

BEHAVIORAL HEALTH ADVISORY BOARD
TRANSITIONAL AGE YOUTH (TAY) COMMITTEE
MINUTES ■ Thursday, September 28, 2017

<p>Board Members Present Cmdr. Ron Nelson, Chair Kay Wilson Bolton, BHAB Jerry Harris, BHAB Chair Anna Colangelo, Casa Pacifica David Vahidi, CFS Sharon Espinosa, Department of Rehabilitation Monica Vergara, Interface Marlen Cabada, Interface Georgia Perry Catie Sander, NAMI Anthony Marron, TAY Tunnel Kelli Daher, TAY Tunnel Christina Navarro, Telecare</p>	<p>VCBH Staff Present Sevet Johnson, Adult Division Edith Pham, BHAB Assistant</p> <p>NEXT MEETING: Thursday, October 26, 2017, 10:30 – 12:00 p.m.</p> <p>Ventura County Behavioral Health 1911 Williams Drive, Training Room (first floor), Oxnard</p>
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Note: The committee has not yet approved these minutes. There may be additions/deletions or corrections before the minutes are accepted in final form.

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Cmdr. Ron Nelson called the meeting to order at 10:30 a.m.		
II.	Approval of the Agenda Cmdr. Nelson asked the Committee to review and approve today's agenda. Kay Wilson Bolton moved to approve, Anthony Marron seconded. The motion passed unanimously.	The agenda was approved as written. M/S/C	
III.	Approval of the Minutes Cmdr. Nelson asked the committee to review and approve the minutes of the July 27, 2017 meeting. Monica Vergara moved to approve, Anna Colangelo seconded. The motion passed unanimously.	The minutes were approved as written. M/S/C	
IV.	Welcome and Introductions Cmdr. Nelson welcomed everyone and asked for introductions.		
V.	Chair Announcements A. Pacific Clinics TAY Tunnel 10 Years Open House will take place on September 29 th at 11:00 a.m. B. A Fall Transition Fair will take place on October 30 th from 5:30 to 8:00 p.m. at the Ventura County Office of Education. Students are encouraged to attend. C. Following questions that this committee had about managed care, Elaine Crandall, VCBH Director, shared a handout from NAMI. See attached. D. The Sheriff's Office is finishing the design of a 64-bed unit for inmates who have a mental and/or medical illness. The target move-in date is Spring 2020. E. Reminder: This Committee will go dark in November and December.	Information Dark in November and December 2017	
VI.	Public Comments Georgia Perry noted that Supervisor Parks is spearheading a nursery project for TAY clients. Sevet Johnson noted this will allow clients to gain work experience. Name suggestions for the project are requested; Jerry Harris proposed Garden of Hope or Hope Garden. These names and The Seeds You Plant, which Cmdr. Nelson proposed at the BHAB General Meeting, will be sent to Supervisor Parks.	Send proposed names to Supervisor Parks	E. Pham
VII.	Presentation: The BHAB and its Committees – Jerry Harris, BHAB Chair Mr. Harris wants to strengthen the communication between the BHAB and its committees, and among the committees as they work on common goals. The committees should focus their work to achieve their objectives. They should submit their objectives to the BHAB, which would then select the top four to six objectives that will guide its work. The committees can recommend that the BHAB make site visits to specific programs or contractors. The committees can also tell the BHAB when a contractor struggles with barriers such as funding or staffing.	Information	

VIII.	<p>Update the Committee's Annual Report The draft 6 of the committee's Annual Report was reviewed, including the Achievements and the 2017-18 Objectives. Ms. Wilson Bolton moved to approve the final version of the TAY Committee's 2016-17 Annual Report, Sharon Espinosa seconded; the motion passed unanimously.</p>	Approve final version of 2016-17 Annual Report M/S/C	
IX.	<p>VCBH Transitions Update – Sevet Johnson A. Transitions will hold its annual Dia de Los Muertos Celebration on November 8th from 2:00 to 5:00 p.m. in the VCBH Training Room. Ms. Johnson will share the flyer. She invited all to bring their clients to this event. B. The Department of Rehabilitation recently contacted VCBH to begin to plan for a co-op endeavor for TAY ages 16 through 25.</p>	Information	
X.	<p>VCBH Alcohol & Drug Program Update – Anna Flores Ms. Flores was not in attendance. However, Cmdr. Nelson noted that the Sheriff's Office and VCBH have started a new program at the main jail and the Todd Road jail to support inmates with addiction problems. This medication-assisted drug treatment for opioids and alcohol uses Vivitrol. So far, seven inmates have received the injection just prior to being released. The drug-blocking therapy cuts the craving for 30 days. It is used in conjunction with counseling. Each injection costs \$1,200.</p>	Information	
XI.	<p>Providers Update A. Ms. Colangelo noted that Casa Pacifica will hold an event on October 21st. A mock city will be set up to help TAY move toward independent living. B. Catie Sander noted that NAMI is starting a peer-to-peer program. During the ten-week class, a trained person with lived experience will teach the participants coping skills to help them deal with mental illness. C. Monica Vergara noted that from the beginning of October 2016 through the current date, Interface has sheltered 17 minors, with a family reunification success rate of 94%. For the 17 TAY who were sheltered during that same time period, the success rate for exiting to a safe place/shelter/housing was 76%. Most often schools call the Youth Outreach Line (805-469-5882); the student outreach specialists go out and assess the youth. Interface contracts with Casa Pacifica for sheltering minors, and with the Kingdom Center (for female TAY) and the Oxnard Dream Center (for male TAY). Interface works closely with the TAY Tunnel. D. Anthony Marron noted that on September 29th the TAY Tunnel will celebrate its tenth year. Various activities have taken place or are being planned: birthday celebration, an outing to the county fair, movie night, Monday night football, end-of-year celebration. TAY Tunnel clients do not have to have a formal diagnosis, but they need to self-identify as having issues. E. David Vahidi noted that the Human Services Agency has identified 20 foster children and young adults who have been living in a group home setting for over two years. They receive intensive services to link them back to their families or to other forever connections, with the goal of adoption or other step-down setting.</p>	Information	
XII.	<p>Committee Members' and Participants' Comments, Activities A. Sharon Espinosa noted that youth often need life coaching to launch them into society. Ms. Johnson stated that this happens in the VCBH Transitions program and at the TAY Tunnel.</p>		
XIII.	<p>Items for Next Meeting Agenda A. Ms. Wilson Bolton proposed to discuss strategies to achieve the committee's objectives. B. Presentation on the Oxnard Dream Center.</p>	Contact Oxnard Dream Center	M. Vergara, E. Pham
XIV.	<p>Adjourn The meeting adjourned at 11:50 a.m.</p>		

**BEHAVIORAL HEALTH ADVISORY BOARD
TRANSITIONAL AGE YOUTH (TAY) COMMITTEE
2016-2017 Annual Report
Submitted By Cmdr. Ron Nelson, Chair**

TAY Committee members and participants:

Members:

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

Participants:

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

MISSION

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

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

INTRODUCTION

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

2016-17 OBJECTIVES

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

ACHIEVEMENTS

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

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

2016-17 PRESENTATIONS

July 2016

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

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

September 2016

Presenter: McKian Nielsen, BHAB TAY Committee Chair

Topic: Transition to Independence (TIP)

November 2016

Presenter: Karin Findeis, Pacific Clinics

Topic: Career Club

January 2017

Presenter: Erin Locklear and Monica Vergara, Interface

Topic: Housing Resources for the TAY Population

February 2017

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

Topic: Aegis Treatment Centers

March 2017

Presenter: Felicia Skaggs, VCBH Adult Division Clinic Administrator

Topic: Rapid Integrated Support and Engagement (RISE)

April 2017

Presenter: Kate English, Executive Director

Topic: One Step a la Vez

May 2017

Presenter: Committee Discussion

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

June 2017

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

Topic: Marijuana and TAY

CHALLENGES

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

OPPORTUNITIES

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

RECOMMENDATIONS

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

2017-18 OBJECTIVES

1. Increase participation of community partners serving TAY in the BHAB TAY meetings.
2. Continue evaluation and updating availability of TAY services related to housing options, work and volunteer opportunities and justice system.
3. Identify strategies to address gaps in services for the TAY population related to mental health and substance abuse treatment, housing options, work and volunteer opportunities, and the justice system.

4. Increase community outreach, especially to underserved community, and improve communication among parents, clients, agencies and the Committee.
5. Keep the Behavioral Health Advisory Board members informed on matters pertaining to the needs of the TAY Community.
6. Provide committee level work for the TAY community at the direction of the Behavioral Health Advisory Board.

What are you going to do next with your life?

The Ventura County Transition Project
is pleased to present the

2017-18 Ventura County Annual Transition Fairs

Save The Date

It's never too early to learn about resources for students with disabilities after high school. Help your high school student prepare for a quality adult life they envision. The purpose of these fairs is for parents, teachers, care-providers and students in special education to learn about the transition to adult life process and support agencies available. Meet directly with the representatives from adult service agencies in Ventura County.

CAUTION . . .
Adult Life Ahead
www.vcselpa.org
(805) 437-1560

Monday
October 30, 2017

5:30PM -
8:00 PM

**Ventura County Office
of Education**
5100 Adolfo Rd
Camarillo, CA

Saturday
March 10, 2018

9:00 AM -
12:00 PM

**Ventura County Office
of Education**
5100 Adolfo Rd
Camarillo, CA

Who/What is available to support you?



Plan Ahead

Meet representatives for the following agencies:

Department of Rehabilitation
Tri-Counties Regional Center
Community Colleges
Employment Development Department
Public Health
and Many Other Agencies!

What Is Managed Care?

Managed care is an approach to financing and delivering health care that seeks to control costs and ensure or improve quality of care through a variety of methods, including provider network management, utilization management and quality assurance.

Historically, Medicaid services for disabled beneficiaries, including mental health services, have been provided on a *fee-for-service* basis where providers are paid for each billable service provided. In contrast, *managed care* Medicaid programs pay for some or all services at a prepaid rate, often based on enrollment.

States rely heavily on managed care for Medicaid beneficiaries. In 2008, 71 percent of enrollees were in care,¹ but the majority of Medicaid managed care enrollees are children and families, whose costs tend to be much lower than for elderly and disabled enrollees (Figure 1). Today, states are increasingly looking to managed care as a strategy to contain costs for individuals with complex needs, including children and adults who live with serious mental illness.

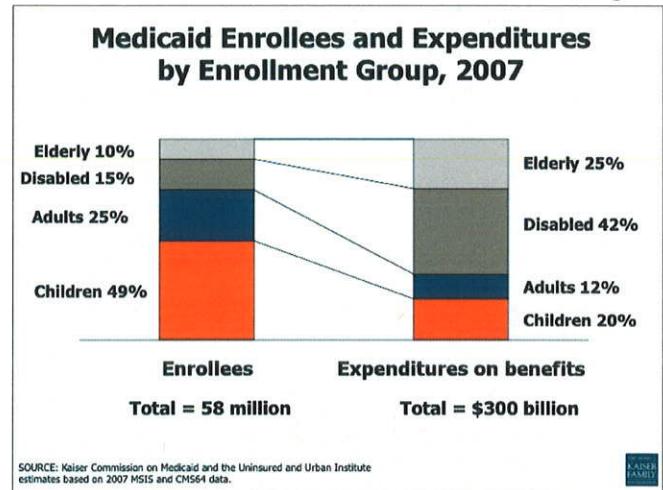
Whether managed care plans improve or impair access to, and quality, of care depends on a variety of factors. To help advocates assess and influence state Medicaid mental health care programs, NAMI's *Resource Guide on Managed Care, Medicaid and Mental Health* provides important information, advice and tools.

MANAGED CARE STRUCTURES

Managed care takes a wide variety of forms and names, including the following common structures and models:

Risk-based Managed Care Entities (MCEs) are contracted to provide and manage benefits. In a *full risk* contract, the MCE, or managed care plan, agrees to

Figure 1



provide all benefits on a per member per month basis, known as full capitation. If enrollee use of services exceeds capitation payments, the managed care plan must pay the additional costs. If enrollees use fewer services, the plan may keep or reinvest unused funds.

In a *partial risk* contract, the managed care plan is prepaid to deliver a subset of services, such as mental health case management or crisis services, with other services reimbursed on a fee-for-service basis. Alternatively, a partial risk managed care plan may be at risk for costs or gains that exceed a pre-determined margin above and below a targeted cost.

Administrative Services Organizations (ASOs) are contracted to administer, or manage, claims and benefits for a fixed administrative fee while bearing little or no risk for the cost of delivering care. ASOs may also contract to provide other functions, such as provider and member services, data reporting, provider network development, care coordination and disease management services.

PROVIDER-BASED MANAGED CARE STRATEGIES

Primary Care Case Management (PCCM) is a managed care model in which the purchaser reimburses treatment services on a fee-for-service basis but pays selected primary care providers a monthly case management fee to authorize, coordinate and monitor all necessary care for patients.

Enhanced PCCM models use various methods to improve coordination and management of care for enrollees with chronic conditions, such as serious mental illness or co-occurring conditions.

Patient-Centered Medical Home (PCMH) uses various managed care strategies to promote a patient-centered approach with expanded hours, coordination and management of care by a primary provider and team-based comprehensive services to meet multiple physical, substance abuse and mental health needs.

MENTAL HEALTH BENEFITS IN MANAGED CARE

Mental health and other medical benefits may be managed by a single managed care plan in what is known as an integrated plan. In a subcontracted plan, management of mental health benefits may be transferred by the managed care plan to another entity, often an

entity that specializes in providing mental health benefits. In a carve-out or separate plan, mental health benefits may be provided on a fee-for-service basis or a Medicaid agency may contract separately with a managed care plan for mental health benefits.

Prescription drug benefits, like mental health services, may be managed by a single integrated plan but are often subcontracted to another entity or provided on a fee-for-service basis. Because of the unique nature of psychiatric medications and the vulnerability of Medicaid enrollees who live with serious mental illness, psychiatric medications may be exempt from managed care requirements.

MANAGED CARE RESULTS

Rather than the specific managed care model, structure or for-profit/nonprofit status, it is often contractual requirements, fiscal incentives, oversight and leadership that have the most significant impact on how a managed care plan will meet the needs of children and adults living with mental illness and co-occurring substance use or primary care disorders. For this reason, understanding managed care responsibilities and other key issues is important for mental health advocates.

Mental Health Carve-in (Integrated Plan)	Mental Health Subcontracted (Subcontracted Plan)	Mental Health Carve-out (Separate Plan)
A managed care plan manages both mental health and other medical benefits.	A managed care plan is responsible for both mental health and other medical benefits but subcontracts management of mental health benefits to another entity, often one that specializes in providing mental health benefits.	Mental health benefits are provided on a fee-for-service basis or are provided by a separate managed care plan that is not responsible for other medical benefits.

Psychiatric Rx Carve-in (Integrated Plan)	Psychiatric Rx Subcontracted (Subcontracted Plan)	Psychiatric Rx Carve-out (Separate Plan)
A plan manages the prescription drug benefit, including psychiatric medications.	A plan is responsible for the prescription drug benefit, including psychiatric medications, but subcontracts management to a separate entity, often a pharmacy benefits manager (PBM).	Psychiatric medications are provided on a fee-for-service basis or, if subject to a managed care approach such as a preferred drug list, are exempt from authorization requirements or other access barriers.

MANAGED CARE RESPONSIBILITIES

Most managed care responsibilities fall under one of the following five categories. Understanding these areas of responsibility can help advocates strengthen contractual requirements and use oversight and other mechanisms to influence mental health care. These areas are addressed in NAMI's *Medicaid Managed Care, What to Ask: A Checklist for Advocates* and in additional *Resource Guide* materials.

1. **Utilization and Clinical Management:** Monitoring of covered services, utilization of services, care management, medical necessity criteria and service authorization or discharge.
2. **Provider Network Management:** Establishment of provider networks to meet access standards, provider credentialing requirements and practice standards.
3. **Quality Assurance:** Collection of data, reporting and analysis and use of performance, process and outcome measures and member surveys. May include care coordination or other quality assurance and improvement functions.
4. **Rates and Claims:** Monitoring of fraud and abuse, establishment of provider rates and claims payment procedures.
5. **Customer Service, Appeals and Grievance:** Provision of member information and grievance and appeal processes.

ADVOCACY TIPS

Develop Relationships

Meet regularly with your state Medicaid director and with the behavioral health directors and medical directors of Medicaid managed care plans.

Stay Focused

NAMI's goal is to ensure that children and adults living with mental illness receive the right care at the right time and right place to experience lives of resiliency, recovery and inclusion

Learn the Issues and Ask Questions

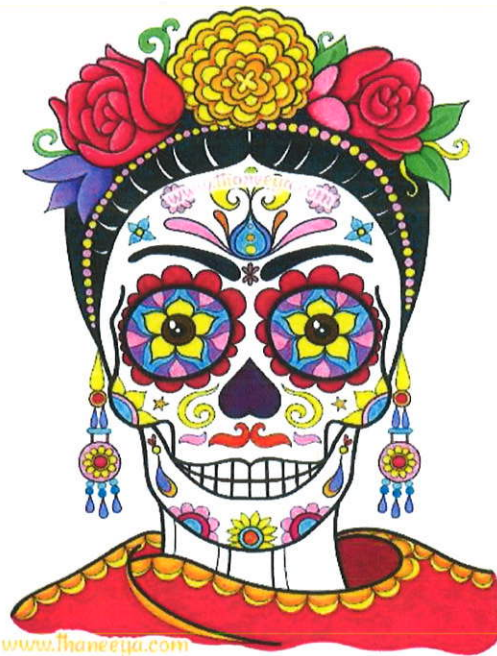
Use NAMI's *Resource Guide on Managed Care, Medicaid and Mental Health* to understand key managed care issues and to ask questions that will help inform your advocacy.

¹Kaiser Commission on Medicaid and the Uninsured. (February 2010). Medicaid and Managed Care: Key Data, Trends and Issues. www.kff.org/medicaid/8046.cfm. March 23, 2011.

²Fields, S., and English, K. (2011). Managed Behavioral Health Care Today [Webinar presentation]. Retrieved from www.nami.org/stateadvocacy.



Dia de Los Muertos Celebration



**Please Join us for food, memorials,
interactive booths and face
painting!**

When: Wednesday, November 8th

Time: 2pm-5pm

Location: Williams Training Room

Please contact your case coordinator for more information

