

COUNTY OF VENTURA

**BEHAVIORAL HEALTH
ADVISORY BOARD**



JULY 1, 2016 – JUNE 30, 2017

ANNUAL REPORT

BEHAVIORAL HEALTH ADVISORY BOARD

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ANNUAL REPORT 2016 - 2017

Ventura County Board of Supervisors

District 1	Supervisor Steve Bennett
District 2	Supervisor Linda Parks
District 3	Supervisor Kelly Long
District 4	Supervisor Peter Foy
District 5	Supervisor John Zaragoza

Ventura County Behavioral Health Administration

Director	Elaine Crandall, MS
Medical Director	Brian Taylor, M.D.
Children's Medical Director	Deborah Thurber, M.D.
Chief Operations Officer and ADP/DUI Division Manager	Patrick Zarate
Adult Division Chief	John Schipper, Ph.D.
Youth and Family Division Chief	Pete Pringle, LCSW

Behavioral Health Advisory Board Officers 2016-2017

Chairperson	Janis Gardner
1 st Vice-Chairperson	Jerry M. Harris
2 nd Vice-Chairperson	Ratan Bhavnani
Secretary	Nancy Borchard

Table of Contents

Membership Roster	3
Mission, Purpose and Authority of the Behavioral Health Advisory Board	4
Board Objectives 2016-17	5
Introduction and Summary	5
Committee Reports:	
Executive Committee	13
Adult Services Committee	14
Transitional Age Youth Committee	18
Youth & Family Committee	21
Prevention Committee	25
Board Objectives 2017-18	33
Appendix:	
Site Visit Reports:	
Conejo Adult Clinic	33
Conejo Youth & Family Clinic	37
Inpatient Unit	41
TAY Tunnel.....	45
VCBH Clinics, Others	49
In-County Board and Care Facilities	50
In-County Mental Health Services Contractors	51
VCBH ADP/DUI Clinics.....	54
Alcohol and Drug Program Contract Treatment Providers	55

VENTURA COUNTY
BEHAVIORAL HEALTH ADVISORY BOARD

MEMBERSHIP ROSTER 2016 - 2017

<u>District</u>	<u>BHAB Members</u>	<u>Term Dates</u>
District 1	Claudia Armann Karyn Bates Mary Haffner Sidney L. White, AICP	9/13/16 – 3/10/18 10/6/15 – 10/6/18 4/7/15 – 4/7/18 3/10/15 – 3/10/18
District 2	Ratan Bhavnani Janis Gardner Patricia Mowlavi vacant	2/23/16 – 2/23/19 9/17/16 – 9/17/19 3/14/17 – 3/14/20 1/5/15 – 1/7/19
District 3	Nancy Borchard Gane Brooking Larry L. Hicks Kay Wilson-Bolton	1/27/15 – 1/26/18 1/12/16 – 1/12/19 12/2/14 – 12/1/17 4/14/15 – 4/14/18
District 4	Jerry M. Harris Ron Nelson Denise Nielsen McKian Nielsen	9/17/16 – 9/17/19 10/13/15 – 10/13/18 9/17/15 – 9/17/18 9/17/14 – 9/17/17
District 5	Monique Garcia Dr. Irene Pinkard Marlen Torres Sandra Wolfe	9/24/14 – 9/23/17 1/24/17 – 1/24/20 1/10/17 – 1/10/20 1/11/15 – 1/10/18
Governing Body	John Zaragoza, Supervisor Supervisor Linda Parks	1/1/15 – 12/31/17 1/1/17 – 12/31/18

COUNTY OF VENTURA
BEHAVIORAL HEALTH ADVISORY BOARD

MISSION

The mission of the Behavioral Health Advisory Board is to advocate for members of the community living with mental illness and/or substance use disorders and their families. This is accomplished through support, review and evaluation of treatment services provided and/or coordinated through the Ventura County Behavioral Health Department.

PURPOSE AND AUTHORITY

The BHAB exists under the authority of the California Legislature by its enactment of Section 5604 of the Welfare and Institutions Code as amended by SB43 (McCorquodale, Chapter 564 of 1993). The purpose of the BHAB is provided in Section 5604.1 and 5604.2 which includes, but is not limited to, the following:

- A. All appointed members to the BHAB will have the authority to vote on all issues presented to the board.
- B. Review and evaluate the community's behavioral health needs, including housing, services, facilities, and special problems to ensure that services are provided that promote wellness and recovery, improving and maintaining the health and safety of individuals, families and communities affected by mental health and/or substance abuse issues.
- C. Review mental health service performance contracts entered into pursuant to Section 5650.
- D. Advise the Board of Supervisors and the Ventura County Behavioral Health Department (VCBH) Director (herein after referred to as the Director), as to any aspect of the County's mental health and substance use disorder treatment and prevention services.
- E. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- F. Submit an annual report to the Board of Supervisors on the needs and performances of the County's Behavioral Health system.
- G. Review and make recommendations on applicants for the appointment of the Behavioral Health Director, who also serves as the County Mental Health Director. The board shall be included in the selection process prior to the vote of the Board of Supervisors, who also serves as the County Mental Health Director.
- H. Review the impact of funding streams on the delivery of local Behavioral Health Services in order to make recommendations for any service level expansions or reductions.
- I. Review, evaluate and advise the Board of Supervisors and Director of VCBH regarding the VCBH annual budget and performance goals, as well as the VCBH Quarterly Budget and Performance Status Reports provided by the VCBH Director. Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.

BOARD OBJECTIVES 2016-17

1. Advocate for increased supported housing, and partner with cities to open a year-round homeless shelter with wrap-around services for the SPMI population.
2. Advocate for integrated programs and residential settings for those in all age groups with both mental health and addiction challenges.
3. Advocate for local alternatives to Patton State Hospital for inmates within the Justice system in order to expedite their treatment to help them regain trial competency and return them to court for adjudication.
4. BHAB members shall conduct at least six site visits in the fiscal year, including reviewing each relevant contract, per Site Visit Protocol.
5. Explore resources available for the geriatric population with mental illness and physical issues.
6. Advocate to have the Behavioral Health Department achieve the cultural diversity and competency needs of the community to the fullest extent possible.

INTRODUCTION AND SUMMARY

Fiscal Year 2016-17 proved to be another successful and productive year for the Behavioral Health Advisory Board (BHAB). Through its advocacy efforts, progress to enhance and support mental health and substance abuse services continues to be made. As a result, the needs of the residents of Ventura County communities are more effectively being met and services are improving and becoming more focused. Advocacy efforts require a great deal of time, commitment and patience on the part of the BHAB members. It is a challenging process that takes place over many years. To this extent, BHAB members have stayed the course on behalf of the clients and families that the board represents. The progress that has been achieved would not, however, have been possible without the partnership the BHAB has with the Ventura County Behavioral Department (VCBH) management and staff and the support provided by the Department and its staff.

The two most significant accomplishments resulting in part from the advocacy efforts of the BHAB have been:

- The opening of Horizon View Mental Health Rehabilitation Center that enables individuals requiring treatment within a locked facility to be treated in Ventura County. This enables families to be able to visit their loved ones in the County rather than having to travel long distances. Having this center in Ventura County has also enabled cost saving to the County.
- The opening of a Children's Crisis Stabilization Unit (CSU) and a Children's Short-term Crisis Residential Unit in Ventura County. The success of these programs have resulted in providing services in the County and the treatment of children on a short-term basis, resolving crises situations rather than referring them for inpatient care outside of the County.

The BHAB has continued to make progress toward further integrating mental health and substance abuse in all aspects of its work. In addition, its commitment to whole person care has been a benchmark of its work throughout the past year. The expansion of MediCal coverage and benefits to the medically needy in our communities has provided the opportunity to deliver comprehensive, preventive whole person care to the residents of this County.

The BHAB's 2016-17 Objectives have essentially been achieved. The information contained in the body of this report demonstrates that for the most part, all of the objectives have been achieved. Many of the objectives, however, require continued efforts over time and cannot be accomplished in one year. Unfortunately, there remains much work to be done to address the complex needs of the Seriously and Persistently Mentally Ill and those suffering from substance use disorders. By its very nature, solving the numerous problems faced by this population and their families will take many more years and a great deal of resources. It is the hope of the BHAB that progress will continue to be made on a consistent, ongoing basis. In doing so, hope for the future can be something that those suffering from mental illness or substance use disorders, their families, and citizens in our communities can look forward to with anticipation.

The BHAB's ongoing, collaborative relationship with the Director of the Behavioral Health Department (VCBH) remains, and continues to be, extremely supportive, respectful and cooperative. The board members have a deep respect for the Director and the management staff of VCBH. It is important to point out that the Department and its staff has shown this same respect and support toward the BHAB members. The VCBH staff has been extremely open and transparent with the members of the board, providing requested information in an extremely thorough and timely manner. It has been a pleasure working with the VCBH management and staff. During the past year, we can honestly say that we have worked together as a team toward the achievement of the same goals and objectives.

The BHAB has four committees whose job it is to address issues relating to age-specific populations, collect information and data, and make recommendations to the BHAB. In addition, the committees also assess services provided in the County to these populations and identify gaps in service that need to be addressed. The four committees are as follows:

Adult and Older Adult Services Committee - This committee focuses on the full continuum of care that supports the wellness and recovery of individuals with mental health and substance use disorder issues including community supports.

Prevention Committee – This committee advocates for greater community awareness of Behavioral Health risk factors for individuals with mental illness and substance use disorders, with the primary focus on preventing the onset and exacerbation of behavioral health disorders.

Transitional Aged Youth Committee (TAY) – This committee advocates for the mental health, wellness and recovery of youth and young adults ages 16 to 25, including community supports, with the goal of empowering TAY to become healthy and productive adults.

Youth and Family Committee – This committee serves youth through age 18 by advocating for mental health and/or substance use disorders, including community supports and housing.

The BHAB works diligently to include a broad range of stakeholders as participants and members of each of the committees. It is important to the work of the board that community members, consumers, and providers interested in advocating for these populations collaborate on ways to better serve those individuals with unique needs. The BHAB is very interested in everyone's insight regarding perceived or

real gaps in services, particularly in the areas of housing, employment, legal issues, physical health, education, vocational rehabilitation, crisis intervention and evidence-based practices. Current committee participants include BHAB members, consumers, VCBH contract providers, family members, community-based service representatives, and VCBH staff.

Perhaps the most critical function of the BHAB is to review and evaluate the community's behavioral health needs and identify gaps in service within the County's behavioral health system of care. BHAB members pay particular attention to this key function and direct a great deal of effort to identifying unmet needs and advocating for solutions to meet those needs. The BHAB firmly believes that a full gamut of behavioral health services should be available to residents within Ventura County to the fullest extent possible. As a result of its review for Fiscal Year 2016-17, the following represents the unmet needs identified by the BHAB:

- Housing for the seriously and persistently mentally ill and those suffering from substance use disorders continues to remain as the number one unmet need in Ventura County.
- The availability of an adequate number of psychiatric inpatient beds for adults, children and adolescents within Ventura County to address the needs of the community. This has been an ongoing need for several years. The adult inpatient bed crisis can be somewhat mitigated if there were more appropriate placement options available within the community for discharged inpatients. Although this would help make more beds available, it will not fully solve the problem.
- The availability of a sufficient number and levels of supportive care and placement options to address the needs of the community. These include but are not limited to:
 - Residential care for youth and adults.
 - Adequate housing options for the seriously and persistently mentally ill and those suffering from substance abuse disorders.
 - A psychiatric facility to address the needs of older adults.
 - Crisis residential services for youth.

The following is an overview of the BHABs activities and achievements for the past year.

SIGNIFICANT ACHIEVEMENTS

- Fiscal Year 2016-17 BHAB Objectives

The BHAB Objectives for FY 2016-17 were amended and approved at the July 18, 2016 General Meeting. At the suggestion of a member of the community, the objectives were amended to include the addition of an objective on the cultural diversity and competency needs of the community.

- MICOP Innovation Project

Following extensive discussion, on August 16, 2016 the MICOP Innovation Project proposal was approved for a 30-day public comment period, then to return to the BHAB for additional discussion. After the 30-day public comment period concluded, a motion was approved on

September 19, 2016 by the BHAB to send the MICOP Innovation Project to the Board of Supervisors for approval, subject to VCBH review of the research design prior to implementation and subject to annual reviews by the BHAB.

- Homelessness

In October 2016, the BHAB began its efforts to work with VCBH to collect data on homelessness, resources available and develop a list of groups in Ventura County that are addressing this issue.

- Horizon View Mental Health Rehabilitation Center

The BHAB successfully advocated for the opening of the Horizon View Mental Health Rehabilitation Center. Several BHAB members attended the ribbon-cutting ceremony that took place on November 17, 2016.

- Children's Crisis Stabilization Unit (CSU)

The BHAB successfully advocated for the establishment of a Children's Crisis Stabilization Unit (CSU) and a Children's Short-term Crisis Residential Unit in Ventura County. The CSU opened in January 2017. The Children's Short-term Crisis Residential Unit was pending licensure at that time. A ribbon-cutting ceremony for the CSU took place on January 26, 2017, at which a number of BHAB members attended. Both programs are housed at the David Holmboe Center in Oxnard.

- CIT Officer of the Year Awards Ceremony

The BHAB hosted the Crisis Intervention Team (CIT) Officer of the Year Nominee and Officer of the Year Awards Ceremony at the February 27, 2017 General Meeting. Mike Powers, County Executive Officer, and Sheriff Dean attended the meeting. It was decided that the CIT Officer of the Year Program would take place on an annual basis at a BHAB General Meeting.

- BHAB Bylaws Amendment

A motion was passed at the March 20, 2017 meeting to approve the BHAB Bylaws Amendment creating a new position on Executive Committee of Member Emeritus.

- Children's Accelerated Access to Treatment and Services (CAATS)

At the April 17, 2017 General Meeting, the BHAB passed a motion to forward the CAATS MHSA proposed program to the Board of Supervisors for approval. This would provide a comprehensive intake process for all youth entering the child welfare system. Subsequently, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the CAATS program on May 25, 2017.

- Ventura County Data Notebook 2016

The Ventura County Data Notebook reviewing behavioral health services for children, youth, and transition age youth (TAY) was approved by the BHAB at the April 17, 2017 General Meeting for forwarding to the California Mental Health Planning Council.

- Medicaid Managed Care Workgroup

A Medicaid Managed Care Workgroup was created at the May 15, 2017 General Board Meeting. The Workgroup will receive information and data on Managed Care and will provide input on the impact of the State's Mental Health transition to a managed care system. The Workgroup is scheduled to meet on a monthly basis.

- BHAB Annual Report for 2015-16

The BHAB Fiscal Year 2015-16 Annual Report was forwarded to the Board of Supervisors and formally received in May 2017.

- Fiscal Year 2017-18 BHAB Objectives

On June 19, 2017 the BHAB approved the board's Fiscal Year 2017-18 Objectives.

BOARD PRESENTATIONS

July 2016

Presenters: Nicoleta Weeks, California Forensic Medical Group, and Cecil Argue, Sheriff's Office

Topic: Moral Reconation Therapy

This 16-week class is designed to change the antisocial thinking of inmates who have a substance abuse issue. First introduced in the general jail population about two years ago, it is about to be offered to the mentally ill jail population.

August 2016

Presenter: Elaine Crandall, Ventura County Behavioral Health Director

Topic: Budget Report and Fiscal Year 2016 Preliminary Results

The department budget was reviewed. It shows that expenditures outpaced revenue. Despite an increase in Medi-Cal revenue, the reduction in Mental Health Services Act revenue and the volatility of funding sources are creating fiscal challenges.

Presenter: Patrick Zarate, Ventura County Behavioral Health Chief Operations Officer and Alcohol and Drug Programs Division Chief

Topic: Marijuana – Impacts, Prevention and Policy Implications

Data collected in Ventura County show that marijuana is the drug of choice for most youth. There appears to be a correlation between marijuana and DUIs.

September 2016

Presenter: Elaine Crandall, Ventura County Behavioral Health Director

Topic: Annual Report and Organizational Chart

Ms. Crandall provided an overview of the Department staffing and of services provided to clients by department staff and contractors, and of various outreach programs in the community.

November 2016

Presenter: Felicia Skaggs, Clinic Administrator

Topic: Rapid Integrated Support and Engagement

The program provides outreach to individuals who may need services but are reluctant to request them. Staff engage them in the field, building rapport and linking them to the appropriate services.

January 2017

Presenter: Kiran Sahota, Mental Health Services Act Manager, and Dan Hicks, Alcohol and Drug Program Prevention Manager

Topic: Prevention

Ms. Sahota spoke about the effectiveness of prevention programs in reducing negative outcomes for people who are at greater-than-average risk of developing a serious mental illness. Mr. Hicks discussed the continuum of care for Alcohol and Drug Program.

February 2017

Presenter: Hilary Carson, Mental Health Services Act Program, and Pete Pringle, VCBH Youth & Family Division Chief

Topic: Innovation Project: Rapid Assessment of Foster Care Children

VCBH will be submitting a proposed program to the state for approval that would change the way mental health services are provided to youth entering the foster care system. The goal is to improve the quality of services provided to this fragile population.

March 2017

Presenter: Dr. John Schipper, VCBH Adult Division Chief

Topic: The Assist Program (Laura's Law)

The Assist Program was implemented on January 20, 2017. Its intended clients are persons suffering from serious mental illness who resist services, who do not meet criteria for involuntary hospital admission or grave disability or who are chronically homeless. Those who qualify are referred to the Superior Court when appropriate or to a contractor which provides intensive treatment using Assertive Community Treatment.

April 2017

Presenter: Jennifer Dougherty, Behavioral Health Manager, VCBH Youth & Family Division

Topic: Intensive Social Emotional Services

The Ventura County Office of Education has contracted with VCBH to provide services to students with significant educational impairments due to a mental health disorder. These services are provided mostly in the school setting.

May 2017

Presenter: Pete Pringle, VCBH Youth & Family Division Chief

Topic: The Youth & Family Division and the Children's Crisis Stabilization Unit

The Division serves approximately 6,700 youth annually. It provides various services at its seven outpatient clinics, over 100 schools, the Juvenile Detention Facilities, Primary Care medical clinics, mobile crisis team, and in the field as needed.

June 2017

Presenter: Daniel Powell, Supervisor Mental Health Services/Operations

Topic: The Ventura County Medical Center's Inpatient Unit/Hillmont Psychiatric Center

Mr. Powell gave an overview of the Outpatient Psychiatric Observation Service that assesses clients in crisis for either admission to the Inpatient Unit or for referral to appropriate services. The Inpatient Unit provides various services to clients in crisis.

SIGNIFICANT TOPICS OF DISCUSSION

July 2016: Ventura County Sheriff's Pre-Trial Detention Facility (Main Jail) was discussed with emphasis on the Mental Health Unit and its services to the inmate population.

August 2016: An extensive discussion of the MICOP Innovation Project took place.

September 2016: The MICOP Innovation Project was discussed along with a discussion of research vs. services to SPMI. Department staff read the Innovation Regulations, which specifically state, "An Innovative Project may affect virtually any aspect of mental health practices including [...] research".

October 2016: The issue of homelessness and the direction that BHAB should take relative to this issue was discussed. It was decided that once a timeline is in place for No Place Like Home, VCBH and BHAB would work together to develop ideas on how best to proceed.

November 2016: Services to individuals with autism in Ventura County was discussed. A Staff Report entitled "Community Member Request to Open a Facility to House and Treat Individuals with Autism and to Open a Medical Facility for Individuals with Autism" was reviewed. The report contains information about symptomology, treatment, and advocacy resources.

April 2017: The Objectives Workgroup presented draft Fiscal Year 2017-18 BHAB Objectives to the Board for review. An extensive discussion of the draft objectives took place and suggested revisions and additions were recommended to the Workgroup. It was agreed that the Objectives Workgroup would reconvene, incorporate the changes/additions and report back to the full board at a future meeting. On June 19, 2017, the Fiscal Year 2017-18 BHAB Objectives were adopted.

RECOGNITION AWARDS

July 2016

René Beauchesne was recognized for his 30 years of services as a Licensed Clinical Social Worker in several VCBH programs. Upon retiring, he served for five years on the Alcohol and Drug Advisory Board, the Behavioral Health Advisory Board and the BHAB Youth & Family Committee.

August 2016

Sgt. Albert Miramontes, Heather Johnson, Nicoleta Weeks, RN, Dr. Ronald Pollack, Diane Belmontes, LVN, and Mahsa Hamedani Chadorch, LMFT, were recognized for their work with mentally ill inmates at the Pre-Trial Detention Facility Mental Health Unit.

September 2016

Dr. Celia Woods was recognized for her ten-year service with VCBH, providing psychiatric care of the highest quality to her clients. While serving as VCBH Medical Director, she has been lobbying for improvements in services and integration of services with ambulatory care clinics.

Anita Catapusan was recognized for her work as a Clinic Administrator for A New Start for Moms, where she assisted in the launch of VCBH's only co-licensed Alcohol & Drug/Mental Health site.

October 2016

Susan Kelly was recognized for her many years of service with VCBH. She oversaw the implementation of MHSA from its inception. She managed the Youth & Family Division, where she advocated for the creation of the David Holmboe Crisis Stabilization Unit and Short-term Crisis Residential Unit.

February 2017

Officer Angelica Duran of the Oxnard Police Department, **Officer Ronald Davis** of the Port Hueneme Police Department, **Officer Dan McCarthy** of the Santa Paula Police Department, **Officer Jeff Wojnarowski** of the Ventura Police Department, **Deputy Chandra Pugh** of the Camarillo Police Department, **Deputy Gabriel Viesca** of the Fillmore Police Department, and **Sr. Deputy Michael Schultz** of the Thousand Oaks Police Department were recognized for their outstanding work with the mentally ill population.

Deputy Chandra Pugh was honored as the Crisis Intervention Team Officer of the Year.

March 2017

Carol Thomas was recognized for her work with the LGBTQ community, and her advocacy on the Mental Health Board and Behavioral Health Advisory Board, to whom she provided training.

Dan Hicks, Manager of Prevention Services, Alcohol & Drug Program, was recognized for helping secure grant funds for prevention efforts and to reduce DUIs, and for his pivotal role in the development of the Ventura County Prescription Drug and Heroin Workgroup.

May 2017

Ezequiel Sanchez was recognized for his significant contributions to the Client Network, for his volunteer work with NAMI Ventura County, and his work at the TAY Tunnel.

June 2017

Maria Hernandez was recognized for her years of service with VCBH. Her meticulous work as VCBH Policies & Procedures and Mandatory Training Manager has played a key role in the positive outcome of the 2017 External Quality Review.

SITE VISIT REPORTS**August 2016**

Ventura County Behavioral Health Adult and Youth & Family Outpatient Clinics, Thousand Oaks.

September 2016

Ventura County Medical Center, Hillmont Psychiatric Hospital, Ventura.

November 2016

Telecare Casas, Camarillo.

April 2017

Pacific Clinics' TAY Tunnel, Oxnard.

EXECUTIVE COMMITTEE
2016-2017 Annual Report
Submitted by Jerry Harris, Chair

Committee Members 2016-17

Janis Gardner	BHAB Chair
Jerry Harris	BHAB 1 st Vice-Chair
Karyn Bates	BHAB 2 nd Vice-Chair
Nancy Borchard	BHAB Secretary
Gane Brooking	Member-At-Large

MISSION AND OBJECTIVES

The primary responsibility of the Executive Committee is to address the administrative functions of the BHAB. In this capacity, the Executive Committee plans the agendas of the BHAB General Board Meetings. The Executive Committee may take emergency action on issues that arise between regularly scheduled monthly Board meetings when there is not time for the Board as a whole to act, as well as carry out any responsibilities delegated to it by the BHAB. Any such actions taken by the Executive Committee shall be in compliance with the Brown Act.

OVERVIEW

The Executive Committee is comprised of the Chair, 1st Vice-Chair, 2nd Vice Chair, Secretary, and a Member-at-Large designated by the Chair. The Board officers are responsible for ensuring that all actions of the BHAB are implemented as authorized by a majority of the BHAB members, and that the Bylaws are strictly adhered to. The Committee is supported by the Ventura County Behavioral Health Director, Elaine Crandall, or one of her representatives, and by a Management Assistant, Edith Pham.

In addition to planning the agendas, the Executive Committee spends a portion of its time discussing membership and attendance issues. The Executive Committee is also involved in planning and scheduling presentations for the BHAB General Board Meetings and discussing potential candidates for recognition awards.

2016-2017 OBJECTIVES

The Executive Committee shall continue to encourage BHAB members to identify potential candidates for consideration by members of the County Board of Supervisors for appointments to the BHAB. Executive Committee members help to bring information to the BHAB members that will enable them to make informed decisions and credible recommendations to the Behavioral Health Department and Board of Supervisors. The Executive Committee members monitor progress on the achievement of BHAB Objectives and encourage committees to bring forth issues to the full board for consideration.

**ADULT COMMITTEE
2016-2017 Annual Report**

Submitted by Nancy Borchard and Karyn Bates, Co-Chairs

Adult Committee members and participants:

Members:

Nancy Borchard	Co-Chair; BHAB Member	Ratan Bhavnani	BHAB Member
Karyn Bates	Co-Chair; BHAB Member	Larry Hicks	BHAB Member
Gane Brooking	BHAB Member	Sidney White	BHAB Member

Participants:

Rachel McDuffee	Aegis Treatment Centers	Dana Secor	Turning Point Foundation
Mark Stadler	CIT	Mark Schumacher	Turning Point Foundation
Liz Warren	Client Network	Kalie Matissek	Turning Point Foundation
Eileen Tracy	Family Engagement in Re-Entry	Denise Noguera	VCAAA
David Deutsch	NAMI	Brenda Tungui	VCAAA
Jennifer Goble	Pacific Clinics	Deborah Schreiber	VSSTF
Laura Pancake	Pacific Clinics	Dr. John Schipper	VCBH
Letty Ortiz	Pacific Clinics	Sevet Johnson	VCBH
Cici Romero	Pacific Clinics	Anna Flores	VCBH
Liz Stone	Peer Support Advocate	Pam Roach	VCBH
Larry Berent	Telecare	Edith Pham	VCBH
Shana Burns	Telecare		

MISSION

The BHAB Adult Services Committee advocates for continuum-of-care in the development and expansion of mental health and addiction services that support the stabilization and recovery of adult and older adult clients.

The Committee's monthly meetings serve to advise members of events, trainings, MHSA (Mental Health Services Act) stakeholder meetings and decisions, individual providers'/contractors' updates and current department activities regarding Adult VCBH services, trainings, staffing, housing, and the status of our inpatient and jail populations.

We educate ourselves in order to better advocate as individuals for our target population in the larger community.

INTRODUCTION

The BHAB Adult Services Committee meets on the first Thursday of the month from 10:00 a.m. to 12:00 p.m. in the Ventura County Behavioral Health Administration building in Oxnard. Attendance and participation are open to individuals who receive mental health and/or substance use services through Ventura County Behavioral Health (VCBH), to service providers, Behavioral Health Advisory Board (BHAB) members, and anyone with an interest in the adult and older adult population. The Adult Services Committee reviews the needs, programs and services for this population and reports on these matters to the BHAB.

OBJECTIVES 2016-17

1. Help develop Board & Care facilities with special emphasis on co-occurring disorder care.
2. Evaluate the system-wide integration of treatment for Mental Health and Alcohol and Drug Abuse utilizing evidence-based practices, latest research, and how providers are trained using these tools.
3. Monitor and advise regarding discharge transitions system-wide from Inpatient Unit through supportive community treatment.
4. Encourage client and family involvement throughout the treatment process.
5. Review gaps in services especially how/why adult clients are sent out-of-county for services.
6. Review/visit sober living homes - develop criteria for good care especially for adult clients with co-occurring disorders.
7. Support and promote options for affordable housing for individuals with mental health and/or addiction challenges.

ACHIEVEMENTS

1. The Committee Co-Chairs met with Ventura County Medical Center Hillmont Inpatient Psychiatric Unit (IPU) and Ventura County Behavioral Health (VCBH) staff to discuss the Outpatient Psychiatric Observation Service (OPOS), which has been carved out of the IPU floor space rather than being located adjacent to it. This 23-hour bed unit needs to be a stand-alone building, but the California Department of Public Health licensing is allowing it to be where it is for now. Adjustments were made by staff working round-the-clock so the OPOS would not be lost. A great many IPU admissions have been avoided thanks to the OPOS program.
2. Clients discharged from the IPU were given a warm-hand-off by the Peer "Links" Program, which increased the number of "first appointments" at the VCBH outpatient clinics. Unfortunately, the Peer Employment Services were cut from the budget. It is difficult to track individuals discharged from the OPOS, the IPU, the Crisis Residential Treatment Center (CRT) and the jails without a Peer Links Programs.
3. One of our BHAB Adult Services Committee participants, Pam Roach, is the VCBH Transformational Liaison to the community. She provides the committee with updates regarding her orientations to new VCBH adult clients and their families. The Client Network distributes packets to clients at the IPU, CRT and residential facilities. Both programs list resources and activities to encourage participation.
4. The Mental Health Rehabilitation Center (MHRC) at the Camarillo Airport, which opened in December 2016, has allowed many Ventura County clients to return home from out-of-county placements.
5. The Sober Living Network creates standards for care and inspects all their homes. The committee is hoping they will establish meetings/trainings in Ventura County; currently, they are located in Los Angeles County.
6. Several BHAB Adult Services Committee members are advocating for more affordable and supportive housing; they have been attending a variety of meetings at the city, county and state level to become informed and make a difference. Creative solutions to limited property availability include zoning changes and higher density building, redesigning empty business spaces, and the use of "tiny homes" and/or cargo shipping crates. This group of housing advocates will become members of a newly-formed BHAB Housing Workgroup with many other stakeholders at the table.

7. Advocates continued to support programs that treat and support incarcerated mentally ill individuals in the Ventura County jails with the intent to promote wellness and reduce recidivism.

2016-17 PRESENTATIONS

July 2016

Presenter: Heather Johnson, VCBH Jail Liaison.

Topic: Mental Health services in the jail

September 2016

Presenters: Maria Christine Cavucci, California Forensic Medical Group, and Cecil Argue, Sheriff's Office, Inmate Services

Topic: Moral Reconciliation Therapy (MRT)

October 2016

Presenter: Jennifer Goble, Pacific Clinics

Topic: Ventura Peer Services

November 2016

Presenter: Father Jon Hedges

Topic: Homeless Outreach and Housing in Isla Vista/Santa Barbara County

January 2017

Presenter: Dan Schimmel, Andrea Sallee, Lilia Simakova, Anka Behavioral Health

Topic: Ventura Crisis Residential Treatment (CRT) and Hillmont House

February 2017

Presenter: Peter Schreiner, VCBH Older Adult Clinic Administrator

Topic: VCBH Older Adult Program

March 2017

Presenter: Jennifer Goble, Pacific Clinics

Topic: Peer Recovery Services

April 2017

Presenter: Luis Tovar, VCBH Ethnic Services Manager

Topic: Update from the Culture, Equity Advisory Committee

May 2017

Presenter: Dan Powell

Topic: Outpatient Psychiatric Observation Service (OPOS) and Hillmont Psychiatric Center (HPC)

CHALLENGES

1. Lack of affordable housing options and the high cost of housing in Ventura county.
2. Lack of funds for transitional housing.
3. Severe lack of housing options for those with no or little income.
4. The high cost of the Inpatient Unit placements for those who have both mental and developmental challenges.
5. Loss of MHSA Prevention Programs, especially Peer Employment, due to budget cuts.

6. Inadequate licensing allowances from the State, causing restrictions to the Outpatient Psychiatric Observation Service (OPOS).
7. Gaps in services which cause clients to be placed out of county are: (A) Lack of affordable housing; (B) Lack of secure supportive housing for individuals who are not currently capable of standing trial; (C) Lack of integrated mental and physical health facilities; (D) Lack of geriatric psychiatric units.

OPPORTUNITIES

1. Work closely with VCBH to develop the county's application for a Housing Grant related to No Place Like Home funded by a state-wide MHSA bond.
2. Encourage the procurement of properties for supportive housing, including permanent 24/7 contracted care through any and all sources of funding for housing.
3. Pay close attention to the intentions of MHSA Innovation Programs in Ventura County, ensuring all programs serve the Seriously Mentally Ill in their recovery process.
4. Monitor MHSA funding used for direct services for Adults such as RISE, STAR, EPICS, making sure that these high-cost programs perform as envisioned, utilizing data to judge success.

RECOMMENDATIONS

1. Increase community involvement in strategic planning regarding access to all Behavioral Health services from highest to lowest need.
2. Advocate for services that prevent major psychotic episodes to help eliminate the "fail-first" approach to treatment.

OBJECTIVES 2017-18

1. Continue to develop the integration of mental health and substance use services.
2. Increase community awareness regarding resources and access to services provided by VCBH.
3. Advocate for effective assessment and referral for individuals in crisis at the Hillmont Psychiatric Center and the Outpatient Psychiatric Observation Services (OPOS) in cooperation with local hospitals and law enforcement.
4. Advocate for the Crisis Residential Treatment (CRT) to be used as a crisis prevention and step-down from Hillmont Psychiatric Center or other intensive service.
5. Advocate for the establishment of a geriatric psychiatric unit.
6. Participate in all efforts to establish affordable and supportive housing for individuals with behavioral health challenges.

TRANSITIONAL AGE YOUTH (TAY) COMMITTEE

2016-2017 Annual Report

Submitted By Cmdr. Ron Nelson, Chair

TAY Committee members and participants:

Members:

Cmdr. Ron Nelson	Chair; BHAB Member	Kay Wilson-Bolton	BHAB Member
McKian Nielsen	Previous Chair; BHAB Member	Karyn Bates	BHAB Member

Participants:

Rachel McDuffee	Aegis Treatment Center	Sevet Johnson	VCBH
Anasa Matthews	Aegis Treatment Center	Anna Flores	VCBH
Josh Lepore	Casa Pacifica	Pam Roach	VCBH
Sharon Espinoza	Department of Rehabilitation	Hilary Caron	VCBH
David Vahidi	HSA/CFS	Greg Bergan	VCBH
Erin Locklear	Interface	Edith Pham	VCBH
Monica Vergara	Interface		
David Deutsch	NAMI		
Jennifer Goble	TAY Tunnel		
Vannessa Cortez	TAY Tunnel		
Cici Romero	TAY Tunnel		
Javier Bautista	TAY Tunnel		

MISSION

The Transitional Aged Youth Committee (TAY) is a committee of the Behavioral Health Advisory Board. The BHAB TAY Committee is committed to promoting the mental health, wellness and recovery of youth ages 18 through 25. The committee focuses on these youth in their efforts to launch and become healthy and productive adults.

The purpose of the Transitional Aged Youth Committee is to support the efforts of the Behavioral Health Advisory Board in its mission to promote and provide appropriate mental health services for young adults ages 18 to 25, and to provide a forum for the TAY community to discuss the needs relevant to their health and wellness.

INTRODUCTION

The BHAB TAY Committee meets on the fourth Thursday of the month from 10:30 to noon at the Ventura County Behavioral Health Administration building in Oxnard. Attendance and participation are open to Transitional Age Youth and their families, service providers, Behavioral Health Advisory Board (BHAB) members, and anyone with an interest in the TAY community. The TAY Committee is responsible to look into the needs, programs, and services for the TAY population, and to report on these matters to the BHAB. The committee also receives direction from the BHAB to research issues that come to the attention of the Board on matters related to the TAY population.

2016-17 OBJECTIVES

1. Increase participation of community partners serving TAY in the BHAB TAY meetings;
2. Continue evaluation and updating availability of TAY services related to housing options, work and volunteer opportunities and justice system; and
3. Increase community outreach, especially to underserved community, and improve communication among parents, clients, agencies and the Committee.

ACHIEVEMENTS

The TAY Committee has worked on each of its objectives listed above. These are ongoing and are carrying over to the 2017-18 year.

During the 2016-17 Fiscal Year, the TAY Committee studied the possibility of implementing a program known as "Transition to Independence" (TIP). The committee determined the program closely resembled an already existing program known as STARS Training Academy and would require additional funding. The study sessions did have the effect of increasing discussion and participation at committee meetings, which was related to Objectives 1 and 2.

2016-17 PRESENTATIONS

July 2016

Presenter: McKian Nielsen, BHAB TAY Committee Chair, and John Oliviera, Program Manager, San Joaquin Child Abuse Prevention Council

Topic: Transition to Independence (TIP) and STARS Training Academy

September 2016

Presenter: McKian Nielsen, BHAB TAY Committee Chair

Topic: Transition to Independence (TIP)

November 2016

Presenter: Karin Findeis, Pacific Clinics

Topic: Career Club

January 2017

Presenter: Erin Locklear and Monica Vergara, Interface

Topic: Housing Resources for the TAY Population

February 2017

Presenter: Anasa Matthews, Debra Winters, Rachel McDuffee, all of Aegis Treatment Centers

Topic: Aegis Treatment Centers

March 2017

Presenter: Felicia Skaggs, VCBH Adult Division Clinic Administrator

Topic: Rapid Integrated Support and Engagement (RISE)

April 2017

Presenter: Kate English, Executive Director

Topic: One Step a la Vez

May 2017

Presenter: Committee Discussion

Topic: The committee discussed potential topics for future presentations that will meet the needs of the TAY community.

June 2017

Presenter: David Tovar, VCBH Alcohol & Drug Program, Office of Traffic Safety Grant Coordinator

Topic: Marijuana and TAY

CHALLENGES

- The TAY Committee, as with other BHAB committees, is challenged with low participation by TAY clients and their families: Objective #3, "Increase community outreach, especially to underserved community, and improve communication among parents, clients, agencies and the Committee." Continued efforts to increase communication and outreach about the important work of the committee should occur.
- Potential program cuts due to diminished MHSA funding.
- Changes in the delivery of services due to payment reform from "Fee for Service" to "Managed Care."

OPPORTUNITIES

- The TAY Committee has an opportunity to provide input into VCBH programs and practices as the Agency wrestles with changes in MHSA funding and upcoming payment reform.
- Increase client and family participation in the committee's important work.
- Increase the level of communication with the BHAB to keep the Board informed on the needs of the TAY community.

RECOMMENDATIONS

- It is a recommendation that the TAY committee increase the number of BHAB members, clients, and families of clients in the monthly TAY Committee meetings and discussions.
- It is recommended that the TAY Committee increase outreach to the TAY community to identify program gaps and needs.

2017-18 OBJECTIVES

1. Increase participation of community partners serving TAY in the BHAB TAY meetings.
2. Continue evaluation and updating availability of TAY services related to housing options, work and volunteer opportunities and justice system.
3. Identify strategies to address gaps in services for the TAY population related to mental health and substance abuse treatment, housing options, work and volunteer opportunities, and the justice system.
4. Increase community outreach, especially to underserved community, and improve communication among parents, clients, agencies and the Committee.
5. Keep the Behavioral Health Advisory Board members informed on matters pertaining to the needs of the TAY Community.
6. Provide committee level work for the TAY community at the direction of the Behavioral Health Advisory Board.

YOUTH AND FAMILY COMMITTEE

FY 2016-17 Annual Report

Submitted by Denise Nielsen, Chair

Youth & Family Committee members and participants:

Members:

Denise Nielsen	Chair; BHAB Member	Karyn Bates	BHAB Member
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Participants:

Martie Miles	Aspiranet	Laurie Jordan	Rainbow Connection
Marika Collins	Casa Pacifica	Regina Reed	SELPA
Kimberly Bennett	Casa Pacifica	Sheri Long	Vista Real Charter HS
Lisa Connolly	HSA/CFS	Lori Litel	United Parents
Ken McDermott	HSA/CFS	Pete Pringle	VCBH
Laura Gutierrez Woolridge	Interface	Dr. Deborah Thurber	VCBH
David Friedlander	Kids & Families Together	Pam Roach	VCBH
Crystal Cummings	Kids & Families Together	Kiran Sahota	VCBH
Daisy Polido	New Dawn	Hilary Carson	VCBH
Karin Lucero Martinez	New Dawn	Edith Pham	VCBH

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.

OBJECTIVES 2016-17

- 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. Advocate for the participation of one or more Committee members on the Community Leadership Committee (CLC).
- b. Engage community agencies to schedule presentations regarding the role and activities of this Committee.
- c. Recruit community members to serve on the Committee, and inform families about mental health services available.
- d. Create innovative strategies to increase parent participation in this Committee.
- e. 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.
- f. Maintain the availability of relevant materials on the Ventura County Behavioral Health's wellnesseveryday.com website.
- g. Continue to update and oversee the compilation of the family resource packets for distribution.

ACHIEVEMENTS

1. Provided current information related to children and youth.
2. Advocated for the opening of the Children's Crisis Stabilization Unit (CSU).
3. Maintained collaborative relationships with community agencies.
4. Updated the safety plan and distributed in the community.

2016-17 PRESENTATIONS

July 2016

Presenter: Susan Kelly, Ventura County Behavioral Health, Youth & Family Division Manager
Topic: Continuum of Care Reform (CCR)

August 2016

Presenter: Ellen Mastright, Human Services Agency, Children & Family Services Manager
Topic: Continuum of Care Reform (CCR)

September 2016

Presenter: Kiran Sahota, MHSA Manager, and Pete Pringle, VCBH Youth & Family Division Chief
Topic: Overview of the CCR Innovation Proposal

October 2016

Presenter: Angelina McCormick-Soll, Human Services Agency
Topic: Foster VC Kids

January 2017

Presenter: Julie Glantz, VCBH Adult Services Division, STAR/Crisis/RISE Manager
Topic: Crisis Team

February 2017

Presenter: Sheri Long, Community Liaison, Learn4Life Concept Charter Schools
Topic: Vista Real Public Charter High School

March 2017

Presenter: Tyler Baker-Wilkinson, Assistant Director, Ventura Crisis Stabilization Unit

Topic: Children's Crisis Stabilization Unit.

May 2017

Presenter: Felicia Skaggs, VCBH Adult Services Division, RISE Clinic Administrator

Topic: Rapid Integrated Support and Engagement (RISE)

June 2017

Presenter: Dr. Steven Graff, Director of Clinical Services, Tri-Counties Regional Center

Topic: Tri-Counties Regional Center

CHALLENGES

1. Identify ways to disseminate information to parents.
2. Services for children who do not have an Individualized Education Plan (IEP) and are showing signs of mental health stress.
3. Services for children who are covered by private insurance.
4. Committee meeting time is a challenge to get parents' involvement.

OPPORTUNITIES

1. Utilize new technology, such as creating an app to link parents, children and professionals to relevant information.
2. Hold one or two committee meetings in the community at different times of day.
3. Survey parents to find out their level of knowledge of available services.
4. Advertise upcoming committee presentations to the parents.

RECOMMENDATIONS

1. Hold one or two meetings a year in the community.
2. Approach community organizations and request to present at their meetings.

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.

PREVENTION COMMITTEE
2016-2017 Annual Report
Submitted by Janis Gardner, Chair

Prevention Committee members and participants:

Members:

Janis Gardner	Chair; BHAB Member	Karyn Bates	BHAB Member
Larry Hicks	Co-Chair; BHAB Member	Nancy Borchard	BHAB Member
Claudia Armann	BHAB Member	Patricia Mowlavi	BHAB Member
Gane Brooking	BHAB Member	Sandra Wolfe	BHAB Member

Participants:

Dan Hicks	VCBH, ADP Prevention	Hunter Poulson	Ventura County Office of Ed
David Tovar	VCBH, ADP Prevention	John Franchi	VC Sheriff's Office
Janet Kaplan	VCBH, ADP Prevention	June Ewart	Community Coalition United
Kiran Sahota	VCBH, MHSA	Katherine Kasmir	Straight Up, Ventura County
Cari Kawell	VCBH, ADP Prevention	Lori Litel	United Parents
David Deutsch	NAMI	Mark Stadler	VCSO CIT
Dawn Anderson	Ventura County Office of Ed	Rachel Jones	Straight Up, Ventura County
Esperanza Ortega	VCBH, MHSA	Sara Cook	Vista del Mar
Ezequiel Sanchez	Pacific Clinics TAY Tunnel	Theresa Plante	Casa Pacifica

MISSION

"To promote measures that prevent mental and/or substance-use disorders from becoming destabilizing components in the lives of Ventura County residents. Our aim is to help support education, prevention and early intervention efforts with particular emphasis on wellness and the interaction of mental health and substance use challenges."

The focus of the BHAB Prevention Committee is to preserve and enhance advisory and advocacy work for both mental health and substance use disorders prevention to maximize the effectiveness of the BHAB in supporting county behavioral health/substance use issues. The Prevention Committee may observe, assess, and report in areas of mental health, dual diagnosis or substance use disorders, and to communicate to, and to raise awareness and understanding of these issues, to the general public of Ventura County, the Board of Supervisors, and, to the Behavioral Health Department Director.

FY 2016 -17 OBJECTIVES

1. Assist in preventing the onset of BH disorders which could assist in helping to save lives.
2. Work in collaboration with programs that support the Prevention Committee goals; i.e., VCBH Alcohol and Drug Programs, Prevention Services, Ventura County Sheriff's Department, etc.
3. Help to facilitate campaigns and promotions to adopt changes advancing the goals of the Committee.

INTRODUCTION

Participation in the Prevention Committee includes individuals who have an interest in helping to mitigate mental health and substance use disorders for adults, transitional aged youth and children who reside in Ventura County. Its membership and partners include persons from various entities around Ventura County, including but not limited to persons from multiple county agencies, stakeholders, contract providers, VCBH staff, health care professionals, law enforcement and consumers.

2016-17 PRESENTATIONS

July 2016

Presenter: Kim O'Neil, Executive Director, Project SAFER

Topic: Overdose Prevention

August 2016

Presenter: Kiran Sahota, VCBH, MHSA Manager

Topic: Suicide Prevention Efforts in Ventura County

September 2016

Presenter: Debbie Pastor, Aspira Counseling Services

Topic: Overview of Aspira Services – Drug & Alcohol Awareness & Counseling

October 2016

Presenter: Gabe Teran, Ventura County Office of Education

Topic: Overview of Comprehensive Health & Prevention Programs

November 2016

Presenter: Jan Ryan, Redleaf Resources

Topic: How BRRIM Changes Schools One Family at a Time

December 2016

No meeting

January 2017

Presenter: Ezequiel A. Sanchez & Anthony Marron, Pacific Clinics TAY Tunnel

Topic: Overview of Pacific Clinics TAY Tunnel – Mental Health Services

February 2017

Presenter: Kathy Mulford, VCBH BH Manager/ DUI Admin

Topic: Evidence-Based Strategies To Impaired Driving: An Overview of Ventura County's DUI Programs

March 2017

Presenter: Gabe Teran, VCOE, SafeTALK

Topic: Suicide Prevention & Awareness

April 2017

Presenter: Mitchell Boring, Reality Improv Connection Inc. - Straight Up, Ventura County

Topic: Countywide Youth Engagement & Related Prevention Services

May 2017

Presenter: Ventura County Probation Agency, Chief Deputies Gina Johnson and Tim Dowler

Topic: Probation Services

June 2017

Presenter: Sevet Johnson, VCBH BH Manager, Transitions

Topic: TAY in Prevention

ACCOMPLISHMENTS

Prevention Committee Members and Prevention Committee Participants supported and/or attended the following programs, actions, events and activities:

- Members of the Prevention Committee attended a two-session event called "Information Session on VCBH Mental Health Services – Crisis Stabilization Unit & Short-Term Residential Facility".
- Prevention Committee participants with MHSA services signed a new contract with Rainbow Umbrella to provide for LGBTQ services. In addition, VCBH Mental Health added more Mental Health and LGBTQ information and resources on the www.WellnessEveryday.org website to promote services and information for residents of Ventura County.
- Members of the Prevention Committee attended a meeting where VCBH Prevention Services presented at the July 25, 2016 Fillmore City Council meeting where the focus was on medical marijuana regulations. The purpose was to review existing policies that might be strengthened to help prevent marijuana youth access and availability
- The Prevention Committee continues to support Ventura County ADP Division and its Prevention Services Department in their continuing prevention efforts within Ventura County and were mentioned in the August 4, 2016 VC Reporter in an article entitled, "Hooked on Opioids."
- Prevention Committee members attended and showed support at the following events: a Suicide Prevention Walk on Saturday, September 17th and the "Marijuana – What Future Do You See?" conference on Wednesday, September 28th.
- Prevention Committee members attended and showed support at The Youth Council for the City of Simi Valley's Suicide Prevention film screening for winners from "Directing Change," a Statewide contest where High School and College students create 60 second Public Service Announcements.
- Prevention Committee members were given by VCBH ADP Prevention Services, an Overdose (OD) card which lists some signs of an overdose and encourages people to call 911. The card emphasizes that lives can be saved even without Naloxone, but that nevertheless, everyone should have access to a Naloxone kit, especially people who are at elevated risk.
- Prevention Members attended and supported VCBH MHSA's Prevention Early Intervention (PEI) "Preventing Suicide – Help & Hope" Suicide Prevention Conference on September 16, 2016.
- Prevention Committee members attended and supported the rising local interests in Mental Health First Aid (MHFA) at the following events: two Youth Mental Health First Aid events on November 28 and December 1, 2016 at the Simi Valley Library; the Rancho Simi Valley Recreation

and Park District events on Youth MHFA in October and December 2016; and the Simi Valley Senior Center Adult MHFA classes on January 30 and 31, 2017.

- Prevention Committee Members promoted, advocated and supported the following: a Simi Valley event on the topic of Cyberbullying which focused on expanding community education where Adult & Youth presentations took place with representatives in attendance from VC Law Enforcement, VC School Districts and VC Behavioral Health.
- Prevention Committee participants from MHSA continued their process of creating new tools for their MHSA Prevention Providers which included collecting all the demographic data for MHSA Prevention and why they are doing Prevention efforts such as: preventing children from being removed from the home, preventing relapse, preventing suicide, reducing stigma, reducing incarceration and hospitalization. These data tools are to be made consistent for each of their Providers and should be implemented in FY 17/18.
- Prevention Committee participants in ADP VCBH who are involved with the CA Office of Traffic Safety (OTS) were granted the amount of \$250K in a grant. The focus of the OTS grant funded program is to work with underserved communities to change perceptions on Impaired Driving in a culturally appropriate and relevant way.
- Prevention Committee participant and VCBH ADP Prevention Services OTS Grant Coordinator, David Tovar, spoke at the AAA Drugged Driving Summit in Los Angeles at the Petersen Automotive Museum on Wednesday, October 5, 2016. The focus of this event was the changing legislative landscape and the increasing demand for innovative strategies surrounding impaired driving.
- BHAB Prevention Committee members, participant and VCBH Prevention Provider Katherine Kasmir, Executive Director, Reality Improv Connection dba Straight Up, coordinated multiple "Reality Parties for Parents" throughout Ventura County during FY 16-17. The Saturday, October 8th "Reality Party" was "sold out" with over 60 people on the waitlist. These Reality parties are for parents who tour a home set up as a teen drinking party, with youth actors portraying common party activities and voicing concerns expressed by local teens and young adults. After each performance/tour, Straight Up facilitates community dialogue, with a panel to answer questions and discuss ideas for change. Also in attendance were representatives from the Thousand Oaks Police Department, Conejo Unified School District and the Ventura County Superintendent of Schools.
- Prevention Committee participant and VCBH ADP Prevention Provider Ventura County Office of Education, Comprehensive Health and Prevention Programs (CHPP) promote Youth Asset Development through various programs including Friday Night Live (FNL) in High Schools, Middle Schools, upper elementary grades, and a Youth Advisory Council. FNL Mentoring uses volunteer High School students that mentor specifically referred middle school students. The "Teens Kick Ash – Youth Tobacco-Free Advocacy" Conference also supports Youth Asset Development. The CHPP Health Prevention Education efforts provide leadership and support with: Policy and Procedure development; Healthy, Safe, and Supportive Schools Collaborative (HS3); Health content standards, and more.
- Members of the Prevention Committee attended the Horizon View Mental Health Rehabilitation Center (MHRC) ribbon-cutting ceremony.

- Prevention Committee participant Mark Stadler accepted a recognition award by the Ventura County Board of Supervisors for a mobile Crisis Intervention Team (CIT) app for Law Enforcement officers.
- June Ewart, BHAB Prevention Committee meeting participant from Community Coalition United, attended an event called "Building Passion" where she shared information on Mental Health First Aid.
- Members of the Prevention Committee attended the VCBH ADP Prevention Services "Mapping Marijuana 2017 Leadership Forum" entitled "Mapping Safe & Sustainable Policies".
- A variety of members and participants of the BHAB Prevention Committee supported and attended the following Prevention programs and events in Ventura County: the Status for Farmworkers Innovation Project, the MICOP Innovation Project, the Latino Outreach Project, the expanded Promotores contract, the hiring of more bilingual clinicians, and the contract with New Dawn to replace City Impact.
- Members of the Prevention Committee attended VCBH MHSA Manager Kiran Sahota and VCBH ADP Prevention Services Manager Dan Hicks' presentation at the BHAB General Meeting on the topic of "Prevention and Integration with the Continuum of Care."
- The Prevention Committee supported VCBH's increased focus on overdose prevention education and rescue. As of January 2017, there were 26 overdose reversals in Ventura County. The Naloxone kits distributed as a result of increased VCBH efforts have assisted in the path to recovery. VCBH ADP Prevention is working hand in hand with VCBH Treatment to achieve better outcomes in assisting those with opiate overdose within the Ventura County community.
- The Prevention Committee supported VCBH ADP DUI 's working in collaboration with VCBH ADP Prevention Services and VCBH Prevention Provider Evalcorp to update the Place of Last Drink (POLD) Survey. The POLD survey is a method used by ADP Prevention Services to help get data to indicate where they should focus some of their efforts. For FY 16-17, the focus is marijuana. VCBH ADP DUI is working with VCBH ADP Prevention Services and the CA Office of Traffic Safety to focus the grant efforts for Drug Impaired Driving in Ventura County. In addition, the POLD survey data promotes DUI Awareness Campaigns that help to raise awareness of the consequences of DUI; helps designate DUI Checkpoints, and, through its ADP Prevention Services efforts, has a Designated Driver Awareness Campaign called "Be the DD and Win!"
- The Prevention Committee supported VCSO CIT program continued their iCop project. iCop is a method that tracks electronic data (with an iPhone) used by Ventura County law enforcement Officers for CIT. iCop get CIT data out expediently to the law enforcement Field Deputies and Officers if CIT has someone that they are particularly concerned about or who they identify as in need of de-escalating strategies to help prevent a crisis.
- BHAB Prevention Committee meeting participant David Deutsch, Director, NAMI Ventura, participated on their AOT Assist Program (built from Laura's Law) which was held on Tuesday, January 10, 2017, at the Vineyard Community Church in Camarillo. VCBH's Dr. John Schipper was one of the presenters along with a representative from the Ventura County Council and the VC Public Defender's Office.

- The Prevention Committee supported VCBH ADP Prevention Services' new Marijuana Fact Check website – www.mjfactcheck.org (English/Spanish) was created along with the related MJ Fact Check card to educate Ventura County residents.
- The Prevention Committee supported VCBH ADP Prevention Services in its continuing Safe Prescribing efforts by distributing Safe Prescribing flyers in Emergency Rooms and related Departments. They are also providing information on the Rx Prescribers Portal for Healthcare Providers to access information about Safe Prescribing and Drug Prevention and Monitoring Programs. In addition, VCBH ADP Prevention Services is implementing "Safe Pain" medicine prescribing for Urgent Care, a continuation of the Safe Prescribing Guidelines that are in the E.R.s.
- The Prevention Committee supported the 2017 MHSA Suicide Prevention measure on outreach efforts, SafeTalk and Mental Health First Aid within VC schools. They are making a difference. In 2016, there was 1 completed suicide under the age of 18 as compared to 4 in 2015.
- Prevention Committee participant Ventura County Crisis Intervention Team's Program graduated 100 newly trained CIT Law Enforcement Officers and Deputies 2017.
- The Prevention Committee supported VCBH ADP Prevention Services' release of two additional publications: the "White Paper: What the Science Says About the Adolescent Use of Cannabis," and the "Adult Use of Marijuana Act (AUMA) Policy Report: The 2016 California Marijuana Initiative and Youth: Lessons from Alcohol Policy." These AUMA Policy Reports are particularly relevant since the CA Governor just came out with his legislative plan for how he proposes to better integrate regulation at the State Level for adult medical and non-medical cannabis use.
- A variety of members and participants of the BHAB Prevention Committee attended the VC Board of Supervisors' meeting to see the Proclamation regarding safe and secure prescription drug disposal, which is tied to a larger initiative of reducing supply.
- Several Prevention Committee members viewed the new display sponsored by VCBH ADP Prevention Services for April 2017 at the Ventura County Government Center's Hall of Administration, featuring information on Safe & Secure Prescription Drug Disposal's 2017 "Every Day Is Take Back Day." Two videos were featured on "Safe Prescribing" and "The Faces of Addiction."
- A variety of members and participants of the BHAB Prevention Committee and VCBH Staff attended the National Rx Drug Abuse and Heroin Summit in Atlanta, GA.

CHALLENGES

1. Preventing Rx Drug Use
2. Preventing Opiate Use
3. Assisting with Presentations to the Ventura County Board of Supervisors

OPPORTUNITIES

The Prevention Committee feels there are tremendous opportunities available by working in collaboration with stakeholders, staff, providers and contractors to help raise awareness of existing and future education tools, programs and prevention efforts for the residents and youth of Ventura County.

RECOMMENDATIONS

- To advocate and support mental health and substance use prevention and early intervention programs, providers and contractors.
- To help educate and inform the Board of Supervisors, VCBH staff, other agencies and the public on the negative impacts of alcohol and drug abuse, including the potential harmful effects for youth of consistent marijuana usage on the young still developing teen brain.
- To increase the number of Prevention Committee members.
- To search for gaps and needs in services where no prevention methods or programs currently exist.

2017-18 OBJECTIVES

To assist in preventing the onset of BH disorders which could assist in helping to save lives.

- 1.) To assist in preventing the onset of Mental Health (MH) and Substance Use Disorders (SUD) which could result in helping to save lives.
- 2.) Work in collaboration with programs that support the Prevention Committee objectives; i.e., VCBH Alcohol and Drug Programs Prevention Services, Ventura County Sheriff's Department, and, other Stakeholders and Providers.
- 3.) Help to facilitate campaigns, promotions, and educational outreach to adopt changes advancing the goals of the Committee.

BEHAVIORAL HEALTH ADVISORY BOARD

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 Areas of Concern

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.

Behavioral Health Advisory Board Site Visit Report

Date: Aug 17, 2016

Facility / Program: Conejo Adult Behavioral Health

Location: 125 W. Thousand Oaks Blvd. Ste. 500, T.O.

Contact Person: Traci Khan, MSW, LCSW

Phone #: (805) 777-3500

E-mail: traci.khan@ventura.org

BHAB Review Team:

Carol Thomas, Janis Gardner, Jerry Harris, Patricia Mowlavi and Ratan Bhavnani

FACILITY / PROGRAM DEMOGRAPHICS

1. Age Group Served: (Check all that apply)

☐ Children (0 - 12) ☐ Adolescents (13 - 17) ☒ Adults (18 - 61) ☒ Older Adults (60 +)

2. Number of Clients Served:

Maximum possible: none Monthly Avg. 650 and / or Daily Avg. 76

3. Services Provided: (i.e.: Counseling, Therapy, Medication management, Nursing, etc.)?

Medication Management, Nursing Support, Individual Therapy, Groups, Case Management, Collateral Services.

4. Miscellaneous Additional Services: (i.e.: transportation, follow-up care, community activities or support, etc.)?

Peer Recovery Coaches (group and 1 to 1), connection to community resources including housing, transportation to and from the clinic and other mental health related services, applications for disability, connection to payee services, assistance with follow up care and related resources, referral to day treatment services, community activities with clients.

5. Number of on-site staff having direct client contact:

There are 20 staff members on site that have direct client contact. This includes 4 Psychiatrists (1 full time and 3 part time or less), 3 Nurses, 4 Case Managers, 6 Clinicians (2 of which are Psychologists), 1 Benefits Specialist, and 2 Office Assistants. In addition to those clinic staff, there are 2 Recovery Coaches from Pacific Clinics.

6. What kind of training does your organization provide the staff, and how often?

Behavioral Health system wide staff are provided mandatory trainings which include: CPR, Management of Assaultive Behavior (MAB), Safety Training, HIPAA, and Compliance Training. In addition to these, staff also participate in monthly CBT Supervision Training (clinical staff only) monthly, and have the opportunity to participate in other clinical based training such as Motivational Interviewing, Mental Health First Aid, and other various training opportunities offered in the community.

7. Which professionals are involved directly with clients (i.e. Psychiatrist, Psychologist, MFT, ADT, LCSW, Nurse) and how often?

The Psychiatrists provided medication management every 1 to 3 months or as needed. Psychologists perform psychological testing as requested by the Psychiatrists, but also provide individual psychotherapy weekly or as needed as well as conduct groups. Therapists, provide individual psychotherapy weekly or as needed in addition to conducting groups. Case Managers provide services as needed to clients in order to provide additional support, connect clients to community resources, as well as conduct groups.

8. Are peer support specialists/individuals in recovery utilized to support your clients? How many and how often? Are family members involved? How?

Our 2 Recovery Coaches participate as part of our daily Treatment Team meetings, conduct groups weekly and provide ongoing 1 to 1 support of clients. Family members could be involved if desired by client.

9. Describe Groups - education/support?

There are 10 groups provided to clients here at the clinic. Currently there are 2 groups being provided by the Recovery Coaches from Pacific Clinics.

10. Facility/Program Physical Layout (i.e. indoor rooms, outdoor areas, recreational areas)? *(Attach floor plan if available)*

At the Conejo Adult Clinic, there is a comfortable Waiting Room for clients that has an attached bathroom for their use. There is a Medication Room where medication is dispensed, and injections given, in addition to a Vitals Room where vitals are taken by the Nurses upon clients arrival for their psychiatric appointments. There are 2 small and 1 large conference rooms, along with a large Community Conference Room across the hall from the clinic. All of these conference rooms are shared with Youth and Family, Older Adults, and the TAY programs. There are 22 offices that are occupied by Clinical, Medical, and Case Management staff. In addition, there are 3 offices occupied by our Conejo Older Adult Program, and 1 large office for the Recovery Coach staff. There is 1 Restroom located on our Adult suite, and a storage room which we share with the Youth and Family Program.

BHAB Reviewer Response

What do clients typically do during the day (i.e. work, attend programs)?

The Conejo Adult Clinic serves clients with moderate to severe mental illness. New clients come into the VCBH program through the STAR (Screening, Triage, Assessment and Referral) Team. Clients receive a comprehensive assessment with mental health diagnosis.

Basic services provided at the clinic include: psychiatric assessment, psychological assessment, medication, individual and group therapy, rehabilitation services, and case management services. Additional services are available to assist clients with transportation, recovery, employment, housing, transportation, disability application, insurance coverage, and community resource connections. An Older Adult Program (for clients over 60 years old) is available with in-home services.

Client's vital signs are taken at each visit. Co-location with Medical Clinic and Urgent Care is an advantage in that medical concerns can be immediately addressed.

The number of group programs has dramatically increased with 10 different programs offered on a regularly scheduled basis.

Staff identified program needs ?

Access to a psychiatrist on an as needed basis. If urgent, appointments can be rescheduled.

Difficulty finding detox facility in Ventura County that takes Medi-Cal.

Difficulty and delay in hiring clinicians. Currently 2 therapist positions are vacant which causes a therapy waiting list. The amount of time it takes to obtain approval to fill vacancies, recruit and hire new staff is excessive and creates a hardship when trying to address client needs and workload demands.

Overall Impression or Brief Summary (key points, including appearance of clients and facility)?

Newer, nicely maintained facility. Locked doors between Youth and Adult sections although Group rooms are being shared by both programs. Adult BH Staff has protocol to escort clients from and to entrance. Medications are kept in a separate locked room with Nursing access only. The clinic is located within the same complex that houses ambulatory care (including urgent care), Substance Abuse Program, TAY Program and WIC. This allows for warm transfer of clients between medical and behavioral health. Behavioral Health clinicians have quick access to client's VC medical records. Safe prescribing medication program in place aided by CURES monitoring program.

A benefit specialist is also available to help clients with insurance coverage (e.g. Medi-Cal, Social Security Disability). Waiting for Medi-Cal coverage does not preclude a client from getting care. A list of advocates is provided to help the client, if Social Security Disability is denied.

Board Member Recommendations for Program Needs?

Program appears to be well managed with continuing enhancements.

Behavioral Health Advisory Board Site Visit Report

Date: Aug 17, 2016

Facility / Program: Conejo Youth & Family Clinic

Location: 125 W. Thousand Oaks Blvd., T.O.

Contact Person: Ophra Ashur

Phone #: (805) 777-3553

E-mail: ophra.ashur@ventura.org

BHAB Review Team:

Carol Thomas, Janis Gardner, Jerry Harris, Patricia Mowlavi and Ratan Bhavnani

FACILITY / PROGRAM DEMOGRAPHICS

1. Age Group Served: (Check all that apply)

☒ Children (0 - 12) ☒ Adolescents (13 - 17) ☐ Adults (18 - 61) ☐ Older Adults (60 +)

2. Number of Clients Served:

Maximum possible: 266+ Monthly Avg. 7/16 - avg: 234 and / or Daily Avg. approx. 49

3. Services Provided: (i.e.: Counseling, Therapy, Medication management, Nursing, etc.)?

Individual therapy, Collateral contacts with significant others, Case Management, Groups, Medication Management, Psychological Testing.

4. Miscellaneous Additional Services: (i.e.: transportation, follow-up care, community activities or support, etc.)?

Physician Services Only for Community-Based Organization clients, and for VCBH clients served in other programs. School-based services (ISES). Coordination of referrals for community resources. Referral/coordination for TBS, COED's, FAST.

5. Number of on-site staff having direct client contact:

ISES clinicians - 6; Community clinicians - 5; MHA - 1; MD - 2; PNP - 1; OA - 2; Student trainee - 1; CA - 1; Manager - 1. Total = 20

6. What kind of training does your organization provide the staff, and how often?

New Employee Orientation, annual mandatory trainings - FEMA, CPR, MAB, Safety, Compliance, HIPAA. Evidence Based Practices: SS; DTQI; ART; MI; Trauma Informed Care; CBT (certification, train the trainer). 3 annual conferences (Carpe Diem; May is MH Month; Recovery).

7. Which professionals are involved directly with clients (i.e. Psychiatrist, Psychologist, MFT, ADT, LCSW, Nurse) and how often?

Psychiatrist/PPNP - average of monthly. Sr. Psychologist, MFTI, LMFT, ACSW, LCSW, MHA - average of 3-4 x/month.

8. Are peer support specialists/individuals in recovery utilized to support your clients? How many and how often? Are family members involved? How?

United Parents - FAST Program; TBS; COED's - all have parent partners involving family members. Contacts range between 1 - 5 x/week.

9. Describe Groups - education/support?

Seeking Safety - PTSD, Substance Abuse; Adoptive parents support group.

10. Facility/Program Physical Layout (i.e. indoor rooms, outdoor areas, recreational areas)? (Attach floor plan if available)

PLEASE ADD A verbal discription of the facility physical layout needs to be added. The description should include the number of group rooms (shared), offices, medication rooms, etc.

At the Conejo Y & F Services Clinic, there is a comfortable Waiting Room for clients that has an attached bathroom, including an infant changing station, for their use. There are 2 small group rooms, and 1 large conference room, along with a large Community conference room across the hall from the clinic. All of these conference rooms are shared with Adults, Older Adults, and the TAY programs. There are 15 offices that are occupied by Clinical, Medical, Case Management and STAR staff. In addition, there is a designated Play Therapy room, and adjacent Observation room with a 2-way mirror/microphone setup. There are 2 shared staff restrooms located in the Y & F and Adult suites respectively, a shared storage room, as well as a shared staff break room.

BHAB Reviewer Response

What do clients typically do during the day (i.e. work, attend programs)?

Conejo Youth and Family Services Clinic provides mental health services for clients with severe emotional/behavioral issues. Clients enter the program either through schools via the Intensive Social Emotional Services (ISES) entitlement program or through the Screening Triage Assessment and Referral Team (STAR) as a Community client.

Clients receive an initial comprehensive assessment and mental health diagnosis at a clinic or with a contracted behavioral health provider.

The staff works with the clients in the school programs and community program. Services include: psychiatric assessment, medication, psychological assessment, individual and group therapy and case management. Collateral services are offered which include clinical intervention contact with significant support persons to aid in reaching treatment goals. Rehabilitation services are available for community clients to help with day to day living skills. Additional services include coordination of referrals to community resources, Family Access Support Team to help identify triggers and reduce crisis situations, referrals and coordination for therapy behavioral services and Collaborative Educational Services (COEDS) which provides support home support for special education program.

Client's vital signs are taken at each visit. Co-location with Medical Clinic and Urgent Care is an advantage in that medical concerns can be immediately addressed.

Goal is to keep clients in the most appropriate least restrictive environment and at home with specialized programs for home with parents and or significant support persons.

Clinic uses interns for additional staff - appears to be successful.

Staff identified program needs ?

Clinic is working to increase group programs.

The amount of time it takes to obtain approval to fill vacancies, recruit and hire new staff is excessive and creates a hardship when trying to address client needs and workload demands.

Overall Impression or Brief Summary (key points, including appearance of clients and facility)?

Overall Impression or Brief Summary (key points, including appearance of clients and facility)?

Newer, nicely maintained facility. There is an onsite playroom with one-way observation access. Locked doors between Youth and Adult sections although Group rooms are being shared for both programs. The Y & F program does not store nor dispense medications on site. The clinic is located within the same complex that houses ambulatory care (including urgent care), Substance Abuse Program, TAY Program and WIC. This allows for warm transfer of clients between medical and behavioral health. Behavioral Health clinicians have quick access to client's VC medical records. Safe prescribing medication program in place aided by CURES monitoring program.

Board Member Recommendations for Program Needs?

Looking forward to the addition of group programs. Keep up the good work.

Behavioral Health Advisory Board Site Visit Report

Date: Sep 27, 2016

Facility / Program: VCMC-IPU

Location: 200 Hillmont, Ventura CA

Contact Person: Dan Powell M.A. MFT, BCBA Phone #: (805) 652-6002 E-mail: daniel.powell@ventura.org

BHAB Review Team:

Mary Haffner, KayWilson-Bolton, Nancy Borchard, and Jerry Harris

FACILITY / PROGRAM DEMOGRAPHICS

1. Age Group Served: (Check all that apply)

☐ Children (0 - 12) ☐ Adolescents (13 - 17) ☒ Adults (18 - 61) ☐ Older Adults (60 +)

2. Number of Clients Served:

Maximum possible: IPU 30, A&R 10 Monthly Avg. 110-150 and / or Daily Avg. 40

3. Services Provided: (i.e.: Counseling, Therapy, Medication management, Nursing, etc.)?

Medication Management, Nursing, Individual Psychotherapy, Occupational Therapy, Medication Education, Chemical Dependency and Addiction Counseling, Mind-fullness Meditation Groups, Group Psychotherapy, exercise groups.

4. Miscellaneous Additional Services: (i.e.: transportation, follow-up care, community activities or support, etc.)?

Follow up care appointments made for patients prior to discharge (psychiatrist, psychologist, therapist) Placement, mental health court, conservatorships, referrals.

5. Number of on-site staff having direct client contact:

Overall approximately 20-25 staff members per shift.

6. What kind of training does your organization provide the staff, and how often?

Required competencies consisting of training on mental health diagnosis, personality disorders, signs of suicide, Medical Screening Exams, Basic and Advanced Life Support. VCMC required trainings (Target Solutions).

7. Which professionals are involved directly with clients (i.e. Psychiatrist, Psychologist, MFT, ADT, LCSW, Nurse) and how often?

1. **Psychiatrist** - 1 in A&R from 7:00 am to 11:00pm each day.
2. **Psychiatrists** - 2-3 in the IPU from 7:30 to 6:30 pm each day.
3. **Social Worker**- 2 licensed and 2 unlicensed Monday-Friday.
4. **Mental Health Worker** - 1 Monday-Friday.
5. **Registered Nurses** - approx. 8 RN's, (2 in A&R and approx. 6 in the IPU 24/7) working 12 hour shifts.
6. **Licensed Psych Techs** - 2 LPTs, 24/7 working 12 hour shifts.
7. **Health Techs** - 2 LPTs, 24/7 working 12 hour shifts.
8. **Mental Health Supervisor** - IPU, MFT, BCBA Monday-Friday and on call 24/7, 15 days a month.
9. **Clinical Nurse Manager** - Monday-Friday and on call 24/7, 15 days a month.
10. **ADTS** - 1 Monday-Friday
11. **RISE Team** - 2 members Monday-Friday.
12. **Occupational Therapist and Recreational Therapist** - 2 each day, Monday Sunday.

8. Are peer support specialists/individuals in recovery utilized to support your clients? How many and how often? Are family members involved? How?

Peer support specialists are invited upon patient's request. Family members are involved upon patient's request regarding placement decisions and aftercare plans.

9. Describe Groups - education/support?

Alcohol and chemical dependency groups, Occupational Therapy groups, Group psychotherapy.

10. Facility/Program Physical Layout (i.e. indoor rooms, outdoor areas, recreational areas)? *(Attach floor plan if available)*

Licensed 43 bed facility. Currently 30 patient beds available, Occupational therapy room, two community day rooms, outdoor basketball court and patio area. A&R is able to accept 10 patients at a time, perform medical screening exams and mental health triage.

BHAB Reviewer Response

What do clients typically do during the day (i.e. work, attend programs)?

The most notable change for BHAB members who have visited the Inpatient Psychiatric Unit (IPU) in the past is the significant change in philosophy from stabilization to treatment along with a change in staff. Enhancements in the hospital program over the past couple of years have been positive, significant and more in line with the mission, vision, and expectations of both the Behavioral Health Department and the Behavioral Health Advisory Board (BHAB). Currently the average length of stay is around 5 days. Hospital staff would like to see that increased, when appropriate, in order to reduce readmissions following discharge as well as to reduce future hospitalizations in general.

Patients currently spend a significant part of the day involved in a variety of treatment modalities including individual therapy, group therapy, Occupational Therapy (OT), Recreation Therapy (RT), medication education, chemical dependency and addiction counseling, stress management groups, and exercise groups.

Prior to discharge, aftercare appointments are made by hospital social workers for those patients not having a scheduled appointment. Staff also make sure that appointments for patients currently involved in outpatient treatment have a pending appointment. Follow-up appointments generally take place no longer than seven days following discharge. Staff are currently in the process of developing a system to involve peers to provide transportation for discharged patients without a means of transportation to appointments and to accompany those patients who may need assistance ensuring that they show up for their appointments.

Staff identified program needs ?

-- The Inpatient Psychiatric Unit (IPU) has a very good working relationship with the Crisis Residential Treatment (CRT) facility staff. The CRT is located on the medical center campus. Although the IPU is able to place appropriate patients in the CRT, quite frequently the CRT does not have beds available for potential placement, which impacts the ability of the IPU to accept additional patients. Because the IPU is at full census much of the time, it would help reduce long waiting times of mental health patients in community emergency rooms who are waiting for an available bed in the IPU, sometimes up to seventeen hours, if additional placement options were available within the County.

Evidence of the positive working relationship with the CRT is as follows:

1. A case manager from the CRT visits the IPU each day, Monday through Friday, and meets with the treatment staff.
2. The CRT case manager will meet face-to-face with the patient's doctor/clinician and Social Worker to discuss discharge from the IPU to the CRT.
3. The CRT case manager will meet face-to-face with potential clients prior to discharge.
4. There is also a Licensed Psychiatric Tech in the A & R assisting social services who communicates regularly with the CRT case manager.
5. Oftentimes patients who are good candidates for CRT services must stay in the A & R and detox as they are having withdrawals from substance abuse/dependence. This is required prior to disposition/discharge in accordance with licensing requirement.

Note: When established, the vision for the CRT was to serve those who were in crisis but who did not meet criteria for IPU admission as well as a step down for certain patients who were discharged from the IPU needing further stabilization and connection to support in the community. Since it began serving the community, the CRT has always had patients admitted as a step down from the IPU. As for diverting crisis or handling the crisis without being hospitalized, that part of the vision has not developed as planned. There seems to be issues around having a TB test and various things that tend to block admission to the CRT. Other counties have negotiated that hurdle. Hopefully solutions can be found to treat patients early and avoid hospitalization as well as offer more time for healing before going out into the community for those in need of such service.

-- There is a critical need to increase the number of placement/housing facilities within the County. If more available housing/placement units were available, this would go a long way to ease the critical inpatient bed crisis in the County.

-- There is an ongoing need for a petty cash fund to address patient needs such as medication co-payments prior to discharge.

-- There is an ongoing need for the donation of men's and women's clothing for IPU patients.

-- There is an ongoing need for the donation of arts and crafts materials for the OT program.

-- There is a need for the donation of musical instruments for patient use.

-- There is a need for the donation of recreation equipment for patient use (stationary bicycles, basketballs, etc.).

Overall Impression or Brief Summary (key points, including appearance of clients and facility)?

The IPU is a well organized, clean facility. The entrance is welcoming and the waiting room appears comfortable. The corridor walls of the inpatient hospital are painted in pastel colors that present a calming, welcoming feeling. There are efforts being made to add additional murals to the walls. Currently there are two murals in one of the community day rooms that are very attractive. The general environment of the facility provides for the safety of the patients. The patient rooms include restrooms and are adequate for sleeping purposes.

The treatment rooms are spacious. Musical instruments (pianos and guitars) are available for patient use. The Occupational (OT) treatment room is spacious and contains a display of patient art work. There are outdoor areas for Recreation Therapy (RT) and opportunities for patients to be outside.

The staff appear pleasant and make an effort to meet the patient's needs. There is a Milieu Monitor that is assigned on the floor 24 hours per day, seven days a week, to specifically meet the patients immediate needs. These may include anything from needing a toothbrush to asking to use the cordless phone to make a personal call.

The Assessment and Referral (A & R) area is more than large enough for the 10 patient lounge chairs in the room. There is also a television and reading material available for patient use. This 10 patient room is usually staffed with a total of three clinicians. One to two may be performing Medical Screening Exams with patients in the hallway rooms while one to two are in the large observation room with the other patients.

Board Member Recommendations for Program Needs?

1. In an effort to address the critical mental health inpatient bed shortage in Ventura County, and thereby reduce the number of mental health patients waiting in community emergency rooms for an open bed in the IPU, the IPU/Ventura County Medical Center should request additional funding to staff 13 more beds enabling the IPU to operate at its licensed capacity of 43 beds.

There is a critical need to utilize the full capacity of the IPU (43 beds) to offer the Ventura County mental health patient population treatment within the County rather than being sent out of county for care. It is important that the IPU look for creative solutions to secure the necessary funding to staff the hospital at full capacity. The hospital was remodeled and expanded in size many years ago. Additional beds were needed at that time as they are now. Since the IPU expansion, the County population has grown. The IPU is a valuable asset to the County, filling an important need by serving the most seriously ill mental health patients and adding a valuable component to the County's mental health system of care.

Another potential means of providing funding to address this critical bed shortage would be to pursue the establishment of an innovative public/private partnership with community hospitals in the County to cover staffing and other direct costs for the IPU to operate at full capacity. This would assist the community hospitals reduce incoming mental health patients who stay long periods of time in their emergency rooms waiting for an available bed at the IPU. As a result, it would reduce their costs and make financial resources available to help fund additional beds at the IPU.

2. Continue efforts to make the IPU corridors, patient rooms, and community day rooms more home-like through the addition of murals, displays of patient art work, photographs, etc. All decorations, paintings, etc. should comply with applicable safety requirements.

3. IPU staff should work to establish an IPU auxiliary/patient support group to seek donations from the community to address the personal needs of the patients. Perhaps NAMI can assist in helping to accomplish this recommendation.

Behavioral Health Advisory Board Site Visit Report

Date: Apr 28, 2017

Facility / Program: Pacific Clinics/ TAY Wellness Center Location: Oxnard

Contact Person: Vannessa Cortez Phone #: (805) 240-2538 E-mail: vcortez@pacificclinics.org

BHAB Review Team:

Jerry Harris, Nancy Borchard, Patricia Mowlavi, Ratan Bhavnani, Ron Nelson

FACILITY / PROGRAM DEMOGRAPHICS

1. Age Group Served: (Check all that apply)

☐ Children (0 - 12) ☐ Adolescents (13 - 17) ☒ TAY (18 - 25) ☐ Adults (18 - 61) ☐ Older Adults (60 +)

2. Number of Clients Served:

Maximum possible: _____ Monthly Avg. 200* and / or Daily Avg. 6-8*

3. Services Provided: (i.e.: Counseling, Therapy, Medication management, Nursing, etc.)?

Pacific Clinics TAY Wellness Center, TAY Tunnel, offers at least four hours of learning experience daily with a variety of classes, Wellness Recovery Action Plan (WRAP), peer driven services, linkage to mental health services and/or any community service as needed.

4. Miscellaneous Additional Services: (i.e.: transportation, follow-up care, community activities or support, etc.)?

Center employees include, an Employment Specialist, to support employment readiness activities, gaining employment and maintaining employment. A Health Navigator to assist TAY in accessing physical health care resources. Peer Partners support activities through a "for them, with them, by them", approach. For example a TAY that needs to be linked to transportation resources, the center can provide a bus token, staff can support them on accessing the bus and route and then practice with them on how to learn the system. Center does participate in community events (resource fairs, community meetings and educational functions).

5. Number of on-site staff having direct client contact:

Six full time equivalents (eight staff). Daily, there is an Employment Specialist, Peer Partner, Recovery Specialist, Program Manager and staff to support housing resource needs.

Currently, there is a full time and part time Recovery Specialist who provides outreach and engagement in the community; one part time Peer Health Navigator who links member to a primary care doctor, medical insurance and facilitates a healthy living habit class; one full time Employment Specialist for employment services; one full time Housing Specialist who links to housing resources; one full time Program Manager who oversees daily functions and supervision of the staff; one part time Program Director. There are four part time Peer Partners. All direct care staff have identified with lived experience.

6. What kind of training does your organization provide the staff, and how often?

Pacific Clinics offers trainings year round, through the Pacific Clinics Training Institute. Staff attend community workshops and conferences. Staff have weekly supervision with their individual supervisor, group supervision monthly with a Licensed Clinical Social Worker. Additional on going trainings as needed, CPR First Aid, Mental Health First Aid, Safe Talk, Triple P, Mandated Reporter, Provider Education NAMI, Motivational Interviewing, Cultural Responsive trainings, at least two a year. The Vice President is a Licensed Clinical Social Worker who provides a monthly one hour group supervision with the staff. Laura Pancake does not provide direct services to the members.

7. Which professionals are involved directly with clients (i.e. Psychiatrist, Psychologist, MFT, ADT, LCSW, Nurse) and how often?

Please see #5 above.

8. Are peer support specialists/individuals in recovery utilized to support your clients? How many and how often? Are family members involved? How?

Yes, currently all staff have self identified with lived experience. Staff are here daily to assist the TAY . Staff encourage all TAY to gain support from their supporters whether it be parents, caregivers or friends, staff impress the importance of their engagement on their wellness journey. All individuals are encouraged to let their "supporters" know they can hold a team meeting to build a plan to best support their wellness journey. For example, if the TAY have multiple community based agencies, family and friends supporting them in their next steps, Center staff can facilitate building a plan.

9. Describe Groups - education/support?

Please see attached center calendar

10. Facility/Program Physical Layout (i.e. indoor rooms, outdoor areas, recreational areas)? (Attach floor plan if available)

Please see attached emergency exit floor plan

BHAB Reviewer Response

What do clients typically do during the day (i.e. work, attend programs)?

*** Clients served: Monthly, there are 200 duplicate individuals served (inclusive of Community Partners, Visitors, Members and Guests). On a daily basis, there are 6-8 unduplicated individuals.**

Upon initial arrival, clients are welcomed by staff, given guidelines/rules and tour of the facility. Peer partner staff help to connect and engage with clients. Clients attend classes such as WRAP, Positive Interaction, Job Readiness, Plan your Day, Life Skills, Nutrition and Physical Health. As needed, clients are connected to housing support, insurance enrollment assistance, mental health services as well as other community services. A Health Navigator is available to assist with accessing physical health care. Assistance is provided for SSI if there is a mental health disability; although as the client is able, work is encouraged and emphasized to facilitate recovery. Some basic needs are also met in having a shower on-site, clothing and mail service available for address. TAY staff also outreach to meet clients at home, clinic or mutually agreed location. Outreach is also made to schools, police departments and jails.

Weekly in TAY Council, members are able to plan and create social events, for example: NFL Draft Day, Monday Night Football, Thanksgiving dinner, Halloween event, watching Dodger's opening day game, movie day and BBQ at the park.

Clients may progress to different level staff positions which include: PEER partners - with lived experience, Recovery Specialist - outreach into community, Mental Health Recovery Partner, Team Lead and Center Manager.

Also available is a Step Up Process to assist with housing. This provides a hotel voucher (dedicated hotel) for 8 weeks with client commitment to be at TAY Tunnel during working hours 9:00 - 5:30 completing Wellness Recovery Action Plan (WRAP), referral to VCBH and volunteering at TAY - Helping Hands (which develops soft skills such as greetings and phone etiquette).

TAY staff helps to acquaint clients with Adult Wellness Centers as they near transition age limit to familiarize and ease transition as clients age out.

Staff identified program needs ?

Possible expansion of age ranges from 16 - 28 years. (Other Pacific Clinic locations offer services to 16 year olds in other counties.)

Difficult to meet needs in east Ventura County with one location. Transportation for clients is an obstacle. Collaboration with organizations throughout the county have been attempted (i.e. Lutheran Services for east county) but have not gained traction.

Overall Impression or Brief Summary (key points, including appearance of clients and facility)?

Well managed site with professional, caring and dedicated staff. Success stories evidenced in peer staff progression. Well organized and functioning especially considering the sites physical limitations. Clients appear to be comfortable and engaged.

Board Member Recommendations for Program Needs?

Ability to provide services to the entire county is a challenge. TAY staff is commended for collaboration attempts and outreach to support other areas of the county.

VCBH Clinics, Others

10/20/17

VCBH Adult Services Division

Program	Address	Phone	Administrator
Conejo Adult Outpatient	125 W. Thousand Oaks Blvd, # 500, T.O., 91360	777-3500	Traci Khan
Forensics (Heather Johnson, Jail Liaison)	4258 Telegraph Rd., Ventura 93003	477-5775	Mike Rodriguez
North Oxnard Adult Outpatient	1911 Williams Dr., # 110, Oxnard 93036	981-4200	Mary Bureau
South Oxnard Adult Outpatient	2500 South "C" St., Suite C Oxnard	385-9420	Michael Colton
Older Adults	5740 Ralston St., Ventura 93003	289-3203	Peter Schreiner
Santa Paula Adult Outpatient	725 East Main, 3rd Floor, Santa Paula 93060	933-8480	Zandra Tadeo
Simi Valley Adult Outpatient	1227 E. Los Angeles Ave., Simi Valley 93065	582-4075	Robert Gross
Transitions	1911 Williams Dr. #120, Oxnard 93036	981-9270	Sara Sanchez
Ventura Adult Outpatient	4258 Telegraph Rd., Ventura 93003	477-5700	Briana Crickelair, Victoria Bradley
EPICS/ARS	1911 Williams Dr, #110, Oxnard 93036	981-9240	Tina McDonald
STAR Program	1911 Williams Dr., #165, Oxnard 93036	981-4233	Jennifer Putt
Crisis Team	1911 Williams Dr., #165, Oxnard 93036	981-4233	Robin Boscarelli, Erick Elhard
RISE	1911 Williams Dr., #165, Oxnard 93036	981-4233	Felicia Skaggs

VCBH Youth & Family Services Division

Program	Address	Phone	Administrator
Conejo Clinic	125 W. Thousand Oaks Blvd, # 600, T.O. 91360	777-3505	Ophra Ashur
Fillmore Clinic	828 Ventura St, # 240, Fillmore 93015	524-8660	Lennie Kwock
Oxnard North Clinic	1911 Williams Dr, # 150, Oxnard 93036	981-8460	Michael White
Oxnard South Clinic	2500 S. C Street, Suite D, Oxnard 93033	385-9460	Vacant
Phoenix School	500 Airport Way, Camarillo 93010	437-1407	Stephanie Cowie
Primary Care Integration	5740 Ralston St, Suite 100, Ventura 93003	339-2504	Julie Roberts
Santa Paula Clinic	725 E. Main St, 3rd floor, Santa Paula 93060	933-8440	Lennie Kwock
Simi Valley Clinic	1227 E. Los Angeles Avenue, Simi 93065	582-4080	Rachel Yazujian
Ventura Clinic	5740 Ralston St, # 100, Ventura 93003	289-3100	Gabriela Lopez

VCMC

Program	Address	Phone	Administrator
Inpatient Unit	200 Hillmont Avenue, Ventura 93003	652-6729	Daniel Powell

Sheriff's Office

Program	Address	Phone	Administrator
Pre-Trial Detention Facility	800 S. Victoria Avenue, Ventura	654-3325	Sgt. Don White
Todd Rd Jail	600 S. Todd Road, Santa Paula	933-8501	Sara Pacheco

In-County Board and Care Facilities

10/20/17

Facility		Phone/Contact	Capacity
Arlene's Board and Care	4321 Browning Dr. Oxnard, Ca 93033	(805) 488-0322	6 female
Brown's Board and Care	1327 W. Hill St. Oxnard, Ca. 93033	(805) 483-9618 Betina Brown	10 male
Cottonwood Board and Care	1417 Lirio St. Ventura, Ca. 93004	(805) 647-1353 X1 Connie Cortez	24 male/female
Cudal's Board and Care	1930 Ontario St. Oxnard, Ca. 93033	(805) 985-5646 Pete Cudal	6 male/female
La Siesta	1681 E. Thompson Blvd. Ventura, Ca. 93001	(805) 648-4042	43 male/female
Miranda's Board and Care	625 Yale Place Oxnard, Ca. 93033	(805) 890-4829 Al Miranda	6 male
Taylor's Board and Care	2221 S. J St. Oxnard, Ca. 93033	(805) 486-1347 Jennifer	6 female
Saundra's Board and Care	1240 Lookout Dr. Oxnard, Ca. 93033	805-985-1772 Saundra Jarmon	6 female
Saint Roque Family Care Home	1610 Kipling Ct Oxnard, Ca. 93033	805-824-1735 909-263-6420	6 male
Sunrise Manor Board and Care	441 W. Channel Islands Blvd. Oxnard, Ca. 93033	(805) 240-7600 Stacey	59 male/female

RCFEs

The Elms	67 E. Barnett St. Ventura, Ca. 93001	(805) 643-2176 Fe Higgins	50 male/female 59 y/o and older
Hickory House	50 Oak St. Camarillo, Ca. 93010	(805) 484-1115 Angelie Morales	36 male/female 59 y/o and older

In-County Mental Health Services Contractors November 2017

Provider Name and Service Location Address	Phone Number	Administrator	Hours of Operation	Services Provided
Anka Behavioral Health (Hillmont House) 1750 S Lewis Rd Camarillo, CA 93012	805-765-9050	Therese McKenna	24/7	Adult and Transitional Aged Youth (TAY ages 18-25) Mental Health Rehabilitation Center (MHRC) mental health, nursing, rehabilitation, therapy, case management, medication support, and crisis intervention
Anka Behavioral Health, Inc. (Crisis Residential Treatment) 350 Hillmont Avenue Ventura, CA 93003	805-233-7750	Lilia Simakova	24/7	Adult and Transitional Aged Youth (TAY ages 18-25) Short-Term Crisis Residential acute treatment and support services to avoid hospitalization
Aspiranet Foster and Family Services 5284 Adolfo Road, Suite 100 Camarillo, CA 93012	805-289-0120	Martie Miles	8 am-5 pm	Youth Outpatient Early and Periodic Screening, Diagnostic and Treatment (EPSDT), and Intensive Treatment Foster Care (ITFC) mental health and case management services
Aspiranet Foster and Family Services 5284 Adolfo Road, Suite 100 Camarillo, CA 93012	805-289-0120	Martie Miles	8 am-5 pm	Youth Outpatient Collaborative Education Services (COEDS) mental health and case management services
Aspiranet Foster and Family Services 5284 Adolfo Road, Suite 100 Camarillo, CA 93013	805-289-0120	Martie Miles	9 am-5 pm	Youth Outpatient Intensive Home Based Services/Therapeutic Behavioral Services Early and Periodic Screening, Diagnostic and Treatment (EPSDT) - mental health and case management services
Aurora Vista del Mar Hospital, LLC 801 Seneca St. Ventura, CA 93001	805-653-6434	Jenifer Nynhuis	24/7	Psychiatric Inpatient Hospital Services for children and adolescents
Casa Pacifica Centers for Children and Families 1722 South Lewis Road Camarillo, CA 93012	805-366-4040	Barbara Kramer	24/7	Foster TAY, Youth Outpatient Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), mental health and case management services
Casa Pacifica Centers for Children and Families 975 Flynn Road Camarillo, CA 93012	805-366-4040	Barbara Kramer	24/7	Wraparound, Youth and Family Intensive Outpatient mental health and case management services
Casa Pacifica Centers for Children and Families 975 Flynn Road Camarillo, CA 93012	805-366-4040	Barbara Kramer	24/7	Intensive Family Services (IFS), Youth Outpatient Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), in-home mental health and case management services
Casa Pacifica Centers for Children and Families 1722 South Lewis Road Camarillo, CA 93012	805-366-4040	Barbara Kramer	24/7	Residential, Youth Inpatient Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), mental health, group rehab, case management, medication support, and crisis intervention services
Casa Pacifica Centers for Children and Families 1722 South Lewis Road Camarillo, CA 93012	805-366-4040	Barbara Kramer	24/7	Shelter, Youth Inpatient Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), mental health, group rehab, case management, medication support, and crisis intervention services
Casa Pacifica Centers for Children and Families 1722 South Lewis Road Camarillo, CA 93012	805-366-4448	Barbara Kramer	8 am-3 pm	Non-public School (NPS), Youth Outpatient Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), mental health, case management, medication support, and crisis intervention services

Provider Name and Service Location Address	Phone Number	Administrator	Hours of Operation	Services Provided
Casa Pacifica Centers for Children and Families 975 Flynn Road Camarillo, CA 93012	805-366-4040	Barbara Kramer	24/7	Therapeutic Behavioral Services (TBS), Youth Outpatient Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), Therapeutic Behavioral Services, mental health and case management services
Casa Pacifica Centers for Children and Families 1722 South Lewis Road Camarillo, CA 93012	805-366-4040	Barbara Kramer	9 am-7pm	Parent Child Interactive Therapy, Youth Outpatient Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), mental health and case management services
Interface Children Family Services 4001 Mission Oaks Blvd Suite I Camarillo, CA 93012	805-485-6114	Joelle Vessels	8 am-8 pm	Youth Outpatient EPSDT, Family Preservation (Homebuilders) - mental health and case management services
Interface Children Family Services 260 W 4th Street Oxnard, CA 93030	805-485-6114	Joelle Vessels	8 am-8 pm	Youth Outpatient EPSDT, Specialty Court Program (SCP) mental health and case management services
Interface Children Family Services 80 E Hillcrest Drive, Suite 175 Thousand Oaks, CA 91360	805-485-6114	Joelle Vessels	8 am-8 pm	Youth Outpatient EPSDT, Specialty Court Program (SCP), mental health and case management services
Kids & Families Together 856 E Thompson Blvd. Ventura, CA 93001	805-643-1446	David Friedlander	9 am-8 pm Some Saturdays	Youth Outpatient EPSDT mental health and case management services
New Dawn Counseling & Consulting, Inc. 2200 Outlet Center Drive, Room #430 Oxnard, CA 93030	805-604-5437	Cynthia Torres	9 am-5 pm	Youth Outpatient EPSDT, mental health, case management, and crisis intervention services
Pathpoint 501 Marin Street Suite 100 Thousand Oaks, CA 91360	805-413-0350	Linda Farhat	8:00 am - 4:00 pm	Adult Outpatient Social Rehabilitation mental health, case management, and crisis intervention services
Seneca Family of Agencies 2130 N. Ventura Road Oxnard, CA 93036	805-289-8000	Tyler Balser-Wilkinson	24/7	Children's Stabilization Unit (CSU) mental health services
Seneca Family of Agencies 2130 N. Ventura Road Oxnard, CA 93037	805-289-8000	Tyler Balser-Wilkinson	24/7	Children's Comprehensive Assessment and Stabilization Services (COMPASS) mental health services
Telecare Corporation (AB 109 VOICE ACT) 5700 Ralston Street Ste 312 Ventura, CA 93003	805-642-7033	Shanna Burns - leaving 12/1 Cheryl Malinowski	24/7	Adult Outpatient mental health, case management, medication support, and crisis intervention
Telecare Corporation (Assist AOT) 5810 Ralston, 2nd Floor Ventura, CA 93003	805-642-7033	Shanna Burns - leaving 12/1 Cheryl Malinowski	24/7	Adult Outpatient mental health, case management, medication support, and crisis intervention
Telecare Corporation Casa De Esperanza Y Sueños Casa B 1750 B South Lewis Road Camarillo, CA 93012	805-383-3669	Monica Lang	24/7	Adult and Transitional Aged Youth (TAY) Residential Social Rehabilitation Services
Telecare Corporation Casa De Esperanza Y Sueños Casa C 1750 C South Lewis Road Camarillo, CA 93012	805-383-3669	Monica Lang	24/7	Adult and Transitional Aged Youth (TAY) Residential Social Rehabilitation Services
Telecare Corporation Casa De Esperanza Y Sueños Casa D 1750 D South Lewis Road Camarillo, CA 93012	805-383-3669	Monica Lang	24/7	Adult and Transitional Aged Youth (TAY) Residential Social Rehabilitation Services

Provider Name and Service Location Address	Phone Number	Administrator	Hours of Operation	Services Provided
Telecare Corporation Casa De Esperanza Y Sueños Casa E 1750 E South Lewis Road Camarillo, CA 93012	805-383-3669	Monica Lang	24/7	Adult and Transitional Aged Youth (TAY) Residential Social Rehabilitation Services
Telecare Corporation (EDIPP) 5700 Ralston Street, Ste 312 Ventura, CA 93003	805-526-3539	Shanna Burns- leaving 12/1 Cheryl Malinowski	8:30 am - 5:30 pm	Early Detection and Intervention for Prevention of Psychosis (EDIPP) Transitional Aged Youth (TAY) Outpatient mental health, case management, medication support, and crisis intervention services
Telecare Corporation (EDIPP) 1919 Williams Street, Ste 200 Simi Valley, CA 93065	805-642-7033	Shanna Burns- leaving 12/1 Cheryl Malinowski	8:30 am - 5:30 pm	Early Detection and Intervention for Prevention of Psychosis (EDIPP) Transitional Aged Youth (TAY) Outpatient mental health, case management, medication support, and crisis intervention services
Telecare Corporation (Horizon View MHRC) 333 Skyway Drive Camarillo, CA 93010	805-383-1155	Shanna Burns- leaving 12/1 Cheryl Malinowski	24/7	Adult mental health residential services within a locked setting.
Telecare Corporation (MISTA XP2 ACT) 5700 Ralston Street, Ste 312 Ventura, CA 93003	805-642-7033	Shanna Burns- leaving 12/1 Cheryl Malinowski	24/7	Adult Outpatient mental health, case management, medication support, and crisis intervention
Turning Point Foundation 1065 East Main Street Ventura, CA 93001	805-652-0029	Dana Secor	9 am-2 pm	Adult Outpatient Rehabilitation mental health, case management, and crisis intervention services
Turning Point Foundation 426 W. Fifth Street Oxnard, CA 93030	805-247-0750	Dana Secor	9 am-2 pm	Adult Outpatient Rehabilitation mental health, case management, and crisis intervention services

VCBH ADP/DUI Clinics

10/20/17

Clinic Name/Program	Service Location	Phone	Manager
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Oxnard

Oxnard DUI	1911 Williams Drive, Suite C Oxnard, CA 93036	(805) 981-9210	Jessica Davis
Oxnard ADP	1911 Williams Drive, Suite C Oxnard, CA 93036	(805) 981-9200	Anna Flores
A New Start for Moms	1911 Williams Drive, Suite 140 Oxnard, CA 93036	(805) 981-9250	Anita Catapusan

Ventura

Ventura ADP	24 E. Main St. Ventura, CA 93001	(805) 652-6919	Richard LaPerriere
Ventura DUI	5850 Thille St., Suite 105 Ventura, CA 93003	(805) 662-1840	John Rivera

Fillmore

Fillmore ADP	828 W. Ventura St., Suite 250 Fillmore, CA 93015	(805) 524-8644	Shahram Shafa
Fillmore DUI	828 W. Ventura St., Suite 250 Fillmore, CA 93015	(805) 524-8645	Shahram Shafa

Thousand Oaks

Thousand Oaks DUI	125 W. Thousand Oaks Blvd, # 400 Thousand Oaks, CA 91360	(805) 777-3506	Sharon Gassett
Thousand Oaks ADP	125 W. Thousand Oaks Blvd, # 400 Thousand Oaks, CA 91360	(805) 777-3506	Sharon Gassett

Simi Valley

Simi Valley ADP	3150 E. Los Angeles Avenue Simi Valley, CA 93065	(805) 577-1724	Cris Ford
Simi Valley DUI	3150 E. Los Angeles Avenue Simi Valley, CA 93065	(805) 520-0305	Cris Ford

Ventura County
Alcohol and Drug Program
Contract Treatment Providers
10/20/17

Site	Address, Phone	Contact
Aegis Treatment Centers, LLC	2055 Saviers Rd, Suite 10 Oxnard, CA 93033 805-483-2253	Maria Meza
Aegis Treatment Centers, LLC	625 E. Main Street Santa Paula, CA 93060 805-525-4669	Tamara Lemalu
Aegis Treatment Centers, LLC	2650 Jones Way, Suite 10 Simi Valley, CA 93065 805-522-1844	Deborah Winters
Aegis Treatment Centers, LLC	5255 Telegraph Rd. Ventura, CA 93003 805-765-6495	Anne Calica
Alternative Action Programs	314 W. Fourth Street Oxnard, CA 93030 805-988-1112, ext. 241	Heather Van Steen
Khepera House	330 N. Ventura Avenue Ventura, CA 93001 805-653-2596	Mick Baer
Prototypes Women's Center	2150 N. Victoria Avenue Oxnard, CA 93036 805-382-6296	Erica McKee
Tarzana Treatment Center	18646 Oxnard Street Tarzana, CA 91356 818-654-3950, ext. 3805	Hank Seiden
Western Pacific Med-Corp.	955 E. Thompson Blvd. Ventura, CA 93002 805-641-9100	Sheila Broutis