

BEHAVIORAL HEALTH ADVISORY BOARD

**General Meeting**

Monday, January 23, 2017, 1:00 – 3:30 p.m.

Ventura County Behavioral Health

1911 Williams Drive, Training Room • Oxnard, CA 93036

**AGENDA**

- I. Call to Order
- II. Approval of the Agenda – **ACTION**
- III. Approval of the November 21, 2016 Minutes – **ACTION**
- IV. Welcome and Introductions
- V. Chair Announcements (5 min.)
- VI. Public Comments (3 min. per speaker)
- VII. Board Members Comments and Announcements (3 min. per speaker)
- VIII. Director's Report – Elaine Crandall (20 min.)
  - IX. Chief Operations Officer's Update – Patrick Zarate (10 min.)
  - X. Presentation: Prevention – Kiran Sahota, MHSA Manager; Dan Hicks, ADP Prevention Manager (20 min. & 10 min.Q&A)
- XI. New Business
  - A. Future Recognition Awards
  - B. The new Data Notebook for the state
  - C. Laura's Law/Assist
- XII. Old Business
  - A. BHAB Annual Report – **ACTION**
  - B. VCBH Participation in Homelessness advocacy groups
  - C. Autism Services in the State – Elaine Crandall
- XIII. Contracts – **ACTION**
  - A. BOS Agenda – December 13, 2016 (BOS Approved)
    - 1. VCBH and Gold Coast Health Plan MOU
    - 2. Maxim Amendment
    - 3. Continuum of Care Reform Positions
  - B. BOS Agenda – January 10, 2017 (BOS Approved)
    - 1. ADP – Khepera House Amendment
    - 2. ADP – Reality Improv Connection, Inc. and Rae Hanstad Consulting Amendments
  - C. BOS Agenda – January 24, 2017
    - 1. ADP – Tarzana Treatment Centers, Inc. Amendment
    - 2. Primary Care Integration Positions Amendment
    - 3. Nurse Practitioner Grant Amendment
  - D. BOS Agenda – February 7, 2017
    - 1. Sylmar Health & Rehabilitation Center, Inc. Amendment
  - E. BOS Agenda – February 14, 2017
    - 1. Aspiranet Amendment
    - 2. Interface Amendment
- XIV. Adjourn

**Next Meeting: Monday, February 27, 2017**

Members of the public making oral presentations to the Board in connection with one or more agenda or non-agenda items at a single meeting are limited to a cumulative total time not to exceed (5) minutes for all of their oral presentations at such meeting unless otherwise provided. The entire public comment period is limited to no more than (20) minutes total for all speakers. NOTE: The Chair may limit the number or duration of speakers on a matter. In compliance with the Americans With Disabilities Act, if you need special assistance to participate in this meeting, please contact: [Behavioral Health Administration](#), at (805) 981-6830. Reasonable advance notification of the need for accommodation prior to the meeting (48 hours advance notice is preferable) will enable us to make reasonable arrangements to ensure accessibility to this meeting.

## MEMORANDUM

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DATE: January 20, 2017

TO: Behavioral Health Advisory Board

FROM: Contracts Administration

SUBJECT: Board of Supervisors Agenda

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### Executive Summary

Since additional time was needed for negotiations, and fiscal and budgetary review, Ventura County Behavioral Health (VCBH) was not able to submit the following December 13, 2016 Board Letters to the BHAB for review prior to the Board of Supervisors (BOS) approval. Also, with the BHAB being dark in December, the January 10, 2017 Board Letters were not able to be presented before BOS approval. Therefore, we are submitting them now.

### Board Agenda – December 13, 2016 (BOS Approved)

#### 1. VCBH and Gold Coast Health Plan MOU

On October 7, 2014, the Board of Supervisors approved a Memorandum of Understanding (MOU) between VCBH and the Gold Coast Health Plan (GCHP) regarding the provision of mental health services, as the implementation of the Affordable Care Act (ACA) in January 2014 increased the Medi-Cal expansion population and the number of individuals eligible for mental health services greatly increased.

The Amended and Restated MOU further defines the roles and responsibilities of VCBH and GCHP with respect to providing specialty mental health services and outpatient mental health services under the MOU, and adds substance use disorder services (including the process for screening, referring, and coordinating services) to the scope of the agreement. Under the existing MOU, VCBH provides or arranges for specialty mental health services for eligible individuals, and GCHP provides or arranges for outpatient mental health services for eligible individuals as specified in the GCHP Medi-Cal Managed Care contract with the California Department of Health Care Services (DHCS). Outpatient mental health services covered by GCHP are for individuals with mild to moderate impairment of mental, emotional or behavioral functioning resulting from a mental health disorder. Specialty mental health services provided by VCBH are for individuals with a serious and persistent mental illness. The DHCS has established the criteria for eligibility and the provision of services under both the specialty mental health and outpatient mental health service programs.

On August 13, 2015, the DHCS received approval from the Centers for Medicare & Medicaid Services (CMS) to implement the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver Implementation Plan. The DMC-ODS Waiver Implementation Plan is a pilot program to test a new paradigm for the organized delivery of health care services for Medi-Cal eligible individuals with a substance use disorder. This pilot program is expected to demonstrate how organized substance use disorder care increases the success of beneficiaries while decreasing other health care system costs. Key elements of the DMC-ODS Waiver Implementation Plan include a continuum of care modeled after the American Society of Addiction Medicine (ASAM) criteria for substance use disorder treatment services, controls to improve care and make efficient use of resources, evidence-based practices, and integration and coordination of other systems of care. The DHCS requires that counties who choose to opt into the pilot program submit an implementation plan and a signed copy of the MOU between the county and the managed care plan to jointly provide services.

GCHP's primary care physicians will conduct a brief substance use disorder screening and refer members to VCBH's Alcohol and Drug Programs (ADP) for further substance use disorder assessment and treatment as indicated. In all substance use disorder cases, the VCBH-ADP Care Coordination Team will determine the level of care based on ASAM placement criteria and in compliance with the standard terms and conditions of the DMC-ODS Waiver Implementation Plan.

## **2. Maxim Amendment**

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, 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 proposed eighth amendment with Maxim will amend the agreement to increase the maximum contract amount from \$473,273 to \$823,273 (an increase of \$350,000) in order to fund VCBH's temporary staffing needs through fiscal year end. This increase will be offset with a decrease of \$350,000 to the Meditech contract (VCBH's other temporary staffing services contractor). The Meditech contract is being reduced as VCBH has not had the level of need from this contractor that it had anticipated at the beginning of the fiscal year.

VCBH recommends approval of and authorization for the Purchasing Agent or designee to sign the Eighth Amendment for medical personnel recruiting services with Maxim, increasing the maximum contract amount from \$473,273 to \$823,273 (an increase of \$350,000), effective July 1, 2016 through June 30, 2017.

## **3. Continuum of Care Reform Positions**

For the past several years, California's child welfare and mental health systems have experienced systemic, incremental changes. In 2011, the Katie A. Settlement Agreement led the State of California to take a series of actions intended to transform the way child welfare and mental health agencies provide entitlement specialty mental health services to children, youth, and families in the child welfare system. The "Pathways to Well Being" Initiative (Pathways Initiative), a result of the Katie A. Settlement Agreement, called for the provision of a comprehensive array of services, delivered in a coordinated manner, based in home or community settings, and tailored to meet the needs of individual children and families. In 2014, the Board of Supervisors authorized

additional positions and services in both VCBH and the Human Services Agency (HSA), Children and Family Services Division (CFS) that allowed for a collaborative service expansion to meet the requirements of the Pathways Initiative. As a result, over 500 foster youth and their families have received beneficial mental health services on an annual basis.

In October 2015, Assembly Bill No. 403 (2015-2016 Reg. Sess.) (a.k.a., "Continuum of Care Reform" (CCR)) was signed into law with an effective date of January 1, 2017. CCR is intended to build on the successes of the Pathways Initiative and further ensure that all youth in foster care receive services that meet their mental health needs regardless of their placement setting. AB 403 recognizes that achieving this goal requires a higher degree of collaboration and coordination between child welfare agencies and county mental health plans, as well as expanded availability of mental health services delivered in home and community-based settings.

Key requirements of CCR include:

- A universal assessment process for all foster youth and families that will identify needed mental health services.
- A Child and Family Team convened by child welfare and probation agencies, with participation from county mental health partners and clinicians to identify needs and service plans for all youth in foster care.
- Short-term Residential Therapeutic Centers (STRTCs) must replace long term congregate care facilities and must provide intensive mental health services.
- Foster Family Agencies (FFAs) must have the capacity to deliver an array of "core services," including in-home mental health services for family care placements to ensure children receive services they need regardless of their placement setting.
- STRTCs and FFAs must be certified by the county mental health plan or have a relationship with a certified provider to directly deliver or arrange for the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) specialty mental health services that youth need, as authorized by the county mental health plan.

Under the Pathways Initiative, VCBH is currently providing ongoing services to approximately 500 foster children and completing approximately 30 assessments per month. Under the new CCR requirements, VCBH will be providing ongoing services to approximately 1,200 foster children (an increase of 700) with an additional 35 assessments per month. Mental health services will also be provided to approximately 60 additional adults per year and substance abuse services to potentially 70% of parents/caregivers.

With service mandates expanding and implicating multiple service provider systems, VCBH has been working with HSA, the Ventura County Probation Agency and Ventura County Public Health to prepare for the January 2017 implementation. VCBH clinical staff currently serving this population have a caseload of 18 clients per staff person. To effectively address needs in the field and interagency collaboration, the ideal caseload for each staff person is 15. To prepare clinically for the January implementation mandate, VCBH is requesting 4.0 new

regular and 3.0 reclassified positions. VCBH has also identified 1.0 existing position that will be assigned to this effort.

### Board Agenda – January 10, 2017 (BOS Approved)

#### **1. ADP – Khepera House Amendment**

Khepera House provides residential substance use disorder treatment, sober living, and social model detoxification (detox), services for men. Khepera House's satisfactory discharge rate is 59%, which exceeds the Substance Abuse and Mental Health Services Administration (SAMHSA) national outcome rate of 33%. The residential program serves approximately 102 clients (9194 bed days) depending on length of stay, the sober living program serves approximately 75 clients (1563 bed days) depending on length of stay, and the detox program serves approximately 208 clients (1,456 bed days) with a maximum length of stay of seven days.

VCBH presented the first amendment to the Khepera House agreement to the Board of Supervisors on June 16, 2015. Since then, VCBH administratively amended the agreement to extend the term of the agreement for one year. The proposed third amendment is being increased from \$772,964 to \$942,964 (an increase of \$170,000) to serve an additional 31 clients (2833 bed days) in order to meet the increased need for residential services for men, effective July 1, 2016 through June 30, 2017. This agreement is funded by Substance Abuse Prevention and Treatment (SAPT) Discretionary, Drug Court Realignment (Adult Drug Court), County General Fund, and AB 109 Public Safety Realignment Act funds.

#### **2. ADP – Reality Improv Connection, Inc. and Rae Hanstad Consulting Amendments**

Reality Improv Connection, Inc.'s (Reality Improv) Straight Up! program provides youth and young adult engagement strategies to address binge drinking, drug abuse, and related risks. The Straight Up! program uses school and community-based workshops, performances, and new media (podcasts, blogs, e-news, and text messaging) to alter the expectations and community norms that support and condone alcohol abuse, prescription drug misuse, and marijuana misuse among young people.

Over the past 18 months (July 2015 – December 2016) Reality Improv has conducted over 400 interactive classroom workshops with over 12,000 middle, high school and college students in Ventura County, exploring local alcohol, marijuana and other drug issues, including examining social norms and consequences. Reality Improv staff and trained volunteers have worked with 34 schools in 8 school districts, and partnered with over 25 other agencies in alcohol and other drug prevention efforts engaging over 600 youth and young adults (ages 12-25) in projects designed to reach their peers, parents and community. The projects have included 5 "Reality Parties for Parents" and 10 other parent presentations reaching more than 1,500 parents. Through website messaging, e-newsletters and blog posts, Reality Improv has worked with youth and young adults to write over 60 articles addressing alcohol and other drug issues, with more than 2,000 social media posts supporting healthy drug-free lifestyles.

VCBH presented the first amendment to the Reality Improv agreement to the Board of supervisors on June 16, 2015. Since then, VCBH administratively amended the agreement to extend the term of the agreement for one year and to reduce the contract not-to-exceed amount to \$140,000. The proposed fourth amendment represents an adjustment to the budget line items to meet staffing changes within the current not-to-exceed amount of \$140,000, effective July 1, 2016 through June 30, 2017. Reality Improv experienced staff changes and needs to decrease the budget line item for media and communications staff from 260 hours to 39.5 hours, and increase

the technical support and training staff from 700 hours to 1006.25 hours. This contract is fully funded by SAPT Block Grant funds.

Rae Hanstad Consulting (Rae Hanstad) provides research, data and policy analysis, media consultation services, report writing, and tracking of trends on local, state, and national drug prevention services, including marijuana, prescription (Rx) drug, substance abuse, and Office of Traffic Safety (OTS) impaired driving prevention policy. For the OTS impaired driving prevention grant, Rae Hanstad provides updated legislative summaries of California and out-of-state efforts to define and regulate drug-impaired driving, including current penalties. Rae Hanstad also attends weekly planning and execution meetings, provides technical support and assistance for a drugged driving summit, and attends associated local area stakeholder meetings.

The original agreement and first and second amendments were executed through the General Services Agency Procurement Services Division as the contract amount was under \$100,000. On October 6, 2015, the Board of Supervisors authorized the Purchasing Agent to sign the third amendment raising the contract amount to \$103,510. The fourth and fifth amendments were executed through the General Services Agency Procurement Services Division as the contract amount was reduced to less than \$100,000. With new provisions in California law, including the voter approved Adult Use of Marijuana Act, as well as implications of medical cannabis tracking for local prevention policies, the proposed sixth amendment to the agreement increasing the maximum agreement amount from \$97,950 to \$114,375 (an increase of \$16,425), effective July 1, 2016 through June 30, 2017, with Rae Hanstad is needed to track new indicators, analyze trends in drug availability, and report on outcomes and implications for prevention services with a focus on public health and safety. The insurance provisions are also being modified as Rae Hanstad is considered a low risk contractor. This contract is funded by SAPT Block Grant and Office of Traffic Safety Grant funds.

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Ventura County Behavioral Health (VCBH) will be requesting Board of Supervisors approval for the following:

**Board Agenda – January 24, 2017**

**1. ADP –Tarzana Treatment Centers, Inc. Amendment**

Tarzana Treatment Centers, Inc. (Tarzana) provides residential substance use disorder and residential detoxification services to approximately 71 clients (614 bed days) depending on the length of stay. Tarzana’s satisfactory completion rate is 89%, which exceeds the Substance Abuse and Mental Health Services Administration (SAMHSA) national outcome detoxification rates of 46%-53%. Tarzana’s rate for clients completing detoxification and entering follow up treatment afterwards is 63%, which also exceeds other studies citing post-detoxification treatment rates of 41% to 47%. VCBH presented the first amendment to the Tarzana agreement to the Board of Supervisors on June 16, 2015. Since then, VCBH administratively amended the agreement to extend the term of the agreement for one year. The proposed third amendment is being increased from \$210,000 to \$235,000 (an increase of \$25,000) to serve an additional 16 clients (70 bed days) in order to meet the increased need for residential detoxification services, effective from July 1, 2016 through June 30, 2017. This agreement is funded with County General Fund, SAPT Discretionary, and AB 109 Public Safety Realignment Act funds.

## **2. Primary Care Integration Positions Amendment**

In 2010, VCBH in conjunction with the Health Care Agency's (HCA) Ambulatory Care Department implemented a Primary Care Integration (PCI) program under the Mental Health Services Act (MHSA) Prevention and Early Intervention component to address the mental health needs of adults and children referred by their primary care provider (PCP). The PCI program provides a short term, evidence-based approach to depression and anxiety care at ambulatory care clinics throughout Ventura County. Services are provided to adults and adolescents through coordinated referral between primary care physicians, mental health clinicians, and consulting psychiatrists (when needed). Utilizing a team approach to support the client, these professionals work together to support the health and well-being of the client within the primary care setting. For coordination of PCI services, VCBH entered into a memorandum of understanding with the HCA Ambulatory Care Department. The HCA Ambulatory Care Department reimburses VCBH for the cost of the 8.5 staff currently providing PCI services at various ambulatory care clinics.

PCI services consist of the utilization of several evidence-based practices that have favorable application in a primary care setting. They include adult cognitive behavioral therapy, depression treatment quality improvement for teens and young adults, problem solving treatment for primary care, and an IMPACT (Improving Mood – Providing Access to Collaborative Treatment) like model approach that focuses on behavioral activation, depression monitoring and case management utilizing the Patient Health Questionnaire (PHQ-9).

In FY 2015-16, a total of 1,268 youth and adult patient referrals were made to the PCI program. After clinicians screened and assessed the patients for eligibility, a total of 483 patients were enrolled for services. During that same time frame, of the 407 adults enrolled, 80% identified their ethnicity as Latino and of the 76 youth enrolled, 89% identified their ethnicity as Latino.

Earlier this year, the State Department of Health Care Services (DHCS) released a new Medi-Cal 2020 Waiver Section 1115 that is designed to achieve a healthier California by 2020 by aligning the Medi-Cal delivery system around improving health outcomes for members. The Medi-Cal 2020 waiver section includes the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) initiative. This initiative focuses on increased access to coordinated primary care and includes annual federal funding. Through the PRIME initiative, and in coordination with the HCA Ambulatory Care Department, PCI services will be expanded and integrated into other participating ambulatory care clinics for the coordination of health and behavioral health. Further driving the need for PCI service expansion is the increase in prenatal care services being provided at several ambulatory care clinics. These clients are at risk of presenting with post-partum depression. In addition, lesbian, gay, bisexual, transgender, and questioning (LGBTQ) clients at the Santa Paula West clinic are almost three times more likely than others to experience major depression or generalized anxiety disorder. These clients are also creating an increased need for PCI services.

VCBH clinical staff currently assigned to providing services to PCI patients have a caseload of 19 patients per staff person. To effectively address the needs of the patient, the ideal caseload for each staff person should be 15. The Department of Managed Health Care Timely Access To Care requirements for a non-urgent mental health appointment (non-physician) is 10 business days (2 weeks). The current average wait time in our county to see a PCI clinician is 4 to 8 weeks. In addition, PCI physicians are using a new screening tool that will assist

in identifying the need for a referral. This tool is being used to assist in meeting the expansion of whole person care requirements and it is anticipated that referrals will increase by a minimum of 50%.

To effectively expand the integration of services to other participating ambulatory care clinics and improve timely access to care, VCBH recommends approval of and authorization for the Human Resources Director to establish 7.0 new regular positions in the VCBH MHSA Budget, effective January 29, 2017. These positions will be funded by the VCMC Enterprise Fund and there is no net increase in County costs as a result of this recommendation. The HCA Ambulatory Care department has agreed to reimburse VCBH for salaries and benefits, operational, and administrative costs.

### **3. Nurse Practitioner Grant Amendment**

The Office of Statewide Health Planning and Development (OSHPD) manages the Workforce, Education, and Training (WET) Program which is one of the components of the Mental Health Services Act (MHSA). The WET Program is driven by the WET five-year plan (2014-2019) and is designed to promote the expansion of the capacity of postsecondary education to meet the needs of identified mental health occupational shortages. Under the WET five-year plan, an occupational shortage of Psychiatric Mental Health Nurse Practitioners (PMHNP) was identified. To address this occupational shortage, OSHPD awarded Education Capacity Psychiatric Mental Health Nurse Practitioner grants to various agencies, including VCBH, to fund the supervision of PMHNP in the public mental health system.

VCBH received a \$729,980.90 Education Capacity Psychiatric Mental Health Nurse Practitioner grant from OSHPD for the term of January 26, 2015 through June 30, 2017. VCBH is using these grant funds to provide preceptorships to PMHNP students. Through the VCBH preceptorship program, the PMHNP students gain experience in: (1) providing integrated primary and behavioral health services, (2) the full spectrum of nursing competencies (assessment, diagnosis, outcomes identification, individualized planning, and coordination of care), (3) working on multi-disciplinary teams, (4) working with public mental health system clients, and (5) delivering public mental health services that are consistent with the vision of the MHSA and which promote wellness, recovery, and resilience. The majority of the grant funding is used to pay for the costs associated with the supervision of the PMHNP students by VCBH contracted psychiatrists. The remaining grant funds are used for the administration costs that are associated with this grant program.

As part of the grant monitoring process, VCBH determined that the costs associated with operating the Educational Capacity Psychiatric Mental Health Nurse Practitioner grant program were exceeding the funding provided through the grant, thereby creating a cost to the County. The cost to the County under the OSHPD grant program increased as a result of the increase in VCBH's contract psychiatrist rates. At the time of the submittal of the grant application, VCBH contracted with its psychiatrists through individual contracts at various rates. Shortly after the award of the grant, the psychiatrists formed a medical group (Sterling Care Psychiatric Group, Inc. ("Sterling")) that now contracts with VCBH to provide psychiatric services. Under the terms of Sterling's contract with VCBH, the overall rates for the psychiatrists' services increased. As a result, the grant was not fully reimbursing the cost of the supervision of the PMHNP students by Sterling psychiatrists. To ensure that VCBH fully captures its costs under the OSHPD grant program and meets the supervision hours specified in the grant, VCBH requested a rate increase and grant extension from OSHPD. This request was granted. The proposed First Amendment to the OSHPD grant agreement: (1) increases the supervision rate from

\$187.36 to \$211.67 (an increase of \$24.31), (2) decreases the total number of required supervision hours from 3,872 to 3,555.50 (a decrease of 316.50), and (3) extends the grant term an additional six months through December 31, 2017.

### Board Agenda – February 7, 2017

#### **Sylmar Health & Rehabilitation Center, Inc. Amendment**

VCBH is required to fund the treatment services for all Murphy conservatees and all misdemeanor defendants who are found not fit to stand trial and are court-ordered into treatment. VCBH has no control over the number of court-ordered placements who VCBH is then required to treat. The cost associated with each court-ordered placement varies depending on the type of criminal charge (misdemeanor placements or Murphy conservatees) and the associated length of time that they are in placement. If a Murphy conservatee is never restored to competence, VCBH is left to fund his or her treatment costs indefinitely.

VCBH has incurred significant costs associated with the treatment of these court-ordered placements. From FY 2007-08 through FY 2015-16 (nine years), VCBH spent a total of \$3,947,525 to treat these individuals. The annual cost of treatment varied from \$194,832 to \$778,465. For FY 2016-17, the projected total cost of treatment is \$722,503. The annual treatment cost increased significantly in FY 2013-14 due to the increase in the number of court-ordered placements and the higher cost of treatment. VCBH projects that for the ten year period spanning FY 2007-08 through FY 2016-17, the department will have incurred \$4,670,028 in court-ordered placement treatment costs.

Prior to FY 2013-14, VCBH managed the cost of treatment for court-ordered placements within the existing departmental budget. In FY 2013-14 and FY 2015-16 VCBH received general fund dollars to support the court-ordered placements. VCBH received general fund support of \$400,000 in FY 2013-14 and \$260,000 in FY 2015-16. With the continued increase in the annual cost of treatment and number of placements, VCBH is requesting a general fund contribution for these costs in FY 2016-17. Provision of general fund support would assist VCBH in offsetting the cost of court-ordered placements at Sylmar Health & Rehabilitation Center, Inc. (SHRC) and free up funding in the VCBH budget to fund the placement of existing/high-cost VCBH clients in acute and long-term psychiatric facilities.

SHRC is an Institution for Mental Disease (IMD) that facilitates recovery in a restricted environment. SHRC is VCBH's primary contract provider for legal competence restoration services for court-ordered clients as well as the treatment of other individuals who are transferred from acute and California state hospital settings. The proposed sixth amendment to the contract is needed to increase the contract amount from \$1,049,433 to \$1,627,266 (an increase of \$577,833) to provide sufficient funding to cover the provision of services through the end of the fiscal year. VCBH experienced additional costs due to the delay in the opening of the Horizon View Mental Health Rehabilitation Center (MHRC) and inability to transfer clients to the MHRC from SHRC. The SHRC contract is funded with Tobacco Settlement and Realignment funds. There are no rate changes or other substantive changes to the contract under the sixth amendment.

## Board Agenda – February 14, 2017

### **1. Aspiranet Amendment**

Aspiranet provides Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Medi-Cal specialty mental health care services, Therapeutic Behavioral Services (TBS) and Intensive Home-Based Services (IHBS) through two separate agreements with VCBH. Services are targeted for children younger than 21 years of age that are EPSDT Medi-Cal beneficiaries and meet the criteria for medical necessity as defined in Title 9 Sections 1830.205 and 1830.210. Services may include assessment, individual, group and family therapy, crisis intervention, medication management and case management.

In October 2015, Assembly Bill No. 403 (2015-2016 Reg. Sess.) (a.k.a., “Continuum of Care Reform” (CCR)) was signed into law with an effective date of January 1, 2017. CCR is intended to build on the successes of the Pathways Initiative and further ensure that all youth in foster care receive services that meet their mental health needs regardless of their placement setting. AB 403 recognizes that achieving this goal requires a higher degree of collaboration and coordination between child welfare agencies and county mental health plans, as well as expanded availability of mental health services delivered in home and community-based settings.

With service mandates expanding and implicating multiple service provider systems, VCBH has been working with the Human Service Agency (HAS), the Ventura County Probation Agency and Ventura County Public Health to prepare for the January 2017 implementation. Under the new CCR requirements, VCBH will be providing ongoing services to approximately 1,200 foster children (an increase of 700). The expansion of behavioral health services to foster children and families includes adjunct services such as TBS and IHBS services to promote permanency.

In July 2016, VCBH extended the term of the EPSDT Specialty Mental Health Care and TBS and IHBS with Aspiranet for a six month term, beginning July 1, 2016 through December 31, 2016, to allow sufficient time to determine and plan for the implications the CCR mandate will have on our service providers. In December, the term of the agreements were extended for an additional month beginning January 1, 2017 through January 31, 2017, to allow sufficient time to prepare for the Board of Supervisors approval and to ensure that there are no interruptions in service.

To meet the mandates of CCR, Aspiranet will expand their client capacity in the EPSDT agreement by 15 slots and in the EPSDT TBS and IHBS agreement by 20 slots, for the service period beginning January 1, 2017 through June 30, 2017. The proposed Sixth Amendment for EPSDT specialty mental health care services with Aspiranet, will extend the term of the agreement beginning February 1, 2017 through June 30, 2017 and increase the maximum contract amount from \$732,133 to \$1,047,078, for the service period beginning July 1, 2016 through June 30, 2017. This amount reflects an overall increase of \$314,945 from prior fiscal year 2015-16. The proposed Fifth Amendment for EPSDT specialty mental health care services, TBS and IHBS with Aspiranet, will extend the term of the agreement beginning February 1, 2017 through June 30, 2017 and increase the maximum contract amount from \$1,476,677 to \$1,763,461, for the service period beginning July 1, 2016 through June 30, 2017. This amount reflects an overall increase of \$286,784 from prior fiscal year 2015-16. The agreements are funded with Short Doyle/FFP and EPSDT/Realignment funds.

## **2. Interface Amendment**

Interface provides EPSDT Medi-Cal Specialty Mental Health Care services to children younger than 21 years of age that are EPSDT Medi-Cal beneficiaries and meet the criteria for medical necessity as defined in Title 9 Sections 1830.205 and 1830.210. Services may include assessment, individual, group and family therapy, crisis intervention, medication management and case management.

In July 2016, VCBH extended the term of the Interface agreement for six months, beginning July 1, 2016 through December 31, 2016, to allow sufficient time for review of program changes and costs related to the transition of specialty mental health care services from Interface's other agreement with VCBH for Triple P Prevention and Early Intervention services (PEI). This change was made so that the Triple P PEI program can focus on providing group services to maintain the fidelity of the Triple P model. The Triple P PEI maximum contract amount was reduced to reflect this change. In December 2016, the EPSDT agreement was extended again for an additional one month period beginning January 1, 2017 to January 31, 2017, to allow sufficient time to prepare for the Board of Supervisors approval and to ensure that there are no interruptions in service.

The proposed Fifth Amendment will extend the term of the Interface agreement from February 1, 2017 through June 30, 2017 and increase the maximum contract amount to \$1,610,000 for the service period beginning July 1, 2016 through June 30, 2017. This amount reflects an overall increase of \$192,890 from prior fiscal year's maximum contract amount of \$1,417,110.