

**THIRD AMENDMENT TO THE AGREEMENT BETWEEN THE  
COUNTY OF VENTURA AND HEALTH CARE FOUNDATION FOR VENTURA  
COUNTY, INC.**

This "Third Amendment" to the Agreement dated July 1, 2024, for Educational Stipend, Basic Needs, and Housing Administration services, is entered into by and between the **COUNTY OF VENTURA**, acting through its Behavioral Health Department, a primary service provider, hereinafter referred to as "COUNTY," and **HEALTH CARE FOUNDATION FOR VENTURA COUNTY, INC.**, hereinafter referred to as "CONTRACTOR," Individually referred to as a "Party" and collectively referred to as the "Parties."

NOW, THEREFORE, the Parties hereby agree that the Agreement is amended effective July 1, 2025 as follows:

- I. TERM: The term of this Agreement is extended through June 30, 2026, subject to budgetary approval by the Ventura County Board of Supervisors for FY 2025-26.
- II. Exhibits "A-1, A-2, and A-3" (PROGRAM DESCRIPTION) of the Agreement are deleted and replaced with the new Exhibits "A-1, A-2, and A-3" (PROGRAM DESCRIPTION), attached hereto.
- III. Exhibits "B-1, B-2, and B-3" (PAYMENT PROVISIONS) of the Agreement are deleted and replaced with the new Exhibits "B-1, B-2, and B-3" (PAYMENT PROVISIONS) attached hereto.
- IV. Except for the modifications described herein, all other terms and conditions of the Agreement, as previously amended, shall remain in effect.
- V. The Parties hereto agree that this Third Amendment may be transmitted and signed by electronic or digital means by either/any or both/all Parties and that such signatures shall have the same force and effect as original signatures, in accordance with California Government Code Section 16.5 and California Civil Code Section 1633.7.

[SIGNATURES ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the Parties have executed this Third Amendment on the dates written below.

HEALTH CARE FOUNDATION FOR  
VENTURA COUNTY, INC

COUNTY OF VENTURA

BY

BY

\_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(print name and title)

\_\_\_\_\_  
(print name and title)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(date)

HEALTH CARE FOUNDATION FOR  
VENTURA COUNTY, INC.

BY

\_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(print name and title)

\_\_\_\_\_  
(date)

\* If a corporation, this Third Amendment must be signed by two specific corporate officers.

The first signature must be either the (1) Chief Executive Officer, (2) Chairman of the Board, (3) President, or any (4) Vice President.

The second signature must be the (a) Secretary, an (b) Assistant Secretary, the (c) Chief Financial Officer, or any (d) Assistant Treasurer.

In the alternative, a single corporate signature is acceptable when accompanied by a corporate resolution demonstrating the legal authority of the signature to bind the company.

**EXHIBIT “A-1”**  
**PROGRAM DESCRIPTION**  
**HEALTH CARE FOUNDATION FOR VENTURA COUNTY, INC.**  
**July 1, 2025 through June 30, 2026**

**Stipend Program Overview**

The work performed by the CONTRACTOR under this Agreement establishes an avenue for distributing stipends to individuals engaged in clinical training within Ventura County’s public behavioral health system. CONTRACTOR will be the fiscal agent for student practice experience stipends. This Exhibit covers stipends funded via Southern Counties Regional Partnership (SCRIP), and Mental Health Services Act (MHSA) Workforce Education and Training (WET) component funding for students enrolled in related program at educational institutions who are identified as contracted Educational Partners: Pre-Doctoral Practicum Students, Master of Social Work Students (MSW), Marriage & Family Therapy Trainees (MFTT), Mental Health Associate (MHA) Students and Behavioral Health Worker (BHW) Practicum Students.

***For the service period of July 1, 2025 through June 30, 2026, the following stipend services will be provided:***

- Pre-Doctoral Psychology Practicum Student
  - Five (5) students enrolled in a doctoral degree, an American Psychological Association (APA) program which could lead to employment as a licensed clinical psychologist. MHSA WET (MHS068) funded Stipends in the amount of \$10,000 are provided in two (2) payments of \$5,000 each, one in FY Quarter 2 and one FY Quarter 3 to support two (2) semesters of experience.
- Undergraduate Mental Health Associate Student
  - Eight (8) students enrolled in an undergraduate degree program within a field of study related to mental health at California State University, Channel Islands. Stipends funded through the SCRIP Pipeline (MHS068) funds in the amount of \$5,000 each are provided in FY Quarter 3 to support two 2 semesters of experience.
- Graduate Behavioral Health Clinician Student
  - Eleven (11) students enrolled in a MSW or MFTT Graduate Program within an Educational Institution with which COUNTY has an MOU. MHSA WET MHS068 funded Stipends in the amount of \$8,000 each are provided in two (2) payments of \$4,000 each, one in FY Quarter 2 and one FY Quarter 3 to support 2 semesters of experience.

**EXHIBIT A-2**  
**PROGRAM DESCRIPTION**  
**HEALTH CARE FOUNDATION FOR VENTURA COUNTY, INC.**  
**July 1, 2025 through June 30, 2026**

**Basic Needs Program**

Adult and Youth & Family Full-Service Partnership (FSP), Rapid Integrated Support and Engagement (RISE) and Ventura County Power Over Psychosis (VCPOP) Programs.

FSP programs provide funding to assist with the basic needs of a member that are not funded by traditional mental health funding. Meeting these basic needs is necessary to: (1) support member wellness and recovery and (2) assist members in meeting their goals. The use of FSP program funds must be consistent with the members' problem list goals.

Similar to the FSP program, the RISE program provides funding to meet the basic needs of RISE program members. Some examples of the types of basic needs items that may be funded include housing, food, transportation, medical, dental, and other emergency services needed to assist members in immediate crisis.

VCPOP is a VCBH program that treats 12-25-year-olds county-wide who are experiencing psychosis for the first time. This program is a State-mandated program for counties to provide. The use of funds is similar to FSP and use of VCPPOP funds must be consistent with the program goal of promoting individuals continuing to live in the least restrictive setting with their natural support (family or friends). VCPPOP follows the stress reduction model with the knowledge that increased stress is correlated to higher risk of psychosis, and reducing the stress of basic needs will help manage the risk of increasing symptoms.

Because FSP, RISE and VCPPOP program members have basic needs that must be met quickly, CONTRACTOR services will establish an avenue for the payment of these basic need's services. Specifically, CONTRACTOR will be the fiscal agent for the FSP, RISE and VCPPOP program basic needs funds and will be responsible for making payments to COUNTY selected service providers upon request of COUNTY (invoice and/or other supporting expense paperwork will be submitted) and in line with required payment timeframes. At no time will any payment be made directly to a member.

As consideration for its services as a fiscal intermediary, CONTRACTOR will receive an administrative overhead fee of 15%. CONTRACTOR agrees to use all funds provided hereunder, less the designated administrative overhead expense, for the payment of FSP, RISE, and VCPPOP program basic needs payments. All unspent FSP, RISE and VCPPOP program funds must be returned to COUNTY within thirty (30) days of the end of the Agreement.

## **Payment/Accounting/Reporting Responsibilities**

### **COUNTY responsibilities:**

- Submit annual FSP, RISE and VCPOP Program basic needs budget to CONTRACTOR each year.
- Submit a Release of Funds form to CONTRACTOR to initiate the payment process.
- Provide CONTRACTOR with an invoice or any other supporting information needed to remit payment to a service provider or for a designated basic need. Service provider name, address, telephone, payment amount, required timeframe for payment and/or payment due date, member name, and any other pertinent information will be provided to CONTRACTOR to ensure payment can be made within the required timeframe.

### **CONTRACTOR responsibilities:**

- Prepare reimbursement checks. Make reimbursement checks available for pick up by a COUNTY designated employee or remit payment to designated service provider within the timeframe specified by COUNTY.
- Submit a quarterly report to COUNTY within fifteen (15) days of the end of each quarter. The quarterly report should summarize all basic needs payments made and the available balance in the FSP, RISE and VCPOP Program basic needs budgets. The payment summary must include the following information: payee name, payee address, amount of payment, date payment was made, member name that payment was made for, and whether payment was sent directly to the service provider or picked up by a COUNTY employee (the name of the COUNTY employee that collected the check must be provided). The available FSP, RISE and VCPOP program budget balances must be supported with a recent bank statement.
- CONTRACTOR will be responsible for any State or Federal reporting requirements for payments made.
- Return any unspent program funds to COUNTY within thirty (30) days of the end of the fiscal year.

**EXHIBIT A-3**  
**PROGRAM DESCRIPTION**  
**HEALTH CARE FOUNDATION FOR VENTURA COUNTY, INC.**  
**July 1, 2025 through June 30, 2026**

**Ventura County Behavioral Health Housing Fund**

The purpose of a Housing fund with the CONTRACTOR is to have appropriate fiscal management when paying housing related expenses for members without other resources.

**County Responsibilities:** A VCBH Case Manager identifies members in need of financial assistance to access supplemental housing resources and works with those members to complete basic needs funding requests. The Clinic Administrator of the clinic where the member is receiving services will approve the request and submit it to [VCBHHousing@ventura.org](mailto:VCBHHousing@ventura.org) for review and approval. The VCBH case manager shall ensure that no other resources are available to pay these expenses prior to requesting assistance from the Housing Fund. Other COUNTY responsibilities include:

- Submitting an annual Housing Fund Program budget to CONTRACTOR each year.
- Submitting a Release of Funds form to CONTRACTOR to initiate the payment process for each authorized payment.
- Providing CONTRACTOR with an invoice or any other supporting information needed to remit payment to a service provider or for a designated basic need. Service provider name, address, telephone, payment amount, required timeframe for payment and/or payment due date, member name, and any other pertinent information will be provided to CONTRACTOR to ensure payment can be made within the required timeframe.

**CONTRACTOR Responsibilities:**

Upon receipt of a properly completed Housing Fund request, CONTRACTOR will make payments for particular expenses such as:

**Application Fees:** When a property manager requires a deposit check upon application submission, the CONTRACTOR will make the check payable to the property. Members can deliver the check in person or the CONTRACTOR can mail it to an address provided by the member and their VCBH case manager.

**Moving Expenses:** If the member is requesting financial assistance to pay moving expenses, the member will need to secure two (2) estimates from moving companies. The contract for moving will be between the moving company approved and the member. CONTRACTOR will require a W9 from the moving company before they can make a payment.

**Utilities:** **CONTRACTOR** can pay utility companies or property managers directly upon receipt of a complete W9 form.

All requests for funding from the HCFVC Housing fund shall be approved by the Clinic Administrator and the Housing Manager. Under no circumstances will **CONTRACTOR** pay directly to a VCBH member. Once the request for housing related financial assistance is approved and paid, the **CONTRACTOR** will invoice **COUNTY** for reimbursement following the Housing Fund funding protocols. Specific **CONTRACTOR** responsibilities will include:

- Preparing checks.
- Making checks available for pick up by a **COUNTY** designated employee or remitting payment to a designated service provider within the timeframe specified by **COUNTY**.
- Submitting a quarterly report to **COUNTY** within fifteen (15) days of the end of each quarter. The quarterly report will list all basic needs payments made during the quarter and the available balance in the Housing Fund budgets. The report must include the following information for each payment: payee name, payee address, amount of payment, date payment was made, name of the member that payment was made for, and whether payment was sent directly to the service provider or picked up by a **COUNTY** employee (including the name of the **COUNTY** employee that collected the check). The available Housing fund budget balances must be supported with a recent bank statement.
- **CONTRACTOR** will be responsible for any State or Federal reporting requirements for payments made.
- Returning any unspent program funds to **COUNTY** within thirty (30) days of the end of the County's fiscal year

**Compensation:** For its services as a fiscal intermediary, **CONTRACTOR** will receive an administrative overhead fee of 15% of the value of each transaction. **CONTRACTOR** agrees to use all funds provided hereunder, less the designated administrative overhead expense, for the payment of Housing Fund services.

**EXHIBIT “B-1”**  
**PAYMENT PROVISIONS**  
**HEALTH CARE FOUNDATION FOR VENTURA COUNTY, INC.**  
**July 1, 2025 through June 30, 2026**

**Stipend Program**

- A. The maximum total amount of the Agreement for the period of July 1, 2025 through June 30, 2026 shall not exceed a budget of **\$204,700**.
- B. The total administrative fee will not exceed 15% of the contract amount.
- C. Student Stipends Budget

Student payments shall be made, per the provisions detailed in Exhibit A-1 and Table #2 - Payments Schedule, detailed below.

**Table #2 - Payments Schedule**

Description	Number of Students	Rate	FY 25-26 Budget Projection
Pre-Doctoral - MHSA WET MHS068 funds	5	Five (5) students at a rate of \$10,000 disbursed \$5,000 FY Quarter 2 and \$5,000 FY Quarter 3	\$50,000
Undergraduate (Mental Health Associate) – SCRP Pipeline MHS068 funds	8	Eight (8) students at a rate of \$5,000 disbursed \$2,500 FY Quarter 2 and \$2,500 FY Quarter 3	\$40,000
Graduate Behavioral Health Clinician Student (MFTT or MSW) MHSA WET MHS068 funds	11	Eleven (11) students at a rate of \$8,000 disbursed \$4,000 FY Quarter 2 and \$4,000 FY Quarter 3	\$88,000
Subtotal amount not to exceed			\$178,000
Administration Fee (Not to Exceed 15%)			\$26,700
<b>Total</b>			<b>\$204,700</b>

**Student Stipends Payment Schedule**

During the regular academic year, stipend amounts will be paid over Quarters 2 and 3.



**EXHIBIT B-2**  
**PAYMENT PROVISIONS**  
**HEALTH CARE FOUNDATION FOR VENTURA COUNTY, INC.**  
**July 1, 2025 through June 30, 2026**

**BASIC NEEDS PROGRAM**

**FSP, RISE and VCPOP Programs**

- A. The total cost of the payments may not exceed **\$196,938** for the service period of July 1, 2025 through June 30, 2026.
- B. The total administrative fee will not exceed 15% of the contract amount.
- C. FSP, RISE and VCPOP Program Basic Needs Services Budget

The total budget for services payments and administration, per Exhibit "A-2" will be:

**Table #1**

Basic Needs Program	Rates*	Budget
FSP Program Budget	Billed as incurred	\$150,000
RISE Program Budget	Billed as incurred	\$ 11,250
VCPOP Program Budget	Billed as incurred	\$ 10,000
Subtotal amount not to exceed		\$171,250
Administration Fee (Not to Exceed 15%)		\$ 25,688
Total		\$196,938

**EXHIBIT B-3**  
**PAYMENT PROVISIONS**  
**HEALTH CARE FOUNDATION FOR VENTURA COUNTY, INC.**  
**July 1, 2025 through June 30, 2026**

**Housing Fund Services**

- A. The total cost of the payments may not exceed **\$103,500** for the service period of July 1, 2025 through June 30, 2026.
- B. The total administrative fee will not exceed 15% of the contract amount.
- C. Housing Fund Services Budget

The total budget for services payments and administration, per Exhibit "A-3" will be:

**Table #1**

Housing Fund	Rate*	Budget
Housing Fund Program Budget	Billed as incurred	\$90,000
Subtotal amount not to exceed		\$90,000
Administration Fee (Not to Exceed 15%)		\$13,500
Total		\$103,500