



V E N T U R A C O U N T Y

BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency



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

January 2025

CALIFORNIA'S BEHAVIORAL HEALTH TRANSFORMATION (BHT) - PROPOSITION 1:

Overview and BHSA Integrated Planning

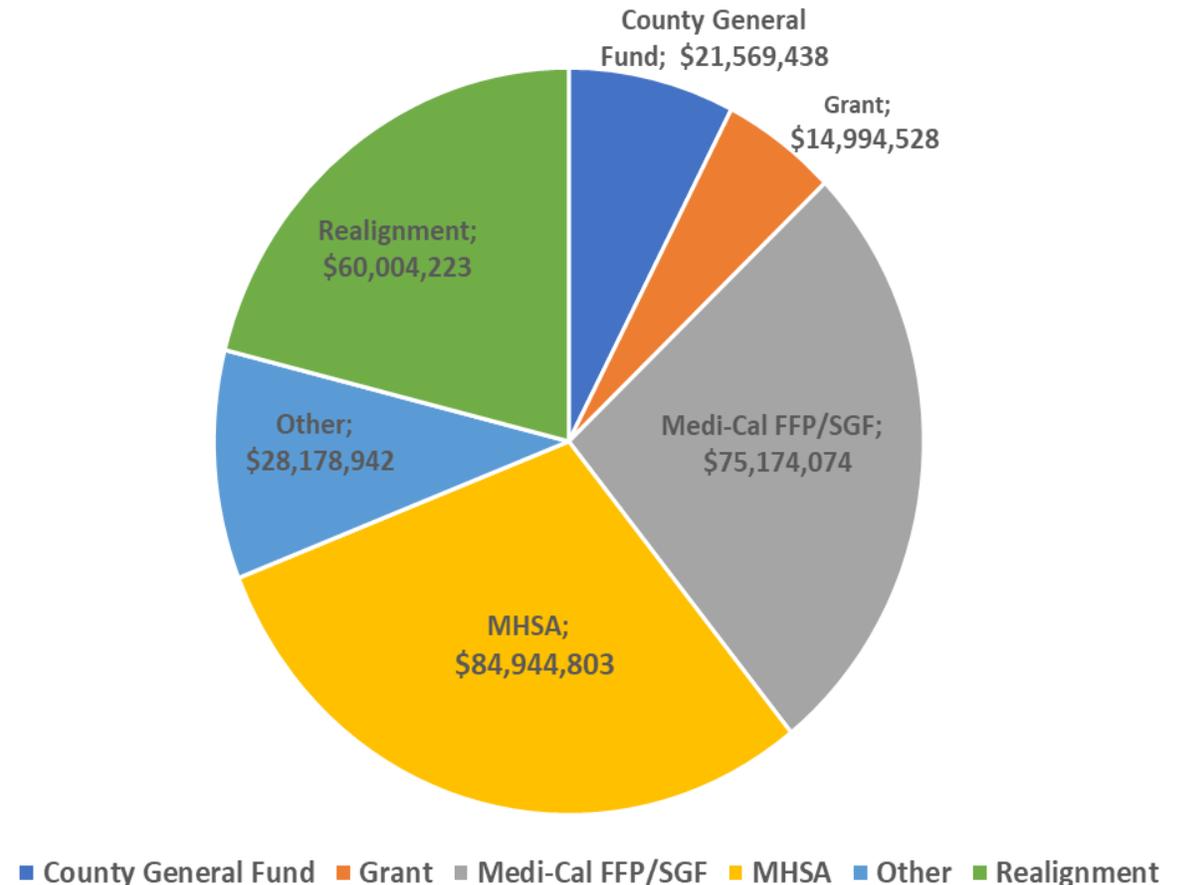
Courtney Lubell, MA, PMP, LSSBB - Special Projects MHSA/BHSA Manager

Behavioral Health Department Funding FY 24/25 Preliminary Budget

- Ventura County Behavioral Health’s budget is comprised of the following elements:
 - General Fund
 - Grants
 - MHSA*
 - Medi-Cal
 - Realignment
 - Other
- CalAIM and Payment Reform impacts are still under review.
- New state initiatives on the horizon including Care Court, and BH Connect will also have budgetary impact.

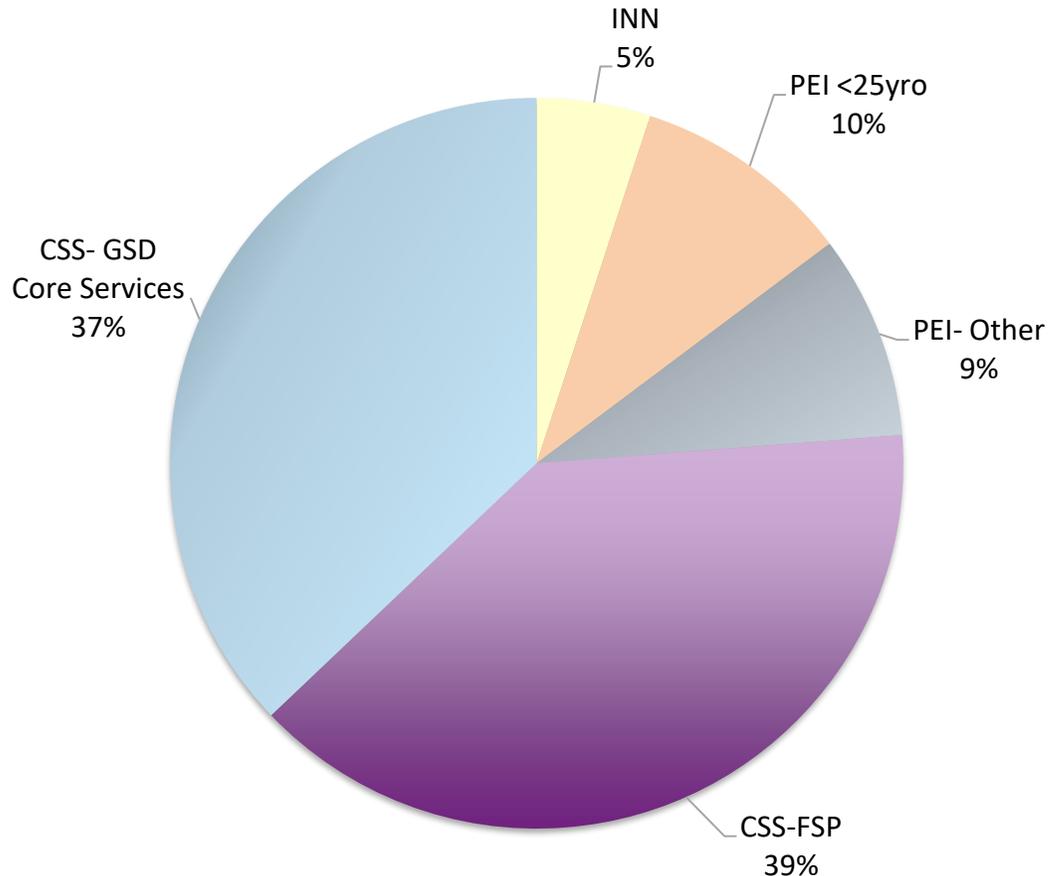
*MHSA increase due to large one-time payment, generally MHSA funds around 25% of VCBH department’s budget.

FY24-25 Behavioral Health Budget Funding

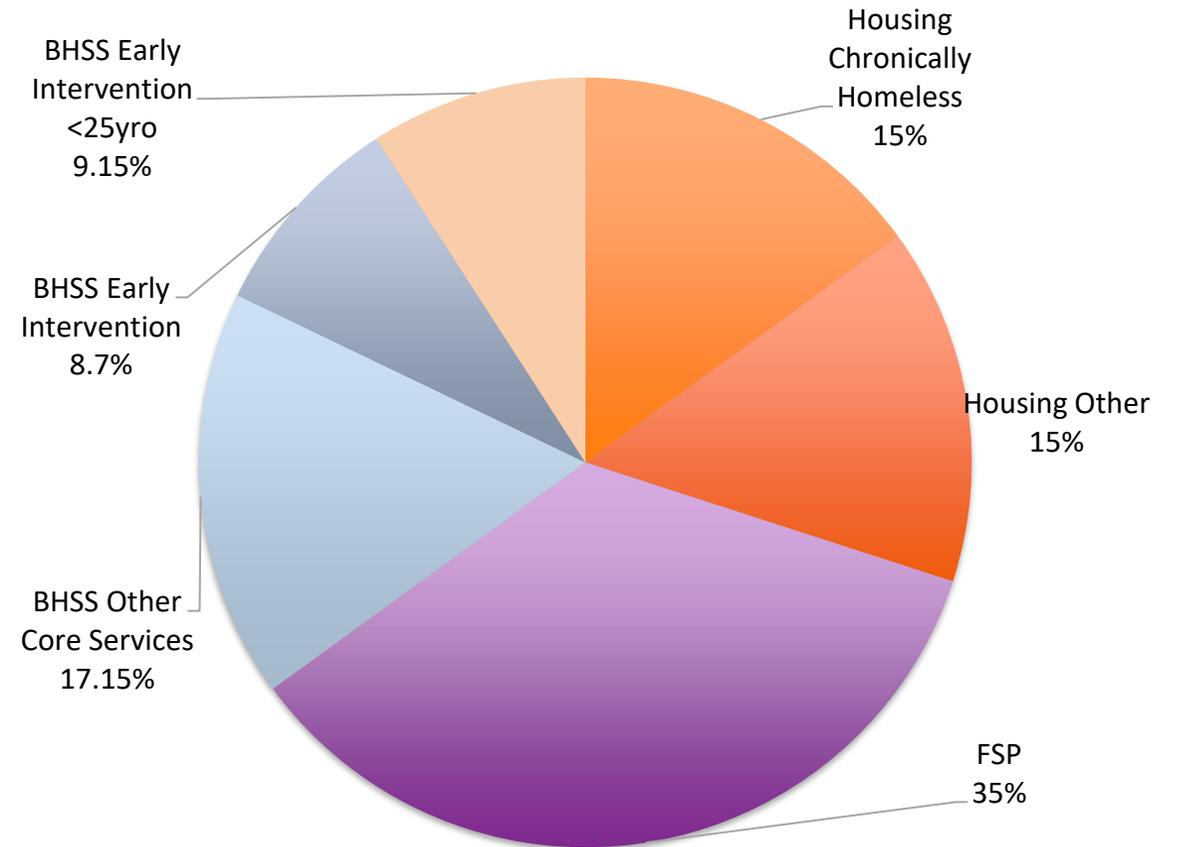


MHSA Components vs. BHSA Categories

MHSA State Funding Components



BHSA Proposed Funding Categories

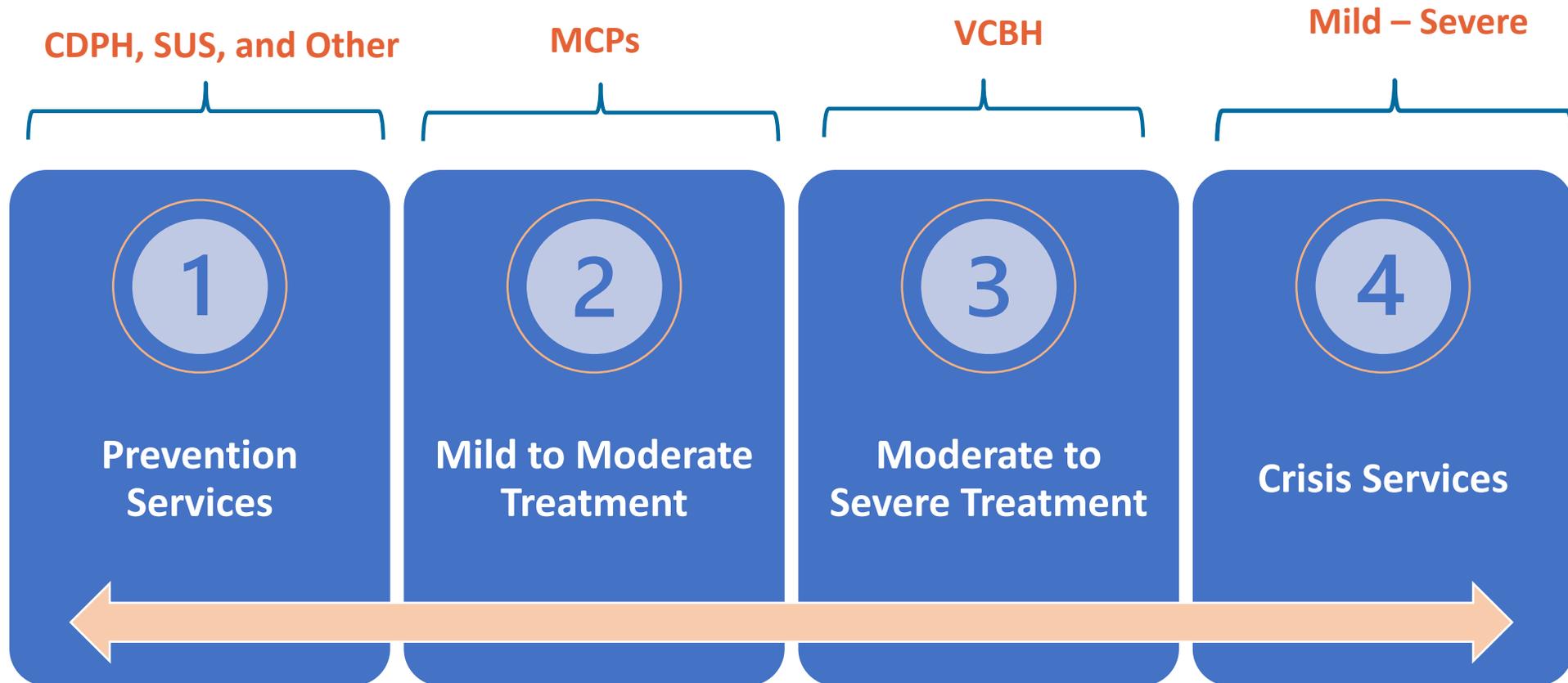


Changes in Amounts per BHSA Category based 3-Year Average Budget

NEW CATEGORIES							
FSP	N/A	BH Services & Supports 35%			Housing 30%		Total
FSP 35%	Prevention	Minimum 51% of BHSS to Early Intervention	Minimum 51% of EI to age <25	Remaining BHSS % for Other Svcs	Minimum 50% to Chronically Homeless	Remaining %	
17,553,900	0	7,676,800	7,990,100	15,052,500	7,209,600	7,209,700	62,692,600
28.0%	0	12.2%	12.7%	24.0%	11.5%	11.5%	100%
Increase	Decrease	Increase	Increase	Decrease	Increase	Increase	

- ❖ Numbers are based on three-year budget average FY22-23, FY23-24, FY24-25
- ❖ Does not reflect changes to Prudent reserve or SUD only expenses yet

Spectrum of Services includes Non VCBH Providers



Priority Populations for BHSA

» Eligible adults and older adults who are:

- Chronically homeless or experiencing homelessness or are at risk of homelessness.
- In, or are at risk of being in, the justice system.
- Reentering the community from prison or jail.
- At risk of conservatorship.
- At risk of institutionalization.

» Eligible children and youth who are:

- Chronically homeless or experiencing homelessness or are at risk of homelessness.
- In, or at risk of being in, the juvenile justice system.
- Reentering the community from a youth correctional facility.
- In the child welfare system.
- At risk of institutionalization.

Summary of overall Proposition 1 Impacts



Increased access to housing resources



Expanded availability of evidence-based practices



Inclusion of substance use services



Increased stakeholder engagement requirements



The local impact of updated BHSA funding requirements will include a decrease in outpatient services and supports



Elimination of local decision making and dissemination of Prevention funds which will now be handled by the State



No population-based services at the local level, all mental health promotional work will be done at the State level

Behavioral Health Integrated Plan to Guide Visioning

The integrated plan must **(right column)** now include the bolded sections in the Community Planning Process and the final report submitted to DHCS. **Integrated 3-Year Plan for ALL BH funding sources including county general funds.**

Key MHSA and BHSA Plan Requirements

Topic	MHSA	BHSA
County Demographics and BH Needs	County demographics, FSP demographics, narrative analysis of the MH needs of unserved, underserved/inappropriately served, and fully served, CSS priorities and disparities based on race/ethnicity and gender, Capacity Assessment	County demographics, unmet BH needs and disparities, collaboration with MCPs and local health jurisdiction , plans to improve BH outcomes for specified populations
Plan Goals and Performance Reporting	Report on achievement of performance outcomes for MHSA-funded services established by DHCS and MHSOAC	County goals and objectives and description of alignment with statewide and local goals , outcome measures, and performance outcomes measures
Service and Expenditure Plan	Plan and budget for MHSA-funded services and programs only	Description of all planned local, state, and federally funded BH services, including Continuum of Care capacity and budget

1. Must collaborate with **5 most populous cities, MCPs and continuums of care to outline responsibilities and coordination of housing interventions.**
2. Requirement to **partner with MCPs** in the development of their **Population Needs Assessments (PNA)** and **local Health Jurisdictions in the development of their Community Health Assessments (CHA)**
3. Demonstration of how other local planning efforts e.g., PNA, CHA and commercial health plans, **maximizes and leverages funding and services from other programs including MCPs and commercial plan**
4. Demonstration of how plan addresses needs of the priority populations.
5. Adds language re **stakeholder representation** to include marginalized communities to include **racially and ethnically diverse communities, LGBTQ community, victims of domestic violence and sexual abuse and people with lived experience of homelessness.**

Requirements Related to Local Planning Processes

Starting January 2025, Counties must engage with LHJs and MCPs on CHAs/CHIPs across three main areas. Given that counties' Integrated Plans and LHJs' CHAs and CHIPs are driven by the unique needs of each community, the requirements outlined below provide overarching guidance rather than mandate a standardized process that all California communities must follow. These areas mirror MCP requirements for meaningful participation on LHJ CHAs/CHIPs.

Collaboration

Counties are required to:

- Work with MCPs and LHJs on each PNA/CHA/CHIP in that County.
- Attend key CHA and CHIP meetings and serve on CHA and CHIP governance structures, including CHA and CHIP subcommittees, at the request of LHJs.*

* Especially when discussions are relevant to behavioral health issues.

Data-Sharing

Counties are required to:

- Begin to identify priority areas to:
 - Share relevant data to support behavioral health-related focus areas of the PNA/CHA/CHIP.
 - Utilize and stratify relevant data from MCPs and LHJs to inform Integrated Plan development.

Stakeholder Engagement

Counties are required to:

- To the extent possible, coordinate stakeholder activities/findings for Integrated Plan development with MCP/LHJ engagement on the PNA/CHA/CHIP.
- Consider input from diverse populations and a wide range of community stakeholders.

Integrated Plan Development – Prop 1 Driven

Below outlines high-level timeframes for several milestones that will inform requirements and resources. Additional updates on timelines and policy will follow throughout the project.

Beginning Early 2025

Integrated Plan Guidance and Policy

Policy and guidance will be **released in phases** beginning with policy and guidance for Integrated Plans.



Summer 2026

Integrated Plan

New Integrated Plans, fiscal transparency, and data **reporting requirements** go-live in July 2026 (for next three-year cycle)



Status of Ongoing Stakeholder Engagement

Established weekly and bi-weekly **key internal stakeholder** groups

Joined weekly **key external stakeholder** groups with report back mechanisms

Attend all **DHCS Listening sessions** and provide **public comment**

Discussions with **Prevention** providers to discuss impact of legislative changes related to **Prevention \$\$ going to California Dept of Public Health (CDPH)**

Discussions with **Early Intervention** providers to discuss **unfolding changes to Early Intervention**

Presented Prop 1 implications at **Board of Supervisors (December 2023 & May 2024)** and **BHAB (August 2024)** as well as other internal and external meetings

Working with Ventura County Community Health Improvement Collaborative (**VCCHIC**) on the development of the **Community Health Needs Assessment (CHNA)**

Meeting with **city managers** to orient them to Prop 1 including the **Behavioral Health Continuum Infrastructure Program (BHCIP)**

Meeting with **Continuum of Care (CoC)** on Housing Collaboration

Meeting with **Criminal Justice** Stakeholder group

Working to submit **two BHCIP applications** by December 13 for an BHCIP funding opportunities



As soon DHCS provides more guidance (**expected early 2025**) staff will engage with **increased stakeholder engagement**

BHSA Timeline Overview

Development Period *Analysis of new funding categories*

Implementation Period



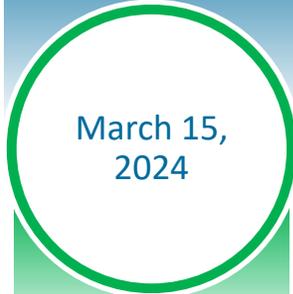
February 2,
2024

- Counties' submission of administrative cost estimates to CBHDA to inform proposed State's Budget May Revision by CBHDA and CSAC



March 5,
2024

- Presidential Primary Election and voters' passage of Prop 1



March 15,
2024

- DHCS engagement of CBHDA and CSAC to evaluate statewide estimate related to BHSA admin cost for inclusion in the Governor's FY 2024–25 May Revision



July 1,
2025

- Counties can start using BHSA funds to pay for the new admin costs up to 2% of their annual BHSA revenue received



June 30,
2026

- The county BOS must approve the first BHSA Three-Year Integrated Plan for



July 1,
2026

- The county BOS must approve the first BHSA Three-Year Integrated Plan for FYs 2026/27-2028/29
- Counties must submit approved document to both DHCS and the BHSOAC



June 30,
2027

- Counties must submit the first Annual Update under BHSA
- **Note:** Future Annual Updates and Three-Year Plans will need to be submitted on June 30th



2028

- Counties to begin submitting County Behavioral Health Outcomes, Accountability, and Transparency Report which replaces the ARER