



MENTAL HEALTH & SAFETY TASK FORCE REPORT

PRESENTED
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Executive Summary

Executive Summary: Impetus for Action

Ventura County experienced a horrific tragedy on the evening of November 7, 2018, when a shooter entered the Borderline Bar and Grill in the city of Thousand Oaks, California, killed 12 people and impacted countless other persons before turning the firearm on himself. The Borderline incident had a significant impact on Ventura County, and spurred residents, businesses, political officials and local governments into action. Although the link between underlying mental illness and motive has yet to be determined, the incident brought attention to the safety of residents and law enforcement, the accessibility of firearms by persons suffering from mental illness, and the provision and availability of mental health services throughout the entire county. For the County of Ventura and County Supervisor Linda Parks, the incident inspired the creation of the Mental Health & Safety Task Force. This Task Force was convened with the focus of identifying efforts that can possibly prevent the reoccurrence of another mass shooting incident and keep Ventura County residents safer.

Ventura County is not unique in this experience, as there were more than 385 mass shootings in the United States in 2019 (Silverstein, 2019). According to a study compiled by the Violence Project, mass shootings are increasing in frequency and deadliness. Out of a studied 167 incidents tracked over a 52-year time frame, 20% occurred within the last five years, and half of all incidents have occurred since 2000 (Noriega & Owen, 2019). This increase in mass shootings highlights the importance of studying and learning from the Borderline incident.

Mental Health & Safety Task Force

The Mental Health & Safety Task Force was convened by the County Executive Office and included members from many different County agencies and community organizations. These representatives came together to examine the Borderline incident and make recommendations for actions that the County of Ventura can pursue to help prevent similar situations in the future and improve the overall safety of residents. The County gathered public input through the VenturaCountyRecovers website, encouraging residents to submit comments and ideas on how to prevent gun-related tragedies and violence from occurring in the future. This input was shared with and discussed by Task Force participants.

The Task Force met twelve times, beginning with the first meeting on February 8, 2019. Within these meetings, the Task Force discussion coalesced around four central objectives:

- Identify potential opportunities for improvement to address gaps in law enforcement safety, access to firearms, access to mental health services and treatment programs, and coordination of mental health and safety services;
- Identify legislative opportunities to further reduce access to firearms by persons who are suffering from mental illness or who are prohibited from owning a firearm, and to enhance mental health services and community safety;
- Build upon the existing strengths of services throughout Ventura County, including but not limited to CIT-trained law enforcement, the Mobile Crisis Response Team (MCRT), the Screening, Triage, Assessment & Referral (STAR) team, the Rapid Integrated Support & Engagement (RISE) team, the Crisis Stabilization Unit, the Inpatient Psychiatric Unit, youth programs, and educational programs;
- Identify financial resources, grant opportunities and collaborative relationships that can help support public safety and the provision of mental health services throughout the county;

In addition to the analysis and discussion of the Task Force, the Task Force asked employees within the County's Service Excellence Program to facilitate a Kaizen Value Stream Analysis. A Kaizen Value Stream Analysis looks at the processes used to deliver services to customers in order to identify opportunities for improvement. The Kaizen Value Stream Analysis brought together twelve subject matter experts representing various groups (internal and external to the County) involved with the provision and utilization of acute mental health services within the county. A Value Stream Analysis focuses on the collection of activities necessary to create and deliver a product or service. Specific to the Kaizen team's activities, this analysis focused on the law enforcement and mental health systems within the county.

The Kaizen team members attended multiple sessions, working to identify the current provision of mental health services throughout the county as well as opportunities for improvement and corresponding recommendations. The team completed multiple process maps, outlining the process used to interact with persons (adult and juvenile) when providing acute mental health services. Additionally, the team reviewed (at a very high level) the Borderline incident and interactions with the shooter prior to the incident. The output from this exercise was provided as an input to the Task Force for consideration when making its recommendations.

Special thanks are given to all the Task Force and Kaizen team members, for the time and effort that they gave to this project:

- Dawn Anderson, Ventura County Office of Education
- Sheriff Bill Ayub, Sheriff's Office
- Claudia Bautista, Public Defender's Office
- Sherri Block, Health Care Agency
- Tina Coates, Behavioral Health Department
- Cloyce Conway, District Attorney's Office
- Rob Davidson, Sheriff's Office
- Tim Dowler, Probation Agency
- Dr. John Fankhauser, Health Care Agency
- Captain James Fryhoff, Sheriff's Office
- Julie Glantz, Behavioral Health Department
- Roberta Griego, National Alliance on Mental Illness, Ventura County
- Sally Harrison, County Executive Office
- Sue Hughes, County Executive Office
- Todd Howeth, Public Defender
- Gina Johnson, Probation
- Dr. Sevet Johnson, Behavioral Health Department
- Michael Jump, District Attorney's Office
- Elaine Martinez, Human Services Agency
- Undersheriff Monica McGrath, Sheriff's Office
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- Drew Powers, City of Thousand Oaks
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- Dr. John Schipper, Behavioral Health Department
- Michael Schwartz, District Attorney's Office
- Mark Stadler, Sheriff's Office, Crisis Intervention Team
- Michelle Steinberger, Probation Agency

- Audra Strickland, Hospital Association of Southern California
- Kaj Swanson, Behavioral Health Department
- Cheryl Temple, District Attorney's Office
- Greg Totten, District Attorney's Office
- Ramon Valdez, Behavioral Health Department
- Mark Varela, Probation Agency
- Scott Walker, Sheriff's Office, Crisis Intervention Team
- Celia Woods, Behavioral Health Department

Assessment of Current Activities and Strengths

The Mental Health & Safety Task Force discussions were grounded in the specific circumstances related to the Borderline Bar and Grill incident. Utilizing information shared by the Sheriff's Office, the District Attorney, and other participants, certain interactions that the Borderline shooter had prior to the incident were identified, specifically interactions where concerning behaviors were observed by others. These activities fall into three time periods: interactions while the individual was in school; interactions when the individual returned from military service; and interactions when CIT-trained law enforcement personnel and Behavioral Health's Mobile Crisis Response Team visited the individual's residence. These interactions provided the foundation for the team's discussion. The Task Force looked across the whole spectrum of acute mental health services in Ventura County (including the areas that were not related to the specific circumstances of the Borderline incident) as well as safety and law enforcement services (including gun violence restraining orders).

The Task Force identified multiple activities and initiatives already working and making a positive impact on resident and law enforcement safety and the provision of acute mental health services throughout the county.

Rapid Creation of the Victim's Assistance Center After the Borderline Incident

Led by the District Attorney's Office, multiple County agencies leapt into action immediately after the Borderline incident, opening a Family Assistance Center and a Family Reunification Center. These centers focused on providing supportive services to persons directly and indirectly affected by the incident. This quick marshalling of resources strategically located close to the incident's location provided necessary support to 243 residents and victims during the center's operation (Wilson, 2019). Representatives from the following organizations were on hand to provide support to families, victims and residents affected by the incident:

- California Division of Workers Compensation

- California Victim Compensation Board
- Federal Bureau of Investigation
- Interface Children & Family Services/211
- Kern County District Attorney's Victim Advocates
- Los Angeles County District Attorney's Victim Advocates
- Red Cross
- United States Social Security Administration
- Ventura County Behavioral Health
- Ventura County Community Foundation
- Ventura County District Attorney's Crime Victim's Assistance Unit
- Ventura County Office of Emergency Services
- Ventura County Medical Examiner's Office
- Ventura County Sheriff's Office
- Ventura County Veteran Services Office
- Ventura County Workforce Development Board

[Availability of Crisis Intervention Trained Law Enforcement Personnel](#)

Beginning in 2001, the Sheriff's Office partnered other with local law enforcement agencies to introduce CIT training to dispatch staff and patrol officers. CIT training focuses on providing enhanced service from law enforcement professionals by increasing the identification, understanding and treatment of people experiencing a mental health crisis. When called to a situation involving a person experiencing a mental health crisis, law enforcement personnel work to deescalate the situation and collaborate with the Behavioral Health Department to link persons with the appropriate level of treatment. Currently 88% of patrol officers and 67% of dispatchers countywide have completed CIT training.

[Continuity of Care for Acute Mental Health Services](#)

The CSU, IPU and Behavioral Health Department work to thoroughly connect with patients and provide a clear continuity of care for each patient who meets the threshold for acute mental health care. Every patient who enters the CSU/IPU is offered outpatient services, providing them the opportunity to receive additional care and treatment. Counselors from the Rapid Integration Support & Engagement team are onsite at the CSU/IPU five days a week connecting patients to outpatient services and helping to reduce repeat visits to the CSU/IPU. Before patients are discharged from the IPU, the IPU team meets with outpatient Behavioral Health Department team members to discuss the coordination of care, discharge planning and desired treatment outcomes. This allows placement and treatment decisions to be addressed before

the patient is discharged from the IPU. In addition to utilizing the same electronic medical records system, outpatient and inpatient psychiatrists are all employed by the same provider, often allowing additional communication between the IPU, CSU and outpatient Behavioral Health Department clinicians. RISE counselors are also receiving information from law enforcement to ensure connection and referrals to supportive mental health services.

Provision of Mental Health Services to Inmates in the Ventura County Jail & Juvenile Facility

The Sheriff's Office and the Behavioral Health Department have integrated mental health services for persons incarcerated in the Ventura County Jail and the Ventura County Juvenile Facility. Persons in custody who are identified as needing supportive mental health services have a variety of options and interactions. For severe situations, adult inmates are brought to the CSU/IPU by law enforcement, receive a medical assessment and have a treatment plan created. Sometimes these patients are admitted to the IPU for further care and assessment, at which time, to the extent allowed by law, the IPU team remains in communication with law enforcement. For less severe situations, the Behavioral Health Department has a Community Services Coordinator stationed in the jail, actively working with jail personnel to receive suggested referrals and connect persons individuals with mental health services when appropriate. Inmates are screened upon their entry into the jail, and the CSC follows up with those identified as having potential psychiatric needs. This includes ensuring continuity of care with existing clients or providing a connection to outpatient treatment and services prior to release from custody. Juvenile inmates are monitored by Behavioral Health clinicians embedded in the facility. This allows mental health needs to be identified and treated rapidly.

Sheriff's Office Initiative to Retrieve Firearms from Prohibited Persons

The Sheriff's Office has received the Gun Violence Reduction Pilot Program Grant from the Board of State and Community Corrections in the amount of \$750,000. This grant is being used to fund a Countywide Prohibited Persons Gun Reduction Program over the next three years. The Sheriff's Office is currently developing an innovative Disarming Prohibited Persons Task Force, consisting of law enforcement officers from local and state agencies. The purpose of this task force is to, among other things, identify, monitor, arrest and assist in the prosecution of persons who are prohibited from possessing a firearm but are armed.

Provision of Behavioral Health Services Directly to Ventura County Schools

Ventura County Office of Education is a contract provider for the Behavioral Health Department, offering direct support to Ventura County students. This support includes promoting awareness on cyberbullying, suicide prevention, mental health crisis awareness, and drug and alcohol addiction prevention.

[Opening of A Year-Round Homeless Shelter](#)

The County of Ventura is partnering with the City of Ventura to open the first permanent, year-round homeless shelter in the county. The shelter, named The Arch for “All Roads Connect to Housing,” will be a 55-bed facility providing shelter and wrap-around supportive services. Included in these services are supportive mental health counseling. The connection between homelessness and mental health is complicated. The presence of a mental illness can negatively impact a person’s ability to maintain employment and stable housing. In turn, a lack of employment or stable housing can influence or exacerbate a person’s mental illness or prevent a person from seeking or continuing mental health treatment. Providing a stable shelter with wrap-around services can begin to break this cycle for part of Ventura County’s homeless population. Additionally, the County is promoting a countywide memorandum of understanding on homelessness, memorializing the commitment of all Ventura County jurisdictions to work collaboratively on this regional issue. Each jurisdiction that signs on commits to establishing a crisis response system tailored to the needs of that jurisdiction, pursuing permanent housing units, and aligning locally funded programs with the best practices of the Countywide Continuum of Care.

[Coordination and Collaboration with the Ventura County Superior Court](#)

Multiple County of Ventura agencies collaborate with the Ventura County Superior Court to provide supportive services, case management, counseling and social service programs to persons under the jurisdiction of the courts and the Probation Agency, in the hopes that the coordinated services will reduce recidivism. These collaborative justice court programs include Adult Drug Court, Dependency Drug Court, Community Intervention Court, Domestic Violence Court, Elder Law Court, Homeless Court, Mental Health Court, Pre-Trial Mental Health Diversion, “Insights” Juvenile Collaborative Court Program, Veterans Court, and Stand Down Court.

These initiatives, along with others, represent the resources and coordinated support that the County of Ventura has already devoted in building a network of supportive mental health services.

[Mental Health & Safety Task Force Summary of Recommendations](#)

The Task Force recommendations are intended to address opportunities that are specific to the circumstances surrounding the Borderline incident as well as broader mental health system

improvements and safety recommendations that can be made. The overarching assessment is that the County of Ventura already provides a robust mental health system, utilizing innovative methods of delivery and coordination of efforts to promote availability and accessibility to all county residents. Even within this robust system, there are still opportunities for improvement.

[Borderline Incident Summary of Recommendations](#)

The Mental Health & Safety Task Force discussions were grounded in the specific circumstances related to the Borderline Bar and Grill incident. It should be noted that this analysis has been conducted prior to any formal findings on the Borderline incident being issued by the District Attorney. Utilizing information shared by the Sheriff's Office, the District Attorney, and other participants, certain interactions that the Borderline shooter had prior to the incident were identified and analyzed. Three key time periods were identified where the individual had interactions with concerning behaviors that were observed by others: interactions while the individual was in school; interactions when the individual returned from military service; and interactions when CIT-trained law enforcement visited the individual's residence. Although these interactions are not definitive of underlying mental illness, these interactions provided the foundation for the Kaizen team's discussion and created an initial list of recommendations:

- Expand offerings of the "Threat Assessment" training offered by the Sheriff's Office to all Ventura County schools in a variety of formats. Train additional law enforcement personnel to provide the training. Supplement the training with online resources and a toolkit for schools. Offer the training to the greater community including businesses and community-based organizations.
- Engage in public education related to:
 - "See something, say something" and early recognition of warning signs; and
 - Availability of the Veteran's Crisis Line.
- Update and expand the mobile phone app incident reporting system (iCop) used by law enforcement for tracking encounters. Explore methods to encourage all law enforcement agencies within Ventura County to submit CIT cards electronically. Create a way to flag persons who receive multiple CIT cards, and to share this information with the Behavioral Health Department, in order to provide additional outreach and referrals to supportive mental health services.
- Develop a guide that can be used when drafting a 5150/5585 mental health hold. Incorporate input from internal county agencies (Behavioral Health; County Counsel;

Probation; Sheriff's Office; District Attorney; VCMC) as well as external organizations (HASC, NAMIVC, VCOE, and others).

Broader Mental Health and Safety Systems Summary of Recommendations

These additional opportunities for improvement are outlined by how they fall within the continuum of care, as experienced by persons in need of services:

- Early Identification and Intervention
 - Promote communication with all schools within the county regarding the availability of mental health services, the recognition of early warning signs and available reporting options. List available services and resources on all school websites. Provide information for and/or have Behavioral Health employees attend Back-to-School nights.
 - Update all HCA websites to provide links to information about the CSU, IPU and 5150/5585 mental health hold process and criteria.
 - Engage in public education related to the following topics:
 - Availability of mental health services;
 - 5150/5585 mental health holds including requirements, restrictions and use;
 - CSU/IPU functions, operations and general information;
 - Use and restrictions of Gun Violence Restraining Orders; and
 - Availability of the Veteran's Crisis Line.
- Crisis Response and Coordination
 - Promote discussion between County agencies (VCBH; County Counsel; Probation; Sheriff's Office; VCMC) to solidify a shared understanding of the applicable definition of and defining criteria for 5150/5585 mental health holds (including danger to self, danger to others and grave disability) in order to ensure consistent application. Share the resulting understanding, as permissible, with external organizations (HASC, NAMIVC, VCOE, etc.) as well as all area hospitals.
 - Develop a formal education program that requires follow-up CIT training every 2-3 years to promote consistent interpretation of 5150/5585 mental health hold criteria. Provide refresher materials on 5150/5585 mental health hold criteria,

common risk factors, definition of “danger to self” and “danger to others,” and “grave disability” and the overall 5150/5585 mental health hold writing process.

- Formalize law enforcement procedures for use of disengagement/reengagement practices in specified situations. Outline specific situational criteria for when disengagement is appropriate, along with procedures for reengagement and utilization of alternate contact methods.
- Initial Treatment and Services
 - Engage in discussion with additional medical facilities throughout the county to promote the creation of and/or funding of additional adult CSU and IPU beds.
 - Educate hospital emergency department staff about situations when law enforcement should be asked to stay with a patient. Request that emergency departments hire security staff to oversee patients so that law enforcement personnel are not asked to remain for situations where the patient is calm or does not demonstrate a risk to themselves or others.
 - Facilitate patient transfers and allow for faster patient admission to mental health facilities by pursuing a process where the Behavioral Health Mobile Crisis Response Team, CSU and IPU staff might have lawful access and ability to enter and review tuberculosis test results (and other immunizations) in both the Cerner electronic health record and California Immunization Registry databases.
- Long-Term Treatment and Case Management
 - Work with the VCBH point of authorization personnel to ensure maximum reimbursement is received for CSU and IPU services in order to sustain and build those services.
 - Identify funding (internal or external) and donation sources to help the IPU provide medication co-pays (when needed) for prescriptions required by residential programs and haircuts, clothing and personal items to patients to improve patient hygiene and appearance during the residential program selection process. Encourage greater consistency in acceptance of patient placement by contracted board-and-care facilities.
 - Educate service providers who regularly interact with veterans as to the availability of services for veterans. Facilitate direct contact between the

veteran and the Veteran Services Office in order to connect the veteran with additional support and services.

- Identify opportunities to provide veterans and others transportation to services.
- Review, standardize and streamline the process for creating and filing Tarasoff notifications and Prohibited Persons with Firearms notifications. (A Tarasoff notification occurs when law enforcement is notified by a psychotherapist that a patient has made a credible threat of harm to another person.)
- Identify additional methods to communicate and connect with patients by providing appointment reminders, court reminders, and other communications in order to reduce the number of missed appointments and support improved treatment outcomes.
- Engage in discussion with County Counsel, various County agencies, and relevant community-based organizations to explore appropriate utilization of the Assisted Outpatient Treatment (AOT) program, outlined in Laura's Law. (AOT provides for court intervention to seek to compel compliance with outpatient mental health treatment.) Educate all County agencies and relevant service providers about the utilization of the Assisted Outpatient Treatment program. Expand upon current community outreach efforts in order to build relationships and gain patient participation in the AOT program.
- Ongoing Engagement with Community-Based Organizations and the Public
 - In collaboration with the Sheriff's Office, coordinate a public education campaign focused on helping residents secure privately-owned firearms and increase awareness of firearms legislation:
 - Promote awareness of the Sheriff's firearm disposal services, where unwanted firearms and ammunition can be safely collected and destroyed.
 - Promote awareness of free firearm locks, available at multiple Sheriff's Office stations throughout the county. Promote awareness of safe firearm handling and storage, focused on preventing unauthorized access or theft.

- Work with all hospitals in the county to improve the process for reporting 5150/5585 mental health hold information to VCBH so that information is reported in a timely and consistent manner.
- Establish a way within the current Sheriff's Office dispatch system to track or categorize calls involving a potential 5150/5585 mental health hold or a mental health episode. Encourage all partner law enforcement agencies within the county to begin tracking calls in a similar manner.
- Encourage referrals from the Family Justice Center and law enforcement to VCBH and other mental health service providers in order to connect clients of the Family Justice Center supportive services.
- Engage with the California Community Care Licensing Division to streamline and improve the process of complying with medication paperwork requirements for out-of-county juveniles residing in group homes and board-and-care facilities within Ventura County, supporting the timely provision of medical care.
- Empower juveniles and parents to access available resources and follow-up services offered by school districts by promoting information sharing among the juvenile and/or parent, VCMC Emergency Department, and VCOE. Pursue a release of information consent form that the VCMC Emergency Department can share with a juvenile and/or a juvenile's parents before the juvenile is discharged (when brought in on a 5585 mental health hold), authorizing limited information to be shared with VCOE and the juvenile's identified school district, in order to facilitate supportive follow-up activities to be conducted by the school district. Encourage other emergency departments throughout the county to also adopt this process.
- Form a steering committee to guide and monitor implementation and to continue collaborating on best practices and coordination.

The outcome of this analysis is to identify recommended actions that the County and relevant community-based organizations can undertake to enhance citizen and law enforcement safety, promote early identification of mental health issues, strengthen access to acute mental health services and expand awareness and enforcement of firearms safety and access. The recommendations are presented as they align with this overarching continuum of care.

**Assessment and Recommendations Specific to Early Identification
of and Intervention with Persons Suffering from Mental Illness**

[Assessment and Recommendations Specific to Early Identification of
and Intervention with Persons Suffering from Mental Illness](#)

Recommendations:

1. Expand offerings of the “Threat Assessment” training offered by the Sheriff’s Office to all Ventura County schools in a variety of different formats. Train additional law enforcement personnel to provide the training. Supplement the training with online resources and a toolkit for schools. Offer the training to the greater community including businesses and community-based organizations.
2. Update and expand the mobile phone app incident reporting system (iCop) used by law enforcement for tracking encounters. Explore methods to encourage all law enforcement agencies within Ventura County to submit CIT cards electronically. Create a way to flag persons who receive multiple CIT cards, and to share this information with the Behavioral Health Department, in order to provide additional real-time outreach and referrals to supportive mental health services.
3. Promote communication with all Ventura County schools regarding the availability of mental health services, the recognition of early warning signs and available reporting options. List all available services and resources on all school websites. Provide information for and/or have VCBH employees attend Back-to-School nights.
4. Update all Health Care Agency websites to provide links to information about the CSU, IPU and the 5150/5585 mental health hold process and criteria.
5. Engage in public education related to the following topics:
 - a. “See something, say something” and early recognition of warning signs;
 - b. Availability of mental health services;
 - c. 5150/5585 mental health holds including requirements, restrictions and use;
 - d. CSU/IPU functions, operations and general information;
 - e. Use and restrictions of Gun Violence Restraining Orders; and
 - f. Availability of the Veteran’s Crisis Line.

Assessment:

The Task Force and the Kaizen team highlighted the critical importance of early identification of the warning signs related to acts of violent behavior, and an understanding of how these can differ from normal, expected behaviors. Many persons who perpetrate mass violence show similar warning signs including demonstrating concerning behavior, or “verbalizing” intent to

harm themselves or others. If these warning signs can be recognized and reported early on, it could lead to early interventions that can prevent future violent episodes. Every member of society needs to be aware of these warning signs and know multiple, appropriate ways to report these signs. Regardless of whether this recognition comes from school officials, schoolmates, friends, parents, employers, co-workers or the general public, the recognition and reporting of warning signs can be a critical step in providing supportive services (including mental health services) to at-risk persons.

General public awareness and understanding can be improved not only in relation to early warning signs, but also in several key areas including the use of 5150/5585 mental health holds, the availability and operation of the CSU and the IPU, the use of GVROs, and the availability of the Veteran's Crisis Line. A clearly outlined communication plan will ensure information on these topics can be distributed through County media channels as well as by the community-based organizations involved with the Task Force.

In addition to public education campaigns, the Sheriff's Office has a current initiative focused on promoting early identification and reporting of concerning behavior within schools. The Sheriff's Office offers "Threat Assessment" training to all schools within the county, focusing on educating teachers, staff and administrators of the early warning signs of violence and mental illness. Currently this training is provided by a small number of staff members, causing a natural limit on the number of classes that can be offered. Expanding the Threat Assessment program to have additional instructors and have resources available through additional formats (online materials, creating a school toolkit, etc.) can provide greater access to the information. Threat Assessment information, and information related to the availability of mental health services, can also be shared through school websites, the Health Care Agency website, and Back-to-School nights. This training could be beneficial for other organizations within the community, including businesses and community-based organizations.

Early identification of persons experiencing multiple mental health episodes and having multiple interactions with CIT-trained law enforcement can prevent future violent episodes. Currently the Sheriff's Office utilizes a combination of paper and electronic CIT cards within the iCop mobile phone app incident reporting system to document and analyze interactions that law enforcement officers have with persons experiencing mental health episodes. The CIT cards are currently submitted in both formats by the multiple law enforcement organizations using them across the county. There can be a significant delay in the paper card submission process. As a result, the data is frequently not current. All jurisdictions should be encouraged

to fully adopt the electronic CIT card process to ensure accurate and timely reporting of the information. Additionally, there is not a way within the system to automatically flag persons individuals who have multiple CIT cards submitted. The iCop system is also in need of an update/upgrade in order to facilitate better data collection and analysis and to encourage law enforcement agencies to electronically submit CIT cards.

**Assessment and Recommendations Specific to
Crisis Response and Coordination**

Assessment and Recommendations Specific to Crisis Response and Coordination**Recommendations:**

1. Promote discussion between County agencies (VCBH; County Counsel; Probation; Sheriff's Office; VCMC) to solidify a shared understanding of the applicable definition of and defining criteria for 5150/5585 mental health holds (including danger to self, danger to others and grave disability) in order to ensure consistent application. Share the resulting understanding, as permissible, with external organizations (HASC, NAMIVC, VCOE, etc.) and all area hospitals.
2. Develop a guide that can be used when drafting a 5150/5585 mental health hold. Incorporate input from internal County agencies (Behavioral Health; County Counsel; Probation; Sheriff's Office; VCMC) as well as external organizations (HASC, NAMIVC, VCOE, and others).
3. Develop a formal education program that requires follow-up CIT training every 2-3 years to promote consistent interpretation of 5150/5585 mental health hold criteria. Provide refresher materials on 5150/5585 mental health hold criteria, common risk factors, definition of "danger to self" and "danger to others," and "grave disability", and the overall 5150/5585 mental health hold writing process.
4. Formalize law enforcement procedures for use of disengagement/reengagement practices in specified situations. Outline specific situational criteria for when disengagement is appropriate, along with procedures for reengagement and utilization of alternate contact methods.

Assessment:

Providing an immediate response by both CIT-trained law enforcement personnel and Behavioral Health's Mobile Crisis Response Team is critical to assisting persons experiencing a mental health episode. It is common for law enforcement personnel to be called to a situation to assist in determining if a person qualifies for a 5150/5585 mental health hold (either making that determination on their own or in conjunction with Behavioral Health's Mobile Crisis Response Team). Placing a 5150/5585 mental health hold requires a careful analysis of multiple criteria and relies on the experience and training of the evaluator. There are overarching criteria that must be satisfied, namely determining if a person is a danger to self, danger to others, or gravely disabled. While any member of the response team can write the 5150/5585 mental health hold, it is important that there is a shared understanding of the applicable

definition of and criteria for a hold. As with any decision-making process, there are a variety of factors that must be evaluated and balanced when considering and writing a 5150/5585 mental health hold. There is not currently a guide or checklist used when making this determination. The creation of such a guide could assist in these situations.

The use of a guide can be supported by providing refresher training on the 5150/5585 mental health hold process. Currently, law enforcement personnel primarily receive training on the writing and use of the 5150/5585 mental health holds during their initial academy training. If this information is not utilized or practiced, it can be more difficult to complete the process when needed. Regular follow-up training or reviews of the materials are needed to maintain this knowledge and will be augmented by the use of a guide or checklist.

Sometimes during specific situations law enforcement personnel can see that the person in crisis is having a negative reaction to the presence of law enforcement. In certain situations where the person in crisis does not pose a threat to others and is in a secured, observable location, the situation can be deescalated if the immediate presence of law enforcement is removed. Should law enforcement personnel determine that this is the situation, they have the option to utilize disengagement/re-engagement practices. Basically, if law enforcement personnel determine that the current situation is not violent or does not have the potential to be violent, and the person has the capability to calm down or deescalate if law enforcement is not present, they can remove themselves from the situation, maintain surveillance and observation of the person, and then plan to reengage the person at a later time once the person has calmed down. It is critical that the reengagement plan is identified, outlined and documented, and then carried out. A flexible standard operating procedure should be developed and supported by providing the necessary training to all Sheriff's Office patrol personnel.

**Assessment and Recommendations Specific to
Initial Treatment and Services**

Assessment and Recommendations Specific to Initial Treatment and Services**Recommendations:**

1. Engage in discussion with other medical facilities throughout the county to promote the creation of and/or funding of additional adult CSU and IPU beds.
2. Educate hospital emergency department staff about situations when law enforcement should be asked to stay with a patient. Request that emergency departments hire security staff to oversee patients so that law enforcement staff are not asked to remain for situations where the patient is calm or does not demonstrate a risk to themselves or others.
3. Facilitate patient transfers and allow for faster patient admission to mental health facilities by pursuing a process where the Behavioral Health Mobile Crisis Response Team, CSU and IPU staff might have lawful access and ability to enter and review tuberculosis test results (and other immunizations) in both the Cerner electronic medical record and CAIR databases.

Assessment:

After a person has been determined to qualify for a 5150/5585 mental health hold, the person can be transported to a facility able to provide an initial evaluation and treatment. The County of Ventura operates a CSU and an IPU in order to treat acute cases of mental illness, with space for 4 and 30 patients, respectively. The CSU is designed to treat patients in acute mental distress, providing stabilizing services for up to 24 hours. Once the patient is stabilized, the patient is evaluated to determine the next level of treatment needed: transfer into the IPU for continued monitoring and care; transfer to an outpatient treatment center; or release from care but with a connection to supportive mental health treatment through the Behavioral Health Department.

The county overall is facing a severe lack of CSU and IPU beds. Some private facilities are available (Vista Del Mar, for example), but the current number of beds is not adequate for the demonstrated need in Ventura County. This overall lack of beds needs to be addressed by all health care systems within the county, by coordinating the creation of additional CSU and IPU beds.

Another delay in patient admission to the CSU or IPU occurs when trying to verify a negative tuberculosis (TB) test or various other immunizations. For some patients, these can be accessed

through the County's electronic medical records systems (Cerner and CAIR databases). Allowing CSU and IPU staff to access these records through Cerner and CAIR would prevent the need to administer unnecessary TB tests or vaccinations and could allow the patient to be admitted to the CSU/IPU more quickly.

**Assessment and Recommendations Specific to
Long-Term Treatment and Case Management**

**Assessment and Recommendations Specific to
Long-Term Treatment and Case Management**

Recommendations:

1. Work with the VCBH point of authorization personnel to ensure maximum reimbursement is received for CSU and IPU services in order to sustain and build those services.
2. Identify funding and donation sources to help the IPU provide medication co-pays (when needed) for prescriptions required by residential programs and haircuts, clothing and personal items to patients to improve patient hygiene and appearance during the residential program selection process. Encourage greater consistency in acceptance of patient placement by contracted board-and-care facilities.
3. Educate service providers who regularly interact with veterans as to the availability of services for veterans. Facilitate direct contact between the veteran and the Veteran Services Office in order to connect the veteran with additional support and services.
4. Identify opportunities to provide veterans and others transportation to services.
5. Review, standardize and streamline the process for creating and filing Tarasoff notifications and Prohibited Persons with Firearms notifications. (A Tarasoff notification occurs when law enforcement is notified by a psychotherapist that a patient has made a credible threat of harm to another person.)
6. Identify additional methods to communicate and connect with patients, providing appointment reminders, court reminders, and other communications in order to reduce the number of missed appointments and support improved treatment outcomes.
7. Engage in discussion with County Counsel, various County agencies, and relevant community-based organizations to explore appropriate utilization of the Assisted Outpatient Treatment (AOT) program, outlined in Laura's Law. (AOT provides for court intervention to seek to compel compliance with outpatient mental health treatment.) Educate all County agencies and relevant service providers about utilization of the Assisted Outpatient Treatment program. Expand upon current community outreach efforts in order to build relationships and gain patient compliance with Laura's Law.

Assessment:

The reimbursement process for CSU/IPU services can benefit from discussion and a standardized process. The CSU and IPU receive reimbursement from the State of California and private insurance companies that helps pay for all associated patient services. Currently, within the reimbursement process, there can be different billing standards applied to patient services, based on varying interpretations of the justification required for reimbursement of treatments. If these standards can be applied more consistently, it will create opportunities for the CSU and IPU to bill for and receive the full reimbursement available. This additional revenue could be used to provide additional beds or services.

A long-term management issue for the CSU and IPU is prompt placement of patients in residential programs. After the patient situation has been stabilized by the CSU or the IPU, the patient is eligible for transfer to a program providing the appropriate level of care. For some patients this means providing a connection to supportive, long-term mental health services, often provided through the Behavioral Health Department. For others, this means working to identify a residential treatment program willing to accept the patient. Depending on the circumstances of the patient, there can be significant barriers to placement in a residential program. If a patient requires ongoing medication, residential programs typically require the patient to come with a 30- or 60-day supply of medication. For patients without the financial means to cover the cost of this medication, it can prevent them from being accepted into a residential program. IPU staff recognize the need to identify funds which can be used to cover medication co-pays and help patients have the medication supply needed to be accepted by outpatient treatment programs. Some patients enter the CSU and IPU without additional clothing or personal items. Residential programs screen and interview patients and may not accept a patient who has an unkempt appearance or lacks adequate clothing. IPU staff rely on donated clothes and personal items in order to help improve patient hygiene, appearance, and demeanor.

Long-term treatment and case management can benefit from a renewed discussion regarding the County's use of Laura's Law. Laura's Law is state-level legislation that allows counties to adopt a program for patients who have a documented serious mental illness and who have refused voluntary participation in a treatment plan to be directed through the courts to participate in an outpatient treatment program. The County's utilization of Laura's Law has not been as extensive as other counties. The County should engage in a discussion with all involved agencies and relevant community-based organizations to further explore appropriate times and circumstances to use Laura's Law to encourage those in need to comply with treatment. After this discussion, all agencies need to be informed of the utilization decision. Additionally, a

community outreach team needs to be coordinated, focused on working within the community and connecting with persons prior to any interactions within the court system. This outreach and engagement are critical to securing compliance with Laura's Law.

Veterans often encounter difficulty connecting with the different services provided by the Department of Veteran's Affairs and other organizations. Personnel within the County's Veteran Services Office are adept at connecting veterans with these services but getting the initial connection with the veteran can be problematic. This connection can be improved by educating County employees, especially those who provide services to or commonly come in contact with veterans through the normal scope of their work, as to the variety of services available to veterans and gaining employee's assistance in actually connecting veterans to the Veteran Services Office (either through direct phone call, email, or scheduling an appointment).

Veterans and others also experience difficulty in securing transportation to and from services and medical treatments. A variety of different circumstances can lead to not having reliable transportation to services or treatment. Even if the transportation needs fall within the county (as opposed to having to travel to Los Angeles County), reliable transportation may well be a problem.

Two long-term management issues for law enforcement include the handling of Tarasoff notifications and Prohibited Persons with Firearms notifications. Licensed psychotherapists (among others) have a duty to warn an identified potential victim(s) and a law enforcement agency when a patient has communicated a serious threat of physical violence against that reasonably identifiable potential victim (per California Civil Code §43.92). The Tarasoff notification facilitates this warning to the person being threatened, or the guardians or parents of the minor being threatened, and to law enforcement. Once the notification is received by law enforcement, law enforcement personnel contact the patient who made the threat to determine if the patient qualifies for a 5150/5585 mental health hold. Regardless of whether contact is made with the patient, law enforcement is then required to submit a Tarasoff notification to the California Department of Justice (per California Welfare and Institutions Code §8100 et seq). This places a 5-year restriction on the patient's owning or purchasing firearms and registers the person in the Armed & Prohibited Persons System database (per California Welfare and Institutions Code §8100 et seq).

The California State Department of Justice maintains the APPS database. This database pulls information from several different databases including restraining orders, federal warrants or indictments, probation and/or parole information and mental health notifications (5150 mental

health hold and Tarasoff). California also maintains the Automated Firearms System, which is a repository of firearms purchased in California (handguns since the 1990's, long guns since 2014). When a name is added to APPS, it is automatically compared to the AFS database. If the name is also on the AFS database, the name is flagged in APPS. The CADOJ gets a notification, and the Sheriff's Office receives a monthly report of these names. It is important to confiscate weapons from persons who are no longer allowed to own them as quickly and efficiently as possible. This requires accurate and timely reporting of notifications.

A long-term management issue being experienced by the Behavioral Health Department is that patients frequently do not show up for appointments. When patients take up space on the schedule but do not show up to receive treatment, it effectively prevents another patient from utilizing these services. Behavioral Health has already started utilizing the time slot method for scheduling appointments. With the time slot method, instead of receiving a specific appointment time, a specific number of patients are scheduled for a 1-hour slot. Patients are seen based on the order in which they arrive. This way, if a patient does not show up, one of the other patients within that time slot can be seen. The use of this scheduling method to be continued and can be combined with other ways of reminding patients about their appointments and encouraging them to attend.

**Assessment and Recommendations Specific to Ongoing
Engagement with Community-Based Organizations and the Public**

Assessment and Recommendations Specific to Ongoing Engagement with
Community-Based Organizations and the Public

Recommendations:

1. In coordination with the Sheriff's Office, coordinate a public education campaign focused on helping residents secure privately owned firearms and increasing awareness of firearms legislation:
 - a. Promote awareness of the Sheriff's firearm disposal service, where unwanted firearms and ammunition can be safely collected and destroyed.
 - b. Promote awareness of free firearm locks, available at multiple Sheriff's Office stations throughout the county.
 - c. Promote awareness of safe firearm handling and storage, focused on preventing unauthorized access or theft.
2. Work with all hospitals in the county to improve the process for reporting 5150/5585 mental health hold information to VCBH so that information is reported in a timely and consistent manner.
3. Establish a way within the current Sheriff's Office dispatch system to track or categorize calls involving a potential 5150/5585 mental health hold or mental health episode. Encourage all partner law enforcement agencies within the county to begin tracking calls in a similar manner.
4. Encourage referrals from the Family Justice Center and law enforcement to VCBH and other mental health service providers in order to connect clients of the Family Justice Center with supportive services.
5. Engage the California Community Care Licensing Division to streamline and improve the process of complying with medication paperwork requirements for out-of-county juveniles residing in group homes and board-and-care facilities within Ventura County, supporting the timely provision of medical care.
6. Empower juveniles and parents to access available resources and follow-up services offered by school districts by promoting information sharing among the juvenile and/or parent, VCMC Emergency Department, and VCOE. Pursue a release of information consent form that the VCMC Emergency Department can share with a juvenile and/or a juvenile's parents before the juvenile is discharged (when brought in on a 5585 mental health hold), authorizing limited information to be shared with VCOE and the juvenile's identified school district, in order to facilitate supportive follow-up activities to be

conducted by the school district. Encourage other emergency departments throughout the county to also adopt this process.

7. Form a steering committee to guide and monitor implementation and to continue collaborating on best practices and coordination.

Assessment:

Building a supportive system of mental health services available to the entire county requires numerous relationships and engagement with community-based organizations. It also requires robust systems to collect, analyze and communicate information related to persons experiencing mental health episodes. There are several identified barriers to communication preventing different agencies from communicating vital information regarding patients or residents experiencing a mental health episode. These barriers can be legislative (e.g., privacy laws preventing medical and mental health professionals from accessing or sharing healthcare records), technical (e.g., agencies utilizing different software systems that have limited or no integration capabilities) or bureaucratic (e.g., no established practice to communicate with other agencies or key personnel). County agencies and relevant community-based organizations should work together to identify ways to permissibly share appropriate information more effectively. This can help provide insight to aid early identification and interaction with high-risk persons or those who are displaying multiple warning signs.

The County can also support parent empowerment and access to resources and follow-up services provided through school districts. School staff and counselors are in a unique position to be able to offer supportive services to juveniles experiencing mental health issues, but often lack notification when a juvenile has experienced a 5585 mental health hold. Creating a release of information consent form that can be approved by a juvenile and/or a juvenile's parents before the juvenile is discharged from the emergency department could allow the emergency department to share limited information with VCOE and the juvenile's school district. VCOE could then coordinate with the juvenile and/or the juvenile's parent and the school district to provide supportive follow-up activities, ensuring that both the juvenile and parents are aware of and have access to the available mental health services.

Additional connections need to be made in order to inform community-based organizations about the mental health services available through the County. For example, victims of crimes

do not always recognize their need for supportive mental health services or know where to go to receive help to recover from trauma sustained during the event. A connection between the newly opened Family Justice Center and Behavioral Health can ensure that persons are aware of how to access supportive services.

Another relationship focuses on improving support for group homes and board-and-care facilities within the county. Out-of-county juvenile patients (under the jurisdiction of the court) who reside in Ventura County facilities (such as group homes) are not able to receive psychiatric medications within the county until appropriate paperwork (JV 220 paperwork) is received by the facility. When that paperwork is not received at the same time as the patient, the juveniles are unable to take needed medications. This process, overseen by the State Community Care Licensing Division, would benefit from overall analysis and evaluation targeted at streamlining the process.

Proper securing and storage of privately-owned firearms are critical to supporting the safety of all residents. Unsecured firearms have the potential to be accessed and handled in an unsafe manner or can be stolen and used to commit violent crimes. The Sheriff's Office already offers services to residents focused on safely securing firearms, including access to free firearms locks, as well as firearms disposal. Any resident who has unwanted firearms or ammunition of which the resident would like to dispose can contact the Sheriff's Office and arrange for a deputy to visit the residence, secure the firearm/ammunition, and transport it for proper disposal. Increased awareness of this service could encourage voluntary relinquishment of unwanted firearms and ammunition. Additionally, the Sheriff's Office participates in Project Child Safe, which is the largest firearms safety education program in the United States. Through this program, Ventura County residents can visit participating patrol offices to receive free gun locks and information on how to safely store firearms.

Firearms Legislation Reviewed by the Taskforce

[Firearms Legislation Reviewed by the Task Force](#)

The following chart outlines firearms legislation that was tracked by County staff on behalf of the Board of Supervisors. A status report was shared at each of the Mental Health & Safety Task Force meetings. The last column, “County position,” refers to the position that was taken by the County pursuant to the annual legislative platforms adopted by the Board of Supervisors. (The legislation referenced below does not necessarily reflect the views of all Task Force participants.)

Firearms Bills – Ventura Co.			
Bill/Author	Brief Summary	Bill Status	County Position
AB 12 (Irwin and Ting)	Extends, effective 9/1/2020, the duration of Gun Violence Restraining Orders (GVRO) and their renewals to a maximum of five years	Signed by Governor (10-11-19)	SUPPORT
AB 61 (Ting)	Expands, effective 9/1/2020, the category of persons that may file a petition requesting a court to issue various types of GVROs	Signed by Governor (10-11-19)	SUPPORT
AB 166 (Gabriel)	Requires Department of Health Care Services to establish in nine specified counties (including Ventura County) a hospital-based or -linked pilot program to provide services to gunshot victims or otherwise violently injured Medi-Cal beneficiaries, with the purpose of reducing rates of future violence with this population.	To Governor	SUPPORT
AB 339 (Irwin)	Requires all state/local law enforcement agencies to develop, adopt and implement new written policies and standards on the use of GVROs by 1/1/2021; encourages consultation w/gun violence prevention experts and health professionals	Signed by Governor (10-11-19)	SUPPORT
AB 340 (Irwin)	Enacts timeline and associated reporting requirements for four specified counties -- Alameda, San Diego, Santa Cruz, and Ventura -- that received funding in the 2019-20 state budget to support local efforts to disarm prohibited persons	To Governor	SUPPORT
AB 645 (Irwin)	Requires: 1. that a specific statement regarding suicide be printed on materials accompanying the sale of a firearm and 2. that the written test for the handgun safety certificate cover the topic of suicide	Signed by Governor (10-11-19)	SUPPORT
AB 688 (Chu)	Imposes new requirements re: leaving a firearm in an unattended vehicle and makes a violation an infraction, punishable by a fine not to exceed \$1,000; costs to state and local law enforcement agencies	Held in Assembly Appropriations Committee	WATCH

AB 1009 (Gabriel)	Beginning 1/1/2025, requires specified firearms transactions not processed through a licensed firearms dealer be transmitted to Department of Justice only online via the California Firearm Application Reporting System (CFARS)	To Governor	SUPPORT
AB 1121 (Bauer-Kahan)	Prohibits persons granted mental health pretrial diversion from purchasing, receiving, possessing or controlling any firearm or other dangerous or deadly weapons	Held in Assembly Appropriations Committee	SUPPORT
SB 55 (Jackson)	Adds specified misdemeanor offenses to the list of crimes resulting in a 10-year prohibition on owning or possessing a firearm or ammunition	Two-year bill (in Assembly Public Safety Committee)	SUPPORT
SB 61 (Portantino)	Prohibits the purchase of more than one long gun in a 30-day period	Signed by Governor (10-11-19)	SUPPORT
SB 257 (Nielsen)	Requires the CADOJ to notify local law enforcement if it determines that a person is prohibited from possessing a firearm	Held in Assembly Appropriations Committee	SUPPORT
SB 701 (Jones)	Eliminates existing provision of law that provides that if a person has an outstanding warrant for a felony, or an outstanding warrant for a firearm prohibited misdemeanor, that person is prohibited from possessing a firearm while the warrant is outstanding	VETOED by the Governor.	WATCH - County platform does not adequately address policy issue

In addition to the above-mentioned State legislation, the Board of Supervisors, signaling its support for stronger federal gun control legislation, weighed in on the following legislation: H.R. 1236, the *Extreme Risk Protection Order Act of 2019*; H.R. 1186, the *Keep Americans Safe Act*; H.R. 3076, the *Federal Extreme Risk Protection Order Act*; and H.R. 2708, the *Disarm Hate Act*.

Available Resources

[Available Resources](#)

Ventura County residents in need of assistance are encouraged to contact the following resources:

Ventura County Behavioral Health

Crisis and Referral Line: 1-866-998-2243

Suicide Prevention Lifeline: 1-800-273-8255

Substance Use Treatment Services: 1-844-385-9200

Call the RISE program to refer someone to the Assisted Outpatient Treatment Program: 1-805-981-4233

Ventura County Veteran Services

Main Office: 805-477-5155

Veteran's Crisis Line: 1-800-273-8255, press 1

2-1-1 Ventura County

Main Line: 2-1-1

Appendix 1: Mental Health & Safety Taskforce Recommendations

Appendix 1: Mental Health & Safety Task Force Recommendations

Types of support needed include:

- Funding – recommendation requires additional budgetary funding
- Legislative – recommendation requires changes to current policy, law or legislation
- Other – recommendation utilizes existing agency capabilities, community outreach, public education, training or engagement with community-based organizations
- Process – recommendation requires review, assessment and improvement of a work process

Section 1	Early Identification of and Intervention with Individuals Suffering from Mental Illness	Support Needed
1	Expand offerings of the "Threat Assessment" training offered by the Sheriff's Office to all Ventura County schools in a variety of formats. Train additional law enforcement personnel to provide the training. Supplement the training with online resources and a toolkit for schools. Offer the training to the greater community including businesses and community-based organizations.	<ul style="list-style-type: none"> • Funding
2	Update and expand the mobile phone app incident reporting system (iCop) used by law enforcement for tracking encounters. Explore methods to encourage all law enforcement agencies within Ventura County to submit CIT cards electronically. Create a way to flag persons who receive multiple CIT cards, and to share this information with the Behavioral Health Department, in order to provide additional outreach and referrals to supportive mental health services.	<ul style="list-style-type: none"> • Funding • Process
3	Promote communication with all schools within the county regarding the availability of mental health services, the recognition of early warning signs and available reporting options. List available services and resources on all school websites. Provide information for and/or have Behavioral Health employees attend Back-to-School nights.	<ul style="list-style-type: none"> • Funding • Other • Process
4	Update all HCA websites to provide links to information about the CSU, IPU and 5150/5585 mental health hold process and criteria.	<ul style="list-style-type: none"> • Other

5	<p>Engage in public education related to the following topics:</p> <ul style="list-style-type: none"> • "See something, say something" and early recognition of warning signs; • Availability of mental health services; • 5150/5585 mental health holds including requirements, restrictions and use; • CSU/IPU functions, operations and general information; • Use and restrictions of Gun Violence Restraining Orders; and • Availability of the Veteran’s Crisis Line. 	<ul style="list-style-type: none"> • Funding
Section 2	Crisis Response and Coordination	Support Needed
6	<p>Promote discussion between County agencies (VCBH; County Counsel; Probation; Sheriff’s Office; VCMC) to solidify a shared understanding of the applicable definition of and defining criteria for 5150/5585 mental health holds (including danger to self, danger to others and grave disability) in order to ensure consistent application. Share the resulting understanding, as permissible, with external organizations (HASC, NAMIVC, VCOE, etc.) as well as all area hospitals.</p>	<ul style="list-style-type: none"> • Other
7	<p>Develop a guide that can be used when drafting a 5150/5585 mental health hold. Incorporate input from internal county agencies (Behavioral Health; County Counsel; Probation; Sheriff’s Office; District Attorney; VCMC) as well as external organizations (HASC, NAMIVC, VCOE, and others).</p>	<ul style="list-style-type: none"> • Process
8	<p>Develop a formal education program that requires follow-up CIT training every 2-3 years to promote consistent interpretation of 5150/5585 mental health hold criteria. Provide refresher materials on 5150/5585 mental health hold criteria, common risk factors, definition of “danger to self” and “danger to others,” and “grave disability” and the overall 5150/5585 mental health hold writing process.</p>	<ul style="list-style-type: none"> • Funding • Other • Process

9	Formalize law enforcement procedures for use of disengagement/reengagement practices in specified situations. Outline specific situational criteria for when disengagement is appropriate, along with procedures for reengagement and utilization of alternate contact methods.	<ul style="list-style-type: none"> • Funding • Process
Section 3	Initial Treatment and Services	Support Needed
10	Engage in discussion with additional medical facilities throughout the county to promote the creation of and/or funding of additional adult CSU and IPU beds.	<ul style="list-style-type: none"> • Other
11	Educate hospital emergency department staff about situations when law enforcement should be asked to stay with a patient. Request that emergency departments hire security staff to oversee patients so that law enforcement personnel are not asked to remain for situations where the patient is calm or does not demonstrate a risk to themselves or others.	<ul style="list-style-type: none"> • Other
12	Facilitate patient transfers and allow for faster patient admission to mental health facilities by pursuing a process where the Behavioral Health Mobile Crisis Response Team, CSU and IPU staff might have lawful access and ability to enter and review tuberculosis test results (and other immunizations) in both the Cerner electronic health record and California Immunization Registry databases.	<ul style="list-style-type: none"> • Process
Section 4	Long-Term Treatment and Case Management	Support Needed
13	Work with the VCBH point of authorization personnel to ensure maximum reimbursement is received for CSU and IPU services in order to sustain and build those services.	<ul style="list-style-type: none"> • Process
14	Identify funding (internal or external) and donation sources to help the IPU provide medication co-pays (when needed) for prescriptions required by residential programs and haircuts, clothing and personal items to patients to improve patient hygiene and appearance during the residential program selection process. Encourage greater consistency in acceptance of patient placement by contracted board-and-care facilities.	<ul style="list-style-type: none"> • Funding • Other

15	Educate service providers who regularly interact with veterans as to the availability of services for veterans. Facilitate direct contact between the veteran and the Veteran Services Office in order to connect the veteran with additional support and services.	<ul style="list-style-type: none"> • Other • Process
16	Identify opportunities to provide veterans and others transportation to services.	<ul style="list-style-type: none"> • Funding • Other
17	Review, standardize and streamline the process for creating and filing Tarasoff notifications and Prohibited Persons with Firearms notifications. (A Tarasoff notification occurs when law enforcement is notified by a psychotherapist that a patient has made a credible threat of harm to another person.)	<ul style="list-style-type: none"> • Process
18	Identify additional methods to communicate and connect with patients by providing appointment reminders, court reminders, and other communications in order to reduce the number of missed appointments and support improved treatment outcomes.	<ul style="list-style-type: none"> • Other • Process
19	Engage in discussion with County Counsel, various County agencies, and relevant community-based organizations to explore appropriate utilization of the Assisted Outpatient Treatment (AOT) program, outlined in Laura’s Law. (AOT provides for court intervention to seek to compel compliance with outpatient mental health treatment.) Educate all County agencies and relevant service providers about the utilization of the Assisted Outpatient Treatment program. Expand upon current community outreach efforts in order to build relationships and gain patient participation in the AOT program.	<ul style="list-style-type: none"> • Funding • Legislative • Other
Section 5	Ongoing Engagement with Community-Based Organizations and the Public	Support Needed
20	In coordination with the Sheriff’s Office, coordinate a public education campaign focused on helping residents secure privately-owned firearms and increasing awareness of firearms legislation: <ul style="list-style-type: none"> • Promote awareness of the Sheriff’s firearm disposal services, where unwanted firearms and ammunition can be safely collected and destroyed. 	<ul style="list-style-type: none"> • Funding • Other

	<ul style="list-style-type: none"> • Promote awareness of free firearm locks, available at multiple Sheriff’s Office stations throughout the county. • Promote awareness of safe firearm handling and storage, focused on preventing unauthorized access or theft. 	
21	Work with all hospitals in the county to improve the process for reporting 5150/5585 mental health hold information to VCBH so that information is reported in a timely and consistent manner.	<ul style="list-style-type: none"> • Process
22	Establish a way within the current Sheriff’s Office dispatch system to track or categorize calls involving a potential 5150/5585 mental health hold or a mental health episode. Encourage all partner law enforcement agencies within the county to begin tracking calls in a similar manner.	<ul style="list-style-type: none"> • Process
23	Encourage referrals from the Family Justice Center and law enforcement to VCBH and other mental health service providers in order to connect clients of the Family Justice Center with supportive services.	<ul style="list-style-type: none"> • Other • Process
24	Engage with the California Community Care Licensing Division to streamline and improve the process of complying with medication paperwork requirements for out-of-county juveniles residing in group homes and board-and-care facilities within Ventura County, supporting the timely provision of medical care.	<ul style="list-style-type: none"> • Other • Process
25	Empower juveniles and parents to access available resources and follow-up services offered by school districts by promoting information sharing among the juvenile and/or parent, VCMC Emergency Department, and VCOE. Pursue a release of information consent form that the VCMC Emergency Department can share with a juvenile and/or a juvenile’s parents before the juvenile is discharged (when brought in on a 5585 mental health hold), authorizing limited information to be shared with VCOE and the juvenile’s identified school district, in order to facilitate supportive follow-up activities to be conducted by the school district. Encourage other emergency departments throughout the county to also adopt this process.	<ul style="list-style-type: none"> • Legislative • Other • Process

26	Form a steering committee to guide and monitor implementation and to continue collaborating on best practices and coordination.	• Other
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Appendix 2: Abbreviations and Definitions

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Definitions

5150/5585 mental health hold – Involuntary 72-hour hold that can be used when an adult (Welf. & Inst. Code, § 5150) or juvenile (Welf. & Inst. Code, § 5585) is considered to be a danger to themselves or to others or gravely disabled.

Crisis Stabilization Unit (CSU) – A program providing crisis intervention and stabilization services to persons exhibiting a mental health crisis and in need of immediate mental health services who can ideally be stabilized within 24 hours.

Inpatient Psychiatric Unit (IPU) – Inpatient psychiatric hospital program providing 24-hour monitoring, psychiatric care and stabilization for patients experiencing severe and persistent mental illness on an acute basis.

Kaizen – A group problem-solving process focused on improving a process.

Laura’s Law – A California state law that allows counties to adopt a program to provide for court-ordered assisted outpatient treatment for persons with a serious mental illness, plus a recent history of psychiatric hospitalizations, and/or acts, threats or attempts of serious violent behavior towards self or others.

Tarasoff notification – Notice given by a psychiatrist or psychotherapist (among others) to warn a reasonably identifiable potential victim when a patient has communicated a serious threat of physical violence against that identified potential victim.

Value Stream Analysis – The entire collection of activities necessary to produce and deliver a product or service, separating these activities into individual activities, identifying the activities that create waste and highlighting opportunities for improvement.

Abbreviations

AFS – Automated Firearms System

APPS – Armed & Prohibited Persons System

CADOJ – California Department of Justice

CAIR – California Immunization Registry

CIT – Crisis Intervention Team (specially trained law enforcement personnel)

CSC – Community Services Coordinator

CSU – Crisis Stabilization Unit

GVRO – Gun Violence Restraining Order

HASC – Hospital Association of Southern California

HCA – Health Care Agency

IPU – Inpatient Psychiatric Unit

MCRT – Mobile Crisis Response Team (within the Behavioral Health Department)

NAMIVC – National Alliance on Mental Illness, Ventura County

RISE – Rapid Integrated, Support & Engagement team

STAR – Screening, Triage, Assessment and Referral team

VCMC – Ventura County Medical Center

VCOE – Ventura County Office of Education

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