

# MOU Annual Reporting Template Instructions

Pursuant to the Behavioral Health Information Notices (BHINs): 23-056, 23-057, 24-016, Behavioral Health Delivery Systems (BHDS) are required to execute a Memorandum of Understanding (MOUs) with the Medi-Cal Managed Care Plans (MCPs) operating in their county, and submit an annual MOU report to the Department of Health Care Services (DHCS) electronically to [BHOMDMonitoring@dhcs.ca.gov](mailto:BHOMDMonitoring@dhcs.ca.gov) by the last business day of January.

## MOU Annual Report

**MOU Quarterly Update tab:** The MOU Annual Report must include updates from the quarterly meetings with the MCPs; use one row to document each quarterly meeting. This report is not intended to duplicate the MOU quarterly reports where BHDS demonstrates a good faith effort to execute MOUs.

**MOU Annual Review tab:** Documents the results of the annual MOU review. Counties should summarize the BHDS's annual review process, including amendments made to the MOU and/or policies and procedures, as well as the outcomes of the review. Counties have the option to document one annual review per row for each MCP or combine the annual reviews of multiple MCPs in a single row.

**Do not include Members' Personal Health Information (PHI) or any other confidential information in the report.**

## Attestation

Pursuant to BHINs: 23-056, 23-057, and 24-016, BHDS and MCPs are required to coordinate medically necessary services, including health-related social services needs, when members are accessing services from the applicable Medi-Cal Delivery Systems. **The County must indicate the number of times BHDS and MCPs have conducted quarterly meetings within the specified year.**

BHDS must attest to completing the Annual Review of the BHDS Quarterly MOU Reporting for the specified year. BHDS must also certify that all information in this report is true, accurate, and complete to the best of their knowledge. Please see the Attestation tab for instructions.

Unless otherwise noted in the instructions below, please do not include attachments with your report, as unsolicited attachments will not be accepted. If you have additional questions or concerns, please contact the [BHOMDMonitoring@dhcs.ca.gov](mailto:BHOMDMonitoring@dhcs.ca.gov) mailbox or your assigned county liaison.

MOU Annual Report Update	
Column Name	Explanation
<b>County (Column A)</b>	Enter the County Name.
<b>Plan Code (Column B)</b>	Select the plan code from the drop-down list. Use the plan code directory tab for reference. Selecting the Plan Code will automatically populate the associated MCP Plan Name in Column C.  MHP/DMC-ODS/DMC that operate in more than one county should report on all counties within one MOU Quarterly Report by reporting separate rows for each applicable plan code.
<b>MCP Plan Name (Column C) (Auto Populates)</b>	This column will be automatically populated with the County when the associated Plan Code is entered into Column B. No action is needed in this column.
<b>MOU Effective Date (Column D)</b>	Enter the effective date of the Executed MOU. The effective date is the date that the MOU went into effect.
<b>Reporting Year (Column E)</b>	Enter the corresponding reporting year for the data reported using the drop down list provided.
<b>Combined MOU (Column F)</b>	Is the MOU a combination of more than one delivery system? Select "Yes" or "No" from the drop-down menu.

<b>MOU Type (Column G)</b>	Select the MOU type from the drop-down list. If the BHDS has executed MOUs with multiple MCPs for the same MOU type, report each on a separate row. List all individual executed MOUs..
<b>Meeting Attendees (Column H)</b>	Provide a list of all attendees including MCP responsible person(s), leadership, and county executives during the quarterly meetings.
<b>MOU Quarterly Updates Tab: (Column I) Topic: Care Coordination</b>	Describe the common themes, concerns, and/or discussion items from the Quarterly Meetings regarding care coordination, eligibility, screening, assessment, evaluation, and/or Medical Necessity determination. If any care coordination-related changes were made (to the MOU, processes, and/or policies and procedures) based on these discussions, please note those changes in this section. If this topic was not discussed at the meeting(s), then provide an explanation. Limit responses to 1000 characters.
<b>MOU Annual Review Tab: (Column I) Summary of Annual Review Process</b>	Provide a summary of the annual review activities conducted by the county.
<b>MOU Quarterly Updates Tab: (Column J) Topic: Referrals</b>	Describe the common themes, concerns, and/or discussion items from the Quarterly Meetings regarding referrals. If any referral-related changes were made (to the MOU, processes, and/or policies and procedures) based on these discussions, please note those changes in this section. If this topic was not discussed at the meeting(s), then provide an explanation. Limit responses to 1000 characters.
<b>MOU Annual Review Tab: (Column J) Outcome of the Review Process</b>	Provide a summary of the review process.
<b>MOU Quarterly Updates Tab: (Column K) Topic: Dispute Resolution</b>	Describe any significant disputes between the parties that were discussed at the Quarterly Meetings. What was the resolution? If the dispute is still unresolved, what are the next steps towards resolving the matter? If any changes regarding dispute resolution were made (to the MOU, processes, and/or policies and procedures) based on these discussions, please note those changes in this section. If this topic was not discussed at the meeting(s), then provide an explanation. Limit responses to 1000 characters.
<b>MOU Annual Review Tab: (Column K) MOU Amendment? (Attach supporting documents)</b>	Select "Yes" or "No" from the drop-down menu. If yes, provide copies of any modified or renewed MOUs.
<b>MOU Quarterly Updates Tab: (Column L) Strategies to Avoid Duplication of Services</b>	Describe the common themes, concerns, and/or discussion items from the Quarterly Meetings regarding strategies to avoid duplication of services. If any changes regarding duplication of services were made (to the MOU, processes, and/or policies and procedures) based on these discussions, please note those changes in this section. If this topic was not discussed at the meeting(s), then provide an explanation. Limit responses to 1000 characters.
<b>MOU Annual Review Tab: (Column L) Additional information (Optional)</b>	Provide any additional information the county may have regarding the MOU annual review. <b>Note:</b> Additional information is optional.
<b>Collaboration (Column M)</b>	Describe any discussion at the Quarterly Meetings regarding effective collaboration between the MCP and Other Party, including strengths, barriers, and plans for improvement. If any changes regarding collaboration between BHDSs and MCPs were made (to the MOU, processes, and/or policies and procedures) based on these discussions, please note those changes in this section. If this topic was not discussed at the meetings(s), then provide an explanation. Limit responses to 1000 characters.
<b>Member Engagement (Column N)</b>	Describe any discussion at the Quarterly Meetings regarding Member engagement challenges and successes. If any changes regarding Member Engagement were made (to the MOU, processes, and/or policies and procedures) based on these discussions, please note those changes in this section. If this topic was not discussed at the meetings(s), then provide an explanation. Limit responses to 1000 characters.

<b>MHP/DMC- ODS/DMC Counties</b>	<b>MCP Plans</b>	<b>Plan Code</b>
<b>Solano</b>	<b>Partnership Health Plan of California</b>	504
	<b>Kaiser Permanente</b>	656
<b>Sonoma</b>	<b>Partnership Health Plan of California</b>	513
	<b>Kaiser Permanente</b>	657
<b>Stanislaus</b>	<b>Health Net Community Solutions, Inc.</b>	361
	<b>Health Plan of San Joaquin</b>	312
	<b>Kaiser Permanente</b>	375
<b>Sutter-Yuba</b>	<b>Partnership Health Plan of California</b>	550/552
	<b>Kaiser Permanente</b>	658/661
<b>Tehama</b>	<b>Partnership Health Plan of California</b>	551
<b>Trinity</b>	<b>Partnership Health Plan of California</b>	522
<b>Tulare</b>	<b>Health Net Community Solutions, Inc.</b>	353
	<b>Kaiser Permanente</b>	376
	<b>Anthem Blue Cross Partnership Plan</b>	311
<b>Tuolumne</b>	<b>Health Net Community Solutions, Inc.</b>	384
	<b>Anthem Blue Cross Partnership Plan</b>	116
<b>Ventura</b>	<b>Gold Coast Health Plan</b>	515
	<b>Kaiser Permanente</b>	659
<b>Yolo</b>	<b>Partnership Health Plan of California</b>	509
	<b>Kaiser Permanente</b>	660

<b>MHP/DMC-ODS/DMC Counties</b>	<b>MCP Plans</b>	<b>Plan Code</b>
<b>Merced</b>	<b>Central California Alliance For Health</b>	<b>514</b>
<b>Modoc</b>	<b>Partnership Health Plan of California</b>	<b>519</b>
<b>Mono</b>	<b>Anthem Blue Cross Partnership Plan</b>	<b>109</b>
	<b>Health Net Community Solutions, Inc.</b>	<b>383</b>
<b>Monterey</b>	<b>Central California Alliance For Health</b>	<b>508</b>
<b>Napa</b>	<b>Partnership Health Plan of California</b>	<b>507</b>
	<b>Kaiser Permanente</b>	<b>652</b>
<b>Nevada</b>	<b>Partnership Health Plan of California</b>	<b>546</b>
<b>Orange</b>	<b>CalOptima Health</b>	<b>506</b>
	<b>Kaiser Permanente</b>	<b>653</b>
<b>Placer-Sierra</b>	<b>Partnership Health Plan of California</b>	<b>547/549</b>
	<b>Kaiser Permanente</b>	<b>662</b>
<b>Plumas</b>	<b>Partnership Health Plan of California</b>	<b>548</b>
<b>Riverside</b>	<b>Molina Healthcare of California</b>	<b>355</b>
	<b>Inland Empire Health Plan</b>	<b>305</b>
	<b>Kaiser Permanente</b>	<b>370</b>
<b>Sacramento</b>	<b>Anthem Blue Cross Partnership Plan</b>	<b>190</b>
	<b>Health Net Community Solutions, Inc.</b>	<b>150</b>
	<b>Kaiser Permanente</b>	<b>191</b>
	<b>Molina Healthcare of California</b>	<b>130</b>
<b>San Benito</b>	<b>Central California Alliance For Health</b>	<b>553</b>
<b>San Bernardino</b>	<b>Molina Healthcare of California</b>	<b>356</b>
	<b>Inland Empire Health Plan</b>	<b>306</b>
	<b>Kaiser Permanente</b>	<b>371</b>
<b>San Diego</b>	<b>Blue Shield of California Promise Health Plan</b>	<b>167</b>
	<b>Molina Healthcare of California</b>	<b>131</b>
	<b>Kaiser Permanente</b>	<b>192</b>
	<b>Community Health Group Partnership Plan</b>	<b>29</b>
<b>San Francisco</b>	<b>Anthem Blue Cross Partnership Plan</b>	<b>343</b>
	<b>Kaiser Permanente</b>	<b>372</b>
	<b>San Francisco Health Plan</b>	<b>307</b>
<b>San Joaquin</b>	<b>Health Net Community Solutions, Inc.</b>	<b>354</b>
	<b>Health Plan San Joaquin</b>	<b>308</b>
	<b>Kaiser Permanente</b>	<b>373</b>
<b>San Luis Obispo</b>	<b>CenCal Health</b>	<b>501</b>
<b>San Mateo</b>	<b>Health Plan of San Mateo</b>	<b>503</b>
	<b>Kaiser Permanente</b>	<b>654</b>
<b>Santa Barbara</b>	<b>CenCal Health</b>	<b>502</b>
<b>Santa Clara</b>	<b>Anthem Blue Cross Partnership Plan</b>	<b>345</b>
	<b>Kaiser Permanente</b>	<b>374</b>
	<b>Santa Clara Family Health Plan</b>	<b>309</b>
<b>Santa Cruz</b>	<b>Central California Alliance For Health</b>	<b>505</b>
	<b>Kaiser Permanente</b>	<b>655</b>
<b>Shasta</b>	<b>Partnership Health Plan of California</b>	<b>520</b>
<b>Siskiyou</b>	<b>Partnership Health Plan of California</b>	<b>521</b>

<b>MHP/DMC- ODS/DMC Counties</b>	<b>MCP Plans</b>	<b>Plan Code</b>
<b>Alameda</b>	<b>Alameda Alliance for Health</b>	531
	<b>Kaiser Permanente</b>	670
<b>Alpine</b>	<b>Anthem Blue Cross Partnership Plan</b>	385
	<b>Mountain Valley Health Plan</b>	377
<b>Amador</b>	<b>Anthem Blue Cross Partnership Plan</b>	101
	<b>Health Net Community Solutions Inc.</b>	380
	<b>Kaiser Permanente</b>	125
<b>Butte</b>	<b>Partnership Health Plan of California</b>	543
<b>Calaveras</b>	<b>Anthem Blue Cross Partnership Plan</b>	103
	<b>Health Net Community Solutions Inc.</b>	381
<b>Colusa</b>	<b>Partnership Health Plan of California</b>	544
<b>Contra Costa</b>	<b>Contra Costa Health Plan</b>	532
	<b>Kaiser Permanente</b>	671
<b>Del Norte</b>	<b>Partnership Health Plan of California</b>	523
<b>El Dorado</b>	<b>Anthem Blue Cross Partnership Plan</b>	386
	<b>Mountain Valley Health Plan</b>	378
	<b>Kaiser Permanente</b>	387
<b>Fresno</b>	<b>Anthem Blue Cross Partnership Plan</b>	362
	<b>Kaiser Permanente</b>	365
	<b>CalViva Health</b>	315
<b>Glenn</b>	<b>Partnership Health Plan of California</b>	545
<b>Humboldt</b>	<b>Partnership Health Plan of California</b>	517
<b>Imperial</b>	<b>Community Health Plan of Imperial Valley</b>	533
	<b>Kaiser Permanente</b>	672
<b>Inyo</b>	<b>Anthem Blue Cross Partnership Plan</b>	107
	<b>Health Net Community Solutions Inc.</b>	382
<b>Kern</b>	<b>Anthem Blue Cross Partnership Plan</b>	379
	<b>Kaiser Permanente</b>	366
	<b>Kern Family Health Care</b>	303
<b>Kings</b>	<b>Anthem Blue Cross Partnership Plan</b>	363
	<b>Kaiser Permanente</b>	367
	<b>CalViva Health</b>	316
<b>Lake</b>	<b>Partnership Health Plan of California</b>	511
<b>Lassen</b>	<b>Partnership Health Plan of California</b>	518
<b>Los Angeles</b>	<b>Health Net Community Solutions, Inc.</b>	352
	<b>L.A. Care Health Plan</b>	304
	<b>Kaiser Permanente</b>	368
<b>Madera</b>	<b>Anthem Blue Cross Partnership Plan</b>	364
	<b>Kaiser Permanente</b>	369
	<b>CalViva Health</b>	317
<b>Marin</b>	<b>Partnership Health Plan of California</b>	510
	<b>Kaiser Permanente</b>	650
<b>Mariposa</b>	<b>Central California Alliance For Health</b>	554
	<b>Kaiser Permanente</b>	651
<b>Mendocino</b>	<b>Partnership Health Plan of California</b>	512

Number of Quarterly Meetings held: 4

Provide an Explanation if fewer than four (4) quarterly meetings were held: Quarterly Joint Operation Meetings only held with Gold Coast Health Plan as Kaiser MOU has not yet been executed.

County Name	Plan Code	MCP Plan Name (Auto Populates)	MOU Effective Date	Reporting Year	Combined MOU Yes or No	MOU Type	Meeting Attendees	Topic: Care Coordination	Topic: Referrals	Topic: Dispute Resolution	Topic: Strategies to Avoid Duplication of Services	Topic: Collaboration	Topic: Member Engagement
Ventura	515	Gold Coast Health Plan	4/3/2025	2025	Yes	SMHS/DMC-ODS	Vanessa Ramos, Lucy Marrero, Vicki Wrihster, Erik Cho, Anna Sproule, Dr. James Cruz, Michelle Espinoza, Erick Elhard, Dr. John Schipper, Dr. Eleonora Volf, Sloane Burt, Leisa Donovan, Katie Schmit, Maryza Seal, Julie Glantz, Amber Diaz, Chantrece DeVeyra, Nicole Salazar, Narci Egan, Juan Mendoza, Ruby Avila-Herrera, Courtney Lubell	VCBH Forensics, Justice, & Re-Entry Division: During monthly stakeholder meeting with court partners it was mentioned that there may be a subset of the Medi-Cal population who fall in the NSMHS carveout and also may qualify for MH Diversion, VCBH has requested names/data on how many people may be in this member subpopulation, GCHP would like to know more about this volume, recommendation that this population may also benefit from ECM and GCHP would welcome those referrals, overview of thought process behind VCBH operational redesign to create a Forensics Division, request for Dr. Schipper to provide a more in-depth overview of the Forensics service line/Division at next JOM.	Performance incentives re: access to services and timely referrals processing, increase in unique members accessing services, in December that rose to ~12,000 members accessing NSMHS in the Carelon network, also an increase to ~65% match of Spanish speaking members with Spanish speaking providers, increase of medium (26) and highly active (36) clinicians in the Carelon network (all located w/in VC), at least 26 add'l Spanish speaking clinicians in the Carelon provider network, increase of conversion to active treatment from referral (~40%), ~27% of FUA/FUM qualifying members are contacted and have a qualifying f/u visit, ~36% of referrals from EDs are linked to care (this is a new measure since Sept. 2024 and has been increasing).	No disputes at this time.	VCBH has integrated the MH and SUS Access Lines to a sole number (866-998-2243), this is the single access point for crisis services and MH/SUS access, the previous SUS line now routes to the 866 but is no longer advertised, Crisis Team is integrating add'l disciplines (peers, alcohol & drug tx specialists, intensive services coordinators) who are joining the existing clinicians and nurses, diversification efforts can better cover areas of need for the community during a crisis, GCHP wondering if Crisis Team might consider offering the first dose for MAT, Ruby acknowledged the idea and agreed that CCNS would consider and discuss with VCBH SUS.	VCBH MCO is working to build out processes and procedures to support managed care plan operations, Provider Network Management team is expanding roles/responsibilities from just contracts to provider relations, QA has built out new tools for VCBH clinics and CBOs including peer review process for chart reviews, QI is supporting management of data sharing requirements and audits, now have a Project Implementation & Compliance team, division staff has risen from ~10 to ~50, goal of supporting VCBH	Evaluating current services and staffing ratios through the lens of Prop 1 changes, will be increasing volume of Full Service Partnership (FSP) services, piloting integrated service model (starting with Paula clinic (adult & youth services), scheduling mechanisms are being scheduled (office staff scheduling on behalf of direct services staff), increase of plan members requesting specific services (EMDR & TMS) which has led to those services now moving towards being in-network/in-house for VCBH, GCHP shared that they would like to collaborate on an integration of physical and behavioral health services in the future.
Ventura	515	Gold Coast Health Plan	4/3/2025	2025	Yes	SMHS/DMC-ODS	Juan Mendoza, Erick Elhard, Narci Egan, Katie Schmit, Jennifer Dougherty, Sloane Burt, Leisa Donovan, Dr. John Schipper, Julie Glantz, Ruby Avila-Herrera, Maryza Seal, Eleonora Volf, Dr. James Cruz, Jasmyn Harrion, Erika Franco, Eve Gelb, Lauren Burnette, Erik Cho, Lily Yip, Dr. Felix Nunez, Kriscilla Walker, Lucy Marrero, Anna Sproule, Juan Martinez, Chantel Martinez	VCBH Forensics Division Presentation: MH Diversion provides individuals facing criminal charges an opportunity for MH Diversion, if program completed successfully the charges are dropped, the Diversion statute could apply to SMHS or NSMHS population, overview of involuntary detention and conservatorship factors, preparing for BH-Links, local jail is delaying implementation for Medi-Cal billing, means to receive BH-Links referrals from out-of-county prisons has been established, discussion of the intersection of SMHS and ECM re: the JI population.	Quarterly closed loop referral data summary was presented and discussed by the group, Future goal of using these data points to monitor trends and explore opportunities for improvement, GCHP-Carelon-VCBH also working to develop a referral auditing process.	No disputes at this time.	GCHP will be constructing key metrics to evaluate the health of its network, additional updates on this endeavor will be available at future meetings.	Welcome to Carelon as JOM participants, including Carelon is aligned with expectations outlined in the now fully executed VCBH-GCHP MOU.	All invited to Pacifica High School this Friday for the GCHP Student Behavioral Health & Wellness event, Wellness Center tours, community based resources, networking, Lucy will send information to the group, GCHP has been asked to participate in a CMS affinity group re: perinatal substance use and addressing this population's needs.
Ventura	515	Gold Coast Health Plan	4/3/2025	2025	Yes	SMHS/DMC-ODS	Erik Cho, Dr. Teri Brown, Lucy Marrero, Vanessa Ramos, Davina Gutierrez, Jasmyn Harrion, Stacy Luney, David Tovar, Kriscilla Walker, Brelynd Martin, Dr. John Schipper, Sara Sanchez, Karen Lee, Jennifer Dougherty, Ana Magbitang, Leisa Donovan, Erick Elhard, Dr. Thomas Taylor, Lily Yip, Chantel Martinez	Discussion of how both parties worked to resolve case specific concerns as well as systemic issues that may be playing a role in our work collaboration, GCHP/VCBH/Carelon meet monthly to ensure challenges that might be happening are discussed and worked through.	Transitional Rent Program Overview by GCHP (launching Jan 1, 2026), Provides up to 6 months of bridge housing for behavioral health populations of focus, Expected first-year reach: 150-300 individuals, Coordination required with VCBH, ECM, housing navigation, and local CoC partners, Strong emphasis on data-driven monitoring, landlord engagement, and sustainability beyond 6 months.	No disputes at this time.	Plan discussed and highlighted the interagency Closed Loop Referrals & Screening Tools reporting, Updated DHCS standards now allow clinical override beyond score-based criteria, Ventura recognized by DHCS as a leader in implementing closed loop processes and data sharing.	GCHP provided overview of MOU requirements, reporting metrics, and what the evolving JOM structure will be.	Both plans discussed the joint focus on FUA/FUM HEDIS measures and smallscale PDSA cycles for care coordination improvement.

County Name	Plan Code	MCP Plan Name <i>(Auto Populates)</i>	MOU Effective Date	Reporting Year	Combined MOU Yes or No	MOU Type	Meeting Attendees	Topic: Care Coordination	Topic: Referrals	Topic: Dispute Resolution	Topic: Strategies to Avoid Duplication of Services	Topic: Collaboration	Topic: Member Engagement
Ventura	515	Gold Coast Health Plan	4/3/2025	2025	Yes	SMHS/DMC-ODS	Erik Cho, Dr. Teri Brown, Lucy Marrero, Vanessa Ramos, Davina Gutierrez, Erika Franco, David Tovar, Kriscilla Walker, Joel Sanchez, Narci Egan, Sara Sanchez, Karen Lee, Jennifer Dougherty, Ana Magbitang, Nadeera Ranawaka, Erick Elhard, Dr. Thomas Taylor, Michael Aldrich, Chantel Martinez	Reviewed resolved issue where the Plans observed a referral barrier for foster youth who were unable to access ABA services due to confusion around legal consent authority, Carelon staff uncertainty re: who may legally consent — VCBH vs. social worker, Standardized consent protocol clarifying county social worker authority. Staff training completed to ensure consistent application, Improved access, reduced delay for foster youth referrals; ongoing monitoring planned.	GCHP working to finalize referral auditing process for GCHP/VCBH/Carelon, GCHP is meeting internally and with Carelon to finalize and will present to VCBH by next JOM.	No disputes at this time.	Reviewed QI obligations per the MOU (performance measures, referral tracking, member engagement, utilization monitoring), Proposal to form a focused interagency workgroup to align timelines, responsibilities, and expanded QI activities, Carelon and VCBH supportive; Carelon to route internally for cross-department buy-in, Emphasis on leveraging existing data tables and weekly/monthly referral reporting as foundation for deeper QI.	Transitional Rent (CalAIM Community Support 4), Group requested a standing JOM item for ongoing updates, Collaborative work underway between VCBH & GCHP to clarify referral pathways and internal workflows, Go-Live: January 1, 2026, Next JOM: Present overview of referral process, expectations, and cross-agency coordination requirements.	VCBH presented on network enhancements to improve member access and engagement, EMDR Therapy: 10 clinicians trained; 10–20 more to be trained early 2026, Positive early outcomes in trauma reduction, Eating Disorder Treatment Pathway: Enhanced inhouse services already exist (clinicians, psychiatry, dietitian), New: Three inpatient/residential contracts being finalized to eliminate need for single-case agreements, TMS (Transcranial Magnetic Stimulation): Two dedicated treatment rooms being built out; equipment and staffing underway, Will allow in-house treatment and faster access, Youth Full-Service Partnership (FSP) Expansion Multidisciplinary field-based teams for high-acuity youth, Currently 2 countywide FSPs; new clinic-based FSPs being rolled out across Ventura, Santa Paula, Fillmore, Oxnard, Focus on seamless step-up/step-down care across levels.

County Name	Plan Code	MCP Plan Name <i>(Auto Populates)</i>	Reporting Year	Combined MOU Yes or No	MOU Type	Meeting Attendees	Summary of the Annual Review Process	Outcome of the Review Process	MOU Amendment? (attach supporting documents)	Additional Information (Optional)
Ventura	515	Gold Coast Health Plan	2025	Yes	SMHS/DMC-ODS	VCBH and GCHP Stakeholders	As the VCBH-GCHP SMHS/DMC-ODS annual review was just executed in April 2025, no amendments were proposed by either plan during the remainder of the calendar year. VCBH and GCHP have standing monthly (Care Coordination) and quarterly (Joint Operations) meetings, as well as multiple ongoing workgroups (e.g., QI, DHCS/IHI BH Collaborative) where MOU requirements and implementation strategies are reviewed and discussed.	Following implementation, both Plans have been focused on meeting data sharing requirements, per MOU Exhibit C. Short-term strategies have been implemented (e.g., SFTP for member lists and ECM referrals) while longer-term solutions are in development (e.g., bidirectional API connection). Please see attached VCBH Data Sharing Preparation & Readiness presentation from November 2025. VCBH is also developing a data sharing and data governance policy to help guide its data sharing responsibilities, particularly as they relate to MCPs.	No	Attached VCBH Data Sharing Preparation & Readiness presentation from November 2025.

# MOU Annual Reporting Attestation

**Attestation for MOU Annual Reporting and Quarterly Reporting**  
**(Attest to all applicable requirements below. If the county is unable to attest to one or more requirements below, provide a reason.)**

I hereby attest, the applicable executed GCHP MOU was posted on the County website within 30 calendar days of being fully executed.

I hereby attest, an Annual Review of the MOU(s) has been conducted for the 2025 year and all information provided in this report is true, accurate, and complete to the best of my knowledge.

I hereby attest, Ventura County held 4 quarterly meetings with GCHP MCP, and the quarterly meetings are posted on Ventura County's website (<https://hca.venturacounty.gov/behavioral-health/managed-care-plan-agreements/>) .

I hereby attest, Ventura County will post the Annual Report on the County website within 30 calendar days from the due date of the annual report submission to the Department of Health Care Services.

**On behalf of Ventura County, I hereby attest, the Annual MOU Review of the 2025 year is true, accurate, and complete to the best of my knowledge.**

Name of Signee	Title	Date	Email Address
Loretta L. Denering, DrPH, MS	Ventura County Behavioral Health Director	1/28/2026	<a href="mailto:loretta.denering@venturacounty.gov">loretta.denering@venturacounty.gov</a>