

BEHAVIORAL HEALTH ADVISORY BOARD
YOUTH & FAMILY COMMITTEE
MINUTES ▪ Wednesday, October 10, 2018

<p>Members Present Denise Nielsen, Committee Chair Jerry Harris BHAB Chair Margaret Cortese, BHAB Gina Petrus, BHAB Joelle Vessels, Interface Tyler Baker-Wilkinson, Seneca</p> <p>Others Present Danielle Shaw, MD, Casa Pacifica Carole Shelton, Rainbow Connection Melissa Hannah, United Parents</p>	<p>VCBH Managers/Staff Present Angela Riddle, Youth & Family Division Manager Lisa Acosta, MD, Y&F Division Medical Director Hilary Carson, MHSA Pam Roach, Transformational Liaison Edith Pham, BHAB Assistant</p> <p>NEXT MEETING: Wednesday, November 14, 2018, 10:00 a.m. – 12:00 pm 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 10:05 a.m.		
II.	Approval of the Agenda Ms. Nielsen asked the Committee to review and approve today's agenda. Gina Petrus moved to approve, Tyler Baker-Wilkinson 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 September 12 meeting. Gina Petrus moved to approve, Pam Roach 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 None.		
VI.	Public Comments None.		
VII.	<p>Presentation: Results of the Parent/Caregiver Survey – Melissa Hannah, United Parents Ms. Hannah first gave a brief overview of the services provided by United Parents.</p> <p>A year ago United Parents received a grant from the Mental Health Services Oversight and Accountability Commission (MHSOAC) to provide training to parents and caregivers of children with special needs. United Parents formed relationships with other non-profits throughout the state.</p> <p>United Parents developed a survey for parents and caregivers; over 1,200 responses were received. The results show that families are in dire need of respite care. Some other needs include stable housing, legal assistance, and training for the unique needs of children in adoptive and foster families. Parents/caregivers in Ventura County reported that 64% of the youth they care for have experienced trauma. They also feel that teachers and other school staff needs to be trained on the needs of children and caregivers.</p> <p>A brief discussion took place regarding the need for services for parents and children who have private insurance.</p> <p>See attached for details of the presentation.</p>		

VIII.	<p>New Business</p> <p>A. Appoint/Remove Committee Members Ms. Nielsen appointed the following to be members of this committee: Gina Petrus, Irene Pinkard, Joelle Vessels, Yanka Ricklefs, and Michelle Steinberger. She removed Gane Brooking, Regina Reed, and Sheri Long as they are no longer involved in this committee.</p> <p>B. Develop Action Plan The committee discussed the steps that could be taken to advocate for increasing the number of pediatric psychiatric beds, such as identifying the key players who should be contacted, collecting data on admissions to the Crisis Stabilization Unit and referrals out of county. Jerry Harris noted that the committee should then prepare a report of the findings, which Ms. Nielsen can share with the full board. A discussion took place regarding the lack of clear path for hospitalization and the lack of communication between hospitals and therapists and/or psychiatrists. Ms. Nielsen noted that the discussion will continue at the next meeting.</p> <p>C. Senate Bill 1004 – Prevention and Early Intervention Ms. Nielsen encouraged all to read a press release from September 27, 2018, called “Governor Agrees: Time for CA to get strategic about early intervention in mental illness.” See attached.</p>	Updated committee membership list	D. Nielsen
IX.	<p>Ventura County Behavioral Health (VCBH) Youth & Family Division Updates</p> <p>A. Youth & Family Division – Angela Riddle</p> <ol style="list-style-type: none"> 1. The Children and Adolescent Needs and Strengths (CANS) is fully implemented. This state mandate highlights the importance of collaboration in assessment and treatment planning. 2. The Crisis Stabilization Unit (CSU) has a diversion rate of 55% or better. As of October 6, 879 children were admitted, and 489 of them were discharged to home. 3. VCBH is outreaching to the underserved in the Santa Clara Valley. Both the Adult and Youth & Family clinics in Santa Paula are piloting an expedited assessment program for walk-ins; it reduces barriers to service access. 4. The NAMI Walk will take place this Saturday at the Ventura beach promenade. 5. Carpe Diem, a conference for parents and teachers, will take place on March 1st. 6. The Oxnard clinic is putting together a heART night, where clients can express themselves through art. It is also planning a Día de Los Muertos event. <p>B. Youth & Family Division Medical Director – Lisa Acosta, M.D.</p> <ol style="list-style-type: none"> 1. A new psychiatrist started on October 1st. The division is currently fully staffed with psychiatrists. 2. About 20 therapists will receive training on eating disorders. 3. Doctors are very interested in having open communication with therapists within organizations that share a client with VCBH. <p>C. Mental Health Services Act (MHSA) – Hilary Carson</p> <ol style="list-style-type: none"> 1. The MHSA office is collecting Needs Assessment surveys. The deadline for completing this is October 15. 2. The first focus group on needs assessment has taken place. It was attended by 22 people and was concentrating on services for the homeless. Additional focus groups will take place in the next few weeks. 		
X.	<p>Committee Members’ and Participants’ Comments, Activities, Updates</p> <p>Carole Shelton shared a flyer on a presentation that will be held on October 16, called “Services and Supports for Regional Center Clients with Dual Diagnosis.” She also shared a flyer regarding an epilepsy support group. See attached.</p>		
XI.	<p>Items for the Next Meeting Agenda</p> <p>Invite the Crisis Team manager to attend the November meeting and provide input on the continuum of care.</p>	Invite Crisis Team manager	E. Pham
XII.	<p>Adjourn</p> <p>The meeting adjourned at noon.</p>		

**MESA CONSULTIVA DE BEHAVIORAL HEALTH
COMITÉ DE JÓVENES Y FAMILIAS
MINUTAS ■ Miércoles 10 de octubre de 2018**

<p>Members Present Denise Nielsen, Presidente del Comité. Jerry Harris Presidente BHAB Margaret Cortese, BHAB Gina Petrus, BHAB Joelle Vessels, Interface Tyler Baker-Wilkinson, Seneca</p> <p>Otros presentes Danielle Shaw, MD, Casa Pacífica Carole Shelton, Rainbow Connection Melissa Hannah, United Parents</p>	<p>Gerentes/Personal presente de VCBH Angela Riddle, Gerente de División de Jóvenes y Familias Lisa Acosta, Director Médico de la División J&F Hilary Carson, MHSA Pam Roach, Enlace transformacional Edith Pham, Asistente BHAB</p> <p>SIGUIENTE JUNTA: Miércoles 14 de noviembre de 2018, de 10:00 a.m. a 12:00 p.m. Ventura County Behavioral Health 1911 Williams Drive, Sala de Entrenamiento (Primer Piso), Oxnard</p>
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Nota: El comité aún no ha aprobado estas minutas. Puede haber adiciones / eliminaciones o correcciones antes de que se acepten las minutas en su forma final.

	DISCUSIÓN / CONCLUSIONES	RECOMENDACIONES / ACCIONES	DISCUSIÓN / CONCLUSIONES
I.	Llamar al orden El presidente Nielsen inició la reunión a las 10:05 a.m.		
II.	Aprobar la agenda La Sra. Nielsen pidió al Comité que revisara y aprobara la agenda de hoy. Gina Petrus hizo la moción de aprobar, Tyler Baker-Wilkinson la secundó. La moción pasó por unanimidad.	El orden del día fue aprobado como está escrito. M / S / C	
III.	Aprobar las minutas La Sra. Nielsen le pidió al comité que revisara y aprobara la minuta de la reunión del 12 de septiembre. Gina Petrus hizo la moción de aprobar, secundó Pam Roach. La moción pasó por unanimidad.	Las minutas fueron aprobadas tal como están escritas. M/S/C	
IV.	Bienvenida y presentaciones La Sra. Nielsen dio la bienvenida a todos y pidió presentaciones.		
V.	Anuncios del Presidente Ninguno.		
VI.	Comentarios públicos Ninguno.		
VII.	Presentación: Resultados de la encuesta de padres/cuidadores - Melissa Hannah, United Parents La Sra. Hannah primero dio una breve descripción de los servicios proporcionados por United Parents. Hace un año, United Parents recibieron una subvención de la Comisión de Supervisión y Responsabilidad de los Servicios de Salud Mental (MHSOAC) para proporcionar capacitación a los padres y cuidadores de niños con necesidades especiales. United Parents formó relaciones con otras organizaciones sin fines de lucro en todo el estado. United Parents desarrolló una encuesta para padres y cuidadores; se recibieron más de 1.200 respuestas. Los resultados muestran que las familias tienen una necesidad extrema de cuidado de relevo. Algunas otras necesidades incluyen vivienda estable, asistencia legal y capacitación para las necesidades únicas de los niños en familias adoptivas y de cuidado. Los padres / cuidadores en el condado de Ventura informaron que el 64% de los jóvenes que cuidan han sufrido un trauma. También sienten que los maestros y otro personal de la escuela deben recibir capacitación sobre las necesidades de los niños y cuidadores. Se realizó una breve discusión sobre la necesidad de servicios para padres e hijos que tienen seguro privado. Ver adjunto para detalles de la presentación.		

VIII.	<p>Nuevos Asuntos</p> <p>A. Designar / eliminar miembros del comité La Sra. Nielsen nombró a los siguientes miembros del comité: Gina Petrus, Irene Pinkard, Joelle Vessels, Yanka Ricklefts y Michelle Steinberger. Ella eliminó a Gane Brooking, Regina Reed y Sheri siempre que ya no estén involucradas.</p> <p>B. Desarrollar plan de acción El comité discutió los pasos que podrían tomarse para abogar por aumentar el número de camas psiquiátricas pediátricas, como identificar a los jugadores clave con quienes se debe contactar, recopilar datos sobre las admisiones a la Unidad de Estabilización de Crisis y las referencias fuera del condado. Jerry Harris señaló que el comité debe preparar un informe de los hallazgos, que la Sra. Nielsen puede compartir con la junta completa. Se llevó a cabo una discusión sobre la falta de un camino claro para la hospitalización y la falta de comunicación entre los hospitales y los terapeutas y / o psiquiatras. La Sra. Nielsen señaló que la discusión continuará en la próxima reunión.</p> <p>C. Proyecto de ley del Senado 1004 - Prevención e intervención temprana La Sra. Nielsen alentó a todos a leer un comunicado de prensa del 27 de septiembre de 2018, titulado "El Gobernador está de acuerdo: es hora de que CA se ponga estratégico sobre la intervención temprana en enfermedades mentales".</p>	Actualizar lista de miembros del comité	D. Nielsen
IX.	<p>Actualizaciones de la División de Jóvenes & Familias de Ventura County Behavioral Health (VCBH)</p> <p>A. División de Jóvenes y Familiar - Angela Riddle</p> <ol style="list-style-type: none"> 1. Las necesidades y fortalezas de los niños y adolescentes (CANS) se implementan en su totalidad. Este mandato estatal destaca la importancia de la colaboración en la evaluación y la planificación del tratamiento. 2. La Unidad de Estabilización de Crisis (CSU) tiene una tasa de desviación del 55% o superior. Hasta el 6 de octubre, 879 niños fueron admitidos, y 489 de ellos fueron dados de alta a sus hogares. 3. VCBH se está extendiendo a los desatendidos en el Valle de Santa Clara. Las clínicas para adultos y para jóvenes y familias en Santa Paula están piloteando un programa de evaluación acelerada para personas sin cita; reduce las barreras de acceso al servicio. 4. La caminata NAMI tendrá lugar este sábado en el paseo marítimo de Ventura. 5. Carpe Diem, una conferencia para padres y maestros se llevará a cabo el 1 de marzo. 6. La clínica Oxnard está organizando una noche heART, donde los clientes pueden expresarse a través del arte. También está planeando un evento del Día de los Muertos. <p>B. Directora Médica de la División de División de Jóvenes y Familiar - Lisa Acosta, M.D.</p> <ol style="list-style-type: none"> 1. Un nuevo psiquiatra comenzó el 1 de octubre. La división está actualmente dotada de psiquiatras. 2. Alrededor de 20 terapeutas recibirán capacitación sobre trastornos de la alimentación. 3. Los médicos están muy interesados en tener una comunicación abierta con los terapeutas dentro de las organizaciones que comparten un cliente con VCBH. <p>C. Ley de Servicios de Salud Mental (MHSA) - Hilary Carson</p> <ol style="list-style-type: none"> 1. La oficina de MHSA está recopilando encuestas de evaluación de necesidades. La fecha límite para completar esto es el 15 de octubre. 2. Se ha realizado el primer grupo de opinión sobre evaluación de necesidades. Asistieron 22 personas y se concentró en servicios para personas sin hogar. Grupos de enfoque adicionales se llevarán a cabo en las próximas semanas. 		
X.	<p>Comentarios de miembros y participantes, actividades</p> <p>Carole Shelton compartió un folleto de una presentación que se realizará el 16 de octubre, llamada "Servicios y apoyo para clientes de centros regionales con diagnóstico doble". También compartió un folleto sobre un grupo de apoyo para la epilepsia. Ver información adjunta.</p>		
XI.	<p>Asuntos para la agenda de la próxima reunión</p> <p>Invitar al gerente del Equipo de crisis a asistir a la reunión de noviembre y aportar su opinión sobre la continuidad de la atención.</p>	Invitar al gerente del equipo de crisis	E. Pham
XII.	<p>Cierre de la Junta</p> <p>La reunión concluyó a medio día.</p>		

United Parents



United Parents is a grass roots nonprofit agency founded in 1990 on the basic principle of “parents helping parents”. Understanding the unique challenges of families raising children with emotional, behavioral or mental disorders, we identify and bridge gaps in traditional services by integrating local resources to enhance the long term outcomes in the home and community. We advocate for families to be recognized as full partners in the treatment and care of their children which is key to recovery.

Programs

- **Family Access and Support Team (FAST) or Parent Partner Program**
 - Partnership between United Parents and Ventura County Behavioral Health (VCBH).
 - Referrals through VCBH clinicians.
 - Designed to help families overcome problems which can result in serious crisis.
 - Parent Partner combines their own life experience of raising a child with challenging behaviors with on-going training to help highly stressed families move toward a more peaceful, functional home.
 - The program is designed to help families identify what is working, what triggers the problems, and brainstorm new strategies and ideas that can break the cycle of crisis.

Programs Cont.

- **Respite Program**

- Respite is a short-term, temporary break for the parents or caregivers of a child with emotional, behavioral or mental health issues to relax and regroup in order to be the best parent you can be.
- Respite for parents whose children have been referred by Ventura County Behavioral Health (VCBH).
- Families pay on a sliding scale, usually \$1-\$5 an hour for up to ten hours a month of respite care. The balance is subsidized through a contract with VCBH.
- When funding allows, group activities are planned that are not included in the ten hours per month of respite care.



Programs Cont.

- **Educational Advocacy Program**

- Assists parents with children ages two through twenty-two obtain the resources their child needs to get a high school diploma or equivalent.
- Advocates help parents navigate the complex Special Education system, explain testing and assessment procedures, eligibility, placement, and stay current on changing educational law.

- **Parents and Caregivers for Wellness Collaborative**

Supporting Parents and Caregivers of Children and Youth with Mental Health Challenges



Who We Are & What We Do

- Parents and Caregivers for Wellness (PC4W) is a collaborative launched in 2017 by United Parents, California Alliance of Caregivers, California Mental Health Advocates for Children and Youth (CMHACY), Capital Adoptive Families Alliance, Children's Law Center of California (CLC), East Bay Children's Law Offices (EBCLO), and Young Minds Advocacy (YMA).
- Funded by the Mental Health Services Oversight and Accountability Commission (MHSOAC)
- Activities include:
 - Community engagement and education
 - Training for parents and caregivers and those who support them
 - Local and statewide advocacy



EAST BAY
CHILDREN'S
LAW OFFICES



Children's Law Center
of California
Excellence in Advocacy



YOUNG MINDS
ADVOCACY
Turning Promises into Practice



2017 and 2018 Activities

- Regional/Statewide in-person trainings to **309** parents and caregivers and **302** providers
 - Oxnard/Ventura County
 - Chico/Butte County
 - San Dimas/LA County
 - 2018 California Mental Health Advocates for Children and Youth (CMHACY) Conference in Monterey, CA
 - National Alliance on Mental Illness (NAMI) California Conference in Monterey, CA
- **1,273** completed surveys
 - 1,124 parent/caregiver respondents
 - 39 provider surveys
 - 111 youth respondents



2017 and 2018 Activities cont...

- **19** Focus Groups
 - 114 parent/caregivers
 - 26 providers
- **11** Key Informant Interviews
- Advocacy with **9** local and **10** state decision makers/groups
- Subject matter expertise
- Outreach to:
 - **18,502** parents and caregivers
 - over **300** parent and caregiver run organizations and relevant parent/caregiver supports



Defining “Parents and Caregivers”

- Biological parents
- Kin caregivers
- Foster parents
- Adoptive families
- Legal representatives
- Court Appointed Special Advocates (CASA)
- Pregnant and parenting youth
 - Others?



Initial Needs Assessment: Common Themes

Needs:

- More respite care
- Educational Advocacy
- Quality child care
- General financial assistance
- Knowledgeable professionals
- A support system
- Support groups
- Therapy for caregivers
- Finding time to take care of our own needs



Initial Needs Assessment: Differences

Biological Parents

- Stable housing
- Overcoming fears of the “systems”

Kin Parents

- Legal assistance
- Financial planning for retirements years (grandparents)
- Financial support
- Respite

Adoptive and Foster Families

- Specific trainings for the unique needs of the children in their care
- Services AFTER the child is adopted
- Information about attachment
- Financial support
- Respite

Legal Advocates

- Coordination with child serving systems

Parenting Youth

- Child care
- Transportation



What did parents and caregivers tell us?



PC4W 2017-2018 Survey

STATEWIDE

- 1,124 parents surveyed statewide
- Representing 49 Counties
- Primary respondents are biological families (55%), adoptive families (28%), Foster parents (18%)
- Age of youth cared for primarily range from 6-11 years old (44%) with 57% White/Caucasian
- Parents/caregivers report that 67% of the youth they care for have experienced trauma
 - 83% family stress, 50% domestic violence, 38% physical abuse

VENTURA COUNTY

- 212 parents/caregivers surveyed
- Primary respondents are biological families (75%), adoptive families (13%), grandparent (10%)
- Age of youth cared for primarily range from 6-11 years old (51%) with 67% Latino
- Parents/caregivers report that 64% of the youth they care for have experienced trauma
 - 74% family stress, 33% domestic violence, 31% bullying



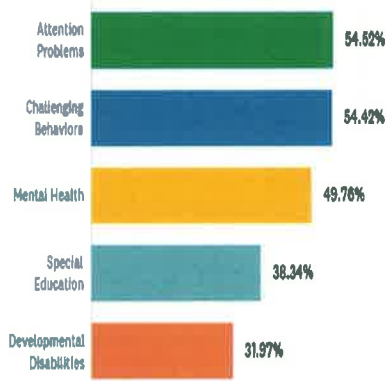
Parent/Caregiver advice and comments

“ What people do not understand about our children and families is that adoption trauma is very difficult to work with as a parent. There is a belief that once children are adopted, it is happily ever after since now the children are in a loving home. The truth is that we are often adopting children that are coming from such dire circumstances that they could never go home. Their trauma, grief and loss is so overwhelming and huge that it permanently effects brain development and results in extremely challenging behaviors. Often these behaviors do not emerge until the children feel safe and are living in their homes for a while and the adoption is finalized. At this point, many services have been cut off and are no longer available. Parents are blamed because the children have been living with them for a while. The truth is there is no adoption without trauma. The stress this places on caregivers, families, and children can be enormous. We need to be understood and have appropriate services available without making things worse. “

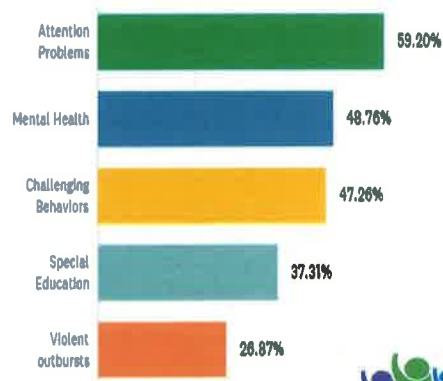


What concerns do parents have about their children?

STATEWIDE

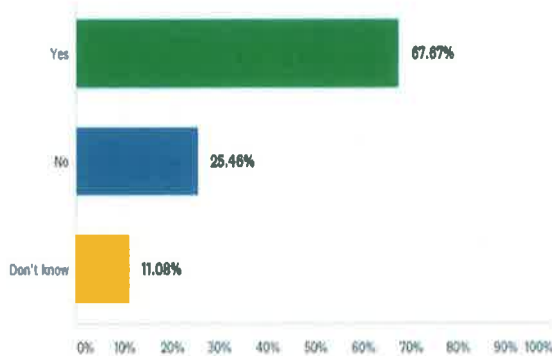


VENTURA COUNTY

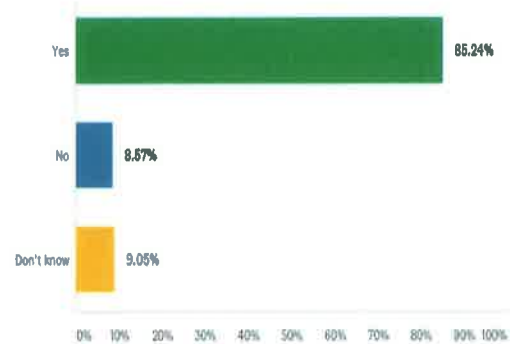


Do parents get what they need?

STATEWIDE



VENTURA COUNTY



“My children are receiving support and services they need, I myself don't feel supported as a parent and struggle with feelings of burnout.”- Anonymous Parent/Caregiver



If Not, Why?

STATEWIDE

I don't know what is available to help me or how to find resources (38%)

Not enough time in the day to access services/supports (33%)

The services and supports I need are not available in my community (28%)

I/my child are not eligible for programs we need (26%)

I get too overwhelmed (22%)

I cannot get anyone to listen to me when I ask for help for my child or myself (20%)

VENTURA COUNTY

I don't know what is available to help me or how to find resources (41%)

I get too overwhelmed (32%)

Not enough time in the day to access services/supports (24%)

I/my child are not eligible for programs we need (20%)

The services and supports I need are not available in my community (19%)

It is hard for me to trust people (19%)



“For the first several years, I couldn’t access or retain help because I was too dysregulated myself. Grateful that somebody recognized it so I could get treatment. But it would’ve been better if someone had helped me reign myself in earlier. NOTICE THE STATE OF THE MOM AND TREAT THAT FIRST.” - Anonymous Parent/Caregiver



Training/Education

STATEWIDE NEEDS

- How to keep my child safe when I’m not with them (44%)
- Advocating for System Change (39%)
- General Support (38%)
- Advocating for my family (34%)
- General Education Information (23%)
- How my home environment can affect my child/children (22%)

VENTURA COUNTY NEEDS

- How to keep my child safe when I am not with them (46%)
- General support (41%)
- General education information (31%)
- How to talk to my child/children about drugs and alcohol (24%)
- How violence in the home and community affects my child/children (23%)
- Advocating for family (21%)



Training/Education

STATEWIDE PREFERRED METHOD

In a group - listening to an educator/trainer (61%)

Written - electronic (website, tablet, e-reader) (58%)

In-person - one on one listening to an educator/trainer (56%)

Written - paper, booklets, manuals, etc. (38%)

Videos - listening to a trainer, watching examples (36%)

VENTURA COUNTY PREFERRED METHOD

In-person - one on one listening to an educator/trainer (73%)

Written - paper, booklets, manuals, etc. (52%)

In a group - listening to an educator/trainer (42%)

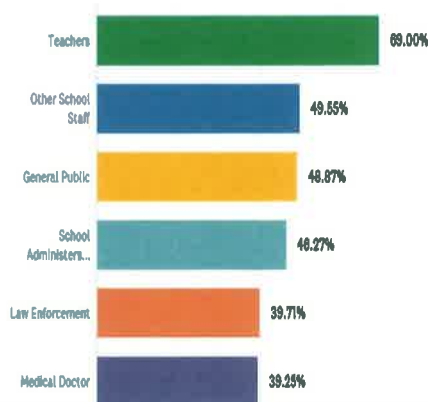
Written - electronic (website, tablet, e-reader) (38%)

Videos - listening to a trainer, watching examples (25%)

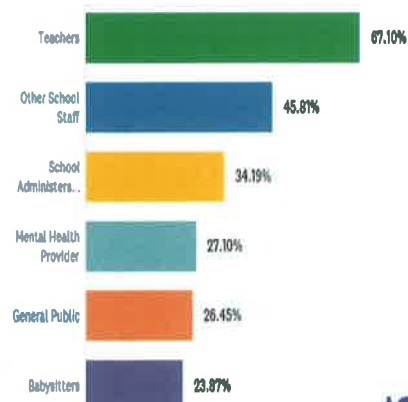


Which local agencies or individuals need to be trained about the needs of you and the child or youth you care for?

STATEWIDE



VENTURA COUNTY



"I have to say that to date most agencies act like some "secret organization". If you don't ask the right question they don't tell you about anything else except what you asked about."- Anonymous Parent/Caregiver



What topics do you think would be helpful to the local agencies or individuals listed above to understand your family's needs?

STATEWIDE

- The needs and strengths of the youth I care for (61%)
- Understanding what I need to better care for my child or youth (58%)
- Information about how to provide the best care to me and my family (57%)
- Information about state and federal laws and regulations (42%)
- Information about what I need to keep my family healthy (39%)

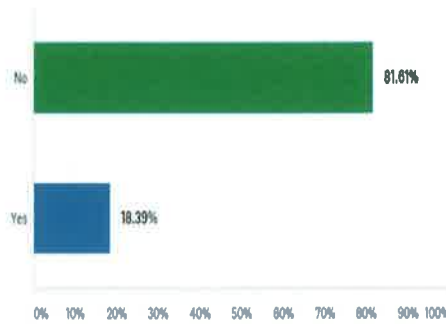
VENTURA COUNTY

- Understanding what I need to better care for my child or youth (59%)
- Information about how to provide the best care to me and my family (51%)
- The needs and strengths of the youth I care for (46%)
- Information about what I need to keep my family healthy (43%)
- Information about state and federal laws and regulations (20%)

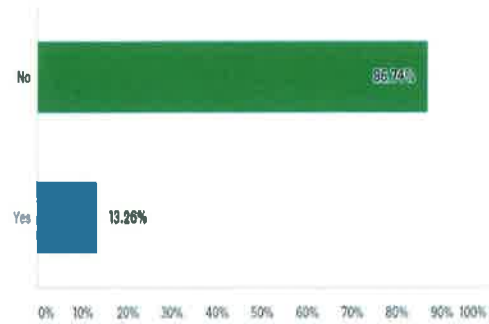


Do parents know who makes decisions that impact them?

STATEWIDE

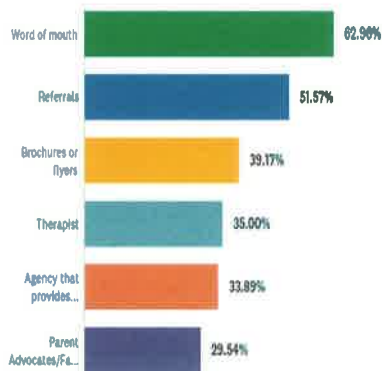


VENTURA COUNTY

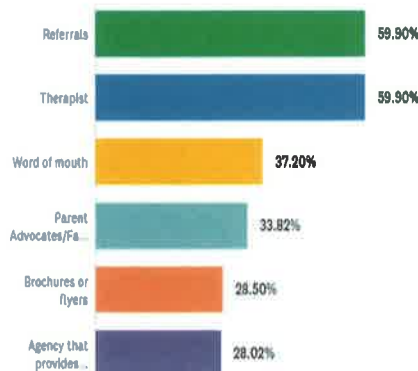


How do parents/caregivers find out about services and supports?

STATEWIDE



VENTURA COUNTY



“We are struggling to keep it together”



Professional advice/perspective

- “We need money, we’re amazing, underfunded, kids deserve more attention than we’re giving them. Too many cases for social workers and attorneys.”

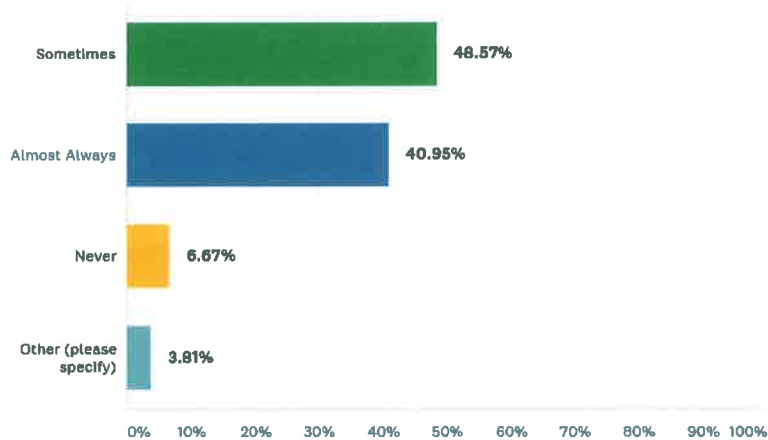
- “We think that a MAJOR unmet need is for parents to be able to receive mental health services at the same place as their child. There seem to be a fair amount of places for children to go, but very little for parents to receive services. We think that specifically for biological parents of children in dependency, another MAJOR service need is for parents to receive some evidenced based in-vivo coaching during their supervised visits to help facilitate better visits (and better stabilization trajectories in the long run).”



What did our youth tell us?



Do they think their parent/caregiver understands them?



What do they wish their parents knew about their needs?

- Listening is important! I don't need solutions, just someone to say, 'wow, that sucks.'"
- Sometimes I don't want to talk.
- More about needing to talk w/ confidentiality, i.e. not telling my dad.
- I think it's hard for parents to understand what happens at school -High school stress.
- Sometimes I need to be checked in on.
- That my mental health is more than a diagnosis.
- I wish my parent knew I was struggling with my mental health



What do they wish their parents knew about their strengths?

- That I try my hardest
- I'm more resilient than I look
- That I can and do believe in myself
- I'm very responsible
- I am strong
- I am actually really creative and I wish I was encouraged to pursue that more



Questions and Wrap-up

Partner with us!

- Take our survey or send it out to your clients/community members
- Share your experience with mental health decision-makers
- Attend or outreach for our regional trainings and outreach events
- We want to know what's happening in YOUR community
- Like us on Facebook



Thank you!

Lori Litel
Executive Director

Melissa Hannah
OAC Grant Coordinator



COUNTY OF VENTURA – BEHAVIORAL HEALTH ADVISORY BOARD ACTION PLAN

OBJECTIVE TITLE: _____

SPECIFIC OBJECTIVE: _____

KEY INDICATORS: 1. _____

2. _____

3. _____

ACCOUNTABILITY: _____ TARGET COMPLETION DATE: _____

	ACTION STEPS	START DATE	COMPLETION DATE	ACCOUNTABILITY	ACTION STEP: ON TARGET	ACTION STEP: DELAYED*	STATUS
1.							
2.							
3.							

*Explain project delays in status column, revise target dates as required, and state actions required to overcome/remove obstacle(s).

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 learn about parents/caregivers' needs and concerns.
- 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.
- g. Raise awareness of services for children ages 0-5 and access to those services.

For Immediate Release: September 27, 2018

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Governor Agrees: Time for CA to get strategic about early intervention in mental illness

Governor Jerry Brown today signed into law **Senate Bill 1004**, marking a watershed moment for the delivery of mental health care in California. The bill will ensure far more families across the state have access to high-quality mental health services that aim to intervene before a brain illness becomes disabling. By requiring California to be more strategic in its approach to prevention and early intervention in mental illness, SB 1004 has the potential to change the lives of tens of thousands of Californians at risk of a serious brain illness and ultimately to turn the tide in our homelessness crisis.

SB 1004, co-authored by Senators Scott Wiener, D-San Francisco, and John Moorlach, R-Costa Mesa, was the Steinberg Institute's priority legislation for 2018. It marks a major step in our efforts to standardize and scale up access to high-quality prevention and early intervention (PEI) programs funded by the Mental Health Services Act. That's the millionaire's tax passed in 2004 that now generates \$2.2 billion a year for mental health care in California.

By statute, 80 percent of MHSA revenue goes to crisis care for people whose mental illness is already progressed. The other 20 percent goes to PEI services that address brain illness at the front end, as we do with most other diseases. These services are crucial to transforming the landscape in mental health delivery, so we increasingly reach people before their illness progresses to the point of suffering and dysfunction.

"For all the progress we've made in mental health care in California – and we've made a lot -- untreated mental illness continues to be a driving factor in virtually every major public policy issue we're trying to tackle: homelessness, criminal justice, the plight of veterans, family dysfunction," said Sacramento Mayor Darrell Steinberg, who authored the Mental Health Services Act during his tenure in the Legislature and went on to found the Steinberg Institute.

"The time has come to be more deliberate in how we spend nearly \$500 million a year on prevention and early intervention. What are the four or five services we could provide that we know would cause a dramatic decrease in the number of people who end up in our streets or prisons or morgues because of untreated mental illness? How do we scale up what works?"

SB 1004 will help ensure California's PEI spending is having maximum impact. For the first time, it lays out a statewide strategy so that counties across California are targeting their PEI funds on areas of proven need and employing best practices in their treatment models. In addition, it ensures counties get timely guidance and technical assistance from the state Mental Health Services Oversight and Accountability Commission.

SB 1004 would create more oversight in how MHSA funds are spent and require counties to focus their PEI funds on five overarching categories:

1. Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.
2. Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the life span.
3. Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.
4. Culturally competent and linguistically appropriate prevention and intervention.
5. Strategies targeting the mental health needs of older adults.

Why these areas? Fewer than half the counties in California offer the evidence-based models of early psychosis care that are proven most effective in intervening during the early stages of serious mental illness. California's suicide rate, like the nation's, remains stubbornly high. And the Adverse Childhood Experiences Study (ACES) shows the importance of early intervention to lessen the impacts of trauma and violence on a young person's mental health.

"When we act quickly and treat the first signs of mental illness, we help people get their lives back on track and avoid falling into severe mental illness -- a lifetime problem that can result in chronic homelessness," said Senator Wiener, co-author of SB 1004.

"In particular, we must ensure that counties are using their prevention and early intervention funds on programs that have proven to be effective. SB 1004 standardizes best practices for programs across the state and helps close the glaring and unjust gaps in treatment access and quality that now persist at the local level. Mental illness overwhelmingly manifests when people are young. I am proud that California recognizes this and that we are taking steps to ensure we help people early on."

The bill builds in some flexibility, allowing counties to use their PEI funds for other priorities if they can make the case for a strong local need. It also builds in accountability, requiring the Mental Health Services Oversight and Accountability Commission to create a framework for services and metrics for tracking program outcomes across the state.

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Services and Supports for Regional Center Clients with Dual Diagnosis

October 16, 2018
10:00 AM – 11:30 AM
Oxnard

Office of Clients' Rights Advocacy attorney Andrew Gonzalez will present on Services and Supports for Regional Center Clients with Dual Diagnosis.

This presentation will cover the rights of Clients with dual diagnosis to get services from Tri-Counties Regional Center and the mental health system.

- How the Regional Center can help you get the mental health services you need.
- What it means to “exhaust a generic resource” when trying to access mental health services.
- How the Regional Center and Ventura County Behavioral Health should work together to provide you with mental health services.

Registration Required

Phone: 805-485-9643

E-mail: rainbow@tri-counties.org

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



**Tri-Counties
Regional Center**

Follow us on:





Starting in May

Epilepsy Support Group

Are you or a loved one experiencing Epilepsy or seizure activity?

Are you interested in a support group?

Let's meet to share our experiences, resources, and information.

First Thursday of the month

From: 7-8:30 PM

Rainbow Connection FRC Oxnard

For more information, please call Rainbow Connection FRC, at 805-485-9643

RSVP Preferred

Email: rainbow@tri-counties.org

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

