

BEHAVIORAL HEALTH ADVISORY BOARD
Youth & Family Services Committee Meeting
Wednesday, April 13, 2022 10:00 – 11:30 AM
VIRTUAL MEETING VIA ZOOM

Join the zoom meeting in the following way:

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Meeting ID: 846 9428 8261

Password: 627403

Dial-in: 669-900-9128

AGENDA

- I. Call to Order
- II. Approval of the Agenda – **ACTION** (Roll Call)
- III. Approval of the February 9, 2022 Minutes- **ACTION** (Roll Call)
- IV. Chair Announcements
- V. Presentation: Fetal Alcohol Spectrum Disorders (FASDs) - Danielle Shaw, MD, FAAP, FAPA – Child Services Medical Director, Engage Treatment
- VI. Public Comments – 3 minutes per speaker
- VII. Contracts Review – January & February 2022
- VIII. Ventura County Behavioral Health (VCBH) Youth & Family Division Updates
 - A. Youth & Family Division – Cheryl Fox, Youth & Family Division Chief
 - B. Mental Health Services Act (MHSA) – Hilary Carson, Program Administrator, Innovations
- IX. Committee Members’ Comments, Activities, Updates
- X. Items for the Next Meeting Agenda
- XI. Adjourn

Next Meeting: Wednesday, June 8, 2022, 10:00 – 11:30 AM

Zoom Participation Information

Please note the following important information related to supporting your participation in the upcoming meeting:

1. The meeting will be recorded.
2. All participants are muted upon entry to minimize any unintended disruption of background sounds.
3. Zoom will initially start with a “**waiting room**” at the start of the meeting, you will be “admitted” into the waiting room.

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.

4. 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. Comments can be shared in the following ways:
 - a. If you are joining the meeting via video/audio, you join the comment cue by clicking on the participant window at the bottom of the zoom screen and then click on the **“raise hand”** feature in that participant window.
 - b. If you are joining the meeting by telephone only, you join the comment cue by pressing ***9**.
5. Comments will be taken in the order they are received and are allotted 3 minutes. At the end of the three minutes, you will be notified that the time has ended, be able to make a closing comment and then the mic will be opened to the next person.

Fetal Alcohol Spectrum Disorders (FASDs)

Danielle Shaw, MD, FAAP, FAPA

Medical Director of Child Services, Engage Treatment

Why is it important to learn about FASD?

- Do you know about Autism Spectrum Disorders?
- FASD is about 2.5 times more common than autism (1.7%)
 - Per CDC FASD impacts up to 1 in 20 individuals
- It is the leading preventable cause of intellectual disability
- When you are looking at underserved populations, the prevalence is much higher
 - Foster Care and Adoption (70% Foster Youth)
 - Juvenile Justice (24% San Diego Juvenile Justice Detention Facility)
 - Regional Center (28.8% San Diego Regional Center)
 - Native American
 - Homeless Population (70%)

What are Fetal Alcohol Spectrum Disorders

- These are lifelong disorders which are caused by prenatal alcohol exposure affecting the body and brain.
- Alcohol is a teratogen! (causes birth defects)
- Effects may vary based on amount of alcohol consumed and timing during pregnancy. There is no known safe amount of alcohol consumption during pregnancy.
- They are **preventable** by avoiding alcohol consumption during pregnancy, although mothers don't intentionally drink during pregnancy to harm their child and we need to avoid stigmatizing them and address what led to the drinking.

Fetal Alcohol Spectrum Disorder

- Not a diagnosis, but an umbrella term
- Diagnoses based on:
 - Physical parameters
 - *<20% have dysmorphic facial features*
 - Neurodevelopmental parameters (Invisible disability)
 - Neurocognitive deficits
 - Problems with self-regulation
 - Delayed/Deficient Adaptive Skills
 - Prenatal alcohol exposure*
- Not just Fetal Alcohol Syndrome

FASD Umbrella

Fetal Alcohol Syndrome (FAS)

Partial Fetal Alcohol Syndrome (pFAS)

Alcohol-Related Birth Defects

Alcohol-Related Neurodevelopmental Disorder (ARND)

Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure



Physical Features of FASD (not common)

- Facial Features (<20%)
 - Short palpebral fissures, long smooth philtrum, thin vermilion border
- Growth retardation (slow growth)
 - Prenatal (before birth)
 - Postnatal (after birth)
 - Microcephaly (small head)
- Heart, kidney or bone problems
- Dental problems

Neurobehavioral Deficits in FASD

- Neurocognitive Deficits
 - Executive functioning (planning, problem solving, and decision making)
 - Cognition/IQ (thinking)
 - Learning
 - Memory
 - Visual-spatial

Neurobehavioral Deficits in FASD

- Self-Regulation Deficits
 - Sleep
 - Self-soothing
 - Anger/Impulse control
 - Attention
 - Sensory issues

Neurobehavioral Deficits in FASD

- Delayed/Deficient Adaptive Skills (Applying what they know)
 - Social skills
 - Language
 - Gross motor skills
 - Fine motor skills
 - Daily living skills

Neurobehavioral Deficits

- Invisible Disability- can't look at child and see brain disability
- Similar to symptoms of other Neurodevelopmental Disorders
- FASD tends to co-occur with other mental health diagnoses (90%)
- Prenatal Alcohol Exposure is an Adverse Childhood Experience (ACE)
 - Contributes to Toxic Stress Response
 - Often occurs in conjunction with other ACEs

Primary Invisible Brain-based Disability (neurodevelopmental deficits)

- Child with varying levels of development in different domains
 - Based on amount and timing of exposure
 - Invisible disability occurs on a spectrum
 - Expectations based on chronological age, not developmental age
- Invisible disability leads to unrealistic expectations
 - Needs expectations set at attainable level
 - Needs accommodations and/or adjusted expectations

Secondary Consequences of Disability

- Failure to perform at chronological age leads to Secondary Consequences:
 - Behavioral communication out of frustration- act out
 - Depression
 - Anxiety
 - School Refusal

Tertiary Consequences of Disability

- Secondary Behaviors if root cause not addressed lead to tertiary consequences
 - School Failure
 - Aggression
 - Juvenile Justice involvement
 - Residential placement
 - Substance use

Effects on Family

- Normal developmental expectations vs expectations with disability
- Need education on adapting expectations to developmental level
- Isolation due to criticism of child's behavior
- Missed work due to school/daycare issues
- Decreased income if need to stay home
- Cause or exacerbate parent mental health issues/substance use
- Conflict with siblings
- Physical danger from aggressive behavior

Effects on Community

- Increased school support needs
- Higher juvenile justice burden
 - Tend to want to please and get caught in wrong crowd
- Increased substance use
- Community member stress
- Don't connect with affected families

Where do we go from here?

- Recognize that like autism we need to:
 - Educate and create awareness and provide resources to-
 - Parents/Families/Caregivers/Community
 - Medical Community (AAP offering Webinar and online resources)
 - Mental Health Community
 - Education System
 - Juvenile Justice
 - Regional Center
 - Child Welfare Systems (>80% not recognized, Chasnoff et al. 2015)
 - Children grow up into adults so services need to continue into adulthood

Advocacy

- Build systems of care to educate and prevent prenatal alcohol exposure
- Programs to assess for FASD (like autism, early intervention ideal):
 - Primary Care
 - Mental Health
 - Educational System
 - Foster Care System
 - Regional Center
 - Juvenile (and Adult) Justice System
- Create evidence-based interventions for various environments

Advocacy

- State legislative advocacy
- Federal Legislative advocacy

Resources

- CDC FASD Homepage (includes information in Spanish)- <https://www.cdc.gov/ncbddd/fasd/index.html>
- American Academy of Pediatrics- <https://www.cdc.gov/ncbddd/fasd/index.html>
- Canada Fetal Alcohol Spectrum Disorder Research Network- <https://canfasd.ca/>
- Healthy Children site from AAP for caregivers in English and Spanish- https://www.healthychildren.org/English/health-issues/conditions/chronic/Pages/Fetal-Alcohol-Spectrum-Disorders.aspx?gclid=CjwKCAjwopWSBhB6EiwAixmqDYctDRyybft4ulGsgZRG1-8IGUWi6WkhtDI91qrF2ye4_gUfrZpRoCTh0QAvD_BwE
- FASD United (Formerly NOFAS)- <https://fasdunited.org/> Resource Directory- <https://fasdunited.org/wp-content/uploads/2022/03/FASD-United-Resource-Directory-March-2022.pdf>
- Screening children entering foster care- <https://www.proofalliance.org/article/training-on-fasd-screening-for-children-entering-foster-care/>
- The FASD Collaborative Project- <https://www.fasdcollaborative.com/>
- FASD Network of Southern CA- <https://fasdsocalnetwork.org/>
- Podcast with CME- <https://cme.bu.edu/fasdpodcast>

Questions?

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

Board Date	Contractor	Amount	Term	Description
1/11/2022	Casa Pacifica Centers for Children and Families (Casa Pacifica)	\$48,582	January 1, 2022 through June 30, 2022	Eighth Amendment to the Agreement for Wraparound Services with Casa Pacifica. Casa Pacifica provides Wraparound services to eligible youth that require intensive, community based, and family centered services to maintain Wraparound-enrolled youth in their community or to stabilize their placement at the lowest level of care possible. During the months of July through September of FY 2021-22, Casa Pacifica assisted the County in serving and transitioning youth to the County's new Wraparound and Families Urgent Response System (FURS) service provider, Seneca Family of Agencies (Seneca). Seneca had been awarded the Wraparound/FURS contract through a Request for Proposal, and Casa Pacifica agreed to extend their contract for three months to assist the County in ensuring a smooth transition of youth to Seneca. VCBH has analyzed Casa Pacifica's submitted costs and units of service and discovered that based on the level of incurred costs and the low level of units of service provided during the three month period, Casa Pacifica's cost per unit rates have exceeded the Ventura County Maximum Allowance (VCMA) rates specified in the contract. This situation largely occurred due to the quick and smooth transition of clients to Seneca -- Casa Pacifica did not have the level of clients needed during the transition period to generate the units of service needed to cover their actual costs. To pay Casa Pacifica for its actual costs, VCBH recommends an increase to the unit rate for each of the contracted service categories to an amount above the VCMA rate in the agreement, which requires approval by the Board. There is no increased costs or change to the overall maximum contract amount of \$1,452,984 or the maximum contract amount for the three month period of \$84,104, but a one-time payment will be made to Casa Pacifica in the amount of \$48,582.28 to adjust for the current insufficient unit rate and in order to fully pay Casa Pacifica for its costs. The source of funding for this contract is Short Doyle Medi-Cal (SD/MC) Federal Financial Participation (FFP) funding.
1/11/2022	Department of State Hospitals (DSH) and California Mental Health Services Authority (CalMHSA)	\$0	July 1, 2021 through June 30, 2022	Memorandum of Understanding (MOU) for the Purchase of State Hospital Beds Between DSH, CalMHSA, and Participating Counties. The 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. CalMHSA is a joint powers authority comprised of counties and cities with mental health programs. On behalf of its members, CalMHSA negotiated an agreement (MOU) with DSH for the purchase of state hospital bed space and associated services. CalMHSA also serves as a liaison agency for ensuring compliance with the terms and conditions of the MOU. The 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 MOU extends the term of the agreement for an additional one-year period, effective July 1, 2021 through June 30, 2022. There are no other changes to the terms of the MOU. The source of funding for these services is 1991 State Realignment (Trust N510-717C).
1/11/2022	Department of State Hospitals (DSH)	\$1,402	July 1, 2021 through June 30, 2022	Participation Agreement Amendment with CalMHSA Authorizing CalMHSA to Contract for State Hospital Beds with DSH on Behalf of Counties. The CalMHSA Participation Agreement Amendment authorizes CalMHSA to contract with DSH for state hospital bed utilization on behalf of participating counties. 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 efficiency in the purchase 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, VCBH will be charged \$1,402 per fiscal year by CalMHSA which is the same charges as the previous term. The source of funding for these services is 1991 State Realignment (Trust N510-717C).
1/11/2022	Idea Engineering, Inc.	\$295,000	July 1, 2021 through June 30, 2022	First Amendment for Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Support Services with Idea Engineering, Inc. Idea Engineering, Inc. provides: (1) ongoing creative development and dissemination of community-wide communications to support MHSA PEI messaging, (2) outreach materials supporting MHSA PEI goals of suicide prevention and mental illness stigma reduction, and (3) strategic consultation and media project management services, as well as purchases of traditional and digital media supporting MHSA communications. In FY 2020-21, Idea Engineering developed monthly themes covering topics such as "Coping During Coronavirus – the New Normal," "Healthy & Connected Holidays," and "Keys to Stronger Families." Social media and targeted website ads had 2,973,000 impressions in the first three quarters of FY 2020-21. The WellnessEveryDay.org / SaludSiempreVC.org website had more than 14,000 visitors with over 31,000 pageviews from July through March of FY 2020-21. The original Agreement, in the amount of \$150,000, was approved by the Board on June 8, 2021. The First Amendment increases the budget to \$295,000 (an increase of \$145,000) augmenting the paid media budget line item to allow for regular monthly agreements with media vendors such as television, radio, digital and location-based/environmental advertising. This increase allows proactive messaging on key topics such as suicide prevention and mental wellness. It also allows for faster response if urgent behavioral health messages to the community are needed due to unexpected circumstances, such the COVID-19 pandemic. The source of funding for this contract is MHSA funds.
1/11/2022	CalMHSA	\$1,247,412	July 26, 2020 Through June 30, 2024	Second Amendment to the Participation Agreement for the Third Sector Multi-County Full Service Partnerships (FSP) Innovation Project with CalMHSA. VCBH requested a \$702,227 increase in Innovation funding from the Mental Health Services Oversight and Accountability Commission (MHSOAC) related to its Multi-County FSP Innovation project. Of this amount, \$654,000 will be used to purchase technical assistance from Third Sector, the nonprofit organization currently serving as the project consultant for the Multi-County FSP Innovation Project. VCBH currently has a participation agreement in place with CalMHSA for Third Sector's services, in the amount of \$593,412, for a term of July 26, 2020 through December 31, 2024. The Second Amendment to the Participation Agreement will: (1) increase the agreement to \$1,247,412, (2) expand Third Sector's scope of work to include specific program deliverables, such as progress reports and a final report, and (3) correct the contract termination date to be June 30, 2024 in order to align with the Multi-County FSP Innovation project termination date. The source of funding for these services is MHSA funds.

Board Date	Contractor	Amount	Term	Description
1/25/2022	CalMHSA	\$150,000	July 1, 2021 through June 30, 2022;	Participation Agreement for Electronic Health Record (EHR) Program Services with CalMHSA. The primary tool that Behavioral Health Plans (BHP) use to manage their program services is the EHR. Currently, existing EHRs are falling short in supporting BHP business needs as retrieving data to make sound decisions, highlight local successes, or respond to oversight and funding bodies is not easily achievable. CalAIM, a California Department of Health Care Services (DHCS) initiative to reform and transform the Medi-Cal program starting in January 2022, is bringing documentation and payment reform requirements that will require BHP to evolve to quickly identify and adopt technical EHR changes. CalMHSA, a Joint Powers Authority created by California counties in 2009 to jointly develop and fund mental health services and education programs for members, is seeking to enter into participation agreements with interested counties to bring counties together into a semi-statewide collaborative to design, procure, and implement a new enterprise EHR solution that will support current and future business needs. Through the Participation Agreement for EHR Program services, CalMHSA collaborates with participating members to develop and manage a Request for Proposal (RFP) process to select a vendor to deliver a California specific EHR that will: (1) be based on sound clinical practices, (2) be responsive to the CalAIM requirements, (3) be responsive to the unique business and operational needs of California BHP, (4) provide for more efficient use of resources and better clinical outcomes, (5) improve adherence to state requirements and reporting, (6) better facilitate the use of data to drive performance outcomes, and (7) lead to better justification of state spending on specialty mental health and substance use services. Because this new EHR system will be configured and implemented across multiple counties and be based on pre-defined workflows, it provides participating program members the ability to centralize application management services, application support services, end-user training, revenue cycle management services, project management, and other professional services. To participate in the program, VCBH is required to pay EHR program fees in the amount of \$150,000 to CalMHSA. CalMHSA will act as the fiscal and administrative agent for the program. The EHR program fees will be used to fund RFP development, vendor selection, and initial development work with national experts. Any fee balances will be banked towards the anticipated implementation expenditures. CalMHSA will facilitate the collective negotiation with DHCS on behalf of the program members to vet improved documentation and data requirements related to the new EHR. The source of funding for these services is Realignment and SD/MC FFP funds.
1/25/2022	Aegis Treatment Centers, LLC (Aegis)	\$0	July 1, 2021 Through June 30, 2022;	Third Amendment to the Agreement for Narcotic Treatment Program (NTP) Drug Medi-Cal Organized Delivery System (DMC-ODS) Substance Use Disorder (SUD) Services with Aegis. Aegis provides Outpatient NTP services and Medications for Addiction Treatment (MAT) for adults. With the implementation of the DMC-ODS Waiver in December 2018, utilization of Outpatient Narcotic Treatment Program services has increased as more clients have become eligible for expanded MAT services. Aegis currently has clinics in Oxnard, Santa Paula, Simi Valley, and Ventura with a total licensed capacity of 1,370 clients. From July 1, 2019 to June 30, 2020, Aegis provided services to 899 DMC clients. From July 1, 2020 to June 30, 2021, Aegis provided services to 997 DMC clients. Since July 2021, Aegis has provided services to 769 DMC clients and estimates serving 1,010 DMC clients by fiscal year end. In Ventura County, youth in need of medications for addiction treatment are currently served by x-waivered physicians through County run DMC-ODS outpatient clinic MAT programs. Additionally, youth are provided office-based MAT through Ventura County's Federally Qualified Health Center system. DHCS Information Notice No. 21-024: DMC-ODS – Expanding Access to MAT and Information Notice No. 21-023: Federal Network Certification Requirements for County Mental Health Plans and DMC-ODS, outlined NTP requirements for DMC-ODS clients and systems of care. Information Notice No. 21-023 states that DMC-ODS plans must contract with Opioid use disorder services provided by DMC-certified NTP/OTP facilities. Information Notice No. 21-024 states that NTPs are required to directly offer MAT to beneficiaries with SUD diagnoses that are treatable with Federal Drug Administration approved medications and biological products, including methadone, buprenorphine (transmucosal and long-acting injectable), naltrexone (oral and long-acting injectable), naloxone, and disulfiram. Title 9 of the CA Health and Safety Code allows for adolescents to receive MAT in OTPs. Per these DHCS regulations, Ventura County must contract with an Adult OTP/NTP contractor to provide adolescent treatment services within their OTP/NTP. The third amendment to the agreement with Aegis reflects the expansion of OTP services to youth populations, in compliance with DHCS regulations. There is no change to the maximum agreement amount. The source of funding for this contract is Drug Medi-Cal (D/MC) Federal Financial Participation (FFP) and Realignment funds.
1/25/2022	HealthRIGHT 360	\$3,016,114	July 1, 2021 Through June 30, 2022	Fifth Amendment to the Agreement for DMC-ODS SUD Services with HealthRIGHT 360. HealthRIGHT 360 provides three levels of residential treatment services and one level of withdrawal management treatment services for women and their children. The three levels of residential treatment services include: (1) clinically managed low-intensity residential services, (2) clinically managed population-specific high-intensity residential services for adults only, and (3) clinically managed residential services with high intensity for adults and medium intensity for adolescents. HealthRIGHT 360's satisfactory discharge rate is 58%. From July 1, 2019 through June 30, 2020, HealthRIGHT 360 served 213 residential and 107 withdrawal management clients. From July 1, 2020 through June 30, 2021, HealthRIGHT 360 served 155 residential and 81 withdrawal management clients and 60 of those clients received MAT services. Since July 2021, HealthRIGHT 360 served 74 residential and 58 withdrawal management clients and 31 of those clients received MAT services. HealthRIGHT 360 estimates serving 178 residential and 116 withdrawal management clients and 62 of those clients will receive MAT services by the end of the fiscal year. The Fifth Amendment to the Agreement reimburses this contractor for additional budgetary cost increases that were incurred in: (1) FY 2021-22 due to an upward trend in clients, from prior year, as well as the addition of staff and salary increases and (2) FY 2020-21 as program costs to provide services were higher than projected. To fully reimburse HealthRIGHT 360 for their full cost of delivering services, the FY 2021-22 contract is being increased by \$291,781. Of this amount, \$100,000 is for services rendered in FY 2020-21. The source of funding for this contract is D/MC FFP, State General Fund, Substance Abuse Prevention and Treatment Block Grant (SABG) Discretionary, 2011 Realignment, CalWORKs, Judicial Council of California, and AB 109 funds.
1/25/2022	Tarzana Treatment Centers, Inc. (Tarzana)	\$3,370,416	July 1, 2021 Through June 30, 2022	Sixth Amendment to the Agreement for DMC-ODS SUD Services with Tarzana. Tarzana provides multiple levels of residential SUD treatment services and residential withdrawal management treatment services for adults and youth. From July 1, 2019 through June 30, 2020, Tarzana served 200 inpatient withdrawal management clients with a completion rate of 77%, 112 clients in adult residential with a completion rate of 71%, and 13 clients in youth residential with a 31% completion rate. From July 1, 2020 through June 30, 2021, Tarzana served 310 inpatient withdrawal management clients with a completion rate of 76%, 145 clients in adult residential with a completion rate of 55% and 16 clients in youth residential with a 9% completion rate. Since July 2021, Tarzana served 138 inpatient withdrawal management clients with a completion rate of 59%, 83 clients in adult residential with a completion rate of 57%, and 8 clients in youth residential with a 50% completion rate. Tarzana estimates that by fiscal year end, it will serve 331 inpatient withdrawal management clients with a completion rate of 65%, 200 clients in adult residential with a completion rate of 65%, and 20 clients in youth residential with a 50% completion rate. The Sixth Amendment to the Agreement reimburses this contractor for additional budgetary cost increases that were incurred in: (1) FY 2021-22 due to an upward trend in clients resulting from a decrease in local SUD providers, the expansion of SUD treatment services to Lancaster and Long Beach, and the addition of staff to ensure timely assessments for initial authorizations, next level of care treatment determinations, and authorizations and (2) FY 2020-21 due to increased volume of client service requests. To fully reimburse Tarzana for their full cost of delivering services, the FY 2021-22 contract is being increased by \$1,052,500. Of this amount, \$90,000 will be used to reimburse for services rendered in FY 2020-21. This agreement is funded with D/MC FFP, State General Fund, SABG discretionary, 2011 Realignment and AB 109 funds.

Board Date	Contractor	Amount	Term	Description
1/25/2022	City of Camarillo		February 6, 2022 through June 30, 2023	<p>Agreement for Community Services Coordinator Services with the City of Camarillo. Due to the community support and success of the VCBH Rapid Integrated Support and Engagement program (RISE), VCBH applied for and was granted a second round of Triage Grant funding from the MHSOAC in 2018. This extension was specific to providing two regional teams (East and West County) to increase outreach and engagement to the Transitional Age Youth (TAY, age 16-25) population. It also funded the RISE Law Enforcement Partnership. This has enabled four RISE Community Service Coordinators (CSCs) to be directly paired with law enforcement in order to engage individuals in the community that have come to the attention of law enforcement due to disruptions in the community and reported mental health issues. Based on population and service needs, two of the four staff are partnered full time in Ventura and Oxnard, and the other two staff are shared between Simi Valley, Thousand Oaks, and Camarillo. This partnership has strengthened the relationship with Law Enforcement and their support of RISE and VCBH. From 2019 through 2020 the RISE team, including the Law Enforcement Partnership, engaged 259 individuals in Camarillo, 95 of which were further enrolled in mental health services. As a direct result of this partnership with Camarillo, the Sheriff's department received approval from the City of Camarillo to fund additional RISE staff hours in order to have a full-time dedicated RISE CSC in Camarillo. The City will fund 50% of the hours and VCBH will continue to fund the remainder. An additional position is necessary as the position that supported Camarillo was split between Simi Valley, Thousand Oaks and Camarillo and will continue to support the other communities. This collaboration between VCBH and Law Enforcement has provided an invaluable opportunity to engage some of the most challenging individuals in their own environment, reduce crisis episodes, and improve access to ongoing support and mental health services. This added time will ensure ongoing collaboration as well as provide an opportunity to meet the needs of individuals in the Camarillo community. The Agreement with the City of Camarillo establishes the working relationship between the parties and details the responsibilities of each party with respect to the delivery of CSC services. The City of Camarillo will pay VCBH for 0.5 full time equivalent (FTE) counselor staff time with benefits in an amount not to exceed \$2,061.78 per pay period, effective February 6, 2022 through June 30, 2023. The source of funding for these services is MHSA, SD/MC FFP, and other Governmental funds.</p>
1/25/2022	California Department of Health Care Services (DHCS)	\$0	July 1, 2017 through June 30, 2022	<p>First Amendment to the Standard Agreement for Specialty Mental Health Services to Medi-Cal Beneficiaries with DHCS. The Standard Agreement with DHCS specifies the federal and state requirements that VCBH must meet to participate as a mental health plan (MHP) and claim federal financial participation for the specialty mental health services provided to Medi-Cal beneficiaries. VCBH is designated as Ventura County's local MHP administrator by DHCS and is responsible for providing or arranging for the provision of specialty mental health services to Medi-Cal beneficiaries in Ventura County. Under the Standard Agreement, VCBH is reimbursed for all medically necessary covered services provided to Medi-Cal beneficiaries. DHCS is updating the Standard Agreement to comply with federal regulations, as determined by the Centers for Medicare and Medicaid Services. Specifically, the MHP First Amendment to the Standard Agreement reflects new/revised terms and conditions related to: Electronic and IT Accessibility Requirements Under the Re-habilitation Act of 1973 and Americans with Disabilities Act of 1990, required medically necessary specialty mental health services for beneficiaries under 21 years of age, day treatment intensive and day rehabilitation service authorization requirements, beneficiary financial requirements, quality improvement system planning, design, and program execution involvement requirements, utilization management mental health and substance use disorder benefits parity requirements, foster children placed out of county (presumptive transfer) service requirements, Children in Adoption Assistance Program and Kinship Guardian Assistance payment requirements, various provider network requirements, beneficiary information requirements, beneficiary problem resolution requirements, and nondiscrimination requirements. There is no change to the amount of the Standard Agreement; it remains at zero dollars. DHCS determined that this amount made the most sense because the funding that is used to pay for specialty mental health services flows through different payment mechanisms; the Standard Agreement is not the method by which those funds are paid to counties. In addition, the zero dollar amount eliminates the need for contract amendments to change funding amounts based on actual or estimated expenditures. The term of the Standard Agreement is unchanged and covers the service period of July 1, 2017 through June 30, 2022.</p>
1/25/2022	DHCS	\$3,175,694	September 1, 2021 through June 30, 2025	<p>Application for Substance Abuse Prevention and Treatment Block Grant (SABG) Supplemental Funding Available Through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and the American Rescue Plan Act (ARPA) with DHCS. On July 9, 2021, DHCS requested that the County of Ventura complete an application for supplemental funding available to counties through the CRRSAA and ARPA. 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 SABG supplemental funding for CRRSAA and ARPA. On December 15, 2021, DHCS awarded VCBH a CRRSAA grant in the amount of \$981,806, for the term of July 1, 2021 through December 31, 2022 and an ARPA grant in the amount of \$2,193,888, for the term of September 1, 2021 through June 30, 2025. The DHCS-approved grant applications have funds available in the following funding categories: (1) Adolescent/Youth Set-Aside, (2) Discretionary Allocation, (3) Friday Night Live Set-Aside, (4) Perinatal Set-Aside, (5) Primary Prevention Set-Aside, and (6) Recovery Housing Support. The supplemental funding for CRRSAA and ARPA is used by VCBH to develop and expand fentanyl awareness efforts and direct outreach activities to prevent drug overdose; acquire enhanced software for advanced data collection on overdoses, content development and e-media campaigns; expand perinatal-specific peer support for pregnant and parenting persons with substance use disorders; and purchase equipment for community "prevention pop-up events" to support Spanish-language and community-specific health promotion efforts to vulnerable residents of our county, including those with little or no access to digital resources. In addition to the new substance abuse prevention efforts discussed above for the general community, this funding also supports the expansion of Residential Treatment Room and Board and Recovery residences; youth focused materials and training to support adolescent services using the Screening Brief Intervention and Referral to Treatment (SBIRT) model; program augmentations for the Friday Night Live programs; expansion of existing Student Assistance Program training modules and e-learning; and lease of office space and equipment upgrades for naloxone distribution efforts. VCBH is also requesting three (3) new regular full time equivalent positions: one Behavioral Health Clinician IV position allocation, one Community Services Coordinator position allocation, and one Peer Specialist III position allocation. These positions will complete CRRSAA and ARPA funded duties and will continue to be funded by the department once the supplemental funding expires to support continued expansion of the behavioral health continuum of care and healthcare integration under the multi-year California Advancing & Innovating Medi-Cal (CalAIM) Initiative. The source of funding for these services is SABG, SABG CRRSAA and SABG ARPA funds.</p>

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

Board Date	Contractor	Amount	Term	Description
2/8/2022	All Languages Interpreting and Translating, Inc. (ALIT)	\$165,000	July 1, 2021 through June 30, 2022	Third Amendment to the Agreement for Interpreting and Translating Services with ALIT. ALIT provides interpretation and translation services for VCBH in clinics, meetings, and community behavioral health forums. The use of interpreter services in clinics is critical to successful client outcomes because it helps to ensure that clients understand their treatment plan and how to safely administer medication. The use of interpreter services for meeting and community forums is critical for ensuring that the department can appropriately communicate to the public about the services that are available through VCBH and solicit public feedback on department initiatives. During the first five months of FY 2021-22, ALIT has billed \$69,066 out of their total contract amount of \$100,000. The FY 2021-22 Third Amendment with ALIT increases the contract amount from \$100,000 to \$165,000 (an increase of \$65,000) in order to allow for an increase in services and costs due to the ongoing COVID-19 pandemic. This Agreement is funded with: (1) Short Doyle/Medi-Cal (SD/MC) Federal Financial Participation (FFP), (2) State General Fund, (3) 2011 Realignment (Trust N520-719C), (4) 1991 Realignment (Trust N510-717C), and (5) Mental Health Services Ac (MHSA) funding.
2/8/2022	Maxim Healthcare Services Holdings, Inc. (Maxim)	\$1,350,000	July 1, 2021 through June 30, 2022	Fifth Amendment to the Agreement for Medical Personnel Temporary Staffing and Recruiting Services with Maxim. Maxim provides certified and/or licensed temporary staff to help fill vacant positions due to the difficulty in finding qualified and appropriately certified and/or licensed staff. This contractor is also used to help backfill existing positions due to unexpected leaves of absence. VCBH is taking appropriate steps to expedite its recruitments for qualified and appropriately certified and/or licensed staff, however, until staff can be hired and due to the impacts of the COVID-19 pandemic, VCBH is in need of temporary staff from Maxim. VCBH uses a variety of temporary staff from Maxim, including Registered Nurses, Mental Health Associates, and Licensed Marriage and Family Therapists. The current vacancy rate for VCBH is 18.5%. The FY 2021-22 Fifth Amendment to the Agreement increases the maximum contract amount from \$600,000 to \$1,350,000 to ensure proper service provision through fiscal year end. There are no other changes to the Agreement. This Agreement is funded with: (1) SD/MC FFP, (2) State General Fund, (3) 2011 Realignment (Trust N520-719C), (4) 1991 Realignment (Trust N510-717C), and (5) MHSA funding.
2/8/2022	California Mental Health Services Authority (CalMHSA)	\$0	January 1, 2022 through December 31, 2022	Participation Agreement with the CalMHSA for Peer Support Specialist Certification Services. CalMHSA, a Joint Powers Authority created by California counties in 2009 to jointly develop and fund mental health services and education programs for members, is entering into participation agreements with interested counties to bring counties together to provide them with a Peer Support Specialist Certification program. The program is in response to Senate Bill 803, Beall (SB 803) which authorized the Department of Health Care Services (DHCS) to establish statewide requirements for the development of Medi-Cal certification programs for peer support specialists. DHCS released Behavioral Health Information Notice 21-041 establishing the statewide requirements and is working through CalMHSA to implement and administer all components of the Peer Support Specialist Certification Program. The Peer Support Specialist Certification Program is responsive to the needs of the Medi-Cal Specialty Mental Health and Drug Medi-Cal Organized Delivery System populations and is expected to go live by May 2022. There is no cost at this time to participate in the program, however, there could be future costs in subsequent phases of the project. Under the agreement, CalMHSA acts as the fiscal and administrative agent for the program. On behalf of participating counties, CalMHSA will implement and administer all components of the Peer Support Specialist Certification program, including: (1) required data collection and submission to DHCS, (2) certification of peers, (3) exam administration, (4) investigations, and (5) approval, auditing, and monitoring of training vendors. VCBH is expected to provide necessary and legally sanctioned assistance to CalMHSA in achieving the program goals and program performance. The initial term is considered a pilot phase, however, CalMHSA is seeking a contractual agreement with DHCS for continued funding beyond this initial pilot phase.
2/8/2022	Golden Hillmont House Mental Health Rehabilitation Center, LLC.	\$0	July 1, 2021 through June 30, 2022	Seventh Amendment to the Agreement for Medi-Cal Specialty Mental Health Rehabilitation Center (MHRC) Services with Golden Hillmont House MHRC, LLC. Golden Hillmont House MHRC, LLC. operates the MHRC "Hillmont House," located in Camarillo, a 15-bed facility that provides housing and support for up to 18 months for individuals with severe and persistent mental illness to enable them to transition to independent or supported living arrangements. The program uses a psychosocial rehabilitation model that provides a balance of activities, education, vocational services, therapy, health, and socialization to support physical, psychological, and spiritual health. The Seventh Amendment to the Agreement with Golden Hillmont House MHRC, LLC. has made the following contract language revisions: (1) removed the requirement for the contractor to produce no less than the specified amount of SD/MC FFP revenue at 100% as this requirement does not apply to this program, (2) revised utilization review monitoring from monthly to quarterly as per revised VCBH policies and procedures, and (3) updated the contractor invoice submittal procedure. There is no change to the maximum contract amount.
2/8/2022	Golden Ventura CRT, LLC.	\$0	July 1, 2021 through June 30, 2022	Sixth Amendment to the Agreement for Medi-Cal Specialty Mental Health Care Short-term Crisis Residential Recovery Treatment (CRT) Services with Golden Ventura CRT, LLC. Golden Ventura CRT, LLC. provides a short-term voluntary program for up to 15 adults experiencing increased psychiatric symptoms or a behavioral health crisis; an individual's length of stay does not exceed 90 days. The CRT facility's services are used by clients to avoid acute hospitalization or to assist clients in stepping down from an acute hospital stay. Treatment services include psychiatric care and medication management, individual and group therapy, life and coping skills training, peer support, substance abuse relapse prevention services, and recreational group activities. Services are designed to achieve psychiatric stabilization and community reintegration. The Sixth Amendment to the Agreement with Golden Ventura CRT, LLC., made the following contract language revisions: (1) removed the requirement for the contractor to produce no less than the specified amount of SD/MC FFP revenue at 100% as this requirement does not apply to this program, (2) revised utilization review monitoring from monthly to quarterly as per revised VCBH policies and procedures, and (3) updated the contractor invoice submittal procedure. There is no change to the maximum contract amount.