

BEHAVIORAL HEALTH ADVISORY BOARD
TRANSITIONAL AGE YOUTH (TAY) COMMITTEE
MINUTES ■ Wednesday, October 19, 2022

<p><u>Members Present</u> Elizabeth R. Stone, Chair Lorena Guereca, Vista Real Charter High School Jennifer Harkey, Continuum of Care, County Executive Office Anthony Marron, Pacific Clinics TAY Tunnel Carole Shelton, Family Member Scott Walker, Crisis Intervention Team</p> <p><u>Others Present</u> Ayana Churn, Telecare Casa de Esperanza Shannon Brown, MESA Farm Vannessa Cortez, Pacific Clinics TAY Tunnel Ascencion “CiCi” Romero, Pacific Clinics TAY Tunnel</p>	<p>Cyndy Vargas, Interface Children & Family Services Priscila Hazrun, Homeland Language Services</p> <p><u>Ventura County Behavioral Health (VCBH) Staff Present</u> Dr. John Schipper, Adult Services Division Chief Eileen Corona, Oxnard Substance Use Treatment Center Clinic Administrator Joanna Peterson, Management Assistant / Zoom Engineer Nancy Springer, East County Adult/Transitional Age Youth/VCPOP Clinics Behavioral Health Manager Katie Stefl, Mental Health Services Act Program Administrator</p> <p>NEXT MEETING: December 21, 2022</p>
<p>Note: The committee has not yet approved these minutes. There may be additions, deletions or corrections before the minutes are accepted in final form.</p>	

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS
I.	<p>Call to Order Chair Stone called the meeting to order at 3:31 pm. Priscila Hazrun provided instructions and guidelines on how to access Spanish simultaneous interpretation services.</p>	
II.	<p>Welcome and Introductions Ms. Stone welcomed meeting attendees and introduced herself as a person with lived experience operating a grant-funded peer program.</p>	
III.	<p>Roll Call Ms. Stone called the roll and confirmed that a quorum of members exists.</p>	
IV.	<p>Public Comments There were no public comments.</p>	
V.	<p>Approval of the Agenda Ms. Stone asked for a motion to approve the agenda. Ms. Harkey move to approve as submitted; Ms. Shelton seconded. The motion to approve the agenda as submitted carried unanimously through roll call.</p>	Agenda approved as written. M/S/C
VI.	<p>Approval of Minutes – June 15, 2022 Ms. Stone noted due to lack of past quorum minutes from June and August required approval. Ms. Stone asked for a motion to approve the minutes of the June 15, 2022, meeting. Ms. Shelton moved to approve the minutes as submitted; Scott Walker seconded. The motion to approve the minutes as written carried by majority vote.</p>	Minutes approved as written. M/S/C
VII.	<p>Approval of Minutes – August 17, 2022 Ms. Stone asked for a motion to approve the minutes of the August 17, 2022, meeting. Ms. Harkey moved to approve the minutes as submitted; Ms. Shelton seconded. The motion to approve the minutes as written carried by majority vote.</p>	Minutes approved as written. M/S/C
VIII.	<p>Update on Continuum of Care Initiatives Ms. Harkey noted grant funding is available from the State and from Federal Housing & Urban Development (HUD) for rental assistance and interim sheltering through vouchers or other types of shelters. Letters of intent are to be submitted to the Continuum of Care (CoC) office by November 1, 2022, with additional information available at www.venturacoc.org. Discussion ensued regarding the CoC’s consideration to make supportive services one of their priorities. Ms. Stone noted the Department of Health Care Services (DHCS) is hosting a series of webinars on housing supports and services that can be funded through CalAIM. Mr. Marron noted that housing programs lacked a connection with supportive services that are an integral to helping people sustain housing.</p>	
IX.	<p>Facilitated Discussion: Needs, Services Overview, and Gaps in Addressing TAY Concerns as Reported by Attendees Ms. Stone described her ongoing efforts to broaden attendance from a cross section of community members working to support Transition-Aged Young People with a focus on making meetings more</p>	

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	<p>inviting. Shannon Brown of MESA Farm agreed that moving the TAY Committee in this direction will benefit many people.</p> <p>Vanessa Cortez described an array of available services through the TAY Tunnel including housing linkage and employment services and noted their entire team has lived experience. She added they field a lot of requests for immediate/emergency housing. Ms. Harkey noted discussions regarding the need for a dedicated shelter for youth have taken place for a couple of years and acknowledged that the lack of a dedicated shelter is a gap. She noted Mercy House and Project Room Key have assisted for some and the new funding would seek to include interim sheltering. CiCi Romero noted a need for housing services being available without regard to citizenship. Ms. Harkey clarified the flexibility of the State is necessarily dictated by HUD. Ms. Romero discussed her idea of creating a “TAY House” to assist Transition-Aged Young People with acquiring the necessary skills to live independent, successful lives.</p> <p>Ms. Shelton shared that she works for Rainbow Connection Family Resource Center, a program within Tri-Counties Regional Center and urged cognizance of creating equitable systems for people with dual diagnoses.</p> <p>Ayana Churn explained Casa de Esperanza is a social rehabilitation facility for individuals 18-59 years of age who are psychiatrically stable. Ms. Churn described how a portion of the program focuses on social rehabilitation with Transition-Aged Young People, including aspects of housing. Ms. Churn noted opportunities for Transition-Aged Young People to learn skills, volunteer within the community, and attend school over the course of the program’s 18-month length. In response to questions from Ms. Harkey, Nancy Springer described VCBH’s use of Casa often as a follow-up to hospitalization.</p> <p>Lorena Guereca noted Vista Real Charter High School provides support for enrolled students up to the age of 24. She described student requests for housing services as well as mental health services and food assistance, noting housing is often the most pressing need. Ms. Stone indicated she will follow-up with Ms. Guereca to discuss ways to provide the counselors with housing resource information.</p>	
X.	<p>VCBH Updates</p> <p>A. <u>Mental Health Svcs for TAY Persons and their Families</u>: Remaining time did not allow for an update.</p> <p>B. <u>Substance Use Services</u>: Remaining time did not allow for an update.</p> <p>C. <u>Mental Health Services Act (MHSA)</u>: Katie Stefl reported the September Suicide Prevention Forums hosted 325 community members in-person and 269 in a separate virtual event. She noted videos can be found at www.wellnesseveryday.org/. Ms. Stefl also advised the Community Planning Process is underway with meetings planned for November 29 and 30 that will help inform the 3-Year Plan.</p>	
XI.	<p>Information Sharing/Upcoming Events and News – Community & Committee Members</p> <p>Carole Shelton provided information about a Special Education Local Plan Area (SELPA) Transitions Fair scheduled on November 9 https://vcselpamaint.vcoe.org/.</p>	
XII.	<p>Contracts Review (July 2022)</p> <p>Remaining time did not allow for feedback on the contracts from July 2022.</p>	
XIII.	<p>Suggested Items for Agenda for Subsequent Meetings</p> <p>Ms. Stone requested Committee members email her directly at Elizabeths.bhab@yahoo.com with any questions, comments, concerns, suggestions or ideas for subsequent meetings.</p>	
XIV.	<p>Final Public Comments</p> <p>There were no public comments.</p>	
XV.	<p>Adjourn</p> <p>The meeting was adjourned at 5:02 PM.</p>	

Ventura County Behavioral Health
Board Letter Summary of Contracts for July 2022

Board Date	Contractor	Amount	Term	Description
7/12/2022	Advocates for Human Potential, Inc. (AHP)	\$149,916	January 3, 2022 through December 31, 2022	FY 2021-23 Agreement with AHP to Plan for and Establish an East Ventura County Adult Crisis Stabilization Unit (CSU). The Behavioral Health Continuum Infrastructure Program (BHCIP) is a joint effort with the California Department of Social Services (CDSS) Community of Care Expansion Program (CCE) to provide \$805 million in funding for acquisition, construction, and rehabilitation to preserve and expand adult and senior care facilities that serve Social Security Income (SSI) applicants and recipients, including those who are homeless or at risk of homelessness and people with behavioral health conditions. These BHCIP funds are a portion of the \$2.2 billion in funding that California Department of Health Care Services (DHCS) is authorized to release to construct, acquire, and expand properties and invest in the mobile crisis infrastructure related to behavioral health. The BHCIP funds were released through six rounds targeting various gaps in the state's behavioral health facility infrastructure. The second round of funding is intended to support preparation activities to plan for the acquisition and expansion of behavioral health infrastructure throughout the state. Planning grants were made available up to \$150,000. On November 30, 2021, Ventura County Behavioral Health (VCBH) submitted an application to DHCS, for a BHCIP County and Tribal Planning Grant in the amount \$149,916 to plan for the establishment of an east Ventura County Adult CSU. Currently, there is no existing CSU in the east county. The need for an east county CSU was identified by the 2019 Ventura County Mental Health Community Assessment. This planning grant targets the gaps identified by the Behavioral Health Advisory Board (BHAB) through the following infrastructure goals: (1) Client and Community Engagement by guiding stakeholder engagement activities so that infrastructure planning serves the needs of the client populations, (2) Service Excellence and Innovation to ensure that mental health services are not fragmented and offer access to the appropriate level of care/services in a diverse region, (3) Growth and Access by providing additional services along the continuum in an area of the county where services do not currently exist, and (4) Financial Stability and Performance by providing an appropriate and least restrictive level of care and reducing hospitalizations and inappropriate impact to other types of professionals and services (e.g., police, medical staff, emergency departments, jails). On January 4, 2022, the DHCS released the Notice of Award notifying VCBH that its grant application was awarded BHCIP funding in the amount of \$149,916 for the term of January 3, 2022 through December 31, 2022. The Subcontract Agreement is with AHP, a private corporation that DHCS selected and contracted with to administer the BHCIP grant application, award, and program processes. Source of funding is the BHCIP Grant.
7/12/2022	California Mental Health Services Authority (CalMHSA)	\$9,653,150	Effective Upon Execution of the Agreement through March 18, 2029	FY 2021-22 Participation Agreement with CalMHSA for Semi-Statewide Enterprise Health Record (EHR) Services. CalMHSA, a joint powers authority created by California counties in 2009 to jointly develop and fund mental health services and education programs for its members, has entered into a participation agreement with interested counties to provide EHR program services related to their implementation of several behavioral health programs and initiatives. California Advancing and Innovating Medi-Cal (CalAIM) is a DHCS initiative to reform and transform the Medi-Cal program and, in turn, improve the quality of life and health outcomes of Medi-Cal beneficiaries. Over the course of several years, CalAIM will implement a broad delivery system, program and payment reform across the Medi-Cal system, and build upon the successful outcomes of various pilot programs to completely transform the delivery of behavioral health services for Medi-Cal beneficiaries. Effective July 1, 2023, VCBH transformed its EHR system to support payment reform under CalAIM. To ensure that this transition is successful, VCBH is pursuing a Participation Agreement with CalMHSA to assist with development of a California-central EHR that will be implemented across multiple counties to support core business requirements and address regulatory requirements implicated by the sharing of protected health information required by Cal-AIM/Medi-Cal. The EHR, developed by CalMHSA's selected contractor, Streamline Healthcare Solutions, LLC (Streamline), establishes consistent workflows, configuration, and functionality that supports: 1) centralized application administration, 2) standardized training and end-user support, 3) shared technical services, 4) a common baseline against which new updates for state and federal mandate can be defined/applied, 5) the creation of a learning community across the participating counties, 6) clinical best practices and state objectives, and 7) better use of data to drive performance outcomes. Under the Participation Agreement, CalMHSA acts as the fiscal and administrative agent for the EHR program. On behalf of participating counties, CalMHSA implements and administers all components of the EHR program, including: 1) invoicing and managing funds from the participants, 2) working closely with Streamline to coordinate the development and implementation of the EHR, 3) assuring Streamline completes and passes all applicable system testing requirements, 4) completing required data collection and submission to DHCS, 5) monitoring Streamline contracted services, and 6) coordinating with and reporting to participating agencies. The Participation Agreement includes a "not to exceed" limit of \$9,653,150, which is inclusive of \$8,459,261 for participant specific committed funding for EHR development costs and \$1,193,889 in contingency funding to account for user growth, development, and professional services related to future projects anticipated to be implemented within the term of this agreement. VCBH is required to remit \$1,063,780 to CalMHSA within 30 days of execution of this Participation Agreement for development services that have been provided to CalMHSA. These services are funded with Short Doyle Medi-Cal Federal Financial Participation (SD/MC FFP) and Mental Health Services Act (MHSA) funds.
7/12/2022	New Dawn Counseling and Consulting Inc. (New Dawn)	\$1,212,484	July 1, 2022 through June 30, 2023	FY 2022-23 Second Amendment to the Agreement with New Dawn for Specialty Mental Health Services. New Dawn provides Early and Periodic Screening Diagnostic Treatment (EPSDT) Specialty Mental Health services to children and their families. New Dawn is being contracted to provide mental health, case management and crisis intervention services. In FY 2021-22, New Dawn provided services to 97 unduplicated clients (July to December). The FY 2022-23 agreement with New Dawn for EPSDT Specialty Mental Health services is for a one-year term and represents an increase of \$162,840 from the prior fiscal year due mainly to an increase in staffing costs. This agreement is funded with SD/MC FFP and Realignment funding.
7/12/2022	Aspiranet	\$942,980	July 1, 2022 through June 30, 2023	FY 2022-23 Fourth Amendment to Agreement with Aspiranet for Specialty Mental Health Services. Aspiranet provides EPSDT/Intensive Services Foster Care (ISFC) specialty mental health care services. Services are targeted at children younger than 21 years of age who are EPSDT Medi-Cal beneficiaries. Aspiranet has been contracted to provide mental health, case management and crisis intervention services. Many of the children/youth whom Aspiranet is serving have complex trauma histories which make them vulnerable to mental health challenges, circumstances and/or conditions that require a more timely response. In these cases, more intensive services such as crisis intervention are required. The unduplicated client count in FY 2021-22 was 104 for EPSDT and 17 for ISFC (July through April). The FY 2022-23 agreement with Aspiranet for EPSDT/ISFC services is for a one-year term and represents an increase of \$24,740 from the prior fiscal year due mainly to an increase in staffing costs. This agreement is funded by SD/MC FFP, Realignment, and other County resource funding.
7/12/2022	Seneca Family of Agencies (Seneca)	\$1,749,753	July 1, 2022 through June 30, 2023	FY 2022-23 Third Amendment to Agreement with Seneca for Specialty Mental Health Services. Seneca provides Comprehensive Assessment and Stabilization Services (COMPASS) program services for VCBH. The COMPASS program is a licensed six bed Short-Term Residential Therapeutic Program (STRTP). The program is designed to provide voluntary residential treatment for minors who are not able to be stabilized in less than 24 hours but who do not meet criteria required under Welfare and Institutions Code section 5585.50 for psychiatric hospitalization. On average, these youth will typically stay at the STRTP for ten days. The focus of this program is to stabilize the minor to assure safety, develop safety planning with the family, introduce therapeutic and psychiatric interventions and establish linkages to aftercare treatment, reducing the likelihood of recurring crisis situations and potential psychiatric hospitalization. Seneca staff also provide transitional community-based services to promote a successful transition from the COMPASS program back to minors' homes. Such services can be provided up to 60 days from the date of discharge. In FY 2021-22, the COMPASS program provided continued crisis stabilization services to 11 youth (July through April). The FY 2022-23 agreement with Seneca for COMPASS services is for a one-year term and represents an increase of \$73,363 from the prior fiscal year due mainly to an increase in staffing costs. This agreement is funded with SD/MC FFP and MHSA funding.

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7/12/2022	Telecare Corporation (Telecare)	\$2,895,208	July 1, 2022 through June 30, 2023	FY 2022-23 Fourth Amendment to Agreement with Telecare for Specialty Mental Health Services. Telecare provides locked mental health rehabilitation center (MHRC) (Horizon View) services for individuals who have a history of severe mental illness who cannot be properly treated at lower levels of care. These consumers are: (1) Medi-Cal eligible, (2) 18 years of age or older, and (3) have been conserved pursuant to Welfare and Institutions Code section 5350, et seq. (the "Lanterman-Petris-Short Act") and are transferring from an acute psychiatric hospital, a state hospital, or another locked MHRC. Consumers receive supervision, guidance, and personal assistance in performing their daily living activities. In addition, structured day and evening services are also provided to assist consumers in acquiring living skills, accessing community resources, and accessing educational or vocational resources. In FY 2021-22 Telecare Horizon View served 28 clients. The FY 2022-23 agreement with Telecare for Horizon View services is for a one-year term and represents an increase of \$117,649 from the prior fiscal year due mainly to an increase in 1 full time equivalent (Recovery Specialist) and an increase in staffing costs. This agreement is funded with SD/MC FFP Funds, Realignment, and other County resource funding.
7/26/2022	AHP	\$758,848	April 15, 2022 through February 14, 2023	FY 2022-23 Agreement with AHP for Crisis Care Mobile Units (CCMU) Program Augmented Funding. DHCS made \$18.5 million in additional funds from the Substance Abuse and Mental Health Services Administration Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) available for CCMU Implementation grantees in March of 2022 primarily for CCMU direct services. These funds were designated to be used for one or both of the following: (1) additional CCMU team(s) and/or (2) additional staff and activities to enhance the direct services for CCMU teams. On April 13, 2022, VCBH submitted an application to DHCS in the amount of \$125,458 to enhance its existing CCMU direct services. On May 31, 2022, AHP, the private corporation that DHCS selected and contracted with to administer the CCMU grant application, award, and program processes, notified VCBH that that it was awarded \$125,458 in additional funding. VCBH will use this additional funding to: (1) support the existing grant funded CCMU team in the provision of direct client services and (2) offset the other funding source (MHSA funding) that VCBH would have needed to use had this additional funding not been made available. Due to the additional funding augmentation, VCBH's CCMU grant agreement will increase from \$633,390 to \$758,848. In addition to the funding augmentation for the CCMU services, the amendment with AHP also updates the Business Associate Agreement terms. These services are funded with BHCIP CCMU grant funding.
7/26/2022	California Department of State Hospitals (DSH)	\$3,596,200	July 1, 2022 through June 30, 2024	FY 2022-23 First Amendment to the Agreement with DSH for Pre-Trial Felony Mental Health Diversion Program Services. VCBH submitted a Letter of Intent and program plan in February of 2022 to DSH to apply for an expansion of funding: (1) to serve additional clients and (2) for housing funding for these additional clients. VCBH was approved for this additional funding, and the First Amendment to the Agreement revised the Agreement terms to establish two (2) categories of unduplicated Felony Mental Health Diversion clients to be served by VCBH. Category 1 includes VCBH providing diversion services to eighteen (18) Felony Mental Health Diversion clients found Incompetent to Stand Trial (IST) or likely to be found IST with diagnosis of schizophrenia, schizoaffective-disorder, or bipolar disorder and as established in the original VCBH Diversion Grant Agreement that is in the amount of \$2,428,200. Category 2 represents the expansion of services/new category of client services under the First Amendment to the Agreement with DSH. This new category includes VCBH providing diversion services to four (4) additional Felony Mental Health Diversion Clients found IST and ordered to DSH with any diagnosis allowed under Penal Code 1001.36 and in the amount of \$568,000. In addition, for these four (4) additional clients, VCBH received \$600,000 in housing funding to house diversion clients in the most appropriate level of care. The new proposed maximum agreement amount with DSH will be \$3,596,200. VCBH will also contribute a 20% match in local county funds for Category 1. The in-kind contribution will be delivered by VCBH staff that will dedicate a portion of their time to the Diversion Grant, along with other overhead costs specific to the grant. Match funds are not required for housing or 0Category 2 funds. These services are funded with DSH Diversion grant, MHSA, and SD/MC FFP funding.
7/26/2022	Gold Coast Health Plan	\$0	July 1, 2022 through June 30, 2023	FY 2022-23 Memorandum of Understanding (MOU) with Gold Coast Health Plan Specifying the Terms and Conditions Applicable to the Provision of Mental Health, Substance Use Disorder, and Eating Disorder Services to Medi-Cal Beneficiaries. On December 15, 2020, the Board approved an MOU between the County of Ventura and GCHP regarding the provision of mental health and substance use disorder (SUD) services for Medi-Cal beneficiaries in Ventura County. That MOU clarified and further defined the roles and responsibilities, access, and care coordination of specialty mental health, non-specialty mental health services, and SUD services. Under the MOU, VCBH provides or arranges for specialty mental health services for eligible individuals, and GCHP provides or arranges for non-specialty mental health services for eligible individuals, as specified in the GCHP Medi-Cal Managed Care contract with DHCS. Non-specialty mental health services covered by GCHP are for individuals with mild to moderate impairment of mental, emotional or behavioral functioning resulting from a mental health disorder. Specialty mental health services provided by VCBH are for individuals with a serious and persistent mental illness. DHCS has established the criteria for eligibility and the provision of services under both the specialty mental health and non-specialty mental health service programs. The 2020 MOU also included provisions related to SUD services and specifically clarified definitions, roles, access, care coordination, and the timelines requested by DHCS. In addition to this information, care coordination with GCHP through the 24/7 Beneficiary Access Line schedule was also delineated. This new MOU, is substantially similar to the 2020 MOU, but will replace it and further define the roles and responsibilities of VCBH and GCHP with respect to providing specialty mental health services, non-specialty mental health services, SUD services, and eating disorder services. Specifically, the new MOU includes: (1) revisions to the criteria for access to specialty mental health services, non-specialty mental health services, and SUD services, (2) revisions to the dispute resolution requirements, (3) addition of new eating disorder service requirements, roles, and responsibilities, (4) revision of various care coordination, grievance and appeal, and policies and procedures requirements, and (5) deletion of Exhibit A, Attachment 2 (Drugs Excluded from MCP Coverage). These various revisions are required per DHCS and some as part of the California Advancing and Innovating Medi-Cal, a DHCS initiative.