

# Resulting Priorities from the CPP Process for MHSa Three-Year Plan 2023-26

## What is the MHSa 3-year Program and Expenditure Plan?

It is a report that 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 will outline and update the programs and services to be funded by MHSa and allows for a new 3-year budget plan to be created. Below is the list of priorities that VCBH plans to work on over the next three years and as funding is available. The priorities are the result of 12-month process that included a Community Mental Health Needs Assessment, Specialized Mental Health Focus, and Community Feedback Process. The list of priorities will be outlined in further detail in the 3-year plan and Annual Update Report.

Public Comment on the prioritization list will be received through March 20<sup>th</sup> 2023.

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## Priorities for the 2023-2026 Three-Year MHSa plan

- **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
- **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)
- **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
- **Outreach & Education**
  - a. Increase outreach capacity for vulnerable and at-risk populations (i.e., in-house and via contractors)

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- b. Expand specialized BH 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
  - c. Expand media campaigns to target vulnerable populations at all care levels
  - d. Expand staff and provider training menu
- **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.)