dirigido a maestros de preescolar e involucrará a instituciones académicas y escuelas de nivel superior locales para desarrollar un plan de estudios para los maestros y mejorar los cursos actuales. 2. Utilizar los resultados de las encuestas de padres administrados por Padres Unidos para entender las necesidades e inquietudes de los padres y cuidadores. <p>En Recomendaciones, agregue:</p> <ol style="list-style-type: none"> 1. Crear un folleto de una página acerca del Comité de Jóvenes y Familias de BHAB y distribuya copias en varios eventos comunitarios. 2. Educar a los padres y cuidadores, particularmente aquellos con niños en escuelas preescolares privadas. 3. Entender las necesidades e inquietudes de los maestros, desde nivel preescolar hasta la preparatoria. <p>En Objetivos 2018-19 Cambie el objetivo 2.c, para que diga "Cree estrategias innovadoras para aprender acerca de las necesidades e inquietudes de los padres/cuidadores".</p> <p>El Comité concluirá el informe en la reunión de septiembre.</p>		
<p>VIII.</p>	<p>Actualización de la División de Jóvenes y Familias de Ventura County Behavioral Health (VCBH)</p> <p>A. División de Jóvenes y Familias – Jennifer Dougherty</p> <ol style="list-style-type: none"> 1. La Caminata NAMI será el 13 de octubre. Todos están invitados a unirse al equipo de VCBH o crear su propio equipo. 2. SELPA y VCBH se están asociando para hacer presentaciones acerca de niños con necesidades emocionales. La audiencia prevista son los maestros de educación especial, médicos de clínica que proporcionan Servicios Emocionales Sociales Relacionados con la Educación (ERSES), y otros profesionales. Se harán alrededor de cinco presentaciones por todo el condado, y se invita a que participen todos los distritos escolares, 3. ERSES continúa expandiéndose. De los aproximadamente 900 estudiantes que reciben servicios, cerca de 300 están en Oxnard, y cerca de 200 están en el área de Simi Valley/Moorpark. Los servicios son motivados por el IEP y no requieren que el estudiante tenga cobertura de Medi-Cal. 4. Todos los estudiantes que están inscritos en la Escuela Phoenix muestran serios desafíos mentales y del comportamiento. Se proporcionará apoyo adicional para los médicos de clínica en esa escuela por parte del Programa de Asistencia al 		

	<p>Empleado del Condado (EAP) durante las reuniones que se celebrarán cada dos meses.</p> <p>B. Directora Médica de la División de Jóvenes y Familias – Dra. Lisa Acosta, M.D.</p> <ol style="list-style-type: none"> Ya comenzó una psiquiatra nueva; ella está dando apoyo a la Clínica de Diagnóstico Pediátrico un par de días por mes. Ella dará consulta con los pediatras según sea necesario. El grupo de trabajo sobre trastornos alimenticios celebró su segunda reunión. Están planeando los servicios para jóvenes adultos. Se necesita una dietista para ayudar al grupo de trabajo. Más de 90 clientes de VCBH (jóvenes y adultos) han sido diagnosticados con un trastorno alimenticio. <p>C. Ley de Servicios de Salud Mental (MHSA) – Hilary Carson</p> <ol style="list-style-type: none"> La Conferencia de prevención del suicidio será el 19 de septiembre. Las inscripciones se abrirán primero a la comunidad universitaria, después se abrirán a la comunidad. Se necesita con urgencia el Ponente de la Conferencia Magistral, son bienvenidas las recomendaciones. La caminata para conmemorar la prevención del suicidio / Caminata Salir de la Oscuridad será el 15 de septiembre en el parque <i>Constitution</i> de Camarillo. La encuesta a la comunidad sobre la evaluación de necesidades se pondrá en marcha a finales de agosto. Se invita a que todos la llenen. Esta encuesta es adicional a una reunión de evaluación de necesidades para líderes comunitarios el 22 de agosto y varios grupos focales en septiembre y octubre. 		
IX.	<p>Comentarios, actividades, actualizaciones de los miembros del Comité y de los Participantes</p> <p>A. Grupo de Trabajo para Padres – Lori Litel, Padres Unidos Padres Unidos ha recibido muchas encuestas completadas por los padres.</p> <p>B. Carole Shelton compartió copias de un folleto sobre las Mamás Militares "Nueva Mamá" quienes se reúnen el 16 de agosto en la base de Hueneme. Ver anexo.</p>		
X.	<p>Temas para la agenda de la próxima reunión</p> <p>Programar una presentación sobre la Explotación Sexual Comercial de Niños (CSEC). Ken McDermott proporcionará información de contacto al asistente de BHAB.</p> <p>Lori Litel estuvo de acuerdo en hacer una presentación a los padres y cuidadores durante la reunión de octubre.</p>	<p>Compartir información de contacto de CSEC.</p> <p>Presentar en octubre.</p>	<p>K. McDermott</p> <p>L. Litel</p>
XI.	<p>Se levanta la sesión</p> <p>La reunión concluyó a las 11:50 a.m.</p>		



Open House

Come see our new
expanded office suites



**Thursday,
August 23, 2018
4:00pm - 6:30pm**

**2045 Saviers Road
Oxnard, CA 93033**

Attendees are welcome to join us, have a tour of our facility, meet some of our staff, and learn more about our treatment program. Refreshments provided.

Please contact Clinic Manager Maria Meza at (805) 483-2253 or email mmeza@aegistreatmentcenters.com

Long ER waits persist for children in mental health crises

By Liz Kowalczyk, Globe Staff - July 17, 2018

Some patients with mental illness, particularly children, are spending days stuck in tiny windowless rooms in hospital emergency departments waiting for treatment, a persistent problem despite new statewide rules designed to resolve the backlogs.

From February through May, 155 patients in mental health crisis spent at least four consecutive days in an emergency room, according to Massachusetts officials who began gathering the data six months ago. A few patients slept or “boarded” in the ER for two weeks.

Many others waited two to three days for a spot to open in a psychiatric facility. In most cases, patients are not allowed to go outside — or even leave their rooms — and do not have access to a shower. Television is usually the primary distraction.

New rules adopted this year require mental health officials to intervene in the most dire cases — patients waiting 96 hours — and put pressure on psychiatric facilities and insurers that pay for the care to find an appropriate spot.

State officials said these and similar efforts have been successful in part, but a shortage of mental health treatment beds is a persistent problem.

Even as the state’s number of beds has grown, to 2,727, so has the number of patients coming to emergency rooms in mental health crises — rising 13 percent between 2011 and 2015.

The backlog in emergency departments not only slows treatment for mentally ill patients, but it creates stress for doctors and nurses, who are generally not well trained to manage patients who might be psychotic, violent, or suicidal. More than 6,000 psychiatric patients a month arrive in emergency departments statewide.

At Massachusetts General Hospital, the emergency department sees 500 to 600 mentally ill patients a month, a number that has increased gradually and is about 6 percent of its total patients.

Dr. David Brown, chairman of emergency medicine, said the new state rules are a positive step, but it’s too soon to tell if they are having an impact. “The psychiatric boarding issue hasn’t gotten markedly better,” he said.

That is especially true for patients who are harder to place in inpatient psychiatric units because they are aggressive or young or have a medical illness, autism, or other developmental delays.

Collin Concheri, 16, of North Reading was such a patient. Collin has been diagnosed with autism, developmental disabilities, and severe anxiety that causes him to sometimes hit, kick, and bite his family members and teachers. He experienced “really bad aggression” in March and ended up in an ambulance on the way to Winchester Hospital’s emergency room, where he was not allowed to leave his small windowless room even to shower, said his mother, Linda Concheri. Collin stayed there for five days.

His mother said the emergency room was no place for a mentally disabled boy.

Her son's neighbor on the unit was clearly suffering from problems of her own and screamed and swore, Linda Concheri said.

Security guards strapped her son to the bed at one point. Staff did not employ special de-escalation techniques when her son acted out and did not seem to have training in caring for autistic teens, she said.

"With my son, the more hands on him, the more aggressive he becomes," she said. The restraints were "just really harsh for someone who doesn't understand what's going on."

Finally, a spot opened for Collin at Bradley Hospital in Rhode Island, where he spent almost three months.

Like many hospitals, Winchester is seeing more patients with mental health diagnoses arrive at its emergency room. The hospital is not licensed to provide inpatient psychiatric care, but "our staff works diligently to help these patients find access to the appropriate type of care they need," hospital spokeswoman Kyle Reilly said in a statement.

"We recognize that extended stays in emergency departments are challenging and stressful to patients and families," Reilly said.

Corrina Kelly-Dias played board games and watched videos with her 13-year-old nephew during the four days he spent earlier this year in a bare white room with a television and a security camera in the South Shore Hospital emergency department in Weymouth.

Kelly-Dias is the guardian for her nephew, Phillip, who suffers from post-traumatic stress disorder and severe anxiety and has had several long emergency room stays.

A crisis team evaluated Phillip once a day to make sure he still needed inpatient psychiatric care and called psychiatric hospitals searching for a spot. Patients "lose hope," said his aunt, who stayed in the emergency room with Phillip, who fears abandonment.

Kelly-Dias had heard that Franciscan Children's Hospital in Brighton provides high-quality care, and called there herself. An opening never materialized.

Eventually, Phillip got a bed in Springfield, two hours away from where the family lives in Randolph.

"There is really nowhere else in health care where you show up in the ER and they are going to send you halfway across the state," said Kate Ginnis, director of behavioral health advocacy and policy at Boston Children's Hospital and a leader for the advocacy group the Children's Mental Health Campaign.

Two years ago, Massachusetts Health and Human Services Secretary Marylou Sudders created a task force on emergency room waits for mentally ill patients to increase focus on the problem, which has plagued patients across the country.

The new regulations grew out of that effort and require most insurers to start a psychiatric bed search for members who have been stuck in the emergency room for 48 hours — and to go outside the insurer's regular network of providers if necessary. At 96 hours, a patient's case goes to the Department of Mental Health, which can negotiate with Medicaid and private insurers to pay a higher rate to a psychiatric hospital for admitting a patient who needs more supervision or a private room.

Of the 155 patients referred to the state over four months, more than half were under age 18. It took the department almost two days on average to find these patients a spot in a psychiatric facility, statewide data show. In a few cases, it took 9 to 11 days.

“The insurers and the state have to recognize that some patients are more difficult than others,” said David Matteodo, executive director of the Massachusetts Association of Behavioral Health Systems.

The hospitals with the most stuck patients were St. Luke’s Hospital in New Bedford, Sturdy Memorial Hospital in Attleboro, and Boston Children’s Hospital. Lack of beds and patient aggression and acuity were the most common reasons why patients spent days in the emergency room waiting for a psychiatric facility to agree to accept them, according to the state data.

The data do not include patients who wait in the emergency room fewer than four days, but estimates say that nearly one-quarter of psychiatric patients wait more than 12 hours.

The policy adopted early this year “was developed in an effort to change the culture regarding how behavioral health patients are managed” in emergency rooms, according to an e-mail from Sharon Torgerson, spokeswoman for Health and Human Services. “In many cases, insurance carriers were not aware that their members had been boarding in an [emergency room] for many days.”

Generally, the state will not intervene when patients refuse placement at an institution they consider to have poor quality care or where they’ve had a negative experience. This means patients with mental health issues can feel pressured to go to a certain hospital, rather than having choices like patients with physical illnesses.

State officials have pushed hospitals to open units for complicated patients who require more staff and said the state has “recognized these enhanced services” in new Medicaid rates for psychiatric providers.

The California psychiatric company Signature Healthcare Services recently opened a hospital in Westborough, with plans for three units for youths in the next three months, including a 17-bed unit for adolescents with autism, which would be the first in the state. Advocates said the company has delayed its plans because of staff shortages.

Ginnis said the Children’s Mental Health Campaign is attacking the problem from all angles. Next month, it will provide training to emergency room staff from community hospitals across the state to better care for mentally ill children. “Providers are champing at the bit to come to this,” she said.



Military Moms "New Mom" Meet-Up

**August 16, 2018
9:00 AM – 11:00 AM
Bard Park on Hueneme Base**

Please join Dr. Sarah Pelangka for a Military Moms New Mom Meet-Up, at Bard Park (located on Hueneme Base, next to the Bard Mansion).

Are you a new mom with a child between the ages of 0-3? If so, please join us for a casual get together, where we can get to know other new moms and discuss a variety of topics from developmental milestones, to transitioning to motherhood and acclimating to parenthood as a military spouse.

Dr. Sarah Pelangka is a military spouse with two children, ages 4 and 6. She has her doctorate in Special Education and Disabilities Risk Studies, with an emphasis in autism, is a Board Certified Behavior Analyst, Doctorate, and is a credentialed Special Education teacher. She has experienced first hand, what is like to be a new Mom in an unfamiliar place. She looks forward to supporting you all at our New Mom Meet-Up!

Registration Required.

Phone 805-485-9643

E-mail: Rainbow@tri-counties.org

Website:

<http://rainbowconnectionfrc.weebly.com/register-now.html>

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FAMILY RESOURCE CENTER

BEHAVIORAL HEALTH ADVISORY BOARD
Youth & Family COMMITTEE
2017-2018 Annual Report
Submitted by Denise Nielsen, Chair
Finalize on 9/12/18

Youth & Family Committee members

Denise Nielsen, Committee Chair
Gane Brooking, BHAB
Margaret Cortese, BHAB
Marlen Torres, BHAB
Martie Miles, Aspiranet
Marika Collins, Casa Pacifica
Ken McDermott, Children's Family Services
Heather Davidson, First 5 Ventura County

Crystal Cummings, Kids & Families Together
Laurie Jordan, Rainbow Connection
Regina Reed, SELPA
Tyler Baker-Wilkinson, Seneca
Dr. Steven Graff, Tri-Counties Regional Center
Lori Litel, United Parents
Sheri Long, Vista Real Charter Real High School

Organizations that participate occasionally or regularly

Ventura County Behavioral Health
Ventura County Probation Agency
Interface Children & Family Services

New Dawn
Vista del Mar Psychiatric Hospital

DRAFT 1

MISSION

The BHAB Youth & Family Committee advocates for the continuum of care and development in the delivery of services for youth and their families, believing that addressing the unique needs of minors and their caregivers is essential to the health of the community.

INTRODUCTION

The BHAB Youth & Family Committee meets on the second Wednesday of the month from 10:00 to noon at the Ventura County Behavioral Health Administration building in Oxnard. Attendance and participation are open to the families of youth receiving mental health services from Ventura County Behavioral Health, service providers, Behavioral Health Advisory Board (BHAB) members, and anyone with an interest in the children and youth residing in Ventura County. The Youth and Family Committee is responsible to look into the needs, programs and services for children and youth, and to report on these matters to the BHAB.

2017-18 OBJECTIVES

- 1. Continuum of Crisis Stabilization Options**
 - a. Monitor the Crisis Stabilization Unit. Identify remaining gaps in the continuum of crisis services.
 - b. The Committee will receive ongoing updates from the Suicide Prevention workgroup.

- 2. Continuum of Care Reform**

Follow and evaluate the implementation of the Continuum of Care Reform (CCR). Identify further needs or gaps in services to children in foster care.

3. Community and Parent Outreach

- a. Engage community agencies to schedule presentations regarding the role and activities of this Committee.
- b. Recruit community members to serve on the Committee, and inform families about mental health services available.
- c. Create innovative strategies to increase parent participation in this Committee.
- d. Raise awareness of alcohol and drug use information. Actively disseminate alcohol and drug use prevention information to the community partners, including community-based organizations (CBOs), law enforcement, and school districts.
- e. Maintain the availability of relevant materials on the Ventura County Behavioral Health's WellnessEveryDay/SaludSiempre website.
- f. Continue to oversee the development of the family resource app.

ACHIEVEMENTS

1.

DRAFT 1

2017-18 PRESENTATIONS

November 2017: Straight Up Reality Improv, presented by Katherine Kasmir.

February 2018: Alcohol & Drug Programs, presented by Richard LaPerriere.

April 2018: Collaborative Educational Supports (COEDS), presented by Aliya Maki.

May 2018: Ventura Early Intervention Prevention Services (VIPS), presented by Denise Pont.

June 2018: 2-1-1 Ventura County, presented by Kelly Brown.

CHALLENGES

OPPORTUNITIES

RECOMMENDATIONS

DRAFT 1

2018-19 OBJECTIVES

1. Continuum of Care

- a. Follow and evaluate the implementation of the Continuum of Care Reform (CCR). Identify further needs or gaps in services to children in foster care.
- b. Monitor the Crisis Stabilization Unit. Identify remaining gaps in the continuum of crisis services for both children covered by Medi-Cal and children with private insurance.
- c. Advocate for the availability of psychiatric hospital beds in the county for the pediatric population. Ensure communication and care coordination of medical information between care providers.

2. Community and Parent Outreach

- a. Engage community agencies to schedule presentations regarding the role and activities of this Committee.
- b. Recruit community members to serve on the Committee, and inform families about mental health services available.
- c. Create innovative strategies to increase parent participation in this Committee.
- d. Raise awareness of alcohol and drug use information. Actively disseminate alcohol and drug use prevention information to the community partners, including community-based organizations (CBOs), law enforcement, and school districts.
- e. Maintain the availability of relevant materials on the Ventura County Behavioral Health's wellnesseveryday.com website.
- f. Continue to oversee the development of the family resource app.
- g. Raise awareness of services for children ages 0-5 and access to those services.