

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.

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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.

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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>