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Ventura County Behavioral Health Services (BHSA) Act

Community Planning Process Report

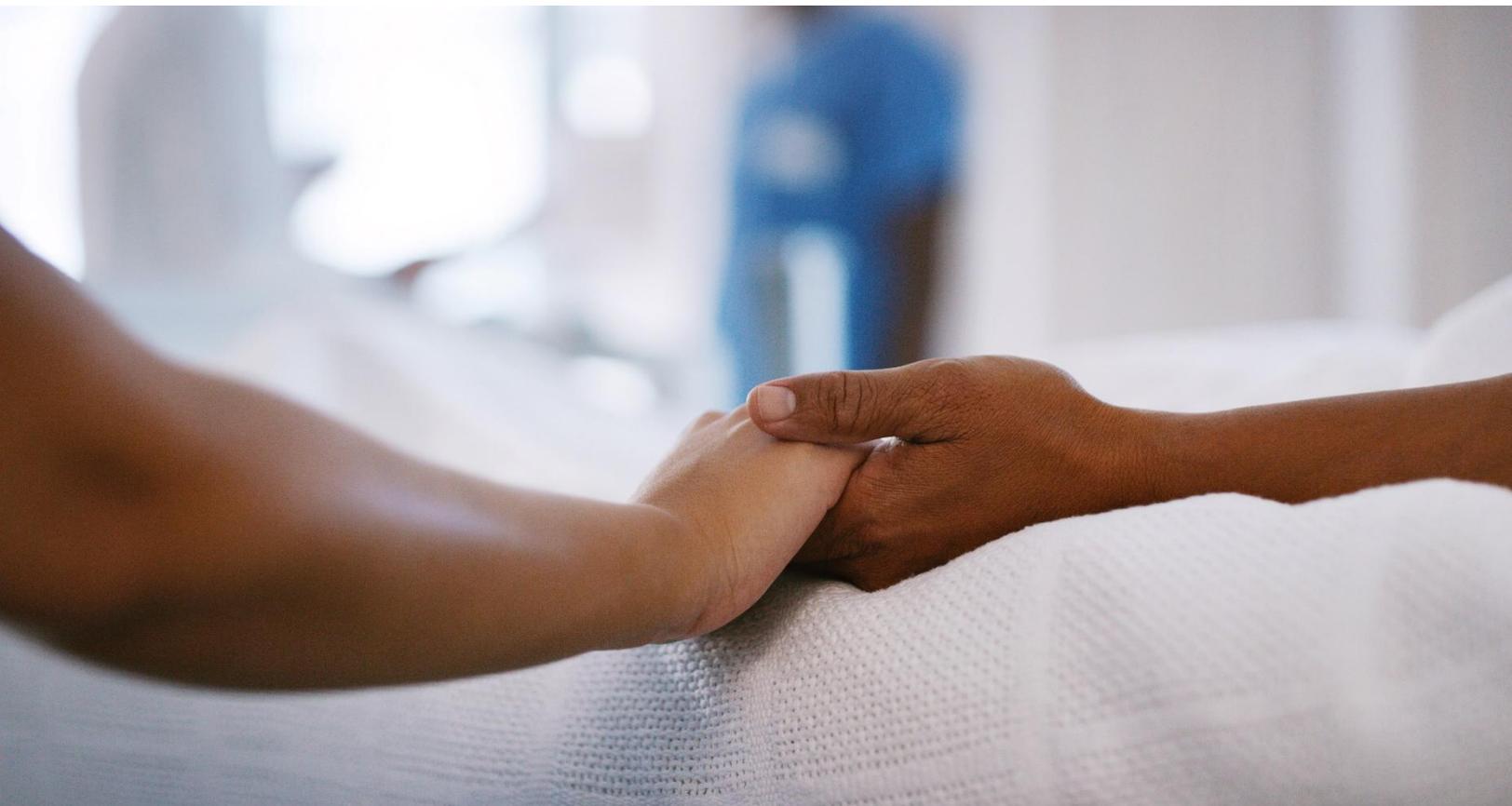


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OVERVIEW AND BACKGROUND

Ventura County Behavioral Health (VCBH) conducted a Community Planning Process (CPP) as a part of the requirements under Proposition 1, the Behavioral Health Services Act (BHSA). VCBH contracted with Health Management Associates (HMA), a national healthcare consultancy, to assist with BHSA transformation and manage the CPP.

VCBH, in partnership with HMA, led a countywide engagement effort to ensure that local planning is guided by stakeholders closest to the work – community members, peers, families, front-line providers, and other county public agencies serving the residents of Ventura County. These stakeholders shared experiences, identified gaps, and described how behavioral health (BH) services can better reflect community needs. As a result, the recommendations reflect feedback across the BH spectrum and are aimed at VCBH as well as other community partners to consider in their planning efforts.

The CPP is structured to align with the BHSA, which is focused on early intervention, housing interventions, and comprehensive integrated care with a focus on priority populations. The findings from this CPP are intended to guide and inform the 2026-2029 BHSA Integrated Plan (IP). It also provides an opportunity to document community input on present and future challenges and opportunities in BH that may be considered in later revisions and annual updates of the IP as well as by other system actors and service providers in the continuum of care (e.g., managed care plans, public health agencies, community-based organizations, schools, etc.). This separation is reflected in the findings section of the report.

Local Health Jurisdiction Community Health Needs Assessment

As a part of the requirements of the CPP for the BHSA, Ventura County conducted a Community Health Needs Assessment (CHNA) led by the Ventura County Community Health Improvement Collaborative (VCCHIC), a charter-bound partnership of ten health agencies including VCBH, that are committed to better understanding Ventura County's health and social needs.

Data was gathered for the CHNA through three primary methods: (1) a Community Survey of 6,681 residents and stakeholders, (2) 10 community focus groups, and (3) six partner listening sessions. In addition, 328 indicators of Health and Quality of Life were analyzed.

The CHNA identified several key findings that were further streamlined and prioritized into the Community Health Improvement Strategy (CHIS).¹ Both the CHNA and the CHIS are led by VCCHIC and Ventura County Public Health (VCPH). The CHNA identified addressing mental health and substance use across the lifespan as a top priority. The CHIS, community identified solutions to the CHNA findings included recommendations for improving access to BH care, data sharing and referral systems, and economic stability as cross-cutting solutions to support achieving this goal. The 2026-2028 CHIS priority areas are (1) Behavioral Health, (2) Older Adults' Health, and (3) Women's Health. As of December 2025, implementation workgroups were being formed to prepare for the next stage of the CHIS.

SUMMARY OF THE CPP ENGAGEMENT PROCESS

Stakeholder Engagement and Data Collection

Building on and informed by the CHNA and CHIS, the next phase of the CPP spanned a five-month period July-November 2025. The CPP used multiple complementary data collection and engagement methods to gather diverse perspectives across the county's BH ecosystem, including residents with lived experience, individuals and families often underrepresented in formal planning, and community providers and system stakeholders.

CPP engagement activities included:

- **Key Informant Interviews (KIIs):** HMA conducted interviews with 27 organizations and leaders spanning education, health care, housing, social services, and advocacy sectors. Participants represented a broad cross-section of Ventura County's BH ecosystem, including public agencies, community-based organizations, and peer-led groups. Interviews explored system-level challenges, coordination gaps, and opportunities to strengthen access, quality, and equity in BH care.
- **"In-Reach" Sessions:** HMA met with VCBH partners and leadership teams at four different existing forums (which we termed "in reach" sessions) that brought together 1,064 stakeholders involved in the coordination of BH. These included the

¹ In other California counties this is typically called the Community Health Improvement Plan or CHIP.

Behavioral Health Advisory Board (BHAB), Interagency Leadership Team, VCCHIC, and [NAMI Ventura County](#). Conversations emphasized coordination, workforce capacity, and improving care transitions between agencies and service levels.

- **Town Halls and Community Conversations:** HMA facilitated five town halls, including three in-person (Oxnard, Santa Paula, and Simi Valley) and two virtual sessions with residents, consumers, and family members. A total of 623 individuals participated in the town halls. Participants shared everyday experiences with access, stigma, and housing insecurity and underscored the need for ongoing engagement with communities often excluded from decision-making.
- **Community Feedback Survey:** HMA also designed and administered a bilingual (English/Spanish) survey open to all Ventura County residents. The survey was promoted widely via the VCBH website, through interviews, and during the town halls. The survey gathered quantitative and narrative feedback on BH service access, satisfaction, and priorities for improvement. A total of 200 survey responses were obtained and analyzed for this report.

In total, the CPP engaged approximately 1,739 participants² across engagement methods and serves as a building block for future BHSA community planning processes.

²This is not an unduplicated count. Some individuals could have participated in more than one data collection method.

FINDINGS AND COMMUNITY FEEDBACK

The following provides a summary of the key findings from the CPP. The summary reflects a synthesis of issues, concerns, priorities, and suggestions for improvement voiced by different community stakeholders across methods of engagement. It is intended to guide the development of the Ventura County Integrated plan and subsequent annual updates.

It is important to note that community members provided feedback about the entire BH ecosystem and larger BH continuum of care. The nature of community engagement means that some of the input is reflective of the public's current understanding of what programs or services that are or are not in existence, and which agency or partner may be responsible for a particular concern. As a result, some of the community feedback that was gathered is beyond the scope or purview of VCBH. In addition, not every request or suggestion for improvement can be incorporated into the Integrated Plan or allowed under the BHSAs regulations. Even so, the community feedback showcases where residents and organizational stakeholders would like to see improvement in the overall BH system as it evolves over time.

Community feedback is organized into clusters or themes of related content as follows:

- **System-wide Priorities:** Issues that have implications for the entire BH ecosystem and are not specific to one of the three BHSAs funding categories.
- **Behavioral Health Services and Supports (BHSS)** focused, in this report, on early interventions, which comprise **35%** of County BHSAs expenditure.
- **Housing Interventions** for individuals with serious and chronic BH conditions, a new area of endeavor for VCBH, which constitutes **30%** of County BHSAs expenditures.
- **Full Service Partnership (FSP)** which is a long-standing VCBH responsibility to provide comprehensive supports and services to individuals with BH conditions. This category comprises the remaining **35%** of County BHSAs expenditures.

Within each of these categories, the summary specifies where community feedback is (1) most actionable by VCBH unilaterally, (2) where the VCBH will need to collaborate and partner with others to make progress, or (3) where another agency or entity likely has primary responsibility. The summary also highlights the clearest points of alignment with the BHSAs policy manual and guidelines for BH Transformation at the front of each set of findings and community feedback.

System-Wide Priorities

Alignment to BHSA: System Integration, Workforce Development, and Equity.

Table 2: Summary of Findings and Community Priorities: System-Wide Considerations

Key Summary Finding	Actionable Community Feedback for VCBH Consideration	Community Feedback Actionable by Others or Requiring Deeper Collaboration Between Other Partners and VCBH
<p>Referral and care coordination need improvement. Participants described a system where referrals go unanswered, and eligibility criteria differ between agencies. A “no wrong door” approach was universally desired. In addition, stakeholders want a single-entry point that simplifies access and ensures data sharing, follow-up, and a closed-loop referral system.</p>	<ul style="list-style-type: none"> ○ Expand community awareness for how to connect to BH, housing, and social supports. ○ Improve education about the referral processes, include a pathway for partner agencies to continue to update VCBH so that privacy can be maintained. 	<ul style="list-style-type: none"> ○ Integrate cross-agency systems to enable the tracking of referrals and ensure feedback loops when allowable.
<p>Cultural and linguistic responsiveness is essential to improving BH access and quality of care. Participants cited stigma and structural barriers among Latino, immigrant, and older adult populations. Other specialized</p>	<ul style="list-style-type: none"> ○ Provide clinical training on how to create more welcoming and accommodating BH services for underserved populations. ○ Develop partnerships to target TAY, veterans, and older adults with mobility or isolation challenges. 	<ul style="list-style-type: none"> ○ Expand provision of Mixteco and ASL interpretation in all service areas to complement or augment Spanish. ○ Allow and encourage non-traditional and indigenous healing modalities within treatment planning.

Key Summary Finding	Actionable Community Feedback for VCBH Consideration	Community Feedback Actionable by Others or Requiring Deeper Collaboration Between Other Partners and VCBH
<p>populations (Transitional Age Youth (TAY), LGBTQ+, older adults, monolingual Spanish speakers, Mixteco-speaking, etc.) need differentiated and tailored support.</p>		
<p>Peer integration is a system-strengthening strategy. Stakeholders consistently reported that the peer workforce is underutilized. Peers are viewed as a critical workforce that bridges clinical and community-based care, offering empathy and trust that professionals alone cannot replicate. Peers were described as “the glue” that holds the system together, while noting that peers often remain undervalued and siloed.</p>	<ul style="list-style-type: none"> ○ Establish standardized training, and supervision for peer specialists and their teams. ○ Improve peer integration so there are peers and family advocates on every treatment team. ○ Develop peer mentorship programs within the department and promote pathways to career ladders. ○ Ensure family peer navigators are assigned to assist with complex health and human service systems. 	<ul style="list-style-type: none"> ○ Embed peers in community based treatment teams and establish a 24/7 peer-support line.
<p>Workforce shortages jeopardize service quality. Retaining and developing bilingual and bicultural clinicians is a top priority, with calls for</p>	<ul style="list-style-type: none"> ○ Expand internship placements to outreach bilingual students at local colleges and universities. 	<ul style="list-style-type: none"> ○ Build and maintain partnerships with local universities and colleges to create BH career pipelines.

Key Summary Finding	Actionable Community Feedback for VCBH Consideration	Community Feedback Actionable by Others or Requiring Deeper Collaboration Between Other Partners and VCBH
<p>new incentives and flexible work models to increase staff retention.</p>	<ul style="list-style-type: none"> ○ Be more strategic in the use of bilingual staff so their time is focused on treatment not translation of documents. ○ Create part-time options and structure mentorships for bilingual staff to improve retention. ○ Address burnout through manageable caseloads and employee wellness supports. 	
<p>Community trust and system navigation are fragile. Stigma and bureaucratic complexity deter residents from seeking help. Building trust requires visibility, plain-language communication, and consistent follow-up.</p>	<ul style="list-style-type: none"> ○ Preserve VCBH’s presence in underrepresented communities, partnering with trusted local CBOs for outreach and education. ○ Use plain-language communication and continuous feedback loops via the stakeholder processes to improve trust. 	<ul style="list-style-type: none"> ○ Explore ways to support the unique needs of smaller, rural communities

Priorities for Behavioral Health Services & Supports (BHSS)

Residents and providers stressed that prevention and early intervention are vital. Families echoed the need for guidance and inclusion. Participants also called for a stronger crisis-response continuum that includes peers and family advocates.

Alignment to BHSA: Prevention and Early Intervention (PEI) and BHSS – Early Identification, Family Support, Crisis Response.

Table 3: Summary of Findings and Community Priorities: BHSS

Key Summary Finding	Actionable Community Feedback for VCBH Consideration	Community Feedback Actionable by Others or Requiring Deeper Collaboration Between Other Partners and VCBH
<p>Youth and school partnerships need reinforcement. There are successful school-based models (e.g., 107 wellness centers countywide), but school districts and primary care providers noted limited clarity about when and how to refer youth to VCBH for higher acuity needs. In addition, transition pathways for youth aging out of services remain fragmented.</p>	<ul style="list-style-type: none"> ○ Reinforce existing coordination between Local Education Agencies (LEAs), wellness centers, and VCBH. ○ Refine referral protocols between wellness centers, schools, Gold Coast, Kaiser, and VCBH, especially the use of shared data to track outcomes. 	<ul style="list-style-type: none"> ○ Schools should expand mental health and SUD prevention within school settings. ○ Support smoother transitions for TAY populations exiting school or foster care systems. ○ LEAs should find ways to ensure the wellness centers can be self-sufficient in anticipation of local prevention dollars ending. ○ Provide families with information and resources on the availability of school-based services for mild-to-moderate non-specialty BH

Key Summary Finding	Actionable Community Feedback for VCBH Consideration	Community Feedback Actionable by Others or Requiring Deeper Collaboration Between Other Partners and VCBH
<p>Inclusion and support for families of individuals with BH is a priority. Stakeholders view BHSA as an opportunity to strengthen the involvement and support structures for families to participate more fully in helping their loved ones receive BH care and thrive in community.</p>	<ul style="list-style-type: none"> ○ Provide families with education on trauma, addiction, and system navigation. ○ Provide families with materials explaining conservatorship and care processes. 	<ul style="list-style-type: none"> ○ Work with partners to extend and augment family education and training.
<p>Prevention and early intervention need renewed investment. Community participants worry that prevention services, including suicide prevention, may be deprioritized as BHSA shifts resources toward high-acuity care/priority populations and away from population-level prevention.</p>	<ul style="list-style-type: none"> ○ Increase cross agency collaboration between VCBH and Ventura County Public Health (VCPH) with a focus on supporting Suicide Prevention activities. 	<ul style="list-style-type: none"> ○ Protect resources for youth engagement, stigma reduction, and community resilience programs. ○ Explore collaboration with VCPH to ensure that suicide prevention is addressed and resourced in the transition to BHSA. ○ Continue to emphasize SUD/overdose prevention, including stigma reduction and education on the health impacts of habitual drug and alcohol use. ○ Work to ensure greater collaboration between BH continuum partners.

Housing Intervention Priorities

Housing was universally described as the foundation for recovery. Participants emphasized the need for trauma-informed models with BH support co-located at housing sites rather than requiring individuals to travel, sometimes long distances, for services and care. Others highlighted referral confusion between VCBH, the Coordinated Entry System (CES), and housing providers and urged stronger County-city collaboration to overcome Not in my backyard (NIMBY) barriers. It is important to note that housing needs were often expressed in more general terms (i.e., need for more affordable housing in Ventura County) and, as such, cannot be addressed within the BHSA parameters.

Alignment to BHSA: Housing Interventions – Permanent Supportive Housing, Capital Investments, and Integration of Behavioral Health Supports.

Table 4: Summary of Findings and Community Priorities: Housing Interventions

Key Summary Finding	Actionable Community Feedback for VCBH to Consider	Community Feedback Actionable by Others or Requiring Deeper Collaboration Between Other Partners and VCBH
<p>Housing instability undermines recovery and wellness. BH stabilization is unsustainable without secure, affordable housing, paired with wraparound supportive services, and co-location of BH staff and peers in housing developments.</p>	<ul style="list-style-type: none"> ○ Focus Full Service Partnership staff on providing outreach and sustaining engagement in services such as case management, peer navigation, and transportation services to individuals and families placed into housing interventions. ○ Co-locate services where possible, case managers, and peer staff in housing developments. 	

Key Summary Finding	Actionable Community Feedback for VCBH to Consider	Community Feedback Actionable by Others or Requiring Deeper Collaboration Between Other Partners and VCBH
	<ul style="list-style-type: none"> ○ Ensure continuity of care for at least 12 months following housing placement. 	
<p>There are clear opportunities to build productive relationships between BH and Housing Systems. Participants described ways to improve coordination and data sharing, as well as innovative approaches to sustainable funding.</p>	<ul style="list-style-type: none"> ○ Integrate BHTSA funds with housing initiatives. Blend Project Homekey, No Place Like Home, and Homeless Housing, Assistance and Prevention (HHAP) resources to sustain operations and staffing beyond start-up. 	<ul style="list-style-type: none"> ○ Establish partnerships with the Continuum of Care (CoC) and municipal housing authorities. ○ Integrate VCBH and Coordinated Entry System (CES) and Homeless Management Information System (HMIS) with real-time tracking and shared feedback to referring agencies.
<p>Not in My Back Yard or NIMBYism is pervasive and has functioned as a major barrier to housing access.</p>	<ul style="list-style-type: none"> ○ Address community resistance to housing for individuals with BH by engaging cities and neighborhoods early through education campaigns that share resident-success stories. 	

Full Service Partnership (FSP) Programs Priorities

Participants described the more intensive services of FSP programs as lifesaving but overstretched. Families asked for seamless transitions after hospitalization or incarceration. Community members also urged continuity beyond program discharge and more support for transition-age youth, veterans, and older adults.

Alignment to BHS: Full Service Partnership (FSP) – Wraparound and Intensive Case Management for Individuals with Serious Mental Illness (SMI) and Complex Needs.

Table 5: Summary of Findings and Community Priorities: FSP

Key Summary Finding	Actionable Community Feedback for VCBH to Consider	Community Feedback Actionable by Others or Requiring Deeper Collaboration Between Other Partners and VCBH
<p>Limited capacity for step-down and transitional care. Stakeholders described bottlenecks between hospital discharge, jail reentry, and long-term housing interventions and treatment programs.</p>	<ul style="list-style-type: none"> ○ Strengthen warm handoffs by clarifying the processes from hospitals, jails, and shelters to FSP programs prior to discharge. ○ Provide ongoing, recovery-oriented engagement and care coordination for difficult to engage individuals with high acuity and complex needs for 6–18 months post-discharge to support stability and prevent relapse and re-hospitalization. 	

SUMMARY RECOMMENDATIONS

The CPP reaffirmed that Ventura County's BH system is at a pivotal moment. Stakeholders share a clear vision for transformation — one grounded in housing stability, cultural humility, and collaboration. Stakeholders also expressed optimism about Ventura County's potential to build a more integrated, person-centered BH system under the BHSA. They consistently called for long-term investment, workforce development, and system coordination that align housing, treatment, and community engagement into a unified continuum of care.

The following recommendations are intended to provide guidance to VCBH in the design and implementation of an Integrated Plan that is responsive to community needs regarding BH transformation and improvement.

System Coordination

1. **Create or enhance a cross-agency referral and navigation system.** Improve the understanding of the BH navigation and system coordination to simplify and streamline the referral process, provide consistent follow up and communication from private agencies to public agencies, and ensure better outcomes across the BH ecosystem in Ventura County.

Access and Quality of Care

2. **Advance culturally and linguistically responsive care, alongside tailored intensive services to specialized populations.** Consider focusing on improving the BH care experience as an optional BHSA Integrated Plan goal, particularly the degree to which BH staffing and care are responsive to cultural and linguistic diversity, as well as the needs of key populations who have differentiated needs.
3. **Guarantee seamless transitions between levels of care.** Focus on improving transitional care, emphasizing the extension and refinement of step-down and light-touch supports as individuals move between placements and across different systems of care.

Workforce Development

4. **Integrate peer specialists across all levels of care.** Support the role of peers in the BH workforce as a key component of the department. This will require stronger structures for peer supervision, training for staff on effective strategies for interdisciplinary teaming, and adaptive policies to recruit and retain peer specialists.
5. **Invest in workforce recruitment and retention.** Workforce shortages are a critical constraint across the BH continuum. VCBH should continue to both recruit and retain staff, particularly bilingual therapists, peers, and case managers. Retention may require exploration of new incentives and flexible work models.
6. **Focus Trainings for the BH workforce to meet the needs of specialized populations.** Staff training must continue to be part of VCBH's strategy to meet the BH needs of an increasingly diverse county. Targeted professional development on for key populations (e.g., Transition Age Youth, seniors and older adults, individuals with co-occurring disorders, individuals with developmental disabilities, etc.) will help build staff capacity to provide responsive, quality care.

Supportive Services and Interventions

7. **Launch a family education initiative to provide resources and support to families.** Demonstrate VCBH's commitment to family inclusion and involvement with expanded education, training, and resources. Clarify consent and privacy rules in plain language and empower family members as partners in care coordination.
8. **Expand non-congregate and gender-responsive housing** and include **wraparound supports.** In developing housing interventions under BHSA, prioritize privacy, safety, and trauma-informed design, including options for women, families, TAY, LGBTQ+, and veterans. Ensure that BH housing

interventions are paired with wraparound support such as a Full Services Partnership program with case management, peer support, and transportation at a minimum.

9. **Seek ways to maintain dedicated funding for suicide prevention.** Consider Suicide Prevention as an optional BHSA Integrated Plan goal given community desires for prioritizing this as a critical component of BH services. This will likely entail deeper collaboration with Ventura County Public Health which will be taking on population-level prevention under BHSA.

10. **Deepen Trust and Clarify Navigation.** Preserve VCBH's presence in underrepresented communities, partnering with trusted local CBOs for outreach and system education.

NEXT STEPS

VCBH is committed to providing opportunities for ongoing community input. In Fall/Winter 2026/27, an abridged CPP will provide additional opportunities for residents and other stakeholders to share experiences with BHSA implementation and offer suggestions for improvement in the second year (fiscal year 2027-28) of Integrated Plan implementation.

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