

BEHAVIORAL HEALTH ADVISORY BOARD
Adult Services Committee Meeting Minutes

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

IN-PERSON & VIRTUAL MEETING VIA ZOOM

Thursday, May 4, 2023, 10AM – 11:30AM

Members Present:

Chris Tejeda, Chair

Nancy Borchard, BHAB Member

Marry Haffner, Advocate

Farrah Hooshmand, VCAAA

Jennifer Morrison, BHAB Member

Michael Rodriguez, BHAB Member

Guests:

James Espinoza, BHAB Member

Priscilla Hazrun, Spanish Interpreter

Aaron Kitzman, VCSO

Shawn Pewsey, BHAB Member

Sheri L. Valley, Family Member

Scott Walker, VC COSSUP

Ventura County Behavioral Health (VCBH) Staff Present:

Dr. John Schipper, Adult Services Division Chief

Susan White Wood, Behavioral Health Housing Manager

Jessica Davis, Sr. Manager – Substance Use Services Behavioral Health Manager

Christine Voth, MHSA Program Administrator

Jakeline De Leon, Management Assistant/Zoom Engineer

- I. **Call to Order** – The meeting was called to order at 10:18AM by Chair Chris Tejeda. Priscila Hazrun, the Spanish Interpreter, introduced herself and provided instruction on the interpretation services available for the meeting.
- II. **Roll Call to Determine Physical Quorum** – Chair Tejeda took roll call; a physical quorum of the board members was confirmed.
- III. **Roll Call of Members with Just Cause** – NONE.
 - a. **State others present in the room over the age of 18.**
- IV. **Approval of the Agenda** – The Behavioral Health Advisory Board Adult Services Committee agenda for May 4th, 2023, was approved (Borchard/Haffner/Passed). It was motioned to approve as written.
- V. **Approval of the November 3, 2022, Minutes** – The Behavioral Health Advisory Board Adult Services Committee minutes for November 3, 2022, were approved (Haffner/Morrison/Passed). The minutes were motioned to approve as written.
- VI. **Approval of the January 5, 2023, Minutes** – The Behavioral Health Advisory Board Adult Services Committee minutes for January 5, 2023, were approved (Haffner/Borchard/Passed). The minutes were motioned to approve as written.
- VII. **Welcome and Introductions** – All attendees introduced themselves.
- VIII. **Public Comments** – NONE.
- IX. **Chair Announcements** – Chair Tejeda did not provide any announcements; however, he commented on the contracts and his interest in the current contracts for December, February, and March. He welcomes discussion and hopes to dive deeper into the contracts. He emphasized the importance of the public being able to access mental health services. Lastly, he invites everyone to stay up to date with the State announcements regarding MHSA.
- X. **Updates and Presentations** – There were no updates from Chair Tejeda, however, he invites any topics for presentations. Ms. Haffner requested to see a presentation on the Stepping Up program, data around those with serious mental illness in the county jails and how they are being diverted from

jail into treatment. Ms. Borchard requested an update from MHSA regarding all the changes and the three-year process.

- XI. Discuss Committee's Focus and Prioritize Items for Discussion/Investigation for Upcoming Year** – Ms. Borchard commented she would like to discuss the FSPs. Ms. Haffner commented she would like to receive an update on how departments throughout the county are coordinating and communicating with each other. Ms. Borchard also requested to receive an update on the Wellness Centers. Chair Tejada stated he will plan to invite representatives from these different agencies to provide presentations or reports. Ms. Morrison commented that an item to discuss could be a marketing campaign for VCBH, prioritizing access and outreach.
- XII. Member and Participant Comments** – Ms. Morrison and Ms. Haffner commented regarding the guardian's office and the importance of family involvement.
- XIII. VCBH Updates:**
- A. Adult Services Operations** – This item was tabled due to the lack of time.
- B. Substance Use Services** – Ms. Davis provided an update on the Substance Use Services. May 9th is Fentanyl Awareness Day and 2022 there were 181 accidental overdoses on Fentanyl. There have been recent changes with the ex-waiver requirements and elimination of that requirement will expand access to prescribing buprenorphine for opioid use disorder. The medical director, Dr. Vlaskovitz, will be hosting a training session for all VCBH psychiatrists and clinical nurses on May 9th at the Training room in VCBH, to provide the latest overdose trends, the legislative changes, provide trainings on clinical counseling screenings and the use of buprenorphine.
- XIV. Contracts Review (September/October/November 2022)** – Chair Tejada invites everyone to review the contracts. Mr. Rodriguez commented contracts can be found on the Board of Supervisors websites and can make requests to the department.
- XV. Items for Next Meeting Agenda** – Chair Tejada commented he will make plans to coordinate items that were discussed throughout the meeting. Ms. Morrison suggested contacting the guardian's office, receiving more information on their communication with VCBH, and what their protocols are for meetings.
- XVI. Public Comments** – NONE.

XVII. Adjourn – The meeting was adjourned at 11:35AM by Chair Chris Tejada.

Next Meeting Date – July 6th, 2023, from 10:00AM – 11:30AM

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

Board Date	Contractor	Amount	Term	Description
12/6/2022	PathPoint	\$511,305	July 1, 2022 through June 30, 2023	Third Amendment to the Agreement with PathPoint for Adult Rehabilitation Services. On May 6, 2022 the Department of Health Care Services (DHCS) released Behavioral Health Information Notice (BHIN) No: 22-026, outlining new requirements for Peer Support Services for Medi-Cal providers. Among other things, Peer Support Services are defined as culturally competent individual and group services that promote recovery, engagement, and socialization. As of July 1, 2022, the Short Doyle Medi-Cal claiming system was updated to reflect Peer Support Services as its own separate and distinct service. Therefore, in response to that notice (BHIN NO: 22-026), providers were asked to submit budget modifications that either added Peer Support Services if they were not already being provided/included in their Agreements, and/or to list the cost for Peer Support Services as a separate and distinct service. In addition, VCBH is modifying its Peer Support Services Agreements as follows: (1) Exhibit A (Scope of Work) to include new language related to the Peer Support services to establish these services as separate and distinct and (2) Exhibit B (Payment Provisions) to delineate the case management units of service that are provided by Peer Support service providers and those provided by all other service providers. Specifically, the Agreement with PathPoint is being amended to cover the cost of adding one (1) Full Time Equivalent (FTE) employee and the purchase of new equipment such as an agency cellphone and a laptop in order to support the new position. The additional expense increases the current budget from \$476,739 to \$511,305 (an increase of \$34,566). Source of Funding is Short Doyle/Medi-Cal (SD/MC) Federal Financial Participation (FFP) and 1991 Realignment (Trust N520-717C).
12/6/2022	Turning Point Foundation (TPF)	\$435,742	July 1, 2022 through June 30, 2023	Sixth Amendment to the Agreement with TPF – Growing Works for Psychiatric Rehabilitation-Oriented Services. On May 6, 2022 the DHCS released BHIN No: 22-026, outlining new requirements for Peer Support Services for Medi-Cal providers. Among other things, Peer Support Services are defined as culturally competent individual and group services that promote recovery, engagement, and socialization. As of July 1, 2022, the SD/MC claiming system was updated to reflect Peer Support Services as its own separate and distinct service. Therefore, in response to that notice (BHIN NO: 22-026), providers were asked to submit budget modifications that either added Peer Support Services if they were not already being provided/included in their Agreements, and/or to list the cost for Peer Support Services as a separate and distinct service. In addition, VCBH is modifying its Peer Support Services Agreements as follows: (1) Exhibit A (Scope of Work) to include new language related to the Peer Support services to establish these services as separate and distinct and (2) Exhibit B (Payment Provisions) to delineate the case management units of service that are provided by Peer Support service providers and those provided by all other service providers. The Amendment to the Agreement with TPF – Growing Works covers the cost of adding one (1) FTE and .2 FTE for additional oversight. The additional expense increases the maximum contract amount from \$325,000 to \$435,742 (an increase of \$110,742). Source of Funding is Proposition 63 Mental Health Services Act (MHSA) and SD/MC FFP.
12/6/2022	TPF	\$1,184,294	July 1, 2022 through June 30, 2023	Fifth Amendment to the Agreement with TPF – REHAB for Social Rehabilitation Services. On May 6, 2022 the DHCS released BHIN No: 22-026, outlining new requirements for Peer Support Services for Medi-Cal providers. Among other things, Peer Support Services are defined as culturally competent individual and group services that promote recovery, engagement, and socialization. As of July 1, 2022, the SD/MC claiming system was updated to reflect Peer Support Services as its own separate and distinct service. Therefore, in response to that notice (BHIN NO: 22-026), providers were asked to submit budget modifications that either added Peer Support Services if they were not already being provided/included in their Agreements, and/or to list the cost for Peer Support Services as a separate and distinct service. In addition, VCBH is modifying its Peer Support Services Agreements as follows: (1) Exhibit A (Scope of Work) to include new language related to the Peer Support services to establish these services as separate and distinct and (2) Exhibit B (Payment Provisions) to delineate the case management units of service that are provided by Peer Support service providers and those provided by all other service providers. The Amendment to the Agreement with TPF – REHAB covers the cost of certifying an existing Peer Counselor .55 FTE at the Ventura location and adding a new .55 FTE at the Oxnard location. The additional expense increases the maximum contract amount from \$1,169,340 to \$1,184,294 (an increase of \$14,954). Source of Funding is SD/MC FFP and 1991 Realignment (Trust N520-717C).
12/6/2022	California Department of State Hospitals (DSH) and California Mental Health Services Authority (CalMHSA)	\$0	July 1, 2022 through December 31, 2022	Amendment to the Memorandum of Understanding (MOU) with the California DSH and CalMHSA for the Utilization of State Hospital Beds, to Extend the Term of the MOU and Increase Bed Utilization Rates. 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. The amendment to the MOU for state hospital bed utilization services was not received from DSH and CalMHSA until October 14, 2022. Because of the need to continue to secure state hospital beds for VCBH clients/patients and for continued negotiation services from CalMHSA, VCBH authorized the acquisition and payment for bed utilization services and ongoing negotiation services prior to receiving approval of the amendment to the MOU with DSH/CalMHSA. The existing 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 amendment extends the term of the MOU for a six-month period, July 1, 2022 through December 31, 2022, to allow additional time for DSH and CalMHSA to negotiate and finalize a new MOU for the provision of state hospital bed utilization and related services for FY 2022-23 (Final FY 2022-23 MOU). The amendment also increases the daily bed rates for FY 2022-23 as follows: (1) intermediate care facility beds increase from \$626 to \$728, (2) acute facility beds increase from \$626 to \$753, and (3) skilled nursing facility beds increase from \$775 to \$806. Source of Funding is 1991 State Realignment (Trust N510-717C).
12/6/2022	CalMHSA	\$1,402	July 1, 2022 through June 30, 2023	Participation Agreement with CalMHSA for the Negotiation of a New MOU with DSH for State Hospital Bed Utilization. CalMHSA is a joint powers authority comprised of counties and cities with mental health programs. On behalf of its members, CalMHSA annually negotiates an agreement with DSH for the utilization and payment of state hospital bed space and associated services. CalMHSA and DSH are in the process of negotiating an agreement for FY 2022-23; however, that new agreement is not complete. CalMHSA also serves as a liaison agency for ensuring compliance with the terms and conditions of the MOU. The Participation Agreement with CalMHSA authorizes CalMHSA, on behalf of participating counties including the County, to negotiate a new contract with DSH for state hospital bed utilization services and rates. 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 efficiencies in the utilization 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, CalMHSA charges VCBH \$1,402 for FY 2022-23, which is the same amount charged by CalMHSA for similar services in prior fiscal years. Both the amendment to the MOU for state hospital bed utilization services and the Participation Agreement for related negotiation services were not received from DSH and CalMHSA until October 14, 2022. Because of the need to continue to secure state hospital beds for VCBH clients/patients and for continued negotiation services from CalMHSA, VCBH authorized the acquisition and payment for bed utilization services and ongoing negotiation services prior to receiving approval of the amendment to the MOU with DSH/CalMHSA and the new Participation Agreement with CalMHSA. Source of Funding is 1991 State Realignment (Trust N510-717C).

12/13/2022	California Department of Social Services (CDSS)	\$2,096,756	August 1, 2022 through June 30, 2029	<p>Ratification of the Ventura County Behavioral Health Director's Acceptance of CDSS Community Care Expansion (CCE) Preservation Program Non-Competitive Funds. California has a shortage of licensed adult and senior care facilities that accept individuals receiving Supplemental Security Income/State Supplementary Payment (SSI/SSP). Adult Residential Facilities or "ARF" include both Board and Care for adults ages 18-59 and Residential Care for the Elderly (RCFE) for people ages 60 plus. These facilities are commonly known as assisted living facilities and can cost anywhere from \$5,000 to \$10,000 per month for a private room. Licensed ARFs provide 24-hour care for clients in need of a high level of support but who do not yet require skilled nursing services. Licensed ARFs provide room and board, all meals and snacks, medication management, social and recreational activities and transportation to residents. VCBH contracts with eight (8) licensed ARFs that accept SSI/SSP clients for a total available bed count of 231 beds. The contracted facilities accept people receiving SSI and SSP who endorse their monthly payment to the ARF operator in the amount of \$1,060 per month to cover room and board in addition to all living expenses. Not only is there a shortage of licensed ARFs that accept SSI and SSP, but existing facilities are closing at an alarming rate due to these low payments from high needs residents. Many licensed ARF operators in Ventura County have closed in the last ten years choosing instead to sell their properties. The CDSS CCE Preservation Program is one part of the total \$805 million CCE program, which was established through Assembly Bill 172, passed by the Legislature in 2021. Funds have been allocated by the State to county governments through a non-competitive award process. Counties are tasked with designing and implementing local programs that will preserve existing licensed adult and senior care facilities and disbursing funds accordingly. Specifically, the CCE Preservation Program funds construction and rehabilitation projects and provides operating subsidies to preserve existing licensed ARFs throughout the State. On July 5, 2022, VCBH received notice from the CDSS that it was being awarded \$2,096,756 in CCE Preservation Program non-competitive funds, with \$1,533,389 available for Capital Project (CP) Program expenses for the period starting August 1, 2022 through December 31, 2026, and \$563,367 available for Operating Subsidy Payment (OSP) Program expenses for the period starting August 15, 2022 through June 30, 2029. These funds will be utilized to improve licensed ARFs in Ventura County serving residents who are recipients of SSI/SSP. The CCE Preservation Program requires VCBH to submit an implementation plan for the utilization and prioritization of CCE Preservation funding by January 15, 2023. Source of Funding is CCE Preservation Grant and Proposition 63 MHSA.</p>
12/13/2022	California Department of Health Care Services (DHCS)	\$109,062,000	July 1, 2021 through June 30, 2024	<p>Amendment No. A01 to State Standard Agreement No. 21-10037 with the California DHCS for the Provision of Drug Medi-Cal Organized Delivery System (DMC-ODS) Substance Use Disorder (SUD) Services. In December 2018, VCBH began implementing DMC-ODS, a new system of health care service delivery for Medi-Cal beneficiaries that includes the provision of SUD services, modeled after the American Society of Addiction Medicine (ASAM) criteria for SUD treatment services. Essential components include: (1) treatment services available to beneficiaries, (2) beneficiary procedures for moving through different levels of the continuum of care, (3) beneficiary access and data collection information, (4) coordination procedures for mental health service beneficiaries with co-occurring disorders, (5) coordination procedures for provision of physical health services, (6) county coordination assistance needs, (7) the availability and accessibility of adequate number and types of service providers in the county, (8) county procedures for timely access to care and service requirements, (9) training options that will be made available to service providers, (10) county technical assistance needs, (11) quality assurance procedures and oversight, (12) procedures to ensure the county will use evidence-based practices, (13) telehealth services, (14) contracting process and procedures, (15) medication assisted treatment plans, (16) residential services authorization processes, and (17) a mechanism for sharing information and coordinating service delivery for beneficiaries served. On September 14, 2021, the Board approved State Standard Agreement No. 21-10037 between the County and DHCS for VCBH's provision of DMC-ODS SUD services for FY 2021-24 which identifies and provides covered DMC-ODS services for SUD treatment for Medi-Cal beneficiaries within VCBH's service area. VCBH must meet conditions and requirements for the array of SUD services that are provided under the DMC-ODS waiver to receive federal and state allocated funds. Specifically, the Agreement details the: (1) program offerings and system access requirements, (2) program integrity requirements, (3) beneficiary protection requirements, (4) data and information submission requirements, (5) approved county proposed rates for all services, (6) revenue and expenditure reporting requirements, (7) funding usage and reimbursement requirements, (8) audit and record requirements, (9) various requirements associated with conducting business with the State of California, (10) information confidentiality and security requirements, and (11) privacy and information security provisions (as defined under the Health Insurance Portability and Accountability Act of 1996 and California Information Practices Act). Under the Agreement, VCBH provides the following DMC-ODS SUD services: adult/adolescent outpatient, intensive outpatient and narcotic/opioid treatment services, as well as Drug Medi-Cal adult/adolescent residential treatment, withdrawal management, recovery support services, care coordination and case management, physician consultation programs, medication assisted treatment and a 24/7 beneficiary Access Line. The Amendment revises the current Agreement to: (1) update the Indian Health Care Providers enrollment, certification, service provision, and rate requirements, (2) add requirements related to the timely provision of covered substance use disorder services that are appropriate for each beneficiaries' condition, consistent with good professional practice, and in line with established provider networks, policies, procedures, and quality assurance monitoring systems that ensure clinical appropriateness, (3) revise some grievances and appeals resolution and notification timeframes, (4) revise and add requirements related to nondiscrimination, language assistance, and information access for individuals with limited English proficiency and/or disabilities, (5) add additional Discrimination Grievance Coordinator and grievance reporting requirements, (6) add new professional staff requirements related to Alcohol or other drug counselors, Medical Directors of Narcotic Treatment Programs, and Peer Support Specialists, (7) add DMC-ODS services assessment, access, and level of care determination criteria, and (8) add new mandatory and optional DMC-ODS covered services and requirements. Source of Funding is Drug Medi-Cal (DMC) Federal Financial Participation (FFP) Funds-93.778 and State General Fund.</p>
12/13/2022	CAREGIVERS: Volunteers Assisting the Elderly	\$766,285	September 1, 2022 through June 30, 2027	<p>Agreement with CAREGIVERS: Volunteers Assisting the Elderly for Managing Assets For Security and Health (MASH) Senior Supports for Housing Stability Services. On May 10, 2022, VCBH sought Board approval to submit a MHSA Innovation Project to combat housing concerns for at risk seniors in Ventura County. The multi-phase M.A.S.H project was created in order to provide a number of services for seniors who have either already lost stable housing or will be losing their current housing, including for example, assistance with finding new housing, financial education to maintain current residence, and counseling services. In order to support this project and provide direct services to seniors, the new Agreement with CAREGIVERS: Volunteers Assisting the Elderly, for M.A.S.H. senior support for housing stability services is needed, in the amount of \$766,285, effective September 1, 2022 through June 30, 2027. Source of Funding is Proposition 63 MHSA, SD/MC FFP.</p>
12/13/2022	Evalcorp	\$74,328	January 1, 2023 through December 31, 2026	<p>Agreement with Evalcorp for Data Collection and Analysis Services. In order to support the M.A.S.H. Innovation Project and complete the required data analysis and performance outcomes to the Mental Health Services Oversight and Accountability Commission (MHSOAC), the new agreement with Evalcorp is needed, in the amount of \$74,328, effective January 1, 2023 through December 31, 2026. Source of Funding is Proposition 63 MHSA and SD/MC FFP.</p>

Ventura County Behavioral Health
Board Letter Summary of Contracts for February 2023

Date	Contractor	Amount	Term	Description
2/7/2023	Ventura County Office of Education (VCOE)	\$5,613,388	December 8, 2020 through December 31, 2026	<p>Fourth Amendment to Memorandum of Agreement (MOA) with VCOE for Wellness Center Services. On December 8, 2020, Ventura County Behavioral Health (VCBH) entered into an MOA with VCOE in order to provide Wellness Center services. Though VCBH was awarded \$5,999,930 in total grant funding, only \$4,475,228 was paid to VCOE to support services. In order to support the project, VCBH needed to: hire one (1) Wellness Clinician and one (1) Community Service Coordinator, secure evaluation services via Evalcorp (VCBH provider), and cover administration costs. Therefore, a total of \$1,524,702 were retained by VCBH. Pursuant to the separate MOA with VCOE, this additional funding will be used by VCOE to expand Wellness Center services to existing school locations within Ventura County. Additionally, new Wellness Centers will be established in two (2) new high schools, Foothill Technology High School and Pacific High School. The additional funds will also support the existing Wellness Center grant services by expanding on the existing service model to support early identification and linkage to services to help mitigate the progression of mental illness. Annually, VCOE has noted 28,000 visits to the Wellness Centers to seek mental health services and supports. It is expected that 3,500 students will be impacted through the program's awareness, education, and outreach services through the use of this new funding. The Fourth Amendment to the MOA with VCOE adds the funding for the services described above and extends the term of the MOA for an additional one year and six months from December 8, 2020 to December 31, 2026. Source of Funding is Mental Health Student Services Act (MHSSA) Grant.</p>
2/7/2023	California Mental Health Services Authority (CalMHSA)	\$207,590	February 7, 2023 through June 30, 2024	<p>First Amendment to the Participation Agreement with CalMHSA for Behavioral Health Quality Improvement Program Services. California Advancing and Innovating Medi-Cal (CalAIM) is a DHCS initiative to reform and transform the Medi-Cal program and, in turn, improve the quality of life and health outcomes of Medi-Cal members. Over the course of several years, CalAIM will implement a broad delivery system, program and payment reform across the Medi-Cal system, and build upon the successful outcomes of various pilot programs to completely transform the delivery of behavioral health services for Medi-Cal beneficiaries. To support various CalAIM initiatives over the next five years (2022-2027), VCBH entered into a Participation Agreement with CalMHSA for Behavioral Health Quality Improvement Program (BHQIP) services. CalMHSA, is a Joint Powers Authority created by California counties in 2009 to jointly develop and fund mental health services and education programs for members. Under the Participation Agreement, CalMHSA is assisting participating members, including Ventura County and VCBH, in operationalizing the CalAIM BHQIP requirements and deliverables that fall under the following categories: (1) payment reform, (2) policy changes, and (3) data exchange. Through the Participation Agreement, CalMHSA is: (1) developing a training package for county employees, including the operationalization of policy changes, (2) drafting boilerplate language for provider contracts, (3) conducting a landscape analysis of documentation audit practices and drafting updated Utilization Management protocols, (4) facilitating data exchange between the county and Managed Care Plan to improve care coordination activities and inform process improvement projects, and (5) providing project management resources as needed. The First Amendment to the Participation Agreement with CalMHSA revises the Participation Agreement to provide the opportunity for member counties to engage support from additional Subject Matter Experts at established hourly rates. Under the First Amendment to the Participation Agreement, counties are able to request the following type of assistance: (1) Fiscal/Payment Reform Subject Matter Expert Services at an hourly rate of \$200 per hour, (2) Interoperability Subject Matter Expert Services at an hourly rate of \$200 per hour, (3) Data Analytics Subject Matter Expert Services at an hourly rate of \$200 per hour, and (4) Ad Hoc Services for services not otherwise specified in the Agreement, but that would aid in support of CalAIM implementation, at a rate of \$200 per hour. Once the First Amendment to the Participation Agreement is signed, the hours/funding remaining from the initial BHQIP Participation Agreement, for project management and clinical services hours, will be combined into a single flexible spending account to utilize for the new services and project management and clinical services. There are approximately 234 hours (\$46,812.50) remaining on the BHQIP Participation Agreement from the project management and clinical service hours that will be transferred to a flexible spending account under the First Amendment. No additional hours are being requested and no additional dollars will be paid to CalMHSA through this First Amendment beyond the existing total maximum amount of \$207,590. Source of Funding is BH-QIP Funds.</p>
2/7/2023	CalMHSA	\$77,463	January 1, 2023 through December 31, 2024	<p>First Amendment to the Participation Agreement with CalMHSA for Peer Support Specialist Certification Services. CalMHSA, a Joint Powers Authority created by California counties in 2009 to jointly develop and fund mental health services and education programs for members, entered into participation agreements with interested counties to provide them with a Peer Support Specialist Certification program. A Peer Support Specialist is an individual who has self-identified as having personal lived experience with the process of recovery from mental illness or substance use disorder, either as a consumer of these services or as a parent, caregiver or family member of the consumer. Peer Support Services are defined as culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals. Peer Support Services aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the process of recovery. The Peer Support Specialist Certification program was developed in response to Senate Bill 803, Beall (SB 803) which tasked the Department of Health Care Services (DHCS) to establish statewide standards and requirements for Medi-Cal peer support specialists. On July 22, 2021, DHCS released Behavioral Health Information Notice 21-041, establishing statewide requirements for peer support specialist certification and has since worked with CalMHSA to implement and administer all components of the Peer Support Specialist Certification Program. On February 7, 2022, the Board approved a Participation Agreement with CalMHSA for Peer Support Specialist Certification program services. The Participation Agreement's initial term was considered a pilot program that covered the 12-month period of January 1, 2022 through December 31, 2022, in the amount of zero dollars. CalMHSA requested the Participation Agreement be amended to: (1) extend the term of the agreement by an additional two years through December 31, 2024 and (2) include payment provisions now that the program has launched. The First Amendment to the Participation Agreement requires VCBH to remit payment to CalMHSA of an initial administrative fee of \$9,713 and \$67,750 for Peer Support Specialist certification services, for a total "not to exceed" amount of \$77,463. The "not to exceed" amount reflects VCBH's best projection of the services needed at this time and costs involved to continue to onboard peer support specialists in various VCBH programs. Source of Funding is Proposition 63 Mental Health Services Act (MHSA) funds.</p>

2/28/2023	Inpatient Psychiatric Facilities	\$0	indefinite	Resolution Authorizing Lanterman-Petris-Short Act (LPS) Designated Psychiatric Facilities in Ventura County to Petition for Additional 30-Day Involuntary Holds of Persons Determined to be Gravely Disabled for Mental Health Assessment and Treatment, Pursuant to Welfare and Institutions Code Sections 5270.10 et seq. The proposed resolution provides additional options and ultimately flexibility in helping treat individuals who are Gravely Disabled. Specifically, pursuant to WIC 5270.10 et seq., the resolution would authorize LPS designated inpatient psychiatric facilities in Ventura County to petition the superior court to hold gravely disabled individuals for up to two additional 30-day periods for continued treatment. In order to protect the civil liberties of individuals involuntarily held, WIC 5270.10 et seq. authorizes the use of these additional psychiatric holds only for as long as the individual remains gravely disabled and subject to continued court oversight. Presently, there are two LPS designated inpatient psychiatric facilities in Ventura County, namely the Ventura County Medical Center Inpatient Psychiatric Unit and Vista Del Mar Hospital. WIC Section 5270.10 et seq. has been available for adoption by California counties since 1989. Staff's research suggests that Ventura County is among the last counties of any significant size not to have adopted it. It has been implemented for years throughout the State, most notably in both Santa Barbara County and Los Angeles County. Unlike the 72-hour and the 14-day holds authorized by WIC Sections 5150 and 5250, the authority to use the additional involuntary holds under WIC Section 5270.10 et seq. is not automatic. Instead, in order to use the additional 30-day holds, county boards of supervisors must elect to authorize their use by adopting a resolution that finds: (1) that any additional costs incurred by the county in the implementation of the additional 30-day holds are funded either by (i) new funding sufficient to cover the costs incurred by the county's election to use the additional 30-day hold; (ii) funds redirected from cost savings resulting from the use of the additional 30-day hold; or (iii) a combination thereof and (2) that no current service reductions will occur as a result of the use of such additional 30-day holds. (Welf. & Inst. Code § 5270.12.) With the use of the additional 30-day involuntary holds authorized by WIC Section 5270.10 et seq., VCBH staff anticipates that there will be less need and use of conservatorships (including temporary conservatorships) such that costs associated with establishing and managing conservatorships will be reduced and redirected to cover the costs of implementing the use of the additional 30-day holds.
2/28/2023	Maxim Healthcare Services Holdings, Inc. (Maxim)	\$1,000,000	July 1, 2022 through June 30, 2023	Amendment to the Temporary Staffing and Recruiting Services Agreement with Maxim. On June 21, 2022, the Board approved three (3) agreements for medical personnel temporary staffing and recruiting services with Maxim, Medix Staffing Solutions, Inc. (Medix), and TheKey of California, LLC for a combined maximum contract amount of \$1,300,000. VCBH received authorization for an additional increase of \$950,000 for a revised combined contract maximum amount of \$2,250,000 to address current VCBH staffing vacancies and ensure continued service provision to meet the needs of the consumers served by VCBH through the end of FY 2022-23 (June 30, 2023). There is also an existing variable pool of \$340,000 which is authorized for flexibility to increase the contract maximums based on services provided through fiscal year end. Given the approved combined increase, the Maxim agreement is being increased from \$600,000 to \$1,000,000 (\$400,000 increase). Currently, the VCBH staffing vacancy rate is 26.1%. These contractors have proven to be a vital source of staffing services during the ongoing staffing shortage. Source of Funding is Short Doyle Medi-Cal Federal Financial Participation (SD/MC FFP), Drug Medi-Cal Federal Financial Participation (DMC-ODS FFP), State General Fund, and 2011 Realignment (Trust N520-719C), and 1991 Realignment (Trust N510-717C) funds.
2/28/2023	Medix Staffing Solutions, Inc. (Medix)	\$850,000	July 1, 2022 through June 30, 2023	Amendment to the Temporary Staffing and Recruiting Services Agreement with Medix. On June 21, 2022, the Board approved three (3) agreements for medical personnel temporary staffing and recruiting services with Maxim, Medix, and TheKey of California, LLC for a combined maximum contract amount of \$1,300,000. VCBH received authorization for an additional increase of \$950,000 for a revised combined contract maximum amount of \$2,250,000 to address current VCBH staffing vacancies and ensure continued service provision to meet the needs of the consumers served by VCBH through the end of FY 2022-23 (June 30, 2023). There is also an existing variable pool of \$340,000 which is authorized for flexibility to increase the contract maximums based on services provided through fiscal year end. Given the approved combined increase, the Medix agreement is being increased from \$300,000 to \$850,000 (\$550,000 increase). Currently, the VCBH staffing vacancy rate is 26.1%. These contractors have proven to be a vital source of staffing services during the ongoing staffing shortage. Source of Funding is Short Doyle Medi-Cal Federal Financial Participation (SD/MC FFP), Drug Medi-Cal Federal Financial Participation (DMC-ODS FFP), State General Fund, and 2011 Realignment (Trust N520-719C), and 1991 Realignment (Trust N510-717C) funds.
2/28/2023	Reality Improv Connection, Inc.	\$399,920	July 1, 2022 through June 30, 2023	Seventh Amendment to the Agreement with Reality Improv Connection, Inc. for the Provision of Substance Use Services (SUS) Prevention Related Services. Reality Improv Connection, Inc. provides informational and educational engagement projects for youth, young adults, and parents. These projects address underage and binge drinking, impaired driving, prescription and illicit drug use, and examine a range of health disparities using school and community-based workshops, performances, and new media (podcasts, blogs, e-news, and text). Media and health promotion efforts include all suppressing opioid overdose, consequences of early and frequent cannabis use, and the risks of vaping, along with a range of pro-social and collaborative mental wellness activities, consistent with the SAMHSA Strategic Prevention Framework. In the first six months of FY 2022-23, Reality Improv Connection, Inc. documented 4,925 unduplicated youth and young adults participating in prevention content across 248 different workshops and presentations. Giving special attention to those from higher-need school communities, Reality Improv Connection, Inc. significantly expanded the use of interactive and immersive technologies for substance use prevention and health promotion, recording 13,414 plays of educational games online, and assisted young people in developing digital health messaging for use in reaching diverse audiences, using high-quality audio and video. The Seventh Amendment to the Agreement with Reality Improv Connection, Inc. is for a one-year term (July 1, 2022 through June 30, 2023) and represents an increase of \$101,019 to the maximum agreement amount from the prior fiscal year to increase opioid overdose prevention efforts, especially among vulnerable youth and young adult populations, by adding new staff positions in support of these efforts. Capacity expansion also includes: (1) a new and larger digital media studio space, (2) production assistance for prevention audio and video content, and (3) assistance with editing, organization, and storage of public service announcements (PSAs) and other digital assets. Additionally, Substance Abuse Prevention and Treatment Block Grant American Rescue Plan Act (SABG ARPA) supplemental funding will be used for continued support of online services, with upgraded software to offer Zoom Webinar and the 3-D interactive "BRITeworld" platform; aiding large-scale interactive events and increasing use of prevention content countywide. Source of Funding is Substance Abuse Prevention and Treatment Block Grant (SABG) and SABG American Rescue Plan Act (ARPA) funds.

Ventura County Behavioral Health
Board Letter Summary of Contracts for March 2023

Board Date	Contractor	Amount	Term	Description
3/14/2023	Idea Engineering, Inc.	\$552,000	March 1, 2023 through June 30, 2024	<p>Agreement with Idea Engineering, Inc. for Digital, Social, and Media Marketing Services. Over the last ten (10) years suicide has emerged as a major public health challenge, and the prevention of suicide has become a national, State, and local priority, especially in the wake of the COVID-19 pandemic. In California, prevention strategies include: (1) reducing access to lethal means among those at risk of suicide; (2) improving access and delivery for mental health care; and, importantly, (3) identifying and supporting people at risk through public awareness campaigns. Media campaigns are a key strategy to reach large numbers of people in order to help understand and effectively respond to the risk. Nearly two-thirds of those who have a diagnosable mental illness do not seek treatment because of fears about stigma and discrimination. Clear portrayals of the risk of suicide and how family members and loved ones can help to counter the effects of stigma and bring more people at risk closer to available care. VCBH is ramping up efforts to improve community awareness of suicide prevention, especially among higher-risk groups within the county. In collaboration with local stakeholders, VCBH proposes launching a prevention campaign that capitalizes on high-visibility media channels, including the electronic billboard at the Ventura Auto Center, local malls and shopping centers, mobile billboards, transit systems and radio stations. The STAY suicide prevention campaign is designed to reach several high-risk groups including military and first responders, LGBTQ+, teens middle-aged men and women, and older adults. In addition, the campaign will reframe the conversation around suicide in a way that is accessible to all viewers. By asking people to stay and reach out, it gives critical time for resources to be enacted and lives to be saved. The goal of the STAY campaign is for people to give themselves time, and find the support to end their pain, not their life. Source of Funding is Proposition 63 (Mental Health Services Act).</p>

The Brown Act *New Normal* (AB 2449) Teleconferencing Rules effective March 1, 2023, unless emergency order is extended.

1. AB 2449 requires a quorum of members be physically present. If there is not a physical quorum there is no quorum even if other members are teleconferencing.
2. Members of the public may participate in person, by phone or by teleconferencing.
3. A member may only teleconference for publicly disclosed "**just cause**" or in "**emergency circumstances**" approved by the legislative body.
4. Any member request for just cause or emergency circumstances should be stated on the record at the beginning of each meeting. Location is no longer required.
5. **Just Cause**
 - a. A childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely.
 - b. A contagious illness prevents the member from attending the meeting in person.
 - c. A need related to a defined physical or mental disability that is not otherwise accommodated for.
 - d. Traveling while on official business of the Brown Act Bode or another state or local agency.
 - e. Just Cause is limited to two instances per calendar year.
6. **Emergency Circumstances**
 - a. A physical or family medical emergency that prevents a member from attending the meeting in person. No other reason qualifies.
 - b. No protected medical information needs to be given.
 - c. No more than 3 consecutive months.
 - d. Brown Act Body must vote to approve the emergency circumstance.

Procedure

1. Just Cause

- a. Notify Chair and staff at the earliest opportunity, no later than noon Friday. We will determine if we have a physical quorum **Friday afternoon**.
- b. Members can make request as late as the beginning of the meeting.
- c. Provide general description of justification for remote attendance.
- d. Staff will document the request.
- e. No vote or action needs to be taken.

2. Emergency Circumstances

- a. Notify Chair and staff as soon as possible.
 - b. Member must provide a general (under 20 words) description.
 - c. Request will be added to the beginning of the agenda for approval.
3. Members attending virtually must clearly state on the record if any other individual age 18 or older are present and nature of relationship.
 4. Both video and audio are required to be on for entire meeting.

Sample Agenda **Effective March**

1. Call to Order
2. Roll Call to determine Physical Quorum (*if no quorum meeting is adjourned*)
3. Roll Call of Members with Just Cause
 - a. State others present in room over age of 18
4. Requests for Emergency Circumstances
 - a. Chair requests a motion to approve remote attendance for _____. Chair then requests a second. Brief description given.
 - b. Chair calls for vote to approve the request.
5. Approval of Agenda