

BEHAVIORAL HEALTH ADVISORY BOARD
Transitional Age Youth (TAY) Committee Meeting

HYBRID MEETING: In-Person & Via ZOOM

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

Wednesday, October 25, 2023 – 3:30 PM – 5:00 PM

In-Person Attendance

You now have the option of attending this meeting in person in the Training Room at the Williams Drive offices of VCBH. Masks are required to enter the building but may be removed once inside the room. Kindly continue social distancing practices. In person attendees will be visible and audible to those attending by zoom (and vice-versa) through recording equipment in the Training Room.

Zoom Participation

The following information referenced below and continuing on page two of this Agenda is provided to you in support of your attending the upcoming BHAB TAY Services Committee Meeting via Zoom:

Join Zoom Meeting:

<https://us02web.zoom.us/j/82573279436?pwd=SUUzU0VHUU1NUkdleGx3K3pXMXdYZz09>

Meeting ID: 825 7327 9436

Password: 525383

PHONE Dial-in: 669-900-9128

Under AB 2449 New Teleconferencing Rules:

The Ventura County Behavioral Health Advisory Board Transitional Age Youth (TAY) subcommittee may take action at the beginning of the meeting regarding requests for “Just Cause” or “Emergency” allowances provided that related Brown Act guidelines are met. (Guidelines are listed on the last page of this agenda.)

AGENDA

- I. Call to Order
- II. Roll Call to Determine Physical Quorum
- III. Roll Call of Members with Just Cause
 - a. State others present in the room over the age of 18
- IV. Welcome and Introductions
- V. Public Comments (aim for 3 minutes max per speaker, please)
- VI. Approval of the Agenda – **ACTION** (Roll Call)
- VII. Approval of the June 21 and August 16, 2023 Minutes – **ACTION** (Roll Call)
- VIII. TAY Committee Member Anthony M. Review and Discussion of the CA Department of Public Health Statement of Deficiencies and Plan of Correction for Aurora Vista del Mar Hospital
- IX. Update on Continuum of Care Initiatives – Alicia Morales-McKinney, Continuum of Care-County Executive’s Office
- X. Updates from Ventura County Office of Education (VCOE) Homeless Education Program – Cathy Nye, Coordinator
- XI. Discussion of Potential Goals for TAY Committee to Forward BHAB General Membership for Discussion at Upcoming Meetings

- XII. VCBH Updates
 - A. Mental Health Services for TAY Persons and their Families
 - B. Substance Use Services
 - C. Mental Health Services Act (MHSA)
- XIII. Information Sharing/Upcoming Events and News – Community & Committee Members
- XIV. Contracts Review (July & September 2023)
- XV. Suggested Items for Agenda for Subsequent Meetings
- XVI. Final Public Comments (aim for 3 minutes max per speaker, please)
- XVII. Adjourn (*THANK YOU for your time and interest!*)

Next Meeting: Wednesday, December 20, 2023

Zoom Participation Information – continued

Please note the following important information related to supporting your participation in the upcoming meeting:

1. The meeting will be recorded.
2. Participation is available in **Spanish** via simultaneous translation (use **globe icon**).
3. All participants are muted upon entry to minimize any unintended disruption from background sounds.
4. Zoom meetings will initially start with attendees being admitted to a “**waiting room**.” At the start of the meeting, attendees will be “admitted” by a host into the meeting.
5. During opportunities for offering comments about items on the agenda, participants will be unmuted and welcome to comment for up to 3 minutes. Comments can be offered in the following ways:
 - a. If you have joined the meeting via video/audio, your name can be added to the comment queue by clicking on the participant window at the bottom of the zoom screen and then clicking on the “**raise hand**” feature at the bottom of the participant window. Alternately, at the bottom of the main screen is an option labeled "Reactions." After clicking, a menu will open revealing a "raise hand" option to select.
 - b. If you are joining the meeting by telephone only, you can join the comment queue by pressing *9. When it is your turn to speak, please unmute yourself by pressing *6.
6. Comments will be taken in the order they are received, and each speaker is allotted up to 3 minutes at a time. After three minutes of sharing, the speaker will be notified that the time has ended, will be able to make a closing comment, and then the mic will be passed to the next person in the queue. Speakers can comment again after others have had a chance to share their thoughts and perspectives.

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact: Behavioral Health Administration, at (805) 981-6830. Reasonable advance notification of the need for accommodation prior to the meeting (48 hours advance notice is preferable) will enable us to make reasonable arrangements to ensure accessibility to this meeting.

7. Following changes in the policy at General BHAB meetings, there will no longer be a 5-minute maximum comment limitation on any participant.
8. Your active participation in this process is strongly encouraged and valued. Thank You!

Brown Act “Just Cause” or “Member Emergency” Allowance Guidelines for Board Members:

Requirements: A local board/commission member may participate remotely without posting their physical location on the agenda if all the following requirements are met:

1. Quorum at Physical Location - At least a quorum of the members of the board/commission participates in person from a singular physical location clearly identified in the agenda.
2. Public Access - (Both Remote and In-Person) The public may access the meeting through:
 - A two-way audiovisual platform or
 - A two-way telephonic service and a live webcasting of the meeting
 - In-Person Public Access to the physical location.

Circumstances: One of the following circumstances applies:

1. **“Just Cause”** - The member notifies the legislative body at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting. The provisions of this clause shall not be used by any member of the legislative body for more than two meetings per calendar year. **or**
2. **“Emergency Circumstances”** - The member requests to participate in the meeting remotely due to emergency circumstances and the board/commission takes action to approve the request. The board/commission shall request a general description of the circumstances relating to the member’s need to appear remotely at the given meeting. A general description of an item generally need not exceed 20 words and shall not require the member to disclose any medical diagnosis or disability, or any personal medical information.

Procedures:

1. Member Request - A member shall make a request to participate remotely at a meeting pursuant to this clause as soon as possible. The member shall make a separate request for each meeting in which they seek to participate remotely.
2. Board/Commission Response - The board/commission may take action on a request to participate remotely at the earliest opportunity. If the request does not allow sufficient time to place proposed action on such a request on the posted agenda for the meeting for which the request is made, the legislative body may take action at the beginning of the meeting.
3. Disclosure - The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member’s relationship with any such individuals.
4. BOTH Audio & Visual Participation - The member shall participate through both audio and visual technology.

5. Limits to Remote Participation - The provisions of this subdivision [of the Brown Act] shall not serve as a means for any member of a legislative body to participate in meetings of the legislative body solely by teleconference from a remote location for a period of more than three consecutive months or 20 percent of the regular meetings for the local agency within a calendar year, or more than two meetings if the legislative body regularly meets fewer than 10 times per calendar year.

DEFINITIONS:

“Emergency circumstances”: A physical or family medical emergency that prevents a member from attending in person.

“Just cause” means any of the following:

1. A childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely.
2. A contagious illness prevents the member from attending the meeting in person.
3. A need related to defined physical or mental disability that is not otherwise accommodated for.
4. Traveling while on official business of the Brown Act Bode or another state or local agency.
5. Just Cause is limited to two instances per calendar year.

For additional information, see pages 4+ of the Brown Act Guide: calbhbc.org/brown-act

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA050000041	(X1) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/09/2022
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NAME OF PROVIDER OR SUPPLIER AURORA VISTA DEL MAR HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 801 Seneca St Ventura, CA 93001
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B000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health, Licensing and Certification, during the investigation of a complaint.</p> <p>Complaint #: CA00807607 - Substantiated</p> <p>Representing the Department: 35399- HFEN</p> <p>The investigation was limited to the specific complaint and does not reflect the findings of a full inspection of the facility.</p>	B000		
B2190	<p>T22 DIV5 CH2 ART3-71213(a) Psychiatric Nursing Srv General Requirements</p> <p>(a) Written policies and procedures shall be developed and maintained by the director of nursing in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the facility failed to follow their policy and procedures (P&P) for one of two sampled patients (Patient 1), when::</p> <ol style="list-style-type: none"> 1. Patient 1's "Psychosocial Assessment" (overview of a person's mental and social history and needs) was not initiated within 72 hours. 2. Patient 1's "Discharge Order/Aftercare Plan" was not sent to the next level of care providers, 	B2190		

Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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	<p>upon discharge.</p> <p>The facility's failures placed Patient 1 at risk of not being assessed appropriately, and increased the likelihood for a negative outcome after discharge.</p> <p>Finding:</p> <p>1. During a review of the facility's P&P titled, "Admission Assessment," dated 9/20, the P&P indicated, the psychosocial assessment is to be completed within 72 hours of admission by social services staff.</p> <p>During a review of the facility's P&P titled, "Discharge Planning, Transportation and Patient Aftercare Plan," dated 12/21, the P&P indicated, "Clinical staff may review the psychosocial assessment and work with the patient and patient support system in development of patient discharge plan." The P&P further indicated, in the Discharge Planning part of the policy, "A. A psychosocial assessment can be utilized to identify a preliminary discharge plan which can be presented to the treatment team."</p> <p>During a concurrent record review and interview on 10/28/22, at 5:25 p.m., Patient 1's clinical record was reviewed with quality director (AD). Patient 1's clinical record indicated, Patient 1 was admitted to the facility on 1/4/22. Patient 1's "Psychosocial Assessment" document indicated, assessment was completed on 1/12/22 at 8:37 a.m., the day prior to patient being discharged from the facility. The QD was asked if he had seen the date of the assessment. The QD stated, "Yes, I know."</p> <p>2. During a review of the facility's P&P titled, "Discharge Planning, Transportation and Patient Aftercare Plan," dated 12/21, in the</p>			

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B4890	<p>Discharge Aftercare Plan part, the P&P indicated, "B. Nursing may complete the Nursing section of the Discharge Aftercare Plan form, send a copy along with Medication Reconciliation to the next level of care providers ... Completion of transmittal to the next level of care and aftercare referrals may be documented on the Discharge Order/Aftercare Plan form once completed."</p> <p>During a concurrent record and interview on 10/28/22, at 4:05 p.m., with quality director (AD), Patient 1's "Discharge Order/Aftercare Plan," dated 1/13/22 at 8:53 a.m., was reviewed. Patient 1's "Discharge Order/Aftercare Plan" indicated, the transmittal to next level of care section was blank. The QD stated, "I see the transmittal to next level of care was not completed (pointing to letter J on the aftercare plan form), this part is blank indicating this was not done by the staff."</p> <p>During an interview with registered nurse (RN 1) on 11/4/22, at 1:00 p.m., RN 1 confirmed, RN 1 discharged Patient 1 on 1/13/22, and did not send a copy of the aftercare plan to the next level care providers. RN 1 stated, "No, I did not send the aftercare, discharge summary, and medications list to the next level providers, if the section J of the aftercare plan is blank that means it was not done or sent."</p> <p>T22 DIV5 CH2 ART6-71517(a) Admission, Transfer and Discharge Policies</p> <p>(a) Each hospital shall have written admission, transfer and discharge policies which encompass the types of diagnoses for which patients may be admitted, limitations imposed</p>	B4890		

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	<p>by law or licensure, staffing limitations, rules governing emergency admissions, policies concerning advance deposits, rates of charge for care, charges for extra services, terminations of services, refund policies, insurance agreements and other financial considerations, discharge of patients and other related functions.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the facility failed to develop an effective discharge plan for one of two sampled patients (Patient 1), including collaborating with Ventura County Behavior Health (VCBH) community provider's case manager to reduce the risk of Patient 1 attempting to commit suicide, again.</p> <p>This facility failure had a high likelihood of contributing to Patient 1 committing suicide after being discharged from the facility.</p> <p>Finding:</p> <p>During a review of the facility's policy and procedure (P&P) titled, "Discharging of Homeless Patients," dated 10/20, the P&P indicated, "The purpose of this policy is to help prepare the homeless patient for return to that community by connecting him or her with available community resources, treatment, shelter, and other supportive services. 6. The discharging nurse and/or case manager will prepare an individual discharge plan for each homeless patient. Discharge planning will be guided by the best interest of the homeless patient his or her physical and mental condition ...7. A post- discharge destination will be identified for each patient which may be: b. The homeless patient's "residence", which is defined as "the location identified to the hospital by the patient as his or her principal dwelling place."</p>			

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	<p>During a review of the facility's P&P titled, "Discharge Planning, Transportation and Patient Aftercare Plan," dated 12/21, the P&P indicated, "When clinically appropriate, family members, PCPs, and community providers may also be involved in the discharge planning process."</p> <p>During an interview on 10/18/22, at 2:56 p.m., with complainant (Com), Com reported, Patient 1 has had six (6) psychiatric hospitalizations from 2020 to 2021. Patient 1 has a history of not following through with outpatient services, after discharge from psychiatric hospitals. On 10/13/21, Patient 1 was re-referred to VCBH by staff from the TAY Tunnel (Transitional Age Youth (TAY) Wellness and Recovery center) when Patient 1 became homeless. COM, further verbalized, The TAY Tunnel is a drop-in center. The program is a portal for service access, by offering support commonly utilized by young adults with a serious mental illness. This is strictly a resource center and does not have any kind of shelter. Patient 1 was admitted to the facility on 11/6/21 and was discharged on 11/9/21 to home, according to facility documents, however Patient 1 was homeless at that time. Patient 1 was readmitted to the facility on 11/10/22 until 11/7/21, for suicidal ideations. Patient 1 was at the crisis residential treatment (CRT) from 11/17/21 to 11/27/21. Then Patient 1 was hospitalized at another psychiatric hospital from 11/28/21 to 12/2/21 for suicidal ideation. On 12/3/21, Patient 1 presented self to an emergency department (ED), seeking psychiatric hospitalization. Patient 1 was hospitalized at another psychiatric hospital from 12/3/21 to 12/7/21 for suicidal ideations. On 1/3/22, Patient 1 overdosed with aspirin. On 1/4/22, Patient 1 was admitted to the facility again. COM stated, "During this time, VCBH attempted to collaborate with facility to</p>			

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	<p>advocate for conservatorship, due to concerns of patient's numerous recent hospitalizations and inability to remain safe, on an outpatient level. Patient was on a 5250 (legal 14-day hold) which would have expired on 1/19/22, if patient should have been kept in the facility until the completion of the 14-day hold, patient would not have been alone in a motel and possibly prevented her suicide."</p> <p>During a review of Patient 1's clinical record, conducted on 10/19/22 and 10/28/22, Patient 1's "Psychosocial Assessment," dated 1/12/22, indicated Patient 1 was homeless and had no support system. Patient 1's "Progress Note," dated 1/4/22, at 8:15 p.m., indicated, Patient 1 "is homeless." Patient 1's "Progress Note," dated 1/5/22, at 5:09 p.m., indicated, "VCBH TAY case manager (CM 2) communicated to facility CM that VCBH TAY administrators are recommending conservatorship based on patient multiple suicide attempts and failure to engage in any services...VCBH TAY CMs have attempted to work with patient, but patient never follows through. Patient did terrible at CRT and threatened other residents and staff, now patient is banned from there. The VCBH TAY administrators feels the only way for patient to get help is if she is forced to get help through conservatorship. Facility CM was asked to check with psychiatrist regarding conservatorship for this patient." Patient 1's "Progress Note," dated 1/6/22, at 4:33 p.m., indicated, Patient 1 is on a 5250 hold, but the psychiatrist will not pursue conservatorship, that VCBH TAY CM 2 need to arrange transport and the transfer. Patient 1's "Progress Note," dated 1/11/22, at 9:37 a.m., indicated, VCBH TAY CM 2 communicated to facility CM that, [facility name] is under lock down and patient cannot go and asked again to see if the facility psychiatrist can conserve the patient. Patient 1's "Progress Note," dated 1/13/22, at 7:52 a.m., created by facility CM 1</p>			

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	<p>indicated, Patient 1 is homeless. Patient 1 is requesting to go to TAY Tunnel indicating patient will get a motel voucher.</p> <p>A review of Patient 1's "Psychiatrist Progress Notes, dated 1/10/22 at 8:35 a.m., 1/11/22 at 11:24 a.m., and 1/12/22 at 8:26 a.m., indicated, in part B. Treatment Recommendations, requires ongoing hospitalization due to active suicide ideation (SI) with plan to overdose (OD) following suicide attempt (SA) by taking ASA (aspirin).</p> <p>A review of Patient 1's "Discharge Order/Aftercare Plan," dated 1/13/22 at 8:49 a.m., indicated, Patient 1 was discharged and transported to TAY Tunnel in Oxnard.</p> <p>During an interview on 10/27/22, at 4:00 p.m., with TAY Tunnel manager (TTM) in Oxnard, TTM stated, "We would not accept clients that have been discharged from a mental or any facility to us because we cannot guarantee shelter the same day. We are not a site where clients/youth can stay or live here."</p> <p>During an interview on 10/27/22, at 4:25 p.m., with VCBH TAY CM 2, CM 2 stated, "I spoke with facility case manager (CM 1) on 1/12/22 and 1/13/22, I strongly advocated for [patient's name] to be conserved because she did not have a conservatorship or for her hold [legal hold] to be extended or something because I knew she was going to kill herself if she was released from the facility. We cannot and did not accept [patient's name] to be discharged to TAY Tunnel. We are not a housing agency. [patient's name] cannot physically live on site of TAY Tunnel ... We cannot guarantee [patient's name] will have a shelter when discharge. We do not give motel vouchers to clients. The plan was to transfer [patient's name] to another facility to get her conserved since this facility refused to conserve her. Instead, facility did not</p>			

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	<p>wait and discharge [patient's name] to TAY Tunnel clinics."</p> <p>During an interview on 11/1/22, at 11:50 a.m.,with CM 1, CM 1 confirmed, Patient 1 was transported via facility van and discharged to TAY Tunnel clinic in Oxnard. CM 1 stated "I was not aware there were talks about conservatorship for [patient's name]." CM 1 was asked if Patient 1 was discharged to a house or dwelling place where she could sleep that night and the following nights. CM 1 stated "No".</p> <p>During an interview with registered nurse (RN 1) on 11/4/22 at 1:00 p.m., RN 1 confirmed discharging Patent 1 to the TAY Tunnel via facility van. RN 1 stated "Unfortunately [patient's name] was not discharged to a shelter or a physical home. Instead, [patient's name] was sent to the TAY Tunnel. I agree patient cannot live or sleep there. It's the CM's job to arrange as to where patient was going to be sent to or discharge to."</p>			

Ventura County Behavioral Health

Board Letter Summary of Contracts for July 2023

Board Date	Contract	Amount	Term	Description
7/11/2023	Ventura County Office of Education (VCOE)	\$8,063,710	July 1, 2023 Through June 30, 2026	<p>FY 2023-26 VCOE Amendment for School-Based Wellness Center Services. VCOE provides school-based Wellness Center services for Ventura County Behavioral Health (VCBH) utilizing Mental Health Student Services Act (MHSSA) grant funding. These school-based Wellness Centers provide service strategies within each school that increase early identification of mental health needs, reduce access barriers, and facilitate linkage to ongoing and sustained services. These Wellness Centers and the collaboration between VCBH have been held out as a model program in the state. Because of the successful MHSSA grant funded collaboration and service delivery, VCBH and VCOE developed eleven additional Wellness Centers within high schools and middle schools last fiscal year utilizing VCBH Proposition 63 Mental Health Services Act (MHSA) funding. Through the proposed First Amendment to the Agreement with VCOE for Wellness Center services, VCBH is seeking to utilize additional MHSA funding to amend the Agreement to fund efforts to create up to a total of 32 Wellness Centers. These Wellness Centers are targeting middle and elementary schools in several existing Local Education Agencies (LEAs) as well as expanding to three new school districts (Hueneme Elementary School District, Oak Park School District, and Ventura Unified School District).</p> <p>The First Amendment to the agreement with VCOE increases the maximum contract amount by \$2,063,710, to fund the expansion of services and replace the previous Scope of Work with updated project goals and outcomes. This agreement is funded by MHSA funding.</p>

Ventura County Behavioral Health

Board Letter Summary of Contracts for September 2023

Board Date	Contract	Amount	Term	Description
9/12/2023	Behavioral Health Bridge Housing Program Grant (BHBH)	\$13,325,088	Upon execution Through June 30, 2027	<p>FY 2023-27 Approval and Ratification for BHBH Program Grant Funding. The BHBH Program grant funding will be used to: (1) provide a variety of housing solutions for people living with homelessness, including up to twenty new shelter beds throughout the County with operational funding for a term of three years, (2) hire four full time equivalent (FTE) Ventura County Behavioral Health (VCBH) staff dedicated to issues of housing, (3) pay for motel stays up to three weeks with intensive housing navigation services for people prioritized for Permanent Supportive Housing (PSH), and (4) pay for up to three years of rental assistance at the Housing and Urban Development Fair Market Rent (FMR) at locations throughout the County. Lastly, VCBH will seek to increase the number of licensed board and care operators willing to serve the target population by offering incentive funding. To support the BHBH Program grant project, VCBH will require dedicated staff (four regular FTE Community Services Coordinators) to carry out the goals of the BHBH Program. VCBH had already identified a need for dedicated housing case managers prior to the BHBH Program, but with the onset of the BHBH Program that need is amplified. In addition to serving the BHBH target population, dedicated housing case managers will also interface with Community Assistance, Recovery, and Empowerment (CARE) Court participants, clinical treatment teams, property managers, service providers, Continuum of Care (CoC), and a variety of internal and external agencies serving the unhoused. VCBH's dedicated housing case managers will mostly provide field-based services; however, they will also act as subject matter experts in the area of housing supporting the multi-disciplinary teams located VCBH community-based clinics.</p> <p>The BHBH Program grant agreement is in the amount of \$13,325,088. All services will be funded by BHBH Program Grant funding and when the grant ends, the VCBH staff will then be funded with Mental Health Services Act (MHSA) funding.</p>
9/12/2023	City of Simi Valley	\$145,945	September 17, 2023 Through June 30, 2024	<p>FY 2023-24 City of Simi Valley Agreement to Provide Mental Health Outreach and Engagement Services. The VCBH Rapid Integrated Support and Engagement (RISE) Program began in 2014 and is responsible for providing community outreach, engagement, and other related services to ensure that individuals with severe mental illness (SMI) can access and are connected to mental health and other supportive services, either at a VCBH facility or a community-based organization. RISE Program employees do not respond to emergency situations or individuals experiencing crises, and thus do not involuntarily detain individuals for evaluation and treatment that are a danger to themselves or others, or gravely disabled, under Welfare and Institutions Code section 5150. The goal of the RISE Program is to engage with individuals and connect them with care to avoid emergencies and crises. Since September 19, 2021, a VCBH RISE Program employee (Community Services Coordinator) has been working with the City of Simi Valley and the Simi Valley Police Department (SVPD) on a part-time basis to provide outreach and engagement services to individuals with mental health conditions that are high utilizers of SVPD services. More specifically, the Community Services Coordinator has delivered field-based community outreach, engagement, and case management services within the City of Simi Valley in collaboration with the SVPD, including but not limited to non-emergent follow-up care and referrals with the goal of engaging and stabilizing high utilizers of SVPD services and linking them to the appropriate level of mental health care or other supportive services.</p> <p>The Agreement with the City of Simi Valley is for \$145,945 to cover the County's full cost of committing a RISE Program Community Services Coordinator to perform the services specified under the agreement. The City of Simi Valley remits payment for these services to the County.</p>

9/12/2023	Sunbelt Staffing, LLC	\$300,000	September 12, 2023 Through June 30, 2024	<p>FY 2023-24 Sunbelt Staffing, LLC Agreement for Temporary Staff and Recruiting Services. On June 21, 2022, the Board approved three (3) agreements for medical personnel temporary staffing and recruiting services with Maxim Healthcare Services Holdings, Inc. (Maxim), Medix Staffing Solutions, Inc. (Medix), and TheKey of California, LLC (TheKey) for a combined annual maximum contract amount of \$1,300,000. Then, on February 28, 2023, the Board approved an increase to the combined annual maximum contract amount from \$1,300,000 to \$2,250,000 per fiscal year. For FY 2023-24, pursuant to authority delegated by the Board, VCBH renewed the agreements with Maxim and Medix but chose not to renew the agreement with TheKey. These contractors have proven to be a vital source of staffing services during the ongoing staffing shortage. Currently, the VCBH staffing vacancy rate is 19.3% (compared to 26.1% in January 2023). The department continues to participate in job fairs, hiring events, and work closely with educational institutions within Ventura County. They continue to advertise open recruitment and encourage staff to share vacancies with friends and family. In addition, they have a large internship program of which a large percentage of the students later become their staff. They currently have an internship program for Mental Health Associates, Alcohol Drug Treatment Specialists, Mental Health Clinicians, and psychologists. The need for additional staffing services remains high and VCBH has found a third vendor to assist in managing this need. Therefore, VCBH requested authorization to enter into a FY 2023-24 agreement with Sunbelt Staffing, LLC (Sunbelt), in the amount of \$300,000, to help manage the temporary staffing needs. The agreement with Sunbelt Staffing, LLC be in the amount of \$300,000 and will increase the combined annual maximum contract amount for the three agreements from \$2,250,000 up to \$3,000,000 (an increase of \$750,000) to help manage temporary staffing needs. This agreement is funded by MHSA, Short Doyle Medi-Cal Federal Financial Participation (SDMC/FFP), State General Fund, 2011 Realignment, 1991 Realignment, and Drug Medi-Cal Organized Delivery System Federal Financial Participation (DMC-ODS FFP) funding.</p>
9/26/2023	California Department of Health Care Services (DHCS)	\$0	July 1, 2023 Through December 31, 2026	<p>FY 2023-26 Intergovernmental Transfer Agreements with the California Department of Health Care Services. 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 members. Over the course of several years, CalAIM seeks to implement a broad delivery system, programmatic and payment reform across the Medi-Cal program and build upon the successful outcomes of various pilot programs to completely transform the delivery of behavioral health services for Medi-Cal beneficiaries. To advance payment reform under CalAIM, DHCA is required to design and implement an intergovernmental transfer-based reimbursement methodology to replace the certified public expenditure-based reimbursement methodology that was previously in effect for Medi-Cal Specialty Mental Health Services, Substance Use Disorder Treatment Services, Expanded Substance Use Disorder Treatment Services, and for costs incurred by counties to administer those benefits. An intergovernmental transfer is the transfer of funds from public agencies to the Medicaid Single State Agency (SSA) to allow the SSA to expend those funds as the nonfederal share in claiming federal financial participation for Medi-Cal payments. As part of CalAIM Behavioral Health Payment Reform process, the intergovernmental transfer is a transfer of funds from a county (the public agency) to DHCS (the Medicaid SSA) to be used as the county portion of the nonfederal share of the payments which then return to the county as part of payment for Medi-Cal covered Behavioral Health services (the "County Share").</p> <p>The Intergovernmental Agreements with DHCS are in the amount of zero dollars. These agreements are funded by 2011 Realignment, 1991 Realignment, MHSA funding.</p>