

BEHAVIORAL HEALTH ADVISORY BOARD  
**ADULT SERVICES COMMITTEE**  
**MINUTES ■ Thursday, May 5, 2022**

<p><b>Members Present</b>  Nancy Borchard, Committee Co-Chair  Jerry Harris, BHAB  Jennifer Morrison, BHAB  Michael Rodriguez, BHAB  Chris Tejeda, BHAB  Carol Thomas, BHAB  Sheri Valley, Family Member  Scott Walker, Crisis Intervention Team  Gray Wilking, Ventura County Area Agency on Aging</p> <p><b>Others Present</b>  Clarisa Cajian, Interpreter  Melissa Gerwe, Health Care Agency / Whole Person Care</p>	<p><b>Ventura County Behavioral Health (VCBH) Managers/Staff Present</b>  Dr. John Schipper, Adult Services Division Chief  Jose Duran, Substance Use Services Provider Relations Community Services Coordinator  Susan White Wood, Behavioral Health Housing Manager  Joanna Peterson, Management Assistant / Zoom Engineer  Vickie Poliquin, BHAB Assistant</p> <p><b>NEXT MEETING:</b>  <b>Thursday, July 7, 2022, 10:00 a.m. – 11:30 a.m.</b></p> <p><b>Zoom Meeting:</b>  <a href="https://us02web.zoom.us/j/87680728818?pwd=b3dCdjBNcGszRUJ4VzM2TXY1cJlJQT09">https://us02web.zoom.us/j/87680728818?pwd=b3dCdjBNcGszRUJ4VzM2TXY1cJlJQT09</a>  <b>Meeting ID:</b> 876 8072 8818  <b>Password:</b> 156974  <b>Dial-in:</b> 669-900-9128</p>
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Note: The committee has not yet approved these minutes. There may be additions/deletions or corrections before the minutes are accepted in final form.

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	<b>Call to Order</b> Co-Chair Nancy Borchard called the meeting to order at 10:05 AM following the instructions that were provided by Joanna Peterson on how to access interpretation services.		
II.	<b>Address Any Issues of Membership</b> No discussion. Ms. Borchard proceeded directly to roll call.		
III.	<b>Roll Call</b> Ms. Borchard conducted roll call and determined a quorum was not present. This delayed immediate consideration of the action items; however, following other discussion an additional member joined and the quorum was established.		
IV.	<b>Approval of the Agenda</b> Ms. Borchard asked for a motion to approve the agenda. Ms. Wilking moved to approve; Ms. Morrison seconded. The motion to approve the agenda as written carried unanimously through roll call.	Agenda approved as written. <b>M/S/C</b>	
V.	<b>Approval of the March 3, 2022 Minutes</b> Ms. Borchard asked for a motion to approve the minutes. Mr. Harris moved to approve; Ms. Thomas seconded. The motion to approve the minutes as written carried unanimously through roll call.	Minutes approved as written. <b>M/S/C</b>	
VI.	<b>Welcome and Introductions</b> Ms. Borchard welcomed everyone and asked for introductions from Committee members and meeting participants.		
VII.	<b>Public Comments</b> There were no public comments.		
VIII.	<b>Chair Announcements</b> Ms. Borchard advised that the Stepping Up Initiative presentation will be scheduled and provided at the BHAB General meeting and discussions are in progress whether the Ventura County Sheriff's Office will provide a brief progress update of the Initiative at the Adult Services Committee level. Ms. Borchard explained the purpose of placing the Care Court Proposal discussion item on the agenda and noted that discussion may be limited if a quorum is not reached.		
IX.	<b>Ventura County Behavioral Health (VCBH) Updates</b> A. Adult Services Operations Dr. John Schipper noted that NAMI Ventura County will host a Care Court discussion today at 1:30 PM and advised details could be found at NAMI's website. He also provided		

	<p>updates and information regarding VCBH’s ongoing staffing challenges and the shared plans to host a job fair.</p> <p>Mr. Harris asked about the current number and classification of vacancies systemwide within VCBH and if vacancies are having an impact on patient care delivery. Dr. Schipper noted that with caseloads (on average) above 60, patient care is impacted by staffing/vacancies.</p> <p><b>B. Substance Use Services</b></p> <p>Jose Duran described VCBH participation as one of seven counties implementing a contingency management pilot program, “Recovery Incentives” that is supported by the Department of Health Care Services. The evidence-based program provides incentives in the form of gift cards for negative drug test results.</p> <p>Ms. Borchard asked if upcoming changes in Medi-Cal coverage would include both inpatient and residential treatment. Jose Duran described the qualifications and screening process for residential treatment through Prototypes and the Tarzana Treatment Center. Mr. Rodriguez asked if there is a waiting list for Tarzana Treatment Center. Mr. Duran advised that a wait list is not maintained but that people are scheduled for the next opening. He advised that the average time from assessment to admission is between seven and ten days and the average time from assessment to intake for residential services is currently from one to three weeks.</p>		
<b>X.</b>	<p><b>Updates and Discussion</b></p> <p><b>A. Care Court Proposal</b></p> <p>Ms. Borchard introduced the Community Assistance, Recovery and Empowerment (CARE) Court for discussion. She noted that a Care Court Fact Sheet is available at: <a href="https://www.gov.ca.gov/wp-content/uploads/2022/03/Fact-Sheet_-CARE-Court-1.pdf">https://www.gov.ca.gov/wp-content/uploads/2022/03/Fact-Sheet_-CARE-Court-1.pdf</a>.</p> <p>Ms. Morrison indicated she feels the proposal is a good idea and a great opportunity to obtain more help for the population of people with addictions. Ms. Borchard clarified that the Proposal will also offer help to those with serious mental illness.</p> <p>Mr. Rodriguez clarified that, as presently proposed, the Care Court Proposal is focused on schizophrenia spectrum disorders. He noted the Proposal is going through the legislative process (Senate Bill 1338) and expressed concern that there is a presupposed assumption that sufficient infrastructure exists to provide the envisioned care.</p>		
<b>XI.</b>	<p><b>Contracts Review – January/February/March 2022</b></p> <p>Ms. Borchard noted she has no specific questions regarding the contracts and asked whether anyone else had questions or comments. There were no specific questions or comments provided.</p>		
<b>XII.</b>	<p><b>Items for Next Meeting Agenda</b></p> <p>Ms. Borchard asked for suggestions from the Committee’s membership on agenda item topics or presentations for the July meeting. A brief discussion took place between Ms. Borchard and Mr. Rodriguez whether the Stepping Up Initiative presentation could be provided at the Committee level prior to being presented at the General meeting. Mr. Rodriguez noted that the finalization of the presentation is pending.</p> <p>Mr. Harris suggested including an update on Care Court, to include an update from NAMI on their perspective following their Question/Answer session scheduled for today. Ms. Borchard advised that NAMI is in support of the Care Court Proposal concept. Mr. Harris also noted that the Needs Assessment adopted by the Board of Supervisors is a move in the right direction and should provide a good picture of what is needed within Ventura County to have a comprehensive continuum of care and make a positive impact on patient outcomes. At the request of Ms. Borchard, Mr. Rodriguez provided a status update on the Needs Assessment’s Request for Proposal (RFP).</p> <p>Ms. Borchard asked meeting participants to email her with any suggested presentation items with enough lead time to coordinate the item(s) for placement on the agenda.</p>		
<b>XIII.</b>	<p><b>Adjourn</b></p> <p>The meeting adjourned at 11:28 AM.</p>		

BHAB Adult Services Committee

May 5, 2022

**Agenda Supplement**

The links to the actual news articles provided below support the discussion for agenda item X.A. – Updates and Discussion of Care Court Proposal (a copy of each article is also provided as an attachment to the agenda):

<https://www.gov.ca.gov/2022/04/27/governor-newsoms-care-court-proposal-cleared-first-legislative-hurdle-with-broad-support/>

<https://www.latimes.com/california/story/2022-04-26/newsom-care-court-homelessness-plan-faces-new-questions-before-first-hearing>

<https://www.sacbee.com/news/politics-government/capitol-alert/article260398172.html>

<https://www.gov.ca.gov/2022/04/25/governor-newsom-convenes-growing-coalition-in-support-of-care-court/>

# Governor Newsom's CARE Court Proposal Cleared First Legislative Hurdle with Broad Support

Published: Apr 27, 2022

*Coalition of supporters laud CARE Court legislation's progress*

SACRAMENTO – Governor Gavin Newsom praised the Senate Judiciary Committee's passage of CARE Court legislation yesterday – SB 1338 by Senator Thomas Umberg (D-Santa Ana) and Senator Susan Talamantes Eggman (D-Stockton) – and lifted up the chorus of support from the initiative's growing coalition. CARE Court will provide individuals with severe mental health and substance use disorders the care and services they need to get healthy. SB 1338 will today be heard in the Senate Health Committee.

“With a diverse and growing coalition of supporters, CARE Court continues to make important progress toward providing a new path forward for Californians in desperate need of treatment and support,” said Governor Newsom. “As the wide-ranging coalition makes clear, we urgently need a paradigm shift away from the status quo that sees too many Californians with severe mental health and substance use disorders go without the help they need to get well. I thank the Legislature for this action and look forward to our continued partnership to make this lifesaving program a reality.”

Governor Newsom this week [convened members](#) of the CARE Court coalition, which includes local officials, first responders, health care professionals, behavioral health providers, business organizations, civil rights groups and faith leaders, among others. The Governor is calling on the Legislature to move quickly to enact CARE Court to allow local partners to begin implementation of this critical program.

**Jessica Cruz, NAMI CA Executive Director:** “NAMI California thanks the Governor for his dedication to implement CARE Court and appreciates the effort and speed to which the California Legislature has responded to turn this framework into a reality. CARE Court is an absolute game changer and is critical to organizations like NAMI, allowing us the ability to better assist individuals in need of help throughout California.”

**Oakland Mayor Libby Schaaf, California Big City Mayors Chair:** “As leaders at the local level, we are on the frontlines of this crisis, and we see CARE Court as a critical priority for the Big City Mayors of California. It’s time that our golden state stops walking by our greatest moral shame and faces it head on with clarity and compassion.”

**Brian K. Rice, California Professional Firefighters President:** “Our members see people at their point of greatest need, responding to 911 calls for those in serious mental health crisis. This leads to using scarce fire and EMS resources to pick up the same folks over and over again. Governor Newsom knows we need a different approach, and CARE Court will help us break this cycle and truly get people the help they need.”

**California State Senator Thomas Umberg:** “As the Chairperson of the Senate Judiciary Committee, I’m very pleased to see that the bill passed with bipartisan support and no votes against the bill. I look forward to continuing discussions with the stakeholders and trying to address concerns. As a practicing Attorney in Orange County I have seen the effectiveness of these types of problem-solving courts and the difference that they can make in people’s lives. I’m happy to bring my legal expertise to the CARE Court and I look forward to seeing the positive impact it will have on our most vulnerable fellow Californians and their families.”

**California State Senator Susan Talamantes Eggman:** “Our behavioral health system is currently failing the most vulnerable among us. Real, meaningful and lasting change requires a sustained financial commitment – which is why the Governor and Legislature have made historic investments in behavioral health care over the last couple budget cycles. But more is also needed. We must fix a broken and fragmented system. And we must embrace innovative solutions such as CARE Court, which provides a new on-ramp to the behavioral health system for a population that is very difficult to reach.”

**San Francisco Mayor London Breed:** “I would like to applaud the Governor for his leadership on homelessness and behavioral health issues across California. It’s our moral obligation to help people who can’t help themselves, and CARE Court will help ensure that those who need help the most are able to get it.”

**Sacramento Mayor Darrell Steinberg:** “Right now, we have a fragmented system that does not deliver fast enough on behalf of enough people to be responsive to the suffering that we see on our streets. We need to support CARE Court to hold

government accountable to providing the treatment so many on our streets desperately need.”

**California State Assemblymember Richard Bloom:** “I look forward to working with Governor Newsom and our counterparts in the Senate to create a CARE Court program that is long lasting, meaningful and is aimed at serving those most in need of assistance in our local communities and throughout California. The people this program will serve are those most desperately in need of the solutions that CARE Court promises to provide.”

**California State Senator Anthony Portantino:** “CARE Court provides the holistic approach that we need to help individuals suffering from mental health and substance use disorders. This program provides the building blocks and the systematic change needed to deliver housing and other resources which will help to create stability for those individuals in need of assistance.”

**Terry Withrow, Stanislaus County Supervisor:** “I am wholeheartedly supportive of CARE Court. This program is critical to serving those with severe mental illness, many of which live on our streets. I know firsthand the impact a CARE Court program can have on a community as this is something we have been working on in my district for 6 years. The efforts by the Governor and the Legislature to implement this system across the entire state will give local governments the support we need to help save lives.”

**Ontario Fire Chief Ray Gayk, President California Fire Chiefs Association:** “CARE Court is a huge step forward to help address the severe mental illness we see daily on our streets. As a fire chief and as a former paramedic for over 20 years, I’ve seen the struggle that far too many individuals face when they are left to fend for themselves on our streets. I applaud the Governor and the Legislature for working to create a plan that provides a new approach to act early and get individuals the help they need to address their underlying issues.”

LA Times

## Newsom's 'CARE Court' homelessness plan faces new questions from lawmakers



Gov. Gavin Newsom is backing a sweeping effort that would rely on court-ordered treatment plans for homeless Californians.  
(Allen J. Schaben / Los Angeles Times)

BY [HANNAH WILEY](#) STAFF WRITER

April 26, 2022 **Updated** 8:54 PM PT

SACRAMENTO —

Battle lines have emerged in the debate over Gov. Gavin Newsom's far-reaching and controversial effort to provide court-ordered treatment for homeless individuals with severe mental illness, with Democrats and local government officials divided even though the plan easily cleared its first legislative hurdle Tuesday.

After Newsom introduced his proposed [Community Assistance, Recovery and Empowerment Court](#) in March as a tool to connect an estimated [7,000 to 12,000 people](#) to housing and behavioral health treatment, mayors of some of California's most populous cities quickly

endorsed the so-called CARE Court plan, along with a handful of organizations that represent families with loved ones living on the streets.

But leaders of certain homeless, civil and disability rights groups expressed significant concerns about the possibility of forced treatment and the plan's lack of housing available to shelter all those in need. County leaders raised questions about the eventual cost and the lack of a workforce to provide intensive services.

Those concerns were the focus of Tuesday's lengthy Senate Judiciary Committee hearing on [Senate Bill 1338](#). The measure is one of two nearly identical bills introduced this month to establish Newsom's historic plan, but the only one moving forward after the Assembly version was scuttled days before its own hearing.

Dozens of people lined up in the hallway outside the hearing room during the more than hourlong hearing to express their support or opposition to the bill, which the committee passed on a 10-0 vote with bipartisan support.

Health and Human Services Secretary Dr. Mark Ghaly told lawmakers that California had a choice with SB 1338 to either stick with the status quo or finally move toward a "paradigm shift" in the mental health system.

"The fierce, scrutinizing face of history will, I hope, judge today as a day where California moved deeper down a road of compassion and care, versus insisting on staying mired in a stale and deadly, yes, deadly, conversation about having not enough of this, or not enough of that, as our excuse to not serve the most sick, vulnerable and, sadly, overlooked Californians," Ghaly said.

# THE SACRAMENTO BEE

## California mental health court won't help homeless, advocates say. 'This idea is broken'

**[By Lindsey Holden](#)**

Updated April 25, 2022 3:00 PM

Last month, Gov. Gavin Newsom [unveiled a plan to create a civil court system to compel treatment](#) for people suffering from serious untreated mental illness, saying it's time for the state to "take some damn responsibility to implement our ideals."

Newsom presented his proposal — the Community Assistance, Recovery and Empowerment Court, or CARE Court — as a way to help unhoused residents with conditions that cause psychosis.

The policy is moving through the Legislature in the form of two bills — [Assembly Bill 2830](#) from Assemblyman Richard Bloom, D-Santa Monica, and [Senate Bill 1338](#) from Sen. Susan Eggman, D-Stockton, and Sen. Thomas Umberg, D-Santa Ana.

The bill is getting push-back from disability rights advocates, who say CARE Court forces treatment on mentally ill people with little regard for their civil rights. They also argue it wastes money that would be better spent on public education, early intervention and programming that doesn't involve coercion.

"We are neglected throughout the whole process, up until the point our condition is so severe that we can't control it and we start doing things like breaking the law," said John Vanover, legislative committee chair for the Depression and Bipolar Support Alliance of California. "And at that point, now, the governor wants to step in and make us criminals. So fundamentally, this idea is broken, just from that."

### How would CARE Court work?

CARE Court would effectively create a new wing of the civil court system in all 58 of California's counties that would allow a judge to order a mental "care plan" for those dealing with severe untreated mental illness.

The program would apply to everyone who meets the criteria, but Newsom has repeatedly referenced it as a tool to help the homeless population.

A person qualifies for CARE Court if they're at least 18, diagnosed with "schizophrenia spectrum or other psychotic disorder," are not receiving treatment, and lack "medical decision-making capacity," according to SB 1338.

California [was home to nearly 162,000 homeless people in 2020](#), according to U.S. Department of Housing and Urban Development data. Nearly 38,000 people from that population — about 23% — were considered "severely mentally ill."

CARE Court is meant to target the 10,000 to 12,000 people dealing with schizophrenia and psychosis who may qualify for the program, said Jason Elliott, a senior counselor to Newsom.

The CARE Court program would enable a host of people — including family members, first responders and behavioral health professionals — to petition the court to create care plans for those who meet the criteria, according to SB 1338.

County behavioral health departments would be responsible for carrying out the care plans. Those who don't comply with their plans could be subject to California's existing system of involuntary hospital stays and conservatorships.

CA.gov

# Governor Newsom Convenes Growing Coalition in Support of CARE Court

Published: Apr 25, 2022

*Coalition includes state and local officials, first responders, health care professionals, behavioral health providers, business organizations, civil rights groups and faith leaders, among others*

*CARE Court empowers Californians suffering from untreated schizophrenia spectrum and psychotic disorders to access treatment, services, and housing*

SACRAMENTO – Today, Governor Gavin Newsom convened the coalition in support of [CARE Court](#), which will provide individuals with severe mental health and substance use disorders the care and services they need to get healthy. SB 1338, CARE Court legislation authored by Senator Thomas Umberg (D-Santa Ana) and Senator Susan Talamantes Eggman (D-Stockton), will be heard tomorrow in its first committee, Senate Judiciary.

“Support for CARE Court is broad and diverse because Californians are tired of the status quo,” said Governor Newsom. “We must act with urgency and accountability to address this crisis which currently leaves thousands of individuals living on our streets without the help they need.”

The coalition includes members of California’s Big City Mayors, the National Alliance on Mental Illness, California Professional Firefighters, the California Medical Association, and the California Hospital Association, among others.

Governor Newsom convenes CARE Court coalition, including California Professional Firefighters President Brian K. Rice, pictured at center in second photo.

“As leaders at the local level, we are on the frontlines of this crisis, and we see CARE Court as a critical priority for the Big City Mayors of California. It’s time that our golden state stops walking by our greatest moral shame and faces it head on with clarity and compassion,” said Oakland Mayor Libby Schaaf.

“Our members see people at their point of greatest need, responding to 911 calls for those in serious mental health crisis. This leads to using scarce fire and EMS resources to pick up the same folks over and over again. Governor Newsom knows we need a different approach, and CARE Court will help us break this cycle and truly get people the help they need,” said California Professional Firefighters President Brian K. Rice.

CARE Court would allow courts to order CARE plans, which would require counties to provide comprehensive treatment to the most severely impaired and untreated Californians and hold patients accountable to following their treatment plans. It will provide an opportunity for a range of people, including family members, first responders, intervention teams, and mental health service providers, among others, to refer individuals suffering from schizophrenia spectrum or psychotic disorders, many of them unhoused, and get them into community-based services. These include short-term stabilization medications, wellness and recovery supports, and connection to social services, including a housing plan.

The Governor has called upon the Legislature to move quickly to enact CARE Court to allow local partners to begin implementation of this critical program. CARE Court builds on Governor Newsom’s \$14 billion multi-year investment to provide new housing units and treatment slots and nearly \$10 billion annually in community behavioral health services. The Governor’s approach focuses on quickly rehousing unsheltered individuals with behavioral health issues, all while new units come online, while also transforming Medi-Cal to provide more behavioral health services to people struggling the most. For more information, visit <https://www.chhs.ca.gov/care-court/>



## GOVERNOR NEWSOM'S NEW PLAN TO GET CALIFORNIANS IN CRISIS OFF THE STREETS AND INTO HOUSING, TREATMENT, AND CARE

- Community Assistance, Recovery and Empowerment (CARE) Court is a new framework to get people with mental health and substance use disorders the support and care they need.
- CARE Court is aimed at helping the thousands of Californians who are suffering from untreated mental health and substance use disorders leading to homelessness, incarceration or worse.
- California is taking a new approach to act early and get people the support they need and address underlying needs - and we're going to do it without taking away people's rights.
- CARE Court includes accountability for everyone – on the individual and on local governments – with court orders for services.

### HOW CARE COURT WORKS

## CALIFORNIA'S CARE COURT

*Community Assistance, Recovery and Empowerment (CARE) Court is Governor Newsom's new plan to get Californians in crisis off the streets and into housing, treatment, and care.*



#### **ACTING EARLY TO GET PEOPLE THE SUPPORT THEY NEED**

CARE Court is aimed at helping Californians who are suffering from untreated mental health and substance use disorders leading to homelessness, incarceration or worse. Each person is connected with a court-ordered Care Plan and Supporter for up to 24 months.



#### **SETTING THEM UP WITH AN INDIVIDUALIZED CARE PLAN**

CARE Court connects a person with a care team in the community and can include clinically prescribed, individualized treatment with supportive services, stabilizing medication, and a housing plan.

CARE Court connects a person struggling with untreated mental illness – and often also substance use challenges – with a court-ordered Care Plan for up to 24 months. Each plan is managed by a care team in the community and can include clinically prescribed, individualized interventions with several supportive services, medication, and a housing plan. The client-centered approach also includes a public defender and supporter to help make self-directed care decisions in addition to their full clinical team



CARE Court is designed on the evidence that many people can stabilize, begin healing, and exit homelessness in less restrictive, community-based care settings. It's a long-term strategy to positively impact the individual in care and the community around them. The plan focuses on people with schizophrenia spectrum and other psychotic disorders, who may also have substance use challenges, and who lack medical decision-making capacity and advances an upstream diversion from more restrictive conservatorships or incarceration.

The court-ordered response can be initiated by family, county and community-based social services, behavioral health providers, or first responders. Individuals exiting a short-term involuntary hospital hold or an arrest may be especially good candidates for CARE Court. The Care Plan can be ordered for up to 12 months, with periodic review hearings and subsequent renewal for up to another 12 months. Participants who do not successfully complete Care Plans may, under current law, be hospitalized or referred to conservatorship - with a new presumption that no suitable alternatives to conservatorship are available.

All counties across the state will participate in CARE Court under the proposal. If local governments do not meet their specified duties under court-ordered Care Plans, the court will have the ability to order sanctions and, in extreme cases, appoint an agent to ensure services are provided.

CARE Court builds on Governor Newsom's \$14 billion multi-year investment to provide 55,000 new housing units and treatment slots as well as a more than \$10 billion annual investment in community behavioral health services. The Governor's comprehensive approach combines a focus on bridge housing to quickly rehouse unsheltered individuals with behavioral health issues, all while more new units come online, while also transforming Medi-Cal to provide more behavioral health services to people struggling the most.

**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	<b>Eighth Amendment to the Agreement for Wraparound Services with Casa Pacifica.</b> 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	<b>Memorandum of Understanding (MOU) for the Purchase of State Hospital Beds Between DSH, CalMHSA, and Participating Counties.</b> 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	<b>Participation Agreement Amendment with CalMHSA Authorizing CalMHSA to Contract for State Hospital Beds with DSH on Behalf of Counties.</b> 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	<b>First Amendment for Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Support Services with Idea Engineering, Inc.</b> 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	<b>Second Amendment to the Participation Agreement for the Third Sector Multi-County Full Service Partnerships (FSP) Innovation Project with CalMHSA.</b> 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;	<p><b>Participation Agreement for Electronic Health Record (EHR) Program Services with CalMHSA.</b> 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.</p>
1/25/2022	Aegis Treatment Centers, LLC (Aegis)	\$0	July 1, 2021 Through June 30, 2022;	<p><b>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.</b> 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.</p>
1/25/2022	HealthRIGHT 360	\$3,016,114	July 1, 2021 Through June 30, 2022	<p><b>Fifth Amendment to the Agreement for DMC-ODS SUD Services with HealthRIGHT 360.</b> 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.</p>
1/25/2022	Tarzana Treatment Centers, Inc. (Tarzana)	\$3,370,416	July 1, 2021 Through June 30, 2022	<p><b>Sixth Amendment to the Agreement for DMC-ODS SUD Services with Tarzana.</b> 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.</p>

Board Date	Contractor	Amount	Term	Description
1/25/2022	City of Camarillo		February 6, 2022 through June 30, 2023	<p><b>Agreement for Community Services Coordinator Services with the City of Camarillo.</b> 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><b>First Amendment to the Standard Agreement for Specialty Mental Health Services to Medi-Cal Beneficiaries with DHCS.</b> 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><b>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.</b> 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 &amp; Innovating Medi-Cal (CalAIM) Initiative. The source of funding for these services is SABG, SABG CRRSAA and SABG ARPA funds.</p>

**Ventura County Behavioral Health**  
**Board Letter Summary of Contracts for February 2022**

Board Date	Contractor	Amount	Term	Description
2/8/2022	All Languages Interpreting and Translating, Inc. (ALIT)	\$165,000	July 1, 2021 through June 30, 2022	<b>Third Amendment to the Agreement for Interpreting and Translating Services with ALIT.</b> ALIT provides interpretation and translation services for VCBH in clinics, meetings, and community behavioral health forums. The use of interpreter services in clinics is critical to successful client outcomes because it helps to ensure that clients understand their treatment plan and how to safely administer medication. The use of interpreter services for meeting and community forums is critical for ensuring that the department can appropriately communicate to the public about the services that are available through VCBH and solicit public feedback on department initiatives. During the first five months of FY 2021-22, ALIT has billed \$69,066 out of their total contract amount of \$100,000. The FY 2021-22 Third Amendment with ALIT increases the contract amount from \$100,000 to \$165,000 (an increase of \$65,000) in order to allow for an increase in services and costs due to the ongoing COVID-19 pandemic. This Agreement is funded with: (1) Short Doyle/Medi-Cal (SD/MC) Federal Financial Participation (FFP), (2) State General Fund, (3) 2011 Realignment (Trust N520-719C), (4) 1991 Realignment (Trust N510-717C), and (5) Mental Health Services Ac (MHSA) funding.
2/8/2022	Maxim Healthcare Services Holdings, Inc. (Maxim)	\$1,350,000	July 1, 2021 through June 30, 2022	<b>Fifth Amendment to the Agreement for Medical Personnel Temporary Staffing and Recruiting Services with Maxim.</b> Maxim provides certified and/or licensed temporary staff to help fill vacant positions due to the difficulty in finding qualified and appropriately certified and/or licensed staff. This contractor is also used to help backfill existing positions due to unexpected leaves of absence. VCBH is taking appropriate steps to expedite its recruitments for qualified and appropriately certified and/or licensed staff, however, until staff can be hired and due to the impacts of the COVID-19 pandemic, VCBH is in need of temporary staff from Maxim. VCBH uses a variety of temporary staff from Maxim, including Registered Nurses, Mental Health Associates, and Licensed Marriage and Family Therapists. The current vacancy rate for VCBH is 18.5%. The FY 2021-22 Fifth Amendment to the Agreement increases the maximum contract amount from \$600,000 to \$1,350,000 to ensure proper service provision through fiscal year end. There are no other changes to the Agreement. This Agreement is funded with: (1) SD/MC FFP, (2) State General Fund, (3) 2011 Realignment (Trust N520-719C), (4) 1991 Realignment (Trust N510-717C), and (5) MHSA funding.
2/8/2022	California Mental Health Services Authority (CalMHSA)	\$0	January 1, 2022 through December 31, 2022	<b>Participation Agreement with the CalMHSA for Peer Support Specialist Certification Services.</b> 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 entering into participation agreements with interested counties to bring counties together to provide them with a Peer Support Specialist Certification program. The program is in response to Senate Bill 803, Beall (SB 803) which authorized the Department of Health Care Services (DHCS) to establish statewide requirements for the development of Medi-Cal certification programs for peer support specialists. DHCS released Behavioral Health Information Notice 21-041 establishing the statewide requirements and is working through CalMHSA to implement and administer all components of the Peer Support Specialist Certification Program. The Peer Support Specialist Certification Program is responsive to the needs of the Medi-Cal Specialty Mental Health and Drug Medi-Cal Organized Delivery System populations and is expected to go live by May 2022. There is no cost at this time to participate in the program, however, there could be future costs in subsequent phases of the project. Under the agreement, CalMHSA acts as the fiscal and administrative agent for the program. On behalf of participating counties, CalMHSA will implement and administer all components of the Peer Support Specialist Certification program, including: (1) required data collection and submission to DHCS, (2) certification of peers, (3) exam administration, (4) investigations, and (5) approval, auditing, and monitoring of training vendors. VCBH is expected to provide necessary and legally sanctioned assistance to CalMHSA in achieving the program goals and program performance. The initial term is considered a pilot phase, however, CalMHSA is seeking a contractual agreement with DHCS for continued funding beyond this initial pilot phase.
2/8/2022	Golden Hillmont House Mental Health Rehabilitation Center, LLC.	\$0	July 1, 2021 through June 30, 2022	<b>Seventh Amendment to the Agreement for Medi-Cal Specialty Mental Health Rehabilitation Center (MHRC) Services with Golden Hillmont House MHRC, LLC.</b> Golden Hillmont House MHRC, LLC. operates the MHRC "Hillmont House," located in Camarillo, a 15-bed facility that provides housing and support for up to 18 months for individuals with severe and persistent mental illness to enable them to transition to independent or supported living arrangements. The program uses a psychosocial rehabilitation model that provides a balance of activities, education, vocational services, therapy, health, and socialization to support physical, psychological, and spiritual health. The Seventh Amendment to the Agreement with Golden Hillmont House MHRC, LLC. has made the following contract language revisions: (1) removed the requirement for the contractor to produce no less than the specified amount of SD/MC FFP revenue at 100% as this requirement does not apply to this program, (2) revised utilization review monitoring from monthly to quarterly as per revised VCBH policies and procedures, and (3) updated the contractor invoice submittal procedure. There is no change to the maximum contract amount.
2/8/2022	Golden Ventura CRT, LLC.	\$0	July 1, 2021 through June 30, 2022	<b>Sixth Amendment to the Agreement for Medi-Cal Specialty Mental Health Care Short-term Crisis Residential Recovery Treatment (CRT) Services with Golden Ventura CRT, LLC.</b> Golden Ventura CRT, LLC. provides a short-term voluntary program for up to 15 adults experiencing increased psychiatric symptoms or a behavioral health crisis; an individual's length of stay does not exceed 90 days. The CRT facility's services are used by clients to avoid acute hospitalization or to assist clients in stepping down from an acute hospital stay. Treatment services include psychiatric care and medication management, individual and group therapy, life and coping skills training, peer support, substance abuse relapse prevention services, and recreational group activities. Services are designed to achieve psychiatric stabilization and community reintegration. The Sixth Amendment to the Agreement with Golden Ventura CRT, LLC., made the following contract language revisions: (1) removed the requirement for the contractor to produce no less than the specified amount of SD/MC FFP revenue at 100% as this requirement does not apply to this program, (2) revised utilization review monitoring from monthly to quarterly as per revised VCBH policies and procedures, and (3) updated the contractor invoice submittal procedure. There is no change to the maximum contract amount.

**Ventura County Behavioral Health**  
**Board Letter Summary of Contracts for March 2022**

Board Date	Contractor	Amount	Term	Description
3/1/2022	Amada Enterprises, Inc. (Amada)	\$2,305,000	July 1, 2021 through June 30, 2022	<b>Fourth Amendment to the Agreement for the Provision of Skilled Nursing Facility (SNF) Services with Amada Enterprises, Inc.</b> Amada, doing business as (DBA) View Heights Convalescent Hospital and Wellness Center, is designated as an IMD and provides SNF services for seriously mentally ill clients who require a high level of care due to the severity of their illnesses. Clients receive the following services at Amada: (1) medication management, (2) care and supervision, (3) daily activities, and (4) food services. The Fourth Amendment to the Agreement with Amada represents an increase of \$1,313,805 to the agreement maximum amount of \$991,195 due to an increase in the number of clients served and to ensure sufficient funding for clients placed through the end of FY 2021-22. The increase funds an average of 22 clients, which represents an increase of eight (8) clients from the initial estimate of 14 clients. There are no rate or other substantive changes to the Agreement. This agreement is funded with Tobacco Settlement; 2011 Realignment (Trust N520-719C); 1991 Realignment (Trust N510-717C); and other County Resources.
3/1/2022	Parkside Healthcare, Inc. (Parkside)	\$1,031,700	July 1, 2021 through June 30, 2022	<b>First Amendment to the Agreement for the Provision of SNF and Mental Health Recovery Center (MHRC) Services with Parkside Healthcare, Inc.</b> Parkside, DBA Parkside Health and Wellness Center, provides 24-hour SNF and MHRC services for seriously mentally ill clients who require a high level of care due to the severity of their illnesses. Clients receive the following services at Parkside: (1) medication management, (2) care and supervision, (3) daily activities, and (4) food services. The First Amendment to the Agreement with Parkside represents an increase of \$234,330 to the agreement maximum amount of \$797,370 due to an increase in the number of clients served and to ensure sufficient funding for clients placed through the end of FY 2021-22. The increase funds an average of 22 clients which represents an increase of eight (8) clients from the initial estimate of 14 clients. There are no rate or other substantive changes to the Agreement. This agreement is funded with Tobacco Settlement; 2011 Realignment (Trust N520-719C); 1991 Realignment (Trust N510-717C); and other County Resources.
3/1/2022	Sylmar Health & Rehabilitation Center, Inc. (SHRC)	\$1,449,000	July 1, 2021 through June 30, 2022	<b>First Amendment to the Agreement for the Provision of SNF Services with Sylmar Health &amp; Rehabilitation Center, Inc.</b> SHRC is designated as an IMD and provides SNF services in a restricted environment. SHRC is VCBH's primary residential treatment provider for legal competence restoration services for alleged misdemeanants. SHRC also provides residential treatment for Murphy conservatees (defendants charged with a felony involving death, great bodily harm, or a serious threat to the physical well-being of another person, and for whom a conservatorship was pursued under Welfare and Institutions Code section 5008(h)(1)(B)). The First Amendment to the Agreement with SHRC represents an increase of \$329,191 to the agreement maximum amount of \$1,119,809 due to an increase in the number of clients served and to ensure sufficient funding for clients placed through the end of FY 2021-22. The increase funds an average of 14 clients, which represents an increase of four (4) clients from the initial estimate of 10 clients. There are no rate or other substantive changes to the Agreement. This agreement is funded with Tobacco Settlement; 2011 Realignment (Trust N520-719C); 1991 Realignment (Trust N510-717C); and other County Resources.
3/8/2022	Dennis M. Giroux & Associates, Inc. (DMG)	\$840,110	July 1, 2021 through June 30, 2022	<b>Fifth Amendment to the Agreement for Drug Medi-Cal Organized Delivery System Substance Use Disorder Services with Dennis M. Giroux &amp; Associates, Inc.</b> DMG provides outpatient DMC-ODS SUD treatment services to adults involved in the criminal justice system at various locations in Ventura County, including Oxnard, Ventura, and the Todd Road County Jail. DMG uses the following evidence-based practices: matrix, seeking safety, and moral reconnection therapy. From July 1, 2019 to June 30, 2020, DMG served 113 clients funded through AB109 funds and 173 clients funded through DMC funds. From July 1, 2020 to June 30, 2021, DMG served 35 clients funded through AB109 funds and 239 clients funded through DMC funds. Since July 1, 2021, DMG has served 49 clients funded through AB109 funds and 153 clients funded through DMC funds. DMG expects to serve a total of 98 clients funded through AB109 funds and 306 clients funded through DMC funds by fiscal year-end. Additionally, DMG expects to serve 91 clients funded for the Juvenile Justice program by fiscal year-end. VCBH revised the contract with DMG to include the expansion of substance use services to youth and transitional age youth (TAY), ages 12-24, in the Juvenile Justice Facility. DMG is providing the following substance use services to youth and TAY: screening, assessment, group and individual counseling and care coordination. The Fifth Amendment to the Agreement with DMG reflects an increase of \$252,783 (of which \$59,221 is for Juvenile Justice Services) for these new services, and includes funding for: (1) the addition of a Behavioral Health Specialist in the Juvenile Justice Facility, (2) the addition of staff to support increased Medication for Addiction Treatment and outpatient services, and (3) increases in operational costs including rent, a new phone system and office expenses. These new services started April 1, 2022. This agreement is funded by Drug Medi-Cal Federal Financial Participation (D/MC FFP), Realignment, and AB 109 funds.
3/8/2022	Telecare Corporation (Telecare)	\$0	July 1, 2021 through June 30, 2022	<b>Various Amendments with Telecare Corporation to Make Necessary Operational, Administrative, and Invoicing Changes.</b> Telecare Corporation operates and manages four (4) voluntary (unlocked) adult residential programs (Casa B, Casa C, Casa D, and Casa E) which are located at South Lewis Road, Camarillo, CA. Telecare's Casa B "Brighter Tomorrows," Casa C "House of Transitions," and Casa D "Starship" programs are long-term social rehabilitation facilities with fifteen (15) beds each. The duration of these programs is approximately 12 months for Transitional Aged Youth and adults (aged 18 years and older). Services are delivered in a home-like, nurturing environment to facilitate clients' growth and recovery. Clients receive supervision, guidance, and personal assistance in performing their daily activities. Structured day and evening services are also provided to assist clients in acquiring daily living skills, accessing community resources, and accessing educational/vocational resources. Telecare also operates and manages Casa E "Stonehenge" program which is a Board & Care program with fifteen (15) beds for clients aged 18 to 59 years old and there is no limit to length of stay. Telecare staff works with VCBH clients using Telecare's Recovery Centered Clinical System to identify clients' hopes and dreams of the future with the goal of reducing use of acute care facilities. The amendments to the four Agreements with Telecare Corporation make the following contract language changes: (1) updates the Program Description to add requirements for the contractor to report various data to VCBH (Milestones of Recovery Scale, Treatment Perception Survey, & Basis Plus), (2) removes the requirement for the contractor to produce no less than the specified amount of Short-Doyle Medi-Cal (SD/MC) Federal Financial Participation (FFP) revenue at 100% as this requirement does not apply to this program, (3) revises utilization review monitoring from monthly to quarterly as per revised VCBH policies and procedures, and (4) updates the contractor invoice submittal procedure. There is no change to the maximum contract amounts.

Board Date	Contractor	Amount	Term	Description
3/22/2022	Department of Health Care Services (DHCS)	\$1,407,203	July 1, 2021 through December 31, 2022 and September 1, 2021 through June 30, 2025	<b>Application to the Department of Health Care Services (DHCS) for Community Mental Health Services Block Grant (MHBG) Supplemental Funding Available Through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and the American Rescue Plan Act (ARPA).</b> In July 2021, DHCS requested that the County of Ventura complete an application for supplemental funding available to counties through the CRRSAA and ARPA. The CRRSAA funding is available from July 1, 2021 through December 31, 2022, and the ARPA funding is available from September 1, 2021 through June 30, 2025. 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 MHBG supplemental funding for CRRSAA and ARPA. The DHCS-approved CRRSAA grant application has funds available in the following funding categories: (1) First Episode Psychosis Set Aside, (2) Crisis Stabilization, and (3) Early Intervention. The DHCS-approved ARPA grant application has funds available in the following funding categories: (1) Discretionary/Base Allocation, (2) General Crisis Stabilization, and (3) First Episode Psychosis (FEP) Set-Aside. The Peer Support Program utilizes Peer Support Specialists to conduct outreach to FEP clients across all community-based clinics with a specific focus on the Rapid Integrated Support and Engagement (RISE), Ventura County Power Over Prodromal Psychosis (VCPPOP), and Assist (VCBH's Assisted Outpatient Treatment or Laura's Law program) programs. Peer Support Specialists assist FEP clients in: (1) navigating the treatment system, (2) attaining appropriate services, (3) connecting with community-based resources, and (4) developing the necessary coping skills to aid in alleviating the impacts of social stigma. Through the CRRSAA and ARPA grant funds, an addition of eight (8) new regular FTE positions is allocated as follows: (1) one Behavioral Health Clinic Administrator III 1 FTE position, (2) one Community Services Coordinator 1.0 FTE position, and (3) six (6) Peer Specialist III 6.0 FTE positions. The Behavioral Health Clinic Administrator III position oversees the Peer Support Program. The Peer Support Specialists are embedded in the Peer Support Program and provide the services described above. The Community Services Coordinator is embedded in the RISE program and assigned to the two (2) CSUs in operation within Ventura County providing care coordination. These positions are regular positions funded by Proposition 63 Mental Health Services Act (MHSA) Funds after the expiration of the ARPA term. The telehealth expansion reduces barriers for those clients who are unable to receive in-person services and ensures greater access to behavioral health treatment throughout the adult outpatient clinic system. Increased access will be accomplished through the expansion of virtual and telehealth programming, including the purchase of video conferencing equipment for treatment and group services and the expansion of Zoom for Healthcare (or related service) licenses. On February 16, 2022, DHCS awarded VCBH a CRRSAA grant in the amount of \$476,882, for the term of July 1, 2021, through December 31, 2022, and an ARPA grant in the amount of \$930,321, for the term of September 1, 2021, through June 30, 2025. Source of Funding is MHBG, MHBG CRRSAA, and MHBG ARPA, Proposition 63 Mental Health Services Act (MHSA) Funds, and Short Doyle Medi-Cal Federal Participation (SD/MC FFP) funds.
3/22/2022	Evalcorp	\$347,250	July 1, 2021 through June 30, 2022	<b>Fifth Amendment to the Agreement with Evalcorp, to Expand the Scope of Substance Use Prevention Services.</b> Evalcorp provides research and evaluation services, process and performance outcome reports, tailored data collection protocols, statistical analysis, and supports opioid abuse prevention and suppression strategy guidance to address vaping and drug trends, marijuana and prescription drug initiatives, alcohol, tobacco, methamphetamine, fentanyl and polydrug use. The Fifth Amendment allocates CRRSAA and ARPA supplemental funding during FY 2021-22 to Evalcorp to work closely with VCBH, Ambulatory Care Department, Public Health Department and Emergency Medical Services Division, as well as the Ventura County Sheriff's Office to improve the quality, consistency, and integration of local and state data to monitor community-level conditions/outcomes. Additionally, the Fifth Amendment requires Evalcorp to prepare a preliminary report on: (1) local trends in fatal and non-fatal overdose metrics, (2) indicators of effectiveness for county data collection and reporting efforts, and (3) targets for increased programmatic impacts in response to the opioid abuse epidemic. This agreement is funded with Substance Abuse Prevention and Treatment Block Grant (SABG), SABG CRRSAA and SABG ARPA funds.
3/22/2022	Idea Engineering, Inc.	\$366,000	July 1, 2021 through June 30, 2022	<b>Fifth Amendment to the Agreement with Idea Engineering, Inc.</b> Idea Engineering, Inc. provides communication materials and graphic design services to support prescription drug abuse and heroin prevention initiatives, opioid overdose prevention and rescue efforts, methamphetamine and fentanyl awareness, stigma reduction, access-to-care messaging and impaired driving prevention. This includes a range of media channels including traditional print media, internet based digital messaging services, and population-specific marketing and media services. The Fifth Amendment allocates ARPA supplemental funding for FY 2021-22 to Idea Engineering to collaborate with VCBH and identified school and community organizations to develop awareness campaigns about current trends in illegal drug use, including opioids, methamphetamine and other stimulants, among school-aged youth and young adults in traditional, non-traditional and continuation high schools, using specialized campaign development services, opioid-specific message design, communications materials to targeted audiences, and dissemination planning in cooperation with school systems. This agreement is funded with Vehicle Fines and Statham funds, and SABG ARPA funds.
3/22/2022	Reality Improv Connection, Inc.	\$234,025	July 1, 2021 through June 30, 2022	<b>Fourth Amendment to the Agreement with Reality Improv Connection, Inc.</b> Reality Improv Connection, Inc. provides informational and educational engagement projects for youth, young adults, and parents. These efforts address underage and binge drinking, impaired driving, prescription drug abuse, and health disparities using school and community-based workshops, performances, and new media (podcasts, blogs, e-news, and text messaging). Media and health promotion efforts focus on suppressing opioid overdose, marijuana abuse and the risks of vaping, as well as the importance of safe drug disposal, consistent with the SAMHSA Strategic Prevention Framework. The Fourth Amendment allocates ARPA supplemental funding for FY 2021-22 to Reality Improv Connection, Inc. to engage 500-1,000 individuals in primary prevention online content, with special attention for those from higher-need school communities, maximizing interactive/immersive technologies, and use upgraded software to offer Zoom Webinar and the 3-D interactive "BRITeworld" platform; aiding large-scale interactive events and increasing use of online prevention content countywide. This agreement is funded with SABG and SABG ARPA funds.