BEHAVIORAL HEALTH ADVISORY BOARD
General Meeting
Monday, July 19, 2021, 1:00 – 3:30 PM
VIRTUAL MEETING VIA ZOOM

Zoom Participation

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

Join the Zoom meeting in the following way:

Join Zoom Meeting: https://us02web.zoom.us/j/83332714732?pwd=bE43OUJqRHhHa0ExSlR5L1VLMWMyQT09
Meeting ID: 833 3271 4732
Password: 149553
Dial-In: 669-900-9128

AGENDA

I. Call to Order

II. Board Member Roll Call

III. Welcome and Introductions

IV. Approval of the Agenda – **ACTION** (Roll Call)

V. Approval of the June 21, 2021 Minutes – **ACTION** (Roll Call)

VI. Public Comments (3 min. per speaker)

VII. Presentation: VCBH Budget Presentation (Fiscal Year 2021-22) from June 8 Board of Supervisors Budget Hearings – Dr. Sevet Johnson (15 min.)

VIII. Presentation: Language Interpretation Best Practices – Genevieve Flores-Haro – BHAB Member, Cynthia Salas, Equity Services Manager (15 min.)

IX. Chair Comments (5 min.)

X. Director's Report – Dr. Sevet Johnson (10 min.)

XI. Board Member Comments and Announcements (10 min.)

XII. Secretary's Report – Janis Gardner (5 min.)

XIII. BHAB Committee Reports (5 min each)

- A. Transitional Age Youth (TAY) Committee (reporting on June 24 meeting) – Joe S. Ramirez, Chair
- B. Adult Services Committee (reporting on July 1 meeting) – Nancy Borchard and Gane Brooking, Co-Chairs
- C. Prevention Committee (reporting on July 13 meeting) – Janis Gardner, Chair

XIV. BHAB Workgroup Update

- A. Data Elements Workgroup – Jennifer Morrison, Chair (5 min.)

XV. Old Business

- A. BHAB Membership Identification Assessment Using SurveyMonkey or Doodle Poll – Discussion – Dr. Sevet Johnson (5 min.)

XVI. New Business

- A. Alameda County Mental Health Board Recommendations and San Francisco Behavioral Health Bed Optimization Project – Discussion – Jerry Harris (10 min.)

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

B. Contract Review Process – Discussion – Michael Rodriguez (5 min.)
C. Announcements – Janis Gardner (5 min.)
D. Presentation Requests
E. Recognition Award Recommendations

XVII. Contracts

A. Board of Supervisors Approved Agreements – June 8, 2021
   1. FY 2021-22 Agreement with All Languages Interpreting and Translating, Inc. (ALIT).
   2. FY 2021-22 Agreement with Clinicas Del Camino Real, Inc. (Clinicas).
   3. FY 2021-22 Agreement with Idea Engineering, Inc. (Idea Engineering).
   4. FY 2021-23 Agreement with Promotoras Y Promotores Foundation (PYPF).
   5. FY 2021-22 First Amendment to the Agreement with Turning Point Foundation (Turning Point).
   6. FY 2021-22 Third Amendment to the Agreement with Maxim Healthcare Services Holdings, Inc. d/b/a Maxim Healthcare Staffing Services, Inc. (Maxim).
   7. FY 2021-22 Third Amendment to the Agreement with Evalcorp.
   8. FY 2021-22 Third Amendment to the Agreement with Idea Engineering.
   9. FY 2021-22 Second Amendment to the Agreement with Reality Improv Connection, Inc. (Reality Improv).
   10. FY 2020-21 Second Amendment to the Agreement with Amada Enterprises Inc., dba, View Heights Convalescent Hospital and Wellness Center (Amada Enterprises).
   11. FY 2020-21 Third Amendment to the Agreement with Vista Woods Health Associates, LLC. (Vista Woods).
   12. FY 2021-22 Third Amendment to the Agreement with Amada Enterprises.
   13. FY 2021-22 Fourth Amendment to the Agreement with Vista Woods.
   14. FY 2021-22 Agreement with California Psychiatric Transitions, Inc. (CPT).
   15. FY 2021-22 Agreement with Crestwood Behavioral Health, Inc. (Crestwood).
   16. FY 2021-22 Agreement with Parkside Healthcare, Inc. (Parkside).
   17. FY 2021-22 Agreement with Sylmar Health & Rehabilitation Center, Inc. (SHRC).
   18. FY 2021-22 Agreement with Telecare Corporation (Telecare).
   19. Southern Counties Regional Partnership (SCRP) California Mental Health Services Authority (CalMHSA) Participation Agreement.

B. Board of Supervisors Approved Agreements – June 15, 2021
   1. FY 2020-21 Second Amendment to the Agreement with Dennis M. Giroux & Associates Inc. (DMG).
   2. FY 2021-22 Agreement with ASC Treatment Group Bakersfield (ASC Bakersfield).
   3. FY 2021-22 Agreement with ASC Treatment Group Los Angeles (ASC Los Angeles).
   4. FY 2021-22 Agreement with Telecare Corporation (Telecare).
   5. FY 2020-21 Agreement with Turning Point Foundation (Turning Point).
   6. FY 2021-22 Agreement with PathPoint.
   7. FY 2021-22 Agreement with For the Future, Inc. (For the Future).

8. FY 2021-22 Agreement with Interface Children & Family Services (Interface).
9. FY 2021-22 Agreement with Kids & Families (KFT).
10. FY 2021-22 Agreement with New Dawn Counseling and Consulting, Inc. (New Dawn).
11. FY 2021-22 Agreement with Seneca Family of Agencies (Seneca).
12. FY 2021-22 Agreement with Seneca.

C. Board of Supervisors Approved Agreements – June 22, 2021

1. FY 2020-21 Sixth Amendment to the Agreement with Aurora Vista Del Mar, LLC. (Vista Del Mar).
2. FY 2020-21 Third Amendment to the Agreement with Tarzana Treatment Centers Inc. (Tarzana).
3. FY 2021-22 Mixteco/Indigena Community Organizing Project (MICOP).
4. FY 2021-22 Sixth Amendment to the Agreement with Golden Hillmont House MHRC, LLC. (Golden Hillmont).
5. FY 2021-26 Agreement with Netsmart Technologies, Inc. (Netsmart).
6. First Amendment to the Standard Agreement with the Mental Health Services and Oversight and Accountability Commission (MHSOAC).

XVIII. Public Comments (3 min. per speaker)

XIX. Adjourn

Next Meeting: Monday, August 16, 2021

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

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

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

Note: The meeting is recorded.

Public Comments

- The Behavioral Health Advisory Board (BHAB) welcomes comments from the community, consumers and family members.
- The BHAB operates under the Brown Act. This requires that all meetings be open meetings, with the agenda and minutes posted. A public comment period will be provided on all meeting agendas.
- Due to confidentiality laws, the Board is unable to respond directly to a public comment or to discuss client-specific issues without proper releases from the individuals concerned.

- At all BHAB meetings, the BHAB Assistant provides a Grievance Form for individuals who have concerns. The form is reviewed promptly by VCBH Quality Management. Individuals can also contact the BHAB Assistant to request a VCBH Grievance Form outside a BHAB meeting or call 1-888-567-2122.
- Individuals who have further concerns are welcome to return to the BHAB for assistance.

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

Email or Mail Public Comment in Advance of the Meeting

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

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

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

Video Public Comment using Zoom

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

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

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

Call-In Public Comment using Zoom

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

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

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

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

VENTURA COUNTY
BEHAVIORAL HEALTH

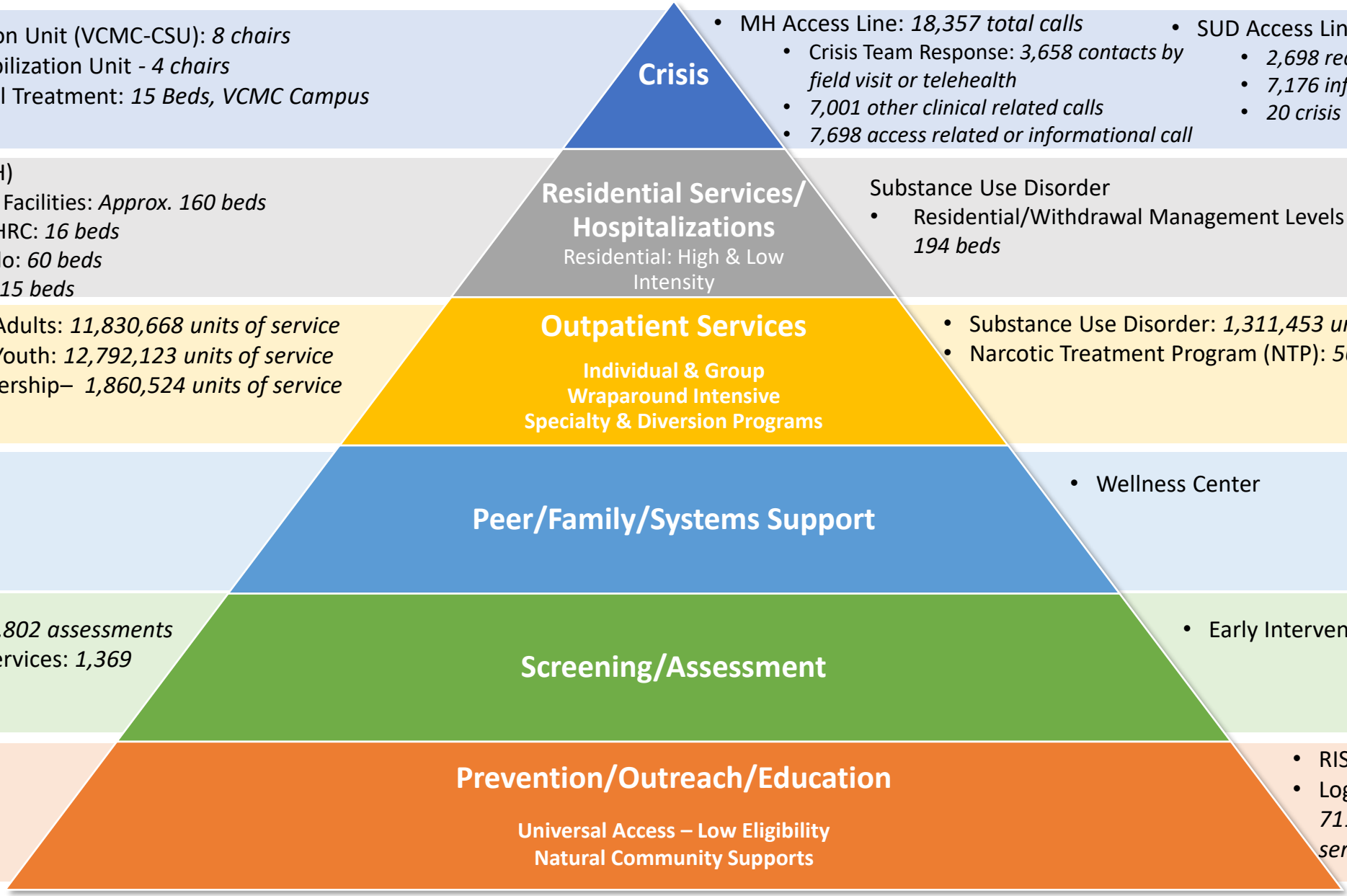
June 8, 2021

BUDGET PRESENTATION

FY 2021-2022

Sevet Johnson, Psy.D
Director

VCBH Services: Continuum of Care FY 2019-2020



- Crisis Stabilization Unit (VCMC-CSU): *8 chairs*
- Youth Crisis Stabilization Unit - *4 chairs*
- Crisis Residential Treatment: *15 Beds, VCMC Campus*

- MH Access Line: *18,357 total calls*
  - Crisis Team Response: *3,658 contacts by field visit or telehealth*
  - *7,001 other clinical related calls*
  - *7,698 access related or informational call*
- SUD Access Line: *9,894 total calls*
  - *2,698 requests for service*
  - *7,176 informational*
  - *20 crisis*

Mental Health (MH)
- VC Board & Care Facilities: *Approx. 160 beds*
- Horizon View MHRC: *16 beds*
- Telecare Camarillo: *60 beds*
- Hillmont House: *15 beds*

Substance Use Disorder
- Residential/Withdrawal Management Levels of Care: *194 beds*

- Mental Health – Adults: *11,830,668 units of service*
- Mental Health – Youth: *12,792,123 units of service*
- Full Service Partnership– *1,860,524 units of service*

- Substance Use Disorder: *1,311,453 units of service*
- Narcotic Treatment Program (NTP): *569,517 units of service*

- NAMI
- Client Network

- Wellness Center

- Mental Health: *3,802 assessments*
- Substance Use Services: *1,369 assessments*

- Early Intervention: *1,428 served*

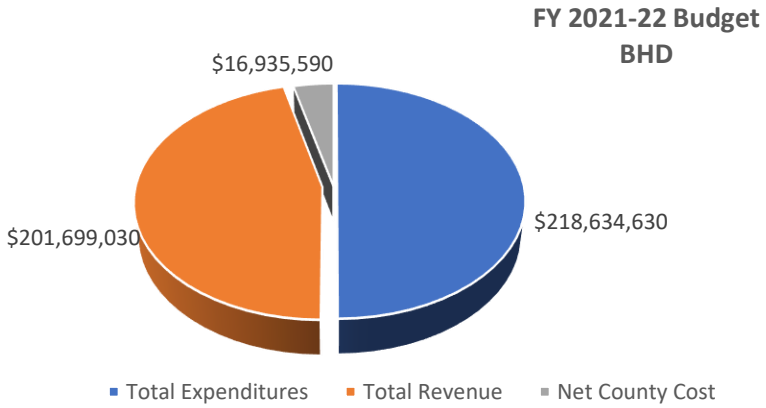
- MH Prevention: *176,810 served*
- SUD Prevention: *274,949 served*

- RISE: *1,435 clients*
- Logrando Bienestar: *711 clients connected to services*

Behavioral Health

Preliminary Budget FY 2021-22

	FY 2020-21 Adopted	FY 2021-22 Proposed	Increase/ (Decrease)
Total Expenditures	$204,421,870	$218,634,630	$14,212,760
Total Revenue	$186,756,480	$201,699,030	$14,942,550
Net County Cost	$17,665,380	$16,935,590	($729,790)
FTE's	721	720	-1



Expenditure Variance

- Cost of Living and Flexible Benefit Increases.
- Additional staffing for implementation of State and Federal Mandates from DHCS/CMS.
- Increased cost of Fee for Service Hospitals; IMD Placements; Board and Care facilities.
- Budgeted costs for new Crisis Stabilization Unit and Crisis Residential Treatment Facility.

Revenue Variance

- All sources of revenue are maximized (MHSA, Medi-Cal, Insurance, grants, etc.)
- $8.5M of the total revenue is 2011 realignment trust balance as one-time funding

General Fund Contribution

- GF is leveraged to access Federal funding for Medi-Cal and non-mandated programs.
- $11.5 million is dedicated to the operations of the IPU.

VENTURA COUNTY BEHAVIORAL HEALTH

State Mandated and Non-Mandated Services

Service Description	Mandated						Non-Mandated						Total VCBH Budget
	Medi Cal	Other	Realignment	MHSA	County General Fund	Total	Medi Cal	Other	Realignment	MHSA	County General Fund	Total	
Clinical Services - Clinics & Providers	35,440,596	10,800,707	17,648,014	20,254,687	-	84,144,004	193,634	1,157,641	473,799	963,335	-	2,788,409	86,932,413
Placements & Housing (Estimated 70% LPS)	3,392,793	1,084,060	7,644,679	-	508,123	12,629,655	170,977	1,607,495	1,127,537	1,337,035	1,403,233	5,646,277	18,275,932
Incompetent to Stand Trial (IST Murphy)			230,880		400,000	630,880							630,880
Psychiatric Hospitals	-	-	958,680	-	13,500,000	14,458,680	-	-	-	-	-	-	14,458,680
STRTP	2,487,740	527,770	2,195,597	1,042,247	-	6,253,354	-	-	-	-	-	-	6,253,354
Crisis Services	5,333,661	21,598	-	10,935,918	-	16,291,177	-	-	-	-	-	-	16,291,177
Crisis Intervention Training (CIT) & RISE Staff	-	-	-	-	-	-	-	-	-	438,115	-	438,115	438,115
Public Guardian	-	-	-	-	-	-	-	-	320,700	-	-	320,700	320,700
Outreach	-	-	-	3,673,295	-	3,673,295	1,196,878	1,782,328	1,246,870	5,005,306	-	9,231,382	12,904,677
Substance Use Services	13,092,135	5,702,621	7,962,576	-	1,114,208	27,871,540	-	-	-	-	-	-	27,871,540
Driving Under Influence (DUI)	-	4,030,000	784,478	-	10,000	4,824,478	-	-	-	-	-	-	4,824,478
Administration	4,243,286	6,276,254	10,461,278	8,451,865	-	29,432,683	-	-	-	-	-	-	29,432,683
Total	**63,990,212**	**28,443,011**	**47,886,182**	**44,358,011**	**15,532,331**	**200,209,747**	**1,561,489**	**4,547,463**	**3,168,906**	**7,743,792**	**1,403,233**	**18,424,883**	**218,634,630**

Non-Clinical State Mandated Services- Diabetes Child Program, SAMHSA Block Grant, Interface Homebuilders Program, Kids & Families Together, United Parents, Primary Care, Eating Disorders Program, WET Internship Stipends.

Placements & Housing-Estimated that 70% of those placed are on Lanterman Petris (LPS) Conservatorships.

Incompetent to Stand Trial-Projected to see continued growth and therefore rising costs given current trends.

Psychiatric Hospitals- $11.5 mil-IPU; Vista Del Mar, fee-for-service hospitals.

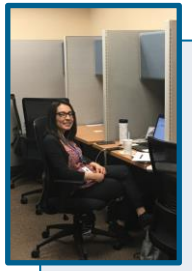
Outreach-Turning Point, Path Point, Logrando Bienestar, MHSSA School Wellness Centers, RISE, TAY Wellness Center, Growing Works, Turning Point & Mobile Wellness.

*MHSA funding is most restrictive funding source and is time limited to 3-5 years; will not perpetuate

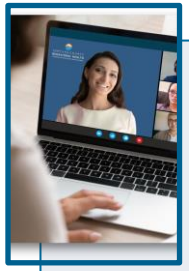
BH is only leveraging a small amount of General Fund-$11.5 mil is passed through to IPU; therefore BH receives approx. $5.4 mil in GF contributions for services

VENTURA COUNTY BEHAVIORAL HEALTH

Highlights



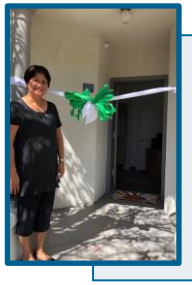
Telehealth services have been successful throughout the VCBH Outpatient Clinics.



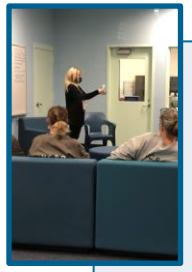
Ventura County was one of the few counties to keep DUI programs open and fully operational by quickly converting to Remote Client Services (telehealth).

Logrando Bienestar Program provided critical outreach to and partnership with schools, law enforcement, other departments and community trusted partners.

Older Adults Program was a vital link to serving the aging population in addition to partnership with VCAAA PEARLS program.



Board and Care Transition-retaining housing for our most vulnerable consumers ensuring they are not homeless.



Re-entry back into the community from incarceration is facilitated by a full-time VCBH staff at work in the jail facilitating admission to outpatient treatment/services (both VCBH and Telecare) prior to release.

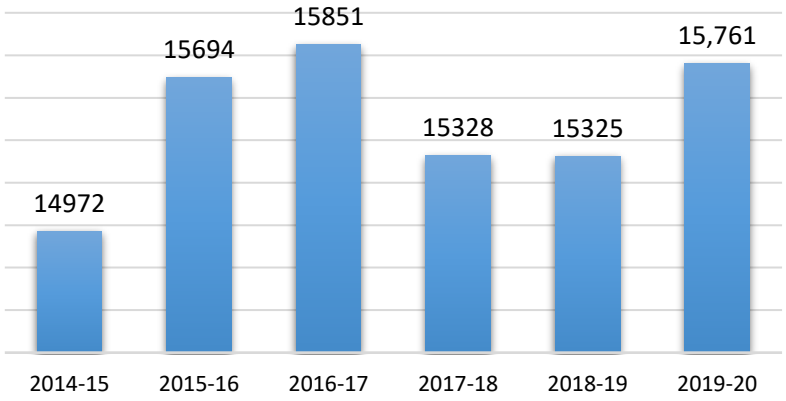
Ventura County's interagency collaboration was one of the first in California to stand up a mental health diversion program (2019) and was subsequently awarded a $2.4M DSH grant.

VENTURA COUNTY BEHAVIORAL HEALTH

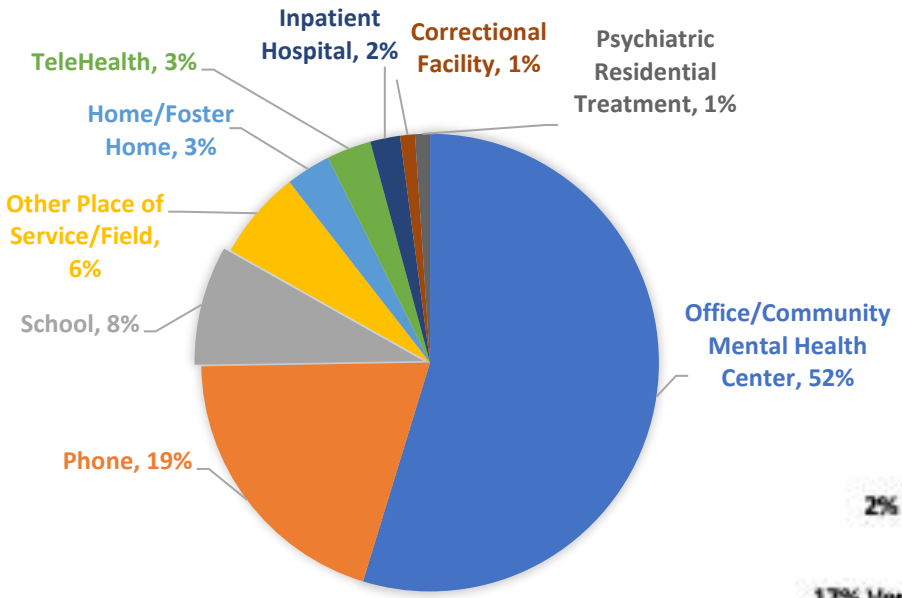
Program Activities

FY 2020-21

Unduplicated Client Count



Service Location

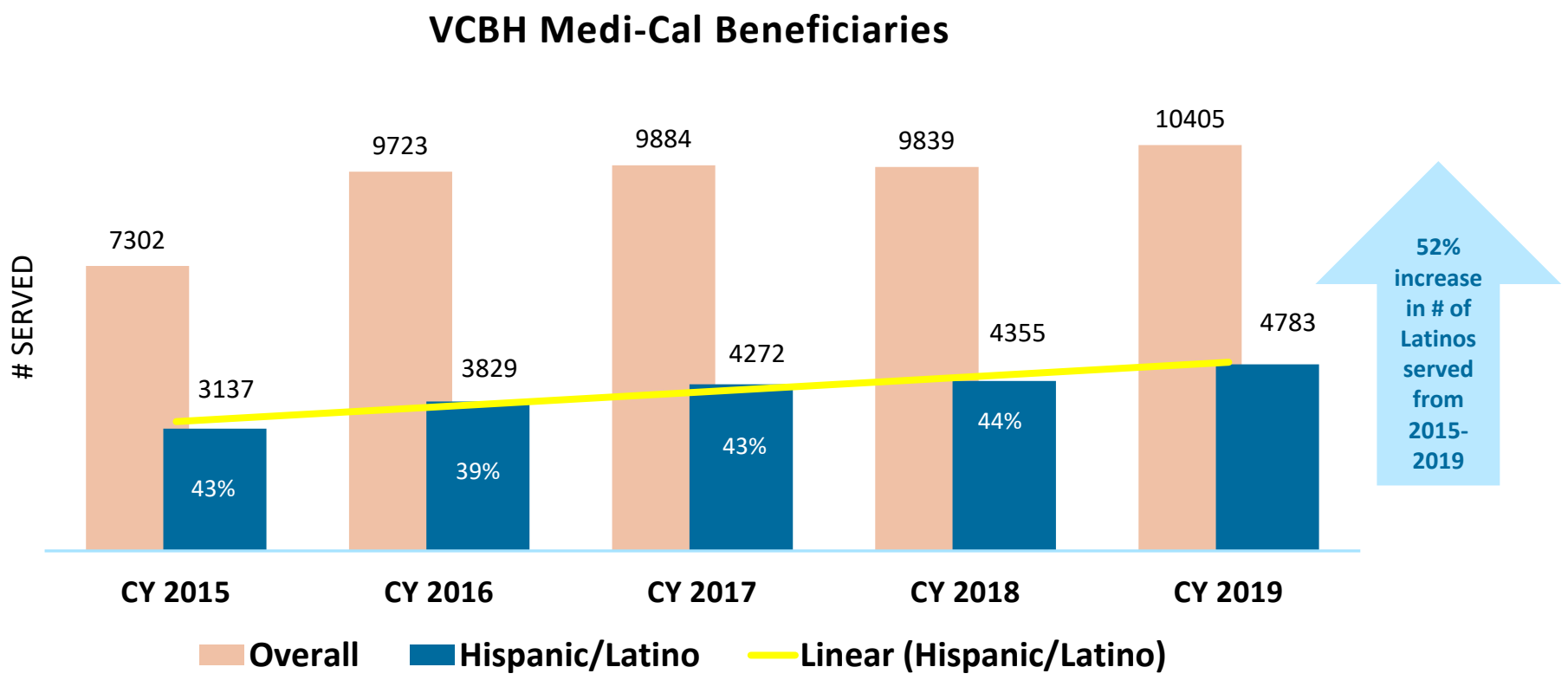


Race / Ethnicity Served

- 45% Latino or Hispanic
- 32% White
- 15% Unknown
- 3% African American
- 3% Multiple Race or Filipino

VENTURA COUNTY BEHAVIORAL HEALTH

VCBH Medi-Cal Claims Data: Latinos Served 2015-2019



- ↑ Increase in the overall number of Medi-Cal beneficiaries served.
- ↑ Increase number of Latino Medi-Cal beneficiaries served.
- ↑ 52% percentage of Latino Medi-Cal beneficiaries served out of the total population of Medi-Cal beneficiaries served.

VENTURA COUNTY BEHAVIORAL HEALTH

Source: External Quality Review Organization, Behavioral Health Concepts Medi-Cal Approved Claims

Performance Outcomes

Access

Over 69% of requests for Mental Health Services were offered an appointment within the 10 business day standard.

Over 85% of psychiatry appointments were offered appointments within the 15 business day standard.

Post Hospitalization Follow-Up

Over 64% of post-psychiatric inpatient outpatient follow-up appointments occurred within 7 calendar days.

Substance Use Services

The percentage of clients discharged from a residential level of care who then stepped down into an outpatient level of care increased to 11.3%. The statewide average is 7.6%

Board and Care Facilities

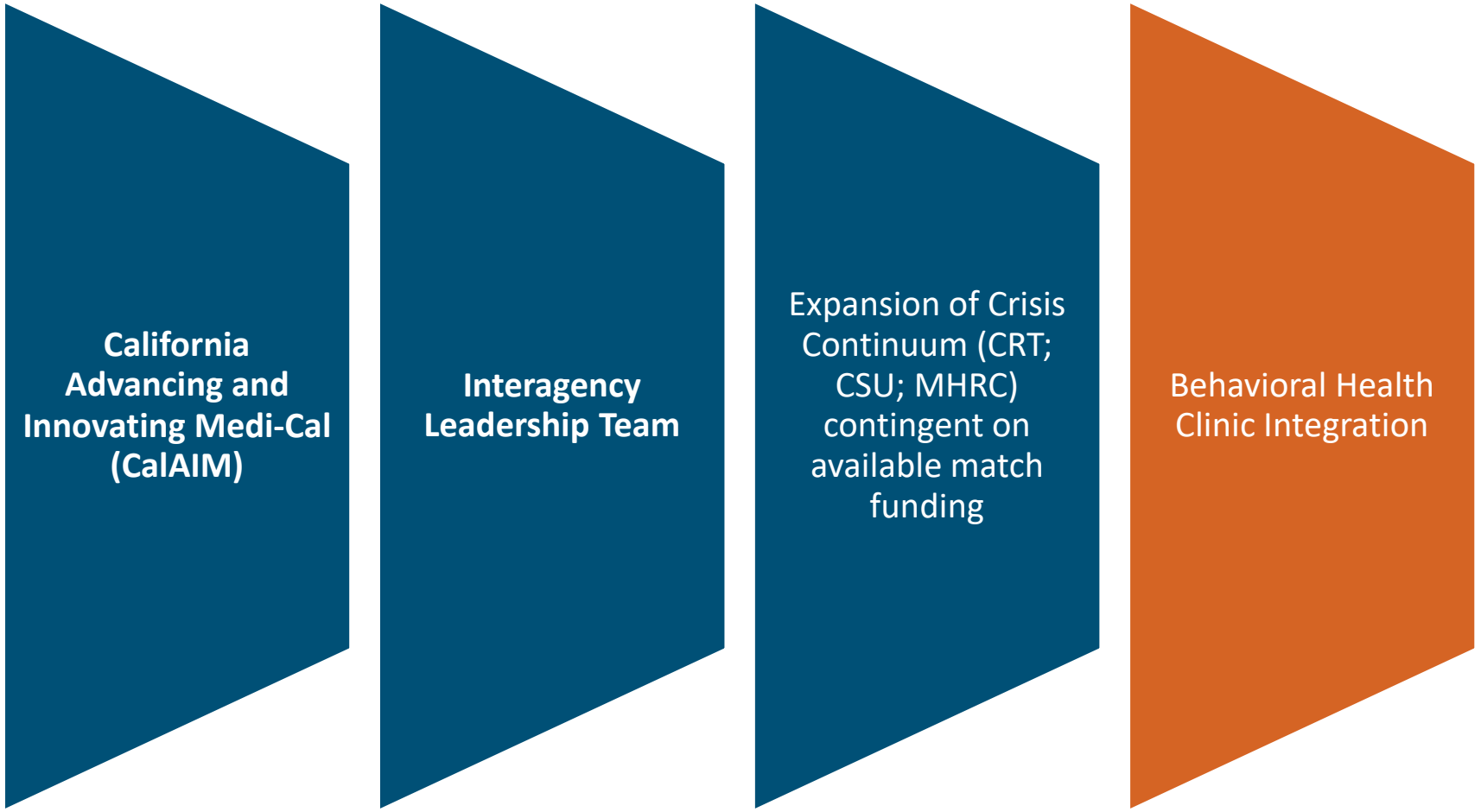
VCBH is funding placements for approximately 160 clients in Ventura County Board and Care facilities.

Challenges

- **Projected future shortfall in realignment and match funding for increased service demand and program expansion.**
- **Influx of Presumptive Transfer youth (AB1299) and new Short Term Residential Treatment Programs (STRTP) opening in Ventura County.**
- **Increasing census/need for higher levels of care for Substance Use Services.**
- **Continued increase of psychiatric hospitalizations at non-billable facilities.**
- **Delays in transferring clients to appropriate levels of care due to bed shortage and COVID.**

VENTURA COUNTY BEHAVIORAL HEALTH

Future Goals and Initiatives



VENTURA COUNTY BEHAVIORAL HEALTH

COVID Update

Clinics and Programs stayed open due to VCBH Dedicated Staff

- Redeployment as Disaster Workers to support County efforts running vaccine clinics, screening at VCMC, contract tracing and other duties.
- One third of staff rotate in daily for in-person coverage at Clinics
- Average Daily Cases Opened per month remained the same from pre-COVID time (2,900)
- More frequent contacts for shorter periods with children and families in crisis--parents overwhelmed with school via computer platforms.
- Wellness, flexibility, and compassionate support provided to staff and through EAP as needed
- Juvenile Center, School-based, Crisis, Residential Services continued on-site
- Crisis Monitoring and increased hospitalizations
- Shift of Team Meetings and Clinical Treatment Reviews to Zoom and Microsoft Teams
- Child and Family Team Meetings : Over 300 from March to July early in the pandemic
- Creative outreach to families with safety in mind: Wellness Gift Bags, Toys & Activities to take home, Toy and Food Drives and giveaways.
- All initiatives continued to move forward

VENTURA COUNTY BEHAVIORAL HEALTH

Alameda County
Mental Health Advisory Board

Contact the Mental Health Advisory Board at:

ACBH.MHBCommunications@acgov.org

Date: October 6, 2020

To: Alameda County Board of Supervisors

Re: MHAB Recommendations to Reduce the Mentally Ill Population at Santa Rita Jail

Introduction

The Alameda County Mental Health Advisory Board (MHAB), duly appointed by the Alameda County Board of Supervisors (BOS), provides these recommendations regarding actions the BOS can take to reduce the number of mentally ill individuals at Santa Rita Jail. The MHAB believes that any such actions will only be meaningful and long lasting, however, if they:

- Are based on an analysis of data that is made available to the public in an easily accessible form.[i]
- Include a multi-year timetable with specific, quantifiable goals for each action, including a 50% reduction of the number of people with serious mental illness in Santa Rita Jail within 3 years.
- Are driven by these foundational, well-established principles: 1) incarceration exacerbates mental illness; 2) mental health services are more effective, more humane and more cost-effective than jail; and 3) the current system causes many of our most vulnerable community members to be caught in a vicious cycle of jail and homelessness, without any clear path forward.

The MHAB acknowledges the complexity and multi-faceted nature of this problem and has focused its resources accordingly. MHAB members have participated in each of the Justice Involved Mental Health Taskforce (JIMHT) meetings, the MHAB has dedicated several of its meetings to the topic (including those of the full board, Criminal Justice Committee and Ad Hoc Committee), and sought out and heard the views of the public. We have synthesized everything we have learned into the following specific, prioritized recommendations, each with long-term and short-term action items.

MHAB Priority Recommendations

Recommendation #1: Significantly increase the capacity of residential treatment beds countywide to ensure that effective, humane treatment is available at all levels of need. Alameda County must invest in the expansion of treatment bed capacity to provide a robust continuum of care – from locked beds at an acute crisis facility to treatment at sub-acute facilities, crisis residential facilities and licensed board and cares – each with the capacity to provide the appropriate type and length of treatment. Unless Alameda County aggressively expands residential treatment capacity, Santa Rita Jail will remain the county's primary locked mental health treatment facility.

Long-term action item:

- The building formerly referred to as Glenn Dyer Jail should be repurposed for RESIDENTIAL LOCKED AND UNLOCKED MENTAL HEALTH TREATMENT. The building supplies adequate square footage to allow for a locked portion of the facility as well as unlocked residential capacity. Repurposing this location will reduce the NIMBY response since it was used as a jail in the past.

Short-term action items:

- The County should conduct a feasibility study for retrofitting the building formerly referred to as Glenn Dyer Jail as a locked and unlocked mental health treatment facility.
- The County should identify all vacant or underutilized county-owned buildings and properties to determine which of those could be repurposed or built upon to provide treatment at all levels of need.
- The County should support the creation and retention of licensed Board and Care facilities, including through direct subsidies.

Recommendation #2: **Prioritize the care of "high utilizers"** [ii] **of county mental health and criminal justice services to ensure that they are connected to appropriate treatment and facilities.** The JIMHT, using data supplied by Alameda County Behavioral Health (ACBH), has identified more than 900 "high utilizers" of services. These individuals cycle repeatedly in and out of acute crisis beds, jail or substance use detox facilities. The number of high utilizers has remained constant for at least 2 years.

Long-term action item:

- Create a team of Behavioral Health Care Services employees who are dedicated exclusively to "high utilizers." Rapid turnover in Community Based Organizations (CBOs) leads to a failure in a continuity of care for our most vulnerable community members. Providing a small, dedicated clinical staff modeled after the highly effective and successful Conditional Release Program managed by the Department of State Hospitals would provide the continuity of care and reduction of recidivism badly needed in Alameda County. These employees – not outside contractors or CBOs - would serve as case managers for "high utilizers" to ensure that continuity of care is provided. County employment would increase retention through payment of a living wage as well as benefits.

Short-term action item:

- Identify "high utilizers" and prioritize them for substance use disorder and mental health services within the system of care.

Recommendation #3: **Implement universal mental health and substance use disorder screening and assessment at booking into jail.** One of the most effective ways to facilitate diversion and effectively reduce the population of mentally ill people who are incarcerated at Santa Rita would be to implement a system requiring all people who are incarcerated to receive mental health screening and assessment when they are booked. Currently, people who are incarcerated receive only a health screening by BHCS employees. Universal mental health and substance use screening and assessment, ideally by a team of independent clinical staff, would allow for mentally ill people who are incarcerated to

immediately be diverted to mental health facilities, Behavioral Health and/or treatment/collaborative courts as appropriate.

Long-term action item:

- Direct ACBH to dedicate staff from the newly-funded clinical positions at Santa Rita Jail for universal mental health and substance abuse screening and assessment.

Short-term action item:

- Direct ACBH to identify appropriate screening and assessment tools.

Recommendation #4: Enhance accountability and oversight of Community Based Organizations that are in contract with the County for the provision of mental health and substance use services. The County should ensure the quality and impact of contracted mental health and substance use services by implementing an effective performance accountability system and allocating resources to support the needed infrastructure and capacity to deliver high quality services.

Long-term action item:

- Implement service agreements with CBOs that have at least some of their reimbursement tied to quantifiable performance measures.

Short-term action item:

- Direct ACBH to provide a detailed, publicly available report on the performance of CBOs and their provision of services. This report should include recidivism data after services have been provided.

Other MHAB Recommendations

The Jail:

- Direct ACBH to hire a dedicated staff person for discharge planning and coordination from the jail to outside programs.
- Direct ACBH to expand or create additional programs for the re-entry population.
- Direct ACBH to operate the Safe Landing Project 24/7 and expand its services to ensure that newly-released people who are incarcerated have transportation, particularly if they are released after public transportation has stopped operating.

ACBH:

- Direct ACBH to increase 5150 authorization to licensed social workers, psychiatrists and other mental health professionals in non-volatile situations.
- Direct ACBH to increase the capacity of existing Intensive Outpatient Programs for individuals living with serious mental illness.

The Courts:

- Direct ACBH to increase treatment and assessment capacity within the Behavioral Health Court. This would allow the Court to meet in Oakland more than once a week and also meet in another part of the county.

Conclusion

The MHAB feels that the foregoing recommendations, if implemented, would significantly reduce the number of seriously mentally ill individuals in Santa Rita Jail. We appreciate your consideration.

Sincerely,

Lee Davis

Lee Davis, MHAB Chair

L.D. Louis, MHAB Vice-Chair

[i] The following data is needed, at a minimum:

- the number of seriously mentally ill people who are incarcerated at the Jail
- the number of seriously mentally ill people in the general Alameda County population, with specific data for these people on:
  - their race, age, and gender identity
  - geographic location
  - whether they suffer from anosognosia (impaired ability to perceive one's mental illness)
- for each existing mental health facility (including those with locked and unlocked beds), how many individuals are treated
  - over what period of time,
  - the average length of stay,
  - how many people were turned away,
  - the length of the waiting list, if any, and
  - what happened to those individuals after they left the facility

This data should be compiled and publicly available on the internet on an annual basis.

[ii] In the context of JIMHTF, "high utilizer" refers to a person who has a high level of involvement in the mental health system over a "trailing" 12 month period since the last incidence as defined by: having Justice Involvement (see definition below) and 2 or more CSU i.e., John George episodes and/or having had 2 or more Cherry Hill episodes and/or having had 1 or more Inpatient episodes; or are in conservatorship.
"Justice Involved" means:

- Served by Behavioral Health Court
- Served by a court advocacy program
- Seen by the drug court
- Served by a MH AB109 Program or
- Had arrest or citation at intercept 0.

Napolitano's growing behavioral health treatment law, supported by the Los Angeles County Board of Supervisors

April 20, 2021

press release

WASHINGTON, DC – Today, the Los Angeles County Board of Supervisors moved unanimously to support Rep. Grace F. Napolitano's H.R. 2611, the Increasing Behavioral Health Treatment Act. The bill would repeal the payment ban on Medicaid Mental Illness Institutions (IMDs) and require states to submit a plan to: increase access to outpatient and community-based behavioral health care; increase the availability of crisis stabilization services; and improve data sharing and coordination between physical health, mental health and addiction treatment providers and first responders." Medicaid is the largest payer of mental health services in our country, and the expansion of this critical coverage is long overdue,"
Napolitano said. "Without patient beds, people experiencing mental health crises are often released from emergency departments and forced to deal with their illness without professional care. Tragically too often they end up in prison or on the streets, which not only worsens mental health conditions, but increases the cost of care to the state and the federal government. Providing relief from the IMD payment ban would eventually give California and other states the ability to use federal funds to cover Medicaid-eligible individuals who need behavioral health treatment. I thank the Board of Supervisors for supporting my legislation and recognizing that we must do everything we can to provide life-saving care to any resident in need." Through my motion, passed unanimously today, the Board of Supervisors will send a 5-signature letter in support of H.R. 2611, the Increasing Behavioral Health Treatment Act, introduced by Rep. Grace Napolitano,"
said Supervisor Kathryn Barger, Los Angeles County Board of Supervisors, 5th District. "This is important federal legislation that will help provide adequate inpatient or residential mental health treatment beds for people ages 16 to 64 who need critical services. I thank Representative Napolitano, who shares my commitment and dedication to providing compassionate mental health care, and to ensuring that people receive the most appropriate care in the most appropriate setting. The IMD payment ban is a long-standing policy that

prohibits the federal government from providing Medicaid matching funds to states for services provided to certain Medicaid-eligible individuals, ages 21 to 64, who are patients on IMDs. The term "IMD" is defined as a hospital, nursing facility, or other institution with more than 16 beds, which is primarily dedicated to providing diagnosis, treatment, or care to people with mental illness, including medical care, nursing care, and related services." Repealing the IMD exclusion is not only necessary to address the mental health care needs of people who require and deserve adequate residential services to heal, it is also an important step in resolving both the critical parity gap between physical and mental health care that continues to plague this field from a fiscal perspective, and the social stigma that interferes with access to treatment at the expense of those most affected by brain disease," said

Dr. Jonathan Sherin, Director of the Los Angeles County Department of Mental Health. If you or someone you know needs help, call the National Suicide Prevention Hotline: 1-800-273-TALK (8255).

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SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Behavioral Health Bed Optimization Project

Analysis and Recommendations for Improving Patient Flow

June 2020

Dr. Anton Nigusse Bland, Director of Mental Health Reform

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Executive Summary

The San Francisco Department of Public Health (DPH), like most other health systems in the world, is challenged to consistently match its behavioral health bed supply with the demand for services across the spectrum of care. The advantages of a system with optimized bed capacity are significant; patients get the care they need when they need it, the system benefits when resources are used efficiently, and investments have the greatest impact.

In early 2020, through the financial support of Tipping Point Community, the DPH Mental Health Reform team engaged a simulation modeling vendor, Mosimtec, to answer this most pressing question: *How many beds are needed in each behavioral health bed category to maintain consistent patient flow for adult clients in San Francisco with zero wait time?*

Through an in-depth analysis of patient placements in nearly 1,000 beds in the DPH behavioral health system of care in Fiscal Year 2018-2019, bed simulation modeling offered quantitative recommendations for improving patient flow. Furthermore, the Mental Health Reform team, through discussions with subject matter experts, contemplated additional considerations for behavioral health bed investments.

Summary Recommendations:

1. Invest in **additional bed capacity** in the following categories of care:
    a. Locked Subacute Treatment
    b. Psychiatric Skilled Nursing Facilities
    c. Residential Care Facilities, aka Board and Care
    d. Residential Care Facilities for the Elderly
    e. Mental Health Residential Treatment (12-month programs)
2. Complement all **behavioral health bed investments one-to-one with long-term housing placements** such as Permanent Supportive Housing or Residential Care Facilities, to better serve the high volume of people experiencing homelessness who use the system.
3. **Address the unique needs of specialized populations** who commonly encounter longer wait times, including but not limited to monolingual non-English speakers, people with criminal justice involvement, and patients who are non-ambulatory.
4. Create a **robust wait time and patient placement data-tracking system** to better understand the impact of operational barriers on patient wait time.
5. Invest in facilities with **fixed beds dedicated for use by DPH clients** rather than shared with other health systems. Currently DPH does not have fixed beds set aside for its patients at a number of facilities, challenging its exercise to plan and place patients in a timely manner.
6. **Repeat bed simulation annually** to understand trends and inform long-term planning, mitigate data limitations encountered in this project, and explore other interventions that would improve patient experience.

Background

Managing behavioral health beds – how many a system of care needs to serve its clients – is a consistent challenge for healthcare systems worldwide. A mismatch of bed capacity to demand has significant implications for both client health outcomes and a healthcare system's bottom line. A system with capacity that matches demand is one that provides optimal patient "flow." In an optimized system, patients flow freely between levels of care according to their clinical health needs rather than system constraints. In San Francisco, where the Department of Public Health (DPH) serves nearly 30,000 behavioral health clients per year, highly variable bed demand, persistent bed constraints, and inconsistent data collection prevent DPH from comprehensively understanding bed capacity needs and optimizing patient flow.

In Fiscal Year 2018-2019 (FY1819), DPH provided behavioral health care to people in more than 2,000 beds across a continuum from high acuity (e.g. Acute Inpatient Psychiatry) to low acuity (e.g. Hummingbird Psychiatric Respite).[1] As the behavioral health needs of the population shift with time, the demand for services similarly shifts, further complicating the need to appropriately finance and provide services for clients. Various previous reports evaluating DPH's behavioral health system, including the *BHS Performance Audit* (BLA, 2018) and *Homelessness and Behavioral Health* (JSI-Tipping Point, 2019), have called for improvements in patient wait times, investments in additional beds, and data to quantify and qualify capacity needs.

In early 2020, the Mental Health Reform team identified an innovative solution to its behavioral health bed optimization challenge: bed simulation modeling. Bed simulation modeling has been used internationally as a risk-free strategy for quantifying demand and identifying the impact of novel allocations of treatment beds on patient flow. Recent studies have concluded that using historical, operational data in a simulation model can help identify the appropriate type and number of beds required in public behavioral health systems.[2]

Methods

Through the financial support of Tipping Point Community, DPH engaged an experienced simulation modeling vendor, Mosimtec, to produce a mathematical model that would answer the key question: *How many beds are needed in each behavioral health bed category to maintain consistent patient flow for adult clients in San Francisco with zero wait time?* To answer this question, the model used FY1819 billing data of more than 25,000 admissions to mental health and substance use residential programs (greater than 24-hour stays) and urgent care settings (Psychiatric Emergency Services at Zuckerberg San Francisco General, Psychiatric Urgent Care, and Sobering Center). The data incorporated the demographics of the patients admitted to these care settings, including gender, age, race and ethnicity, and housing status. The analysis also considered the transitions of individuals across the behavioral health care continuum. The analysis

[1]An overview of the bed categories and counts is provided in the Appendix. A subset of 1,000 of these beds was included in the analysis due to data availability.

[2]La et al. "Increasing Access to State Psychiatric Hospital Beds: Exploring Supply-Side Solutions." *Psychiatric Services*, 67:5, May 2016, 523-528. Devapriya et al. "StratBAM: A Discrete-Event Simulation Model to Support Strategic Hospital Bed Capacity Decisions." *J Med Syst,* 39:130, 2015, 130. Yin et al. "Applying Simulation Modeling to Quantify the Impact of Population Health and Capacity Interventions on Hospital Bed Demand" *Proceedings of the 2018 IISE Annual Conference*, 2018.

was not able to calculate "true" demand; that is, people who attempted to receive services but were unsuccessful in doing so. This limitation is considered in more detail in the Discussion section.

To ensure the input data would generate model results that accurately reflect the real-world system, the Mental Health Reform team worked closely with Mosimtec and City subject matter experts to verify that the data provided were complete and that preliminary outputs of the analysis were consistent with operational experience.

Results

The results from the simulation model are presented as "input analysis" – detailed information about how DPH's system of behavioral health beds operated in FY1819 – and "output analysis" showing how the system functions in hypothetical scenarios.

Input Analysis: The input analysis provides critical information about how and by whom the behavioral health system was utilized in FY1819. More than 7,000 individuals accounted for more than 25,000 admissions in the fiscal year at nearly 1,000 different bed placements. *Table 1* provides a summary analysis of the characteristics of the patients who used behavioral health beds in FY1819; people experiencing homelessness represent a significant share. Males experiencing homelessness were the most common patient demographic to admit to the system. A disproportionate share of Black/African Americans utilized the system, representing 24 percent compared to 6 percent of the population of San Francisco. In future reports, DPH will recommend ways to address the equity issues highlighted by this analysis.

Table 1: Characteristics of Patients Admitted to nearly 1,000 DPH Behavioral Health Beds FY1819

Characteristic		**Number of Unique Patients[3]**	**Percent of Total Unique Patients**
Homelessness[4]	Yes	4,140	68%
	No	1,955	32%
Gender	Male	4,032	66%
	Female	1,763	29%
	Other	300	5%
Race/Ethnicity	White	2,015	33%
	Black/African American	1,434	24%
	Latino/a	720	12%
	Asian/Pacific Islander	359	6%
	Other/Not Stated	1,567	26%
Total		**6,095**	**100%**

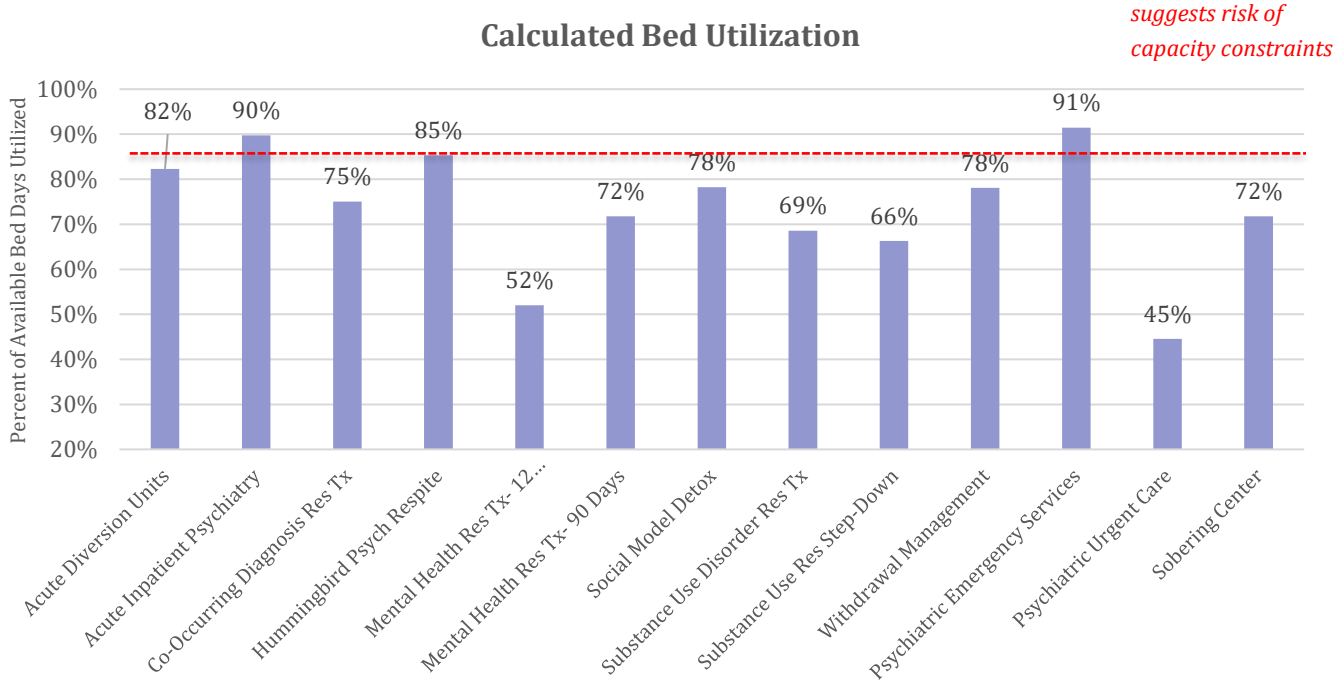
The input analysis also helped visualize where the system is currently overburdened, by revealing the utilization of beds in each category (for programs with fixed bed counts).[5] Utilization is calculated as the ratio of bed days occupied, divided by bed days available.[6] Due to limitations in the input data, utilization

[3] An additional 1,387 identified clients did not have demographic information to include in this analysis.
[4] Homelessness defined by DPH Coordinated Care Management System (CCMS). CCMS defines people as experiencing homelessness in the fiscal year if they either: 1) utilize a City service that indicates housing instability, for example, a City shelter, or 2) self-report homelessness while accessing health care services.
[5] Most of DPH-funded behavioral health beds are contracted annually at a "fixed" bed count. Other beds are purchased individually as needed and as budget and facilities allow.
[6] Bed utilization calculations relied on bed counts provided by the DPH Bed Inventory.

calculations for certain bed categories likely underrepresent the true demand on these services. These categories include Sobering Center, Psychiatric Urgent Care, and Mental Health Residential Treatment 12-month programs. These limitations are detailed, and adjusted as needed, in the Discussion section of this report. Utilization calculations of over 85 percent indicate a care setting that is at risk of being capacity-strained.[7] Using this rule, *Figure 1* demonstrates the categories with potential bed capacity shortages.

Figure 1: Calculated Bed Utilization[8]

**85% utilization suggests risk of capacity constraints*



Output Analysis: The model then created a hypothetical scenario to identify bed capacity adjustments that would improve patient flow by decreasing patient wait times. In general, waiting time experienced by patients in the system can be attributed to limited bed capacity and/or operational processing time (required health screenings, missed appointments, transportation, legal permissions, and other intake protocols). This analysis focused on quantifying wait time that occurs due to capacity constraints. The model considered the system holistically, identifying where patients currently wait prior to admission and then modeling the capacity needed to eliminate the observed wait times. Additionally, as outlined in the Appendix, the model considered a scenario specific to Psychiatric Emergency Services and Acute Inpatient Psychiatry.

The model carefully estimated current utilization in order to identify bed categories with wait times that occur due to capacity constraints. Then, the model simulated expansion scenarios that would reduce wait time to zero.

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[7] Bagust A, Place M, Posnett JW. "Dynamics of bed use in accommodating emergency admissions: stochastic simulation model." *BMJ*. 1999; 319 (7203):155-158

[8] Locked Subacute Treatment, Residential Care Facilities, and Psychiatric Skilled Nursing do not have fixed bed counts and therefore do not have input data Bed-Day Utilization Calculations.

Table 2: Recommended Bed Counts to Decrease Patient Wait Due to Capacity Constraints

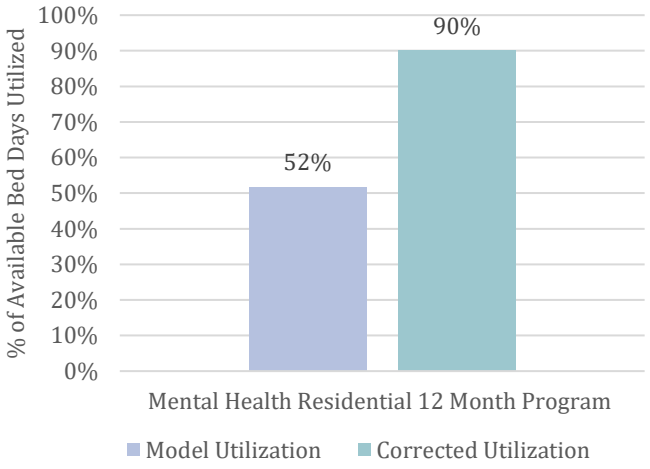
Bed Category	Average Wait Due to Capacity (Days)[9]	Recommended Bed Count Increase For Zero Wait	Bed Count Increase for 50% Wait Time Reduction
Locked Subacute Treatment	62	31	20
Psychiatric Skilled Nursing Facilities	121	13	8
Residential Care Facility aka Board and Care	60	31	13
Residential Care Facility for the Elderly	44	22	9

Table 2 displays the four bed categories the model identified as having wait times greater than one day. For each of these bed categories with wait times, the model then recommended a bed count increase that would reduce wait time to zero in order to create optimal flow. The table also provides an estimate for halving current waits.

Discussion

The model results provide substantial information for improving operations and recommending investments. Because each recommendation to increase capacity in identified bed categories has a different impact on patient flow and budget, the model results must be carefully evaluated in collaboration with DPH's clinical, operational, policy, and financial leadership. Funding priorities must be accompanied by strong policy recommendations. For example, the value of increasing capacity in Locked Subacute Treatment and Psychiatric Skilled Nursing Facilities is only achieved when matched with conservatorship policies that enable efficient patient placements. Furthermore, recommendations must be refined to target populations who historically encounter more challenges in finding appropriate placements, such as people with a history of criminal justice involvement, monolingual non-English speakers, and people who are non-ambulatory.

Figure 2: Adjusted Utilization Using All Billed Days



In reviewing the model results, the Mental Health Reform team found a significant limitation in the utilization calculation for Mental Health Residential Treatment, 12-month programs. Certain bed days were excluded from the input data due to the analysis' inclusion criteria: admissions that occurred within the fiscal year. For Mental Health Residential Treatment, this unintentionally excluded many patients who occupied beds at the start of, and well into, the reporting period. To correct for this limitation, the Mental Health Reform team considered additional billed days that were originally excluded. This had a significant impact on results. The inclusion of the previously excluded data resulted in a report of 90 percent utilization of these beds, as

[9] The model identified wait directly associated with the patient arrivals per day against the bed capacity. The model is not able to account for waiting time associated with processing and other operational barriers that DPH clients often encounter.

demonstrated in *Figure 2*. Because utilization of over 85 percent suggests a need for additional capacity, and due to the recommended increase at the upstream category, Locked Subacute Treatment, an additional investment of 20 Mental Health Residential Treatment 12-month beds is recommended to improve flow.

The Mental Health Reform team recommends that all investments be directed toward facilities where DPH has a fixed number of beds that are dedicated for use by its clients. Currently, many counties share contracted facilities, which often leads to delays in client placement and a lack of transparency about the length of those delays for DPH clients.

The Mental Health Reform team also recommends that, because of the high volume of people experiencing homelessness utilizing the system, each behavioral health treatment investment be paired with a similar expansion of housing options for those clients. The benefits of treatment can quickly diminish if a client is discharged without adequate housing, and waits for housing can impede flow throughout the behavioral health system.

Contextualizing the Recommendations: The DPH Behavioral Health System of Care is represented in Figure 3. Services range from prevention and early intervention for low-acuity patients to intensive treatment, provided in locked facilities, for the most acute patients. This analysis focused on adult residential settings, which are the bottom four categories represented in Figure 3. The results highlight two broad categories that currently bottleneck the system: residential treatment and locked facilities. The specific categories include Mental Health Residential Treatment, Locked Subacute Treatment, Psychiatric Skilled Nursing Facilities, and Residential Care Facilities (for adults and older adults). Detail on these categories and the services provided are listed in *Table 3*. In addition to identifying categories that are overburdened, the model highlighted bed categories with utilization levels and capacity that sufficiently accommodate flow in current operations. These categories include Acute Diversion Units, Substance Use Residential Treatment, and Withdrawal Management programs.

Figure 3: DPH Behavioral Health System of Care

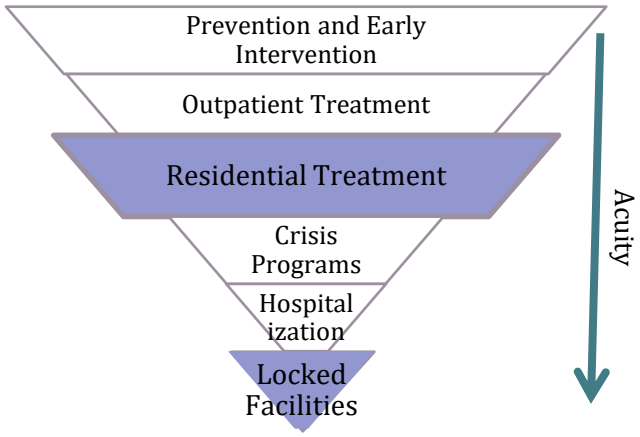


Table 3: Programmatic Detail on Categories with Recommended Capacity Increase

Bed Category	Description	FY1819 Bed Count[10]	Example Facilities
Mental Health Residential Treatment, 12-month	Residential group living program that provides treatment for managing life with mental illness, building life skills and social skills, developing positive coping strategies, pre-vocational/vocational skills, medication adherence and wellness recovery stabilization. Twelve-month programs are commonly used for patients discharging from Locked Subacute Treatment.	30	Progress Foundation Clay Street and Dorine Loso Houses

[10] Bed count based on FY1819 contracts for Mental Health Residential Treatment Programs (12-month) and the patient census as of April 30, 2019 for all other categories.

Bed Category	Description	FY1819 Bed Count[10]	Example Facilities
Locked Subacute Treatment – aka Mental Health Rehabilitation Center (MHRC) and Institute of Mental Disease (IMD)	These facilities are for clients placed on a Lanterman-Petris-Short (LPS) Conservatorship due to grave disability or on a forensic court-ordered hold. These programs provide psychosocial rehabilitation to stabilize mental illness impact on daily functioning, establish medication adherence, improve life and social skills, develop positive coping strategies, and stabilize wellness and recovery.	132	MHRC at SF Behavioral Health Center, Crestwood (SF Healing Center, Canyon Manor, Vallejo)
Psychiatric Skilled Nursing Facility	A licensed health facility, or a distinct part of a hospital, providing 24-hour inpatient care that includes physician, skilled nursing, dietary, and pharmaceutical services, and an activity program. The Psychiatric SNF specializes in treating patients with severe psychiatric disorders who cannot be safely managed in other settings. This setting can be locked or unlocked.	160	Idylwood Care Center, Crestwood (Fremont, Stevenson, Stockton), Medical Hill
Residential Care Facilities (RCF)– also known as Board and Care	RCFs offer group living for people with disabilities (either medical or psychiatric) who need help with meal preparation, medication monitoring, and personal care, but do not need daily acute medical care. Individual RCFs may specialize in certain clinical areas such as mental health rehabilitation and geriatrics.	305	United Family Home Care, South Van Ness Manor, BMB Sunshine Residential Care
Residential Care Facilities for the Elderly (RCFE)	RCFEs generally offer group living for seniors (with either medical or psychiatric needs) who need help with meal preparation, medication monitoring, and personal care, but do not need daily acute medical care. Individual RCFEs may specialize in certain clinical areas such as mental health rehabilitation and geriatrics.	267	Crestwood Hope, Victoria Manor, Country Place Assisted Living

When conducting the cost-benefit analysis of adding beds at different levels of care, it is important to understand how the system functions dynamically as a continuum. Investments at each level of care impact not only that bed category, but also the upstream and downstream bed categories. For example, if DPH follows the recommendation to increase bed capacity in Locked Subacute Treatment, the upstream bed categories Acute Inpatient Psychiatry and Psychiatric Emergency Services will be able to release the patients waiting for that downstream category. Furthermore, choosing to increase capacity only at Locked Subacute Treatment could result in a new bottleneck if housing or step-down programs are not secured for patients discharging from that care level.

Because of the high volume of people experiencing homelessness utilizing the system, all temporary placement investments (e.g. Locked Subacute Treatment) should be complemented one-to-one by investments in permanent placements such as Permanent Supportive Housing or Residential Care Facilities. Without a pathway to reliable housing upon discharge, patients who are experiencing homelessness will struggle to maintain the benefits of treatment.

Cost Analysis: DPH should identify which sequence of investments would have the biggest impact on health outcomes and budget, while maintaining focus on what is operationally feasible. The Mental Health Reform team will work with DPH operational subject matter experts and the Controller's Office, which

completed a flow analysis project for DPH in 2019, to create a decision-making framework for prioritizing investments. Once prioritized and sequenced, these recommendations should be incorporated into San Francisco's budgeting and planning processes, including in the allocation of 2,000 placements that Mayor London Breed has committed to create for people experiencing homelessness and behavioral health issues.

Because the system is financially constrained, the prioritization process must consider the marginal cost benefit of adding a bed to one category versus another. *Table 4* outlines the associated operating costs for the bed increases suggested by the model. An additional cost would be associated with any start-up required, such as building acquisition.

Table 4: Cost of Recommended Bed Investments

Bed Category	Annualized Median Cost Per Bed	Recommended Bed Increase	Annual Cost Recommended Bed Increase
Locked Subacute Treatment	$177,208	31	$5,493,433
Psychiatric Skilled Nursing Facility	$106,580	13	$1,385,540
Residential Care Facilities aka Board and Care	$31,390	31	$973,090
Residential Care Facilities for Elderly	$38,873	22	$855,195
Mental Health Residential Treatment (12-month)	$97,127	20	$1,942,530
Total	**N/A**	**117**	**$10,649,788**

It is important to also consider the anticipated cost savings that result from relieving the bottlenecks occurring in high-cost care settings. For every patient who spends "extra" time – beyond what is clinically necessary – in Acute Inpatient Psychiatry while waiting for a lower level of care, DPH is unable to bill Medi-Cal for the service. These days spent waiting are therefore a burden for both the client's recovery and for the financial health of the organization. By calculating the annual revenue potential lost due to this issue, we can balance the cost of the bed investments against the revenue gained by using Acute Inpatient Psychiatry resources for patients who clinically need the service. *Table 5* demonstrates the potential revenue recovery and net difference from the recommended investment using this model.

Table 5: Potential Revenue Recovery and Net Cost Difference

Bed Category	Admin Days Inpatient Psychiatry	Potential Revenue Recovery*	Annual Cost Recommended Bed Increase	Annual Net Cost Difference
Locked Subacute Treatment	4,131	$4,361,964	$5,493,433	($1,131,469)
Psychiatric Skilled Nursing Facility	1,060	$1,694,060	$1,385,540	$308,520
Residential Care Facilities aka Board and Care	1,351	$2,159,128	$973,090	$1,186,038
Residential Care Facilities for Elderly	289	$461,871	$855,195	($393,324)
Mental Health Residential Treatment (12-month)	531	$858,217	$1,942,530	($1,084,313)

**DPH receives $1,598.17 per day for acute level patients at ZSFG Acute Inpatient Psychiatry. The revenue recovery calculation assumes the non-billable days in FY1819 convert to acute patient bed days. For patients waiting for Locked Subacute Treatment, DPH can bill Medi-Cal for administrative days at $542.26 per day, making the revenue recovery per day $1,055.91. For patients waiting for other bed categories listed, DPH receives no reimbursement from Medi-Cal.*

Limitations: The information used for this analysis is limited by two main factors. First, DPH does not have a centralized data system to capture admissions for all 2,000 of its behavioral health beds. In order to include the full continuum of care in the study, a significant effort was made to unify the data. However, the project was limited by the source data systems and their disparate methods for data management. Second, DPH used only one fiscal year of admissions to these beds. The decision to use one year of data balanced the advantage of relying on recent data and fixed bed counts against the disadvantage of undercounting information related to programs with long lengths of stay (e.g. 12-month Mental Health Residential Treatment, Residential Care Facilities, Psychiatric Skilled Nursing Facilities, Substance Use Residential Step-Down). The Mental Health Reform team worked with the DPH subject matter experts and Mosimtec to mitigate the impact of these limitations on the results of the project. As shown earlier in the discussion section, the limitation affiliated with long-stay programs was corrected in the case of Mental Health Residential Treatment through post-modeling analysis.

Furthermore, while the model can estimate wait times based on input data, this wait-time calculation is limited and not fully representative of reality. For example, in the real system, certain patients may be redirected or choose alternative care settings when wait times are not tolerated by the system or the patient. In this way, it is likely that wait times, and therefore capacity needs, are underrepresented in this exercise. Additionally, the model failed to identify wait times in bed categories where clients are known to wait in practice, for example, Mental Health Residential Treatment. This result is attributable to a few factors; there is no data system concretely tracking wait time, and wait time in the current system could be fully due to processing time and operational barriers rather than capacity shortages. These possibilities and limitations will be fully evaluated by the Mental Health Reform team in collaboration with Behavioral Health Services as a follow-up to this report. Critical to this follow-up is the development of a robust wait time and patient placement data-tracking system. This system will enable a better understanding of the impact of operational barriers on patient wait time.

Conclusion

The Behavioral Health Bed Optimization Project offers new and important insights for expanding the current capacity and improving the flow of behavioral health beds in San Francisco. In addition to recommendations for bed investments, the model illuminates who uses the complex system of care, and how. It also shows the limitations of current data systems. In summary, the final recommendations from this project include:

1. Invest in **additional bed capacity** in the following categories of care:
    a. Locked Subacute Treatment
    b. Psychiatric Skilled Nursing Facilities
    c. Residential Care Facilities, aka Board and Care
    d. Residential Care Facilities for the Elderly
    e. Mental Health Residential Treatment (12-month programs)
2. Complement all **behavioral health bed investments one-to-one with long-term housing placements** such as Permanent Supportive Housing or Residential Care Facilities, to better serve the high volume of people experiencing homelessness who use the system.

3. **Address the unique needs of specialized populations** who commonly encounter longer wait times, including but not limited to monolingual non-English speakers, people with criminal justice involvement, and patients who are non-ambulatory.
4. Create a **robust wait time and patient placement data-tracking system** to better understand the impact of operational barriers on patient wait time.
5. Invest in facilities with **fixed beds dedicated for use by DPH clients** rather than shared with other health systems. Currently DPH does not have fixed beds set aside for its patients at a number of facilities, challenging its exercise to plan and place patients in a timely manner.
6. **Repeat bed simulation annually** to understand trends and inform long term planning, mitigate data limitations encountered in this project, and explore other interventions that would improve patient experience.

Despite the limitations mentioned in this analysis that likely contribute to an underestimation of capacity needs, the Mental Health Reform team is confident that the bed categories identified are consistent with the greatest need. A series of investments that include increasing capacity in high-demand bed categories downstream from Acute Inpatient Psychiatry, coupled with Permanent Supportive Housing units for the high proportion of patients experiencing homelessness, will undoubtedly improve flow and decrease cost and bottlenecks at upstream bed categories. The bed simulation methodology should be replicated to further interrogate the information available, mitigate the data limitations, and explore other interventions that would improve patient experience. Because the health care system and client needs are in constant evolution, the methodology is most effective if used at least annually. The exercise should therefore become a standard operating procedure for DPH to consistently improve health outcomes and reap financial rewards.

Appendix:

SFDPH Behavioral Health Beds FY 2018-19

CRISIS STABILIZATION

Crisis Services are a continuum of services that are provided to individuals experiencing a psychiatric emergency. The primary goal of these services is to stabilize and improve psychological symptoms of distress and to engage individuals in an appropriate treatment.

- Psychiatric Emergency Services
- Acute Diversion Unit
- Psychiatric Urgent Care

74 Beds

ACUTE PSYCHIATRIC

Acute psychiatric services provide high-intensity, acute psychiatric services 24 hours a day for individuals in acute psychiatric distress and experiencing acute psychiatric symptoms and/or at risk of harm to self or others.

- Acute Inpatient Psychiatric Services

44 Beds

WITHDRAWAL MANAGEMENT & RESPITE

These programs provide acute and post-acute medical care for individuals who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to be in a hospital. They provide short-term residential care that allows individuals the opportunity to rest in a safe environment while accessing medical care and other supportive services.

- Medical Respite
- Sobering Center
- Withdrawal Management
- Social Detox
- Behavioral Health Respite Navigation Center

171 Beds

LOCKED RESIDENTIAL TREATMENT

These programs are 24-hour locked facilities providing intensive diagnostic evaluation and treatment services for severely impaired residents suffering from a psychiatric illness.

- Locked Subacute
- Psychiatric Skilled Nursing Facility
- State Hospital

338 Beds

OPEN RESIDENTIAL TREATMENT

A residential treatment facility is a live-in health care facility providing therapy for substance abuse, mental illness, or other behavioral problems. Some residential treatment facilities specialize in only one illness, while others treat people with a variety of diagnoses or dual diagnoses of substance abuse and a psychiatric diagnosis.

- Co-Occurring Diagnoses
- Substance Use Disorder
- Mental Health

438 Beds

RESIDENTIAL CARE FACILITIES

Residential care facilities (RCF) offer group living for seniors and/or people with disabilities who need help with meal preparation, medication monitoring, and personal care, but do not need daily acute medical care. Individual RCFs may specialize in clinical areas such as mental health rehabilitation and geriatrics.

- Residential Care Facilities
- Residential Care Facilities for the Elderly

572 Beds

TRANSITIONAL & SUPPORTIVE HOUSING

Transitional and Supportive Housing provides people with significant barriers to housing stability with a place to live and intensive social services while they work toward self-sufficiency and housing stability.

- Residential Step-Down
- Cooperative Living
- Support Hotel
- Stabilization Rooms
- Shelter

598 Beds

Additional Model Results:

***Scenario 2 Results*:** In Scenario 2, the model adjusted historical data using the assumption that all patients who stay more than 24 hours in Psychiatric Emergency Services do so because of a lack of capacity in the "next stop" treatment location, Acute Inpatient Psychiatry, at Zuckerberg San Francisco General (ZSFG). Subsequently, the model calculated the number of beds needed to prevent this wait time. In this scenario, the model identified that in order to prevent bottlenecks at Psychiatric Emergency Services, the bed count at Acute Inpatient Psychiatry would need to be increased significantly (61 percent). However, because investments made in downstream bed categories have been proven to reduce or even eliminate bottlenecks upstream, DPH, in discussion with the experts at Mosimtec, decided against including this result as a final recommendation. This approach will be tested and analyzed when the bed simulation modeling exercise is repeated annually.

Table 6: Scenario 2 Recommended Bed Counts

Bed Category	Baseline Bed Count	Recommended Bed Count	Percent Increase
ZSFG Acute Inpatient Psychiatry	44	71	61%

Validity Reports: The following tables provide detail on the outputs of the model compared with historical input data. These reports support the conclusion that the model reflected reality within a reasonable degree of confidence.

Table 7: Arrivals Per Day

Category	Calculated Input	Scenario 1 Output	% Difference
Acute Diversion Units	2.91	2.92	0%
Acute Inpatient Psychiatric Services	3.42	3.40	(1%)
Co-Occurring Diagnosis Residential Treatment	0.75	0.75	0%
Hummingbird Psychiatric Respite	1.79	1.79	0%
Locked Subacute Treatment	0.54	0.54	0%
Mental Health Residential Treatment	0.88	0.88	0%
Option - St Francis	0.81	0.81	0%
Psychiatric Emergency Services	21.94	21.95	0%
Psychiatric Skilled Nursing Facilities	0.21	0.22	5%
Psychiatric Urgent Care	7.07	7.06	0%
Residential Care Facility aka Board and Care - In County	0.27	0.27	0%
Residential Care Facility aka Board and Care - Out of County	0.12	0.11	(8%)
Residential Care Facility for the Elderly - In County	0.23	0.23	0%

Category	Calculated Input	Scenario 1 Output	% Difference
Residential Care Facility for the Elderly - Out of County	0.16	0.16	0%
Sobering Center	18.03	18.03	0%
Social Model Detox	2.88	2.87	0%
Substance Use Disorder Residential Treatment	3.40	3.40	0%
Substance Use Residential Step-Down	0.65	0.65	0%
Withdrawal Management	2.12	2.12	0%

Table 8: Average Length of Stay (Days)

Category	Calculated Input	Scenario 1 Output	% Difference
Acute Diversion Units	13	12	(8%)
Acute Inpatient Psychiatric Services	12	11	(8%)
Co-Occurring Diagnosis Residential Treatment	52	51	(2%)
Hummingbird Psychiatric Respite	15	14	(7%)
Locked Subacute Treatment	205	203	(1%)
Mental Health Residential Treatment	65	64	(2%)
Option - St Francis	8	8	0%
Psychiatric Emergency Services	1	1	0%
Psychiatric Skilled Nursing Facilities	106	99	(7%)
Psychiatric Urgent Care	1	1	0%
Residential Care Facility aka Board and Care - In County	272	268	(1%)
Residential Care Facility aka Board and Care - Out of County	155	143	(8%)
Residential Care Facility for the Elderly - In County	195	185	(5%)
Residential Care Facility for the Elderly - Out of County	154	142	(8%)
Sobering Center	0	0	0%
Social Model Detox	6	6	0%
Substance Use Disorder Residential Treatment	51	50	(2%)
Substance Use Residential Step-Down	99	97	(2%)
Withdrawal Management	10	10	0%

Table 9: Bed Utilization

Category	Calculated Input	Scenario 1 Output	% Difference
Acute Diversion Units	82%	79%	(4%)
Acute Inpatient Psychiatric Services	90%	83%	(8%)
Co-Occurring Diagnosis Residential Treatment	75%	73%	(3%)
Hummingbird Psychiatric Respite	85%	84%	(1%)
Locked Subacute Treatment	*unknown	79%	NA
Mental Health Residential Treatment	60%	52%	(13%)
Psychiatric Emergency Services	91%	82%	(10%)
Psychiatric Skilled Nursing Facilities	*unknown	86%	NA
Psychiatric Urgent Care	45%	42%	(7%)
Residential Care Facility aka Board and Care - In County	*unknown	74%	NA
Residential Care Facility aka Board and Care - Out of County	*unknown	79%	NA
Residential Care Facility for the Elderly - In County	*unknown	75%	NA
Residential Care Facility for the Elderly - Out of County	*unknown	75%	NA
Sobering Center	72%	36%	(50%)
Social Model Detox	78%	72%	(8%)
Substance Use Disorder Residential Treatment	69%	64%	(7%)
Substance Use Residential Step-Down	66%	54%	(18%)
Withdrawal Management	78%	74%	(5%)

Ventura County Behavioral Health

Board Letter Summary of Contracts for June 2021

Board Date	Contractor	Amount	Term	Description
6/8/2021	All Languages Interpreting and Translating, Inc.	$ 100,000.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Agreement with All Languages Interpreting and Translating, Inc. (ALIT).** ALIT provides interpretation and translation services for Ventura County Behavioral Health (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. ALIT's services for meeting and community forums are also 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. From July 2020 through March 2021, ALIT provided 707 billable hours. There are no changes to the rates or maximum contract amount from last fiscal year. This Agreement is fully funded with Mental Health Services Act (MHSA) funding.
6/8/2021	Clinicas Del Camino Real, Inc.	$ 300,000.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Agreement with Clinicas Del Camino Real, Inc. (Clinicas).** Clinicas provides primary care services through the Prevention and Early Intervention (PEI) component of the MHSA. Clinicas services focuses on the early intervention side of the continuum of mental health services. The target population for the primary care services are individuals ages 12 and over who are patients of Clinicas' primary health care clinics. These are individuals at risk of or with emerging mental health issues who may exhibit early signs of depression, anxiety, post-traumatic stress disorder or a history of trauma. In FY 2019-20, Clinicas provided early intervention mental health care services to approximately 511 unduplicated individuals. There are no changes to the rates or maximum contract amount from last fiscal year. This Agreement is fully funded with MHSA funding.
6/8/2021	Idea Engineering, Inc.	$ 150,000.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Agreement with Idea Engineering, Inc. (Idea Engineering).** Idea Engineering provides assistance with ongoing creative development, support, and dissemination of online communications to support MHSA PEI messaging, provide assistance with ongoing development and dissemination of outreach materials supporting MHSA PEI goals of suicide prevention and mental illness stigma reduction, provides strategic consultation and project management, and purchases media and materials supporting MHSA community-wide 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 over 14,000 visitors with over 31,000 pageviews from July through March of FY 2020-21. This Agreement is a reduction of $96,400 to the maximum contract amount from last fiscal year due to the removal of the Stigma Reduction Campaign, which was a one-time cost. This Agreement is fully funded with MHSA funding.
6/8/2021	Promotoras Y Promotores Foundation	$ 400,000.00	July 1, 2021 through June 30, 2023	**FY 2021-23 Agreement with Promotoras Y Promotores Foundation (PYPF).** PYPF was selected through a Request for Proposals process in February of 2021 to deliver Promotores services to Hispanic/Latinx and Mexican Indigenous communities. Specifically, PYPF will: 1) utilize the Promotores Project Model to support the expansion of the Logrando Bienestar Program, 2) conduct proactive outreach and engagement to underserved individuals within the Hispanic/Latinx and Mexican Indigenous community, 3) assist individuals and families with navigating the mental health system and connecting them to other community-based organizations, and 4) align with the MHSA to promote the MHSA values and goals of recovery, resilience, wellness, and cultural competence. The Agreement is for a two-year term, and each one year term maximum contract amount is $200,000. This Agreement is fully funded with MHSA funding.
6/8/2021	Turning Point Foundation	$ 868,897.00	July 1, 2021 through June 30, 2022	**FY 2021-22 First Amendment to the Agreement with Turning Point Foundation (Turning Point).** Turning Point operates Adult Wellness and Rehabilitation Centers (AWRC) in Oxnard, COVID-19 Vulnerable Persons Project locations, additional mutually agreed upon service provision locations within Ventura County, and through online service methods. The AWRC programs focus on outreach to and engagement with individuals with serious and persistent mental illness who have been unserved or underserved by the traditional mental health system. The AWRC's use group and 1:1 interaction, engage clients in various programs, and serve as portals to other mental health, medical, dental, housing, and employment services. As an extension of the on-site wellness centers, Turning Point also provides mobile wellness center services. The mobile wellness services provide Wellness Recovery Action Plan (WRAP) and recovery groups and socialization opportunities at board and cares, assisted living facilities, and VCBH clinics. The staff also serve as a bridge for participants who may need accompaniment support to step down from a higher level of treatment or who might not be comfortable participating in clinical treatment. There is a $9,902 increase to the maximum contract amount from the prior fiscal year due to an increase in the minimum wage. Turning Point's AWRC served 547 individuals in FY 2019-20. This Agreement is fully funded with MHSA funding.
6/8/2021	Maxim Healthcare Services Holdings, Inc.	$ 600,000.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Third Amendment to the Agreement with Maxim Healthcare Services Holdings, Inc. d/b/a Maxim Healthcare Staffing Services, Inc. (Maxim).** 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 current vacancy rate for VCBH is 11.87%. The FY 2021-22 Third Amendment to the Agreement is for a one-year term and is a reduction of $325,000 to the maximum agreement amount from the prior fiscal year as VCBH is evaluating its staffing needs and will make a determination mid-year in FY 2021-22 if an additional increase to the Agreement is needed in order to meet service needs at that time. 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) MHSA funding.
6/8/2021	Evalcorp	$ 322,278.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Third Amendment to the Agreement with Evalcorp.** Evalcorp is instrumental in assisting VCBH and its funded Prevention Services contractors in developing appropriate process and outcome measures, tailored data collection protocols, and corresponding data and performance outcome reports. Evalcorp provides VCBH with prevention research, evaluation, data collection and analysis services including: (1) Place of Last Drink (POLD) survey among driving under the influence (DUI) arrestees, (2) overdose prevention data sets, (3) opioid abuse prevention and suppression efforts, and (4) vaping and drug trend information, marijuana and prescription drug initiatives, as well as alcohol, tobacco, methamphetamine, fentanyl and polydrug use. There is a reduction of $72,357 to the maximum agreement amount from the prior fiscal year due to reduced U.S. Department of Justice Office of Justice Programs Comprehensive Opioid Abuse Site-Based Program (COAP) (COAST) funding as well as a reduction in qualitative Fentanyl and Methamphetamine research trends. There are only minor language changes from the existing agreement. This Agreement is funded with Substance Abuse Prevention and Treatment Block Grant (SABG) and COAP COAST grant funding.

6/8/2021	Idea Engineering, Inc.	$ 358,500.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Third Amendment to the Agreement with Idea Engineering.** Idea Engineering provides VCBH with communication materials and public messaging campaign services, including custom and localized public service announcements to support various program priorities (e.g., prescription drug abuse and heroin prevention initiative, impaired driving prevention, opioid overdose prevention and rescue efforts) using a range of media channels to aid community education efforts. Traditional print media and internet-based digital messaging services are directed to youth and adults. Marketing, media and prevention messaging services reach targeted groups locally, consistent with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework, and also focuses on prescription drug misuse prevention, fentanyl and methamphetamine awareness, stigma reduction and access-to-care messaging. In the first three quarters of FY 2020-21, Idea Engineering developed monthly themes covering topics such as "Vaping and COVID," "Holiday Habits," and "Secondhand Vaping." Social media and targeted website ads resulted in 1,778,130 impressions and 14,878 clicks to campaign landing pages for Ventura County residents. The FY 2021-22 Third Amendment to the Agreement with Idea Engineering is for a one-year term and includes only minor language changes and no change to the maximum agreement amount from the prior fiscal year. This Agreement is funded by Vehicle Fines and Statham funding and SABG.
6/8/2021	Reality Improv Connection, Inc.	$ 220,055.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Second Amendment to the Agreement with Reality Improv Connection, Inc. (Reality Improv).** Reality Improv provides youth, young adult, and parent engagement services as well as informational and education strategies to 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 advocacy efforts focus on suppressing opioid overdose, marijuana abuse and vaping dangers and the importance of safe drug disposal options using video and audio public service announcements and displays. These strategies are consistent with the SAMHSA Strategic Prevention Framework. During the FY 2020-21 school year, Reality Improv facilitated workshops via virtual platforms for over 7,800 middle and high school students and over 2,000 additional students participated in the online version of the workshops. Additionally, over 700 youth and young adults from across Ventura County engaged in advocacy projects. There is an increase of $28,655 to the maximum agreement amount from the prior fiscal year due to additional Spanish-language staffing hours for the Project Coordinators, Trainers and Project Support. There are no rate changes and only minor language changes in the amendment. This Agreement is fully funded with SABG funding.
6/8/2021	Amada Enterprises Inc.	$ 747,882.00	July 1, 2020 through June 30, 2021	**FY 2020-21 Second Amendment to the Agreement with Amada Enterprises Inc., dba, View Heights Convalescent Hospital and Wellness Center (Amada Enterprises).** Amada Enterprises provides 24-hour Institution for Mental Disease (IMD) 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: (1) medication management, (2) care and supervision, (3) daily activities, and (4) food services. The FY 2020-21 Second Amendment to the Agreement with Amada Enterprises revises the agreement to increase the agreement maximum from $607,882 to $747,882 (an increase of $140,000) to ensure that there is sufficient funding for all clients placed through the end of the fiscal year. This agreement is funded with Tobacco Settlement and 1991 Realignment funding.
6/8/2021	Vista Woods Health Associates, LLC.	$ 438,601.00	July 1, 2020 through June 30, 2021	**FY 2020-21 Third Amendment to the Agreement with Vista Woods Health Associates, LLC. (Vista Woods).** Vista Woods provides 24-hour Skilled Nursing Facility (SNF) services for seriously mentally ill clients who require a high level of care due to the severity of their illnesses. In addition to the SNF services, clients receive the following services: (1) medication management; (2) care and supervision; (3) daily activities; and (4) food services. The FY 2020-21 Third Amendment to the Agreement with Vista Woods revises the agreement to increase the agreement maximum from $418,601 to $438,601 (an increase of $20,000) to ensure that there is sufficient funding for all clients placed through the end of the fiscal year. This agreement is funded with Tobacco Settlement and 1991 Realignment funding.
6/8/2021	Amada Enterprises Inc.	$ 991,195.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Third Amendment to the Agreement with Amada Enterprises.** The Third Amendment provides 24-hour IMD services for seriously mentally ill clients who require a high level of care due to the severity of their illnesses. Throughout FY 2020-21, Amada Enterprises served nine (9) unduplicated clients and maintained an average of six (6) clients per month. Through the agreement, an average of 10 clients are estimated through FY 2021-22. There is no change to the service rates and the agreement maximum is increasing due to an increase in the number of clients that will be served. This agreement is funded with Tobacco Settlement and 1991 Realignment funding.
6/8/2021	Vista Woods Health Associates, LLC	$ 577,250.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Fourth Amendment to the Agreement with Vista Woods.** Vista Woods provides 24-hour SNF services for seriously mentally ill clients who require a high level of care due to the severity of their illnesses. Throughout FY 2020-21, Vista Woods served eight (8) unduplicated clients and maintained an average of seven (7) clients per month. The FY 2021-22 fourth amendment to the agreement with Vista Woods is for a one-year term, and represents an increase in the "bed hold" service rate from $270 to $300 (an increase of $30) and an increase in the number of clients from approximately eight (8) to 10 clients served. This agreement is funded with Tobacco Settlement and 1991 Realignment funding.
6/8/2021	California Psychiatric Transitions, Inc.	$ 595,675.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Agreement with California Psychiatric Transitions, Inc. (CPT).** CPT is a locked Mental Health Rehabilitation Center that includes a Destructive Behavioral Unit (DBU) that VCBH utilizes for court-ordered locked restoration of competence services as well as VCBH clients who require a high level of services in a controlled environment. For VCBH clients, the goal is to stabilize and improve behavior to transition clients to a lower and less restrictive level of care. CPT has successfully stabilized and transitioned several clients who have either moved to a lower level of care at CPT or with the County. Throughout FY 2020-21, CPT served two (2) unduplicated clients and maintained an average of approximately one (1) client per month. The FY 2021-22 agreement with CPT is for a one-year term and represents an increase in rates (MHRC from $400 to $435/day, DBU from $850 to $885/day, Diversion from $575 to $610/day, adding level 2 Diversion for $535/day, and 1-1 from $40 to $50/hour). However, decreasing projected 1-1 services from 1,400 to 1,000 constitutes a decrease in the overall budget for FY 2021-22. This agreement is funded with Tobacco Settlement and 1991 Realignment funding.
6/8/2021	Crestwood Behavioral Health, Inc.	$ 226,176.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Agreement with Crestwood Behavioral Health, Inc. (Crestwood).** Crestwood provides mental health rehabilitation center services to seriously mentally ill clients who require a high level of care due to the severity of their illnesses. Clients placed at Crestwood receive the following services: (1) medication management, (2) training and support with skills related to daily living activities, (3) daily rehabilitation groups, (4) individual psychotherapy, and (5) various other non-clinical services that are designed to support recovery. Throughout FY 2020-21, Crestwood served two (2) unduplicated clients and maintained an average of two (2) clients per month. The FY 2021-22 agreement with Crestwood is for a one-year term and represents a decrease to the agreement maximum from the prior fiscal year due to previous estimate of four (4) clients reduced to two (2) clients served for current year and two clients estimated for FY 2021-22. There is an increase of 4% in the service rate. This agreement is funded with Tobacco Settlement and 1991 Realignment funding.

6/8/2021	Parkside Healthcare, Inc.	$ 797,370.00	July 1, 2021 through June 30,2022	**FY 2021-22 Agreement with Parkside Healthcare, Inc. (Parkside).** Parkside provides 24-hour SNF and Mental Health Recovery Center services for seriously mentally ill clients who require a high level of care due to the severity of their illnesses. Clients placed at Parkside in El Cajon receive the following services: (1) medication management, (2) care and supervision, (3) daily activities, and (4) food services. Throughout FY 2020-21, Parkside served 16 unduplicated clients and maintained an average of ten clients per month. The FY 2021-22 agreement with Parkside for SNF and Mental Health Recovery Center services is for a one-year term and represents no changes in rates but an increase to the maximum contract amount from the prior fiscal year agreement to serve additional clients (an average of 14 clients are estimated for FY 2021-22). This agreement is funded with Tobacco Settlement and 1991 Realignment funding.
6/8/2021	Sylmar Health & Rehabilitation Center, Inc.	$ 1,119,809.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Agreement with Sylmar Health & Rehabilitation Center, Inc. (SHRC).** SHRC is an IMD to facilitate recovery 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)). Throughout FY 2020-21, SHRC served 14 unduplicated clients and maintained an average of approximately 9.5 clients per month. The FY 2021-22 agreement with SHRC is for a one-year term and represents no increase in rates and an increase to the contract amount from the prior fiscal year to serve additional clients (an average of 10 clients are estimated for FY 2021-22). This agreement is funded with Tobacco Settlement, 1991 Realignment, and County Resource funding.
6/8/2021	Telecare Corporation	$ 710,270.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Agreement with Telecare Corporation (Telecare).** Telecare provides 24-hour SNF and IMD services for seriously mentally ill clients who require a high level of care due to the severity of their illnesses. Clients placed at Telecare's La Paz Geropsychiatric Center in Paramount receive the following services: (1) medication management, (2) care and supervision, (3) daily activities, and (4) food services. Throughout FY 2020-21, Telecare served six (6) unduplicated clients and maintained an average of approximately five (5) clients per month. The FY 2021-22 agreement with Telecare is for a one-year term and represents no change to the rates and an increase in the maximum contract amount to serve an additional client in the new fiscal year (six clients will be served in FY 2021-22). This agreement is funded with Tobacco Settlement and 1991 Realignment funding.
6/8/2021	California Mental Health Services Authority	$ 227,857.00	Upon Execution and through July 31, 2024	**Southern Counties Regional Partnership (SCRP) California Mental Health Services Authority (CalMHSA) Participation Agreement.** The Participation Agreement with CalMHSA will authorize a collection of Office of Statewide Health Planning and Development (OSHPD) Workforce Education Training (WET) SCRP local matching funds from SCRP members to implement WET activities from February 15, 2021 through June 30, 2026. Regional partnerships are an important workforce strategy to assist the public mental health system in its efforts to expand outreach to multicultural communities, increase the diversity of the workforce, reduce the stigma associated with mental illness, and promote the use of web-based technologies and distance learning techniques. VCBH will contribute their predetermined share of the matching funds as set forth in the OSPHD calculation used for allocation of funding in the amount of $227,857.
6/15/2021	Dennis M. Giroux & Associates Inc.	$ 590,000.00	July 1, 2020 through June 30, 2021	**FY 2020-21 Second Amendment to the Agreement with Dennis M. Giroux & Associates Inc. (DMG).** DMG provides outpatient Substance Use Disorder (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 resonation therapy. From July 1, 2019 to June 30, 2020, DMG served 215 clients funded through Assembly Bill (AB) 109 funds and 324 clients funded through Drug Medi-Cal (DMC) funds. Since July 1, 2020, DMG has served 93 clients funded through AB 109 funds and 441 clients funded through DMC funds. For FY 2020-21 DMG expects to serve a total of 107 clients funded through AB 109 funds and 492 clients funded through DMC funds. In FY 2021-22, DMG expects to serve a total of 105 clients funded through AB 109 funds and 525 clients funded through DMC funds. The amendment to the agreement with DMG reflects an increase of $70,834 due to an upward trend in DMC clients resulting in an increase in outpatient services and an increase in Medication Assisted Treatment services. This agreement is funded by DMC FFP, Realignment, and AB 109 funds.
6/15/2021	ASC Treatment Group	$ 965,050.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Agreement with ASC Treatment Group Bakersfield (ASC Bakersfield).** ASC Bakersfield provides adult residential treatment services. This facility offers 24-hour staffing and a full range of clinical and rehabilitation services that are designed to assist clients in their mental health recovery. Specifically, the following clinical and rehabilitation services are provided: psychiatry and medication support, individual and group therapy, therapeutic recreation/community activities, and case management. The goal of this program is to assist clients in being able to live in a less restrictive environment upon discharge. In FY 2020-21 ASC Bakersfield served 12 unduplicated clients. The FY 2021-22 agreement with ASC Bakersfield for adult residential treatment services is for a one-year term and increases the agreement maximum by $53,292, due to increased operating costs associated with a 10% increase in salaries and a 31% increase in services and supplies. This agreement is funded with SD/MC FFP, County Funds, and Realignment funding.
6/15/2021	ASC Treatment Group	$ 863,237.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Agreement with ASC Treatment Group Los Angeles (ASC Los Angeles).** ASC Los Angeles provides adult residential treatment services. This facility offers 24-hour staffing and a full range of clinical and rehabilitation services that are designed to assist clients in their mental health recovery. Specifically, the following clinical and rehabilitation services are provided: psychiatry and medication support, individual and group therapy, therapeutic recreation/community activities, and case management. The goal of this program is to assist clients in being able to live in a less restrictive environment upon discharge. In FY 2020-21 ASC Los Angeles served 11 unduplicated clients. The FY 2020-21 agreement with ASC Los Angeles for adult residential treatment services is for a one-year term and increases the agreement maximum, due to increased operating costs associated with the facility's implementation of an assisted living waiver that increased board & care costs by over 18%, which is unique to Los Angeles County. This agreement is funded with SD/MC FFP, County Funds, and Realignment funding.
6/15/2021	Telecare Corporation	$ 2,643,525.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Agreement with Telecare Corporation (Telecare).** Telecare provides locked mental health rehabilitation center (MHRC) services at Horizon View for individuals who have a history of severe mental illness who cannot be properly treated at lower levels of care. These consumers are: (1) Medi-Cal eligible, (2) 18 years or older, and (3) on conservatorship pursuant to Welfare and Institutions Code section 5350, et seq. (the "Lanterman-Petris-Short Act") and are transferring from an acute psychiatric hospital, a state hospital, or another locked MHRC. Consumers receive supervision, guidance, and personal assistance in performing their daily living activities. In addition, structured day and evening services are also provided to assist consumers in acquiring living skills, accessing community resources, and accessing educational/vocational resources. In FY 2020-21 the average daily census was 15 clients and there was a total of 17 unduplicated clients at the MHRC. The FY 2021-22 agreement with Telecare for locked MHRC services is for a one-year term and increases the agreement maximum due to increased operating costs associated with a more than 6% increase in direct salaries & benefits. This agreement is funded by SD/MC FFP, County Funds, and Realignment funding.

6/15/2021	Turning Point Foundation	$ 300,000.00	July 1, 2021 through June 30, 2022	**FY 2020-21 Agreement with Turning Point Foundation (Turning Point).** Turning Point's Growing Works program is a nursery/horticultural peer job readiness program using established recovery principles to provide job readiness training to VCBH clients. Turning Point operates the Growing Works program based on a logic model built into the scope of work, delineating specific activities, outputs, and outcomes. From July 1, 2020 through April 30, 2021, Growing Works served 24 unduplicated clients. The FY 2021-22 agreement with Turning Point for Growing Works services is for a one-year term, and there is no change to the maximum contract amount from the prior fiscal year. This agreement is funded with SD/MC FFP and MHSA funding.
6/15/2021	PathPoint	$ 476,739.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Agreement with PathPoint.** Pathpoint provides rehabilitation services to adults who suffer from severe and persistent mental illness using an evidence-based psychiatric rehabilitation model. The model provides day treatment services that integrate peer support with licensed professional supervision as a strategy for providing self-help, rehabilitation, and recovery-oriented services. The program provides structured skill-building groups, support groups, and activities six days per week and is designed to enhance independent living skills and develop and practice coping, social, and communication skills. In FY 2020-21, PathPoint served 41 unduplicated clients, with the majority of clients residing in Conejo Valley, and an average daily attendance of seven (7) clients. The FY 2021-22 agreement with PathPoint for rehabilitation services is for a one-year term and there is no change in the maximum agreement amount from the prior fiscal year. This agreement is funded with SD/MC FFP and 1991 Realignment funding.
6/15/2021	For the Future, Inc.	$ 357,897.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Agreement with For the Future, Inc. (For the Future).** For the Future is a Short Term Residential Treatment Program (STRTP) that provides Early and Periodic Screening, Diagnostic and Treatment (EPDST) Specialty Mental Health Care services. For the Future utilizes a Group Rehabilitation program while providing a structured, clinical driven program to youth in the residential treatment center. Youth are engaged in structured group activities focused on supporting and improving behavior management skills, impulse control, feelings identification and regulation, interpersonal and relationship skills, and helping youth develop an internal locus of control. Youth participate in the structured, therapeutic program when they return from school each day through the early evening. Through the use of Group Rehabilitation, and informed by their individual treatment goals, youth identify, learn and rehearse adaptive behavioral responses and receive individual feedback from qualified staff. From November 1, 2020 through May 6, 2021, For the Future has had an unduplicated client count of 18 clients. The total units of service for that time period is 69,081. The FY 2021-22 agreement with For the Future for STRTP services is for a one-year term and represents an increase of $119,297 from the prior year eight (8) month agreement due to the annualization of the contract for FY 2021-22. This agreement is funded with SD/MC FFP and EPSDT/Realignment funding.
6/15/2021	Interface Children & Family Services	$ 1,610,000.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Agreement with Interface Children & Family Services (Interface).** Interface provides Medi-Cal specialty mental health care Early and Periodic Screening Diagnostic Treatment (EPSDT) services to children younger than 21 years of age that are Medi-Cal EPSDT beneficiaries and who meet the criteria for medical necessity as defined in California Code of Regulations, 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 FY 2020-21, Interface provided services to 230 unduplicated clients. The FY 2021-22 agreement with Interface for Medi-Cal Specialty Mental Health Care EPDST services is for a one-year term, and there is no change in the maximum agreement amount from the prior fiscal year. This agreement is funded with SD/MC FFP and EPDST/Realignment funding.
6/15/2021	Kids & Families Together	$ 1,055,413.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Agreement with Kids & Families (KFT).** KFT provides Medi-Cal specialty mental health care EPSDT services to children and their families. KFT primarily focuses on serving foster children ages 0 to 5 years who have experienced trauma and/or maltreat-ment and are involved with the foster care system. In FY 2020-21, KFT provided services to 188 unduplicated clients. The FY 2021-22 agreement with KFT for Medi-Cal specialty mental health care EPSDT services is for a one-year term and represents a decrease of $96,187 from the prior fiscal year due to cost savings in both direct and indirect salaries and benefits. This agreement is funded with SD/MC FFP and EPSDT/Realignment funding.
6/15/2021	New Dawn Counseling and Consulting, Inc.	$ 1,049,644.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Agreement with New Dawn Counseling and Consulting, Inc. (New Dawn)**. New Dawn provides EPSDT Specialty Mental Health services to children and their families. New Dawn is being contracted to provide mental health, case management and crisis intervention units of service. In FY 2020-21, New Dawn provided services to 175 unduplicated clients (July to May). The FY 2021-22 agreement with New Dawn for EPSDT Specialty Mental Health services is for a one-year term and represents a decrease of $2 from the prior fiscal year as there was a minor change in the overall contract cost. This agreement is funded with SD/MC FFP and EPSDT/Realignment funding.
6/15/2021	Seneca Family of Agencies	$ 1,584,807.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Agreement with Seneca Family of Agencies (Seneca).** Seneca provides Comprehensive Assessment and Stabilization Services (COMPASS) program services for VCBH. The COMPASS program is a licensed six bed STRTP. The program is designed to provide voluntary residential treatment for minors who are not able to be stabilized in less than 24 hours but who do not meet criteria required under Welfare and Institutions Code section 5585.50 for psychiatric hospitalization. On average, these youth will typically stay at the STRTP for ten days. The focus of this program is to stabilize the minor to assure safety, develop safety planning with the family, introduce therapeutic and psychiatric interventions and establish linkages to aftercare treatment, reducing the likelihood of recurring crisis situations and potential psychiatric hospitalization. Seneca staff also provide transitional community-based services to promote a successful transition from the COMPASS program back to minors' homes. Such services can be provided up to 60 days from the date of discharge. In FY 2020-21, the COMPASS program provided continued crisis stabilization services to 17 youth (July through April). The FY 2021-2022 agreement with Seneca for COMPASS services is for a one-year term and represents an increase of $42,995 from the prior fiscal year due to an increase in the minimum salary for salaried exempt employees due to California law. This agreement is funded with SD/MC FFP and MHSA funding.
6/15/2021	Seneca Family of Agencies	$ 3,663,454.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Agreement with Seneca.** Seneca provides Crisis Stabilization Unit (CSU) program services for VCBH. The CSU is the front-end of the continuum of care for children's mental health crisis services in Ventura County, providing a multi-disciplinary risk assessment to youth experiencing a mental health crisis and interventions to promote stabilization, family involvement, and safety planning to access the least restrictive, most appropriate level of care. The CSU provides mental health interventions that are necessary to divert minors from hospitalization and safely discharge the minors to community services. The CSU is certified as a Crisis Stabilization Unit. Crisis stabilization means a service lasting less than 24 hours. The primary objective of the CSU is to promptly evaluate and/or stabilize minors presenting with acute symptoms or distress without hospital admission. In FY 2020-21, the CSU provided crisis stabilization services to 372 youth (July through April). Of those, 44% avoided hospitalization. The FY 2021-2022 agreement with Seneca for CSU services is for a one-year term and represents an increase of $83,547 from the prior fiscal year due to the addition of a .25 Full Time Equivalent Unit Supervisor/Treatment Manager position and an increase in the minimum salary for salaried exempt employees due to California law. This agreement is funded with SD/MC FFP and MHSA funding.

6/22/2021	Aurora Vista Del Mar, LLC	$ 1,640,000.00	July 1, 2020 through June 30, 2021	**FY 2020-21 Sixth Amendment to the Agreement with Aurora Vista Del Mar, LLC. (Vista Del Mar).** Vista Del Mar, located in Ventura, is an acute psychiatric inpatient hospital for adults and adolescents. VCBH has contracted with Vista Del Mar since 1997 to provide psychiatric inpatient hospital services to Medi-Cal eligible adults and uninsured adults and adolescents. Since the reopening of several beds in October 2018, Vista Del Mar continues to see a higher bed utilization from Ventura County patients that were previously being admitted to out-of-county hospitals. An increase has been adjusted to accommodate the bed utilization in the Sixth Amendment to the Agreement with Vista Del Mar. This agreement is funded with 2011 Realignment, 1991 Realignment, Other County Resources and FFP funds.
6/22/2021	Tarzana Treatment Centers Inc.	$ 2,317,916.00	July 1, 2020 through June 30, 2021.	**FY 2020-21 Third Amendment to the Agreement with Tarzana Treatment Centers Inc. (Tarzana).** Tarzana provides multiple levels of residential SUD 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. Since July 1, 2020, Tarzana served 239 inpatient withdrawal management clients with a completion rate of 72%, 95 clients in adult residential with a completion rate of 75%, and 11 clients in youth residential with a 9% completion rate. Tarzana expects to serve a total of 268 inpatient withdrawal management clients, 104 clients in adult residential, and 12 clients in youth residential by the end of this fiscal year. The Third Amendment to the agreement with Tarzana for SUD and residential withdrawal management treatment services reflects an increase of $200,203 due to an upward trend in clients as well as the expansion of SUD treatment services to Lancaster and Long Beach. In Lancaster, four (4) additional residential beds have been added; and in Long Beach, six (6) additional residential beds have been added for withdrawal management SUD treatment services. The Third Amendment to the agreement with Tarzana revises agreement service rates and increases the contract maximum from $2,117,713 to $2,317,916 to ensure funding is available to provide Drug Medi-Cal Organized Delivery System (DMC ODS) services. This agreement is funded with DMC FFP, SABG discretionary, AB 109 and 2011 Realignment funds.
6/22/2021	Mixteco/Indigena Community Organizing Project	$ 290,000.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Mixteco/Indigena Community Organizing Project (MICOP).** MICOP is focused on supporting and empowering the local indigenous and migrant population. Currently, the terms of three of MICOP's contracts with VCBH are ending on June 30, 2021 (combined total of current 3 contracts $296,148). For Fiscal Year 2021-22, VCBH and MICOP have taken the learnings from three previous contracts and created a new contract to address the needs of the underserved communities in the area. Primarily, the purpose of this new contract will be to address the disproportionate cultural and linguistic isolation, limited educational and informational access, racism/discrimination, as well as economic and mental health care disparities that have been exacerbated by the 2020 pandemic and increase in racially/socially unjust incidents. Over 20,000 members of the Mixteco/Indigenous, Latino/a/x, community and other wise Black and indigenous people of color (BIPOC) and Indigenous descent people in Ventura County experience (a) lack of access to preventative measures against mental health care emergencies, and (b) low number of referrals to VCBH, with VCBH practitioners self-reportedly interested in further culturally responsive anti-racist training and support to meet the needs of the Indigenous and culturally/linguistically diverse communities described. To address this issue, this project is designed for prevention and early intervention (PEI) and outreach to address mental health care needs for Mixtec/Indigenous, Latino/a/x, otherwise BIPOC, and Indigenous descent people disproportionately at risk for mental health challenges. Based on the successful research findings from MICOP's MHSA Innovations Project Healing the Soul, and data from MICOP's Conexión con mis Compañeras, and Project Living with Peace, the project aims to: 1. Increase access to mental health services for high priority underserved groups by providing direct mental health services and outreach 2. Increase the quality of multilingual culturally appropriate, responsive, and sustaining preventative mental health care services, to the aforementioned participants 3. Promote interagency collaboration for preventative mental health care services and supports with measurable outcomes 4. Provide annual and ongoing culturally responsive anti-racist training and support to VCBH partners The FY 2021-22 agreement is for a one-year term and is funded by MHSA funding.
6/22/2021	Golden Hillmont House Mental Health Rehabilitation Center, LLC	$ 1,964,467.00	July 1, 2021 through June 30, 2022	**FY 2021-22 Sixth Amendment to the Agreement with Golden Hillmont House MHRC, LLC. (Golden Hillmont).** Golden Hillmont operates the Mental Health Rehabilitation Center "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. Since July 1, 2020, Hillmont House MHRC had an average occupancy rate of 97% with 15 clients and served 23 unduplicated clients. The MHRC discharged 11 clients with 64%, seven (7) clients, moving to a lower level of care. The Sixth Amendment to the Agreement with Golden Hillmont revises certain agreement service rates and will reduce the contract maximum from $1,971,862 to $1,964,467 based on a reduction in the 24-Hour Services unit rate from $337.29 to $308.03 (a decrease of $29.26). This agreement is funded with SD/MC FFP and Realignment funds.
6/22/2021	Netsmart Technologies, Inc.	$ 9,583,535.00	July 1, 2021 through June 30, 2026	**FY 2021-26 Agreement with Netsmart Technologies, Inc. (Netsmart).** Netsmart provides VCBH's Electronic Health Record (EHR) system, also known as Avatar. VCBH has contracted with Netsmart for several years to help meet the federal and state requirements of an EHR system. The EHR is the foundation of an integrated systems infrastructure that provides a secure, real-time, point-of-care, client-centered information resource for service providers. The initial implementation was focused on Practice Management, including client demographics, admissions, diagnosis, services, and discharge. The initial release contained enough licenses to be used by 50 VCBH staff, primarily front office staff and clinic administrators. Today, there are over 900 Avatar users. Clinicians, doctors, and quality analysts now also use Avatar, performing additional operations such as clinical data collection, medication management, document scanning and display, outcomes management, research analysis, and lab order administration. The Agreement with Netsmart includes a five (5) year term and covers the expansion of services in the areas of secure HIPAA compliant interoperability among other healthcare and business partners, direct client services using client portal web access, as well as the ongoing planned staff expansion expected during the coming period. This Agreement for a total of $9,583,535 represents an increase in the amount of $2,306,549 from the prior five (5) year term Agreement of $7,276,986. The increase will support the expansion of the EHR system capabilities as described above. The amount of the Agreement is to be allocated as follows: Year 1 - $2,192,019; Year 2 - $1,724,624; Year 3 - $1,827,877; Year 4 - $1,867,882; Year 5 - $1,971,135. This Agreement is funded with SD/MC FFP, State General Fund, Realignment, MHSA funds, DMC FFP, SABG discretionary funding.

6/22/2021	Mental Health Services Oversight and Accountability Commission	$ 5,999,930.00	September 1, 2020 through August 31, 2025	**First Amendment to the Standard Agreement with the Mental Health Services and Oversight and Accountability Commission (MHSOAC).** The MHSOAC administers programs under Senate Bill 82, the Investment in Mental Health Wellness Act, which provides local assistance funds to expand mental health crisis services. In December of 2019, the MHSOAC released a Request for Applications to award grant funding for the purpose of funding partnerships between county behavioral health departments and educational agencies to provide personnel or peer support for the purpose of increasing access to mental health services in locations that are easily accessible to students and their families. In April of 2020, VCBH was awarded a four-year grant from the MHSOAC, in the amount of $5,999,930, to partner with the Ventura County Office of Education (VCOE) to expand upon our current collaboration by adding on-site Wellness Centers on specific high school campuses that match "at risk" determinants. The First Amendment to the Standard Agreement makes the following modifications: (1) extends the term of the agreement through August 31, 2025, changing the term from a four-year to a five-year term to facilitate the use of unspent grant funds that may rollover in year five of the term, (2) deletes a provision that allows funds to be used without regard to fiscal year, and (3) adds a provision to allow unspent grant funds to be moved forward to one or more subsequent grant years, with the maximum amount allowed to be moved forward from Grant Years 2 and 3 being 20%, subject to prior written approval from MHSOAC.