

BEHAVIORAL HEALTH ADVISORY BOARD
General Meeting
Monday, February 28, 2022, 1:00 – 3:30 PM
VIRTUAL MEETING VIA ZOOM

Zoom Participation

The following information referenced below and at the end of the agenda is provided to you in support of your attending the upcoming BHAB General Meeting via Zoom:

Join the Zoom meeting in the following way:

Join Zoom Meeting: <https://us02web.zoom.us/j/83332714732?pwd=bE43OUJqRHhHa0ExSIR5L1VLMWMyQT09>

Meeting ID: 833 3271 4732

Password: 149553

Dial-In: 669-900-9128

AGENDA

- I. Call to Order
- II. Board Member Roll Call
- III. Welcome and Introductions
- IV. Approval of the Agenda – **ACTION** (Roll Call)
- V. Approval of the January 24, 2022 Minutes – **ACTION** (Roll Call)
- VI. Public Comments (3 min. per speaker)
- VII. Chair Comments (5 min.)
- VIII. Director’s Report – Dr. Sevet Johnson (10 min.)
- IX. Board Member Comments and Announcements (10 min.)
- X. Secretary’s Report – Janis Gardner (5 min.)
- XI. BHAB Committee Reports (5 min each)
 - A. Youth & Family Services Committee (February 9 meeting) – Kevin Clerici, Chair
- XII. Old Business
 - A. Needs Assessment Board Letter – Update on Status of Board of Supervisors – Michael Rodriguez, Chair (5 min.)
 - B. 2021 Data Notebook – Discuss Workgroup Progress – Michael Rodriguez, Chair (10 min.)
 - C. BHAB Membership Identification Assessment – Update – Michael Rodriguez, Chair (5 min.)
- XIII. New Business
 - A. Brown Act Public Emergency Allowances / Teleconferences – Requirements for Local Boards and Commissions – Michael Rodriguez, Chair – **ACTION** (Roll Call) (5 min.)
 - B. Officially Announce Opening of 30-Day Public Comment Period on the Mental Health Services Act (MHSA) Managing Assets for Security and Health (MASH) Senior Supports for Housing Stability Innovations Project (February 18 – March 21) – Hilary Carson, MHSA -Sr. Program Administrator – **ACTION** (Roll Call) (10 min.)

Members of the public making oral presentations to the Board in connection with one or more agenda or non-agenda items at a single meeting are limited to a cumulative total time not to exceed (5) minutes for all of their oral presentations at such meeting unless otherwise provided. **Public comments on agenda items must be made prior to board member deliberations of agenda items.** The entire public comment period is limited to no more than (20) minutes total for all speakers. NOTE: The Chair may limit the number or duration of speakers on a matter. 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.

- C. Disparities Reduction Committee Formation – Michael Rodriguez, Chair (5 minutes)
- D. Announcements – Janis Gardner (5 min.)
- E. Presentation Requests
- F. Recognition Award Recommendations

XIV. Contracts

Board of Supervisors Approved Agreements – January 11, 2022

1. Eighth Amendment to the Agreement for Wraparound Services with Casa Pacifica.
2. Memorandum of Understanding (MOU) for the Purchase of State Hospital Beds Between DSH, CalMHSA, and Participating Counties.
3. Participation Agreement Amendment with CalMHSA Authorizing CalMHSA to Contract for State Hospital Beds with DSH on Behalf of Counties.
4. First Amendment for Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Support Services with Idea Engineering, Inc.
5. Second Amendment to the Participation Agreement for the Third Sector Multi-County Full Service Partnerships (FSP) Innovation Project with CalMHSA.

Board of Supervisors Approved Agreements – January 25, 2022

1. Participation Agreement for Electronic Health Record (EHR) Program Services with CalMHSA.
2. Third Amendment to the Agreement for Narcotic Treatment Program (NTP) Drug Medi-Cal Organized Delivery System (DMC-ODS) Substance Use Disorder (SUD) Services with Aegis.
3. Fifth Amendment to the Agreement for DMC-ODS SUD Services with HealthRIGHT 360.
4. Sixth Amendment to the Agreement for DMC-ODS SUD Services with Tarzana.
5. Agreement for Community Services Coordinator Services with the City of Camarillo.
6. First Amendment to the Standard Agreement for Specialty Mental Health Services to Medi-Cal Beneficiaries with DHCS.
7. Application for Substance Abuse Prevention and Treatment Block Grant (SABG) Supplemental Funding Available Through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and the American Rescue Plan Act (ARPA) with DHCS.

XV. Public Comments (3 min. per speaker)

XVI. Adjourn

Next Meeting: Monday, March 21, 2022

All agenda reports and supporting data, including those filed in accordance with Government Code Section 54957.5 (b) (1) and (2) are available from the Behavioral Health Advisory Board Assistant at bhabadmin@ventura.org or in person at Ventura County Behavioral Health, 2nd Floor, 1911 Williams Drive, Oxnard, California. The same materials will be available and attached with each associated agenda item, when received, at the following website: www.vcbh.org/en/behavioral-health-advisory-board-meetings.

Welcome to the meeting of the Behavioral Health Advisory Board of the County of Ventura. The following information is provided to help you understand, follow, and participate in the Board meeting:

Members of the public making oral presentations to the Board in connection with one or more agenda or non-agenda items at a single meeting are limited to a cumulative total time not to exceed (5) minutes for all of their oral presentations at such meeting unless otherwise provided. **Public comments on agenda items must be made prior to board member deliberations of agenda items.** The entire public comment period is limited to no more than (20) minutes total for all speakers. NOTE: The Chair may limit the number or duration of speakers on a matter. 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.

Join the Zoom meeting by clicking the link provided on the agenda at the scheduled time and date. Zoom will initially start with a **waiting room** — you will be admitted into the meeting room when the meeting starts. All participants are muted upon entry to minimize any unintended disruption of background sounds. Please keep yourself on mute unless you are speaking.

Note: The meeting is recorded.

Public Comments

- The Behavioral Health Advisory Board (BHAB) welcomes comments from the community, consumers and family members.
- The BHAB operates under the Brown Act. This requires that all meetings be open meetings, with the agenda and minutes posted. A public comment period will be provided on all meeting agendas.
- Due to confidentiality laws, the Board is unable to respond directly to a public comment or to discuss client-specific issues without proper releases from the individuals concerned.
- At all BHAB meetings, the BHAB Assistant provides a Grievance Form for individuals who have concerns. The form is reviewed promptly by VCBH Quality Management. Individuals can also contact the BHAB Assistant to request a VCBH Grievance Form outside a BHAB meeting or call 1-888-567-2122.
- Individuals who have further concerns are welcome to return to the BHAB for assistance.

Public comments may be provided using one of the following options:

1. Email or Mail Public Comment in Advance of the Meeting

To make a written public comment, you must send an email to bhabadmin@ventura.org, with the specific agenda item or topic, if a general comment, by no later than 10:00 AM on the day of the BHAB meeting. Your written public comment may also be mailed to the following address and must be received by the BHAB Assistant no later than 10 AM on the day of the meeting:

BHAB Assistant
1911 Williams Drive, Suite 200
Oxnard, CA 93036

Please indicate in the subject line the agenda item number (e.g., Item No. 9) on which you are commenting. Your written public comment sent via email or regular mail will be distributed to the BHAB Members and placed into the item's record of the meeting.

Or

2. Video Public Comment using Zoom

You may use the raise hand feature when the Chair invites public comments in the following ways:

If you are running an older version of Zoom, you can raise your hand by clicking on the Participant button at the bottom of the Zoom screen and then click on the raise hand feature in that participant window.

If you are running the most current version of Zoom (5.4.9 and above) you can raise your hand by clicking on the Reactions button and then clicking on raise hand feature. Your hand will appear in the upper left-hand corner of your individual Zoom window as well as the participant window.

Members of the public making oral presentations to the Board in connection with one or more agenda or non-agenda items at a single meeting are limited to a cumulative total time not to exceed (5) minutes for all of their oral presentations at such meeting unless otherwise provided. **Public comments on agenda items must be made prior to board member deliberations of agenda items.** The entire public comment period is limited to no more than (20) minutes total for all speakers. NOTE: The Chair may limit the number or duration of speakers on a matter. 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.

Call-In Public Comment using Zoom

If you are joining the meeting by telephone only, you can join the comment queue by pressing *9. When it is your turn to make your comment, press *6 to unmute and then again to mute yourself after speaking.

Note: Your raised hand will appear TO THE HOST in the order it was received.

Comments are taken in the order they are received in the queue/participant window. When it is your turn to make a comment, you will be asked to unmute yourself. **Public comments may be up to 3 minutes during the public comment periods, or before an agenda item, with a cumulative total time not to exceed 5 minutes.** The assigned timekeeper will track each public comment time as well as the total time per speaker. When your time is up, the timekeeper will interrupt to let you know that you have reached the 3-minute maximum as well as when you have reached your total allotted time. At the end of the three minutes and/or allotted time, the next person in the comment queue will be invited to speak.

REMINDER: In order to minimize distractions during public meetings, all personal communication devices should be turned off or put in a non-audible mode.

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Director's Update

BHAB General Meeting 2.28.22

February has the following days of significance to highlight:

Black History Month

February 21st – 27th, National Eating Disorder Awareness Week

February 19th, Caregiver Appreciation Day

California Advancing and Innovating Medi-Cal:

CalAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes of our population by implementing broad delivery system, program and payment reform across the Medi-Cal program. The major components of CalAIM build upon the successful outcomes of various pilots (including but not limited to the Whole Person Care Pilots (WPC), Health Homes Program (HHP), and the Coordinated Care Initiative) from the previous federal waivers and will result in a better quality of life for Medi-Cal members as well as long-term cost savings/avoidance.

CalAIM has three primary goals:

1. Identify and manage member risk and need through whole person care approaches and addressing Social Determinants of Health.
2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
3. Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

Regarding County Mental Health Plans, the primary focus areas are:

- Behavioral health payment reform
- Revisions to behavioral health inpatient and outpatient medical necessity criteria for children and adults
- Administrative behavioral health integration statewide
- Regional contracting
- Substance use disorder managed care program renewal and policy improvements

DHCS formally released the CalAIM proposal on October 29, 2019, at the [Stakeholder Advisory Committee \(SAC\)](#) and [Behavioral Health Stakeholder Advisory Committee \(BH-SAC\)](#) meetings. Between November 2019 and February 2020, DHCS conducted extensive stakeholder engagement for both CalAIM and the renewal of the federal authorities under which Medi-Cal operates (i.e., 1115 and 1915b

waivers).

DHCS postponed the planned implementation of the CalAIM initiative, originally scheduled for January 1, 2021, so that both DHCS and all of our partners could focus their limited resources on the needs arising from the public health emergency due to COVID-19.

DHCS released a revised CalAIM proposal on January 8, 2021. [Revised CalAIM Proposal](#).

Assistant Director and Division Chief Announcements:

Dr. Loretta Denering, DrPH, will be promoting from her current role to the newly created Assistant Director of Behavioral Health on March 6th. In this role she will have oversight of the multi-year state proposal California Innovating and Advancing Medi-Cal (CalAIM) as well as leading special projects, grant applications and overall expansion efforts of the Department. Since joining VCBH in 2018 she has led the implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot; In 2020 she graciously took on the Mental Health Services Act (MHSA) program and has been providing invaluable oversight over this program since. Most recently she has been actively engaged with the roll out of CalAIM and has worked with the Healthcare Agency Leadership, Gold Coast Health Plan, our County Organized Health System and the Whole Person Care Team as they transition aligning with CalAIM.

Cheryl Fox, LCSW, has been promoted to be the Youth and Family Division Chief. Cheryl is an accomplished behavioral health professional with almost 30 years of experience implementing and overseeing effective behavioral health programs in public mental health settings on behalf of youth and their families. Cheryl has had the honor to work for VCBH within the Youth and Family Division for over 24 years. The focus of her recent contributions has been ensuring underserved and unserved community members have access to programs including Primary Care Integration, INSIGHTS Youth FSP: the Ventura, Santa Paula and Fillmore Clinics and ERSES Services and Juvenile Justice mental health services.

Sara Sanchez, LMFT, has been promoted into the newly created Access and Outreach Division Chief position. Sara is a passionate behavioral health provider with almost two decades of experience providing direct service, supervising and leading mental health programs from infancy to older adulthood. She has been with the Department for almost 15 years; her most recent transition was a lateral move as the BH Manager overseeing STAR, RISE/Assist, and the Crisis Team. In this role she has joined the efforts towards integrated care, streamlining assessments, and lessening the gap for individuals/families to access services-all critical goals of the multi-year State initiative, CalAIM.

General Updates:

- The Quality Management Action Committee (QMAC) meeting schedule and format has been updated to allow for more in-depth data review and discussions. Now, in addition to large group meetings, smaller work groups will take place bi-monthly. The first smaller, QMAC Work Group will be towards the end of March. A Doodle poll to request participation and gather date preferences from QMAC members will be sent soon. The next all member QMAC meeting will be

in September, TBD. If anyone is interested in joining or would like to recommend someone, please email vcbh.quality@ventura.org.

- We would like to provide the link to the webpage where the most recent VCBH EQRO reports can be viewed:
<https://vcbh.org/en/about-us/reports-performance>
- We would also like to provide a link to the webpage where the most recent VCBH Executive Leadership Org Chart can be found:
<https://vcbh.org/en/about-us/about-vcbh>

Adult Services Division:

- I am pleased to report we received notice of award of a Mental Health Block Grant in the amount of \$1.4M. This grant combines funding from two sources Coronavirus Response and Relief Supplemental Appropriations Act and the American Rescue Plan Act and will be used to fund (1) staffing (i.e., three bilingual Community Services Coordinators to work with CSU and RISE clients and six peer positions to work in the adult clinics/programs) and (2) equipment to expand telehealth capabilities.
- Staff continue to explore options for infrastructure development in light of the State's \$2.2B offering under the Behavioral Health Continuum Infrastructure Program. There is the potential to fund construction/repurposing of physical plants to be use for both treatment facilities and adult residential facilities. The deadlines for submission are tight with a strong emphasis on funding for "launch ready" projects; we are actively pursuing a few different avenues.

Youth and Family (Y&F) Services Division:

Division Highlights

- Cheryl Fox, LCSW has been promoted to be the Youth and Family Division Chief.

Initiatives and Progress

- The Child Welfare Subsystem continues to work closely with Human Services Agency and Seneca FURS (Family Urgent Response Team) provider to promote FURS services in our community. FURS is a 24/7 statewide hotline that provides support to current and former foster youth and their caregivers during situations of instability. The FURS hotline is managed at the State level and calls are routed to our local mobile response team 24/7 to provide in-home support when needed. FURS number is 1(833) 939-3877. FURS flyers are available in 9 different languages on the State's website [Family Urgent Response System \(ca.gov\)](https://www.familyurgentresponse.org/)
- Expanded collaboration with Logrando Bienestar in Fillmore YFS and continued collaboration for Santa Paula YFS with Logrando Bienestar and RISE. The clinics have co-located additional Logrando and RISE staff in both offices to assist with collaboration, meeting clients, and addressing barriers to service.
- Continuing to partner in the Juvenile Facility (JF) on Juvenile Justice reform initiatives and implementation in for youth and young adults ages 12-25 in our county. Behavioral health services for youth, TAY and secured youth treatment track youth populations are evolving in line with these new clinical presentations. JF staff are continuing to meet with youth face-to-face and providing telehealth opportunities to connect to their primary clinicians in coordinating care and transitions in and out of the facility.

- The Y&F Division is working with United Parents Family Access Support Team (FAST) to support their process of becoming a Medi-Cal certified provider.

Collaborations

- The Y&F Division, Human Services Agency and Probation are working together with Casa Pacifica STRTP to reimagine and redesign services due to federal Families First Prevention Services Act (FFPSA) regulations. We are working collaboratively with our agency partners to support and advise Casa Pacifica on the needs of dependency and other Medi-Cal eligible youth to address their mental health needs.
- In partnership with HSA, the Y&F Division is collaborating with Probation to develop a process to support SB 439: youth under age 12 that come to the attention of law enforcement. The goal of SB 439 is to determine the least restrictive responses aside from incarceration that may be used instead of, or in addition to, the release of the minor to his or her parent, guardian, or caregiver

Training & Conferences

- In collaboration with VCOE, VCBH ERSES staff will be participating in a Social Emotional services training for Santa Paula Unified School District on March 14th. This is in addition to the annual all-Districts' training.

Substance Use Services (SUS) Division:

Substance Use Prevention

- The Overdose Prevention Program continues to expand. The program has documented more than 1,623 overdose reversals to date and brought hundreds of county residents closer to care. The program expanded this year by ten (10) new sites, for a total of 48 active distribution locations.
- A review of local Treatment Admission data from 2021 shows encouraging news about people who use Fentanyl seeking treatment. As of December 2021, for the first time, synthetic opioids – Fentanyl and related analogs—have eclipsed Heroin as the primary drug named among those admitted to treatment. This suggests that more and more local opioid users who moved to fentanyl are now showing up within our system seeking treatment for an Opioid Use Disorder.
- In collaboration with Logrando Bienestar, fentanyl warnings and prevention information is being shared with schools across the county. The “Fentanyl is Forever” campaign is moving forward with radio, streaming video and printed messaging in both Spanish and English countywide.

DMC-ODS Plan/Substance Use Treatment Services

- In February, the Department submitted an application to participate in the DHCS Contingency Management (CM) pilot. The program will make California the first in the nation to provide contingency management services for Medicaid (Medi-Cal) beneficiaries experiencing stimulant use disorder. Contingency Management provides motivational incentives for non-use of stimulants as evidenced by negative drug tests. It is intended to encourage decision-making towards managed use. Research on the effectiveness of CM repeatedly demonstrates positive

outcomes that include reduction or cessation of drug use and longer retention in treatment. This program will start July 1st upon approval from DHCS.

- On February 23rd and 24th VCBH partnered with the California Consortium of Addiction Programs and Professionals (CCAPP) and National Alliance for Recovery Residences (NARR) on a training opportunity for current sober living providers who would like to transition into Recovery Residence Providers. The training provided an overview of Recovery Residence basics: how to start a recovery residence, what makes a quality residence, legal and ethical consideration, and how to apply and optimize county contracts.
- In collaboration with Human Services Agency - CFS Family Treatment Court, a virtual panel discussion will be provided on March 15th to Ventura County Sober Living providers on Medications for Addiction Treatment (MAT). VCBH SUS Medical Director Dr. Vaskovits, and other County medical providers will be leading the panel and Q&A with science-led information and education on MAT services.

MHSA:

- Suicide Prevention Efforts and Resources:
 - Suicide prevention messaging was significantly expanded through December and January, with over 3 million media impressions made (see slide).
 - Suicide Prevention Campaign – December – January 2021 – 2022 Highlights
 - Broadcast TV – 1,967,000 impressions
 - Streaming Video – 121,740 impressions
 - Targeted Website Ads – 778,806 impressions
 - Online Video – 302,569 impressions
 - Grand Total - 3,170,115 impressions
- For more information, please visit: www.WellnessEveryDay.org

Suicide Prevention Campaign • December–January '21–'22

IMPRESSIONS

Broadcast TV
1,967,000

Streaming Video
121,740

Targeted Website Ads
778,806

Online Video
302,569

TOTAL: 3,170,115



www.WellnessEveryDay.org

Administration:

CalAIM

- The CalAIM unit (California Advancing and Innovating Medi-Cal) continues to coordinate CalAIM efforts across the department. A CalAIM Implementation lead team, which includes managers from various functional areas, meets weekly to analyze guidance issued by the Department of Health Care Services and to further plan how to successfully implement upcoming policy changes. VCBH successfully implemented the CalAIM updated criteria for access to Specialty Mental Health Services that became effective on 1/1/22. Specifically, VCBH staff worked to update policies, referral and assessment forms, and EHR applications. Provider trainings and on-going collaborations with contracted county partners and the local managed care health plan helped facilitate a smooth implementation experience. VCBH staff are now working with internal and external stakeholders to ensure timely implementation of policy changes that are effective 07/1/22.

Safety and Facilities

- Ongoing monitoring and compliance with DCHS IN-043 that requires all healthcare staff to be vaccinated or have an approved exemption and be tested weekly. Employees not in compliance with either of those requirements will be placed on leave effective 10-1-2021. They must come into compliance the requirements or may face further action related to continued employment. A new requirement was issued on 12/22/21 requiring Booster vaccines for all staff. If a staff member has not had their Booster, they are required to test weekly.

Contracts Team

- The Contracts Team is preparing to hold Spring Provider meetings in March and April to review contractors' FY 2021-22 performance for the second portion of the fiscal year and to discuss FY 2022-23 contract details. The Contracts Team has started contract season – the FY 2022-23 Contracts Budget has been completed and contract scopes of work and budget requests have been made to the VCBH Operations Managers and Contractors.

Quality Assurance

- QA continues to support the upcoming onboarding of four contracted Short Term Residential Treatment Programs (STRTPs) by facilitating Medi-Cal Site Certification and training, in collaboration with the Division Y&F Operations, Contracts, Fiscal and EHR teams.
- The QA Care Coordination team continues to facilitate all care coordination between VCBH and outside delivery systems and works to ensure beneficiary access to appropriate and culturally appropriate services within or outside the Network by identifying and mitigating barriers to access to timely services.
- Utilization Review has transitioned from monthly to more in-depth quarterly reviews that include supportive, feedback exit reviews to align with upcoming CalAIM documentation requirement changes.

- QA has initiated onboarding protocols to standardize training and support operations which includes provider hiring/onboarding check lists and training on important policies and procedures.
- QA continues to review, monitor and track implementation of and compliance with DHCS Information Notices in collaboration with inter-departmental stakeholders.
- QA is now facilitating quarterly VCBH management and CBO provider meetings respectively, to provide ongoing training and updates on topics including: CalAIM implementation, compliance requirements, policies and procedures, QI and EHR.

Quality Improvement:

- The External Quality Reviews (EQRO) for Mental Health took place February 22-24, 2022.
- The draft report from the DMC-ODS External Quality Review (EQRO) held the end of November/early December was received and VCBH feedback has been sent to BHC. Once finalized, the report will be posted on the website.
- QI continues to implement 4 performance improvement projects (PIPs) that address areas for improvement such as no-show rates, initial and ongoing client engagement in services, and post-hospitalization follow-up, and recently received positive feedback on all PIPs from the state reviewers.
- QI is building out ongoing tracking and reporting of key performance metrics and are working with VC-Information Technology Services to design a public-facing data dashboard.
- To support Strategic Planning efforts, QI is working with department leads to deliver baseline data and develop methods for reporting progress.
- The Quality Management Action Committee (QMAC) meeting schedule and format has been updated to allow for more in-depth data review and discussions. Now, in addition to large group meetings, smaller work groups will take place bi-monthly. QI continues to recruit consumer/family/peer and community stakeholders for the QMAC. Names can be sent to vcbh.quality@ventura.org.

Electronic Health Record

- The EHR Team continues to collaborate on the CalAIM initiative with many VCBH partners. Currently we are focused on participating in the development of the ECM (Enhanced Care Management) initiative. ECM is the next-generation Whole Person Care initiative for California.
- Recently, an improved method for working with the client chart for EHR clinical staff has been released. This improved interface allows clinicians to work with client chart details in a more efficient, and time effective manner.
- Preparatory steps are underway to implement a major release of our EHR application later in the year. This multi-month project will present new usability features in the EHR environment for all EHR users. An EHR project manager is currently in the project planning stage of this effort. The EHR client chart improvements mentioned in the prior point, is a prerequisite for moving into this new EHR environment.

VENTURA COUNTY BEHAVIORAL HEALTH

Clients Served

Open episodes in January 2022 with billing activity in prior 12 months

As of 2/9/2022

All VCBH SUS - County & Contractor MH Adult - County & Contractor MH Y&F - County & Contractor VCBH STAR Adult Crisis	VCBH Treatment Programs County & Contractor Includes outpatient and residential
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**VCBH enrolled clients only

	VCBH Program Group							CSU**	IPU**
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis			
Total Clients With Open Episode	11,277	1,119	5,623	3,939	837	675	6	43	

**VCBH enrolled clients only

Total Clients With Open Episode Age Group *	VCBH Program Group							CSU**	IPU**
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis			
0-15	2,820	15		2,639	253	73			
16-25	2,169	182	741	1,153	189	131		9	
26-59	5,020	866	3,784	147	352	360	5	29	
60+	1,268	56	1,098		43	111	1	5	
Grand Total	11,277	1,119	5,623	3,939	837	675	6	43	

**VCBH enrolled clients only

Total Clients With Open Episode Preferred Language	VCBH Program Group							CSU**	IPU**
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis			
English	9,783	1,052	4,921	3,350	641	613	6	39	
Spanish	1,157	55	555	475	110	33		4	
Mixteco	14	1	2	11	1				
Other	93	4	63	20	3	6			
Unknown / Not Reported	230	7	82	83	82	23			
Grand Total	11,277	1,119	5,623	3,939	837	675	6	43	

**VCBH enrolled clients only

Total Clients With Open Episode	VCBH Program Group							CSU**	IPU**
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis			
Ethnicity									
Latinx	5,745	587	2,529	2,462	458	228	3	22	
Non-Latinx	4,108	428	2,647	867	229	236	3	20	
Unknown / Not Reported	1,424	104	447	610	150	211		1	
Grand Total	11,277	1,119	5,623	3,939	837	675	6	43	

**VCBH enrolled clients only

Total Clients Served At Each Location ***	VCBH Program Group							CSU**	IPU**
	Program Service Location	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis		
CAMARILLO	489		92	397					
FILLMORE	147	40		107					
MOORPARK	8			8					
OXNARD	6,068	785	2,543	1,748	837	675			
SANTA PAULA	765		500	265					
SIMI VALLEY	1,234	79	713	464					
THOUSAND OAKS	1,215	40	859	324					
VENTURA	2,144	65	1,106	993			6	43	
Outside Ventura County (Contractor)	291	269	22						
Grand Total	12,361	1,278	5,835	4,306	837	675	6	43	

*** Clients may be counted under multiple locations

VENTURA COUNTY BEHAVIORAL HEALTH

Clients Served

Open episodes in January 2022 with billing activity in prior 12 months

As of 2/9/2022

All VCBH	VCBH Treatment Programs
SUS - County & Contractor	County & Contractor
MH Adult - County & Contractor	Includes outpatient and residential
MH Y&F - County & Contractor	
VCBH STAR	
Adult Crisis	

**VCBH enrolled clients only

Total Clients With Open Episode	VCBH Program Group							CSU**	IPU**
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis			
Residence Region - City									
Conejo Valley	959	86	524	253	82	80	2		
Conejo Valley-Newbury Park	231	21	127	56	17	27			
Conejo Valley-Oak Park	36	3	11	19	4	1			
Conejo Valley-Thousand Oaks	638	59	354	167	54	49	1		
Conejo Valley-Westlake Village	54	3	32	11	7	3	1		
Moorpark	346	22	129	180	18	10			
Moorpark	346	22	129	180	18	10			
Ojai	227	30	110	64	17	23			
Ojai	183	26	88	48	13	21			
Ojai-Oak View	44	4	22	16	4	2			
Oxnard Plains	5,045	485	2,498	1,831	386	293	3	22	
Oxnard Plains-Camarillo	838	66	443	273	41	91		2	
Oxnard Plains-Oxnard	3,829	385	1,885	1,424	302	175	3	18	
Oxnard Plains-Port Hueneme	362	34	159	131	41	26		2	
Oxnard Plains-Somis	16		11	3	2	1			
Santa Clara Valley	1,090	78	459	502	89	48		6	
Santa Clara Valley-Fillmore	313	27	132	135	30	17		2	
Santa Clara Valley-Piru	42	4	12	24	4	1		1	
Santa Clara Valley-Santa Paula	735	47	315	343	55	30		3	
Simi Valley	1,273	133	622	433	79	97		3	
Simi Valley	1,273	133	622	433	79	97		3	
Ventura	2,016	246	1,114	584	156	105	1	9	
Ventura	2,016	246	1,114	584	156	105	1	9	
Not Reported	321	39	167	92	10	19		3	
Not Reported	321	39	167	92	10	19		3	
Grand Total	11,277	1,119	5,623	3,939	837	675	6	43	

Note:

Residence cities do not reflect client service location.



VENTURA COUNTY

BEHAVIORAL HEALTH

A Department of Ventura County Healthcare Agency

February 28, 2022

VENTURA COUNTY INNOVATIONS:

Managing Assets for Security and Health
(M.A.S.H.) Senior Supports for Housing
Stability

Hilary Carson, INN Administrator

Program Overview

Project Goal: To provide creative case management, therapeutic, and material support to enrolled seniors at risk of losing their housing due to fiscal, cognitive, or physical restrictions.

Primary Purpose: To promote interagency and community collaboration related to mental health services provided through permanent supportive housing

Community Planning Process: Submitted and reviewed by the community during the spring of 2021.

Time Limited: 5 Years

Proposal

Assessment

- ✓ Assess a client's mental, physical, & financial health,
- ✓ Review challenges and opportunities
- ✓ Explore options and empower their choices
- ✓ Implement a plan that ensures security in an appropriate housing

Levels of support

- Tier 1: Self-resolve; housing coaching or education only
- Tier 2: On site modifications for aging in place, benefit enrollment, reverse mortgages, or other financial management goals
- Tier 3: Rapid re-housing, light rental subsidy, or home share with intensive case management
- Tier 4: Housing placement & intensive case management

Graduation and After-Care

- 6–12-months
- Intensive post move support would include organizing the new space, learning a new neighborhood, processing the move, and resolving interpersonal issues

Evaluation: Questions and Measurable Outcomes

Research Question

1. Does enrollment in the MASH program have an impact on the client's motivation to change their housing situation?

2. How much does the program improve client's sense of security and safety?

Aim 1: Living situation

Aim 2: Financial situation

3. Does enrollment in the program reduce feelings of depression, anxiety, and isolation?

4. Does the program have an effect on enrolled clients housing situation? measured by:

Aim 1: Prolonged ability to stay in current housing (Tier 1&2 only)

Aim 2: Reduced moves, foreclosures, or evictions

Aim 3: Stably housed 6-12 months post discharge (Tier 3&4 clients only)

Budget

BUDGET TOTALS	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
Personnel						
Direct Costs	\$133,294	\$140,249	\$152,256	\$164,618	\$176,502	\$766,919
Indirect Costs	\$31,295	\$35,719	\$39,757	\$44,871	\$48,146	\$199,788
Non-recurring costs						
Other Expenditures						
TOTAL INNOVATION BUDGET	\$164,589	\$175,968	\$192,012	\$209,489	\$224,647	\$966,706

Sustainability Plan: If successful, Project will be considered for a PEI program

Questions?

Hilary Carson
805-981-8496
hilary.carson@ventura.org

INNOVATIVE PROJECT PLAN RECOMMENDED TEMPLATE

COMPLETE APPLICATION CHECKLIST
<p>Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:</p>
<p><input type="checkbox"/> Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors. <i>(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)</i></p>
<p><input type="checkbox"/> Local Mental Health Board approval Approval Date: March 21,2022</p>
<p><input type="checkbox"/> Completed 30 day public comment period Comment Period: 2/18/22-3/21/22</p>
<p><input type="checkbox"/> BOS approval date Approval Date: March 29th or _April 5th</p> <p>If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _____</p> <p><i>Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.</i></p>
<p>Desired Presentation Date for Commission: ___May 26, 2022_____</p> <p><i>Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all</u> requirements have been met.</i></p>

County Name: Ventura County

Date submitted: March 22, 2022

Project Title: **Managing Assets for Security and Health (MASH) Senior Supports for Housing Stability**

Total amount requested: \$966,706

Duration of project: 5 years

Purpose of Document: The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

Innovation Project Defined: As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that “the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports”. As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- Supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- Increases access to mental health services to underserved groups
- Increases the quality of mental health services, including measured outcomes
- Promotes interagency and community collaboration related to Mental Health, services provided through permanent supportive housing

Section 2: Project Overview

PRIMARY PROBLEM

The issue of seniors at risk of or currently experiencing homelessness has been highlighted over and over in recent years. A report published by the University of Pennsylvania analyzed historical records of shelter admissions in three of the nation’s largest cities projecting that in the next 10 years, the number of elderly people experiencing homelessness will nearly triple as the baby boomer’s generation continue to age¹. Findings were published before the effect of the pandemic could be taken into consideration. Prior to the pandemic multiple headlines have warned of the impending crisis or the silver tsunami thundering towards social service providers². While multiple reports have warned of the impending crisis senior support services agencies argue the emergency is already here. Another recent study from UC San Francisco expert Dr. Margot Kushel found “people over 50 now account for half of unhoused adults – a four-fold increase since 1990 when 11% of homeless adults were over 50. Older people already on the financial edge after decades of working low-wage jobs and with little or no savings or retirement income can be quickly de-stabilized by a rent increase, or injury or death of a partner or caregiver”. Many of which are common occurrences for individuals in the later stages of life. Kushel also found disturbingly, that nearly half of unhoused older people didn’t experience their first episode of homelessness until after age 50³.

Locally here in Ventura County rent increases have been steadily on the rise for the past few years. A complicating factor is the County’s geography and the voter approved land use agreements. Much of the county is dedicated to the vital agricultural industry, open spaces initiatives and protected state and national resources that include rivers, beaches, and forest areas. As a result, housing like many other areas in the state has become a scarce. The pandemic has worsened the situation housing prices have

¹ [Emerging-Crisis-of-Aged-Homelessness-1.pdf \(upenn.edu\)](#)

² [Elderly and Homeless: America’s Next Housing Crisis - The New York Times \(nytimes.com\)](#)

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3250535/>

soared and rentals remain scarce. Rents surged in 2021 by 10.9% in the last fiscal year, more than twice the normal rate. According to the National Low-income Housing Coalition a person making minimum wage would have to work 89 hours per week in order to afford the \$1,615 dollars per month in rent⁴. Additionally, chances of finding a fair market price rental in the area is equally as challenging with a vacancy rate down to an average of 1.37% in 2021⁵. Social Security Income averages \$932 per month falling far short of being enough for even a studio apartment in the area.

Senior service providers have noticed an increase in requests for services and the need for financial counseling for low-income seniors who never planned on rents or other expenses escalating so quickly. “I regularly speak to seniors who have anywhere from a few years to a few months before their expenses will exceed their incomes. They freeze with anxiety and sink into despair, seeing the cliff that’s coming and not knowing what to do about it.” -Executive Director of Volunteer CAREGIVERS of Ventura County. Her sentiments were confirmed by the last Community Planning Process (CPP). Innovation community program submissions included 28 program ideas and the support for seniors at risk of losing housing came in as the second most voted for program after mobile mental health.

PROPOSED PROJECT

Project Goal: To provide creative case management, therapeutic, and material support to enrolled seniors at risk of losing their housing due to fiscal, cognitive, or physical restrictions.

Assumptions of Program Approach: By assigning and monitoring volunteers to work with homebound seniors the clients will build a trusting relationship with the organization and be more likely to engage in a housing resource plan to include essential services and concrete resources as needed. The participants will be able to explore multiple solutions to their housing situation over time increasing the chances for success in a new placement

Key Intervention: Matching trained specialty peer volunteers with homebound seniors that can help identify and work with those seniors who are in jeopardy of losing their current housing.

Volunteer Caregivers of Ventura County is a small non-profit agency that recruits volunteers to support home bound elderly. Participants are predominantly women (80%) who live on fixed/limited incomes; and are frequently medically fragile and/or disabled. Volunteer support, also comprised mostly (80%)

⁴ https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2022_code/2022summary.odn

⁵ <https://www.vcstar.com/story/news/2021/11/07/apartments-for-rent-nearby-unlikely-as-rental-market-grips-tenants-rising-costs-few-vacancies/8558423002/>

of women over 60, is at no cost to the senior and may range from friendly visitation, transportation for medical appointments, shopping, for groceries and medical supplies, regular "warm line" phone calls, and support from supervised volunteers mostly peers who may do cooking, minor house cleaning or yard work. A number of these seniors served (estimated at 10% at least) are on the verge of becoming homeless. These seniors are often physically and emotionally fragile (many are wheelchair bound, experiencing loneliness & confusion); and, are experiencing memory loss, or the beginning stages of dementia and Alzheimer's disease. To compound their situation, their families are frequently unable to assist them; and/or they live in another state. Local housing authorities have in some cases years long waiting lists. The CAREGIVERS organization identified a set of previously unprovided services and a focused set of highly trained volunteers to address this unique subset of home bound seniors, and to re-energize the "Home Share" model that has been used in other parts of the county for this vulnerable population of potentially homeless seniors.

The program entitled, MASH, an acronym for Managing Assets for Security and Health will provide several supports for seniors at risk of homelessness. The general program will consist of three phases and start with a four-step assessment.

Phase I- Outreach will be made to all seniors already enrolled or referred to the Volunteer CAREGIVERS of Ventura County organization who are at risk of losing their current housing. Eligible seniors will be enrolled in the volunteer matching and begin a process of relationship building to expand the participant's support system. The volunteer will help the participant build a customized housing budget and stabilization (CHBS) plan based on the following four components. To (1) assess a senior's mental, physical, and financial health, (2) review their challenges and opportunities, (3) explore their options and empower their choices and (4) implement a plan that ensures security in an appropriate housing

The CHBS plan will also determine which tier the participant falls into from 1-4.

Tier 1: Self-resolve; housing coaching or education only

Tier 2: On site modifications for aging in place, benefit enrollment, reverse mortgages, or other financial management goals with CPA oversight.

Tier 3: Rapid re-housing, light rental subsidy, or home share with intensive case management

Tier 4: Housing placement & intensive case management

Once a plan has been agreed to by the participant the MASH program volunteers would offer a menu of services customized per the CHBS plan. Essential services would include external clinical support sessions, financial education training, family process meetings, light case management, Homemaking Services (Homemaking, Chores, Cleaning), Non-Medical Transportation, Independent Living Skills (Life Coaching & Money Management), or other general support services. Essential services would be offered and customized regardless of clients Tier placement. All clients would have access to clinical support by the organization's volunteer LCSW and MSW students at the beginning and later with a subcontracted clinical services organization as needed. Reports of depression and anxiety have been high and short-term family counseling has been identified as a critical service expected to be expanded given the potential of some clients needing to move in with or have a family member move in to assist with care or financial support.

Phase II-Clients placed in Tier 2-4 will have a wider variety of resources to access. These are the highest risk individuals that the organization currently cannot support. This innovative service will begin with a test phase serving 4 clients with the following concrete services as needed:

**Immediate support* resources to ensure the individual does not become homeless. (e.g., financial assistance, temporary shelter, rapid rehousing etc.)

**Age in place supports* (e.g., include family network to move in if viable, handicap accessible or other home modifications, home share, reverse mortgages, utilities, or other bills requiring backpay etc.)

**Moving Supports* (Secure placement in new housing arrangement, first/last month securities, downsizing, light rental subsidy etc.)

If the test clients are successful and would recommend the program an additional 25-50 clients will be targeted for admission.

Phase III would consist of Graduation and After-Care for a period of 6–12-months. Intensive post move support would include organizing the new space, learning a new neighborhood, processing the move, and resolving interpersonal issues with any new house mates to be provided by a counselor or a traditional CAREGIVERS volunteer support staff depending on the client’s adjustment. This final phase may also include a 1:1 Match or household chore support from the Building Bridges Intergenerational Program.

RESEARCH ON INN COMPONENT

There is general agreement in the field of gerontology that aging well includes both personal and environmental resources ⁶. The CAREGIVERS national organization has been providing light personal services through volunteer matches for nearly forty years. The MASH program will be the first time combining several initiatives from sister agencies from across the nation (i.e., home shares and home modifications) and adding a housing fund with the specialized economic development team with advisement from professional financial services agency. A key strategy to improve housing affordability is to increase the availability of rental assistance. According to a recent article by Dr. Margot Kurshel, only one in four households in America that meets the criteria for rental assistance receives it. Among older adults, that number increases to one in three. Rental assistance is not an entitlement, and the various federal programs that provide affordable rental opportunities are not funded to meet the demand⁷. The MASH program will

⁶ Lawton, M. P. (1982). Competence, environmental press, and the adaptation of older people.

In M. P. Lawton, P. G. Windley, & T. O. Byerts (Eds.), *Aging and the environment: Theoretical approaches* (pp. 33–59). Springer.

Lawton, M. P., & Nahemow, L. (1973). Ecology and the aging process. In C. Eisdorfer & M. P. Lawton (Eds.), *The psychology of adult development and aging* (pp. 619–674). American Psychological Association.

⁷ Kurshel, Margot (2020) Homelessness Among Older Adults: An Emerging Crisis. *Generations Journal* Summer 2020 [Homelessness, Older Adults, Poverty, Health \(asaging.org\)](https://www.asaging.org/homelessness-older-adults-poverty-health)

connect clients with any benefits the client may be eligible for and assist in finding locations that will accept tenants receiving rental assistance, in addition rental assistance fund is being included in the budget as a stop gap measure for clients already past the point of being able to avoid homelessness without immediate assistance.

LEARNING GOALS/PROJECT AIMS

Change can be difficult for anyone but can be an exaggerated barrier for individuals who are disabled, cognitively impaired, or under financial duress. Add to that situation that many of these clients have not had to think about moving for 20-40 years living in the same places where they raised their families or lost their spouses. The MASH program hopes to offer individuals a partner in that process of identifying the need to make a change and then having the courage to make that life altering move. The following are the identified learning goals for the program.

1. Does enrollment in the MASH program have an impact on the client’s motivation to change their housing situation?
2. How much does the program improve client’s sense of security and safety?
 - Aim 1: living situation
 - Aim2: fiscal situation
3. Does enrollment in the program reduce feelings of depression, anxiety, and isolation?
4. Does the program have an effect on enrolled clients housing situation? measured by:
 - Aim 1: Prolonged ability to stay in current housing (Tier 1&2 clients only)
 - Aim 2: Reduced evictions
 - Aim 3: Stably housed 6-12 months post discharge (Tier 3&4 clients only)

EVALUATION OR LEARNING PLAN

The evaluation will use existing scales whenever possible some that are under consideration are referenced below. The evaluator will work with CAREGIVERS and VCBH staff to finalize all proposed measures.

Learning Goal	Indicators	Measures under consideration
1.Does enrollment in the MASH program have an impact on the client’s motivation to change their housing situation?	Increased willingness to change living circumstances such as taking on a roommate, moving family in or with family, moving to a new location	The Transtheoretical Model (TTM) or Moving on Initiative developed by the Veterans Administration Homeless Services.
2.How much does the program improve client’s sense of security and safety?	Improvement in health rating	5-point agree–disagree scale that ranged from agree (5) to disagree (1).: “Considering

		my age, I am in a good health,” “I try to maintain a healthy lifestyle,” ⁸
Aim 1: living situation	Increase in feelings of security	
Aim2: fiscal situation	Increase in feelings of security	<p>5-point agree–disagree scale that ranged from agree (5) to disagree (1).: “I have sufficient financial resources to stay where I am living,” and “I have enough money to live my life the way I want s.” OR</p> <p>Three items questioning do clients have enough money to pay for their needs in food, in medical services and daily expenses, rated on a 3-point scale ranging from 1 = enough to 3 = not enough. The fourth question to rate how difficult it was to pay their monthly bills, rated on 4-point scale, ranging from 1 = not difficult at all to 4 = very difficult.⁹</p>
3.Does enrollment in the program reduce feelings of depression, anxiety, and isolation?		<p>Three-item scale of life satisfaction developed by Lumpkin and Hunt¹⁰</p> <p>Or Revised University of California Los Angeles</p> <p>loneliness scale (RULS-V3)</p> <p>Center for epidemiological studies depression scale (CES-D)</p>

⁸ Anat Toder Alon, Liad Bareket-Bojmel & Avichai Shuv-Ami (2021): The Relationship between Perception of Care, Sense of Security, and Subjective Psychological Well-Being among Older Adults Living in Sheltered Housing vs. Independent Housing in Israel, *Journal of Aging and Environment*, DOI: 10.1080/26892618.2021.2019867

⁹ Kee-Lee Chou & Iris Chi (2001) Financial strain and depressive symptoms in Hong Kong elderly Chinese: The moderating or mediating effect of sense of control, *Aging & Mental Health*, 5:1, 23-30, DOI: 10.1080/13607860020020609

¹⁰ Lumpkin, F. J., & Hunt, B. J. (1989). Mobility as influence on retail patronage behavior of the elderly: Testing conventional wisdom. *Journal of the Academy of Marketing Science*, 17(1), 1–12. <https://doi.org/10.1007/BF02726348>

4. Does the program have an effect on enrolled clients housing situation? measured by:		
Aim 1: Prolonged ability to stay in current housing (Tier 1&2 only)	Months of stability increased as compared to initial assessment	Fiscal longevity assessment
Aim 2: Reduced moves, foreclosures, or evictions	Fewer number of moves, foreclosures or evictions than predicted after CHBS assessment	Two items: How many times have you moved in the last 6 month? Did you experience any foreclosures or evictions in the last 6 months?
Aim 3: Stably housed 6-12 months post discharge (Tier 3&4 clients only)	Months at the same address.	Number of changes of address requests.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

The project includes target goals, evaluation support, bi-annual contract meetings, and the support of VCBH department staff and an innovation Program Administrator to work with the contractor and ensure compliance to the project plan and deliverables.

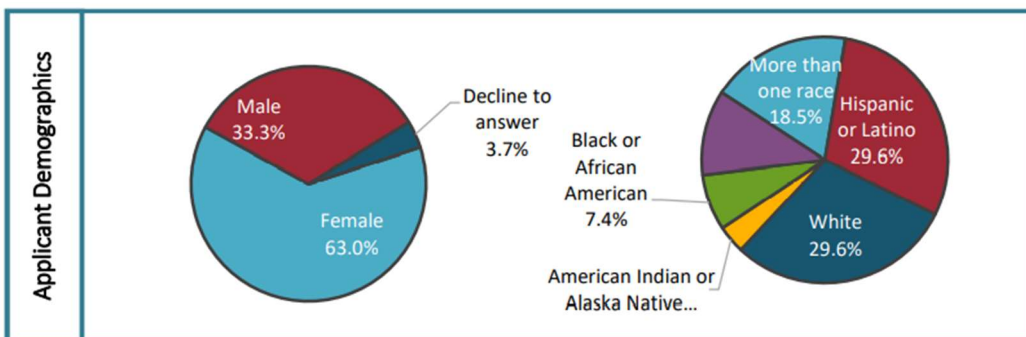
COMMUNITY PROGRAM PLANNING

The COVID-19 pandemic has hindered the regular and in person CPP process for the Fiscal Year 20/21 planning process for available Innovation dollars. Ventura County has been building upon its community-wide mental health needs assessment that was completed for the current three-year plan (Fiscal Year 2020-2023). Results from that effort identified several vulnerable communities and challenges to the mental health services currently being provided in the community. To that end the County advertised for Innovation submissions as described below.

The current state local priorities for mental health services are unserved or underserved populations in Ventura County such as: Latinx, African American, LGBTQIA, people who are homeless, people with co-occurring disorders (mental health and substance use), and people at risk of suicide.

Examples of the advertisements that were posted in local newspapers, through social media and internet advertisements are below:

An MHSOAC stakeholder planning committee was gathered and included individuals living with a serious mental illness, family members of individuals living with serious mental illness, Latinx, LGBTQ+, all geographic regions, genders, religious communities, and community-based organizations. The planning committee reviewed twenty-eight Innovation ideas that were submitted through the County website. Committee members had five days to assess the summary proposals and vote for their top three after a brief orientation to Innovation regulation requirements. Mobile Mental Health was the top choice by several votes and was approved in 2021. In second place was the Senior Supports for Housing project. Results of the virtual CPP Innovation submission process are below. A total of 27 ideas were received through the website and one was submitted directly to the department. Applicants were not required to answer all the demographic questions and could also click more than one answer so not all sections will add up to 100%





MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

- A) Community Collaboration- CAREGIVERS is a community service provider and was chosen through a community planning process that included individuals living with a serious mental illness, family members of individuals living with serious mental illness, Latinx, who identified as LGBTQ+, all county geographic regions, genders, multiple religious communities, and other community-based organizations.
- B) Cultural Competency: CAREGIVERS is committed to providing services, offering employment and volunteer opportunities to all, without discriminating on the basis of age, gender, race, religion, sexual orientation, ethnicity, national origin, or disability. The agency will work closely with the Office of Equity and Diversity through the contracting process to ensure outreach and offering of services is equitable to all eligible participants.
- C) Client-Driven; Clients are partners in their CHBS plans and must voluntarily sign off on any plans for housing changes or additional essential or concrete services.
- D) Family-Driven: Families would be included in the process whenever viable through family meetings, group therapy, moving in with or having a participant move in with the family. Family would also be included when viable before any fiscal decision such as a reverse mortgage.
- E) Wellness, Recovery, and Resilience-Focused: All services are designed to keep the participant in an environment that is most safe for them

physically and financially allowing the client to live with dignity and security.

- F) Integrated Service Experience for Clients and Families: CAREGIVERS already works closely with several agencies in the county and would continue these partnerships in order to keep as many options open for clients as possible: VCBH, Jewish Family Services, Grey Law, Public Gradian, Adult Protective Services, Public Health, and the Area Agency on Aging etc.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

CAREGIVERS is committed to providing services, offering employment and volunteer opportunities to all, without discriminating on the basis of age, gender, race, religion, sexual orientation, ethnicity, national origin, or disability. Pairing of volunteer matches is based on geography, skill set and personal interests on which volunteers and care receivers can build a friendship. Using this 40-year tested model of service has resulted in relationships that have endured up to 20 years and enrollment with the organization for up to 36 years. Services and materials are provided in English and Spanish, and the organization is looking into additional cultural competency trainings.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety or keep elements of the INN project without utilizing INN Funds following project completion.

CAREGIVERS has planned for sustainability with the assumption that this is a one-time grant. Budget reflects a primarily volunteer staffing base in accordance with the current business model. Learning collaboratives and planning efforts have been built into the grant to build awareness with the broader state and national CAREGIVERS association. The anticipation is that with these broader networks not exclusive to CAREGIVERS organization, is to ensure collaboration and if successful can be modeled and maintained irrespective of Innovation funding.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

It is unknown at this point if the program will serve individuals with serious mental illness. The target population would primarily be for prevention services however the program has worked with individuals experiencing serious mental illness previously. If this does become the case CAREGIVERS will work closely with the VCBH housing department staff to ensure supports are maintained for any clients living with serious mental illness at the conclusion of the 5 years. Regular CAREGIVERS services would be continued regardless.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

- A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

Each of the VCBH innovation programs have a dedicated webpage where updates get posted regularly. In addition, an innovation summary page also exists where reports get posted on the Wellness everyday website. In order to supplement these efforts, the program has built in three learning communities to help disseminate the projects findings.

- B) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.
At-risk homeless, prevention, seniors, housing stability, homeshare

TIMELINE

- A) Specify the expected start date and end date of your INN Project
- B) Specify the total timeframe (duration) of the INN Project
- C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

Year 1		
<u>Qtr. 1-2</u>	Infrastructure development	Program planning, hiring, additional detail below
<u>Qtr. 3-4</u>	Program Launch	Project Activities launch-additional details below Evaluation finalized
Year 2		
Qtr. 1-2	Program Activities	Ongoing program enrollment and engagement Surveys distributed to enrolled clients Annual update report is written and distributed
Qtr. 3-4	Program Activities	Ongoing program enrollment and engagement Implementation with 2-4 test cases of Tier 3/ 4 clients Baseline and initial surveys distributed/collected for enrolled clients
Year 3		
Qtr. 1-2	Program Activities	Ongoing program enrollment and engagement Surveys distributed/collected for enrolled clients Annual update report is written and distributed
Qtr. 3-4	Program Activities	Ongoing program enrollment and engagement Surveys distributed/collected for enrolled clients First Learning Community takes place

Year 4		
Qtr. 1-2	Program Activities	Ongoing program enrollment and engagement Annual update report is written and distributed Surveys distributed/collected for enrolled clients
Qtr. 3-4	Program Activities	Ongoing program enrollment and engagement Second Learning Community takes place Surveys distributed/collected for enrolled clients
Year 5		
Qtr. 1-2	Active enrollment ends	No additional clients will be enrolled after November of 2026 for the purposes of evaluation. Additional clients may be enrolled if supplemental funds have been identified. Annual update report is written and distributed Surveys distributed/collected for enrolled clients
Qtr. 3-4	Evaluation and program wrap up Key Stakeholder Interviews	Key stakeholder interviews with clients, staff, and partner agencies Programs wrap up activities collect follow up surveys Case closures and transition planning Final Learning Community takes place

Detailed Planning for Year One:

*Orientation of current staff and Board of Directors regarding VCBH approved Innovations Senior Housing Project initiative.

*Engage a Certified Senior Advisor to develop the MASH team Recruit & contract with Certified Financial Planner (CFP) to serve as lead member of Economic Solutions team

*Development of job description, recruitment, and training plan for MASH team of volunteers to support the housing initiative; Includes protocols for consideration of optional income alternatives (Re-fi or reverse mortgage of home, sell assets, explore employment options, etc.)

*Establish internal housing support initiatives “workflow model/process”; application, screening, enrollment, case planning and assignments

*Develop management plan of potential resources; establish criteria for approvals (rent subsidy, utilities, temporary relocation, etc.)

*CSA Consultant will work with CAREGIVERS Volunteer Engagement Coordinator to identify and recruit volunteers with appropriate professional experience to participate in Economic Solutions Team

*Development of external clinical support services

* Recruit, train & assign social work intern

- *Identify key community partners; define role and inter-agency agreements
- *Develop an SOP and a “workflow model” that illustrates “client pathway.”

Marketing and Outreach

- * Identification and initial meetings with community partners to assist in successful housing solutions. Continued meetings to negotiate Interagency agreements & on-going program coordination where necessary.
- *Develop “marketing” plan for 1) Recruitment of MASH Volunteers, general volunteers; and

3) Develop a “marketing” plan to provide Outreach to seniors who are currently enrolled or could be enrolled and participate in MASH
- *Engage the Economic Solutions team in the development of client satisfaction survey with VCBH & evaluation team.
- *Selection, training, Assignment and Field Supervision of social work student intern who will work with Seniors in need of assessment of their housing needs; relocation and their on-going support directed toward stabilization.
- *Identify additional non-profit partners who can supplement rental assistance and housing essentials (e.g., Turning Point, St. Vincent de Paul, congregations, Jewish Federation)
- *Identify Professional services and resources necessary to provide project support to seniors served (e.g., language translation, clinical services, transportation, etc.)
- *Identification of private/public for moving assistance and time-limited shelter (e.g., motels, assisted living solutions, city shelters).
- *Work with VCBH on Project Website design & development of links to CAREGIVERS own website offering(s)
- *Identification & outreach to local, state, and national programs addressing the issues and supports for homeless seniors

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSOAC funds are being utilized:

- A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)

- B) BUDGET BY FISCAL YEAR AND SPECI
- C) FIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
- D) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

BUDGET NARRATIVE

Program Staffing Costs

This project time and attention from following staff:

Executive Director (20hrs per month x 32.00 per hour= \$44,172)

Volunteer Engagement Coordinator (40 per month X 17.50 per hours= \$49,075)

Administrative Assistant (12 hours per month x 15.00 per hour= \$32,460)

Cost of living increase 3% per year

MSW Intern (1040 hours): \$93,600

Payroll Taxes and Benefits: \$37,057

Total personnel: \$237,364

PROFESSIONAL SERVICES \$303,875

1) Certified Senior Advisor/Financial Planner Contract(s): \$145,000

Engagement of CSA/CFP(s) to serve as lead team members of MASH teams providing mentoring, individual and group consultation to seniors and volunteer team members on client financial planning needs.

2) Clinical Services Contract(s): \$109,375 Basic clinical services are projected to be subcontracted with local clinical agencies for more immediate response for staff consultation, individual and group clinical treatment services. Amount based on \$65 per hour

3) Field Supervision of graduate student(s) by an MSW for a total of 96 hrs. @ \$25 per hr. = \$12,500

4) Language Interpretation Services: \$12,500

5) Staff Consultation & Training: \$25,000

Housing Gap Assistance: \$127,251 Fund availability for temporary and time limited assistance to support 2 to 4 senior(s) served. Examples of expenditures might include and not be limited to:

*Motel expenses @ \$80 per night = \$40,185

* Rent assistance @ \$100 per mo. = \$20,836

* Deposit assistance @750 per senior = \$22,325

* Utilities assistance @ \$375 per senior = \$11,160

* Funds for moving assistance @ \$500 = \$ 14,883

*Two Storage Units available as needed= \$17,860

Operational Overhead Costs: \$134,324

Project specific marketing costs and program supplies=\$11,600.00

Learning Events and Conferences= \$12,500
Overhead and indirect five percent (5%) (\$73,696)

Total Contractor cost: \$766,286

Evaluation Costs: \$14,000 per year = \$74,328

County Indirect Costs and 5% of direct Salaries & Benefits and other County Administrative cost: \$126,092

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
PERSONNEL COSTS (salaries, wages, benefits)		FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
1.	Salaries						
2.	Direct Costs						
3.	Indirect Costs						
4.	Total Personnel Costs						
OPERATING COSTS		FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
5.	Direct Costs						
6.	Indirect Costs	\$21,468	\$22,952	\$25,045	\$27,325	\$29,302	\$126,092
7.	Total Operating Costs	\$21,468	\$22,952	\$25,045	\$27,325	\$29,302	\$126,092
NON RECURRING COSTS (equipment, technology)		FT 22/23	FT 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
8.							
9.							
10.	Total Non-recurring costs						
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
11.	Direct Costs	\$133,294	\$140,249	\$152,256	\$164,618	\$176,502	\$766,918
12.	Indirect Costs	\$9,827	\$12,767	\$14,712	\$17,547	\$18,844	\$73,696
13.	Total Consultant Costs	\$143,121	\$153,016	\$166,968	\$182,165	\$195,346	\$840,614
OTHER EXPENDITURES (please explain in budget narrative)		FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
14.	Marketing						
15.	Learning Events and Conferences						

16.	Total Other Expenditures						
BUDGET TOTALS							
	Personnel (line 1)						
	Direct Costs (add lines 2, 5 and 11 from above)	\$133,294	\$140,249	\$152,256	\$164,618	\$176,502	\$766,919
	Indirect Costs (add lines 3, 6 and 12 from above)	\$31,295	\$35,719	\$39,757	\$44,871	\$48,146	\$199,788
	Non-recurring costs (line 10)						
	Other Expenditures (line 16)						
	TOTAL INNOVATION BUDGET	\$164,589	\$175,968	\$192,012	\$209,489	\$224,647	\$966,706

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
1.	Innovative MHSAs Funds	\$21,468	\$22,952	\$25,045	\$27,325	\$29,302	\$126,092
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Administration	\$4,313	\$4,383	\$4,702	\$4,900	\$5,100	\$23,398
EVALUATION:							
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
1.	Innovative MHSAs Funds	\$14,000	\$14,420	\$14,853	\$15,298	\$15,757	\$74,328
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Evaluation	\$14,000	\$14,420	\$14,853	\$15,298	\$15,757	\$74,328
TOTAL:							
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
1.	Innovative MHSAs Funds	\$164,589	\$175,968	\$192,012	\$209,489	\$224,647	\$966,706

2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Expenditures	\$164,589	\$175,968	\$192,012	\$209,489	\$224,647	\$966,706
*If "Other funding" is included, please explain.							

Additional References

Homeless people in their fifties have more geriatric conditions than those living in homes who are decades older, according to researchers who are following 350 people who are homeless and aged 50 and over, in Oakland.

University of California - San Francisco. "Homeless people suffer geriatric conditions decades early, study shows." ScienceDaily. ScienceDaily, 26 February 2016.

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Persistent Homelessness and Violent Victimization Among Older Adults in the HOPE HOME Study

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

Board Date	Contractor	Amount	Term	Description
1/11/2022	Casa Pacifica Centers for Children and Families (Casa Pacifica)	\$48,582	January 1, 2022 through June 30, 2022	Eighth Amendment to the Agreement for Wraparound Services with Casa Pacifica. Casa Pacifica provides Wraparound services to eligible youth that require intensive, community based, and family centered services to maintain Wraparound-enrolled youth in their community or to stabilize their placement at the lowest level of care possible. During the months of July through September of FY 2021-22, Casa Pacifica assisted the County in serving and transitioning youth to the County's new Wraparound and Families Urgent Response System (FURS) service provider, Seneca Family of Agencies (Seneca). Seneca had been awarded the Wraparound/FURS contract through a Request for Proposal, and Casa Pacifica agreed to extend their contract for three months to assist the County in ensuring a smooth transition of youth to Seneca. VCBH has analyzed Casa Pacifica's submitted costs and units of service and discovered that based on the level of incurred costs and the low level of units of service provided during the three month period, Casa Pacifica's cost per unit rates have exceeded the Ventura County Maximum Allowance (VCMA) rates specified in the contract. This situation largely occurred due to the quick and smooth transition of clients to Seneca -- Casa Pacifica did not have the level of clients needed during the transition period to generate the units of service needed to cover their actual costs. To pay Casa Pacifica for its actual costs, VCBH recommends an increase to the unit rate for each of the contracted service categories to an amount above the VCMA rate in the agreement, which requires approval by the Board. There is no increased costs or change to the overall maximum contract amount of \$1,452,984 or the maximum contract amount for the three month period of \$84,104, but a one-time payment will be made to Casa Pacifica in the amount of \$48,582.28 to adjust for the current insufficient unit rate and in order to fully pay Casa Pacifica for its costs. The source of funding for this contract is Short Doyle Medi-Cal (SD/MC) Federal Financial Participation (FFP) funding.
1/11/2022	Department of State Hospitals (DSH) and California Mental Health Services Authority (CalMHSA)	\$0	July 1, 2021 through June 30, 2022	Memorandum of Understanding (MOU) for the Purchase of State Hospital Beds Between DSH, CalMHSA, and Participating Counties. The DSH has jurisdiction over all state hospitals which provide services to persons with mental disorders, in accordance with Welfare and Institutions Code (WIC) section 4100, et seq. Under WIC section 4330, counties must reimburse DSH for their use of state hospital beds and services. CalMHSA is a joint powers authority comprised of counties and cities with mental health programs. On behalf of its members, CalMHSA negotiated an agreement (MOU) with DSH for the purchase of state hospital bed space and associated services. CalMHSA also serves as a liaison agency for ensuring compliance with the terms and conditions of the MOU. The MOU between DSH, CalMHSA, and participating counties defines the patient referral process, bed types and uses, admission and discharge procedures, treatment coordination procedures, compensation requirements, and other requirements related to patient and records management. The MOU has been beneficial in stabilizing hospital bed costs, standardizing levels of care, and delineating admissions and discharge processes. The MOU extends the term of the agreement for an additional one-year period, effective July 1, 2021 through June 30, 2022. There are no other changes to the terms of the MOU. The source of funding for these services is 1991 State Realignment (Trust N510-717C).
1/11/2022	Department of State Hospitals (DSH)	\$1,402	July 1, 2021 through June 30, 2022	Participation Agreement Amendment with CalMHSA Authorizing CalMHSA to Contract for State Hospital Beds with DSH on Behalf of Counties. The CalMHSA Participation Agreement Amendment authorizes CalMHSA to contract with DSH for state hospital bed utilization on behalf of participating counties. The Participation Agreement goals include: (1) contracting with DSH for access to and use of state hospital beds, (2) ensuring DSH compliance with CalMHSA's contract with DSH, (3) analyzing cost containment strategies that will create efficiency in the purchase of state hospital beds, (4) establishing standardization of services and consistency in services, (5) identifying and determining the feasibility of utilizing alternatives to state hospital resources, and (6) evaluating opportunities for the development of programs for special populations requiring 24-hour treatment services. Under the terms of the Participation Agreement, VCBH will be charged \$1,402 per fiscal year by CalMHSA which is the same charges as the previous term. The source of funding for these services is 1991 State Realignment (Trust N510-717C).
1/11/2022	Idea Engineering, Inc.	\$295,000	July 1, 2021 through June 30, 2022	First Amendment for Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Support Services with Idea Engineering, Inc. Idea Engineering, Inc. provides: (1) ongoing creative development and dissemination of community-wide communications to support MHSA PEI messaging, (2) outreach materials supporting MHSA PEI goals of suicide prevention and mental illness stigma reduction, and (3) strategic consultation and media project management services, as well as purchases of traditional and digital media supporting MHSA communications. In FY 2020-21, Idea Engineering developed monthly themes covering topics such as "Coping During Coronavirus – the New Normal," "Healthy & Connected Holidays," and "Keys to Stronger Families." Social media and targeted website ads had 2,973,000 impressions in the first three quarters of FY 2020-21. The WellnessEveryDay.org / SaludSiempreVC.org website had more than 14,000 visitors with over 31,000 pageviews from July through March of FY 2020-21. The original Agreement, in the amount of \$150,000, was approved by the Board on June 8, 2021. The First Amendment increases the budget to \$295,000 (an increase of \$145,000) augmenting the paid media budget line item to allow for regular monthly agreements with media vendors such as television, radio, digital and location-based/environmental advertising. This increase allows proactive messaging on key topics such as suicide prevention and mental wellness. It also allows for faster response if urgent behavioral health messages to the community are needed due to unexpected circumstances, such the COVID-19 pandemic. The source of funding for this contract is MHSA funds.
1/11/2022	CalMHSA	\$1,247,412	July 26, 2020 Through June 30, 2024	Second Amendment to the Participation Agreement for the Third Sector Multi-County Full Service Partnerships (FSP) Innovation Project with CalMHSA. VCBH requested a \$702,227 increase in Innovation funding from the Mental Health Services Oversight and Accountability Commission (MHSOAC) related to its Multi-County FSP Innovation project. Of this amount, \$654,000 will be used to purchase technical assistance from Third Sector, the nonprofit organization currently serving as the project consultant for the Multi-County FSP Innovation Project. VCBH currently has a participation agreement in place with CalMHSA for Third Sector's services, in the amount of \$593,412, for a term of July 26, 2020 through December 31, 2024. The Second Amendment to the Participation Agreement will: (1) increase the agreement to \$1,247,412, (2) expand Third Sector's scope of work to include specific program deliverables, such as progress reports and a final report, and (3) correct the contract termination date to be June 30, 2024 in order to align with the Multi-County FSP Innovation project termination date. The source of funding for these services is MHSA funds.

Board Date	Contractor	Amount	Term	Description
1/25/2022	CalMHSA	\$150,000	July 1, 2021 through June 30, 2022;	Participation Agreement for Electronic Health Record (EHR) Program Services with CalMHSA. The primary tool that Behavioral Health Plans (BHP) use to manage their program services is the EHR. Currently, existing EHRs are falling short in supporting BHP business needs as retrieving data to make sound decisions, highlight local successes, or respond to oversight and funding bodies is not easily achievable. CalAIM, a California Department of Health Care Services (DHCS) initiative to reform and transform the Medi-Cal program starting in January 2022, is bringing documentation and payment reform requirements that will require BHP to evolve to quickly identify and adopt technical EHR changes. CalMHSA, a Joint Powers Authority created by California counties in 2009 to jointly develop and fund mental health services and education programs for members, is seeking to enter into participation agreements with interested counties to bring counties together into a semi-statewide collaborative to design, procure, and implement a new enterprise EHR solution that will support current and future business needs. Through the Participation Agreement for EHR Program services, CalMHSA collaborates with participating members to develop and manage a Request for Proposal (RFP) process to select a vendor to deliver a California specific EHR that will: (1) be based on sound clinical practices, (2) be responsive to the CalAIM requirements, (3) be responsive to the unique business and operational needs of California BHP, (4) provide for more efficient use of resources and better clinical outcomes, (5) improve adherence to state requirements and reporting, (6) better facilitate the use of data to drive performance outcomes, and (7) lead to better justification of state spending on specialty mental health and substance use services. Because this new EHR system will be configured and implemented across multiple counties and be based on pre-defined workflows, it provides participating program members the ability to centralize application management services, application support services, end-user training, revenue cycle management services, project management, and other professional services. To participate in the program, VCBH is required to pay EHR program fees in the amount of \$150,000 to CalMHSA. CalMHSA will act as the fiscal and administrative agent for the program. The EHR program fees will be used to fund RFP development, vendor selection, and initial development work with national experts. Any fee balances will be banked towards the anticipated implementation expenditures. CalMHSA will facilitate the collective negotiation with DHCS on behalf of the program members to vet improved documentation and data requirements related to the new EHR. The source of funding for these services is Realignment and SD/MC FFP funds.
1/25/2022	Aegis Treatment Centers, LLC (Aegis)	\$0	July 1, 2021 Through June 30, 2022;	Third Amendment to the Agreement for Narcotic Treatment Program (NTP) Drug Medi-Cal Organized Delivery System (DMC-ODS) Substance Use Disorder (SUD) Services with Aegis. Aegis provides Outpatient NTP services and Medications for Addiction Treatment (MAT) for adults. With the implementation of the DMC-ODS Waiver in December 2018, utilization of Outpatient Narcotic Treatment Program services has increased as more clients have become eligible for expanded MAT services. Aegis currently has clinics in Oxnard, Santa Paula, Simi Valley, and Ventura with a total licensed capacity of 1,370 clients. From July 1, 2019 to June 30, 2020, Aegis provided services to 899 DMC clients. From July 1, 2020 to June 30, 2021, Aegis provided services to 997 DMC clients. Since July 2021, Aegis has provided services to 769 DMC clients and estimates serving 1,010 DMC clients by fiscal year end. In Ventura County, youth in need of medications for addiction treatment are currently served by x-waivered physicians through County run DMC-ODS outpatient clinic MAT programs. Additionally, youth are provided office-based MAT through Ventura County's Federally Qualified Health Center system. DHCS Information Notice No. 21-024: DMC-ODS – Expanding Access to MAT and Information Notice No. 21-023: Federal Network Certification Requirements for County Mental Health Plans and DMC-ODS, outlined NTP requirements for DMC-ODS clients and systems of care. Information Notice No. 21-023 states that DMC-ODS plans must contract with Opioid use disorder services provided by DMC-certified NTP/OTP facilities. Information Notice No. 21-024 states that NTPs are required to directly offer MAT to beneficiaries with SUD diagnoses that are treatable with Federal Drug Administration approved medications and biological products, including methadone, buprenorphine (transmucosal and long-acting injectable), naltrexone (oral and long-acting injectable), naloxone, and disulfiram. Title 9 of the CA Health and Safety Code allows for adolescents to receive MAT in OTPs. Per these DHCS regulations, Ventura County must contract with an Adult OTP/NTP contractor to provide adolescent treatment services within their OTP/NTP. The third amendment to the agreement with Aegis reflects the expansion of OTP services to youth populations, in compliance with DHCS regulations. There is no change to the maximum agreement amount. The source of funding for this contract is Drug Medi-Cal (D/MC) Federal Financial Participation (FFP) and Realignment funds.
1/25/2022	HealthRIGHT 360	\$3,016,114	July 1, 2021 Through June 30, 2022	Fifth Amendment to the Agreement for DMC-ODS SUD Services with HealthRIGHT 360. HealthRIGHT 360 provides three levels of residential treatment services and one level of withdrawal management treatment services for women and their children. The three levels of residential treatment services include: (1) clinically managed low-intensity residential services, (2) clinically managed population-specific high-intensity residential services for adults only, and (3) clinically managed residential services with high intensity for adults and medium intensity for adolescents. HealthRIGHT 360's satisfactory discharge rate is 58%. From July 1, 2019 through June 30, 2020, HealthRIGHT 360 served 213 residential and 107 withdrawal management clients. From July 1, 2020 through June 30, 2021, HealthRIGHT 360 served 155 residential and 81 withdrawal management clients and 60 of those clients received MAT services. Since July 2021, HealthRIGHT 360 served 74 residential and 58 withdrawal management clients and 31 of those clients received MAT services. HealthRIGHT 360 estimates serving 178 residential and 116 withdrawal management clients and 62 of those clients will receive MAT services by the end of the fiscal year. The Fifth Amendment to the Agreement reimburses this contractor for additional budgetary cost increases that were incurred in: (1) FY 2021-22 due to an upward trend in clients, from prior year, as well as the addition of staff and salary increases and (2) FY 2020-21 as program costs to provide services were higher than projected. To fully reimburse HealthRIGHT 360 for their full cost of delivering services, the FY 2021-22 contract is being increased by \$291,781. Of this amount, \$100,000 is for services rendered in FY 2020-21. The source of funding for this contract is D/MC FFP, State General Fund, Substance Abuse Prevention and Treatment Block Grant (SABG) Discretionary, 2011 Realignment, CalWORKs, Judicial Council of California, and AB 109 funds.
1/25/2022	Tarzana Treatment Centers, Inc. (Tarzana)	\$3,370,416	July 1, 2021 Through June 30, 2022	Sixth Amendment to the Agreement for DMC-ODS SUD Services with Tarzana. Tarzana provides multiple levels of residential SUD treatment services and residential withdrawal management treatment services for adults and youth. From July 1, 2019 through June 30, 2020, Tarzana served 200 inpatient withdrawal management clients with a completion rate of 77%, 112 clients in adult residential with a completion rate of 71%, and 13 clients in youth residential with a 31% completion rate. From July 1, 2020 through June 30, 2021, Tarzana served 310 inpatient withdrawal management clients with a completion rate of 76%, 145 clients in adult residential with a completion rate of 55% and 16 clients in youth residential with a 9% completion rate. Since July 2021, Tarzana served 138 inpatient withdrawal management clients with a completion rate of 59%, 83 clients in adult residential with a completion rate of 57%, and 8 clients in youth residential with a 50% completion rate. Tarzana estimates that by fiscal year end, it will serve 331 inpatient withdrawal management clients with a completion rate of 65%, 200 clients in adult residential with a completion rate of 65%, and 20 clients in youth residential with a 50% completion rate. The Sixth Amendment to the Agreement reimburses this contractor for additional budgetary cost increases that were incurred in: (1) FY 2021-22 due to an upward trend in clients resulting from a decrease in local SUD providers, the expansion of SUD treatment services to Lancaster and Long Beach, and the addition of staff to ensure timely assessments for initial authorizations, next level of care treatment determinations, and authorizations and (2) FY 2020-21 due to increased volume of client service requests. To fully reimburse Tarzana for their full cost of delivering services, the FY 2021-22 contract is being increased by \$1,052,500. Of this amount, \$90,000 will be used to reimburse for services rendered in FY 2020-21. This agreement is funded with D/MC FFP, State General Fund, SABG discretionary, 2011 Realignment and AB 109 funds.

Board Date	Contractor	Amount	Term	Description
1/25/2022	City of Camarillo		February 6, 2022 through June 30, 2023	<p>Agreement for Community Services Coordinator Services with the City of Camarillo. Due to the community support and success of the VCBH Rapid Integrated Support and Engagement program (RISE), VCBH applied for and was granted a second round of Triage Grant funding from the MHSOAC in 2018. This extension was specific to providing two regional teams (East and West County) to increase outreach and engagement to the Transitional Age Youth (TAY, age 16-25) population. It also funded the RISE Law Enforcement Partnership. This has enabled four RISE Community Service Coordinators (CSCs) to be directly paired with law enforcement in order to engage individuals in the community that have come to the attention of law enforcement due to disruptions in the community and reported mental health issues. Based on population and service needs, two of the four staff are partnered full time in Ventura and Oxnard, and the other two staff are shared between Simi Valley, Thousand Oaks, and Camarillo. This partnership has strengthened the relationship with Law Enforcement and their support of RISE and VCBH. From 2019 through 2020 the RISE team, including the Law Enforcement Partnership, engaged 259 individuals in Camarillo, 95 of which were further enrolled in mental health services. As a direct result of this partnership with Camarillo, the Sheriff's department received approval from the City of Camarillo to fund additional RISE staff hours in order to have a full-time dedicated RISE CSC in Camarillo. The City will fund 50% of the hours and VCBH will continue to fund the remainder. An additional position is necessary as the position that supported Camarillo was split between Simi Valley, Thousand Oaks and Camarillo and will continue to support the other communities. This collaboration between VCBH and Law Enforcement has provided an invaluable opportunity to engage some of the most challenging individuals in their own environment, reduce crisis episodes, and improve access to ongoing support and mental health services. This added time will ensure ongoing collaboration as well as provide an opportunity to meet the needs of individuals in the Camarillo community. The Agreement with the City of Camarillo establishes the working relationship between the parties and details the responsibilities of each party with respect to the delivery of CSC services. The City of Camarillo will pay VCBH for 0.5 full time equivalent (FTE) counselor staff time with benefits in an amount not to exceed \$2,061.78 per pay period, effective February 6, 2022 through June 30, 2023. The source of funding for these services is MHSA, SD/MC FFP, and other Governmental funds.</p>
1/25/2022	California Department of Health Care Services (DHCS)	\$0	July 1, 2017 through June 30, 2022	<p>First Amendment to the Standard Agreement for Specialty Mental Health Services to Medi-Cal Beneficiaries with DHCS. The Standard Agreement with DHCS specifies the federal and state requirements that VCBH must meet to participate as a mental health plan (MHP) and claim federal financial participation for the specialty mental health services provided to Medi-Cal beneficiaries. VCBH is designated as Ventura County's local MHP administrator by DHCS and is responsible for providing or arranging for the provision of specialty mental health services to Medi-Cal beneficiaries in Ventura County. Under the Standard Agreement, VCBH is reimbursed for all medically necessary covered services provided to Medi-Cal beneficiaries. DHCS is updating the Standard Agreement to comply with federal regulations, as determined by the Centers for Medicare and Medicaid Services. Specifically, the MHP First Amendment to the Standard Agreement reflects new/revised terms and conditions related to: Electronic and IT Accessibility Requirements Under the Re-habilitation Act of 1973 and Americans with Disabilities Act of 1990, required medically necessary specialty mental health services for beneficiaries under 21 years of age, day treatment intensive and day rehabilitation service authorization requirements, beneficiary financial requirements, quality improvement system planning, design, and program execution involvement requirements, utilization management mental health and substance use disorder benefits parity requirements, foster children placed out of county (presumptive transfer) service requirements, Children in Adoption Assistance Program and Kinship Guardian Assistance payment requirements, various provider network requirements, beneficiary information requirements, beneficiary problem resolution requirements, and nondiscrimination requirements. There is no change to the amount of the Standard Agreement; it remains at zero dollars. DHCS determined that this amount made the most sense because the funding that is used to pay for specialty mental health services flows through different payment mechanisms; the Standard Agreement is not the method by which those funds are paid to counties. In addition, the zero dollar amount eliminates the need for contract amendments to change funding amounts based on actual or estimated expenditures. The term of the Standard Agreement is unchanged and covers the service period of July 1, 2017 through June 30, 2022.</p>
1/25/2022	DHCS	\$3,175,694	September 1, 2021 through June 30, 2025	<p>Application for Substance Abuse Prevention and Treatment Block Grant (SABG) Supplemental Funding Available Through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and the American Rescue Plan Act (ARPA) with DHCS. On July 9, 2021, DHCS requested that the County of Ventura complete an application for supplemental funding available to counties through the CRRSAA and ARPA. The CRRSAA of 2021 is part of the Consolidated Appropriations Act and was signed into law on December 27, 2020 and is based on the federally declared COVID-19 public health emergency. The CRRSAA extends many of the programs and income provisions introduced as part of the Coronavirus Aid, Relief, and Economic Security Act to provide temporary relief due to the economic impacts of the COVID-19 public health crisis. The ARPA of 2021 was signed into law on March 11, 2021 and provides spending and additional relief to address the continued impact of COVID-19 on the economy, public health, state and local governments, individuals, and businesses. In August of 2021, VCBH submitted grant applications to DHCS for the SABG supplemental funding for CRRSAA and ARPA. On December 15, 2021, DHCS awarded VCBH a CRRSAA grant in the amount of \$981,806, for the term of July 1, 2021 through December 31, 2022 and an ARPA grant in the amount of \$2,193,888, for the term of September 1, 2021 through June 30, 2025. The DHCS-approved grant applications have funds available in the following funding categories: (1) Adolescent/Youth Set-Aside, (2) Discretionary Allocation, (3) Friday Night Live Set-Aside, (4) Perinatal Set-Aside, (5) Primary Prevention Set-Aside, and (6) Recovery Housing Support. The supplemental funding for CRRSAA and ARPA is used by VCBH to develop and expand fentanyl awareness efforts and direct outreach activities to prevent drug overdose; acquire enhanced software for advanced data collection on overdoses, content development and e-media campaigns; expand perinatal-specific peer support for pregnant and parenting persons with substance use disorders; and purchase equipment for community "prevention pop-up events" to support Spanish-language and community-specific health promotion efforts to vulnerable residents of our county, including those with little or no access to digital resources. In addition to the new substance abuse prevention efforts discussed above for the general community, this funding also supports the expansion of Residential Treatment Room and Board and Recovery residences; youth focused materials and training to support adolescent services using the Screening Brief Intervention and Referral to Treatment (SBIRT) model; program augmentations for the Friday Night Live programs; expansion of existing Student Assistance Program training modules and e-learning; and lease of office space and equipment upgrades for naloxone distribution efforts. VCBH is also requesting three (3) new regular full time equivalent positions: one Behavioral Health Clinician IV position allocation, one Community Services Coordinator position allocation, and one Peer Specialist III position allocation. These positions will complete CRRSAA and ARPA funded duties and will continue to be funded by the department once the supplemental funding expires to support continued expansion of the behavioral health continuum of care and healthcare integration under the multi-year California Advancing & Innovating Medi-Cal (CalAIM) Initiative. The source of funding for these services is SABG, SABG CRRSAA and SABG ARPA funds.</p>