

BEHAVIORAL HEALTH ADVISORY BOARD
General Meeting
Monday, April 18, 2022, 1:00 – 3:30 PM
VIRTUAL MEETING VIA ZOOM

Zoom Participation

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

Join the Zoom meeting in the following way:

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

Meeting ID: 833 3271 4732

Password: 149553

Dial-In: 669-900-9128

AGENDA

- I. Call to Order
- II. Board Member Roll Call
- III. Welcome and Introductions
- IV. Approval of the Agenda – **ACTION** (Roll Call)
- V. Approval of the March 21, 2022 Minutes – **ACTION** (Roll Call)
- VI. Public Comments (3 min. per speaker)
- VII. Recognition: Crisis Intervention Team (CIT) Field Officers / Announcement of Deputy of the Year and Officer of the Year for 2021 (20 min.)
- VIII. Presentation: Confidentiality and Privacy Law Applicable to Behavioral Health and Information – Jason Canger, Assistant County Counsel (20 min.)
- IX. Chair Comments (10 min.)
- X. Assistant Director’s Report – Dr. Loretta Denering (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. Disparities Reduction Committee (April 12 meeting) – Marlen Torres, Chair
 - B. Youth & Family Services Committee (April 13 meeting) – Kevin Clerici, Chair
- XIV. Old Business
 - A. Needs Assessment – Discuss Status of Request for Proposal (RFP) Development – Michael Rodriguez, Chair (5 min.)
 - B. Brown Act Public Emergency Allowances / Teleconferences – Requirements for Local Boards and Commissions – Continue to Meet Remotely or Via a Hybrid Remote/In-Person Model – Michael Rodriguez, Chair – **ACTION** (Roll Call) (5 min.)

Public comments on agenda items can be made prior to or during consideration of agenda items and are limited to 3 minutes per speaker. Public comment periods are limited to no more than (20) minutes total for all speakers. 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.

XV. New Business

- A. Officially Announce Opening of 30-Day Public Comment Period on the Mental Health Services Act (MHSA) Annual Update Fiscal Year 2021-22 (April 18 – May 16) – Hilary Carson, MHSA -Sr. Program Administrator – **ACTION** (Roll Call) (10 min.)
- B. Confirm Appointment of Nominating Committee – Michael Rodriguez, Chair – **ACTION** (Roll Call) (5 min.)
- C. Establish a BHAB Media or Communications Outreach Workgroup – Michael Rodriguez, Chair (5 min.)
- D. Announcements – Janis Gardner (5 min)
- E. Presentation Requests
- F. Recognition Award Recommendations

XVI. Contracts

Board of Supervisors Approved Agreements – March 1, 2022

1. Fourth Amendment to the Agreement for the Provision of Skilled Nursing Facility (SNF) Services with Amada Enterprises, Inc.
2. First Amendment to the Agreement for the Provision of SNF and Mental Health Recovery Center (MHRC) Services with Parkside Healthcare, Inc.
3. First Amendment to the Agreement for the Provision of SNF Services with Sylmar Health & Rehabilitation Center, Inc.

Board of Supervisors Approved Agreements – March 8, 2022

1. Fifth Amendment to the Agreement for Drug Medi-Cal Organized Delivery System Substance Use Disorder Services with Dennis M. Giroux & Associates, Inc.
2. Various Amendments with Telecare Corporation to Make Necessary Operational, Administrative, and Invoicing Changes.

Board of Supervisors Approved Agreements – March 22, 2022

1. Application to the Department of Health Care Services (DHCS) for Community Mental Health Services Block Grant (MHBG) Supplemental Funding Available Through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and the American Rescue Plan Act (ARPA).
2. Fifth Amendment to the Agreement with Evalcorp, to Expand the Scope of Substance Use Prevention Services.
3. Fifth Amendment to the Agreement with Idea Engineering, Inc. Idea Engineering, Inc.
4. Fourth Amendment to the Agreement with Reality Improv Connection, Inc.

XVII. Public Comments (3 min. per speaker)

XVIII. Adjourn

Next Meeting: Monday, May 16, 2022

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

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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:

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

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

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

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

Or

2. Video Public Comment using Zoom

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

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

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

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 on agenda items can be made prior to or during consideration of agenda items and are limited to 3 minutes per speaker.** Public comment periods are limited to no more than (20) minutes total for all speakers. The assigned timekeeper will track each public comment time. When your time is up, the timekeeper will interrupt to let you know that you have reached the 3-minute maximum. At the end of the three minutes, 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.

CONFIDENTIALITY AND PRIVACY LAWS APPLICABLE TO BEHAVIORAL HEALTH RECORDS AND INFORMATION

Ventura County Behavioral Health Advisory Board Meeting
Monday, April 18, 2022

Jason Canger
Assistant County Counsel
Ventura County Counsel's Office

Applicable Laws

- This area of practice involves the intersection of several federal and state confidentiality and privacy laws
 - Health Insurance Portability and Accountability Act (“HIPAA”)
 - Substance use disorder patient privacy regulations (“Part 2”)
 - Confidentiality Medical Information Act (“CMIA”)
 - Welfare & Institutions Code section 5328 (“WIC 5328”)
- Laws, regulations, requirements, standard sometimes overlap
- As a general rule, where there is overlap, apply the more/most restrictive requirement/standard

HIPAA - Generally

- Federal statutes and regulations designed to protect the privacy and confidentiality of client and patient health information
- HIPAA includes several component parts
 - Administrative Rule – ensuring client/patient health information and data is correctly entered, stored, and maintained
 - Physical Security Rule – theft and loss of devices that contain client/patient health information and data
 - Technical Security Rule – protecting devices and networks containing client/patient health information and data from breach
 - ****Privacy Rule**** – governs the use and disclosure of PHI by covered entities

HIPAA Privacy Rule – General Rule and Applicability

- General Rule
 - Privacy Rule prohibits the use and disclosure of protected health information by covered entities without client/patient authorization unless an exception applies
- General Applicability
 - Applies to “protected health information” or “PHI”
 - Applies to “covered entities” and “business associates”

HIPAA Privacy Rule – Applicability: Protected Health Information

- Protected Health Information or PHI – “individually identifiable health information” held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral
- Individually Identifiable Health Information – information, including demographic data (e.g., age, race, gender), that (i) relates to the individuals, past, present, or future physical or mental health condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual; and (ii) that identifies the individual or for which the provision of health care to the individual
- NOTE: HIPAA does not distinguish between medical or behavioral health information; Privacy Rule applies to both types of PHI

HIPAA Privacy Rule – Applicability: Covered Entities

- Privacy Rule defines covered entities to include health care plans, health care clearinghouses, and health care providers
 - Health Care Provider – any provider that transmits health information in electronic form in connection with covered transactions
 - The VCBH divisions/programs that provide mental health services are considered covered entities
 - But note that individual VCBH divisions/programs may be considered separate covered entities; each must be sure to comply with the Privacy Rule’s requirements
- Privacy Rule also applies to “business associates”
 - Any person or organization, other than a member of a covered entity’s workforce, that performs certain functions or activities (i.e., claims processing, data analysis, utilization review, billing) on behalf of or provides certain services (i.e., legal, accounting, consulting, administrative, etc.) to a covered entity that involves the use or disclosure of individually identifiable health information (e.g., health care administrative services professionals and providers)

HIPAA Privacy Rule – Use/Disclosure: Authorization Required

- Covered entities must obtain an individual's written authorization for any use or disclosure of protected health information that is not permitted or required by the Privacy Rule (i.e., treatment, payment, health care operation purposes)
- An authorization must be written in specific terms; Privacy Rules includes specifics that must be included in authorization forms
 - Authorization may allow use and disclosure of protected health information by the covered entity seeking the authorization or by a third party

HIPAA Privacy Rule – Use/Disclosure: No Authorization Required (Exceptions to General Rule)

- PHI may be disclosed to the individual client/patient
- Most Common Exceptions (“TPO”)
 - Treatment - the provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another
 - Payment - activities of a health plan to obtain premiums, determine or fulfill responsibilities for coverage and provision of benefits, and furnish or obtain reimbursement for health care delivered to an individual and activities of a health care provider to obtain payment or be reimbursed for the provision of health care to an individual
 - Health Care Operations – includes case management and care coordination; provider or health plan performance evaluation, credentialing, and accreditation; medical reviews, audits, or legal services, including fraud and abuse detection; insurance underwriting, risk rating, and reinsuring risk; de-identifying protected health information and creating a limited data sets; etc.
 - NOTE: For operations exception, there must be an existing relationship between the client/patient and both the disclosing and receiving entities

HIPAA Privacy Rule – Use/Disclosure: Minimum Necessary Standard

- A covered entity must make reasonable efforts to use, disclose, and request (when requesting from another covered entity) only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request
- When the minimum necessary standard applies to a use or disclosure, a covered entity may not use, disclose, or request the entire medical record for a particular purpose unless it can specifically justify the whole record as the amount reasonably needed for the purpose
- Minimum necessary standard does not apply to uses/disclosures to the individual client/patient (or his/her personal representative), to providers for treatment purposes, or pursuant to a valid authorization
 - But minimum necessary does apply to uses/disclosures for health care operations such as care management and care coordination

HIPAA Privacy Rule – Redisclosure

- Redisclosure is the act of sharing or releasing PHI that was received from another source (e.g., another facility or provider) and made part of an individual client/patient's health record or the organization's designated record set
- The Privacy Rule does not expressly prohibit covered entities from redisclosing information received from other facilities or providers
- However, the redisclosure of PHI may be subject to the restrictions of other applicable laws (i.e., 42 CFR Part 2)

42 CFR Part 2 – General Rule

- Generally, prohibits Part 2 programs from disclosing any records that would identify a person as having or having had a substance use disorder without the client/patient's written consent (authorization) unless an exception applies
 - No exception for records/information believed to already be in possession of requester, if there are other means of obtaining, if requested by law enforcement or another government official, or if request is pursuant to a subpoena
- Part 2 includes additional restrictions on use of SUD records/information in administrative, civil, or criminal proceedings

42 CFR Part 2 – Applicability

- Part 2 applies to “Part 2 Programs” and “Records”
 - Part 2 Programs
 - Program – (i) any individual or entity other than a general medical facility, or an identified unit within a general medical facility, that holds itself out as providing, and provides, SUD diagnosis, treatment, or referrals; OR (ii) any medical personnel or other staff in a general medical facility whose primary function is the provision of SUD diagnosis, treatment, or referrals and who are identified as such providers
 - Federally assisted – any program (i) conducted in whole or in part, whether directly or by contract or otherwise, by any U.S. agency or department; (ii) being carried out under a license, certification, registration, or other authorization by any U.S. agency or department; OR (iii) is supported by funds provided by any U.S. agency or department
 - Records – any information, whether recorded or not, created, received, or acquired by a Part 2 Program related to a patient
 - (diagnosis, treatment, and referral information, billing information, emails, voicemails, texts)
 - Generally, Part 2 governs most SUD programs funded by CA Department of Health Care Services

42 CFR Part 2 – Use/Disclosure: Minimum Necessary, Consent and Exceptions

- Like the HIPAA Privacy Rule, Part 2 includes a “minimum necessary” standard
 - “Any disclosure made under [Part 2] must be limited to that information which is necessary to carry out the purpose of the disclosure”
- Generally, use/disclosure of Part 2 records allowed only to client/patient or pursuant to written consent
 - Part 2 does not prohibit Part 2 Programs from allowing clients/patients access to their own records
 - Like HIPAA Privacy Rule, Part 2 includes specific requirements for written authorizations/consents
- One Exception – for treatment purposes
 - Unlike HIPAA, Part 2 does not include exceptions to its use/disclosure prohibition for payment and health care operations (care management, care coordination purposes)

42 CFR Part 2 – Redisclosure

- Part 2 prohibits the redisclosure of SUD records/information unless further disclosure is expressly authorized or permitted by the written consent of the client/patient or is otherwise permitted by Part 2
- Further, Part 2 requires any records/information disclosed with proper client/patient authorization or consent be accompanied by a notice or statement that further disclosure is prohibited
 - So recipients of Part 2 information/records are on notice that redisclosure is generally prohibited

42 CFR Part 2 – Most Stringent Law

- Part 2 is the most stringent of the confidentiality/privacy laws
 - SUD facilities cannot acknowledge the presence of a client/patient at such a facility unless client/patient's written consent is required
 - Part 2 Programs cannot respond to requests in a way that confirms, or otherwise reveals, a client/patient has been diagnosed or treated for a SUD
- HIPAA does not preempt conflicting or more stringent Part 2 or state law regulations or requirements
 - Again, must comply with most stringent rules and requirements
- Part 2 Programs must provide careful answers and responses to questions and requests for client/patient records and information
- There is a similar state law protecting the identity and records of the identity, diagnosis, prognosis, or treatment of SUD clients/patients (HSC 11845.5)
 - But it is less stringent than (or otherwise consistent with) Part 2 requirements; complying with Part 2 is always recommended

Confidentiality of Medical Information Act (“CMIA”)

- California’s medical information confidentiality/privacy law (CA’s HIPAA)
 - Generally, consistent with HIPAA Privacy Rule requirements but some differences
- Applicability
 - Providers of health care, health care service plans, and/or their contractors
 - Medical Information - any individually identifiable information, in electronic or physical form...regarding a patient’s medical history, mental or physical condition, or treatment.
 - “Individually identifiable” means that the medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient’s name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the identity of the individual
 - NOTE: CMIA does not cover (i) mental health records subject to WIC 5328 and (ii) SUD records subject to Part 2 and HSC 11845.5 [CC 56.30(i)]
 - But CMIA applies with HIPAA or Privacy Rule requirements
 - Some additional authorization form requirements (e.g., font size)

Welfare & Institutions Code section 5328 ("WIC 5328")

- Part of the Lanterman-Petris-Short ("LPS") Act
 - But applies to more than just information/records related to involuntary holds
- Generally, WIC 5328 prohibits the disclosure of mental health records obtained (or otherwise created or generated) during the provision of mental health services
- Legislative Policy
 - Generally, to encourage persons with mental or alcoholic problems to seek treatment on a voluntarily [*County of Riverside*, 42 Cal.App.3d at 481]

WIC 5328 - Applicability

- Operative Provision – WIC 5328(a):
 - “All information and records obtained in the course of providing services under Division 4 (commencing with Section 4000), Division 4.1 (commencing with Section 4400), Division 4.5 (commencing with Section 4500), Division 5 (commencing with Section 5000), Division 6 (commencing with Section 6000), or Division 7 (commencing with Section 7100), to either voluntary or involuntary recipients of services are confidential... Information and records shall be disclosed only in any of the following [exceptions.]” (WIC 5328(a).)
- NOTE: “All information and records” language implies broad application
 - Courts have interpreted WIC 5328 as “broadly provid[ing] for confidentiality.” (*County of Riverside v. Sup. Ct.* (1974) 42 Cal.App.3d 478, 480)
 - But courts have found that protection applies only to records obtained or created during the provision of the services specifically listed in 5328 (*Tarasoff v Regents of Calif.* (1976) 17 Cal.3d 425, 443; *Devereaux v Latham & Watkins* (1995) 32 Cal.App.4th 1571, 1585-1586)

WIC 5328 - Applicability

- Generally, WIC 5328 confidentiality applies to both inpatient and outpatient care, and both voluntary and involuntary care
- WIC Divisions 4, 4.1, 4.5, 5, 6, and 7 include a broad range of mental health and related services including those received at or through the following:
 - Inpatient psychiatric units of general acute-care hospitals;
 - Acute psychiatric hospitals, mental health rehabilitation centers, and community residential treatment systems;
 - Federal, state, and county psychiatric hospitals, wards, and facilities;
 - Programs and services for the developmentally disabled, including early intervention programs for children; and
 - Community mental health programs (county- and community-based systems of care for adults and children, court-ordered care or supervised programs, and programs funded by Bronzan-McCorquodale Act (serious emotional disturbance services to children/adolescents, serious mental illness services to adults))
- NOTE: Confidentiality protection not limited only to involuntary holds and related services

WIC 5328 - Exceptions

- Several exceptions to WIC 5328 confidentiality in WIC 5328-5328.9
- Patient Consent/Designation
 - “If the patient, with the approval of the [professional] in charge of the patient, designates persons to whom information or records may be released...” (WIC 5328(a)(2).)
- Treatment and Payment Purposes
 - Treatment – “In communications between qualified professional persons in the provision of services or appropriate referrals...” (WIC 5328(a)(1).)
 - Payment – “To the extent necessary for a recipient to make a claim, or for a claim to be made on behalf of a recipient for aid, insurance, or medical assistance to which the recipient may be entitled.” (WIC 5328(a)(3).)

WIC 5328 - Exceptions

- Other Exceptions

- If the client/patient is a minor, ward, dependent, or conservatee, disclosure to persons designated in writing by the client/patient's parent, guardian, guardian ad litem, conservator, or authorized representative (WIC 5328(a)(4).)
- To the client/patient's attorney for use in all proceedings upon presentation of an authorization/consent/release signed by the patient (WIC 5328(a)(10).)
- To the county behavioral health director or the director's designee, or to a law enforcement officer, or to the person designated by a law enforcement agency, for 5150 hold purposes (WIC 5328(a)(16).)
- To law enforcement persons and county child welfare agencies if the patient, in the opinion of the patient's psychotherapist, presents a serious danger of violence to a reasonably foreseeable victim or victims (WIC 5328(a)(18).)
- To HIPAA business associates and for HIPAA health care operations purposes (WIC 5328(a)(25).)
- To the courts, the Youth Authority, and the Adult Correctional Agency, as necessary to the administration of justice." (WIC 5328(a)(6), 5328.02.)

WIC 5328 - Redisclosure

- WIC 5328 does not address redisclosure; the law is unclear
- But given that the confidentiality protection applies to “all information and records” obtained or created during the provision of WIC 5328 services, it is plausible that such information/records remain protected when (i) they move from the person or facility that originally created or obtained them to another person or facility; and/or (ii) are included in records of other providers and facilities that would not be subject to WIC 5328
- NOTE: The redisclosure of other confidentiality/privacy laws may still apply to prohibit redisclosure

WIC 5328 – Liability for Unlawful Disclosure

- Lawsuits may be brought by “any person” and not just client/patient
- Willful and knowing disclosure
 - Greater of \$10,000 or actual damages to client/patient PLUS costs and attorneys’ fees
- Negligent disclosure
 - Greater of \$1,000 or actual damages to client/patient PLUS costs and attorneys’ fees
- PLUS injunctive release to prevent the release of information/records in violation of confidentiality protection

Conclusion – Putting It All Together

- Several federal and state confidentiality/privacy laws at play in this practice area
 - Although some similarities, must be mindful of the scope and applicability of each
 - Note there are other confidentiality/privacy provisions in federal and state laws; these represent the most common
- The most applicable stringent requirement should be applied
 - Generally, Part 2 is the most stringent; but only applies to SUD info/records
 - Because HIPAA does not necessarily preempt state law, some state laws will be more stringent (i.e., mental health info/records subject to WIC 5328) and thus should be applied
 - Ultimately, may have to apply the requirements from more than one law
- NOTE: Best Practice will always be to obtain client/patient authorization, consent, or release in writing prior to making any use/disclosure of info/records

QUESTIONS

Jason Canger
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Assistant Director's Update

BHAB General Meeting 4.18.22

April has the following days of significance to highlight:

Alcohol Awareness Month
Stress Awareness Month
April 7, World Health Day
April 7, National Alcohol Screening Day
April 16, Stress Awareness Day

California Advancing and Innovating Medi-Cal:

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

CalAIM has three primary goals:

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

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

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

DHCS formally released the CalAIM proposal on October 29, 2019, at the [Stakeholder Advisory Committee \(SAC\)](#) and [Behavioral Health Stakeholder Advisory Committee \(BH-SAC\)](#) meetings. Between November 2019 and February 2020, DHCS conducted extensive stakeholder engagement for both

CalAIM and the renewal of the federal authorities under which Medi-Cal operates (i.e., 1115 and 1915b waivers).

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

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

General Updates:

- The Administration introduced a CARE Courts Proposal in early March. Community Assistance, Recovery and Empowerment (CARE) Court is a new framework to get people with mental health and substance use disorders the support and care they need. CARE Court is aimed at helping the thousands of Californians who are suffering from untreated mental health disorders leading to homelessness, incarceration or worse. California is taking a new approach to act early and get people the support they need and address underlying needs. To learn more about this proposal, please visit: <https://www.chhs.ca.gov/care-court/>
- The Quality Management Action Committee (QMAC) meeting schedule and format has been updated to allow for more in-depth data review and discussions. Now, in addition to large group meetings, smaller work groups will take place bi-monthly. The first smaller, QMAC Work Group will be towards the end of March. A Doodle poll to request participation and gather date preferences from QMAC members will be sent soon. The next all member QMAC meeting will be in September, TBD. If anyone is interested in joining or would like to recommend someone, please email vcbh.quality@ventura.org.
- We would like to provide the link to the webpage where the most recent VCBH EQRO reports can be viewed:
<https://vcbh.org/en/about-us/reports-performance>

Adult Services Division:

- VCBH joined Oasis Healthcare and Many Mansions as co-applicants in applying for a the most recent round of Behavioral Health Continuum Infrastructure Plan (BHCIP) grants. The application submitted for Round 3 funding for “Launch Ready” projects is seeking \$46M towards the \$61M total projected cost of this locked mental health rehabilitation center. The 120-beds facility intends to address the needs of both conserved and court-ordered clients.
- VCBH is also exploring prospective housing projects that could utilize Community Care Expansion (CCE) funding to improve and increase the number of adult residential facility beds. We are in discussions with potential partners and scouting potential properties for development.

Youth and Family (Y&F) Services Division:

Division Highlights:

- The Y&F Division is pleased to share the following administrative updates:
 - Effective 4/17/22: Clinic Administrator Laura Nagle, LCSW is transferring from the Juvenile Facility to the Ventura YFS / ERSES.

- Effective 4/17/22: Clinic Administrator Marcus Lopez, LCSW is transferring from the S. Oxnard Adult clinic to the Juvenile Facility.

Initiatives and Progress:

- The Y&F Division leadership have been invited to Leadership Summit in the Spring with our AB2083 partners to learn about the Integrated Core Practice Model and infusing its principles into our treatment and interagency approach.

Collaborations:

- The Child Welfare Subsystem continues to collaborate closely with Human Services Agency and Seneca to inform our providers and community of the Family Urgent Response System (FURS) service available 24/7. This service is available to all current and former foster youth with the intent to intervene and ameliorate any issues and prevent calls to crisis team or law enforcement. The State manages the 24/7 hotline and routes the calls to the County if in-person mobile response is required. Seneca is our contract provider facilitating FURS response.
- In partnership with VCOE, VCBH Y&F Division is collaborating with Wellness Centers to host a site visit for the Mental Health Services Oversight and Accountability Commission at the VCOE Wellness Center at Moorpark High School on April 27.
- SP/Fillmore: continue to partner with Rise and Logrando Bienestar for outreach, engagement, and follow up for referred families.
- Ventura ERSES: continuing to address staff shortages and services with the district and SELPA.

Training & Conferences:

- VCBH Wellness Center facilitated a La Clave presentation to over 30 students at Hueneme High school.
- Along with the Office of Health Equity, the Youth & Family Division leadership participated in the second annual VCOE Equity Summit on March 22. Attendees consisted of parent and professionals who were able to learn about equity, access and services within VCBH.

Substance Use Services (SUS) Division:

Substance Use Prevention:

- The latest Prevention media campaign was launched in April, countywide. The “Just Not Worth It” campaign is designed to reach young adults who may underestimate the risks of using illegal drugs—which can be a deadly miscalculation in this era of Fentanyl and synthetic analogs. To learn more, visit www.JustNOTworthIt.org
- Local stakeholders participated in this month’s Listening Session hosted by DHCS held the week of April 11th in developing their first Behavioral Health Prevention Plan (BHPP) for California. The goals included:
 - Learning more about community perspectives on local substance use challenges, barriers, and gaps; and
 - Collecting feedback on prevention and early intervention approaches that would benefit communities.

MHSA:

- MHSA Department is preparing for May is Mental Health Month. Several workshops, webinars, and outreach materials will be provided. A full list of activities will be posted to wellnesseveryday.org website and the following webinars have been scheduled:
 - La Clave / The Key
 - May 16 (Presented in English)
 - May 19 (Presented in Spanish)
 - Mental Health Matters (Dr. Jamie Rotnofsky)
 - May 24

Administration:**CalAIM:**

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

Safety and Facilities:

- Ongoing monitoring and compliance with DCHS IN-043 that requires all healthcare staff to be vaccinated, have a booster shot or have an approved exemption and be tested weekly. In addition, we have been coordinating and training with the County mass care and shelter group to provide disaster mental health and assistance in preparation of the next sheltering event. This will benefit the community in the event of a disaster requiring evacuations.

Contracts Team:

- The Contracts Team is conducting Spring Provider meetings to review contractors' FY 2021-22 performance for the second portion of the fiscal year and to discuss FY 2022-23 contract details. All meetings are expected to be completed by the end of April. Current fiscal year amendments continue to be processed to make any needed adjustments and increases to the contracts before the end of the fiscal year. The Contracts Team is in the middle of Contracts Season. The Contracts Team is currently pulling together the contracts and amendments to process the FY 2022-23 renewals through the appropriate channels.

Quality Assurance:

- The QA Care Coordination (CC) team continues to facilitate all care coordination between VCBH and outside delivery systems and works to ensure beneficiary access to appropriate and

culturally appropriate services within or outside the Network by identifying and mitigating barriers to access to timely services. The team receives grant funding to improve CC for hospitalized clients and has demonstrated improved outcomes in collaboration and coordinated discharge planning.

- Utilization Review is now conducting in-depth quarterly reviews that include supportive, feedback exit meetings to align with upcoming CalAIM documentation requirement changes. This process will enhance the identification of relevant UR strengths and areas for improvement and training.
- QA has initiated onboarding protocols to standardize training and support operations which includes provider hiring/onboarding checklists, training on important policies and procedures, and standardized welcome packets.
- QA continues to review, monitor and track implementation of and compliance with DHCS Information Notices in collaboration with inter-departmental stakeholders.
- QA is now facilitating quarterly VCBH management/CBO provider meetings, to provide ongoing training and updates on topics including updates on CalAIM implementation, compliance requirements, policies and procedures, QI and EHR.
- VCBH was awarded \$1 million grant funding to implement the Mentored Internship Program (MIP) to assist in the treatment and recovery of clients with BH disorders and to strengthen and build the professional workforce.

Quality Improvement:

- The External Quality Reviews (EQRO) for Mental Health took place February 22-24, 2022, and the draft report is current under review. The final report from the DMC-ODS External Quality Review (EQRO) held the end of November/early December is now posted on the VCBH website, under Reports & Performance: https://vcbh.org/images/Ventura_DMC-ODS_Final_EQRO_Report_FY_2021-22.pdf
- QI continues to implement 4 performance improvement projects (PIPs) that address areas for improvement such as no-show rates, initial and ongoing client engagement in services, and post-hospitalization follow-up, and recently received positive feedback on all PIPs from the state reviewers. New topics for a clinical Mental Health PIP are being explored as the current one will end soon.
- QI is building out ongoing tracking and reporting of key performance metrics and are working with VC-Information Technology Services to design a public-facing data dashboard.
- To support Strategic Plan efforts, QI is working with department leads to deliver baseline data and develop methods for reporting progress.
- The Quality Management Action Committee (QMAC) meeting schedule and format has been updated to allow for more in-depth data review and discussions. Now, in addition to large group meetings, smaller work groups will take place bi-monthly. QI continues to recruit consumer/family/peer and community stakeholders for the QMAC. Names can be sent to vcbh.quality@ventura.org

Electronic Health Record:

- **CalAIM**
The Electronic Health Record (EHR) Team is aggressively involved in research and planning operations in preparation for upcoming CalAIM mandated changes to clinical health record

tracking. CalAIM is the State initiative to re-make Medi-Cal services for qualified Californian's. Specific changes involve modifications to clinical assessments, treatment plans, and progress notes, which constitute the backbone of client clinical treatment records. Further changes involve the establishment of a common screening evaluation method to be used throughout the Behavioral Health environment. The entire CalAIM initiative is expected to be implemented over the coming 5-years.

- **CalMHSA**

The CalMHSA organization serves California Counties and Cities in the dynamic delivery of mental health and supportive services. Recently, CalMHSA proposed a common Electronic Health Record (EHR) for usage among California Counties. The EHR Team leadership has been focused on reviewing the CalMHSA proposal. Details of this new opportunity are still being gathered.

Avatar Electronic Health Record:

- A number of Avatar enhancements are currently underway. Specific new features being developed by the EHR Team include support for:
 - TAY Client Homeless Housing Assistance & Prevention Program
 - TAY Crisis Team Tracking System
 - Assist (AOT) Referral Administration Operations
- The EHR Team also participated in the recent Annual External Quality Review (EQRO) process. This annual review is used to help plan future EHR Team endeavors. Preliminary results of the EQRO assessment indicate a highly robust and capable EHR system. Future planned initiatives include the implementation of a Client Portal plus expanded interoperability with VCBH business partners.

VENTURA COUNTY BEHAVIORAL HEALTH

Clients Served

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

As of 4/5/2022

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

	VCBH Program Group							
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis	CSU**	IPU**
Total Clients With Open Episode	11,875	1,217	5,765	4,358	819	688	30	48

**VCBH enrolled clients only

Total Clients With Open Episode Age Group *	VCBH Program Group							
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis	CSU**	IPU**
0-15	3,133	13		2,922	284	71		
16-25	2,334	205	793	1,259	194	135	5	8
26-59	5,113	939	3,836	177	304	368	24	35
60+	1,295	60	1,136		37	114	1	5
Grand Total	11,875	1,217	5,765	4,358	819	688	30	48

**VCBH enrolled clients only

Total Clients With Open Episode Preferred Language	VCBH Program Group							
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis	CSU**	IPU**
English	10,224	1,148	5,013	3,608	688	633	27	44
Spanish	1,217	61	556	556	83	28	1	2
Mixteco	23	1	4	18	4			
Non-Threshold Language	102	4	70	22	8	4	1	1
Not Reported	309	3	122	154	36	23	1	1
Grand Total	11,875	1,217	5,765	4,358	819	688	30	48

**VCBH enrolled clients only

Total Clients With Open Episode	VCBH Program Group							
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis	CSU**	IPU**
Ethnicity								
Latinx	6,096	621	2,606	2,732	454	199	17	23
Non-Latinx	4,229	493	2,689	915	225	255	13	21
Not Reported	1,544	102	467	710	139	234		4
Declined to State	6	1	3	1	1			
Grand Total	11,875	1,217	5,765	4,358	819	688	30	48

**VCBH enrolled clients only

Total Clients Served At Each Location ***	VCBH Program Group							
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis	CSU**	IPU**
Program Service Location								
CAMARILLO	482		94	388				
FILLMORE	157	33		125				
MOORPARK	11			11				
OXNARD	6,478	863	2,599	2,049	819	688		
SANTA PAULA	838		551	287				
SIMI VALLEY	1,295	85	741	491				
THOUSAND OAKS	1,232	45	872	326				
VENTURA	2,262	63	1,120	1,102			30	48
Outside Ventura County (Contractor)	329	307	23					
Grand Total	13,084	1,396	6,000	4,779	819	688	30	48

*** Clients may be counted under multiple locations

**VCBH enrolled clients only

Total Clients With Open Episode	VCBH Program Group							CSU**	IPU**
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis			
Residence Region - City									
Conejo Valley	993	100	535	265	74	92		1	
Conejo Valley-Newbury Park	240	21	130	57	19	32			
Conejo Valley-Oak Park	34	3	7	21	4	2			
Conejo Valley-Thousand Oaks	660	72	365	170	49	53		1	
Conejo Valley-Westlake Village	59	4	33	17	2	5			
Moorpark	364	27	133	192	28	15			
Moorpark	364	27	133	192	28	15			
Ojai	221	26	109	62	16	26			
Ojai	175	22	89	45	11	23			
Ojai-Oak View	46	4	20	17	5	3			
Oxnard Plains	5,306	531	2,557	2,035	376	250	18	26	
Oxnard Plains-Camarillo	881	79	443	290	48	89	3	4	
Oxnard Plains-Oxnard	4,051	413	1,942	1,589	304	146	15	20	
Oxnard Plains-Port Hueneme	357	38	162	150	23	14		2	
Oxnard Plains-Somis	17	1	10	6	1	1			
Santa Clara Valley	1,207	83	483	591	94	52	2	4	
Santa Clara Valley-Fillmore	347	28	133	168	23	16	1	1	
Santa Clara Valley-Piru	47	8	14	27	6	3			
Santa Clara Valley-Santa Paula	813	47	336	396	65	33	1	3	
Simi Valley	1,333	139	653	477	60	95	2	5	
Simi Valley	1,333	139	653	477	60	95	2	5	
Ventura	2,098	260	1,133	623	159	132	8	11	
Ventura	2,098	260	1,133	623	159	132	8	11	
Not Reported	353	51	162	113	12	26		1	
Not Reported	353	51	162	113	12	26		1	
Grand Total	11,875	1,217	5,765	4,358	819	688	30	48	

Notes:

Residence cities do not reflect client service location.

MHSA 21-22 Annual Update Public Posting

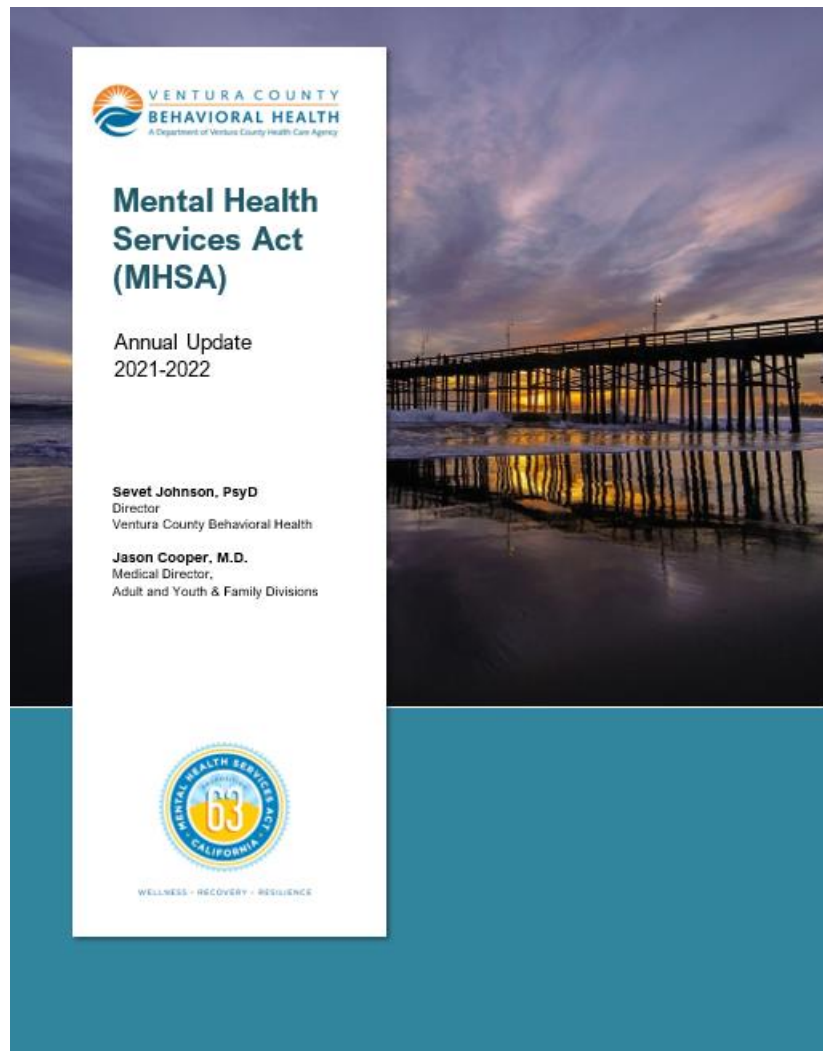
Find the full document after the 30-Day Public Comment Period starts on April 18, 2022, linked at:

[Mental Health Services Act - Ventura County Behavioral Health \(vcbh.org\)](https://www.vcbh.org)

On the website, scroll down to:

MHSA Documents

Mental Health Services (MHSA) Annual Update FY 2021-2022



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

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

Board Date	Contractor	Amount	Term	Description
3/22/2022	Department of Health Care Services (DHCS)	\$1,407,203	July 1, 2021 through December 31, 2022 and September 1, 2021 through June 30, 2025	Application to the Department of Health Care Services (DHCS) for Community Mental Health Services Block Grant (MHBG) Supplemental Funding Available Through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and the American Rescue Plan Act (ARPA). In July 2021, DHCS requested that the County of Ventura complete an application for supplemental funding available to counties through the CRRSAA and ARPA. The CRRSAA funding is available from July 1, 2021 through December 31, 2022, and the ARPA funding is available from September 1, 2021 through June 30, 2025. The CRRSAA of 2021 is part of the Consolidated Appropriations Act and was signed into law on December 27, 2020, and is based on the federally declared COVID-19 public health emergency. The CRRSAA extends many of the programs and income provisions introduced as part of the Coronavirus Aid, Relief, and Economic Security Act to provide temporary relief due to the economic impacts of the COVID-19 public health crisis. The ARPA of 2021 was signed into law on March 11, 2021, and provides spending and additional relief to address the continued impact of COVID-19 on the economy, public health, state and local governments, individuals, and businesses. In August of 2021, VCBH submitted grant applications to DHCS for the MHBG supplemental funding for CRRSAA and ARPA. The DHCS-approved CRRSAA grant application has funds available in the following funding categories: (1) First Episode Psychosis Set Aside, (2) Crisis Stabilization, and (3) Early Intervention. The DHCS-approved ARPA grant application has funds available in the following funding categories: (1) Discretionary/Base Allocation, (2) General Crisis Stabilization, and (3) First Episode Psychosis (FEP) Set-Aside. The Peer Support Program utilizes Peer Support Specialists to conduct outreach to FEP clients across all community-based clinics with a specific focus on the Rapid Integrated Support and Engagement (RISE), Ventura County Power Over Prodromal Psychosis (VCPPO), and Assist (VCBH's Assisted Outpatient Treatment or Laura's Law program) programs. Peer Support Specialists assist FEP clients in: (1) navigating the treatment system, (2) attaining appropriate services, (3) connecting with community-based resources, and (4) developing the necessary coping skills to aid in alleviating the impacts of social stigma. Through the CRRSAA and ARPA grant funds, an addition of eight (8) new regular FTE positions is allocated as follows: (1) one Behavioral Health Clinic Administrator III 1 FTE position, (2) one Community Services Coordinator 1.0 FTE position, and (3) six (6) Peer Specialist III 6.0 FTE positions. The Behavioral Health Clinic Administrator III position oversees the Peer Support Program. The Peer Support Specialists are embedded in the Peer Support Program and provide the services described above. The Community Services Coordinator is embedded in the RISE program and assigned to the two (2) CSUs in operation within Ventura County providing care coordination. These positions are regular positions funded by Proposition 63 Mental Health Services Act (MHSA) Funds after the expiration of the ARPA term. The telehealth expansion reduces barriers for those clients who are unable to receive in-person services and ensures greater access to behavioral health treatment throughout the adult outpatient clinic system. Increased access will be accomplished through the expansion of virtual and telehealth programming, including the purchase of video conferencing equipment for treatment and group services and the expansion of Zoom for Healthcare (or related service) licenses. On February 16, 2022, DHCS awarded VCBH a CRRSAA grant in the amount of \$476,882, for the term of July 1, 2021, through December 31, 2022, and an ARPA grant in the amount of \$930,321, for the term of September 1, 2021, through June 30, 2025. Source of Funding is MHBG, MHBG CRRSAA, and MHBG ARPA, Proposition 63 Mental Health Services Act (MHSA) Funds, and Short Doyle Medi-Cal Federal Participation (SD/MC FFP) funds.
3/22/2022	Evalcorp	\$347,250	July 1, 2021 through June 30, 2022	Fifth Amendment to the Agreement with Evalcorp, to Expand the Scope of Substance Use Prevention Services. Evalcorp provides research and evaluation services, process and performance outcome reports, tailored data collection protocols, statistical analysis, and supports opioid abuse prevention and suppression strategy guidance to address vaping and drug trends, marijuana and prescription drug initiatives, alcohol, tobacco, methamphetamine, fentanyl and polydrug use. The Fifth Amendment allocates CRRSAA and ARPA supplemental funding during FY 2021-22 to Evalcorp to work closely with VCBH, Ambulatory Care Department, Public Health Department and Emergency Medical Services Division, as well as the Ventura County Sheriff's Office to improve the quality, consistency, and integration of local and state data to monitor community-level conditions/outcomes. Additionally, the Fifth Amendment requires Evalcorp to prepare a preliminary report on: (1) local trends in fatal and non-fatal overdose metrics, (2) indicators of effectiveness for county data collection and reporting efforts, and (3) targets for increased programmatic impacts in response to the opioid abuse epidemic. This agreement is funded with Substance Abuse Prevention and Treatment Block Grant (SABG), SABG CRRSAA and SABG ARPA funds.
3/22/2022	Idea Engineering, Inc.	\$366,000	July 1, 2021 through June 30, 2022	Fifth Amendment to the Agreement with Idea Engineering, Inc. Idea Engineering, Inc. provides communication materials and graphic design services to support prescription drug abuse and heroin prevention initiatives, opioid overdose prevention and rescue efforts, methamphetamine and fentanyl awareness, stigma reduction, access-to-care messaging and impaired driving prevention. This includes a range of media channels including traditional print media, internet based digital messaging services, and population-specific marketing and media services. The Fifth Amendment allocates ARPA supplemental funding for FY 2021-22 to Idea Engineering to collaborate with VCBH and identified school and community organizations to develop awareness campaigns about current trends in illegal drug use, including opioids, methamphetamine and other stimulants, among school-aged youth and young adults in traditional, non-traditional and continuation high schools, using specialized campaign development services, opioid-specific message design, communications materials to targeted audiences, and dissemination planning in cooperation with school systems. This agreement is funded with Vehicle Fines and Statham funds, and SABG ARPA funds.
3/22/2022	Reality Improv Connection, Inc.	\$234,025	July 1, 2021 through June 30, 2022	Fourth Amendment to the Agreement with Reality Improv Connection, Inc. Reality Improv Connection, Inc. provides informational and educational engagement projects for youth, young adults, and parents. These efforts address underage and binge drinking, impaired driving, prescription drug abuse, and health disparities using school and community-based workshops, performances, and new media (podcasts, blogs, e-news, and text messaging). Media and health promotion efforts focus on suppressing opioid overdose, marijuana abuse and the risks of vaping, as well as the importance of safe drug disposal, consistent with the SAMHSA Strategic Prevention Framework. The Fourth Amendment allocates ARPA supplemental funding for FY 2021-22 to Reality Improv Connection, Inc. to engage 500-1,000 individuals in primary prevention online content, with special attention for those from higher-need school communities, maximizing interactive/immersive technologies, and use upgraded software to offer Zoom Webinar and the 3-D interactive "BRITeworld" platform; aiding large-scale interactive events and increasing use of online prevention content countywide. This agreement is funded with SABG and SABG ARPA funds.