

**BEHAVIORAL HEALTH ADVISORY BOARD**

**Prevention Committee Meeting Minutes**

Ventura County Behavioral Health (VCBH)

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

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

Tuesday, March 14<sup>th</sup>, 2023, 3:15 PM – 4:30 PM

**Members Present:**

Janis Gardner, Chair BHAB Prevention Committee

Mark Stadler, Crisis Intervention Team (CIT)

Claudia Armann, BHAB Member

Naomi (Nomi) Marrufo

Melissa Hannah, BHAB Member

**Guests:**

Priscila Hazrun, Spanish Interpreter

Ratan Bhavnani, NAMI Volunteer

Scott Walker, COSSUP

Amy Duganne, BRITE Consultant

Gabe Teran, Community Consultant

Carmen Wyttenbach, VCAPS

Christy Buck, BE NICE

Cat Lanting, BE NICE

Shawn Pewsey, VCSO TIMU

Elizabeth R. Stone, BHAB Member

Jessica Rodriguez, Community Member

Katherine Gross, Community Member

Robert O’Riley, BOS 5<sup>th</sup> District

Martha Johnson, VC HCA

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

Scott Gilman, Director

Raena West, Substance Use Services Division Chief

Monica Neece, MHSA Suicide Prevention Coordinator

Sheila Murphy, Coast Administrator

Jakeline De Leon, Management Assistant/Zoom Engineer

- I. **Call to Order** – The meeting was called to order at 3:25 PM by Chair Janis Gardner. All who joined the meeting introduced themselves. Priscila Hazrun, Spanish Interpreter, introduced herself and provided instruction on the interpretation services available for the meeting.
- II. **Roll Call to Determine Physical Quorum** – Secretary Gardner conducted the roll call; a physical quorum was present.
- III. **Roll Call of Members with Just Cause** – NONE.
  - a. **State others present in the room over the age of 18.**
- IV. **Requests for Emergency Circumstances** – None; no action necessary.
- V. **Approval of the March 14, 2023, Agenda** – The Behavioral Health Advisory Board Prevention Committee agenda for March 14, 2023, was approved (Armann/Stadler/Passed). It was motioned to approve as written.
- VI. **Approval of the January 10, 2023, Minutes** – The Behavioral Health Advisory Board Prevention Committee minutes for January 10, 2023, were approved (Stadler/Armann/Passed). Gabe Teran commented he was listed under guest as an Oxnard City Councilmember, but his role is a consultant. The minutes were approved as amended. Ms. Marrufo abstained.
- VII. **Chair Announcements** – Chair Gardner announced March is National Social Worker’s month and Women’s History Month. The Mixteco Indigena Community Organization Project (MICOP) will be hosting a fundraiser on March 17<sup>th</sup> at the Consulate of Mexico, 5151 W 5<sup>th</sup> St in Oxnard, CA at 5:30PM.
- VIII. **Public Comments** – NONE.
- IX. **Prevention Committee Member Comments** – NONE.
- X. **Time Certain Presentation** – Director Scott Gilman introduced the presenters Christy Buck and Cat Lanting and gave a brief introduction to their program, BE NICE. Ms. Lanting shared her screen and provided a presentation on the Overview of a School Based Prevention Program, “Be Nice”, along with Ms. Buck. The presentation will be attached to these minutes.

**XI. Ventura County Behavioral Health (VCBH) Staff Updates**

**Mental Health Services Act (MHSA)/Prevention Early Intervention (PEI)**

– Ms. Murphy provided an update on behalf of Dan Hicks. Mr. Hicks attended a conference a week prior to this meeting called *Strategies for Addressing Trauma* in Pomona, CA. They discussed the Overdose Prevention program, they spoke of the history of the program, future plans, expansion, and data collection. Ms. Murphy also touched on a video she initiated for May 9<sup>th</sup>, National Fentanyl Awareness Day – they put together a video for every high school in Ventura County, on May 9<sup>th</sup> they will be presented with a 45-minute video on the Sheriff's department speaking of the dangers of social media around substance use, body cam footage of a fentanyl overdose, and two individuals sharing their experience with fentanyl overdose. Ms. Gardner requested to have the presentation as well. Ms. Neece announced there will be a Suicide Prevention Council meeting on Wednesday, April 5<sup>th</sup> at 2PM. Director Gilman announced that MHSA is accepting comments on their 3-year plan on the VCBH website.

**XII. Prevention Committee membership, stakeholder, and community outreach planning discussion – No discussion.**

**XIII. Provider and Stakeholder comments – NONE.**

**XIV. VCBH Contracts Review –** The committee reviewed the December VCBH contracts. No comments were made about the contracts.

**XV. Old Business – NONE.**

**XVI. New Business**

**A. Future Presentations –** Chair Gardner informed all attendees if anyone would like to present or know of anyone who may want to present, to please send the request to Ms. De Leon at [bhabadmin@ventura.org](mailto:bhabadmin@ventura.org).

**XVII. Adjourn –** The meeting was adjourned at 4:30PM by Chair Janis Gardner.

# what is **be nice.** School?

**be nice.** is an evidence-based, K-12 systematic approach to behavioral and mental health education and awareness.

The **be nice.** program is a district-wide initiative to be implemented year after year. Repetition creates familiarity, making the **be nice.** action plan common language. The goal is for students, school and support staff, and families to feel comfortable talking openly and honestly about mental health. It's proven that **be nice.** students are more apt to utilize resources if they are struggling or let a trusted adult know if they're worried about a friend.

Once your school has successfully launched the first year of programming, **be nice.** Schools are required to renew their membership each year to have continued access to new tools and supplies for sustaining the program.

What does **be nice.** look like in a school? Check it out below!



Hear from administration & school staff about the impact of **be nice.** in their districts!



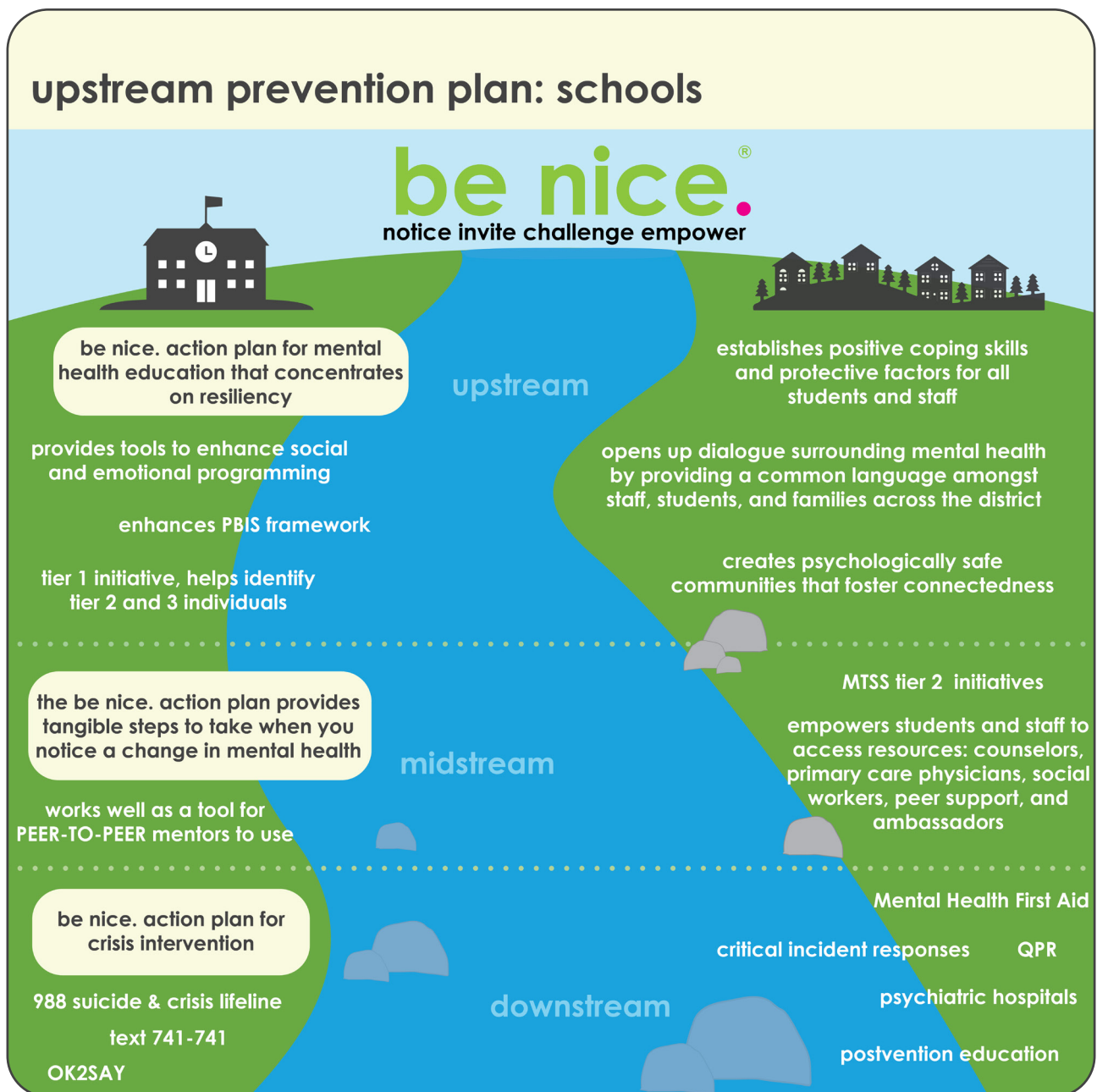
For more information, please contact [kandicesloop@benice.org](mailto:kandicesloop@benice.org)

**be nice.**  
notice invite challenge empower

# what does it mean to be upstream?

**be nice.** is proactive. When used effectively, the **be nice.** program uses 4 simple steps for individuals to challenge themselves and others to seek appropriate professional help when they first notice changes in their mental health.

We pride ourselves on being upstream. We know that if everyone has awareness and education with this simple action plan, we can help individuals before they experience a serious mental health condition. By focusing on community engagement, establishing protective factors and positive coping skills, and increasing awareness of resources, we can get individuals help. Although **be nice.** takes a preventative approach, the action plan also works mid and downstream when addressing mental health. When used at these points, the action plan helps direct individuals to the appropriate professional help in their school, business or community.



# what's included?

access to  
online portal:  
education tools,  
resources, videos  
& more

liaison  
training

exclusive  
monthly  
newsletters

launch  
kit with  
materials

liaison  
networking

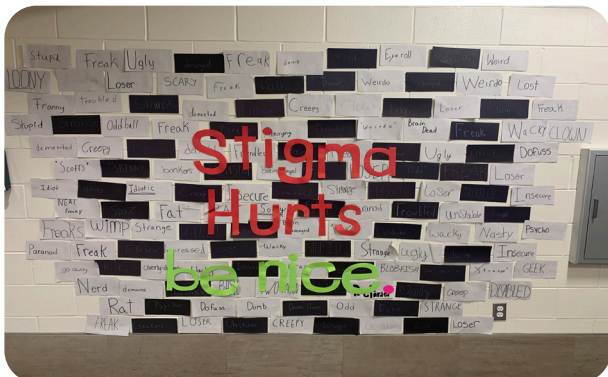
student  
leadership  
training

discount on  
merchandise

suicide  
prevention  
training  
for staff

customized  
1-on-1  
support

MS/HS  
student  
symposium



# why **be nice.** School?

Click below to hear from students about the the impact of **be nice.** School



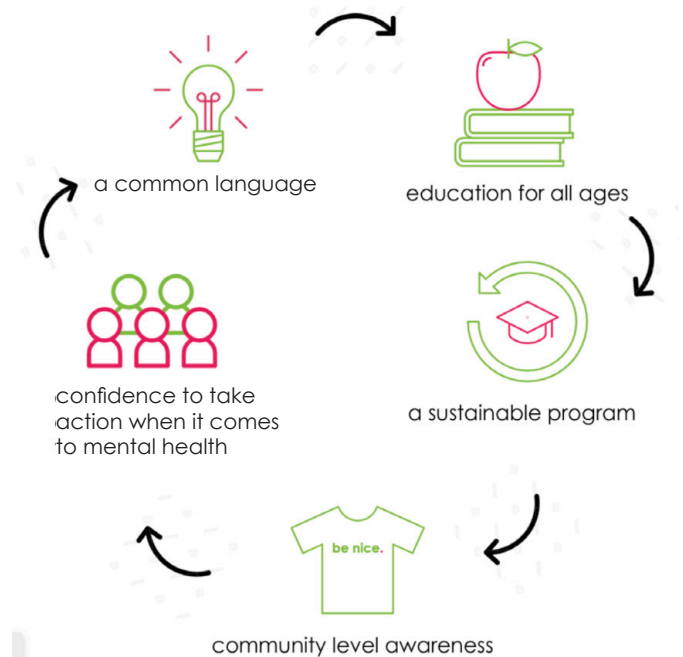
## know the facts:

- Half of all mental disorders begin by age 14, and three-quarters by age 24.
- Mental disorders affect 1 in 5 people.
- Suicide is the 2nd leading cause of death for people ages 10-34.
- Males ages 15-24 are 3.5 times as likely as females to die by suicide. Females are 2 times as likely to attempt suicide.

## evidence based

A study from Grand Valley State University shows that **be nice.** programming:

- Increases mental health awareness and resources available among staff, students, and parents
- Decreases the number of referrals and bullying incidents
- Improves climate and connectedness while increasing positive behaviors
- Increase in suicide prevention behaviors

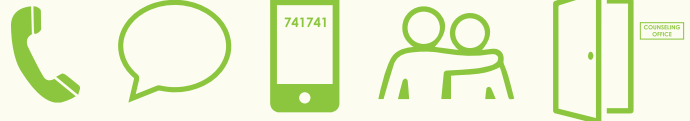


These statistics highlight results from an evidence-based research study conducted by Grand Valley State University to evaluate the effectiveness of the **be nice.** education program. The study included 160 interviews with school staff, students, and parents from 74 schools.



agreed the program helped address negative behaviors & created mental health awareness

**Increased** behaviors that **prevent suicide.**



**aggression decreased by a significant amount** in elementary, middle, and high schools after the **be nice.** program was implemented.

**Elementary School**

aggression decreased by

**72%**

**Middle School**

aggression decreased by

**56%**

**High School**

aggression decreased by

**49%**

**mental health awareness increased** a substantial amount among high schools and middle schools.



**High School**  
awareness increased

**70%**

**Middle School**  
awareness increased

**65%**

**kindness increased**

**60%**

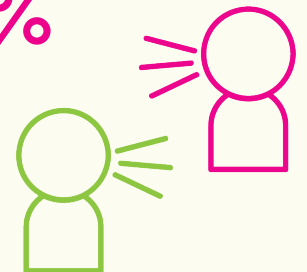


- increases connectedness
- fosters a common language surrounding mental health



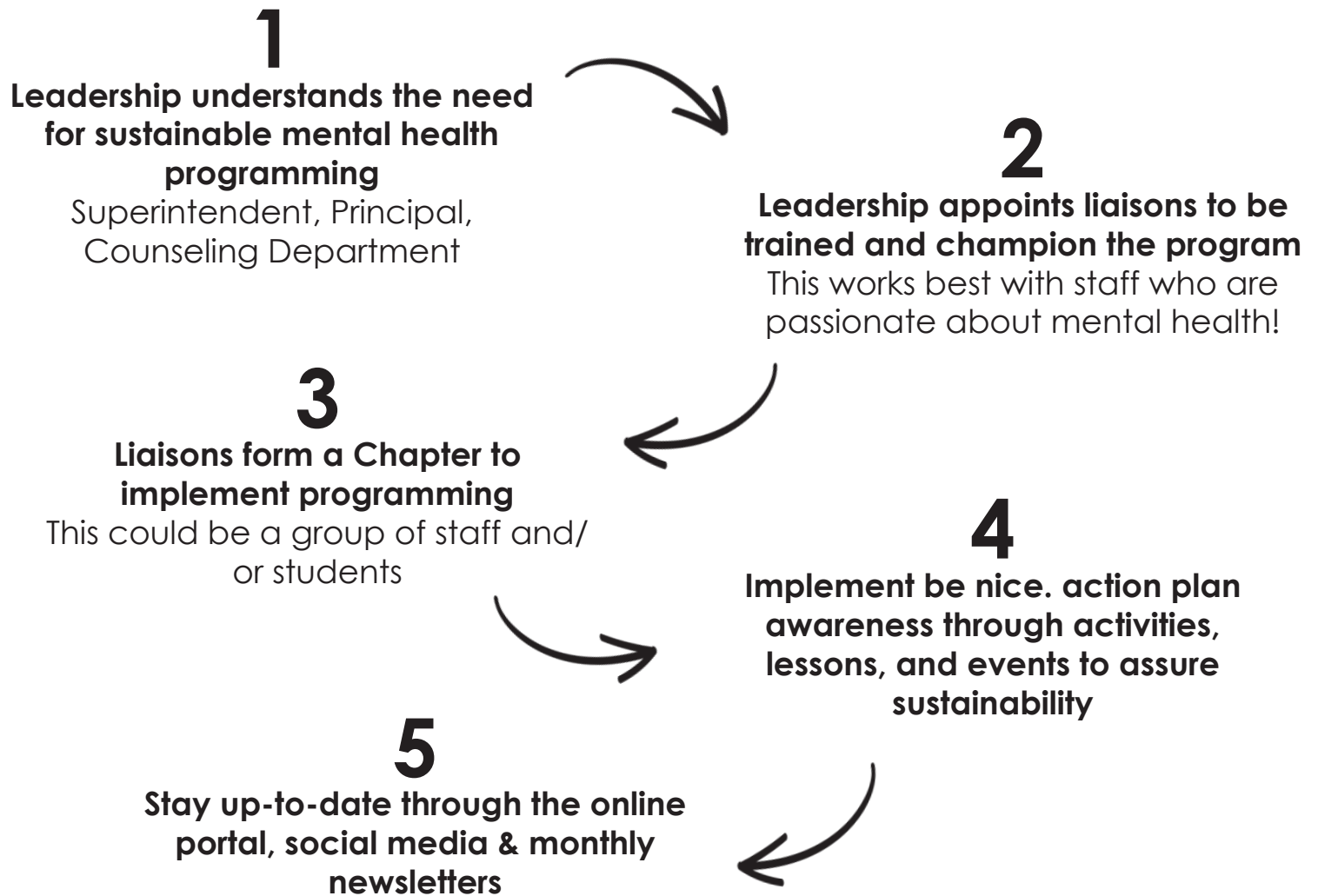
**disrespect decreased**

**50%**



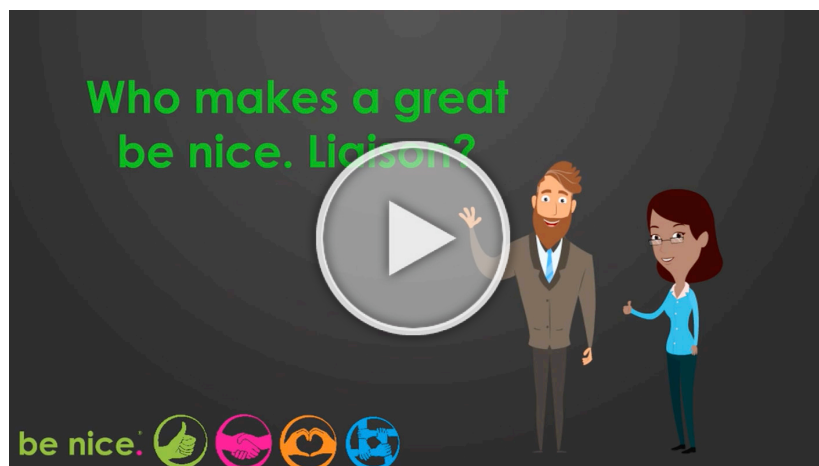
# how it works!

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## who makes a good **be nice.** liaison?



# why the **be nice.** action plan?

**simple  
to learn**

**builds  
knowledge**

**easy  
to use**



**notice**

notice what is right and good about someone so you can notice when something is different about the way that person is thinking, acting, or feeling - their mental health!



**invite**

invite yourself to reach out and have a conversation about the changes you've noticed.



**challenge**

challenge stigma and access resources.



**empower**

empower yourself and others with protective factors for resilience.  
feel empowered knowing YOU can have an effect on a person's mental health!



With knowledge comes confidence to take action when it comes to mental health.

**be nice.**  
notice invite challenge empower



# what is **be nice.** Team?

Student-athletes experience challenges to their mental health. It's as simple as that. This is a national conversation, but the way that we can effect change is to bring the conversation locally and to our teams. **be nice.** is an easy tool to use and understand for all ages and backgrounds.

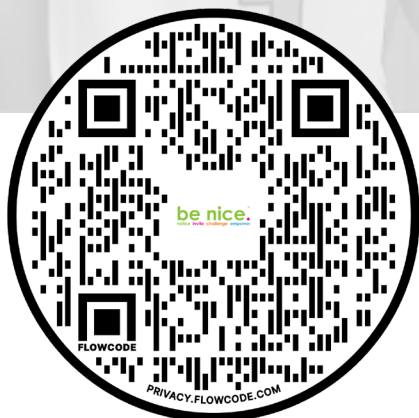


Benefits of becoming a **be nice.** Team:

- provides simple and effective mental health and suicide prevention education
- provides common language for coaching staff, players, and parents
- increases team connectedness and psychological safety
- increases team communication and trust

become a **be nice.** Team!  
**be nice.** team kit includes:

- access to online portal: education, tools, resources, videos & more
- coaches manual
- mental health awareness game toolkit
- team movie & activities
- empowerment activities
- ongoing assistance from **be nice.** staff
- **be nice.** flag or banner



Hear from a player, coach, and administrative staff about how the **be nice.** Team Program impacted their athletic season!

**program cost:**

Cost of programming varies, please inquire for more info.

If interested, please contact [rachaelbraginton@benice.org](mailto:rachaelbraginton@benice.org)

**be nice.**<sup>®</sup>  
notice invite challenge empower



# why **be nice.** Team?

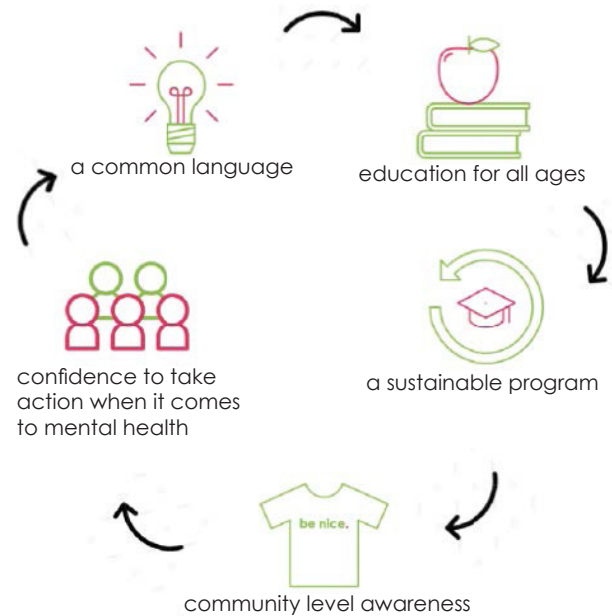
## know the facts:

- Half of all mental disorders begin by age 14, and three-quarters by age 24.
- Suicide represents 7.3% of deaths among NCAA student-athletes, which is the 3rd leading cause of death within this population.
- Males ages 15-24 are 3.5 times as likely as females to die by suicide. Females are 2 times as likely to attempt suicide.

## evidence based

A study from Grand Valley State University shows that **be nice.** programming:

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challenge stigma and access resources.



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empower yourself and others with protective factors for resilience.  
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With knowledge  
comes confidence  
to take action.

**be nice.**<sup>®</sup>  
notice invite challenge empower



# be nice. in action



Watch how two coaches in Eastern Michigan use **be nice.** as seen on the TODAY Show



**be nice.** is the official mental health training chosen by the Michigan High School Athletic Association.

Use your own coaches to teach the action plan!



**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.