



BEHAVIORAL HEALTH Fiscal Academy

CalMHSA

California Mental Health Services Authority

PRESENTED BY:

Amie Miller, *Executive Director*

Ryan Caceres, *Director of Behavioral Health Financing*

Behavioral Health Fiscal Academy

BHFA Session 3

CalMHSA

BHSA Budget Modeling

Resources and Tools to Provide Actionable Insights for County Fiscal Staff

Ryan Caceres

Director of Behavioral Health Financing
BHFA@calmhsa.org

Learning Objectives

- Use the *CalMHSA BHSAs Budget Analyst's Reference Guide* to develop the competencies necessary for completing the BHSAs Integrated Plan (IP) Budget Template, including the ability to:
 - Understand each entry field contained in the BHSAs IP Budget Template
 - Identify and apply appropriate data sources for accurate budget entries
 - Utilize system-wide distribution methods to estimate age groups and expenditures by category
- Develop skills to create a three-year BHSAs budget using the *CalMHSA BHSAs Budgeting Tool*, including the ability to:
 - Apply BHSAs budgeting principles for county allocations
 - Crosswalk MHSA-funded programs into BHSAs components

Session Roadmap

- Purpose and value of the *CalMHSA BHSA Budget Analyst's Reference Guide*
- An overview of the current DHCS IP Budget Template resources and the complementary functionalities of CalMHSA's tool.
- A detailed walkthrough of key insights available through the *CalMHSA BHSA Reference Guide*
- An introduction of the CalMHSA BHSA Budgeting Tool
- Switch screens, moving from Power Point to Excel and walking through the Budgeting Tool

Understanding the CalMHSA BHSA Budget Analyst's Reference Guide

Purpose, Value, and How It Supports Analysts While Complementing The
DHCS IP Budget Template

BHSA Budget Analyst's Reference Guide

Purpose and Value Proposition

Guidance Beyond Templates

This tool goes beyond templates, explaining the 'why' behind each budget field. It helps users understand policy foundations, find the right data sources, and create informed estimates when data is missing.

Support for New Analysts

Ideal for new and intermediate analysts, this tool offers core estimation methods to create defensible, well-documented projections, even when data is limited.

Building Confidence

Hands-on practice builds confidence, equipping fiscal teams with the skills and assurance to effectively support DHCS BHSA Integrated Plan (IP) Budget Template activities.

DHCS BHSA IP Budget Materials

Sequential Learning Approach

Step 1: Start by watching the DHCS BHSA Integrated Plan (IP) Budget Template training videos to build a technical understanding of the template's functionality. These videos provide a guided walkthrough that explains not only how the template works, but also how its functions align with and are constrained by BHSA policy requirements and restrictions.

Step 2: Review the IP Budget Instructions Manual for key definitions.

Reference Materials:

- [DHCS BHSA IP Budget Sheet Training Video \(Part 1\)](#)
- [DHCS BHSA IP Budget Sheet Training Video \(Part 2\)](#)
- [Integrated Plan Budget Instructions Manual](#)

How the Reference Guide Supplements DHCS Materials

The **CalMHSA BHSA Budget Analyst's Reference Guide** supplements the DHCS materials by adding a third dimension of support to counties. It provides practical on-the-ground guidance for where and how to gather the data needed for many of the fields.

The **Reference Guide** includes eight tabs, each mirroring the naming conventions of the DHCS BHSA IP Budget Template. This structure allows users to easily navigate between the official template and the corresponding section in the Reference Guide. The tabs are:

- | | |
|---|-----------------------------|
| 1. Instructions (unique to the Reference Guide) | 5. Housing Interventions |
| 2. BH CoC Expenditures | 6. Full-Service Partnership |
| 3. Other County Expenditures | 7. BHSS |
| 4. Total County BH Expenditures | 8. BHSA Plan Admin |

In this training, we'll explore key tabs and highlight essential insights to give you a practical understanding of the reference guide and how to use it effectively.

IP Budget Template Row #	Entry Field	Understanding the Fields	Reference Points for Developing Expenditure Estimates	Considerations for calculating Adults/Older Adults versus Children/youth	Total Projected Expenditures On Adults and Older Adults			Total Projected Expenditures on Children/Youth (under 21)			Projected Individuals to be Served Annually (May be duplicated)	
					Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Eligible Adults and Older Adults	Eligible Children/youth
26	SUD Primary Prevention Services	Provide a projection of expenditures for primary prevention services aimed at reducing substance use disorders among eligible populations. These services include community education, awareness campaigns, and early risk factor interventions. See BHSA County Policy Manual Chapter 3, Section 3.C.2.	SUBG budgets, historic internal and CBO SUD prevention expenditures.	If demographic data is unavailable, one option is to estimate the age distribution of clients by applying your overall SUD system's age distribution (e.g., child/youth vs. adult) to the program(s) included in this expenditure area (1). Consider strengthening data collection in Year 1 to improve accuracy by Year 3.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-

22	Table One: Behavioral Health Care Continuum Projected Expenditures										
23		Services Are Provided in County	Total Projected Expenditures On Adults and Older Adults			Total Projected Expenditures on Children/Youth (under 21)			Projected Individuals to be Served Annually (May be duplicated)		
24			Year One	Year Two	Year Three	Year One	Year Two	Year Three	Eligible Adults and Older	Eligible	
25	Substance Use Disorder (SUD) Services										
26		Primary Prevention Services	☐	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	#	#
< > 1. BH CoC Expenditures 2. Other County Expenditures 3. Total County BH Expenditures 4. BHSA Transfers 5. Housing Interventions 6. Full Service Partnership 7. BHSS 8. BHSA_PlanAdmin ⋮ +											

1. The **'IP Budget Template Row #'** aligns with the row number in the DHCS BHSA IP Budget Template and maintains the same structure in the budget guide.
2. The **'Entry Field'** connects to the DHCS BHSA IP Budget Template nomenclature; adding "SUD" here simplifies the reference guide by preventing multiple breakouts.
3. CONTEXT ONLY: The **'Total Projected Expenditures'** & **'Projected Individuals to be Served'** across age groups mirrors the DHCS BHSA IP Budget Template. Analysts should not enter data in the Budget Guide. Use the DHCS Budget Template for actual entry, as it includes rules to prevent errors.

In Focus: BH CoC Expenditure Entries Tab

Highlighting Helpful Elements of the CalMHSA BHSa Budget Analyst's Reference Guide

IP Budget Template Row #	Entry Field	Understanding the Fields	Reference Points for Developing Expenditure Estimates	Considerations for calculating Adults/Older Adults versus Children/youth	Total Projected Expenditures On Adults and Older Adults			Total Projected Expenditures on Children/Youth (under 21)		
					Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
34	MH Primary Prevention Services	Report projected expenditures on primary prevention services targeting mental health conditions, such as mental health promotion and stigma reduction activities. See BHSa County Policy Manual Chapter 3, Section 3.C.2.	MHBG budgets, historic internal and CBO budgets for MH primary prevention services	If demographic data is unavailable, one option is to estimate the age distribution of clients by applying your overall MH system's age distribution (e.g., child/youth vs. adult) to the program(s) included in this expenditure area (1) . Consider strengthening data collection in Year 1 to improve accuracy by Year 3.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

- **'Considerations for calculating Adult/Older Adults versus Children/Youth' field:**
 - This field is about how to divide (or distribute) expenditures and client counts between two groups: Adults/Older Adults & Children/Youth.
 - The solution isn't prescriptive—it's a practical recommendation to help analysts with limited data determine how to split costs across programs.
 - The goal is to provide analysts with a reasonable, estimable method for allocating costs and individuals served into the correct age categories.
 - The '**(1)**' callout is designed to draw the analyst's attention to examples at the bottom of the worksheet that illustrate the concept in action.

BH CoC Expenditure Entries Tab (cont.)

We'll take a closer look at Note (1) to uncover insights that help analysts determine expenditures and allocate client county distributions by age category.

1. Applying System-Wide Age Distribution to Estimate Projected Clients & Expenditures for BHSA IP Budget Template BH CoC Reporting

Goal: Estimate the distribution of clients under 21 and 21+ to support entries for the IP Budget Template for reporting purposes.

Example 1: BH CoC Program Serving All Ages

System-wide unduplicated clients: 1,000

Assume your system has 1,000 unduplicated clients. Analyze this group to determine the distribution of clients under 21 and those 21 and older.

Under 21: 200 (20%)
21 and over: 800 (80%)

Projected Clients Served by the Program in Year 1: 100

Year 1: 100 total → Under 21: 20 (20%), 21+: 80 (80%)

Year 2: 110 total → Under 21: 22, 21+: 88

Year 3: 121 total → Under 21: 24, 21+: 97

Applying this distribution to the estimated number of program clients in year one and going forward provides a projection to enter in the **Eligible Adults/Older Adults** and **Eligible Child Youth**.

This distribution can also be applied to the program's projected expenditures to determine the appropriate amount to report in each category of expenditures on **Adults/Older Adults** and **Eligible Child Youth**.

Example 2: Program Serving Only Ages 16–25

Unduplicated clients aged 16–25 only: 200

In this scenario, assume your system has 200 unduplicated clients aged 16–25. Within this subset, analyze your data to determine the distribution of clients under 21 and those 21 and older.

Ages 16–20: 40 (20%)
Ages 21–25: 160 (80%)

Projected Clients Served by the Program in Year 1: 100

Year 1: 100 total → Under 21: 20, 21+: 80

Year 2: 110 total → Under 21: 22, 21+: 88

Year 3: 121 total → Under 21: 24, 21+: 97

This method applies to any age-specific program by using your system's age distribution percentages. 'System' refers to your county's SMH or SUD delivery system and the unduplicated clients served in a given period. In some cases, you may need to combine SMH and SUD data. This approach is a practical way to project clients and expenditures when other data or program insights aren't available.

In Focus: Total County BH Expenditures Tab

Practical Tips for Projecting Expenditures by Funding Stream in the BHSA IP Budget Template

IP Budget Template Row #	Entry Field	Considerations for Fiscal Analysts	Total Annual Projected Expenditures		
			Year 1	Year 2	Year 3
22	State General Fund	Consider all the ways the county draws down State General Funds (SGF) (Medi-Cal match for MH/SUD expansions, UR/QA & Admin for Prop 30, CARE Act). Make projections that are based on claiming trends, known utilization changes, and/or policy shifts that may impact future SGF receipts (e.g. freeze in enrollments for undocs and UIS on 1/1/26)	\$ -	\$ -	\$ -
23	Federal Financial Participation (includes SMHS, DMC/DMC-ODS, Administrative, UR/QA claiming)	Use prior FY Medi-Cal claims data to estimate FFP for MH and SUD services. Exclude any SGF in instances where FFP blends federal and state funds, report SGF separately in Row 22. Adjust projections for rate changes, utilization trends, and any new billable facilities or contracts expected during the three-year period.	\$ -	\$ -	\$ -

In Focus: Housing Interventions Tab

Highlighting Helpful Elements of the CalMHSA BHSAs Budget Analyst Reference Guide

IP Budget Template Row #	Entry Field	Understanding the Fields	Reference Points for Developing Program Expenditure Estimates or Client Counts and Key Considerations (as applicable)	Year 1	Year 2	Year 3
61	Services Dedicated to Chronically Homeless Population	Enter the total dollar amount allocated specifically for services dedicated to the chronically homeless population. This allocation must meet the statutory requirement of 50% of Housing Intervention funds. See BHSAs County Policy Manual Chapter 6, Section B.1 and Chapter 7, Sections C.4.1 and C.9.	If your county does not track “chronically unhoused,” one option is to use HUD Point-in-Time (PIT) data for your county or region as a starting point for this estimate (1).	\$ -	\$ -	\$ -
62	Services Dedicated to Individuals with SUD Only	Report the amount of Housing Interventions funds dedicated exclusively to individuals with a Substance Use Disorder (SUD) who do not have co-occurring mental health conditions, if applicable. This reflects targeted use of funds within the component. See BHSAs County Policy Manual Chapter 7, Section C.4.1 and C.9.	If your county doesn't have data to support estimates, one option is to use a single fiscal year of claiming data to identify system-wide unduplicated clients with SUD only on their problem list and apply that percentage distribution to total Housing Intervention expenditures (2). Key Consideration: Some expenditures entered here may also appear in row 61; duplication in this instance is acceptable.	\$ -	\$ -	\$ -

- **IP Budget Template Rows 61 & 62:**

- These fields provide key reference points for allocating service costs to chronically homeless and SUD-only populations.
- Next, we’ll dive into the Row 61 ‘(1)’ callout, which points to a key resource for counties to estimate the number of chronically homeless individuals in their area.

Supporting County Assumptions on Chronic Homelessness

Counties may not have systems in place to track and differentiate between clients who are homeless and those who are chronically homeless.

The '(1)' on the **Housing Interventions** tab points to the following resource available from the U.S. Department of Housing and Urban Development (HUD): [Annual Homelessness Assessment Report](#)

2024 AHAR: Part 1 - PIT Estimates of Homelessness in the U.S.

Posted Date: December 2024

Description

This report outlines the key findings of the Point-In-Time (PIT) count and Housing Inventory Count (HIC) conducted in January 2024. Specifically, this report provides 2024 national, state, and CoC-level PIT and HIC estimates of homelessness, as well as estimates of chronically homeless persons, homeless veterans, and homeless children and youth.

Keywords: 2024 PIT; 2024 HIC; 2024 Point-in-Time count; Annual Homelessness Assessment Report to Congress

To view all AHARs since 2007, visit the [AHAR page](#).

Resource Links

- [2024 AHAR Report: Part 1 - PIT Estimates of Homelessness](#) (PDF)
- [2007 - 2024 Point-in-Time Estimates by CoC](#) (XLSB)
- [2007 - 2024 Point-in-Time Estimates by State](#) (XLSB)
- [2007 - 2024 Housing Inventory Count by CoC](#) (XLSX)

Supporting County Assumptions on Chronic Homelessness (cont.)

Housing and Urban Development (HUD) Annual Homelessness Assessment Report

- The **HUD 2007-2024 Point-in-Time Estimates by CoC** report offers key data points to inform your county's planning and projections:
 - Summarizes Point-in-Time (PIT) data for California county Continuums of Care (CoCs). Some figures are county-specific, while others represent broader regions (e.g., Sacramento County, San Francisco).
 - The data includes the count of total homeless individuals and, within that, those who are chronically homeless.
- A county analyst may use this resource as a fallback to allocate costs and clients by homeless status when local data is unavailable.
- **Note:** DHCS's definition of “chronically unhoused” differs from HUD (see BHSA Policy Manual Section 7.C.4.1.2). As a result, your county or region may have more chronically unhoused individuals than reported in the HUD PIT count.
- Additionally, DHCS allows counties to retain an individual's “chronically homeless” status when transitioning them from MHSA to BHSA funding—meaning individuals who entered MHSA as chronically homeless can continue to be counted as such under BHSA. This flexibility is important to highlight when estimating and reporting chronically unhoused populations.

Supporting County Assumptions on Chronic Homelessness (cont.)

Applying HUD Point-in-Time Ratios Modified by DHCS's Chronically Homeless Definition

Inputs (HUD PIT by CoC):

- Total Homeless (TH): 1,200
- Chronically Homeless (CH): 576
- Base CH share: $576 \div 1,200 = 48.0\%$

DHCS Modified Definition (10% increase):

- Adjusted CH share: $48.0\% \times 1.10 = 52.8\%$

Practical Application to Housing Interventions:

- Apply **52.8%** to split each program’s projected expenditures into CH vs. Other Homeless.

PROGRAM	TOTAL EXPENDITURES	CH (52.8%)	OTHER HOMELESS (47.2%)
Emergency Shelter	\$600,000	\$316,800	\$283,200
Permanent Supportive Housing Services	\$900,000	\$475,200	\$424,800
Street Outreach	\$300,000	\$158,400	\$141,600

NOTE: The 10% increase shown is a hypothetical example to illustrate how a county fiscal analyst might adjust for a higher prevalence of chronically unhoused individuals. This reflects BHSAs’ broader definition, which is less restrictive than HUD’s. The 10% figure is arbitrary; counties should determine an increase factor that is defensible and based on a reasonable assertion.

In Focus: Full-Service Partnership Tab

How the Reference Guide Provides Support for Developing FSP ICM Expenditure Estimates

The CalMHSA BHSAs Budget Analyst’s Reference Guide provides a framework for projecting FSP ICM costs, helping analysts build foundational skills for tackling complex areas like ACT and WRAP. See example (1) at the bottom of the worksheet

IP Budget Template Row #	Entry Field	Understanding the Fields	Reference Points for Developing Program Expenditure Estimates and Key Considerations (as applicable)	Projected Expenditures - BHSAs		
				Year 1	Year 2	Year 3
29	FSP Intensive Case Management	Enter the projected expenditures for Intensive Case Management (ICM) services within FSP programs, covering case management and coordination for individuals with high behavioral health needs. See BHSAs County Policy Manual Chapter 7, Section B.3.2 Baseline Requirements.	Implementing FSP ICM may be new to counties; however, there are still reasonable and estimable ways to determine projected expenditures for the purposes of the 3-year plan (1).	\$ -	\$ -	\$ -

FSP ICM?

Let’s unpack this concept to lay the groundwork for the analytic framework in the Reference Guide.

The Levels of FSP

BHSA outlines three key dimensions of Full-Service Partnership.

Under BHSA, FSP categories include:

- Level 1: **Intensive Case Management (ICM)** - for higher-need TAY, adults and older adults who do not require Assertive Community Treatment (ACT) but still need intensive support.
- Level 2: **Assertive Community Treatment (ACT)** - for the highest-need TAY, adults and older adults.
- Children/Youth: **High-Fidelity Wraparound (HFW)** - a team-based, family-driven planning process designed for children and youth with complex needs.

Cost projections across these three levels can be complex, each with unique fiscal considerations. We'll demonstrate a practical method for ICM to help you build a foundation for modeling estimates across all levels.

FSP ICM Cost Projection Model

Putting the Reference Guide's guidance into practice

(1) FSP ICM Cost Projection Model

Goal: Use existing FSP cost-per-client data to project FSP Intensive Case Management (ICM) costs.

Establish Your Baseline

Current Adult FSP clients: **118**

Assume 15% will enroll in ACT (Level 2):

ACT clients: $118 \times 0.15 = 18$ (rounded from 17.7)

Remaining for ICM: $118 - 18 = 100$

Annual cost per client: **\$10,000**

Staff-to-client ratio: **1:25**

Avg. contacts/month: **4**

Note: ACT vs. ICM enrollment depends on client acuity. Counties set projections internally; this baseline assumes 15% ACT and 85% ICM.

Key Features of FSP ICM for Analysis:

Expanded Eligibility: BHSA broadens FSP eligibility to include SUD

Contact Frequency: ≥ 8 contacts/month (guideline)

Staff-to-Client Ratio: $\sim 1:10$

Ratio shift: $1:25 \rightarrow 1:10 = \sim 150\%$ increase in intensity/resources

(cont.) Applying the Key FSP ICM Features to the Baseline

Scenario A: 1.5× Intensity & +10% Enrollment

Cost per client: $\$10,000 \times 1.5 = \$15,000$

Clients: $100 \times 1.10 = 110$

Total Cost: $110 \times \$15,000 = \$1,650,000$

In Scenario A, we are projecting total FSP ICM client expenditures to be \$1,650,000.

Scenario B: 2.0× Intensity & +15% Enrollment

Cost per client: $\$10,000 \times 2.0 = \$20,000$

Clients: $100 \times 1.15 = 115$

Total Cost: $115 \times \$20,000 = \$2,300,000$

In Scenario B, we are projecting total FSP ICM client expenditures to be \$2,300,000.

In Focus: BHSS Tab

Supporting Resources for Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)

				The Federal Financial Participation types of funding, outside of BHSA, used for the project		
				Projected Expenditures - BHSA		
IP Budget Template Row #	Entry Field	Understanding the Fields	Reference Points for Developing Program Expenditure Estimates and Key Considerations (as applicable)	Year 1	Year 2	Year 3
31	Coordinated Specialty Care for First Episode Psychosis	Enter projected expenditures for Coordinated Specialty Care (CSC) programs for First Episode Psychosis, which are specialized Early Intervention services designed to address early psychosis in youth and young adults. These programs fall under BHSS and align with youth-focused Early Intervention requirements. See BHSA County Policy Manual Chapter 7, Section	CSC program budgets, if available. Key Consideration: If the county lacks existing CSC program budgets, one approach is to use SAMHSA's 2023 estimated per-client cost range for CSC serving FEP (\$1,054–\$1,653 per month (2)). Trend this cost range forward to the current fiscal year, and apply it to the county's historical unduplicated FEP client count to project total CSC expenditures.	\$ -	\$ -	\$ -

- **IP Budget Template Row 31:**
 - This field offers a special consideration for counties without CSC for FEP to help develop cost data.
 - The '(2)' callout is designed to draw the analyst's attention to examples at the bottom of the worksheet where there is a link for [SAMSHA CSC for FEP: Costs and Financing Strategies](#).

SAMSHA Cost Estimates for CSC/FEP Expenditures

Using SAMSHA’s Cost Estimates to Project for CSC for FEP Expenditures

Approach for Non-BH-CONNECT Opt-In Counties

- Use SAMHSA’s 2023 estimated per-client cost range for CSC serving FEP:
 - \$1,054 – \$1,653 per client per month.
- Trend forward to FY 2026–27 using an assumed annual inflation rate of 3%.
- Apply to historical unduplicated FEP client count (example: 45 clients).

Step 1: Trend Cost Range Forward
2023 → 2026 = 3 years Inflation factor = $(1 + 0.03)^3 \approx 1.093$ Adjusted cost range: Low: $\$1,054 \times 1.093 \approx \$1,153/\text{month}$ High: $\$1,653 \times 1.093 \approx \$1,808/\text{month}$
Step 2: Annualize Per-Client Cost
Low: $\$1,153 \times 12 = \$13,836/\text{year}$ High: $\$1,808 \times 12 = \$21,696/\text{year}$

Step 3: Apply to Client Count
Historical unduplicated FEP clients: 45 Projected CSC expenditures: Low: $45 \times \$13,836 = \$622,620$ High: $45 \times \$21,696 = \$976,320$

Step 4: Choose the Est. CSC Budget Range
\$622,620 – \$976,320

Practical Use of the CalMHSA Reference Guide & Budget Tool

**Integrating BHSA Budget Principles and Cross Walking MHSA Budgets To
Optimize BHSA Budgeting and Three-Year Planning**

CalMHSA's BHSA Support Tools



We'll now switch screens to the CalMHSA BHSA Reference Guide and Budget Tool and walk through:

- Key features of the tools
- Practical applications for your budgeting process
- How these tool promotes transparency and collaboration across teams and leadership within your behavioral health department

No more PowerPoint!

Q&A

CalMHSA

Thank You!

Ryan Caceres

Director of Behavioral Health Financing
BHFA@calmhsa.org

CaIMHSA