



**TRANSITION AGE YOUTH (TAY) BEHAVIORAL HEALTH SERVICES COUNCIL  
MEETING MINUTES**

Wednesday May 27, 2020 | 3:00 pm – 4:30 pm

Location: WebEx

TIME (subject to change)	AGENDA ITEM	SUMMARY	ACTION
3:00 PM	<b>Welcome, Introductions, &amp; WebEx Housekeeping Rules</b> (Eula Ramirez)		
3:05 PM	<b>Approval of February Minutes/Attendance</b> (Co-Chairs/Council Members)	<ul style="list-style-type: none"> <li>Steven Wells made the motion to approve the February minutes.</li> <li>Joe Edwards seconded the motion.</li> </ul>	
3:10 PM	<b>Director's Update</b> (Alisha Eftekhari on behalf of Piedad Garcia)	<ul style="list-style-type: none"> <li>EOC - HHSA and BHS continue to staff the Emergency Operation Center (EOC) to assist in the logistics, operations and communication related to Agency and community response to C-19.</li> <li>Administration - BHS Administration has been teleworking for the past two months and continues administrative operations.</li> <li>Services - All BHS programs are open for services, admitting and providing in-person and/or telehealth services to ongoing clients or those seeking services. Approximately 1/3 decrease in services while adjusting to the new norm.</li> <li>Support Services - BHS continues to provide behavioral health services at the Convention Center and the Crowne Plaza via MHS Inc and Telecare contracts.</li> <li>PPE - Continue to use your regular means of obtaining supplies, but if you cannot, then contact your COR.</li> <li>Communication - BHS has ongoing Tele-Town Halls to include all its providers; SU/Medical Director's meetings; CORs continue to hold providers meeting via various platforms. BHS has a COVID-19 web page (<a href="#">link</a>).</li> <li>T3 - (Testing, Tracing and Treatment) is in development with Director, Nick Macchione at the helm at the EOC.</li> </ul>	



		<p>Workforce - BHS is developing a phased-in approach to opening Administrative offices, continuing teleworking and increasing in-person services at the service locations following CDC guidance.</p>	
3:20PM	<b>BHS Update/Announcements</b> (Alisha Eftekhari)	<ul style="list-style-type: none"> <li>• <b>Phuong Quach (AOA):</b> <ul style="list-style-type: none"> <li>○ Productivity standards have been waived.</li> <li>○ Monitoring is resuming except for site visits.</li> </ul> </li> <li>• <b>Mike Miller (CYF):</b> <ul style="list-style-type: none"> <li>○ School-link system noticed immediate and sudden drop off; new referrals and services are starting again.</li> <li>○ Referrals had previously been faxed in; all programs have reached out to referral parties to eliminate this roadblock since faxing is not always possible.</li> </ul> </li> <li>• <b>Alisha (SUD):</b> <ul style="list-style-type: none"> <li>○ Providers are reaching out to clients prior to telehealth sessions to make sure they are comfortable and can follow through with their session.</li> <li>○ Sessions are shorter.</li> </ul> </li> </ul>	
3:25PM	<b>Council Member Roundtable</b> (5 mins per Council Member)	<ul style="list-style-type: none"> <li>• <b>Elisabeth Winchell-Mental Health Systems (NITRC)</b> <ul style="list-style-type: none"> <li>○ Started using telehealth and telephone during 3<sup>rd</sup> week of March, reaching approx. 70% of clients.</li> <li>○ Kids appreciated having access to this part of their normal life.</li> <li>○ Testing was critical to both teens and families; used oral swabs to continue being able to test the 40% of those who did not have access to testing.</li> <li>○ Sharp decrease in substance use among gang population as well as not engaging in gang behaviors.</li> <li>○ Of the kids still using, sharp rise (esp. females) in high risk activities; a lot of PERT contact, ER, hospitalizations and use of more</li> </ul> </li> </ul>	



		<p>severe substances; needed to be linked to other resources.</p> <ul style="list-style-type: none"> <li>○ Kids now <i>want</i> to see their counselor; kids and family members are grateful.</li> </ul> <ul style="list-style-type: none"> <li>● <b>Vanessa Arteaga</b>-San Diego Youth Services and Housing Seat on TAY Council <ul style="list-style-type: none"> <li>○ Moved to remote services very quickly.</li> <li>○ Clinical and CM sessions (approx. 85%) using telehealth.</li> <li>○ Barriers of COVID for those in need of housing.</li> <li>○ Lack of PPE had been an issue; but is getting better.</li> <li>○ Success with creativity via telehealth; quarantine care packages, stuffed animals, etc.; drop-in center services (human trafficking) have been utilized; youth emergency center open and still doing intakes for ages 11-17 and assessment for shelters can be done; two programs have been serving approx. 30 youth at convention center and connecting with them for housing; 12 placed.</li> </ul> </li> <li>● <b>Cheyenne Bartram</b>-Urban Beats, Pathways Community Services and Peer Support Seat on TAY Council <ul style="list-style-type: none"> <li>○ Program is mostly via direct service that thrives on face-to-face but have had opportunity to switch things up: social media, warm-handoff for resources via art.</li> <li>○ Building rapport and genuine connection challenges: how to safely contact people who are not a part of the system but who need services.</li> <li>○ Most TAY are tech-savvy, so this has been very beneficial.</li> <li>○ Biggest challenge is youth experiencing homelessness.</li> <li>○ Success story about making a tele-connection with a girl and sharing</li> </ul> </li> </ul>	
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		<p>through writing and music that they hope to turn into a book.</p> <ul style="list-style-type: none"> <li>○ Urban Beats is now using this time to update their website.</li> <li>● <b>Peggie Webb</b>-Forensics and Behavioral Health, San Diego Regional Center       <ul style="list-style-type: none"> <li>○ Provides oversight for SD and Imperial Counties.</li> <li>○ Services are voluntary and geared toward developmentally disabled with approx. 50% TAY.</li> <li>○ 30-50% also have co-occurring disorders with complex needs.</li> <li>○ This population has an especially difficult time understanding COVID and invisible virus.</li> <li>○ Big disruption of their routine so the challenge was overcoming this obstacle.</li> <li>○ Ability to learn ZOOM and access telehealth turned out to be a good thing since this portion of the TAY population may be less intimidated by NOT meeting in person.</li> <li>○ More resilient than expected in some cases; TAY are expressing themselves and doing things their way despite restrictions.</li> <li>○ See ppt for resources.</li> </ul> </li> <li>● <b>Miriam Adam</b>-Youth Coordinator, United Women of East Africa and Refugee and Immigrant Population Seat on TAY Council       <ul style="list-style-type: none"> <li>○ Weekly youth discussion.</li> <li>○ YMCA East African basketball league basketball online to connect with each other.</li> <li>○ Most families are employed in restaurant, transportation and hotel industries which have been the most greatly impacted.</li> <li>○ SD Refugee Family Emergency Fund has provided one-time grants to families for their basic needs; have assisted 270 families but funds are running low.</li> <li>○ April 24 was the start of Ramadan and increased acts of worship, so</li> </ul> </li> </ul>	
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		<p>participation was down; Ramadan is over now so hopefully clients' availability will increase.</p> <ul style="list-style-type: none"> <li>○ High school graduation ceremonies have been cancelled.</li> </ul> <ul style="list-style-type: none"> <li>● <b>Katherin Torres</b>-Clinical Director, Telecare Behavioral Health Court and Underserved Communities Seat on TAY Council <ul style="list-style-type: none"> <li>○ Population: 18 and older and in justice system due to untreated mental illness.</li> <li>○ Closed referral system through courts.</li> <li>○ ACT-level program for 18 months-2 years long and hopefully can get their crimes reduced to misdemeanor.</li> <li>○ 5 graduations this month.</li> <li>○ Unable to go to court for once a month check in due to COVID, but judge went with Probation officers to the members residences to meet with them, socially distanced, on their sidewalks.</li> <li>○ Team of 6 from Telecare serving at Crowne Plaza to meet the need of the homeless population who need extra mental health support.</li> <li>○ Self-care packages sent to homes – puzzles, journals, coloring, information, and encouragement to make connections with fellow clients.</li> <li>○ Testing has just now started again, and courts are starting to open; will return to making court appearances again.</li> <li>○ Encouraged self-care.</li> </ul> </li> <li>● <b>Serena Terrones</b>-SUD Counselor, Episcopal Community Services and Social Support Activities Seat on TAY Council <ul style="list-style-type: none"> <li>○ Continued to provide services via telehealth; no more face to face.</li> <li>○ Scheduling intakes, placing clients in recovery residences plus individual and group sessions.</li> </ul> </li> </ul>	
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		<ul style="list-style-type: none"> <li>○ Those who attend group sessions via ZOOM benefit because they happen at various hours throughout the day.</li> <li>○ Struggling with boredom but more willing to try new things.</li> <li>○ Barriers: unable to UA clients; possible lack of internet, etc.; residential treatment programs are have reduced capacity due to social distancing requirements.</li> <li>○ Resources can be found in ppt.</li> </ul>	
4:00 PM	<b>Open Seats/Interest Forms</b> (Alisha Eftekhari/Eula Ramirez)	Please submit your interest forms to <a href="#">Eula</a> to fill the open positions and upcoming open positions on TAY Council.	
4:10 PM	<b>Public Input/Discussion</b> (All)	<ul style="list-style-type: none"> <li>● Mike Mulligan from UPAC discussed the racial impact on Asian API communities with TAY during this time. Many clients have had a lot more anxiety about going out due to virus and discrimination due to virus. Have had 1,700 hate reports to the report line.</li> <li>● Steven Wells asked presenters: How has COVID affected expression? <ul style="list-style-type: none"> <li>○ Cheyenne (Urban Beats): TAY are interested in trying different things such as music and visual arts; TAY are open more quickly about expression and creativity; connectedness is on the rise.</li> </ul> </li> <li>● Are all programs still receiving referrals? <ul style="list-style-type: none"> <li>○ Liz (NITRC) – no wait time.</li> <li>○ Vanessa (SDYS) – all programs including school based and human trafficking are still taking referrals; no wait list; scheduling of appointments is somewhat affected; always staff at each site to send out referrals.</li> <li>○ Kat (Telecare): no wait list; three clients have screened.</li> <li>○ Michael (Kickstart): no wait list and have been able to determine eligibility prior to pre-screening; please continue to send referrals.</li> <li>○ Peggie (S.D. Regional Center): referrals are still open.</li> </ul> </li> </ul>	



4:25 PM	<b>Announcements (All)</b>	<ul style="list-style-type: none"> <li>• Mike Miller: Systemically challenging to TAY, but also to community as a whole; encouraging more frequent but briefer sessions/check-ins because youth and families are feeling isolated.</li> <li>• Kacie Rodvill – Peer Liaison from Recovery International; please see flyers in the ppt for opportunities.</li> </ul>	
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**Note: Council Members to remain following meeting conclusion for membership application review and future agenda planning.**

**NEXT MEETING: TAY Council Meeting-Wednesday June 24 from 3-4:30pm Location: TBD**

**Sub-Committees/Sectors/Workgroups Meetings Information:**

**CCRT:** Meets the 1st Friday of the month-3851 Rosecrans St.-Coronado Room, San Diego, CA 92110 from 10:00 to 11:30 A.M.

**CSOC Academy:** Meets the 1st Wednesday of the month-6505 Alvarado Road, Suite 107, San Diego, CA 92120 from 9:00 to 10:00 A.M.

**CYF CADRE:** Meets quarterly-2nd Wednesday of the month-La Vista Room from 12:00 to 2:00 P.M.

**Upcoming Presentations:**

- San Diego Metropolitan Transit System-TBD
- Opioid Treatment Provider (OTP)-TBD
- NAMI-TBD
- Center for Community Solutions-TBD