



Mental Health Services Act (MHSA)

Part 1: Three Year Plan 2023-2026

Version 1.1 with
2023-2026 Mid-Year
Adjustment

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Acknowledgements

The Ventura County Behavioral Health (VCBH) Department would like to acknowledge all individuals and organizations who contributed their time and effort to support the development of this Mental Health Services Act (MHSA) Three-Year Plan and Annual Update.

First, we would like to thank all VCBH staff and outsourced MHSA providers for the excellent services they provide, their continued support with respect to data collection, ensuring clients voices are heard, and their efforts to bringing this report to fruition. We especially want to thank our diverse stakeholders, individuals, and groups for their participation in various focus groups, evaluation, and planning efforts; all of which help ensure we serve and assist our Ventura County Community in an equitable manner; always striving to better address disparities.

In addition, we would like to thank the VCBH Contracts, Quality Improvement, Substance use Services, and Fiscal teams for their contribution, support, and cooperation in gathering the necessary data and information for this report. We would like to acknowledge and thank the VCBH Data Collection and Reporting team for their professional attitude and expertise in extracting and preparing the necessary reports. We also acknowledge and thank EVALCORP Research & Consulting for the preparation of the Prevention and Early Intervention (PEI) Evaluation Report.

Finally, we would like to recognize the MHSA Team for its leadership and support in aligning the State reporting and evaluation requirements while valuing stakeholder input and maintaining transparency.

1. COUNTY CERTIFICATIONS

1.1 MHSA County Compliance Certification – Auditor and Director’s Signature Page

1. COUNTY CERTIFICATIONS

1.2 Director's Message



The purpose of this Mental Health Services Act (MHSA) report is two-fold: (1) provide an overview to Ventura County's stakeholders, partners, clients, and community members on the direction of mental health services in Ventura County for 2023-2026; and (2) report on the activities, services, and programs funded through MHSA for Fiscal Year 2021-2022. Of note, we not only find ourselves emerging from the dramatic impacts of the COVID-19 pandemic, but also working hard to implement the historic Medi-Cal reforms that have been introduced statewide under the CalAIM initiative. Through it all Ventura County Behavioral Health (VCBH) remains committed to our mission to promote wellness through a whole-person care approach that endeavors to be both empowering and culturally sensitive. As the payor of last resort, MHSA funding is a critical resource that aims to ensure essential treatment, services and prevention efforts happen for the betterment of our community. None of this work could be done without the commitment and dedication of our community partners, stakeholders, and contracted providers. It is with all this in mind that I ask readers to consider VCBH's MHSA report.

Scott Gilman, MSA

Director

Ventura County Behavioral Health

Part 1 Table of Contents

2. Executive Summary, County Description and MHSa Program Components	8
2.1 Introduction	10
2.2 Background	10
2.2.1 Overview	11
2.2.2 Community Program Planning (CPP) Summary	11
2.2.3 Program Summary	11
2.2.4 Ventura County Behavioral Health (VCBH) Mental Health Block Grants	16
2.2.5 Ventura County	17
3.0 Ventura County Planning Process	19
3.1 Community Program Planning (CPP)	20
3.1.1 Stakeholder Involvement	22
3.1.2 General Behavioral Health Advisory Board (BHAB)	23
3.1.3 Issue Resolution Process (RP)	24
3.1.3.1 MHSa Community Program Planning Committees, Focus Groups and Workgroups	24
3.1.3.2 Consumer and Family Groups	25
3.1.3.3 Issue Resolution Process (RP)	25
3.2 Community Planning Process for the 3-year Plan	26
3.2.1 Community Health Needs Assessment Breakdown	26
3.2.2 Advertisement and Awareness for the Community Stakeholder Input for CPP Process	29
3.2.2.1 Mid-Year Adjustment	30
3.2.3 Key Findings and Recommendations	31
3.2.4 Prioritization and Community Solutions	33
3.3 Program Planning Process and Network Adequacy Certification Assessment (NACT)	36
3.4 FY2023-2024 to FY2025-2026 Mental Health Services Act Three Year Plan	38
3.4.1 Community Services and Support (CSS)	38
3.4.1.1 FY2023-2024	40
3.4.1.2 FY2024-2025	44
3.4.1.3 FY2025-2026	47
3.4.2 Prevention and Early Intervention	52
3.4.2.1 FY2023-2024	52
3.4.2.2 FY2024-2025	54
3.4.2.3 FY2025-2026	56
3.4.3 Innovations	58
3.4.3.1 FY2023-2024	58
3.4.3.2 FY2024-2025	59
3.4.3.3 FY2025-2026	60
3.4.4 Workforce, Education and Training (WET)	63
3.4.4.1 FY2023-2024	63
3.4.4.2 FY2024-2025	64
3.4.4.3 FY2025-2026	65
3.4.5 Capital Facilities and Technological Needs (CTFN)	66
3.4.5.1 FY2023-2024	66
3.4.5.2 FY2024-2025	67
3.5 Community Planning Process	68



- **EXECUTIVE SUMMARY**
- **COUNTY DESCRIPTION**
- **MHSA PROGRAM COMPONENTS**

How to read this report

Where does MHSA fit in Funding Ventura County Behavioral Health (VCBH) System of Care?

VCBH has several funding sources, the MHSA is just one. The MHSA Plan does not represent all public behavioral health services in Ventura County, and it is not meant to function as a guide to all service options. Not all services can be funded under the MHSA. Reported funding can be from the County's local allocation amount or from state MHSA funding pot often in the form of grants. Funding can also be braided or leveraged with other monies such as Realignment or Medi-Cal dollars; those anticipated amounts are reported separately in the program expenditures plan section of this report and actuals are posted publicly in the Annual Revenue and Expenditures Report (ARER) found at www.vcbh.org.

What is the MHSA 3-year Program and Expenditure Plan?

It describes goals, objectives and interventions based on a needs assessment, stakeholder feedback, and the possibilities and limits defined in State regulations. Every three years, Ventura County is required to develop a new Program and Expenditure Plan for the MHSA funding. The 3-year plan outlines and updates the programs and services to be funded by MHSA and allows for a new 3-year budget plan to be created. It also allows the County an opportunity to re-evaluate programs and analyze performance outcomes to ensure the services being funded by MHSA are effective. The current 3-year plan expires in June 2023. This year's plan will cover Fiscal Years 2023/24-2025/26. A single fiscal year begins July 1st and ends the following calendar year on June 30th. This year's report is a new 3-year plan.

What is an Annual Update?

MHSA regulations require counties to provide community stakeholders with an update to the MHSA 3-year plan on an annual basis. The community planning process allows stakeholders the opportunity to provide feedback from their unique perspective

about the programs and services being funded through MHSA. An annual update is a standalone report that is included in Part II after the 3-year plan. The Annual Update that is included in part two of this document reports on the final year (2022-23) of the last three-year plan FY 2020-2023.

Understanding the numbers:

- Most of the data and the cost per client amounts listed in the document refer to data and amounts from Fiscal Year 2021-2022. To write the plan, the most current available and complete data and fiscal reporting (for a full 12 months) is from Fiscal Year 2021-2022.
- This document is written and adopted currently in the Fiscal Year 2022-2023 and will be articulated from that point in time.
- This plan's title is reflective of the MHSA requirements and therefore will be named Ventura County's MHSA Three Year Plan for 2023-2026 and Annual Update for FY 2022-2023.
- Funding for the MHSA is based on income tax and cannot be forecasted with complete certainty therefore all plans are subject to change and items that are outlined for funding in the 3-year plan will be updated in Annual Update Reports each subsequent year.

A Mid-Year Adjustment was completed in 2023 to accommodate a large one-time adjustment payment from the state. The total allocated across this plan is \$293,465,277 and includes regular MHSA allocation and the one-time adjustment.

2.2 BACKGROUND

2.2.1 Overview

In November of 2004, California voters passed Proposition 63, which created the Mental Health Services Act (MHSA). The Act instituted an additional 1% tax on any California resident with income of more than \$1 million per year, and annually, this tax is added to every dollar over \$1 million residents earn. MHSA revenue is distributed to counties across the state to accomplish an enhanced system of care for mental health services, with a portion of the revenue distributed to agencies at the State level.

The passage of Proposition 63 provided the first opportunity in many years to expand County mental health programs for all populations, including children, transition-age youth, adults, older adults, families, and especially the unserved and underserved. It was also designed to provide a wide range of prevention, early intervention, and treatment services, including the necessary infrastructure, technology, and enhancement of the mental health workforce to effectively support the system.

As part of the system design, the Act provided five fundamental guiding principles in the MHSA regulations:



2.2 BACKGROUND

2.2.2 Community Program Planning (CPP) Summary

Pursuant to Welfare and Institutions Code (WIC) Section 5848(a), the Mental Health Services Act (MHSA) requires an inclusive and ongoing Community Program Planning process to gather input regarding existing and forecasted community mental health needs, as well as an assessment of the current mental health system that gauges the overall impact and effectiveness of such programs. The results of this process inform future

programming adjustments and determine whether additional or different services are required. In partnership with stakeholders, this process provides the structure necessary for the County to determine the best way to improve existing programs and utilize funds that may become available for the MHSA components.

2.2.3 Programs Summary

The tables below reflect a summary of programming by component that were determined by the community needs assessment, noted gaps in services, sustainment of existing programs according to existing and forecasted needs, and regulatory requirements. Any changes from the three-year plan, delays due to the COVID-19 pandemic, or other alterations are noted. Specific fiscal allocations per program are listed in

Section 5 under the Three-Year Expenditure Plan. Newly proposed programs, services, or needs resulting from the Three-year planning process are listed separately in this report but will be integrated in subsequent annual updates.

2.2 BACKGROUND

2.2.3 Programs Summary

Full Service Partnership (FSP)

Program	Changes	FY23-24	FY24-25	FY25-26
Youth FSP Program	New in FY22-23	✓	✓	✓
Insights Youth FSP	Expanding	✓	✓	✓
Transitional Age Youth (TAY) Expanded Transitions (TAY FSP)	Expanding	✓	✓	✓
Casa Esperanza TAY Transitions Program (TAY FSP)	Expanding	✓	✓	✓
Assisted Outpatient Treatment (AOT) Program		✓	✓	✓
Adult Clinic Based FSP (new site to open)	Delayed due to hiring shortages	✓	✓	✓
Empowering Partners through Integrative Community Services (EPICS)	Expanding	✓	✓	✓
VISTA	Expanding	✓	✓	✓
VCBH Older Adults FPS Program	Expanding	✓	✓	✓

Outreach and Engagement (O & E)

Program	Changes	FY23-24	FY24-25	FY25-26
Rapid Integrated Support and Engagement (RISE)		✓	✓	✓
RISE TAY Expansion		✓	✓	✓

General System Development (GSD)

Program	Changes	FY23-24	FY24-25	FY25-26
County-Wide Crisis Team (CT)		✓	✓	✓
Crisis Residential Treatment (CRT)		✓	✓	✓
Crisis Stabilization Unit (CSU)		✓	✓	✓
Screening, Triage, Assessment, and Referral (STAR)	Ending	✓	✓	✓
Adult Short Term Treatment Team	New			
Youth and Family Intake Team	New			
Fillmore Community Project		✓	✓	✓
Transitional Age Youth (TAY) Outpatient Treatment Program		✓	✓	✓
VCBH Adult Outpatient Treatment Program		✓	✓	✓
The Client Network		✓	✓	✓
Family Access Support Team (FAST)		✓	✓	✓
Growing Works		✓	✓	✓
MCOT TAY	Grant Ending			
Mobile Response Team (MRT) for youth and families	Grant Starting	✓	✓	✓
Forensic Pre-Admit		✓	✓	✓
Mental Health Diversion Grant Program		✓		
Adult Wellness Center and Mobile Wellness		✓	✓	✓
TAY Wellness Center		✓	✓	✓
Client Transportation		✓	✓	✓
Language Services		✓	✓	✓

2.2 BACKGROUND

2.2.3 Programs Summary

Housing (Hou)

Program	Changes	FY23-24	FY24-25	FY25-26
Board and Care /RCFE (Residential Care for the Elderly)		✓	✓	✓
Board and Care		✓	✓	✓
TAY D Street Housing		✓	✓	✓
Permanent Supported Housing (no ongoing cost unless COSR is out)		✓	✓	✓

Prevention and Early Intervention (PEI)

Program	Changes	FY23-24	FY24-25	FY25-26
Multi-Tiered System of Supports, VCOE		✓	✓	✓
Multi-Tiered System of Supports, LEA		✓	✓	✓
One Step a La Vez		✓	✓	✓
Program to Encourage Active, Rewarding Lives for Seniors		✓	✓	✓
Project Esperanza		✓	✓	✓
Proyecto Conexión Con Mis Compañeras	To be rollup as an extension of Logrando Bienestar			
Diversity Collective		✓	✓	✓
Tri-County GLAD		✓	✓	✓
Wellness Everyday Website	Moving to GSD	✓	✓	✓
COMPASS		✓	✓	✓
Ventura County Power Over Prodromal Psychosis (VCPOP)		✓	✓	✓
Crisis Intervention Team		✓	✓	✓
Logrando Bienestar		✓	✓	✓
Rapid Integrated Support and Engagement		✓	✓	✓
Wellness Centers - Continued Expansion	Additional Centers	✓	✓	✓
MHSSA Grant		✓	✓	
Eating Disorders	Continued without MHSA money			
MHS La Clave	Integrated into other PEI programs			
Healing the Community		✓	✓	✓

2.2 BACKGROUND

2.2.3 Programs Summary

Innovations (INN)

Program	Changes	FY23-24	FY24-25	FY25-26
Conocimiento OSALV	Moving to PEI			
Conocimiento Ignite	Moving to PEI			
Multi-County Full-Service Partnership (FSP) Project	Ending 2024	✓		
Full-Service Partnership (FSP) Information Exchange	Ending 2024			
Mobile Mental Health	On Hold	✓	✓	✓
Learning Collaborative Healthcare Network Early Psychosis Project	Planned	✓	✓	✓
Veteran Mentorship Program	Planned	✓	✓	✓

Workforce Education and Training (WET)

Program	Changes	FY23-24	FY24-25	FY25-26
Workforce Education and Training	Expanding	✓	✓	✓

Capital Facilities and Technological Needs (CTFN)

Program	Changes	FY23-24	FY24-25	FY25-26
Capital Facilities and Technological Needs	Expanding	✓	✓	✓

2.2 BACKGROUND

2.2.3 Programs Summary

3-Year Plan Additions				
Program	FY 23-24	FY 24-25	FY 25-26	Categories
Accounting System for Payment Reform	x	x		CFTN
Addition of Staff (Treatment, Housing team, and Peers through the system)	x	x		CSS
Administrative Infrastructure (temp staffing/consulting)		x	x	CSS
B&C rate increases	x	x	x	CSS
Bartenders as Gatekeepers		x	x	PEI
BCHIP Y&F Services Building (Round 4) Braided Funding	x			CSS
Board and Care Acquisition	x	x		CFTN/IT
CARE Act Program		x	x	CSS
Child First Program with Public Health	x	x	x	PEI
Clinic site expansion Adult Division	x			CSS
Clinic site expansion Y&F Division	x			CSS
Collaborative Care Model		x	x	INN
Community Innovation Projects		x	x	INN
Continued Staff Training	x	x	x	WET
Co-Occurring support staff and programing for integrated care		x	x	CSS
COSRs (to maintain and create permanent supportive units)	x	x		CSS
Crisis Tracking System		x	x	CSS
Early Intervention Services for Mild to Moderate for Underserved Populations		x	x	PEI
East County Crisis Stabilization Unit (CSU)		x	x	CSS
East County Crisis Stabilization Unit (CSU)	x	x		CFTN/IT
Expanded Access		x	x	CSS
Expansion of all FSP Programs Youth/TAY/Adult/Older Adult	x	x	x	CSS-FSP
Eye movement desensitization and reprocessing (EMDR)		x	x	CSS
Improve Access and Information about Services		x		CSS
Individualized Placement and Supported Employment (IPS)		x	x	CSS-FSP
Medical Records Digitization	x	x		CSS
Medi-Cal Service Expansion for Early Intervention		x	x	PEI
Mental Health Awareness Girl Scout Badge Program	x	x		PEI
Mental Health Awareness through Arts		x	x	PEI
Mental Health First Aid - In Spanish	x	x	x	PEI
Mental Health Rehabilitation Center		x	X	CFTN/IT
Mental Health Rehabilitation Center		x	x	CSS
Mental Health Rehabilitation Center (Braided funding)		x		CFTN/IT

Mobile Response Team (MRT)	x	x	x	CSS
Network Expansion Grants (Formerly Mini Grant) Pilots	x	x	x	PEI
Neurosequential Model Program Human Services		x	x	INN
One Stop Site for Parents of SED Youth	x	x	x	CSS
One-time incentives for Providers - transitioning to Cal AIM	x			CSS
Outreach and Education Improvement		x		PEI
Peer Respite		x	x	CSS
Peer Support Services	x	x	x	CSS
Permanent Supportive Housing Units	x	x		CFTN/IT
Primary Care Integration Expansion		x	x	PEI
Suicide Prevention Efforts and Events	x	x	x	PEI
Secondary Data System ProApps	x	x	x	CFTN
Teen Drop in Cetner Oxnard		x	x	PEI
Therapeutic Animal Support		x	x	INN
Transcranial magnetic stimulation (TMS)		x	x	CSS
Transportation Purchases for Programs		x	x	CSS/PEI
Tripple P Parenting in East County	x			PEI
Upgrades, remodeling, expansion of current service sites	x	x	x	PEI/CSS
VCOE Wellness Centers Continued Expansion	x	x	x	PEI
Wellness Center Youth and Family (Braided with BHCIP)	x	x		CFTN/IT
Wellness Centers at Community Colleges		x	x	PEI

2.2 BACKGROUND

2.2.4 Ventura County Behavioral Health (VCBH) Mental Health Block Grant Descriptions

The following block grant funding, a result of COVID-19 relief funding, will impact several different service areas. It has been listed here as a stand-alone and will be reported on in greater detail in each of the following service areas throughout the report.

- GSD Crisis Stabilization
- GSD Peer Services
- GSD Treatment Services

Community Mental Health Services Block Grant (MHBG)

In August of 2021, VCBH submitted grant applications to DHCS for the MHBG supplemental funding for the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and American Rescue Plan Act (ARPA). On February 16, 2022, Department of Health Care Services (DHCS) awarded VCBH a CRRSAA grant in the amount of \$476,882, for the term of July 1, 2021, through December 31, 2022, and an ARPA grant in the amount of \$930,321, for the term of September 1, 2021, through June 30, 2025.

The supplemental funding for CRRSAA and ARPA will be used by VCBH to support Crisis Stabilization Units (CSU) care coordination, develop an evidence-based Peer Support Program, and increase telehealth access to behavioral health treatment throughout the adult

outpatient clinic system. Specifically, the CSU funding will be used by VCBH to support the recruitment of a bilingual Community Services Coordinator (CSC) to help facilitate Ventura County's crisis stabilization units, the appropriate level of care for CSU clients, and coordinate communication between the Ventura County crisis stabilization units, other mental health treatment providers, patients and their families/supports.

The Peer Support Program will utilize Peer Support Specialists to conduct outreach to FSP clients across all community-based clinics with a specific focus on the Rapid Integrated Support and Engagement (RISE), Ventura County Power Over Prodromal Psychosis (VCPOP), and Assist (VCBH's Assisted Outpatient Treatment or Laura's Law program) programs. Peer Support Specialists will assist FSP clients in: (1) navigating the treatment system, (2) attaining appropriate services, (3) connecting with community-based resources, and (4) developing the necessary coping skills to aid in alleviating the impacts of social stigma. Currently three of the six allocated positions have been hired.

The telehealth expansion will reduce barriers for those clients who are unable to receive in-person services and will ensure greater access to behavioral health treatment through the expansion of virtual and telehealth programming, including the purchase of video conferencing equipment for treatment and group services and the expansion of Zoom for Healthcare (or related service) licenses.

2.2 BACKGROUND

2.2.5 Ventura County



Ventura County is situated along the Pacific Coast between Santa Barbara and Los Angeles Counties and consists of 1,843 square miles of land. It is set against undeveloped hills and flanked by free-flowing rivers. Ventura County is one of 58 counties in the State of California and offers 42 miles of beautiful coastline along its southern border, with the Los Padres National Forest making up the northern area. It has a beautiful, temperate climate, and its landmass rises from sea level to 8,831 feet at Mt. Pinos in the Los Padres National

Forest. At certain times of the year, it is often possible to stand on the beach and see snow in the mountains.

Ventura County can be separated into two major sections: East County and West County. Communities in the East County include Thousand Oaks, Newbury Park, Lake Sherwood, Hidden Valley, Santa Rosa Valley, Oak Park, Moorpark, and Simi Valley. West County consists of the communities of Camarillo, Somis, Oxnard, Point Mugu, Port Hueneme, Ventura, Ojai, Santa Paula, and Fillmore. The largest beach communities are in West County on the coastline of the Channel Islands Harbor.

Fertile farmland and valleys in the southern half of the county make Ventura County a leading agricultural producer. The Los Padres National Forest occupies half of the County's 1.2 million acres, and of the remaining land, nearly 60% is devoted to agriculture.

Ventura County has a strong economic base that includes major industries such as biotechnology, health care, education, agriculture, advanced technologies, oil production, military testing and development, and tourism.

Naval Base Ventura County is the county's largest employer with approximately 20,000 employees, including civilians and military personnel. The Port of Hueneme is California's smallest, and only, deep-water port between Los Angeles and San Francisco and plays a major role in the local economy.

Ventura County is home to two universities (California State University Channel Islands and California Lutheran



2.2 BACKGROUND

University), several small private colleges, and three community colleges (Oxnard, Ventura, and Moorpark).

Through these and other programs, Ventura County enjoys a strong structure for workforce development.

As of July 2021, the estimated population of Ventura County was 839,734. Hispanic or Latinos comprised 44.1% of the population and non-Hispanic/Latino comprised 55.9%. Approximately 22.2% of the population was under 18 years of age while 16.7% of County residents were 65 or older. Ventura County was

Ventura County Census¹ Population N=839,784

Requested Age Breakouts²

0-15 yrs.	NA
16-25 yrs.	NA
26-59 yrs.	NA
60+ and older	23.4%

Census Age Breakout Available²

0-14 yrs.	18.1%
15-24 yrs.	12.9%
25-59 yrs.	45.3%
60 and older	23.4%

Veteran Status

Veteran (among 18+)	5.5%
Active Duty	NA
Civilian	NA

also comprised of 21.1% foreign-born persons and 36,784 veterans.

The median household income was \$94,150, however, 8.9% of the people in the County were at or below the poverty line.

Certain areas of Ventura County have a higher concentration of Hispanic populations. The chart below reflects the County percentages of Hispanic versus non-Hispanic origin.

Race ³	
White (all)	83.6%
Black/African American	2.4%
Asian	8.0%
Native Hawaiian/Pacific Islander	0.3%
American Indian/Alaskan Native	1.9%
Other Race	0.4%
More than one race	3.8%
Ethnicity ³	
Hispanic	44.1%
Non-Hispanic	55.9%
Gender	
Female	50.9%
Male	49.1%
Other gender identity ⁴	.5%
Language Spoken ⁵	
English (only)	61.6%
Spanish (any)	28.8%
Other	9.6%

Language thresholds are English and Spanish.

Underserved Populations

Latinx
African American
LGBTQ+
Unhoused
Those with co-occurring disorders (mental health and substance abuse)
Risk of Suicide

¹From the 2021 US Census Bureau American Community Survey 1-year estimates unless otherwise specified.

²Requested age breakouts did not entirely match CPP or Census age breakouts.

³Race and ethnicity here were requested to be separate. Indicated results reflect responses to ethnicity question.

⁴Gender: The source reports 0.5% of individuals aged 18+ in the state of California identify as transgender.

The local estimates are using Ventura's age data from the Census.

Source: <https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/>

⁵Language Spoken: Only available languages are reported.



**VENTURA
COUNTY
PLANNING
PROCESS**

3.1 COMMUNITY PROGRAM PLANNING (CPP)

In partnership with stakeholders, the CPP process provides the structure necessary for the County to determine the best way to improve existing programs and utilize funds that may become available for the MHSAs components.

There are numerous groups of stakeholders involved in the CPP process and ongoing feedback is received from the various groups such as, the Behavioral Health Advisory Board (BHAB) members, community providers, focus groups and general community meetings. Additionally, this process is designed to hold annual public education and to provide input on goals set by Ventura County Behavioral Health (VCBH), the Mental Health Oversight and Accountability Commission (MHSOAC), and BHAB, including any community gaps identified by the triannual needs assessment, these same entities, and/or community stakeholders.

Community/stakeholder feedback is essential to the development or enhancement of behavioral health programs/interventions. This includes the designated MHSAs team members review of annual outcomes and previous-year comparisons, contractual obligations, and cost-effectiveness of all currently funded MHSAs programs; all of which is made available to the community through the MHSAs annual updates and 3-year plans. Based on the community planning process feedback, recommendations are presented to the VCBH Director followed by presentations to the BHAB as allowed.

Additional CPP processes may take place for specific standalone programs, projects, or initiatives if funding or timeliness mandates.

Overview of the full Community Planning Process for the MHSAs 3-Year Planning Process



3.1 COMMUNITY PROGRAM PLANNING (CPP)

	CPPP Participants (N=2,999)	Census ¹ (N=839,784)	Difference
Requested Age Breakouts ²			
0-15 yrs.	4.6%	NA	NA
16-25 yrs.	10.0%	NA	NA
26-59 yrs.	58.0%	NA	NA
60 and older	27.0%	23.4%	-10.3
Census Age Breakouts ²			
0-14 yrs.	NA	18.1%	NA
15-24 yrs.	NA	12.9%	NA
25-59 yrs.	NA	45.3%	NA
60 and older	NA	23.4%	NA
Race/Ethnicity	N=2,269, N=2,566 ³	N=839,784	
American Indian or Alaskan Native	6.0%	1.9%	4.1%
Asian	7.0%	8.0%	-1.0%
Black or African American	3.0%	2.4%	0.6%
Hispanic or Latinx	63% ³	44.1%	18.9%
Native Hawaiian or Pacific Islander	2.0%	0.3%	1.7%
White (alone)	35.0%	43.6%	-8.6%
White (not alone)	64.3%	83.6%	-19.3%
Multi-racial	1.0%	3.8%	-2.8%
Another Race/Ethnicity	14.0%	0.4%	13.6%
Gender	N=2,852	N=839,784	
Female	77.0%	50.9%	26.1%
Male	21.0%	49.1%	-28.1%
Other gender identity	2.0%	.5% ⁴	-1.5%
Veteran Status	N=2,786		
Veteran (among 18+)	4%	5.5%	-1.5%
Active Duty	NA	NA	NA
Civilian	NA	NA	NA
Have a Disability	N=2,735		
	13.0%	11.8%	1.2%
LGBTQ+	N=2,419		
	15.0%	5.3% ⁵	14.7%
Language Spoken at home	N=2,818		
English	65.9%	61.6%	4.3%
Spanish	27.0%	28.8%	-1.8%
Another Language	7.1%	9.6%	-2.5%

¹From the 2021 US Census Bureau American Community Survey 1-year estimates unless otherwise specified.

²Requested CPP age breakouts did not match Census age breakouts

³Race and ethnicity were separate questions in the CHNA Survey. Indicated results reflect responses to ethnicity question.

Census values were reported for Hispanic/Latino are of any race, while other categories are “[category] AND non-Hispanic/Latino”

⁴Gender: The source below reports 0.5% of individuals aged 18+ in the state of California identify as transgender

The local estimates are using Ventura’s age data from the Census.

[Source: https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/](https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/)

⁵Sexual Orientation: The American Community Survey only reports two genders (male and female) and does not ask about sexual orientation. The Gallup Daily tracking survey reports 5.3% of California’s population (from 2015-2017) answer yes to “Do you, personally, identify as lesbian, gay, bisexual, or transgender?”

[o Source: https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#density](https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#density)

3.1 COMMUNITY PROGRAM PLANNING (CPP)

3.1.1 Stakeholder Involvement

The Mental Health Services Act (MHSA) requires public involvement in the stakeholder process because it's crucial in achieving an equitable three-year program plan and annual updates. Groups involved in the CPP process include consumers, law enforcement, advocacy groups, and partner agencies. While there are shared requirements for CPP, the process allows Ventura County to tailor its programming to align with its specific needs and adhere to State priorities and regulatory requirements.

The basis for the Ventura County planning process is found in [WIC 5898](#), [5813.5d](#) and [5892c](#). In Ventura County, standing groups represent different interests

across the County, and as the need arises, focus groups are created to address the needs of these populations.

In addition to availing opportunities to participate within these forums, a formal, robust Community Health Needs Assessment (CHNA) was conducted across the County in accordance with the commitment of Ventura County Behavioral Health (VCBH) to address the health needs of a diverse population. An additional targeted component of the CHNA was also conducted focused solely on unserved and underserved populations. Stakeholder involvement was accomplished by using different forums, which include various stakeholder groups listed below:

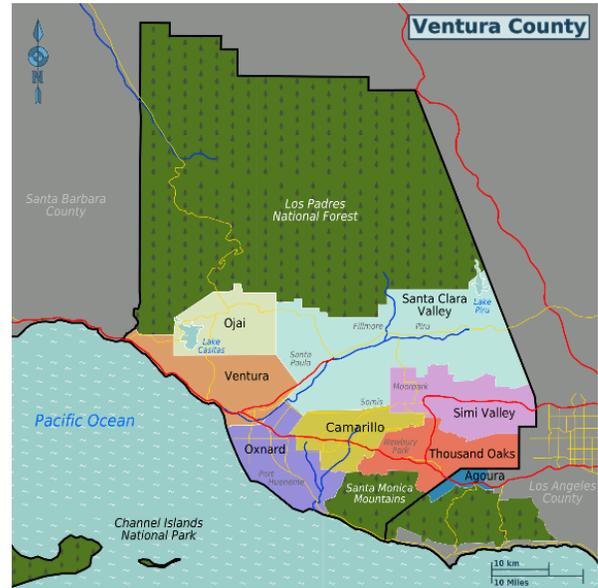


3.1 Community Program Planning (CPP)

3.1.2 General Behavioral Health Advisory Board (BHAB)

The mission of the BHAB is to advocate for members of the community that live with mental illness and/or substance abuse disorders and their families. This is accomplished through support, review and evaluation of treatment services provided and/or coordinated through the VCBH.

The BHAB is made up of stakeholders appointed by the Board of Supervisors and functions in an advisory capacity to VCBH Director and the Board of Supervisors. It plays a significant role in facilitating public discussion of the Mental Health Services Act (MHSA) plans and updates, provides feedback and conducts the public hearing. The BHAB, as the local mental health board, has authority to submit plans and updates to the Board of Supervisors for final approval. The BHAB is made up of 20% consumers and 20% family members, seats for law enforcement, veteran and a psychiatrist, and all geographic regions are represented.



The table below lists the current membership and their geographic representation, and with term dates.

Ventura County Behavioral Health Advisory Board

Supervisor, Matt LaVere

Membership Roster 2021-2022

District 1	Claudia Armann 03/11/21 – 03/10/24	District 2	Carol J. "C.J." Keavney 01/08/22 – 01/07/25	District 3	Nancy Borchard 01/26/21 – 01/26/24
	Kevin Clerici 10/07/21 – 10/06/24		Patricia Mowlavi 03/15/20 – 03/15/23		Gane Brooking 01/13/22 – 01/12/25
	Genevieve Flores-Haro 04/27/21 – 04/26/24		Elizabeth R. Stone 03/01/22 – 02/28/25		Janis Gardner 04/24/21 – 04/24/24
	Cheryl Heitmann 05/11/21 – 05/10/24	Diane McKay 09/17/22 – 09/16/25	Naomi (Nomi) Marruffo 09/13/22 – 12/01/23		
District 4	Jennifer Morrison 02/09/21 – 02/09/24	District 5	Soledad Barragán 09/15/20 – 09/15/23	Law Enforcement Representative	
	Christopher Tejeda 04/13/21 – 09/17/21		Michael Rodriguez 01/25/23 – 01/24/26		
	Marlen Torres 01/11/20 – 01/24/23		Cmdr. James Fryhoff 09/10/19 – 09/10/22		
	Liz Warren 04/27/22 – 03/22/24				

3.1 Community Program Planning (CPP)

3.1.3 BHAB Subcommittees

In order to address the needs of specific populations, there are additional BHAB subcommittees. These groups report to the General BHAB and ensure coordination and alignment of mission and activities. They are designed to serve populations by age group for Adult and Older Adult, Transitional-Aged Youth (TAY) and Child/Youth. Other priority subcommittees that are non-age specific are the Disparities Reduction committee and Prevention. Each group sets its own goals and generates year-end reports on accomplishments.

3.1.3.1 MHSA Community Program Planning Committees, Focus Groups and Workgroups

VCBH also conducts active outreach to ensure key stakeholders are included in the development of programs and services, so they are reflective of the needs of the population to be served. During this

planning period groups that were targeted included underserved geographic areas, threshold languages, houseless individuals, and clients of VCBH services.

Informing the Community about the CPPP Sessions

A media plan is always generated for any planning process and the corresponding events. Announcements are made at the BHAB and other county committee meetings as well as flyer distribution at clinics and community partner and providers. The media plans include a mixed media approach with advertisements on social media and the departments websites WellnessEveryday.org and vcbh.org as well as traditional media such as local newspapers

An example of the advertisement is listed below to ensure the community was made aware of the events:

Print Media

- Santa Paula Times
- Fillmore Gazette
- Vida
- Ventura County Star
- Acorn (4-zones)
- VC Reporter
- Ojai Valley News



3.1 Community Program Planning (CPP)

3.1.3.2 Consumer and Family Groups

Feedback is encouraged from other stakeholder groups, such as United Parents, NAMI, and the Client Network through direct consumer/family contact and by encouraging their participation in the BHAB as well as its

subcommittees, workgroups, and task forces. Another avenue for engagement is through the VCBH's Patients Rights' Advocate, whose function is to provide information and investigate concerns.

3.1.3.3 Issue Resolution Process (RP)

Consumers may also voice their views/concerns through the issue grievance process (see Section 7 in the Appendix). At the time of this report, there have been

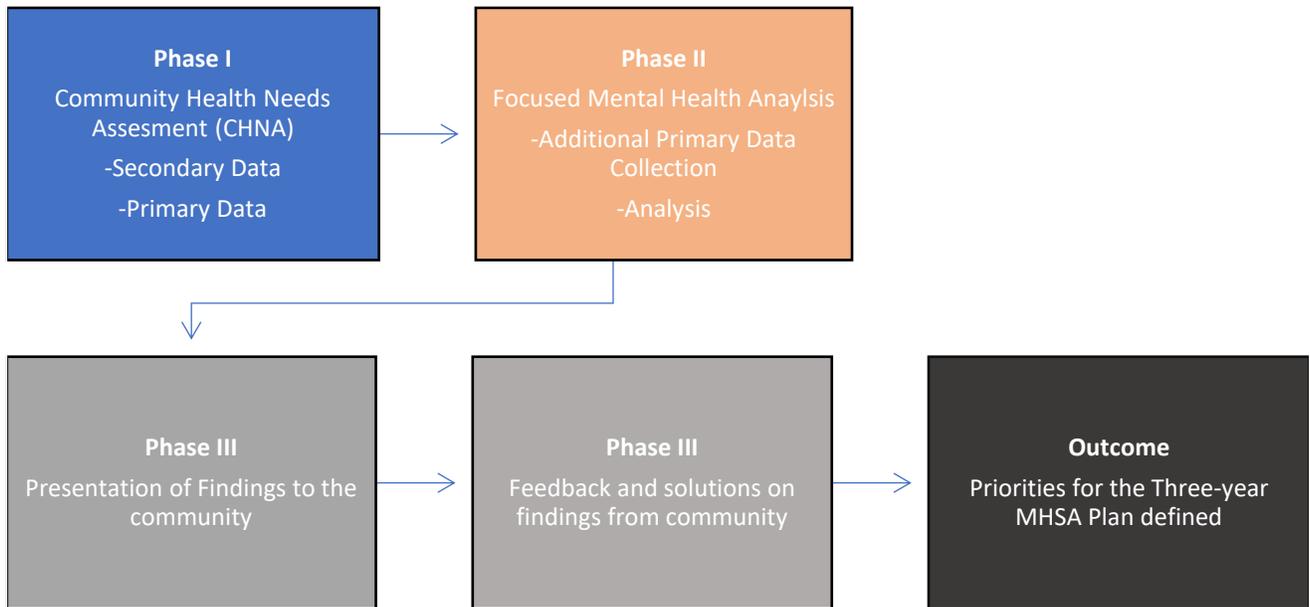
29 grievances filed for or regarding services that are funded by the MHSA for fiscal year FY21/22.

3.2 UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)

3.2.1 Community Planning Process Breakdown

The CPPP is an ongoing process that ensures a fair development for making decisions about our local mental health continuum of care and includes a wide variety of community stakeholders.

Community Planning Process for the three-year plan is longer and more involved than the regular and ongoing CPPP. Below is an overview of the process for this year's 3-year community planning process. Subsequent sections describe this process in detail.



Phase I: Leveraged our broader health systems by designing and distributing a needs assessment in collaboration with Public Health, hospitals, community providers, and healthcare systems located here in the county.

living in or identified as underserved communities of the county according to the findings of Phase I.

Phase II: Focused on mental health needs of the community. Gathered additional data on individuals

Phase III: Solicited feedback and solutions on the findings from Phase I and II.

Outcome: List of priorities and strategies to meet the needs identified.



3.2 UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)

3.2.1 Community Planning Process Breakdown

Community Health Needs Assessment (CHNA) Process (Phase I)

Every three years an assessment of the broader County needs is crucial to ensure a breadth of County needs is captured. For this planning period, VCBH joined forces with Ventura County Community Health Improvement Collaborative (VCCHIC).

VCCHIC is a formal, charter-bound partnership of seven health agencies that came together in June 2018 to participate in the development of a joint CHNA exercise and report. The agencies that constitute VCCHIC are given below:

- Adventist Health Simi Valley
- Camarillo Health Care District
- Clinicas Del Camino Real, Inc.
- Community Memorial Health System
- Gold Coast Health Plan
- St. John's Regional Medical Center,
- Dignity Health
- Ventura County Health Care Agency

The mission of VCCHIC is to build partnerships to improve population health outcomes in Ventura County. These partnerships are necessary to accomplish the shared vision of working collaboratively to develop strategies based upon the identified health priorities from the community health needs assessment. This will result in a collective approach to addressing population health and benefit the communities in which we serve. The full CHNA framework and final needs assessment report can be found [here](#).

The CHNA is conducted and published every three years or as per Internal Revenue Service (IRS), the Health Resources and Services Administration's (HRSA) Health Center Compliance Manual, Section 330 of the Public Health Service Act, and Public Health Accreditation Board (PHAB) requirements. The CHNA was designed with the goal of creating accessible ways for a wide range of community stakeholders, including community members and providers, to share their perceptions on the health needs for Ventura County residents. Additional endeavors were made to identify the most urgent mental health needs among unserved and underserved populations in the county. EVALCORP Research & Consulting collaborated on the design and analysis of targeted focus groups and additional analysis of the CHNA survey after further effort was made to target underserved areas in the County. That breakdown can be viewed [here](#).

The CHNA was one part of the larger Community Program and Planning Process (CPPP) that took place for the three-year plan. A key element of the CHNA and the CPPP was having multiple data collection methods and formats, forums and tools used to gather information about the community and its needs. The VCCHIC commissioned Conduent Healthy Communities Institute (HCI) to conduct its 2022 CHNA, from there VCBH and EVALCORP Research & Consulting conducted additional data collection methods formats and analysis exclusively focusing on the mental health needs of the community.

The data collection was divided into two categories: Secondary and Primary Data as follows:

- 1. Secondary data** included existing, publicly available data, and involved collecting and inventorying data that was generated outside of the CHNA process (such as census data, county agency reports, state, and local surveys).
- 2. Primary data** was generated specifically for this CHNA, which did not exist previously. This includes both quantitative data, such as that obtained from surveys, and qualitative data, such as that obtained from focus groups. Three separate primary data collection efforts were conducted: (1) a community survey, and (2) community focus groups (3) and a secondary effort to target the mental health needs of unserved and underserved communities which included additional focus groups and survey collection. Data from one and two were analyzed by Conduent an evaluation and research company hired by the VCCHIC. Data from number three were analyzed and reported by EVALCORP Research & Consulting and had an exclusive focus on the mental health section of the survey and the mental health needs of the community.

3.2 UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)

3.2.1 Community Planning Process Breakdown

Community Health Needs Assessment (CHNA) Process (Phase I, cont'd)

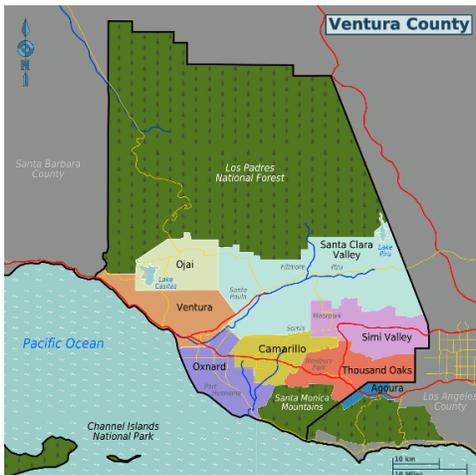
The **community survey**, which reached over 3,022 residents, was used to directly assess demographic factors, mental health indicators, and feedback on mental health services among community members.

- a. Throughout the month of February 2022, VCCHIC members facilitated more than fifteen **focus groups**. Focus group participants included persons from the black community, monolingual Hispanic or Latino Spanish speakers, older adults, LGBTQIA+ persons, students, and those accessing mental health and substance use treatment services among others. In collaboration with California State Channel Islands University and Pacifica High Primary Data Collection School in Oxnard, CA, VCCHIC was also able to receive input from local high school and college students about the issues impacting them.
- b. **Targeted mental health data collection (Phase II)** After the initial survey period closed a review was completed to compare county demographics with the survey responses. Given these results VCBH opted to continue data collection with a targeted focus on collecting surveys from some of the areas identified as having high health disparities primarily Santa Paula, Fillmore, Piru, and South Oxnard. Over three hundred additional surveys were collected from these areas. The final total number of surveys analyzed for this report was 3,430.

The data included demographic characteristics and while it is acknowledged that this data does not in and of itself determine mental/behavioral health outcomes, it is established that factors such as socioeconomic status, housing and health are strongly linked to mental health. Demographic characteristics were also of interest to examine whether mental health outcomes in Ventura County might differ by characteristics such as age, gender, and race/ethnicity.

Community Survey

The community surveyed the general adult public (including consumers of mental health services, as well as their caregivers or family members). The survey was available in paper copy and online, as well as in English and Spanish. Both paper and online surveys were initially collected from February 2022- May 2022 for the CHNA. A separate awareness campaign took place during this time to increase participation in the survey. The campaign included Facebook and Instagram advertising as well as printed advertisements in five local newspapers during February – March of 2022. Final total number of surveys was 3,430.



The goal of VCBH was to extend the breadth of survey deployment to maximize county-wide reach, while focusing on the depth in certain geographic areas and specific populations. Efforts to accomplish the intended breadth and depth of the survey response rates included making both online and paper surveys readily accessible to varying audiences.

Upon the survey closure timeline for the CHNA a review was conducted of the demographic responses and compared with the demographics in the county. After an internal discussion the decision was made to extend the timeline to increase the number of surveys received from underserved and underserved communities and populations. A focus on South Oxnard, the Santa Clara Valley, and lower income individuals were targeted especially through local food pantry distribution sites in the areas. As a result, 3,322 surveys were collected in total. EvalCorp developed a

summary analysis of the mental health focused survey questions and indicated the total number of responses included in surveys which were collected after the CHNA deadline. That PowerPoint can be found in section 7 of the appendix.

3.2 UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)

3.2.1 Community Planning Process Breakdown

Focused Mental Health Data Collection and Analysis (Phase II)

As mentioned, a **targeted mental health data collection** took place after the initial CHNA survey period closed and a review was completed to compare county demographics with the survey responses. VCBH opted to continue data collection with a targeted focus on collecting additional data from some of the areas identified as having high health disparities primarily Santa Paula, Fillmore, Piru, and South Oxnard. Over three hundred additional surveys were collected from these areas and three additional specialized **community focus groups**, reaching over 30 participants, were facilitated to seek input from underserved, unserved and priority populations in the County.

Community Focus Groups (Phases I & II)

Focus groups were conducted with specific priority groups identified by the CHNA’s advisors and community stakeholders. This approach was selected in recognition that quantitative data on certain priority groups may be difficult to obtain due to (1) the lack of existing data, (2) the small size of the priority populations being considered, and (3) the barriers certain priority groups might face in filling out a survey (due to language, location, access to the internet, or other factors). The three additional specialized focus groups that took place in Phase II were recruited from areas prioritized in the final CHNA findings.

15 Initial, CHNA Focus Groups	3 Additional, Specialized Focus Groups
<ul style="list-style-type: none"> February-March 2022 VCCCHIC, CA State Channel Islands University, Pacifica High School Diverse recruitment methods 	<ul style="list-style-type: none"> Under-represented in initial CHNA focus groups Individuals receiving mental health services, unhoused, under-represented regions

The three specialized mental health focus groups included individuals living in Santa Paula and South Oxnard, Groups were facilitated in English and Spanish, and included individuals receiving mental health services, unhoused individuals, and individuals living in these regions.

Key results of the specialized mental health focus groups are presented in the key findings section of the Focus Group PowerPoint document included in Appendix 7.3.

Community Feedback

Findings from the CHNA (Phase I) and the additional Mental Health focused data collection (Phase II) was presented to the community through Community Input Sessions and Response Surveys. Community members could watch videos of the findings on the website in either English or Spanish or attend a zoom session or in person event. Response surveys were distributed at all the events and posted to the website to maximize the number of ways for community members to weigh in on the solutions process. This table shows the breakdown of participants:

Feedback Type	Dates	Locations	Total
In person events	Dec 21, 2022 Nov 29, 2022 Nov 30, 2022	Fillmore Oxnard Santa Paula	48
Zoom Events	Nov 29, 2022 Nov 30, 2022	Online	63
Mid-year Meetings	October 3 rd 2023	Online/in person	68
Response Surveys	Nov 15, 2022 - Jan 30, 2023 & October 2023	All in person events and online	162
Total			273

3.2 UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)

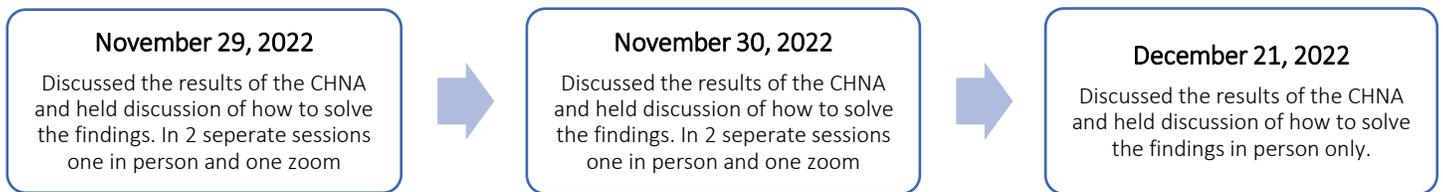
3.2.2 Advertisement and Awareness for the Community Stakeholder Input for CPPPP Process

To oversee and provide input to the CHNA, the VCCHIC held monthly **Advisory Group** meetings comprised of the seven health agencies that first came together in June of 2018. The mission of VCCHIC is to build partnerships to improve population health outcomes in Ventura County. These partnerships are necessary to accomplish the shared vision of working collaboratively to develop strategies based upon the identified health priorities from the community health needs assessment.

The MHA regulations include the Community Program Planning process, which requires engagement from consumers, caregivers, and family members. To this end, five community input sessions were held over three dates, at which community members, leaders, and any interested parties were invited to provide feedback on various elements of the CHNA, including cultural and linguistic competency. Attendance at the community input sessions ranged from 3 to 30 people representing various stakeholders and regions within the county.

The input sessions took place as follows:

Below is a sample of the public flyers posted for the events, advertised on social media, newsprint, and online.



In addition, the finalized list of priorities reported at all BHAB meetings and subcommittee meetings in February and March as well as posted to the VCBH website from February 23, 2023 – March 20, 2023.

3.2.2.1 Mid-Year Adjustment

VCBH was made aware during the end of 22/23 fiscal year of a one-time funding adjustment that would arrive during the summer of 2023. VCBH could not anticipate exactly how much would be received and the projected date of receipt was after the due date for the current Three-Year Plan. The amount that was eventually received was over 30 million dollars, an unprecedented amount of MHSA money for Ventura County. Considering the reduced timeline to get these dollars allocated and spent, the department began by identifying current needs, underfunded services, and new capital facilities that had already been identified as necessities through the Three-Year Planning process but exceeded the dollars that were available at the time. Once a preliminary plan was outlined additional CPP meetings were announced to the community. Below are examples of the ads that were run two weeks in advance of the event.



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

**MENTAL HEALTH SERVICES ACT (MHSA)
THREE YEAR PLAN 2023-2026 UPDATE**

COMMUNITY PLANNING PROCESS

We welcome you to participate in the Community Planning Process for the update to the MHSA Three Year Plan 2023-2026. Join us to provide feedback on the plan adjustment.

JOIN US IN-PERSON

TUESDAY, OCTOBER 3, 2023
5:30PM – 7:30PM

Ventura County Behavioral Health
1911 Williams Drive, Oxnard
Large Training Room, 1st floor

REGISTER AT:
www.vcbh.org/cpp1

**OR JOIN US ONLINE
VIA ZOOM**

TUESDAY, OCTOBER 3, 2023
12PM – 1PM

Register for Zoom access and meeting information.

REGISTER AT:
www.vcbh.org/cpp2

For more information, contact:
MHSA@ventura.org
Interpretation (Spanish & ASL) and childcare available upon request.

Funding is made through Ventura County Behavioral Health, Mental Health Services Act.



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

**LEY DE SERVICIOS DE SALUD MENTAL (MHSA)
ACTUALIZACIÓN DEL PLAN DE TRES AÑOS 2023-2026**

PROCESO DE PLANEACIÓN COMUNITARIO

Le invitamos a participar en el Proceso de Planeación Comunitario de la actualización del Plan de Tres Años de la Ley de Servicios de Salud Mental (MHSA) 2023-2026. Acompáñenos para compartir sus comentarios sobre el ajuste del plan.

**ACOMPÁÑENOS
EN PERSONA**

MARTES 3 DE OCTUBRE
5:30PM – 7:30PM

Ventura County Behavioral Health
1911 Williams Drive, Oxnard
Large Training Room, 1er piso
(Salón de Entrenamiento Grande)

**REGÍSTRESE
AHORA:**
www.vcbh.org/ppc1

**O ÚNASE EN LÍNEA
A TRAVÉS DE ZOOM**

MARTES 3 DE OCTUBRE
12PM – 1PM

Regístrese para recibir en enlace de Zoom.

**REGÍSTRESE
AHORA:**
www.vcbh.org/ppc2

Para más información, contacte a:
MHSA@ventura.org
Interpretación (español y ASL) y cuidado de niños disponibles bajo previa solicitud.

Financiamiento brindado por Ventura County Behavioral Health, Ley de Servicios de Salud Mental.

These advertizments resulted in 485,664 impressions and 58 registrants for the meetings and a total of at least 68 participants overall. During an online event one account may be used for broadcasting to a room of participants so the number is not exact. Demographics for these participants have been added to the CPP participanton table listed in Section 3.1. Communiy feedback for the use of dollars was accepted from October 3 through November 20th and the county expects to host additional planning sessions to continue to adjust the plan.

Feedback

The PowerPoint and presentation for the mid-year adjustment CPPP meetings can be found in the appendix of this report. The presentation included the outline of a plan to spend the one-time allocation as well as some additional context about upcoming legislative changes that could impact spending requirements. Participants could share feedback and suggestions for money at the meetings, in their surveys, or in the two weeks following the presentation. All materials were posted to the VCBH.org website as well as the Wellnesseveryday.org website. Below is a summary of the proposed use of funds from these sources:

- Several participants noted the issue of family members with dual diagnosis (mental health & intellectual disabilities) that need mental health services and can get caught in between service systems never getting what they need. They are requesting targeted services for this population.
- Participants advocated for increasing prevention services especially social connectedness
- Participant pointed out that teens have increased mental health needs, thus more counseling needs go to schools
- Participant suggested training county judges and public defenders about severe mental illness
- In addition, training Doctors in the health care system on mental health issues was suggested
- Participant commented more placements are happening, more beds are needed for mental health holds
- Create Wellness Centers for VCBH clients in the community and increase VCOE Wellness Centers on School Sites
- Identify Resources in a Digital Resource Directory make it easier to know how to access care
- Participant discussed the Santa Clara Valley not getting a fair share of resources compared to other parts of the county.
- Participants asked about working with nursing, social work, psychology students from CSUCI, CLU, in order to build a better pipeline for future employment at VCBH
- Participants questioned why providers for mild to moderate were so hard to find
- Participants requested more parental support and training with a holistic approach especially for very young children
- Participant requested opportunities for families to gain a greater understanding of Mental Health as seen from varying cultures
- Though email submission several network expansion grant recipients have cited the success of their programs and asked VCBH to continue the services especially the arts focused programs
- Email submission from local community colleges to expand wellness services especially for their LGBTQ+ population and first-generation students
- VCBH staff members cited the need for more youth programs
- VCBH TAY services requested access to therapy animals citing a variety of benefits to clients
- VCBH staff cited the need for additional short term treatment staff during an adult BHAB subcommittee
- VCBH staff submitted a proposal for increasing the number of specialized and not specialized vehicles for meeting clients where they are and transporting them to doctors' appointments and other commitments that they cannot attend on their own.
- Feedback about the Bartenders as Gatekeepers INN program has continued to be requested despite the program ending in 2021
- VCBH participated in a landscape assessment and pointed to the need for additional elements to their service sites:
 - VCBH staff highlighted the benefits of hiring individuals with lived experience
 - Culturally specific care: Staff recommended better outreach and follow-through to culturally specific communities, particularly the LatinX community
 - Additional resources: Staff are interested in additional resources from the County to support housing, integrated substance abuse programs, stepdown programs, and transportation

3.2 UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)

3.2.3 Key Findings and Recommendations

Key Findings

Key findings from the mental health component of Phase I and Phase II are briefly outlined below. Full reports on the CHNA findings and the coalition's implementation plan can be found at www.healthmattersinVC.org. Video presentations explaining the findings of the specialized focus groups and the summary of the combined (N=3,430) survey findings primarily reporting on mental health questions of the CHNA survey can be found on www.VCBH.org. A few of the most poignant findings from the survey are reflected below.

- Mental health was a top source of stress across all respondents, but especially among younger individuals and those with a lower income.
- Individuals who identified as Native Hawaiian/Pacific Islander, Asian, Black, or African American and Multi-racial were more likely to report at least moderate levels of stress about their mental health.
- COVID-19 exacerbated concerns regarding personal and children's mental health.
- Suicidal thoughts were more common among younger respondents and those who did not identify as cis-gendered men or women.
- More than half of all survey respondents, as well as those who had suicidal thoughts, received the MH care that they needed.

Mental Health Needs identified in the specialized focus groups:

- **Depression:** Participants mentioned depression in every focus group and described loss, loneliness, and rumination as the drivers of this symptom.
- **Anxiety:** Also mentioned in all focus groups and included work, loss, and providing for a family as causes. Participants often mentioned poor sleep and panic attacks as the effects of these feelings.

- **Trauma:** Although participants didn't use this word, they frequently described experiences such as abuse, abandonment, and leaving their home county and driving their mental health needs.
- **Generational trauma:** Participants recognized that issues are passed down to future generations but were unsure why this happens or how to prevent this outcome.

Recommendations and Results

Survey Recommendations:

- Help individuals experiencing mental health stress identify factors in their life that are contributing to the stress and provide co-occurring, integrated services.
- Outreach to individuals for mental health services should target individuals who identify as Hispanic/Latino or non-CIS gendered individuals between the ages of 25 and 44.
- Almost 1 out of 5 respondents who reported having suicidal thoughts also indicated that they attempted suicide. Training potential responders should acknowledge this high risk of dying that people are in when having suicidal ideation.

Recommendations from the Specialized Focus Groups:

- **Connection to Care**
 - It is difficult to separate a conversation about mental health from the cultural stigma that has infused even healthy language around mental health.
 - Although participants' mental health concerns are driven by traumatic experiences, they were more comfortable using terms such as depression and anxiety.

3.2 UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)

3.2.3 Key Findings and Recommendations

- There is a high level of need for cultivating trust within the community to address the barriers that prevent successful connection to MH services.
- At every access point to MH services, as well as connections to new services, allow space and time for connections to be made so individuals trust that they are cared about, that services are affordable, and that they are given accurate information.
- **Affordability**
 - Eligibility and the often-changing insurance coverage discouraged participants from engaging in services.
- **Awareness**
 - Rethink how conversations about mental health are held with the community. Bring individuals into conversations about mental health services with terminology that is not already stigmatized.
 - Educate the community about the mental health risks associated with unmet basic needs and trauma exposure.

3.2 UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)

3.2.4 Prioritization of Community Solutions

Following the needs assessment results and stakeholder engagement and feedback sessions, VCBH began its internal program assessment process by comparing existing services to existing and forecasted community needs, gaps, and sustainment of regulatory requirements. The results are five categories listed here in alphabetical order which the department plans to leverage existing operations and utilize local MHSA funding to implement. MHSA funding is not a guaranteed amount. As such, updates on this list will be dependent on allocation amounts and will be communicated through subsequent Annual Updates and Program Review Summary tables (located in section 2 of this report).

Priorities for the 2023-2026 Three-Year MHSA plan

- **Access**
 - a. Improved articulation of continuum of care and drivers of levels of care
 - b. Examine timeliness in relation to level of care.
 - c. Examine quality improvement opportunities around physical locations and remote access.
 - d. Develop options for immediate response for enrolled youth.
- **Alternatives to VCBH**
 - a. Develop more contracted clinical providers/options for those in the mild-moderate category.
 - b. Develop more non-clinical providers/options through mini grants (e.g., drop-in centers, after school programs, indigenous/culturally informed interventions, etc.)
 - c. Develop session based indicated BH prevention interventions for high schools.
 - d. Develop more providers/options for those with other conditions (e.g., developmental/intellectual, traumatic brain injury, dementia, etc.)
- **Clinical Treatment & Services**
 - a. Addition of staff clinic/program
 - b. Expand the number/nature of physical plants to provide clinical treatment and services.
 - c. Add/expand the types of treatment, cultural and indigenous practices, and other services provided by VCBH (possibly involves the purchase of equipment and supplies) Some examples include expanding the role of peers and increasing 24/7 community crisis response services.
- **Housing**
 - a. Addition of staff for the development of a specialized housing team.
 - b. Acquisition/development/preservation of housing.
 - c. Financial support to preserve/expand existing tenancy for VCBH clients.
- **Outreach & Education**
 - a. Increase outreach capacity for vulnerable and at-risk populations (i.e., in-house and via contractors)
 - b. Expand media campaigns to target vulnerable populations at all care levels.
 - c. Expand staff and provider training menu.
 - d. Expand specialized Behavioral Health Outreach Team to:
 1. Educate around moderate-severe (VCBH domain) versus mild-moderate (others) mental illness; and significant functional impairment (i.e., what VCBH can be expected to do).
 2. Educate around stigma reduction, substance use and impacts, trauma, diversity, equity, and inclusion, changes across the lifespan, and other pertinent topics.

3.2 UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)

3.2.4 Prioritization of Community Solutions

Three Year Planning results by Component

The priorities listed above will act as a guide for the department for the next three years as funding is available. Below are the program changes that are in process, planned, or that have taken place in the last year. The mid-year adjustment projects have also been included.

Capital Facilities and Technology (CFTN)

Both housing and clinical service sites, especially in East County, have been a crucial need in the last two three-year planning periods. For the first time in a several years VCBH will be allocating monies to its Capital Facilities component. One project considered the highest priority of the county is a new Mental Health Recovery Center will require state approval before MHPA money can be utilized. The department is committed to this project and believes it has justification to utilize the funding after four years of trying to find other avenues to support the project. Specific proposed projects and collaborations are listed in the Program Summary table of this report.

- Board and Care Acquisition
- Mental Health Recovery Center (Braided funding) (pending state approval)
- Wellness Center for youth and family (braided funding with state monies)
- Additional clinical plant locations for traditional services and FSP level of care
- Renovation for a Crisis Stabilization Unit in East County
- Accounting system to align with CalAIM payment processing
- Secondary Data tracking System for all non EHR required program data.

Community Services and Supports (CSS)

The number of clients has increased since the pandemic started. The department's vacancy rate has also increased since the pandemic began. These competing trends mean the department is working multiple angles to expand staff and services. Some programs have also outgrown their current offices and need additional sites

to accommodate their growth and better meet the needs of clients.

- Providers will be able to apply for money to upgrade, repair, or modify existing service sites.
- The Full-Service Partnership (FSP) Services have been undergoing a program re-organization, which has demonstrated the need for continued expansion. Almost all FSP age groups will need to serve more clients and work towards fidelity of the Forensic/Assertive Community Treatment (ACT) Model. Additionally, transportation for these field-based services will be needed for all FSP programs.
- Another FSP specific program launching in 24/25 will be an evidence-based program Individual Placement and Support (IPS) a model of supported employment for people with serious mental illness.
- The Peer Support & Case Management Services and staff provision will continue to be expanded.
- Peer Respite: a home-like environment that operates as short-term residential center staffed by peers for individuals experiencing mental distress.
- A new Crisis Stabilization Unit (CSU) is planned for East County.
- The Rapid Integrated Support & Engagement (RISE) Transitional Age Youth (TAY) Expansion grant will be supported by CSS funding when the grant concludes in 2022.
- The TAY Youth Rapid Response Team (MCOT) will be supported with MHPA funding.
- The need for co-occurring (Substance use and Mental Health) treatment has been long identified and will be supplied by adding Alcohol Drug Treatment Staff (ADTS) certified staff to Behavioral Health service sites.
- The loss of board and care facilities in the county has been steady. The department is

working to sustain, bolster, and expand board and cares that are at risk of closing.

- One-time incentives for medical providers will be offered in exchange for meeting milestones as the providers transition to CalAIM requirements.
- New Permanent Supported Housing units are being added, and additional units will be created as well as housing vouchers for FSP clients.
- Mobile Response Team (MRT): a community-based crisis response service for enrolled VCBH Youth and Family Division clients.
- CARE Act will become an additional service site with staffing to work with eligible clients.
- Access is an area that that department is working to define further. The referral process can be confusing especially as community members have to sort through insurance and eligibility requirements. The department is hoping to develop materials clarifying the process.
- New service for VCBH clients: Transcranial magnetic stimulation (TMS).
- New Services for VCBH clients: Eye movement desensitization and reprocessing (EMDR).
- Additional staff is needed to adequately staff the new Short Term Treatment Teams and Youth and Family Intake Team.
- A one stop service site for Parents of SED youth to be established in Oxnard.
- MHRC will be built with CFTN funding and eligible operating costs will be partially funded with MSHA dollars.
- Administration infrastructure will be expanded (temporary staffing, consulting, and evaluation) to support the influx of MHSA funding and changes via CalAIM to provide appropriate oversight, fair distribution, tracking and data collection for programming.

Prevention and Early Intervention (PEI)

- Current PEI programs will continue and be expanded to meet unmet needs, pilot new

programs, develop training, transportation, and provide infrastructure upgrades and modifications at existing service sites.

- Maintaining and increasing the number of Capitalized Operating Subsidy Reserve (COSR) accounts which are used to match rental income on a housing unit for individuals experiencing SMI/SED.
- In response to the ongoing youth Mental Health crisis several programs are being created
 - The two newest programs being proposed for continuation are the youth teen centers that have been a part of Conocimiento: Addressing ACES through Core Competencies Innovation Project.
 - A new afterschool teen drop-in center program is being pursued for Oxnard.
 - Wellness Services in Community Colleges.
 - Child First program with Public Health.
 - Early intervention services for mild to moderate youth in the Santa Clara Valley and other priority populations.
- Continued growth to set up additional wellness centers at local school districts for the K-12 Wellness Center Expansion program.
- To develop more non-clinical providers/options Network Expansion Grants (formerly known as mini grants) will be distributed to new providers through a notice of available funding. At their successful conclusion providers can apply for additional years of funding. The breakout of each of these programs is listed below:
 - Special Populations
 - Survivors of Crime: Pathways of Hope
 - ECSEL Safe Spaces at Ventura County Courthouse
 - Everyone has a Story (Autism)
 - Community Careers for Deaf Youth
 - All the Feels Sensory Museum

- Therapeutic Arts
 - Avenue Teen Band Camp
 - Teen Wellness Retreat in Ojai
 - Haling though the Arts: Intergenerational Workshop
 - The Conservatory Project
- Wellness Activities
 - Team Changing Minds
 - Mental Health Workshop Series
 - FIND’s Novel Peer Support Groups
 - Great Futures Starte with Kindness
 - Empowering at Risk Youth Adults through Trauma Informed Therapeutic Yoga
 - Nates Place Outdoors
 - Art is Wellness Summer Club 2023
 - Adelante Project
 - Paloma Youth
 - Swap Meet Justice Mental Health Awareness
 - TAY HOPE (Helping Our Population Excel) Wellness Events
- Mental Health Awareness though the Arts Program. Murals and other public arts projects designed to promote awareness and destigmatize mental illness.
- To keep up with the increased client admission rate, Ventura County Power Over Prodromal Psychosis (VCPOP), formerly named Early Detection & Intervention for the Prevention of Psychosis, will continue to hire staff to maintain fidelity ratios.
- Expanding primary care integration service treatment options and clients served.
- Reestablish the Tripple P Parenting program in East County

- Reestablishing the Innovation Program Bartenders as Gatekeepers as a PEI program.
- Medical transition support for providers who may be able to bill Medical for services if they become certified.
- To focus on suicide prevention in Ventura County, a Suicide Prevention Coordinator has been added to the department. As a result, additional events, conferences, and a completed Suicide Prevention Plan for the County is anticipated.
 - Suicide Prevention Council
 - Annual Suicide Prevention Conference
 - Empower Up – Events for youth

Innovation (INN)

VCBH has INN projects planned though 2025. A community planning process will need to solicit new INN ideas, this is reflected as Community Projects for Innovation and is budgeted for 3 million. This process would be planned for 2024 and ideas can always be submitted at www.WellnessEveryday.org

- The M.A.S.H. Homelessness Prevention for Seniors project will continue.
- Through a Multi-County initiative, a new Electronic Health Record has been approved by MHSOAC.
- In FY23-24, VCBH will apply to join the Learning Healthcare Network Collaborative (LCHN) Multi- County Collaborative Early Psychosis Intervention in 2024.
- Mentoring programs for First Responders will pursue the INN approval process in 2024.
- The Mobile Metal Health Van has been delayed two full years due to the Covid-19 pandemic. The van has been pending during this time and most recently is set to be completed in 2024. Depending on the delivery date the project is set to begin during FY23/24 but may still be pushed out further.
- Crisis Now, a Multi-County INN project is no longer being considered.

- A partnership project with the Human Services Agency (HSA) is being developed with a focus on treating Traumatic Experiences.
- Animal therapy project that involves regular sessions with professionally trained animals and their handlers to help clients cope with mental health conditions.
- Collaborative Care model designed in partnership with Community Memorial Hospital that aims to improve access to care and keeps patients in their medical homes for mild to moderate mental illness through training for health care professionals.
- Community Projects for Innovation: VCBH will solicit Innovation ideas from the community for new programs serving priority populations.

Workforce Enhancement and Training (WET)

Through Southern California Regional Partnership (SCRIP), there will continue to be internship opportunities, loan forgiveness opportunities, and additional training. Initial training for TMS and EMDR will also be funded with these dollars. Additionally, money will be allocated for supporting new and existing Peers to become trained and certified.

3.3 PROGRAM PLANNING PROCESS AND NETWORK ADEQUACY CERTIFICATION ASSESSMENT (NACT)

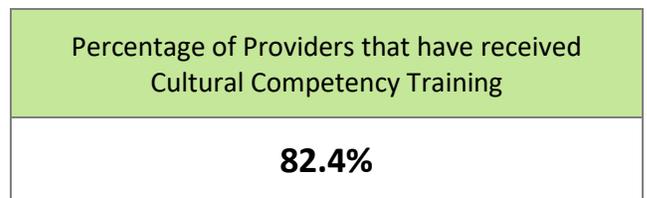
3.3 PROGRAM Planning Process and Network Adequacy Certification Assessment (NACT)

Provider Information (according to NACT, August 2022)

Network Adequacy assessment is submitted annually to assess the VCBH provider system. As of July 2021, services such as Mental Health Services, Case Management, Crisis Intervention, Medication Support, Intensive Care Coordination, Intensive Home-Based and Field support were provided by 588 providers.

Through this assessment VCBH can assess how many of the existing staff are able to provide culturally competent services, in what languages and whether the Workforce Education Training plan should be adjusted

accordingly. Additional details on this plan can be found in the WET section of this Annual Report.



*Registered Nurses, Mental Health Rehab. Specialists, Mental Health Rehabilitation Specialists, Psychiatric Technicians, Licensed Psychologists, Waivered Psychologist, Licensed Vocational Nurses, Nurse Practitioners, Associate Professional Clinical Counselor, Licensed Physicians, Licensed Professional Clinical Counselor.

Threshold Language: Spanish	
% of Spanish speakers in Ventura County	28.8%
% of Spanish services offered by Ventura County providers	40.5%
% of providers who speak languages other than English	45.7%

Languages other than English spoken by Ventura County providers	% of providers that speak this language*
American Sign Language (ASL)	0.5%
Arabic	0.7%
Armenian	0.5%
Cantonese	0.2%
Farsi	1.0%
Korean	0.3%
Mandarin	0.2%
Other Chinese	0.2%
Russian	0.5%
Spanish	40.5%
Tagalog	1.4%

*Some providers speak more than one language other than English

3.4 FY2023-2024 to FY2025-2026 Mental Health Services Act three Year Plan

3.4.1 Community Services and Supports (CSS)

Fiscal Year 2023-24

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Adult						
Adult Clinic Based FSP	254,790		254,790			
VCBH Adult Outpatient Treatment Program- Adult FSP	1,238,746	507,935	537,629			193,181
VISTA	787,290	99,671	629,016			58,603
Assisted Outpatient Treatment (AOT) Program	983,885	673,907	281,364			28,614
Empowering Partners through Integrative Community Services (EPICS)	1,162,687	710,497	443,378			8,811
Transitional Age Youth (TAY) Outpatient Treatment Program- Adult	4,810	2,423	2,279			107
TAY						
VCBH Adult Outpatient Treatment Program- Tay FSP	58,530	30,487	22,331			5,712
VISTA	93,701	11,863	74,864			6,975
Transitional Age Youth (TAY) Outpatient Treatment Program	458,662	231,105	217,333			10,223
Assisted Outpatient Treatment (AOT) Program	164,538	112,699	47,053			4,785
Empowering Partners through Integrative Community Services (EPICS)	12,884	7,873	4,913			98

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.1 Community Services and Supports (CSS)

Fiscal Year 2023-24

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Casa Esperanza TAY Transitions Program (TAY FSP)	991,499	383,961	558,575			48,964
Rapid Integrated Support and Engagement (RISE)	2,934	2,311	357			266
Child						
Insights (Youth FSP)	118,067	61,789	56,211			67
Youth FSP Program	550,208	397,301	152,906			
Older Adults						
VCBH Adult Outpatient Treatment Program- Older Adult	277,283	134,710	113,707			28,867
VISTA	3,053	386	2,439			227
Older Adults FSP Program	2,204,804	1,440,926	748,801			15,077
Empowering Partners through Integrative Community Services (EPICS)	360,583	220,346	137,504			2,733
Assisted Outpatient Treatment (AOT) Program	68,953	47,229	19,719			2,005
Non-FSP Programs						
The Client Network (CN)	118,982	118,982				
County-Wide Crisis Team (CT)	2,711,790	2,230,017	425,849			55,924
Screening, Triage, Assessment and Referral (STAR)	-	-	-			-
VCBH Access Program	1,687,120	1,265,340	421,780			
Adult Short Term Treatment Program	3,308,503	1,943,832	1,364,671			
Youth & Family Intake Team	1,665,687	978,635	687,052			

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.1 Community Services and Supports (CSS)

Fiscal Year 2023-24

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Non-FSP Programs cont.						
Crisis Stabilization Unit (CSU)	4,171,867	3,526,097	616,718			29,053
Rapid Integrated Support and Engagement (RISE)	2,146,642	1,690,722	261,160			194,760
Crisis Residential Treatment (CRT)	4,182,086	1,713,941	2,292,024			176,120
Fillmore Community Project	725,387	355,811	362,272			7,304
Family Access Support Team (FAST)	1,064,534	852,719	32,913			178,902
VCBH Adult Outpatient Treatment Program- None FSP	25,192,330	11,721,160	10,886,135			2,585,035
Transitional Age Youth (TAY) Outpatient (Transitions)	2,033,433	1,024,584	963,526			45,323
TAY Wellness Center: Pacific Clinics	627,698	627,698				
Assisted Outpatient Treatment (AOT) Program	154,197	105,617	44,096			4,484
Growing Works	493,449	382,635	104,611			6,202
Wellness and Recovery Center and Mobile Wellness - Turning Point	1,049,314	1,049,314				
Housing	2,130,554	2,119,473				11,080
Crisis Care Mobile Units (CCMU) Grant	213,644					213,644
Peer Support Program ARPA	292,996	57,896				235,100
Ventura Avenue clinic Y&F	-	-	-			
Ventura Avenue clinic Adult	-	-	-			

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.1 Community Services and Supports (CSS)

Fiscal Year 2023-24

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Incentive for Medi-Cal Providers	2,000,000	2,000,000				
Additional Peer Support Specialists	554,016	481,753	72,263			
Wellness Everyday	310,403	310,403				
Mobile Crisis Team (MRT)	1,024,813	896,713	128,100			
CARE ACT	2,718,747	1,168,587	574,827			975,333
Expand Co-Occurring Staff at Clinics	1,478,033	1,019,843	458,190			
One Stop for Parents of SED youth	250,000	250,000				
Forensic Pre-Admit/Mental Health Diversion Grant Program	393,231		4,088			389,143
CSS Administration	8,366,232	4,730,043	3,600,023			36,166
Total CSS Program Estimated Expenditures	80,863,592	47,699,234	27,605,469	-	-	5,558,890
FSP Programs as Percent of Total	20.5%					

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.1 Community Services and Supports (CSS)

Fiscal Year 2024-25

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Adult						
Adult Clinic Based FSP	292,434	30,000	262,434			
VCBH Adult Outpatient Treatment Program-Adult FSP	3,390,697	1,885,761	1,372,285			132,651
VISTA	810,909	102,661	647,887			60,361
Assisted Outpatient Treatment (AOT) Program	1,013,401	694,124	289,805			29,472
Empowering Partners through Integrative Community Services (EPICS)	2,351,442	1,442,309	900,058			9,076
Transitional Age Youth (TAY) Outpatient Treatment Program-Adult	4,954	2,496	2,347			110
IPS Supportive Employment EBP	750,000	750,000				
Vehicle Purchase	75,000	75,000				
MHRC Facility	7,355,434	5,614,771	1,740,663			
TAY						
VCBH Adult Outpatient Treatment Program- Tay FSP	60,286	31,401	23,001			5,883
VISTA	96,513	12,218	77,110			7,184
Transitional Age Youth (TAY) Outpatient Treatment Program	2,653,536	1,600,627	1,042,379			10,530
Assisted Outpatient Treatment (AOT) Program	169,474	116,080	48,465			4,929

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.1 Community Services and Supports (CSS)

Fiscal Year 2024-25

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs cont.						
Empowering Partners through Integrative Community Services (EPICS)	13,271	8,109	5,061			101
Casa Esperanza TAY Transitions Program (TAY FSP)	1,021,244	395,479	575,332			50,433
Rapid Integrated Support and Engagement (RISE)	3,022	2,380	368			274
Vehicle Purchase	80,000	80,000				
Child						
Insights (Youth FSP)	699,327	480,809	218,449			69
Youth FSP Program	566,714	409,220	157,493			
Vehicle Purchase	75,000	75,000				
Older Adults						
VCBH Adult Outpatient Treatment Program- Older Adult	285,602	138,751	117,118			29,733
VISTA	3,144	398	2,512			234
Older Adults FSP Program	4,452,062	2,846,742	1,589,791			15,530
Empowering Partners through Integrative Community Services (EPICS)	371,400	226,956	141,629			2,815
Assisted Outpatient Treatment (AOT) Program	71,022	48,646	20,310			2,065
Vehicle Purchase	75,000	75,000				
Non-FSP Programs						
The Client Network (CN)	122,551	122,551	-			
County-Wide Crisis Team (CT)	2,993,144	2,496,918	438,624			57,602

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.1 Community Services and Supports (CSS)

Fiscal Year 2024-25

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Non-FSP Programs cont.						
Screening, Triage, Assessment and Referral (STAR)	-	-	-			
VCBH Access Program	2,730,681	2,098,011	632,670			
Adult Short Term Treatment Program	3,407,758	2,002,147	1,405,611			
Youth & Family Intake Team	1,715,658	1,007,994	707,664			
Crisis Stabilization Unit (CSU)	4,297,023	3,631,880	635,219			29,924
Rapid Integrated Support and Engagement (RISE)	2,211,041	1,741,444	268,994			200,603
Crisis Residential Treatment (CRT)	4,307,548	1,765,360	2,360,785			181,404
Fillmore Community Project	747,149	366,485	373,140			7,523
Family Access Support Team (FAST)	1,096,470	878,300	33,901			184,269
VCBH Adult Outpatient Treatment Program- None FSP	25,879,200	12,003,895	11,212,719			2,662,586
Transitional Age Youth (TAY) Outpatient (Transitions)	2,094,436	1,055,321	992,432			46,683
TAY Wellness Center: Pacific Clinics	646,529	646,529	-			-
Assisted Outpatient Treatment (AOT) Program	158,823	108,785	45,419			4,619
Growing Works	508,252	394,114	107,750			6,388
Wellness and Recovery Center and Mobile Wellness - Turning Point	1,080,793	1,080,793	-			

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.1 Community Services and Supports (CSS)

Fiscal Year 2024-25

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Non-FSP Programs cont.						
Housing	4,844,485	4,833,072	-			11,413
Crisis Care Mobile Units (CCMU) Grant	220,053	-	-			220,053
Peer Support Program ARPA	301,785	59,632	-			242,153
Ventura Avenue clinic Y&F	-	-	-			
Ventura Avenue clinic Adult	-	-	-			
East County CSU	-	-	-			
Crisis Stabilization Unit (CSU) 8 Beds	4,100,000	3,675,534	409,466			15,000
PHF Psychiatric Health Facility	-	-	-			
Additional Peer Support Specialists	992,410	843,549	148,862			
Wellness Everyday	319,715	319,715				
Mobile Crisis Team (MRT)	1,055,557	923,614	131,943			
CARE ACT	4,198,209	2,212,792	985,417			1,000,000
Providers' Infrastructure upgrades and modifications	860,811	860,811				
Peer Respite	250,000	250,000				
Expand Co-Occurring Staff at Clinics	3,622,765	2,490,079	1,132,686			
One Stop for Parents of SED youth	500,000	500,000				
Forensic Pre-Admit/Mental Health Diversion Grant Program	405,028		4,210			400,818

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.1 Community Services and Supports (CSS)

Fiscal Year 2024-25

CSS Administration		10,288,619	6,543,344	3,708,024		
Total CSS Program Estimated Expenditures		112,697,382	72,057,610	34,970,034		
FSP Programs as Percent of Total	37.0%					

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.1 Community Services and Supports (CSS)

Fiscal Year 2025-26

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Adult						
Adult Clinic Based FSP	301,207	30,900	270,307			
VCBH Adult Outpatient Treatment Program-Adult FSP	3,495,114	1,969,586	1,388,897			136,631
VISTA	835,236	105,741	667,324			62,172
Assisted Outpatient Treatment (AOT) Program	1,043,803	714,948	298,499			30,356
Empowering Partners through Integrative Community Services (EPICS)	2,387,369	1,464,263	913,758			9,348
Transitional Age Youth (TAY) Outpatient Treatment Program-Adult	5,103	2,571	2,418			114
IPS Supportive Employment EBP	750,000	750,000				
Vehicle Purchase	80,000	80,000				
MHRC Facility	7,723,205	5,982,543	1,740,663			
TAY						
VCBH Adult Outpatient Treatment Program- Tay FSP	62,094	32,344	23,691			6,060
VISTA	99,408	12,585	79,423			7,400
Transitional Age Youth (TAY) Outpatient Treatment Program	2,735,838	1,675,897	1,049,095			10,846
Assisted Outpatient Treatment (AOT) Program	174,558	119,563	49,919			5,077

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.1 Community Services and Supports (CSS)

Fiscal Year 2025-26

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs cont.						
Empowering Partners through Integrative Community Services (EPICS)	13,669	8,353	5,212			104
Casa Esperanza TAY Transitions Program (TAY FSP)	1,051,882	407,344	592,592	0	0	51,946
Rapid Integrated Support and Engagement (RISE)	3,113	2,452	379	0	0	282
Vehicle Purchase	80,000	80,000				
Child						
Insights (Youth FSP)	731,862	503,577	228,214	0	0	71
Youth FSP Program	583,715	421,497	162,218	0	0	0
Vehicle Purchase	80,000	80,000				
Older Adults						
VCBH Adult Outpatient Treatment Program- Older Adult	294,170	142,914	120,631	0	0	30,625
VISTA	3,239	410	2,587	0	0	241
Older Adults FSP Program	4,588,320	2,959,396	1,612,929	0	0	15,996
Empowering Partners through Integrative Community Services (EPICS)	382,542	233,765	145,878	0	0	2,899
Assisted Outpatient Treatment (AOT) Program	73,152	50,105	20,920	0	0	2,127
Vehicle Purchase	80,000	80,000				

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.1 Community Services and Supports (CSS)

Fiscal Year 2025-26

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Non-FSP Programs cont.						
The Client Network (CN)	126,227	126,227	-			
County-Wide Crisis Team (CT)	2,876,938	2,365,826	451,783			59,330
Screening, Triage, Assessment and Referral (STAR)	-	-	-			
VCBH Access Program	2,606,601	1,954,951	651,650			
Adult Short Term Treatment Program	3,509,991	2,062,211	1,447,780			
Youth & Family Intake Team	1,767,127	1,038,233	728,894			
Crisis Stabilization Unit (CSU)	4,425,934	3,740,836	654,276			30,822
Rapid Integrated Support and Engagement (RISE)	2,277,372	1,793,687	277,064			206,621
Crisis Residential Treatment (CRT)	4,436,775	1,818,320	2,431,608			186,846
Fillmore Community Project	769,563	377,480	384,334			7,748
Family Access Support Team (FAST)	1,129,364	904,649	34,918			189,797
VCBH Adult Outpatient Treatment Program- None FSP	26,653,626	12,362,061	11,549,101			2,742,464
Transitional Age Youth (TAY) Outpatient (Transitions)	2,157,269	1,086,981	1,022,205			48,083
TAY Wellness Center: Pacific Clinics	665,925	665,925	-			
Assisted Outpatient Treatment (AOT) Program	163,588	112,049	46,782			4,758

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.1 Community Services and Supports (CSS)

Fiscal Year 2025-26

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Non-FSP Programs cont.						
Growing Works	523,500	405,938	110,982			6,580
Wellness and Recovery Center and Mobile Wellness - Turning Point	1,113,217	1,113,217	-			
Housing	5,067,379	5,055,624	-			11,755
Crisis Care Mobile Units (CCMU) Grant	226,655	-	-			226,655
Peer Support Program ARPA	310,839	61,421	-			249,418
Ventura Avenue clinic Y&F	-	-	-			
Ventura Avenue clinic Adult	-	-	-			
East County CSU	-	-	-			
Crisis Stabilization Unit (CSU) 8 Beds	4,100,000	3,675,534	409,466			15,000
PHF Psychiatric Health Facility	-	-	-			
Additional Peer Support Specialists	1,022,183	868,855	153,327			
Wellness Everyday	329,306	329,306				
Mobile Crisis Team (MRT)	1,083,266	951,323	131,943			
CARE ACT	4,198,209	2,212,792	985,417			1,000,000
Providers' Infrastructure upgrades and modifications	286,937	286,937				
Peer Respite	250,000	250,000				
Expand Co-Occurring Staff at Clinics	3,622,765	2,490,079	1,132,686			
One Stop for Parents of SED youth	500,000	500,000				

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.1 Community Services and Supports (CSS)

Fiscal Year 2025-26

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Non-FSP Programs cont.						
Forensic Pre-Admit/Mental Health Diversion Grant Program	417,179	-	4,337			412,842
CSS Administration	9,931,328	6,073,695	3,819,264			38,368
Total CSS Program Estimated Expenditures	114,207,662	72,594,910	35,803,372			5,809,380
FSP Programs as Percent of Total	38.0%					

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.2 Prevention and Early Intervention

Fiscal Year 2023-24

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Outreach, Referral & Engagement & Prevention (O&E) Programs						
One Step a la Vez	246,518	246,518				
Project Esperanza	85,650	85,650				
Tri County Glad	60,267	60,267				
Catalyst Church	210,558	210,558				
Wellness EveryDay	85,179	85,179				
Healing the Community- (MICOP)	452,687	452,687				
MHSSA Grant- Wellness Center K-12	1,454,095	-				1,454,095
Old Adults - VCAAA	771,415	771,415				
Logrando Bienestar	1,582,166	1,097,083	441,397			43,686
Primary Care Integration - Clinicas	358,490	358,490				
Promotoras Y Promotores (Santa Paula)	250,000	250,000				
Multi-Tiered System of Supports, VCOE	2,034,952	2,034,952				
Wellness Centers Expansion K-12	2,000,600	2,000,600				
Network Expansion	325,000	325,000				
Girl Scouts program	75,000	75,000				
Tripple P Parenting	350,000	350,000				
Contract increases	948,963	948,963				
Diversity Collective	52,680	52,680				
PEI Programs – Early Intervention						
Primary Care Integration - VCBH	519,935	72,656				447,279
Ventura County Power Over Primordial Psychosis (VCPOPs)	2,159,710	1,132,513	619,750			407,447
PEI RISE Outreach	90,747	90,747				
COMPASS	2,051,843	1,712,822	338,952			69

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.2 Prevention and Early Intervention

Fiscal Year 2023-24

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Medi-cal Expansion for Early Intervention (FQ)	250,000	250,000				
Crisis Intervention Team (CIT) Training	206,434	206,434				
CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY	81,357	81,357				
EVALCORP	140,875	140,875				
PEI Administration	3,234,214	1,893,414	1,330,203			10,597
Total PEI Program Estimated Expenditures	20,079,335	14,985,860	2,730,302			2,363,173

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.2 Prevention and Early Intervention

Fiscal Year 2024-25

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Outreach, Referral & Engagement & Prevention (O&E) Programs						
One Step a la Vez	316,963	316,963				
Project Esperanza	88,220	88,220				
Tri County Glad	62,075	62,075				
Catalyst Church	216,875	216,875				
Wellness EveryDay	87,734	87,734				
Healing the Community- (MICOP)	466,268	466,268				
MHSSA Grant- Wellness Center K-12	1,497,718					1,497,718
Old Adults - VCAAA	794,557	794,557				
Logrando Bienestar	1,629,631	1,129,996	454,639			44,996
Primary Care Integration - Clinicas	569,245	569,245				
Promotoras Y Promotores (Santa Paula)	257,500	257,500				
Multi-Tiered System of Supports, VCOE	2,096,000	2,096,000				
Wellness Centers Expansion K-12	2,060,618	2,060,618				
Tripple P Parenting	350,000	350,000				
Providers' Infrastructure upgrades and modifications	370,097	370,097				
Contract increases	996,411	996,411				
VCOE Expansion- Additional	2,000,000	2,000,000				
Child first Program with Public Health	500,000	500,000				
Vehicles for CBOs	225,000	225,000				
After hours facility for Youth in Oxnard	750,000	750,000				

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.2 Prevention and Early Intervention

Fiscal Year 2024-25

County: Ventura

Date: November 2023

	A	B		A	B	
	Estimated Total Mental Health Expenditures	Estimated PEI Funding		Estimated Total Mental Health Expenditures	Estimated PEI Funding	
Mental Health Awareness Arts Program	500,000	500,000				
Bartenders as Gatekeepers	250,000	250,000				
Diversity Collective	54,260	54,260				
PEI Programs – Early Intervention						
Primary Care Integration - VCBH	535,533	74,836				460,697
Ventura County Power Over Primordial Psychosis (VCPOPs)	2,224,501	1,166,488	638,343			419,670
PEI RISE Outreach	93,469	93,469				
COMPASS	2,113,398	1,764,207	349,121			71
Medi-cal Expansion for Early Intervention (FQ)	500,000	500,000				
Other Early Intervention program expansion	250,000	250,000				
Crisis Intervention Team (CIT) Training	206,434	206,434				
CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY	81,357	81,357				
EVALCORP	140,875	140,875				
PEI Administration	3,234,214	1,893,414	1,330,203	-	-	10,597
Total PEI Program Estimated Expenditures	25,518,955	20,312,900	2,772,305	-	-	2,433,750

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.2 Prevention and Early Intervention

Fiscal Year 2025-26

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Outreach, Referral & Engagement & Prevention (O&E) Programs						
One Step a la Vez	322,572	322,572				
Project Esperanza	90,866	90,866				
Tri County Glad	63,937	63,937				
Catalyst Church	223,381	223,381				
Wellness EveryDay	90,366	90,366				
Healing the Community- (MICOP)	480,256	480,256				
MHSSA Grant- Wellness Center K-12	1,542,650	-				1,542,650
Old Adults - VCAAA	794,557	794,557				
Logrando Bienestar	1,678,520	1,163,896	468,278			46,346
Primary Care Integration - Clinicas	580,322	580,322				
Promotoras Y Promotores (Santa Paula)	265,225	265,225				
Multi-Tiered System of Supports, VCOE	2,158,880	2,158,880				
Wellness Centers Expansion K-12	2,122,437	2,122,437				
Tripple P Parenting	350,000	350,000				
Providers' Infrastructure upgrades and modifications	123,366	123,366				
Contract enhancements	1,046,232	1,046,232				
VCOE Expansion	2,000,000	2,000,000				
Child first Program with Public Health	500,000	500,000				
Vehicles for CBOs	225,000	225,000				
Teen drop in center for youth in Oxnard	750,000	750,000				
Diversity Collective	55,888	55,888				

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.2 Prevention and Early Intervention

Fiscal Year 2025-26

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Mental Health Awareness Arts Program	500,000	500,000				
Bartenders as Gatekeepers	250,000	250,000				
Diversity Collective	55,888	55,888				
PEI Programs – Early Intervention						
Primary Care Integration - VCBH	551,599	77,081				474,518
Ventura County Power Over Primordial Psychosis (VCPOPs)	2,272,086	1,201,483	638,343			432,260
PEI RISE Outreach	96,273	96,273				
COMPASS	2,176,800	1,817,133	359,594			73
Other Early Intervention program expansion	250,000	250,000				
Medi-cal Expansion for Early Intervention (FQ)	500,000	500,000				
Crisis Intervention Team (CIT) Training	206,434	206,434				
CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY	81,357	81,357				
EVALCORP	140,875	140,875				
PEI Administration	3,331,240	1,950,216	1,370,109	-	-	10,915
Total PEI Program Estimated Expenditures	25,821,121	20,478,034	2,836,324	-	-	2,506,762

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.3 Innovations

Fiscal Year 2023-24

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Innovations Programs						
Multi-County Full Service Partnership (FSP) Project	50,624	50,624				
Multi-County Full Service Partnership (FSP) Project-ADMIN	4,916	4,916				
Multi-County Full Service Partnership (FSP) Project-EVALUATION	927	927				
Therapeutic Crisis Response-Mobile Mental Health Van	1,230,526	1,130,526	100,000			
Therapeutic Crisis Response-Mobile Mental Health Van-ADMIN	119,490	119,490				
Therapeutic Crisis Response-Mobile Mental Health Van-EVALUATION	22,526	22,526				
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention	192,141	192,141				
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-ADMIN	18,658	18,658				
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-EVALUATION	3,517	3,517				

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.3 Innovations

Fiscal Year 2024-25

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Innovations Programs cont.						
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) PROJECT	242,764	242,764				
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) ADMIN	23,574	23,574				
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) PROJECT-EVALUATION	4,444	4,444				
Learning Healthcare Network (LCHN)	250,000	250,000				
Learning Healthcare Network (LCHN) - ADMIN	24,276	24,276				
Learning Healthcare Network (LCHN) - EVALUATION	4,576	4,576				
INN Administration - MHS921 and MHS928	241,107	200,619	40,488			
Total INN Program Estimated Expenditures	2,434,066	2,293,578	140,488	-	-	-

5.2 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

5.2.3 Innovations

Fiscal Year 2024-25

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Innovations Programs						
Therapeutic Crisis Response-Mobile Mental Health Van	1,099,022	999,022	100,000			
Therapeutic Crisis Response-Mobile Mental Health Van-ADMIN	111,339	111,339				
Therapeutic Crisis Response-Mobile Mental Health Van-EVALUATION	36,847	21,397	15,450			
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention	192,012	192,012				
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-ADMIN	19,452	19,452				
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-EVALUATION	3,738	3,738				
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) PROJECT	150,000	150,000				
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) ADMIN	15,196	15,196				
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) PROJECT-EVALUATION	2,920	2,920				

5.2 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

5.2.3 Innovations

Fiscal Year 2024-25

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Innovations Programs cont.						
Learning Healthcare Network (LCHN)	500,000	500,000				
Learning Healthcare Network (LCHN) - ADMIN	50,654	50,654				
Learning Healthcare Network (LCHN) - EVALUATION	9,734	9,734				
Neurosequential Model Program	1,250,000	1,250,000				
Animal Therapy	250,000	250,000				
CMH Training Program	500,000	500,000				
Community Projects for Innovation	2,000,000	2,000,000				
INN Administration - MHS921 and MHS928	71,724	56,724	15,000			
Total INN Program Estimated Expenditures	6,262,639	6,132,189	130,450	0	0	0

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.3 Innovations

Fiscal Year 2025-26

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Innovations Programs cont.						
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention	209,490	209,490				
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-ADMIN	59,804	59,804				
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-EVALUATION	11,716	11,716				
Learning Healthcare Network (LCHN)	500,000	500,000				
Learning Healthcare Network (LCHN) - ADMIN	142,737	142,737				
Learning Healthcare Network (LCHN) - EVALUATION	27,963	27,963				
Neurosequential Model Program	1,250,000	1,250,000	0			
Animal Therapy	250,000	250,000				
CMH Training Program	500,000	500,000				
Community Projects for Innovation	1,548,184	1,548,184				
INN Administration - MHS921 and MHS928	73,876	58,426	15,450			
Total INN Program Estimated Expenditures	4,573,769	4,558,319	15,450	0	0	0

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.4 Workforce, Education and Training (WET)

Fiscal Year 2023-24

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Workforce, Education and Training (WET)						
Workforce Education & Training Stipends	235,700	235,700				
MIP Integrated Care & Outreach Site	157,474					157,474
MIP MH Outpatient Specialty Care	149,927					149,927
WET Administration						
Total WET Program Estimated Expenditures	543,101	235,700				307,401

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.4 Workforce, Education and Training (WET)

Fiscal Year 2024-25

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Workforce, Education and Training (WET)						
Workforce Education & Training Stipends	358,235	358,235				
WET Administration						
Total WET Program Estimated Expenditures	358,235	358,235				

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.4 Workforce, Education and Training (WET)

Fiscal Year 2025-26

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Workforce, Education and Training (WET)						
Workforce Education & Training Stipends	366,147	366,147				
WET Administration						
Total WET Program Estimated Expenditures	366,147	366,147				

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.5 Capital Facilities and Technological Needs (CTFN)

Fiscal Year 2023-24

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CTFN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Capital Facilities and Technological Needs (CTFN)						
BHCIP Round 4 Y&F Wellness Center	601,525	601,525				
Board & Care Facility Acquisition	5,865,000	5,865,000				
Power Apps System Implementation	135,000	135,000				
CFTN Administration						
Total CFTN Program Estimated Expenditures	6,601,525	6,601,525				

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.5 Capital Facilities and Technological Needs (CTFN)

Fiscal Year 2024-25

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CTFN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Capital Facilities and Technological Needs (CTFN)						
Building Renovation for 8 bed CSU	1,000,000	1,000,000				
Building Purchases for Clin Expansion	2,500,000	2,500,000				
Locked MHRC Unit (Oasis)	20,000,000	20,000,000				
CFTN Administration						
Total CFTN Program Estimated Expenditures	23,500,000	23,500,000				

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.5 Capital Facilities and Technological Needs (CTFN)

Fiscal Year 2025-26

County: Ventura

Date: November 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CTFN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Capital Facilities and Technological Needs (CTFN)						
CFTN Programs	-					
Financial system Update	1,291,037	1,291,037				
CFTN Administration	-					
Total CFTN Program Estimated Expenditures	1,291,037	1,291,037				

3.5 COMMUNITY PLANNING PROCESS (CPP)



October 3, 2023

COMMUNITY PLANNING PROCESS (CPP)

Prioritization

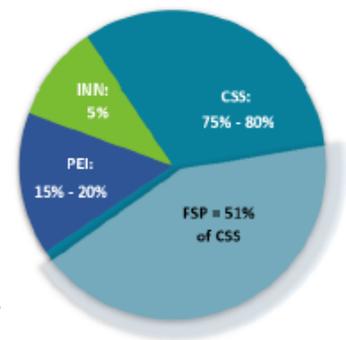
Annual Update and 3-year plan

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)

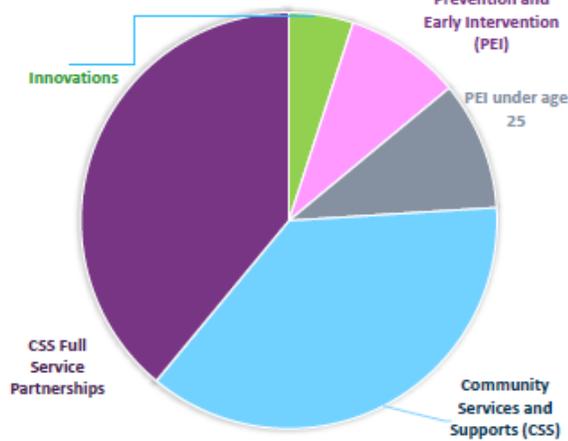
Prop 1: SB326
 will be on the
 March 2024
 ballot along with
 the bond
 measure
 contained in
 AB531

Non comprehensive summary:

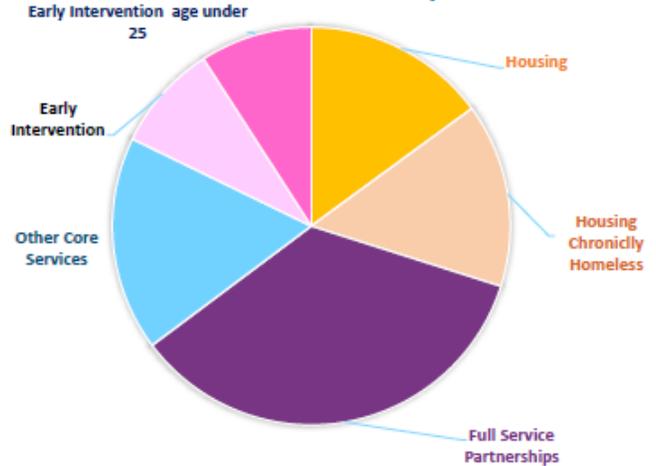
- Establishes a new 30% housing component with a housing first requirements
- Establishes the BHSA as a new source of funding for SUD services
- Creates a new and comprehensive structure for planning, data gathering, and reporting.
- Overhauls the adult and children's system of care statutes
- Eliminates 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



UPDATES

Three-year Plan Adjustments

High Priorities for Large Dollar Adjustment Infrastructure

Mental Health
Rehabilitation
Center (MHRC)
120 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.

Residential Care
for the Elderly
(RCFE)
60 beds

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 permanent 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, SCRIP, 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
- Include your feedback in your surveys!
- Always looking for INN programs: submit via www.wellnesseveryday.org

Review and Next Steps

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

Please fill out a survey

ENGLISH

<https://www.surveymonkey.com/r/23-26CPP-Update-ENG>



SPANISH

<https://www.surveymonkey.com/r/23-26CPP-Update-SP>



31 de enero de 2023

PROCESO DE PLANIFICACIÓN COMUNITARIA (CPP, POR SUS SIGLAS EN INGLÉS)

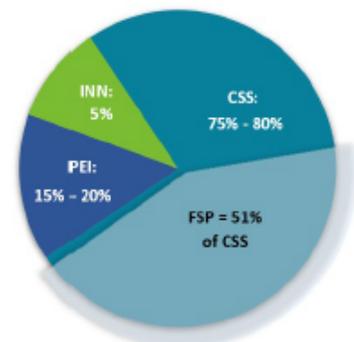
Priorización

Actualización anual y plan de 3 años

Planificación comunitaria: se requiere que los condados involucren significativamente a las partes interesadas en la planificación del programa (por ejemplo, Actualizaciones Anuales, Planes de Tres Años), implementación, la evaluación y la asignación de presupuesto.

Planes de 3 años: describen las necesidades del departamento, las metas, los planes del programa y los gastos para los próximos tres años

-Objetivo de hoy: ajuste de mitad de año



Desglose de gastos necesario

Informes de actualización anual: los informes sobre todos los programas financiados por la MHSa del año fiscal anterior y los cambios anticipados para el próximo año siempre se vinculan con el plan de 3 años actual.

¿Qué está pasando ahora?



PLAN 2023-2026 FINALIZADO EN
JUNIO DE 2023



ASIGNACIÓN ÚNICA RECIBIDA EN
AGOSTO DE 2023



PROCESO DE AJUSTE DE MITAD DE AÑO
NECESARIO PARA INCLUIR EL USO DE
FONDOS UNA SOLA VEZ EN EL PLAN DE 3
AÑOS

¿Qué es un ajuste único o de una sola vez?

¿Cómo es el proceso de ajuste de mitad de año?

Construcción sobre el Proceso de Planificación Comunitaria del Plan de 3 Años actual



Prop. 1: La Ley de Servicios de Salud del Comportamiento (BHSA, por su designación en inglés Behavioral Health Services Act)

¿Qué es un ajuste único o de una sola vez?

+30 millones de dólares



3 años para asignar y gastar. De 2023-2026 para gastar esto, además de la asignación regular de dinero de la MHSA.



Una única vez significa infraestructura, expansiones de tiempo limitado, programas piloto, capacitaciones.



Prop. 1: Impactos potenciales

Prop. 1: La Ley de Servicios de Salud del Comportamiento (BHSA, por su designación en inglés Behavioral Health Services Act)

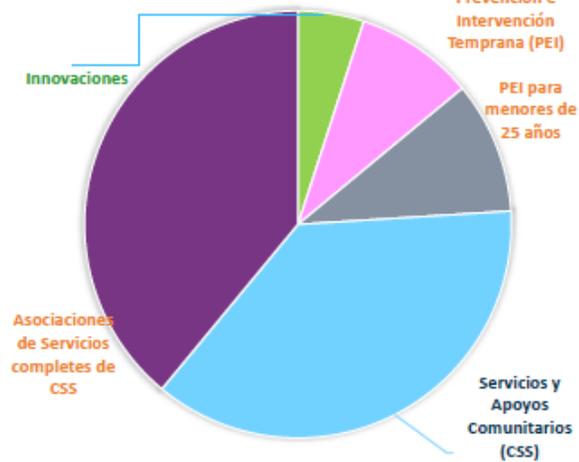
Prop. 1: SB326 estará en la boleta electoral de marzo del 2024 junto con la medida de fianza contenida en AB531.

Resumen no exhaustivo:

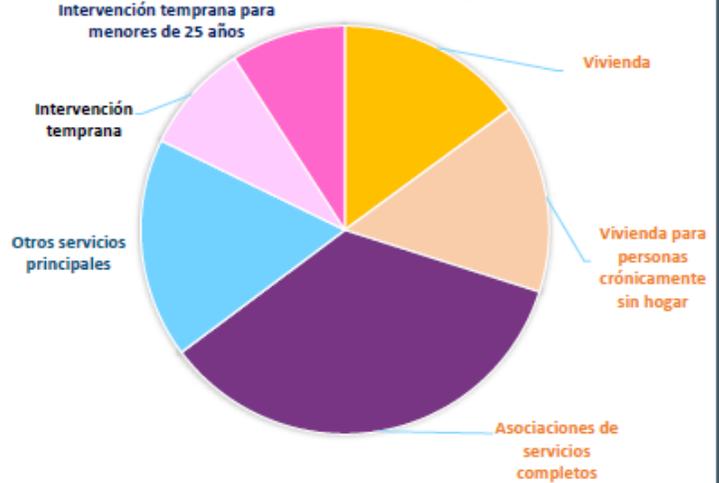
- Establece un nuevo componente de 30 % de vivienda con requisitos de una primera vivienda.
- Establece la BHSA como una nueva fuente de financiamiento para los servicios de trastornos por consumo de sustancias (SUD, por sus siglas en inglés).
- Crea una estructura nueva y completa para la planificación, la recopilación de datos y la generación de informes.
- Revisa los estatutos del sistema de cuidado de adultos y niños.
- Elimina la prioridad de financiamiento de prevención basada en el condado.
- Establece nuevos requisitos de servicio (p. ej.: ACT/FACT y Empleo Respaldo por IPS)

Prop. 1: Porcentajes de gasto actualizados

MHSA actual



BHSA por SB326



Categorías principales de soluciones

I. Vivienda

- I. Edificios
- II. Servicios
- III. Unidades

II. Expansión de Servicios y tipos de tratamiento

- I. Personal
- II. Edificios
- III. Servicios

III. Acceso

- I. Tiempo
- II. Atención inmediata o urgente

IV. Alcance comunitario y educación

- I. Saber cuándo, dónde y cómo acceder a los servicios.

V. Alternativas para VCBH

- I. Cuidados leves a moderados
- II. Asociaciones de servicios

ACTUALIZACIONES

Ajustes del plan de tres años

Prioridades para el ajuste de grandes cantidades de dólares: Infraestructura

Centro de
Rehabilitación de Salud
Mental (MHRC, Mental
Health Rehabilitation
Center) 120 camas

Atención residencial
para ancianos (RCFE,
Residential Care for the
Elderly) 60 camas

Se suma a la continuidad de la atención existente donde hemos visto el crecimiento y anticipamos aún más en el futuro.

En niveles de atención claramente diferentes.

Instalaciones seguras para el tratamiento y los servicios contratados.

Prioridades para el ajuste de grandes cantidades de dólares: Expansión de FSP

Programa juvenil
en edad de
transición: 18-25
años.

Programa EPICS-
Adultos 18-60
años.

Programa de
Adultos Mayores
+60 años.

Basado en la
clínica

Continuación del dimensionamiento
correcto de la programación de FSP.
Servicios adicionales y capacitaciones.

- Empleo respaldado por IPS
- Primera vivienda
- Formación ACT/FACT

Prioridades adicionales para el ajuste de dólares: acceso

- Dotación de personal para equipos de tratamiento a corto plazo que han sustituido a la Evaluación y Derivación de Triage Estandarizado (STAR, Standardized Triage Assessment and Referral).
- El acceso mejorado (más oportuno y clínicamente apropiado) requiere personal adicional.



Prioridades adicionales para el ajuste de dólares: vivienda

- Aumentar la cantidad planificada para mantener o establecer juntas y unidades de cuidados.
- Aumentar las cuentas COSAR.
- Ampliar el número de unidades de apoyo permitidas.
- Aumentar las tarifas de alojamiento y desayuno.
- Personal de vivienda.



Prioridades adicionales para el ajuste de dólares: otros

- Equipo de estimulación magnética transcraneal (TMS), dotación de personal y capacitación
- Capacitación en desensibilización y reposición de movimientos oculares (EMDR, Eye Movement Desensitization and Repossessing) para el personal existente.
- La implementación de la Ley de Asistente Comunitario, Recuperación y Empoderamiento (CARE, Community Assistant, Recovery, and Empowerment) requerirá personal adicional.

Otras adiciones

*Aumento del monto del plan de 3 años

Planes adicionales	Categoría de prioridad
Incentivos para alinearse con los requisitos de CAL AIM*	Servicios y tratamiento clínico
Expansión de contratistas existentes*	Tratamiento clínico y servicios y alternativas para VCBH
Plataforma de seguimiento de atención durante crisis*	Acceso
Financiación de WET (EDMR, Pares, MHFA, SCRIP, etc.)*	Servicios y tratamiento clínico
Tripple P Parenting	Alternativas para VCBH
Mantenimiento de Intercambio de Datos de FSP	Servicios y tratamiento clínico
Programa de Mentoría para Veteranos INN	Alternativas para VCBH

Pensamientos de la comunidad



¿QUÉ PIENSA?



¿QUÉ NOS FALTA?

Háganos saber

- Levante la mano ahora
- Envíe a través de MHSA@ventura.org
- ¡Incluya sus comentarios en sus encuestas!
- Siempre buscamos programas INN: envíenos a través de www.wellnesseveryday.org

Revisión y próximos pasos

1. Continuamos recibiendo comentarios
 - Fecha límite en 2 semanas (16 de octubre)
2. Publicamos el informe de ajuste para el público
 - BHAB y sitio web
 - Período de revisión pública del 16 de octubre al 20 de noviembre
3. Audiencia Pública para el plan de 3 años de la MHSa con ajuste a mitad de año
 - Lunes 20 de noviembre de 1:00 p. m. a 3:30 p. m.

Por favor, conteste una encuesta

INGLÉS

<https://www.surveymonkey.com/r/23-26CPP-Update-ENG>



ESPAÑOL

<https://www.surveymonkey.com/r/23-26CPP-Update-SP>



To Be Updated 11/20/23

Summary of Public Hearing Comments for the Mid-Year Adjustment

Public posting took place from October 16, 2023-November 20, 2023

Public Hearing took place November 20, 2023

County responses are in **Blue**

Several written comments agreeing with the department's choice to peruse the MHRC 120-beds facility

As well as the purchase a facility for a larger (30-50 bed) Board & Care

One comment highlighting the increase B&C rates as needed to preserve existing units

Disagreement that TMS & EMDR should take place at this point time. **These services are already taking place though single use agreements the department believes it can be more cost effective | it can provide these services outright.**

Many questions about SB326 and how it might affect services in the community

Comment encouraged the department to stay focused on services for SMI and Substance Abuse

Focus on Housing First!