

BEHAVIORAL HEALTH ADVISORY BOARD

Transitional Age Youth (TAY) Committee Meeting Minutes

Ventura County Behavioral Health (VCBH)

1911 Williams Dr, Training Room (first floor) · Oxnard, CA 93036

IN-PERSON & VIRTUAL MEETING VIA ZOOM

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

Members Present:

Elizabeth R. Stone, Chair – FIND: A Friend in Deed

Juliana Cervantes – Interface Children Family Services

Carol J. Keavney – BHAB Member

Anthony Marron – Community Member

Cathi Nye – VC Office of Education

Carole Shelton – Rainbow Connection (Just Cause)

Guests:

Ana, Spanish-language Interpreter

Vanessa Acain, ILRC

Herman Corteza, TAY Tunnel

Lorena Guereca, VRCHS

Mary Haffner, Advocate

Andrew Huizar, ICFS

Martha Knutson, VC CC

Lourdes, Spanish-language Interpreter

Alicia Morales, VC CoC

Dalia Robkin, BHAB Member

Liz Warren, BHAB Member

Ventura County Behavioral Health (VCBH) Staff Present:

John Schipper, Adult Services Division Chief

Hilary Carson, MHSA (please spell out) Sr. Program Administrator

Maria Di Battista, SUTS ((please spell out) Behavioral Health Manager

Jakeline De Leon, Management Assistant / Zoom Engineer

- I. **Call to Order** – The meeting was called to order at 3:35 PM by Chair Stone. Lourdes, the interpreter for Spanish speakers, introduced herself and her colleague and provided instructions for accessing the interpretation services available for this meeting.
- II. **Roll Call to Determine Physical Quorum** – Chair Stone conducted the roll call; a physical quorum of the committee members was present.
- III. **Roll Call of Members with Just Cause** – Chair Stone conducted the roll call for 1 member with Just Cause.
 - a. **State others present in the room over the age of 18.**
- IV. **Welcome and Introductions** – All participants introduced themselves.
- V. **Public Comments** – NONE.
- VI. **Approval of the Agenda** – The agenda for the October 25, 2023, Transitional Age Youth (TAY) subcommittee meeting was approved (Nye/Keavney/Passed). It was motioned to approve as written.
- VII. **Approval of the June 21 and August 16, 2023 Minutes** – The Behavioral Health Advisory Board Transitional Age Youth (TAY) subcommittee minutes for June 21, 2023 and August 16, 2023 were approved (Nye/Marron/Passed). It was motioned to approve as written. Ms. Cervantes, Mr. Marron, and Ms. Stone abstained.
- 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** – Mr. Marron expressed his thoughts regarding 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** – Ms. Morales-McKinney provided a brief update on various Continuum of Care (CoC) initiatives on behalf of Ms. Harkey. The Continuum of Care Youth Committee meets quarterly, with an upcoming meeting on October 30th from 3:30 to 4:30. If interested in participating in the committee, the public can email venturacoc@ventura.org. The CoC has been trying to establish a Youth Action Board in order to be eligible to apply for a Youth Demonstration Homelessness Grant . Youth between the ages 16 and 24 who have experience with housing instability or who are unhoused must participate. They will try to create a workgroup in order to get participation from youth. The CoC Board has approved a timeline to begin working on the Homelessness Point In Time (PIT) count. The date Wednesday, January 20th,

2024, has been selected. CoC staff is also recruiting city leads; if interested please email them. An in-person training for a point in time count will be conducted. A goal is to increase the number of surveys that are collected in person versus observational. Lastly, the County has received 5 rounds of state funding grants through the CA Interagency Council on Homelessness. Each round requires that at minimum of 10 percent of total county funds is dedicated to services for youth aged 12 to 24. CoC staff anticipate \$5.8 million for the fifth round. A request for Letters Of Intent (LOI) to apply will be released on Friday, October 27th. For the fifth round, the State is prioritizing Permanent Supportive Housing (PSH), as well as homeless Prevention funding, Rapid Rehousing, (RRH) and street outreach (SO).

- X. Updates from Ventura County Office of Education (VCOE) Homeless Education Program** – Ms. Nye, Coordinator for the Homeless Education program at VCOE, shared she supports 20 school districts and 12 charters to provide services to students who meet the federal definitions of homelessness. She is currently reviewing a training from School House Connection, national advocacy group, that discusses schools and shelters utilizing unused campuses or garages. Ms. Nye also shared she creates and distributes a bimonthly newsletter and sits on the board of the National Association for the Education of Homeless Children and Youth. She will be attending its national conference and speaking on the effects on students who are experiencing homelessness. During December, VCOE is also conducting a warm coat drive in partnership with multiple high schools. Lastly, November 11th through the 18th is National Homeless and Hunger Awareness week.
- XI. Discussion of Potential Goals for TAY Committee to Forward BHAB General Membership for Discussion at Upcoming Meetings** – Mr. Marron mentioned prioritizing participation from the community and providers through a listening session. Ms. Shelton agreed with Mr. Marron and would also like to open it to caregivers. Ms. Shelton also mentioned her concerns about the locations of the TAY committee meetings. Additionally, she would like the committee to be looking at contracts through the lens of an individual with a developmental disability. Ms. Warren added she would like the committee to help build the Youth Action Board. Ms. Keavney added that the committee could invite a group of young adults to learn about services as well as share their lived experiences.
- XII. VCBH Updates**
- A. Mental Health Services for TAY Persons and their Families** – Dr. Schipper presented that VCPOP leadership presented at the Wellness Center event sponsored by VCOE. Eleven high schools were represented bringing their Wellness center peers to learn more about how best to support their fellow

students and identify early signs of someone struggling. This is the third year in a row that VCPOP has presented this group. In the mobile team, in the past 2 months, 5 clients were admitted to the VCBH.

- B. Substance Use Services** – Ms. Di Battista provided an update on behalf of Substance Use Treatment Services (SUDS). Beginning in November, the Oxnard clinic will be able to dispense suppicate, a long-acting injection of buprenorphine used to treat opioid disorder. The plan is to have it available in East County during the spring of 2024. Lastly, some VCBH counselors will be returning to work within high schools during the school year; and the Filmore team has been meeting with Filmore Unified to continue providing support.
- C. Mental Health Services Act (MHSA)** – Ms. Carson shared a PowerPoint presentation on the Early Psychosis Learning Health Care Network, a statewide learning collaborative innovation project. The presentation will be attached to the minutes. It will be repeated and given more time for questions at the next TAY Committee meeting.

XIII. Information Sharing / Upcoming Events and News –

- A.** Mr. Huizar, director of Interface Children and Family Services (ICFS), shared that as part of the Street Outreach Program, they will attend various events to share resources at different high schools throughout Oxnard. ICFS also recently got approved for licensing in Ventura County for National Safe Place which will help them to provide some visibility. He will present this initiative at the next TAY Committee meeting.
- B.** Ms. Guereca shared that the Port Hueneme site of VRCHS is having an event named, “Vista Real Gifts Back”. It is an opportunity for parents and students in the community to come out and celebrate giving back. Organizations that are partnering with them will provide food baskets and opportunities to do volunteer work as well. This event will take place Wednesday, November 15th from 4 to 6 PM.
- C.** Mr. Hernan shared that TAY Tunnel will be having a movie spectacular for transition issues between the ages 18 to 24 on October 30, 2023, at 1PM. TAY Tunnel is also partnering with Planned Parenthood to host a “Spectrum of Relationship” presentation. Part 1 will be November 6th between 2PM to 3PM and part 2 on November 8th from 2PM to 3PM. The Pacific Clinics Peer Careers program received a grant to provide the required training to become a Certified Peer Support Specialist. They will be having orientation for anyone who is interested. Lastly, TAY Tunnel will be at the California State University at Channel Islands Resource Fair on November 14th.
- D.** Ms. Shelton shared that her organization will have their monthly marketplace on October 28th at Bayard Park in the City of Thousand Oaks from 9:30PM to 11AM. There will be food and a resource fair at the event.

XIV. Contracts Review (July & September 2023) – No comments or discussion.

XV. Suggested Items for Agenda for Subsequent Meetings – No discussion.

XVI. Final Public Comments – NONE.

XVII. Adjourn – The meeting was adjourned at 5:10 PM by Chair Stone.

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>			

Early Psychosis Learning Health Care Network

Statewide Learning Collaborative
Innovation Project





Purpose



The proposed Innovation Project will make a change to an existing practice through a collaborative Learning Health Care Network (LHCN) to support quality improvements, consumer engagement and provider use of measurement-based care in early psychosis (EP) programs.



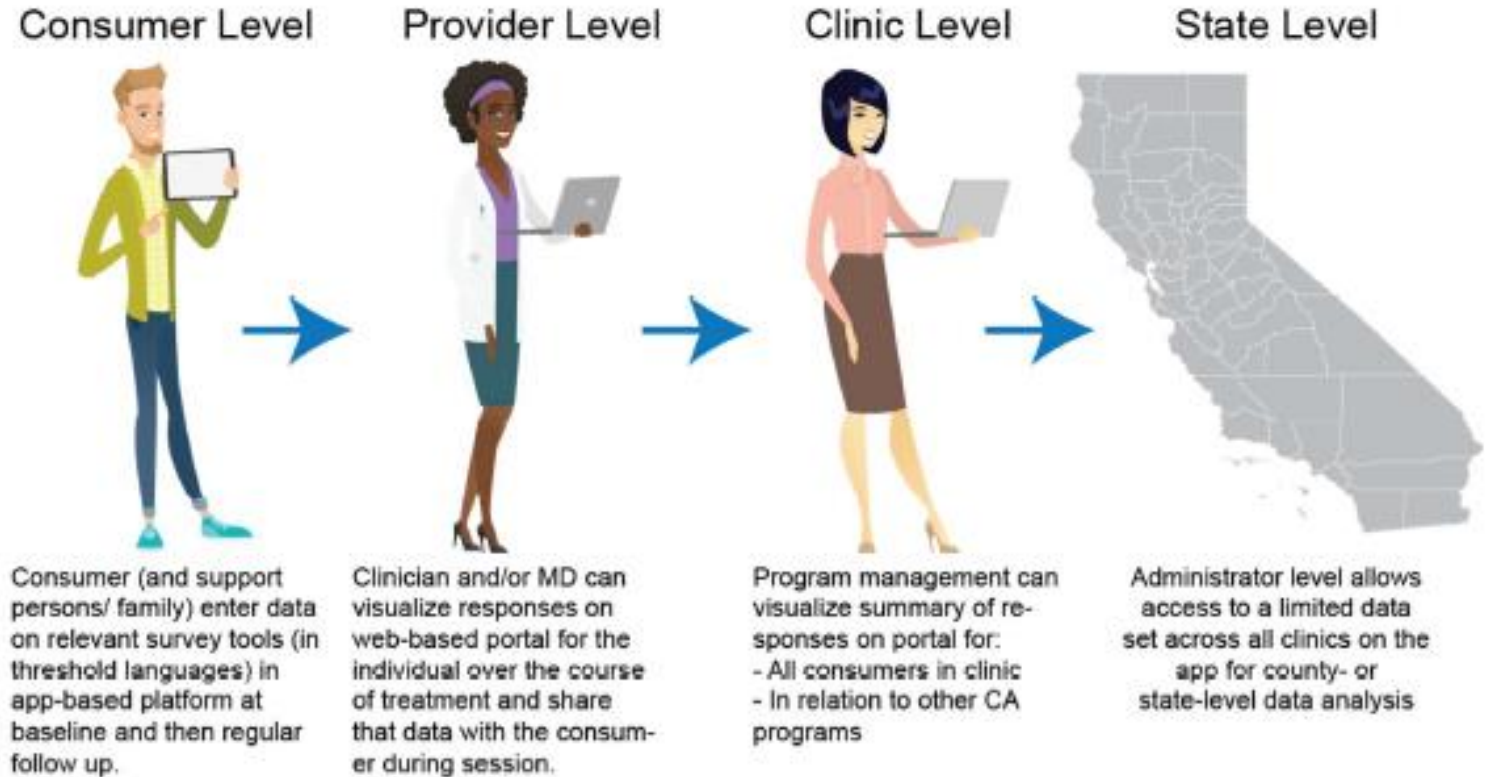
Visualize real-time data at the individual, clinic, county and state levels to inform consumer- and program-level decisions and develop learning opportunities for individuals, staff, programs and administrators, all to improve consumer outcomes.



Training and technical assistance to EP program providers to help them fully utilize the data in routine clinical care.

Data Collection and Evaluation

- The associated evaluation will examine the impact of the LHCN on the EP programs, and will quantify the cost of implementation and utilization, to support statewide efforts for early identification and treatment of psychosis.





Local Additions

- Ventra County Power over Psychosis program (VCPOP) will expand and join the LCHN project
- Increase the number of clients to be served
- Lower the age eligibility to 12
- Offer access to Therapy Animal?

Thoughts

- What are we missing?
- what would you like to see?



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>