

**BEHAVIORAL HEALTH ADVISORY BOARD**

**Transitional Age Youth (TAY) Committee Meeting Minutes**

Ventura County Behavioral Health (VCBH)

1911 Williams Dr, Training Room (first floor) · Oxnard, CA 93036

**IN-PERSON & VIRTUAL MEETING VIA ZOOM**

Wednesday, February 15, 2023, 3:30PM – 5PM

**Members Present:**

Elizabeth R. Stone, Chair – FIND: A Friend in Deed

Anthony Marron – Pacific Clinics TAY Tunnel

Cathi Nye – VC Office of Education (VCOE)

Jennifer Harkey – Continuum of Care, CEO

**Guests:**

Priscila Hazrun, Spanish Interpreter

Thomas, Member of the Public

**Ventura County Behavioral Health (VCBH) Staff Present:**

John Schipper, Adult Services Division Chief

Nancy Springer, Behavioral Health Manager – Transitions/VCPOP and East County

Susan White Wood, Behavioral Health Manager – Housing

Katie Stefl, Program Administrator – MHSA

Monica Neece, Program Administrator – MHSA

Eileen Corona, Clinic Administrator – Oxnard Substance Use Treatment Services

Jakeline De Leon, BHAB Management Assistant / Zoom Engineer

- I. **Call to Order** – The meeting was called to order at 3:33PM by Chair Stone.
- II. **Welcome and Introductions** – Everyone who joined the meeting introduced themselves. Priscila Hazrun, the interpreter for Spanish speakers, introduced herself and provided instruction on the interpretation services available for this meeting.
- III. **Public Comments** – NONE.
- IV. **Roll Call** – Chair Stone conducted the roll call; a quorum of the committee members was reached at 4:30PM.
- V. **Review Committee Membership** – Chair Stone reviewed the current membership for the Transitional Age Youth (TAY) subcommittee. Lorena Guereca has been removed due to her lack of attendance and no response when emailed about continuing. Scott Walker has stepped down as a member, but will continue to attend meetings as member of the public. The current number of members is seven; therefore, four members must be in attendance to meet a quorum.
- VI. **Approval of the Agenda** – The approval of the February 15, 2023, Transitional Age Youth (TAY) subcommittee meeting agenda was approved (Harkey/Marron/Passed). The motion passed by majority vote through roll call.
- VII. **Approval of the October 19, 2022, Minutes** – The Behavioral Health Advisory Board Transitional Age Youth (TAY) subcommittee minutes for October 19, 2022, were approved (Harkey/Nye/Passed). The motion passed by majority vote through roll call. Mr. Marron abstained.
- VIII. **Approval of the December 21, 2022, Minutes** – The Behavioral Health Advisory Board Transitional Age Youth (TAY) subcommittee minutes for December 21, 2022 were approved (Nye/Marron/Passed). Mr. Marron, Ms. Nye, and Ms. Harkey abstained.
- IX. **PRESENTATION: Update on Mobile Crisis Outreach Team (MCOT)** – Ms. De Leon shared her screen with the PowerPoint slides for the presentation for everyone in attendance, while Ms. Springer presented an update on the TAY-dedicated Mobile Crisis Outreach Team (MCOT). A copy of the slides can be found attached to these minutes.

**X. Update on Continuum of Care Initiatives** – Ms. Harkey provided a brief update on some Continuum of Care initiatives. Staff is currently reviewing applications for Homeless Housing Assistance and Prevention (HHAP 4) funding, and will most likely return to the CoC board for approval to reissue a Request for Proposals to meet the Youth set-aside.

**XI. VCBH Updates**

**A. Mental Health Services for TAY Persons and their Families** – There were no updates on mental health services for TAY persons and/or their families.

**B. Substance Use Services** – Ms. Corona, Clinic Administrator at Oxnard Substance Use Treatment Services, provided an update. The clinic has begun using an intervention curriculum called *Teen Intervene*, a shortened version of current treatment services. Pacific High School recently requested *Teen Intervene* services, so staff are beginning to coordinate a small group with that school. SUTS (Substance Use Treatment Services) will also be offering a training for a male-specific curriculum, which will also be applicable to individuals who identify as males. Staff is being trained on the Seeking Safety approach, as well. More information on trainings and curricula is available via BHAB Administration staff.

**C. Mental Health Services Act (MHSA)** – Ms. Neece, Program Administrator – MHSA, provided an update for the Mental Health Services Act division. The first hybrid Suicide Prevention Council meeting took place on February 1st where guest speakers discussed the Ventura County Suicide Prevention campaign. The next Suicide Prevention Council meeting will take place on April 5th at 2PM. Guest speakers will share about the VCBH RISE program and Crisis Team, as well as a representative from Didi Hirsch will speak about the Suicide Crisis Lifeline (988) and how the team works together to respond to calls and texts. A flyer for the meeting will be provided soon. The Power Up Youth Wellness Fair will tentatively be taking place May 4th; more details will be provided at the next TAY meeting in April. Mr. Bergan, staff in the Mental Health Services Act (MHSA) division, will retire February 17. Lastly, for more information regarding videos, resources and events, the public can view the [wellnesseveryday.org](http://wellnesseveryday.org) website and/or email [mhsa@ventura.org](mailto:mhsa@ventura.org). In the event of a crisis, or imminent danger or any heightened concerns, one can call 911 and request a CIT-trained officer. Additionally, the Ventura County Behavioral Health Crisis Line at 1-866-998-2243, and 988, are available.

**D. Health Equity/Ethnic Services – No update was provided.**

- XII. Facilitated Discussion: Strategies for Expanding Participation – Mr. Marron** began this discussion by providing his thoughts on how to expand participation of TAY youth in the committee. He believes it would be beneficial to speak to organizations offering TAY programs and encourage them to inform the people they provide services to about the Behavioral Health Advisory Board Transitional Age Youth committee meetings. Chair Stone stated she agrees with Mr. Marron and tries to make the meeting as inclusive as possible. Mr. Marron and Chair Stone both agreed on the need to rotate the meeting location and – perhaps – the time of the meeting. Ms. Harkey mentioned that under the last round of HHAP funding, the CoC approved programs at two colleges. One of them, Oxnard Community College, could be a possible location to meet. Mr. Marron also believed that discussing the purpose of the meeting and reviewing what is commonly discussed, would be beneficial in attracting additional attendees. A member of the public commented he believes that if there is a passion for behavioral health, there is a high chance people will attend the meetings.
- XIII. Information Sharing / Upcoming Events and News – Mr. Marron** provided an update on behalf of TAY Tunnel. Walk-in services are available to any individual; however, a covid self-screening form and temperature check must be completed, as well as masks still being required. Shower and laundry services can be requested and are accessed by appointment. Updated calendars and flyers are sent out, but when not received, the public can call the center for the most current information. Individuals can also be referred if they are connected to a clinic or program, with the provider helping the individual call or calling together. On February 14th, an Ice Cream Social for people to socialize was held. WRAP classes (facilitated by peers) are still taking place, and any individual is welcome to join.
- XIV. Contracts Review (November & December 2022) – No comments.**
- XV. Suggested Items for Agenda for Subsequent Meetings – Chair Stone** announced that anyone who is a seated member will need to attend future meetings in person due to the new Brown Act Rules (i.e., the ending of Covid modifications to the Brown Act). Further guidance on monthly meetings and the potential for meeting at colleges will be forthcoming.
- XVI. Final Public Comments – No comments.**
- XVII. Adjourn – The meeting was adjourned at 5:03 PM by Chair Stone.**



VENTURA COUNTY

**BEHAVIORAL HEALTH**

A Department of Ventura County Healthcare Agency

# MOBILE CRISIS OUTREACH FOR TAY (MCOT)

TRANSITIONAL AGED YOUTH CRISIS CARE MOBILE UNIT (CCMU)

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**Scott Gilman, Director**  
**February 15, 2023**

# CCMU Program Funding

- Program is through the California Department of Health Care Services (DHCS) CCMU (Crisis Care Mobile Units) Program
- Funded by the Behavioral Health Continuum Infrastructure Program (BHCIP) and by the Substance Abuse and Mental Health Services Administration (SAMHSA) through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA)
- This grant is supporting the development and expansion of behavioral health CCMUs throughout California.
- Ventura County Behavioral Health was selected early last year to receive funding to support this initiative to specifically focus on individuals aged 16-25

# CCMU Grant Focus for VCBH

- Provide services to 16-25 year olds experiencing behavioral health crises, including mental health crises, substance use crises, or co-occurring mental health and substance use crises;
- Provide mobile crisis services available to reach any TAY aged person in the service area in a timely manner to assess needs of individuals;
- To connect individuals to facility-based, out-patient or other follow-up care as needed through warm hand-offs and coordinating transportation

# MCOT (Mobile Crisis Outreach for TAY) TEAM

- Team consists of a shared Clinic Administrator, 5150 certified Clinician, a Community Services Coordinator (CSC), and Peer Support staff
- Hours are Monday-Friday from 8am to 5pm
- MCOT team is physically located in the VCBH Oxnard Transitional Age Youth clinic, but is a mobile response team county wide
- Initially responding to unenrolled clients in the county of Ventura (ages 16-25) who are experiencing a mental health and/or substance use crisis
- Rapid Response for individuals in crisis, with the goal of responding as a team of two in person within 2 hours. If MCOT team is not immediately available, then the current VCBH crisis team will respond
- Should a crisis arise outside of MCOT team hours, the VCBH crisis team can provide support or a response if needed. MCOT team can follow up next business day

# MCOT FOCUS

- VCBH recognizes the unique risk factors and needs associated with the Transitional Age Youth population
- Team will be trained in evidenced-based practices for crisis assessment, de-escalation, cultural competencies, and working with vulnerable populations at higher risk for suicide (for example, LGBTQ+ and foster care youth)
- The goal of response will be to connect with support systems, engaging individuals in treatment, and avoiding hospitalizations where possible
- Anyone in the community can contact the MCOT team through the mental health access line (866-998-2243), and level of response will be determined based on information provided by the caller
- If a field response is determined not to be needed to help stabilize the crisis, MCOT team will work with individual and support system (when available) to create a plan to manage current concerns

# MCOT FOCUS

- Our team meets regularly with the state for trainings, learning collaboratives and mentorship to ensure best practices.
- Required to report outcomes on a quarterly basis to the state in order to improve quality of care and needs assessments.

THANK YOU!

QUESTIONS?

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

Board Date	Contractor	Amount	Term	Description
11/1/2022	Interface Children & Family Services (Interface)	\$1,345,805	July 1, 2021 through June 30, 2022	<b>Third Amendment to the Agreement with Interface for Early and Periodic Screening Diagnostic Treatment (EPSDT) Program Medi-Cal Specialty Mental Health Services.</b> Interface provides EPSDT Medi-Cal specialty mental health care services to children younger than 21 years of age that are Medi-Cal 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. The Third Amendment decreases the total contract amount to \$1,345,805 and reduces the total unit count to 291,631 (matching actuals for FY 2021-22). In FY 2021-22, Interface's service level dropped significantly. Interface only served 311 unduplicated clients, which was significantly less than the 421 unduplicated clients they served in FY 2020-21 during the height of the COVID-19 pandemic, or any other year noted; they also discontinued providing services to the Santa Paula community during this fiscal year. Interface provided 209,656 less units of service than what was required per their original contract, resulting in their not being able to fully recover their operational costs without exceeding the VCMA rates. The VCMA rates are the maximum reimbursement rates for each Specialty Mental Health service function (Mental Health Services, Case Management, Crisis Intervention, and Medication Support) that is provided through VCBH's contracted mental health service providers. VCBH limits mental health services cost reimbursement to the VCMA rates when it is time to settle each contracted providers' contract costs at the end of each agreement term. Providers' contracts contain provisional unit of service rates for each Specialty Mental Health service function that are based upon an approved operational costs budget, proposed units of service, and expected clients served. Providers are to manage and meet their contracted units of service to cover their operational costs and meet the obligations of their contract. When providers do not provide the level of units of service specified in their contract (low units of service), they do not receive payment for the level of funding during the fiscal year that is needed to fully cover their operational costs, resulting in funding shortfalls/cashflow issues. Generating a low level of units of service results in their provisional unit rates needing to be increased to a level to ensure that they recover their costs. Reasons providers do not meet the units of service requirements in their contracts vary. Specifically, Interface has struggled with obtaining and maintaining sufficient staffing levels to match the contracted units of services, and productivity levels with existing staff are lower than expected by VCBH; as such, VCBH has absorbed these additional clients, further increasing caseloads already augmented by the impacts of the pandemic. Interface did not meet their FY 2021-22 contractual obligations citing that they did not have the level of staffing needed to meet their contractual obligations. Despite not having the staffing needed to meet their contractual obligations to recover their operational costs and considering that they had a reduced service area, they did not have the budgetary cost savings that one would expect a provider to have given these two circumstances. Interface's FY 2021-22 agreement limits their reimbursement to the VCMA rates, resulting in an estimated \$211,001 shortfall in funding to this provider. To pay Interface for the actual costs or contract max, whichever is lower, the amendment authorizes VCBH to increase the unit rate for each of the contracted service categories to an amount above the VCMA rate in the Agreement. The Third Amendment to the Agreement with Interface for EPSDT Medi-Cal Specialty Mental Health Services is decreased from the original approved amount of \$1,610,000 to \$1,345,805 (a decrease amount of \$264,195) and revises the unit of service rates to exceed the VCMA rates. This Agreement is funded with Short-Doyle/Medi-Cal (SD/MC) Federal Financial Participation (FFP); 2011 Realignment (Trust N520-719C).
11/1/2022	Interface	\$1,063,503	July 1, 2022 through June 30, 2023;	<b>Fourth Amendment to the Agreement with Interface for EPSDT Medi-Cal Specialty Mental Health Services.</b> The FY 2022-23 Fourth Amendment to the Agreement with Interface for EPSDT Medi-Cal Specialty Mental Health Services represents: (1) a reduction in the maximum contract amount from the prior fiscal year amount of \$1,345,805 to \$1,063,503 (a decrease of \$282,302), (2) a requirement that Interface re-establish service in the Santa Paula community, (3) a reduction in service area as services to be provided only in Oxnard and re-established in Santa Paula, and (4) a client to clinician ratio of 17.27 clients per clinician which is significantly less than the VCBH standard of 35 to 40 clients per clinician. The revised service levels within the Fourth Amendment are well below the levels that VCBH and its clinicians would provide were VCBH providing the services or if another contracted provider were providing the services; however, Interface cited that they expect to have the same staffing level challenges and uncertainty that they encountered in FY 2021-22 and cannot meet minimum established service levels. This agreement is funded with SD/MC FFP; 2011 Realignment (Trust N520-719C).
11/1/2022	California Mental Health Services Authority (CalMHSA)	\$243,558	July 1, 2022 Through June 30, 2025	<b>Participation Agreement with CalMHSA for Statewide Prevention and Early Intervention (PEI) Services.</b> CalMHSA is a Joint Powers Authority, an independent government agency created by the California counties and cities, focused on the efficient delivery of California mental health projects for its members. The Mental Health Services Act (MHSA) PEI component was designed to improve the awareness of, and access to, mental health services, reduce the stigma of mental illness and seeking help, and suicide prevention. The partnership between CalMHSA and its partners has been in effect since 2009, in order to further enhance statewide availability and capacity of MHSA PEI funds to be more impactful to communities in need statewide. The FY 2022-25 Participation Agreement for Statewide PEI Services continues to allow CalMHSA to collaborate with counties throughout the State in order to bring more awareness to mental health issues and services. The primary goals are to promote mental health and wellness, suicide prevention, and health equality to reduce the likelihood of mental illness, substance abuse, and suicide among Californians, specifically for underserved communities. Specifically the program will: (1) Assign a Resource Navigator/Technical Assistance (TA) Liaison to support with integration of statewide campaigns at the local level and provide on demand suicide prevention Technical Assistance, (2) Access/support with regional, local specific webinars, presentations, events, and conferences, (3) Provide on-demand suicide prevention capacity building especially for longer term projects such as developing a suicide prevention county wide strategic plan, (4) Receive Training/TA related to the Suicide Prevention Learning Collaborative, e.g. workforce training in cultural competent approaches to suicide prevention and care, and (5) Supply physical materials for Suicide Prevention Week. In order to participate in the program, VCBH is required to transfer funding in the amount of \$81,186 (which includes a 15% administrative fee in the amount of \$12,178) by July 1st of each fiscal year of the Agreement. CalMHSA is the fiscal and administrative agent for the program and contracts with subject matter experts to support the goals and efforts of the program. This agreement is funded with Proposition 63 MHSA funding.

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

Board Date	Contractor	Amount	Term	Description
12/6/2022	PathPoint	\$511,305	July 1, 2022 through June 30, 2023	<b>Third Amendment to the Agreement with PathPoint for Adult Rehabilitation Services.</b> On May 6, 2022 the Department of Health Care Services (DHCS) released Behavioral Health Information Notice (BHIN) No: 22-026, outlining new requirements for Peer Support Services for Medi-Cal providers. Among other things, Peer Support Services are defined as culturally competent individual and group services that promote recovery, engagement, and socialization. As of July 1, 2022, the Short Doyle Medi-Cal claiming system was updated to reflect Peer Support Services as its own separate and distinct service. Therefore, in response to that notice (BHIN NO: 22-026), providers were asked to submit budget modifications that either added Peer Support Services if they were not already being provided/included in their Agreements, and/or to list the cost for Peer Support Services as a separate and distinct service. In addition, VCBH is modifying its Peer Support Services Agreements as follows: (1) Exhibit A (Scope of Work) to include new language related to the Peer Support services to establish these services as separate and distinct and (2) Exhibit B (Payment Provisions) to delineate the case management units of service that are provided by Peer Support service providers and those provided by all other service providers. Specifically, the Agreement with PathPoint is being amended to cover the cost of adding one (1) Full Time Equivalent (FTE) employee and the purchase of new equipment such as an agency cellphone and a laptop in order to support the new position. The additional expense increases the current budget from \$476,739 to \$511,305 (an increase of \$34,566). Source of Funding is Short Doyle/Medi-Cal (SD/MC) Federal Financial Participation (FFP) and 1991 Realignment (Trust N520-717C).
12/6/2022	Turning Point Foundation (TPF)	\$435,742	July 1, 2022 through June 30, 2023	<b>Sixth Amendment to the Agreement with TPF – Growing Works for Psychiatric Rehabilitation-Oriented Services.</b> On May 6, 2022 the DHCS released BHIN No: 22-026, outlining new requirements for Peer Support Services for Medi-Cal providers. Among other things, Peer Support Services are defined as culturally competent individual and group services that promote recovery, engagement, and socialization. As of July 1, 2022, the SD/MC claiming system was updated to reflect Peer Support Services as its own separate and distinct service. Therefore, in response to that notice (BHIN NO: 22-026), providers were asked to submit budget modifications that either added Peer Support Services if they were not already being provided/included in their Agreements, and/or to list the cost for Peer Support Services as a separate and distinct service. In addition, VCBH is modifying its Peer Support Services Agreements as follows: (1) Exhibit A (Scope of Work) to include new language related to the Peer Support services to establish these services as separate and distinct and (2) Exhibit B (Payment Provisions) to delineate the case management units of service that are provided by Peer Support service providers and those provided by all other service providers. The Amendment to the Agreement with TPF – Growing Works covers the cost of adding one (1) FTE and .2 FTE for additional oversight. The additional expense increases the maximum contract amount from \$325,000 to \$435,742 (an increase of \$110,742). Source of Funding is Proposition 63 Mental Health Services Act (MHSA) and SD/MC FFP.
12/6/2022	TPF	\$1,184,294	July 1, 2022 through June 30, 2023	<b>Fifth Amendment to the Agreement with TPF – REHAB for Social Rehabilitation Services.</b> On May 6, 2022 the DHCS released BHIN No: 22-026, outlining new requirements for Peer Support Services for Medi-Cal providers. Among other things, Peer Support Services are defined as culturally competent individual and group services that promote recovery, engagement, and socialization. As of July 1, 2022, the SD/MC claiming system was updated to reflect Peer Support Services as its own separate and distinct service. Therefore, in response to that notice (BHIN NO: 22-026), providers were asked to submit budget modifications that either added Peer Support Services if they were not already being provided/included in their Agreements, and/or to list the cost for Peer Support Services as a separate and distinct service. In addition, VCBH is modifying its Peer Support Services Agreements as follows: (1) Exhibit A (Scope of Work) to include new language related to the Peer Support services to establish these services as separate and distinct and (2) Exhibit B (Payment Provisions) to delineate the case management units of service that are provided by Peer Support service providers and those provided by all other service providers. The Amendment to the Agreement with TPF – REHAB covers the cost of certifying an existing Peer Counselor .55 FTE at the Ventura location and adding a new .55 FTE at the Oxnard location. The additional expense increases the maximum contract amount from \$1,169,340 to \$1,184,294 (an increase of \$14,954). Source of Funding is SD/MC FFP and 1991 Realignment (Trust N520-717C).
12/6/2022	California Department of State Hospitals (DSH) and California Mental Health Services Authority (CalMHSA)	\$0	July 1, 2022 through December 31, 2022	<b>Amendment to the Memorandum of Understanding (MOU) with the California DSH and CalMHSA for the Utilization of State Hospital Beds, to Extend the Term of the MOU and Increase Bed Utilization Rates.</b> DSH has jurisdiction over all state hospitals which provide services to persons with mental disorders, in accordance with Welfare and Institutions Code (WIC) section 4100, et seq. Under WIC section 4330, counties must reimburse DSH for their use of state hospital beds and services. The amendment to the MOU for state hospital bed utilization services was not received from DSH and CalMHSA until October 14, 2022. Because of the need to continue to secure state hospital beds for VCBH clients/patients and for continued negotiation services from CalMHSA, VCBH authorized the acquisition and payment for bed utilization services and ongoing negotiation services prior to receiving approval of the amendment to the MOU with DSH/CalMHSA. The existing MOU between DSH, CalMHSA, and participating counties defines the patient referral process, bed types and uses, admission and discharge procedures, treatment coordination procedures, compensation requirements, and other requirements related to patient and records management. The MOU has been beneficial in stabilizing hospital bed costs, standardizing levels of care, and delineating admissions and discharge processes. The amendment extends the term of the MOU for a six-month period, July 1, 2022 through December 31, 2022, to allow additional time for DSH and CalMHSA to negotiate and finalize a new MOU for the provision of state hospital bed utilization and related services for FY 2022-23 (Final FY 2022-23 MOU). The amendment also increases the daily bed rates for FY 2022-23 as follows: (1) intermediate care facility beds increase from \$626 to \$728, (2) acute facility beds increase from \$626 to \$753, and (3) skilled nursing facility beds increase from \$775 to \$806. Source of Funding is 1991 State Realignment (Trust N510-717C).
12/6/2022	CalMHSA	\$1,402	July 1, 2022 through June 30, 2023	<b>Participation Agreement with CalMHSA for the Negotiation of a New MOU with DSH for State Hospital Bed Utilization.</b> CalMHSA is a joint powers authority comprised of counties and cities with mental health programs. On behalf of its members, CalMHSA annually negotiates an agreement with DSH for the utilization and payment of state hospital bed space and associated services. CalMHSA and DSH are in the process of negotiating an agreement for FY 2022-23; however, that new agreement is not complete. CalMHSA also serves as a liaison agency for ensuring compliance with the terms and conditions of the MOU. The Participation Agreement with CalMHSA authorizes CalMHSA, on behalf of participating counties including the County, to negotiate a new contract with DSH for state hospital bed utilization services and rates. The Participation Agreement goals include: (1) contracting with DSH for access to and use of state hospital beds, (2) ensuring DSH compliance with CalMHSA's contract with DSH, (3) analyzing cost containment strategies that will create efficiencies in the utilization of state hospital beds, (4) establishing standardization of services and consistency in services, (5) identifying and determining the feasibility of utilizing alternatives to state hospital resources, and (6) evaluating opportunities for the development of programs for special populations requiring 24-hour treatment services. Under the terms of the Participation Agreement, CalMHSA charges VCBH \$1,402 for FY 2022-23, which is the same amount charged by CalMHSA for similar services in prior fiscal years. Both the amendment to the MOU for state hospital bed utilization services and the Participation Agreement for related negotiation services were not received from DSH and CalMHSA until October 14, 2022. Because of the need to continue to secure state hospital beds for VCBH clients/patients and for continued negotiation services from CalMHSA, VCBH authorized the acquisition and payment for bed utilization services and ongoing negotiation services prior to receiving approval of the amendment to the MOU with DSH/CalMHSA and the new Participation Agreement with CalMHSA. Source of Funding is 1991 State Realignment (Trust N510-717C).

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