

BEHAVIORAL HEALTH ADVISORY BOARD
Adult Services Committee Meeting Minutes

Ventura County Behavioral Health (VCBH)
1911 Williams Dr, Training Room (first floor) · Oxnard, CA 93036

IN-PERSON & VIRTUAL MEETING VIA ZOOM

Thursday, January 5, 2023, 10AM – 11:30AM

Members Present:

Chris Tejeda, Co-Chair

Mary Haffner, Advocate

Farrah Hooshmand, VCAAA

Jennifer Morrison, BHAB Member

Guests:

Tyler Nash, Turning Point Foundation Wellness Center

Priscilla Hazrun, Spanish Interpreter

Ventura County Behavioral Health (VCBH) Staff Present:

Susan White Wood, Behavioral Health Housing Manager

Jessica Davis, Substance Use Services Behavioral Health Manager

Hilary Carson, MHSA Sr. Program Administrator

Monica Neece, MHSA Suicide Prevention Coordinator

Jakeline De Leon, Management Assistant/Zoom Engineer

- I. **Call to Order** – The meeting was called to order at 10:05AM by co-chair Chris Tejeda. Priscila Hazrun, the Spanish Interpreter, introduced herself and provided instruction on the interpretation services available for the meeting.
- II. **Roll Call** – Co-chair Tejeda took roll call, a quorum of the board members was not present, and it was decided that all actions items would be continued to the next meeting.

- III. **Approval of the Agenda** – The approval of the agenda was tabled for the next meeting due to no quorum.
- IV. **Approval of the November 3, 2022, Minutes** – The Behavioral Health Advisory Board Adult Services Committee minutes for November 3, 2022, were tabled for the next meeting due to no quorum.
- V. **Welcome and Introductions** – All who joined the meeting introduced themselves.
- VI. **Public Comments** – None.
- VII. **Chair Announcements** – Co-chair Tejeda did not have any announcements. He informed the committee he looks forward to working with everyone, he would like to make the meetings as effective as possible, and to bring ideas to the general meeting as well as the board of supervisors.
- VIII. **Updates and Presentations** – There were no updates or presentations.
- IX. **Public Comments** – None.
- X. **Discuss Committee’s Focus and Prioritize Items for Discussion/Investigation for Upcoming Year** – Co-chair Tejeda commented on previously discussing in person visits. Ms. Haffner suggested focusing more on the Mental Health Services Act, the 7 negative outcomes for untreated serious mental illness such as incarceration, homelessness, and prolonged suffering. She would like to know the outcome data regarding incarcerations prior to the Full-Service Partnership program, during the Full-Service Partnership program, and after the Full-Service Partnership program. Ms. Haffner also believes this will segway into focusing on the jail population. Co-chair Tejeda asked Ms. Haffner if she would like MHSA or MHOAC to report on the outcomes in a future meeting. Ms. Haffner stated that she would like to hear from the Adult Division manager, Dr. Schipper, what the outcome data is for individuals receiving a Full-Service Partnership, what is the interface between VCBH and the Sheriff’s department in terms of the Stepping Up program. Co-chair Tejeda will be following up with Dr. Schipper, Director Scott Gilman and the Stepping Up Coordinator. Ms. Morrison suggested opening discussion on proper care for housing. Ms. Haffner

suggested following up on the Mental Health Rehabilitation Center and the Crisis Stabilization Unit.

- XI. Member and Participant Comments** – Ms. Carson commented MHPA completed the CPP event for the 3-year plan development, they had over 100 participants, and the survey is open to provide feedback and suggestions for the 3-year plan. The survey will remain open until January 25th and the 3-year plan will be posted in March. Ms. Carson introduced the new Suicide Prevention Coordinator, Monica Neese, and she will be hosting the Suicide Prevention Committee. The next Suicide Prevention meeting will be taking place February 1st at 2PM and it will be a public meeting. Ms. Haffner suggested asking for the arrest rates before the FSP, during the FSP, and after the FSP.
- XII. VCBH Updates:**
- A. Adult Services Operations** – Dr. Schipper was not available however Ms. Wood provided an update on housing. Every quarter they survey their Electronic Health Record to analyze the number of clients they serve who have housing needs or are homeless. They are in the process of doing the last quarter and data can be provided in the next meeting. Ms. Wood also announced they housed 6 family households and individuals in December 2022. The housing trainings are now available, they have several tools for their case managers to access housing, and there is a high turnover in case managers at the clinics. There are 105 units in the pipelines for No Place Like Homes projects, there are a total of 4 projects. Three of the projects are in the City of Oxnard and the fourth will soon be incorporated into Ventura County.
- B. Substance Use Services** – Ms. Davis provided an update on the Substance Use Services. There is a new division chief for SUS, Raena West. SUS is currently being audited for drug Medi-Cal organized delivery services and services around substance use block grants. Submissions are being finished and they will be due to the state by January 9th. SUS will be having their on-site review in March, receiving feedback from the state and any correction plan they may need to complete. Ongoing, there was an unannounced audit at the Simi Valley Clinic by the department of Health Care Services Licensing and Certifying Agencies and there were zero deficiencies.
- XIII. Contracts Review (September/October/November 2022)** – Co-chair Tejeda commented he would like to review the contracts in a more effective way instead of after the contracts have been approved.

- XIV. Items for Next Meeting Agenda** – Co-chair Tejeda would like to follow up on the items that were discussed during the meeting, a presentation on data. Ms. Haffner requested to have a follow up from the department if the mental health plan has been Medicare certified. Ms. Morrison requested to have a follow up on individuals with a lower level of care and if the treatment team collaborates with the county to automatically put clients in the EPICS program or somewhere else where they can have reach out and wrap around services once they leave housing from the county. She would like to know if this happens automatically or if it needs to be requested by the client specifically.
- XV. Adjourn** – The meeting was adjourned at 10:52AM by co-chair Chris Tejeda.

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

Board Date	Contractor	Amount	Term	Description
9/13/2022	California Health and Human Services Agency	\$0	Effective January 31, 2023	Data Sharing Agreement with the California Health and Human Services Agency. The California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Quality Improvement Program (BHQIP) is a California Department of Health Care Services (DHCS) incentive payment program to support Mental Health Plans (MHP), Managed Care Plans (MCP), Drug Medi-Cal State Plans (DMC), and Drug Medi-Cal Organized Delivery Systems (DMC-ODS) to prepare for changes to the delivery and payment of mental health and related services as part of the implementation of the CalAIM initiative and other Newsom Administration priorities. Under the CalAIM BHQIP, VCBH is eligible for a portion of the incentive payments provided that VCBH achieves certain milestones related to its ability to exchange client and patient data for the implementation of CalAIM. In order to receive 100% of the available CalAIM BHQIP incentive funds, VCBH must demonstrate that it has begun to improve its data exchange capabilities by September 30, 2022, specifically by preparing and executing a data sharing agreement that commits VCBH to sharing certain records and information through an electronic health record system that meets certain operability standards. In recent communication with DHCS regarding how to fulfill the requirements of this milestone, DHCS informed VCBH that it must specifically sign the Data Exchange Framework DSA established by CalHHS. The Data Exchange Framework DSA was developed by CalHHS, DHCS, and other stakeholders in response to state legislation requiring, among other things, improved data exchange between MHPs, MCPs, DMCs, and DMC-ODSs. The DSA is intended to facilitate data exchange between the participants in compliance with applicable federal, state, and local health privacy laws and regulations, including but not limited to Health Insurance Portability and Accountability Act of 1996 (HIPAA), federal law governing the confidentiality of substance use disorder records, and Welfare and Institutions Code section 5328. The goal is to prepare a single data sharing agreement that establishes a common set of policies and procedures that governs the exchange of health information among California MHPs, MCPs, DMCs, and DMC-ODSs for the implementation of CalAIM. There is no fiscal impact for this Agreement.
9/20/2022	DHCS	\$0	July 1, 2022 through June 30, 2027	Standard Agreement with DHCS for the Provision of Specialty Mental Health Services to Medi-Cal Beneficiaries. VCBH is designated as Ventura County's local mental health plan (MHP) administrator by DHCS and is responsible for providing or arranging for the provision of specialty mental health services to Medi-Cal beneficiaries in Ventura County. The Standard Agreement with DHCS specifies the federal and state requirements that VCBH must meet to participate as a MHP and be reimbursed for all medically necessary covered services provided to Medi-Cal beneficiaries. The Standard Agreement includes terms and conditions related to: (1) scope of services, (2) financial requirements, (3) management information systems, (4) quality improvement system, (5) utilization management program, (6) access and availability of resources, (7) provider network, (8) documentation requirements, (9) coordination of continuity of care, (10) information requirements, (11) beneficiary problem resolution, (12) program integrity, (13) reporting requirements, (14) peer support services, (15) budget and payment provisions, and (16) other general terms and conditions related to the services. New terms and conditions incorporated into the Standard Agreement include: (1) criteria for beneficiaries to access specialty mental health services, (2) provisions and guidelines for the delivery of Medi-Cal peer support services, (3) MEDSLITE Access account and data management requirements, and (4) additional electronic and IT accessibility non-discrimination requirements. There is no change to the amount of the Standard Agreement; it remains at zero dollars. DHCS determined that this amount made the most sense because the funding that is used to pay for specialty mental health services flows through different payment mechanisms (realignment distributions and estimated total cost of the Federal Financial Participation); the Standard Agreement is not the method by which those funds are paid to counties. In addition, the zero dollar amount eliminates the need for future amendments to change funding amounts based on actual or estimated expenditures. There is no fiscal impact for this Agreement.
9/20/2022	Dennis M. Giroux & Associates, Inc. (DMG)	\$466,924	July 1, 2022 through January 31, 2023	Eighth Amendment to the Agreement with DMG for the Provision of DMC-ODS Substance Use Disorder (SUD) Services. DMG provides outpatient DMC-ODS SUD treatment services to adults involved in the criminal justice system at various locations in Ventura County, including Oxnard, Ventura, and the Todd Road County Jail as well as in the Juvenile Justice Facility. DMG is also completing contingency management pilot program start up services for VCBH for Medi-Cal beneficiaries with stimulant use disorder. DMG uses the following evidence-based practices: matrix, seeking safety, and moral reconnection therapy. In April 2022, VCBH conducted a site review audit of DMG to review their FY 2021-22 program, utilization review, fiscal, staffing, and physical plant operations. The site review process, designed to ensure that DMG is in compliance with the requirements specified in the contract and all applicable Federal, State, and local regulations, resulted DMG being issued a Corrective Action Plan (CAP) that identified various issues that require remediation. Because of these issues, VCBH limited its FY 2022-23 extension of its contract with DMG to a three-month term, specifically July 1, 2022 through September 30, 2022, pending review and finalization of the site review audit CAP. VCBH requires additional time to complete its review and finalize the DMG site review audit CAP process. The Eighth Amendment extends the agreement with DMG at existing terms for an additional four months ending January 31, 2023 and increases the maximum agreement amount accordingly to allow VCBH to complete its review and audit process. This agreement is funded by Drug Medi-Cal Federal Financial Participation (DMC FFP), Realignment, AB 109 funds and DHCS BHQIP funds.

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

Board Date	Contractor	Amount	Term	Description
10/4/2022	Telecare Corporation (Telecare)	\$833,245	July 1, 2022 through June 30, 2023	Sixth Amendment to the Agreement with Telecare for Assertive Community Treatment (ACT) Services (Vista/XP2/XP3 Program). Telecare provides ACT program services to Ventura Innovative Services Telecare ACT (VISTA) (XP2/XP3) adult consumers who have been released from local jails. These individuals receive community-based support to ensure independent living and wellness. ACT services include: mental health treatment, psychiatric care and management, medication education, alcohol and other substance abuse treatment, life skills training, vocational training and counseling, advocacy regarding criminal justice, social services, social security issues, and linkage with peer support programs, wellness and recovery centers, and housing supports. The FY 2022-23 Sixth Amendment to the Agreement with Telecare increases the maximum contract amount by \$33,312 to a new not to exceed amount of \$833,245. This increase is due to the addition of a Peer Support Specialist (.48 Full Time Equivalent (FTE)) and a Medical Records Technician (.24 FTE). Peer Support Services have been approved by the California Department of Health Care Services (DHCS) for Medi-Cal reimbursement and are being incorporated into this agreement to align with the Full-Service Partnership (FSP) model. This agreement is funded with Proposition 63 Mental Health Services Act (MHSA) and Short Doyle/Medi-Cal Federal Financial Participation (SD/MC FFP) funding.
10/4/2022	Telecare	\$902,976	July 1, 2022 through June 30, 2023	Fifth Amendment to the Agreement with Telecare for ACT Services (Voice/AB109 ACT Program). Telecare provides ACT services to Assembly Bill (AB) 109 parolee consumers who have significant mental health and/or alcohol and drug issues that require treatment in order to live safely and productively in the community and reduce recidivism. ACT services include: mental health treatment, psychiatric care and management, medication education, alcohol and other substance abuse treatment, life skills training, vocational training and counseling, advocacy regarding criminal justice, social services, and social security issues, and linkage with peer support programs, wellness and recovery centers, and housing supports. Treatment needs fall into two main categories. The first category includes individuals who require high intensity ACT model wrap around support services, such as intensive case management, medication, crisis intervention, and housing/life skills support. These services are available 24/7 and 365 days per year using a "whatever it takes" approach. The second category includes individuals who require low intensity services (ACT-lite), such as case management and medication management. The FY 2022-23 Fifth Amendment to the Agreement with Telecare increases the maximum contract amount by \$36,888 to a new not to exceed amount of \$902,976. This increase is due to the addition of a Peer Support Specialist (.52 FTE) and a Medical Records Technician (.26 FTE). Peer Support Services were recently approved by DHCS for Medi-Cal reimbursement and are being incorporated into this agreement to align with the FSP model. This agreement is funded with AB 109 and SD/MC FFP funding.
10/4/2022	Ventura County Local Education Agencies (LEA) (Various)	\$0	July 1, 2022 through June 30, 2023	Memorandum of Understanding (MOU) Template Between Ventura County Behavioral Health (VCBH) and Various LEA for Educationally Related Social Emotional Services (ERSES). On June 30, 2011, Assembly Bill No. 114 (2010-2011 Reg. Sess.) was signed into law. Under AB 114, several sections of Chapter 26.5 of the California Government Code were amended or rendered inoperative. This ended the state mandate on county mental health agencies to provide mental health services to students with disabilities. These services were provided to special education students via the Individualized Education Program (IEP) process, and may have included such things as individual or small group counseling, collateral services, medication monitoring, case management, and residential care. Since that time, school districts and the Ventura County Special Education Local Plan Area (SELPA) have been solely responsible for ensuring that students with disabilities receive the special education and related services needed to address their social, emotional, and behavioral needs, in accordance with the Individuals with Disabilities Education Act (IDEA) and pursuant to Education Code sections 56195 et seq. and 56205. VCOE SELPA was designated for direct receipt and distribution of funds, provision of administrative support, and coordination of implementation of the local special education plan, pursuant to Education Code section 56195.1(c)(2). Because it was designated the local agency responsible for special education and related services, during this time VCOE SELPA contracted directly with VCBH for the provision of ERSES to students with an IEP in the various LEAs (schools and school districts) within Ventura County. ERSES services may include, but are not limited to, assessments, individual therapy, group therapy, collateral services, case management, and other mental health services. Due to a recent change in law, VCOE SELPA is no longer the local agency that directly receives funding from the State for the provision of ERSES to students. Funding for these services is now channeled directly to each LEA in Ventura County. The MOU template will be used to contract with each LEA moving forward to facilitate the provision of ERSES and invoice the LEAs for costs not covered by SD/MC FFP or other insurance coverage. The MOU delineates the roles and responsibilities of each party to the MOU and clarifies processes such as invoicing and payment. All LEAs served under these MOU's will have access to bilingual and bicultural staff to meet the needs of the client population served. The source of funding for these MOU's is SD/MC FFP and LEA funding.
10/11/2022	Turning Point Foundation (TPF)	\$476,112	July 1, 2022 through June 30, 2023	Fourth Amendment to the Agreement with TPF Thompson Place for Augmented Board and Care Services. The TPF Thompson Place facility provides augmented board and care services for adults ages 18 to 59 with serious and persistent mental illness that has resulted in significant functional impairments requiring 24-hour care and supervision. In July 2022, VCBH negotiated a three-month extension (July 1, 2022 through September 30, 2022) of the TPF Thompson Place Agreement to allow VCBH additional time to review and analyze the TPF Thompson Place budget and to negotiate with TPF a more complete extension of the Agreement. The Fourth Amendment to the Agreement with TPF Thompson Place: (1) extends the term of the agreement through June 30, 2023, (2) increases the number of beds from of 20 to 26 beds for VCBH clients, (3) adds two (2.0) full time equivalent (FTE) Care and Supervisor Techs, (4) increases the rate per client/per month from \$1,305 to \$1,526 for augmented board and care services, and (5) increases the maximum contract amount from \$345,200 to \$476,112 (an increase of \$130,912) for the service period of July 1, 2022 through June 30, 2023. The source of funding for this Agreement is Tobacco Settlement, 1991 Realignment (Trust N520-717C), and MHSA funds.
10/11/2022	Mental Health Services Oversight and Accountability Commission (MHSOAC)	\$7,619,314	September 1, 2020 through December 31, 2026	Second Amendment to the Mental Health Student Services Act (MHSSA) Round Three Grant Agreement with the MHSOAC. On June 17, 2022, VCBH submitted an application to the MHSOAC for \$11,623,393 in additional MHSSA Round Three grant funding to fund the expansion of Wellness Centers to several school locations within Ventura County, using the VCOE Wellness Center model. The additional funding would have allowed VCOE, through an existing MOA with VCBH, to expand existing services within all their Wellness Centers, add high school Wellness Centers, hire additional staff, and expand into two (2) new School Districts (Conejo Valley and Oak Park). On July 6, 2022, the MHSOAC approved VCBH's grant application and awarded VCBH \$1,619,384 in additional Wellness Center funding. The Second Amendment to the MHSSA grant Agreement with the MHSOAC provides VCBH with \$1,619,384 in additional Wellness Center services funding increasing the existing agreement amount from \$5,999,930 to \$7,619,314 and extends the effective date of the existing MHSSA grant agreement an additional one year and four months, for a new term of September 1, 2020 through December 31, 2026. The source of funding for this Agreement is the MHSSA Grant.

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

Board Date	Contractor	Amount	Term	Description
11/1/2022	Interface Children & Family Services (Interface)	\$1,345,805	July 1, 2021 through June 30, 2022	Third Amendment to the Agreement with Interface for Early and Periodic Screening Diagnostic Treatment (EPSDT) Program Medi-Cal Specialty Mental Health Services. Interface provides EPSDT Medi-Cal specialty mental health care services to children younger than 21 years of age that are Medi-Cal beneficiaries and who meet the criteria for medical necessity as defined in California Code of Regulations, Title 9, sections 1830.205 and 1830.210. Services may include assessment, individual, group and family therapy, crisis intervention, medication management and case management. The Third Amendment decreases the total contract amount to \$1,345,805 and reduces the total unit count to 291,631 (matching actuals for FY 2021-22). In FY 2021-22, Interface's service level dropped significantly. Interface only served 311 unduplicated clients, which was significantly less than the 421 unduplicated clients they served in FY 2020-21 during the height of the COVID-19 pandemic, or any other year noted; they also discontinued providing services to the Santa Paula community during this fiscal year. Interface provided 209,656 less units of service than what was required per their original contract, resulting in their not being able to fully recover their operational costs without exceeding the VCMA rates. The VCMA rates are the maximum reimbursement rates for each Specialty Mental Health service function (Mental Health Services, Case Management, Crisis Intervention, and Medication Support) that is provided through VCBH's contracted mental health service providers. VCBH limits mental health services cost reimbursement to the VCMA rates when it is time to settle each contracted providers' contract costs at the end of each agreement term. Providers' contracts contain provisional unit of service rates for each Specialty Mental Health service function that are based upon an approved operational costs budget, proposed units of service, and expected clients served. Providers are to manage and meet their contracted units of service to cover their operational costs and meet the obligations of their contract. When providers do not provide the level of units of service specified in their contract (low units of service), they do not receive payment for the level of funding during the fiscal year that is needed to fully cover their operational costs, resulting in funding shortfalls/cashflow issues. Generating a low level of units of service results in their provisional unit rates needing to be increased to a level to ensure that they recover their costs. Reasons providers do not meet the units of service requirements in their contracts vary. Specifically, Interface has struggled with obtaining and maintaining sufficient staffing levels to match the contracted units of services, and productivity levels with existing staff are lower than expected by VCBH; as such, VCBH has absorbed these additional clients, further increasing caseloads already augmented by the impacts of the pandemic. Interface did not meet their FY 2021-22 contractual obligations citing that they did not have the level of staffing needed to meet their contractual obligations. Despite not having the staffing needed to meet their contractual obligations to recover their operational costs and considering that they had a reduced service area, they did not have the budgetary cost savings that one would expect a provider to have given these two circumstances. Interface's FY 2021-22 agreement limits their reimbursement to the VCMA rates, resulting in an estimated \$211,001 shortfall in funding to this provider. To pay Interface for the actual costs or contract max, whichever is lower, the amendment authorizes VCBH to increase the unit rate for each of the contracted service categories to an amount above the VCMA rate in the Agreement. The Third Amendment to the Agreement with Interface for EPSDT Medi-Cal Specialty Mental Health Services is decreased from the original approved amount of \$1,610,000 to \$1,345,805 (a decrease amount of \$264,195) and revises the unit of service rates to exceed the VCMA rates. This Agreement is funded with Short-Doyle/Medi-Cal (SD/MC) Federal Financial Participation (FFP); 2011 Realignment (Trust N520-719C).
11/1/2022	Interface	\$1,063,503	July 1, 2022 through June 30, 2023;	Fourth Amendment to the Agreement with Interface for EPSDT Medi-Cal Specialty Mental Health Services. The FY 2022-23 Fourth Amendment to the Agreement with Interface for EPSDT Medi-Cal Specialty Mental Health Services represents: (1) a reduction in the maximum contract amount from the prior fiscal year amount of \$1,345,805 to \$1,063,503 (a decrease of \$282,302), (2) a requirement that Interface re-establish service in the Santa Paula community, (3) a reduction in service area as services to be provided only in Oxnard and re-established in Santa Paula, and (4) a client to clinician ratio of 17.27 clients per clinician which is significantly less than the VCBH standard of 35 to 40 clients per clinician. The revised service levels within the Fourth Amendment are well below the levels that VCBH and its clinicians would provide were VCBH providing the services or if another contracted provider were providing the services; however, Interface cited that they expect to have the same staffing level challenges and uncertainty that they encountered in FY 2021-22 and cannot meet minimum established service levels. This agreement is funded with SD/MC FFP; 2011 Realignment (Trust N520-719C).
11/1/2022	California Mental Health Services Authority (CalMHSA)	\$243,558	July 1, 2022 Through June 30, 2025	Participation Agreement with CalMHSA for Statewide Prevention and Early Intervention (PEI) Services. CalMHSA is a Joint Powers Authority, an independent government agency created by the California counties and cities, focused on the efficient delivery of California mental health projects for its members. The Mental Health Services Act (MHSA) PEI component was designed to improve the awareness of, and access to, mental health services, reduce the stigma of mental illness and seeking help, and suicide prevention. The partnership between CalMHSA and its partners has been in effect since 2009, in order to further enhance statewide availability and capacity of MHSA PEI funds to be more impactful to communities in need statewide. The FY 2022-25 Participation Agreement for Statewide PEI Services continues to allow CalMHSA to collaborate with counties throughout the State in order to bring more awareness to mental health issues and services. The primary goals are to promote mental health and wellness, suicide prevention, and health equality to reduce the likelihood of mental illness, substance abuse, and suicide among Californians, specifically for underserved communities. Specifically the program will: (1) Assign a Resource Navigator/Technical Assistance (TA) Liaison to support with integration of statewide campaigns at the local level and provide on demand suicide prevention Technical Assistance, (2) Access/support with regional, local specific webinars, presentations, events, and conferences, (3) Provide on-demand suicide prevention capacity building especially for longer term projects such as developing a suicide prevention county wide strategic plan, (4) Receive Training/TA related to the Suicide Prevention Learning Collaborative, e.g. workforce training in cultural competent approaches to suicide prevention and care, and (5) Supply physical materials for Suicide Prevention Week. In order to participate in the program, VCBH is required to transfer funding in the amount of \$81,186 (which includes a 15% administrative fee in the amount of \$12,178) by July 1st of each fiscal year of the Agreement. CalMHSA is the fiscal and administrative agent for the program and contracts with subject matter experts to support the goals and efforts of the program. This agreement is funded with Proposition 63 MHSA funding.