



VENTURA COUNTY  
**BEHAVIORAL HEALTH**  
A Department of Ventura County Health Care Agency

October 3, 2023

# COMMUNITY PLANNING PROCESS (CPP)

## Prioritization

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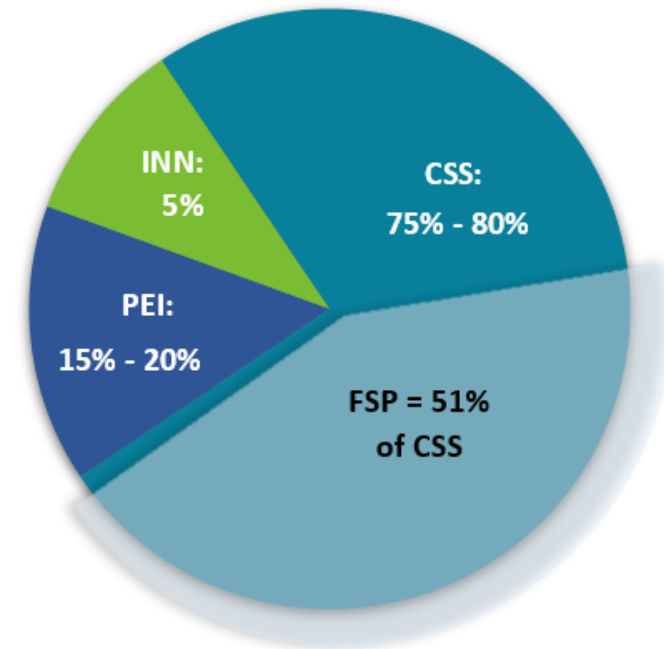
# Annual Update and 3-year plan

**Community Planning:** Counties are required to meaningfully involve stakeholders in program planning (e.g., Annual Updates, Three-Year Plans), implementation, evaluation, and budget allocation

**3 Year Plans:** Outlines the department needs, goals, program plans and spending for the next three years.

**-Today's Purpose: Mid-year Adjustment**

**Annual Update Reports:** Reports on all MHSA funded programs from the prior fiscal year and anticipated changes for the next year always links back to the current 3-year plan.



Required break down of spending

# What is happening now?



2023-2026 PLAN FINALIZED  
IN JUNE 2023



ONE TIME ALLOCATION  
RECEIVED IN AUGUST 2023



MID YEAR ADJUSTMENT  
PROCESS NEEDED TO  
INCLUDE USE OF ONE-TIME  
FUNDS IN TO THE 3YP

# What does the Mid-Year Adjustment Process look like?

## Building on the current 3YP Community Planning Process



# What is a One-time Adjustment?

30+  
**Million  
Dollars**



3 years to allocate and spend 2023-2026 to spend this in addition to regular allocation of MHSAs monies



One-time means infrastructure, time-limited expansions, pilot programs, trainings



Prop 1 potential Impacts

# Prop 1 the Behavioral Health Services Act (BHSA)

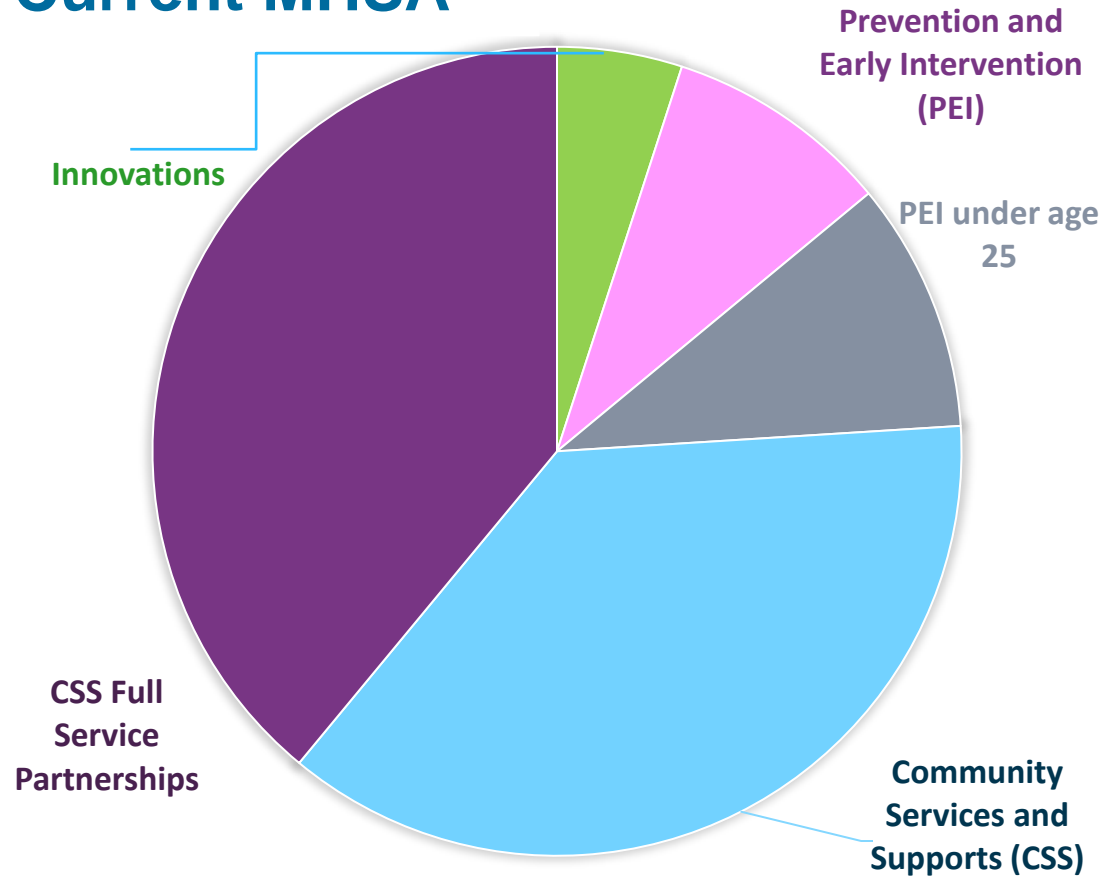
Prop 1: SB326  
will be on the  
March 2024  
ballot along with  
the bond  
measure  
contained in  
AB531

## Non comprehensive summary:

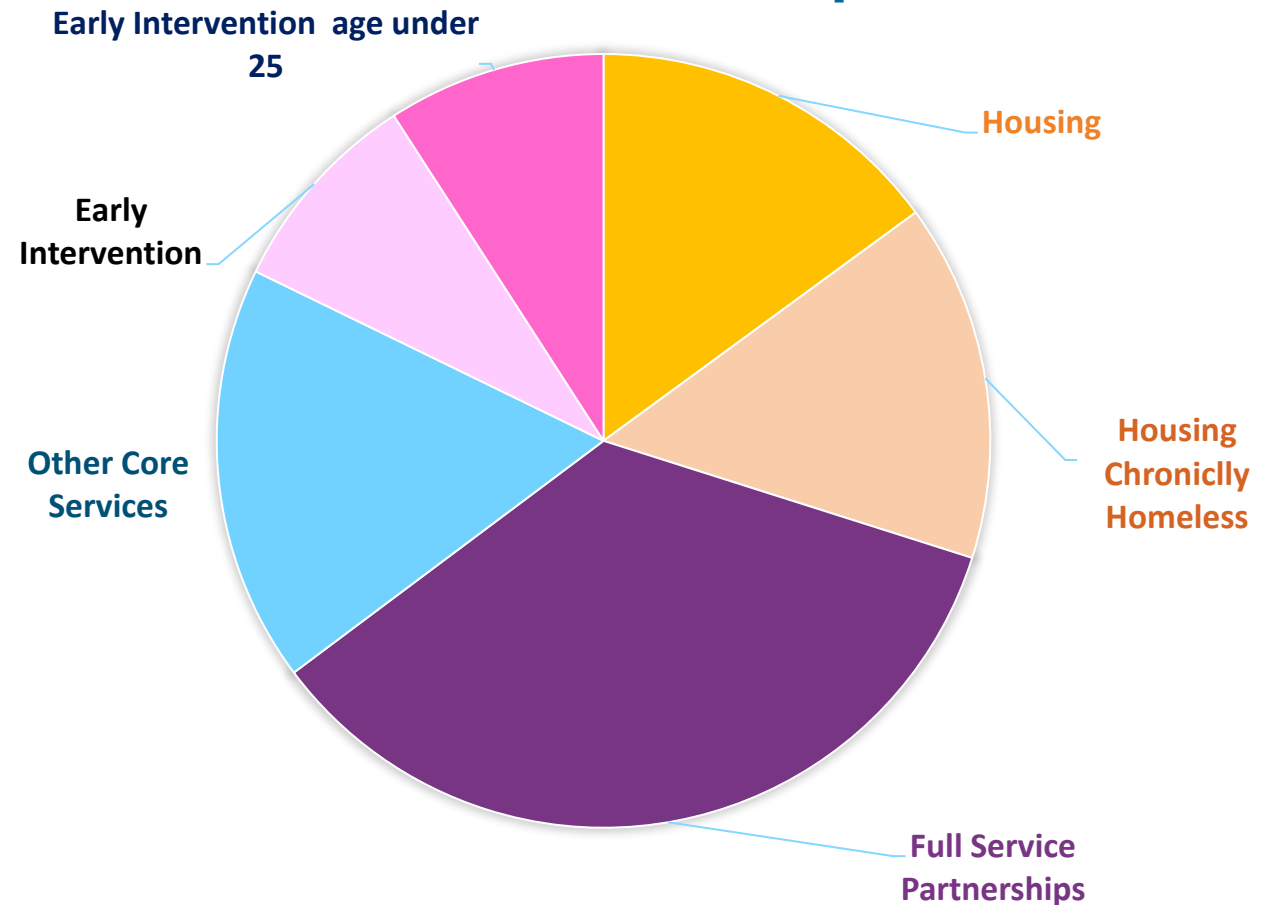
- Establishes a new 30% housing component with a housing first requirements
- Establishes the BHSA as a new source of funding for SUD services
- Creates a new and comprehensive structure for planning, data gathering, and reporting.
- Overhauls the adult and children's system of care statutes
- Eliminates county-based prevention funding priority
- Establishes new service requirements (e.g., ACT/FACT and IPS Supported Employment)

# Prop 1 Updated Spending Percentages

## Current MHSA



## BHSA per SB326



# Top Categories of Solutions

## **I. Housing**

- I. Buildings
- II. Services
- III. Units

## **II. Expansion of Services and Treatment types**

- I. Staff
- II. Buildings
- III. Services

## **III. Access**

- I. Timing
- II. Immediate or Urgent Care

## **IV. Outreach and Education**

- I. Knowing when, where, and how to access services.

## **V. Alternatives to VCBH**

- I. Mild to moderate care
- II. Services partners





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# UPDATES

## Three-year Plan Adjustments

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# High Priorities for Large Dollar Adjustment Infrastructure

Mental Health  
Rehabilitation  
Center (MHRC)  
120 beds

Residential Care  
for the Elderly  
(RCFE)  
60 beds

Adding to the existing continuum of care where we have seen growth and anticipate even more in the future.

At distinctly different levels of care.

Secure facilities for contracted treatment and services.

# High Priorities for Large Dollar Adjustment FSP Expansion

Transitional Age  
Youth Program  
18-25 yrs.

EPICS Program-  
Adults 18-60  
yrs.

Older Adults  
Program 60+  
yrs.

Clinic-based

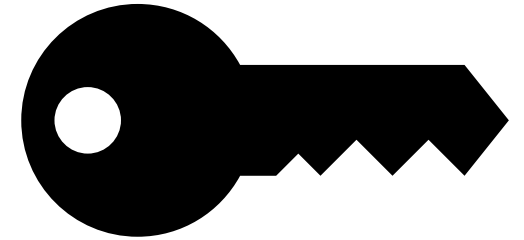
Continuation of the right sizing of FSP  
programing

Additional services and trainings

- IPS supportive employment
- Housing First
- ACT/FACT training

# Additional Priorities for Adjustment Dollars – Access

- Staffing for Short-Term Treatment Teams which have replaced Standardized Triage Assessment and Referral (STAR)
- Improved (more timely and clinically appropriate) access requires additional staffing



# Additional Priorities for Adjustment Dollars – Housing

- Increase amount planned for keeping or establishing board and care units
- Increasing COSAR Accounts
- Expanding the number of permeant supportive units
- Increase B&C rates
- Housing Staff



# Additional Priorities for Adjustment Dollars – Other

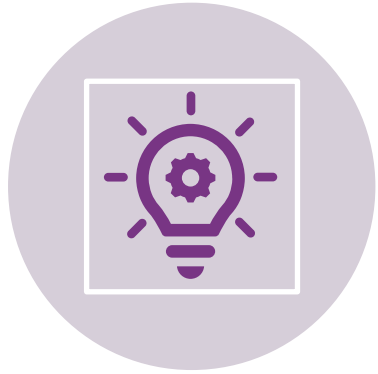
- Transcranial magnetic Stimulation (TMS) equipment, staffing, and training
- Eye movement desensitization and reprocessing (EMDR) training for existing staff
- Community Assistant, Recovery, and Empowerment (CARE) Act implementation will require additional staffing

# Other Additions

\* Increase from 3-year plan amount

Additional Plans	Priority Category
Incentives to align with CAL AIM Requirements*	Clinical Treatment and Services
Existing Contractors Expansion*	Clinical Treatment and Services and Alternatives to VCBH
Crisis care tracking platform*	Access
WET funding (EDMR, Peers, MHFA, SCRP, etc.)*	Clinical Treatment and Services
Tripple P Parenting	Alternatives to VCBH
FSP Data Exchange Maintenance	Clinical Treatment and Services
Veteran Mentorship Program INN	Alternatives to VCBH

# Thoughts from the community



WHAT ARE YOUR  
THOUGHTS?



WHAT ARE WE  
MISSING?

## Let us know

- Raise your hand now
- Submit via [MHSA@ventura.org](mailto:MHSA@ventura.org)
- Include your feedback in your surveys!
  
- Always looking for INN programs: submit via [www.wellnesseveryday.org](http://www.wellnesseveryday.org)



# Review and Next Steps

1. Continue to receive feedback
  - Deadline-2 weeks (October 16<sup>th</sup>)
2. Post the adjustment report to the public
  - BHABs and Website
  - Public Review Period October 16<sup>th</sup> - November 20<sup>th</sup>
3. Public Hearing for MHSA 3-year plan Mid-year adjustment
  - Monday November 20<sup>th</sup> 1pm-3:30pm