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Executive
Summary

Ventura County Behavioral Health

Behavioral Health Services Act (BHSA) 2025 Community Planning Process

January 2026

PURPOSE

Proposition 1/Behavioral Services Act (BHSA) was passed by voters in California in March 2024 for implementation by July 1, 2026. The requirements of Proposition 1/BHSA include a robust community stakeholder process. For the stakeholder process, Ventura County Behavioral Health (VCBH) contracted with Health Management Associates (HMA) to conduct the Community Planning Process (CPP). The CPP was developed to inform the County's 2026–2029 BHSA Integrated Plan. The BHSA includes statewide efforts to support system transformation focused on early intervention, housing interventions, and comprehensive, integrated behavioral health care for priority populations (A more detailed CPP Analysis Report is available [here](#) under the Proposition 1 resource section).

WHAT WAS INVOLVED

The chart below provides an overview of the Community Planning Process (CPP) timeline, highlighting major engagement activities and decision points leading to submission of the BHSA Integrated Plan. Since May 2024, Ventura County Behavioral Health has engaged approximately 1,740 stakeholders through the CPP process, including community meetings, key informant interviews, surveys, and partner engagement activities.

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*Community Health Needs Assessment (CHNA) survey data collection included: key stakeholder groups such as Black/African American residents, caregivers, farmworkers, high school students, LGBTQ+ residents, medical and social service providers, veterans, unhoused residents, and others to inform the CHNA.

CPP KEY FINDINGS

The CPP served as an opportunity to share information with the community about BHSA as well as to gather information for the development of the Integrated Plan. As such, findings are organized by theme and actionable community feedback for VCBH around its whole system of care and aligned with the three critical components of BHSA, which are (1) Behavioral Health Services and Supports (BHSS), which focuses on early intervention, particularly for youth, (2)

Housing Interventions, and (3) Full Service Partnership (FSP), which are comprehensive and wraparound services for individual with serious behavioral health needs.

Community System-Wide Priorities

The following themes and actionable feedback are intended to inform the department's priorities for the next three years 2026-2029 to improve the continuum of behavioral health care,

- **Referral and care coordination.**
 - Expand community awareness for how to connect BH, housing, and social supports system wide.
 - Improve education about the referral processes, including a pathway for partner agencies to continue to update VCBH so that privacy can be maintained.
- **Cultural and linguistic responsiveness**
 - Provide training on how to create more welcoming and accommodating BH services for underserved populations from cultural minorities.
 - Develop partnerships to target Transitional Age Youth (TAY), veterans, and older adults with mobility or isolation challenges.
- **Peer integration**
 - Establish standardized training, and supervision for peer specialists and their teams.
 - Improve peer integration so there are peers and family advocates in 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.
- **Workforce**
 - Expand internship placements to outreach bilingual students at local colleges and universities.
 - Be more strategic in the use of bilingual staff so their time is focused on treatment and not document translation.

- Create part-time options and structure mentorships for bilingual staff to improve retention.
- Address burnout through manageable caseloads and employee wellness supports.
- **Deepen Trust and Clarify Navigation**
 - Preserve VCBH's presence in underrepresented communities, partnering with trusted local Community Based Organizations (CBOs) for outreach and system education.
 - Use plain-language communication and continuous feedback loops via clear stakeholder processes to maintain and improve trust.

Behavioral Health Services & Supports (BHSS)

Themes and actionable feedback around early intervention and other BHSS services

- **Youth and school partnerships**
 - 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
- **Inclusion and support for families**
 - Provide families with education on trauma, addiction, and system navigation.
 - Provide families with material that explains conservatorship and care processes.
- **Prevention and early intervention**
 - Increase cross agency collaboration between VCBH and Ventura County Public Health (VCPH) with a focus on supporting Suicide Prevention activities.

Housing Interventions

Themes and actionable feedback around housing as a foundation for recovery and stability

- **Housing instability**
 - 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, to embed case managers and peer staff in housing developments.

- Ensure continuity of care for at least 12 months following housing placement

- **Strengthened Collaboration**
 - Integrate BHSA 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.

- **Not in My Back Yard or NIMBYism**
 - Address community resistance to housing for individuals with BH care needs by engaging cities and neighborhoods early through educational campaigns that share resident-success stories.

Full Service Partnerships

Themes and actionable feedback around FSP.

- **Step Down and Transitional Care**
 - Strengthen warm handoffs by clarifying the processes from hospitals, jails, and shelters to FSP programs prior to discharge.

 - Provide ongoing recovery-oriented engagement 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 following summary recommendations synthesize cross-cutting themes and actionable feedback gathered through the CPP. Together, they outline priority strategies to strengthen VCBH’s system of care over the 2026–2029 planning period and inform implementation of the BHSA Integrated Plan. These recommendations reflect community input across prevention, treatment, housing, and workforce development and are intended to guide near-term planning and longer-term system transformation.

System Coordination

- Create or enhance a cross-agency referral and navigation system.



Access and Quality of Care

- Advance culturally and linguistically responsive care, alongside tailored intensive services to specialized populations.
- Guarantee seamless transitions between levels of care.



Workforce Development

- Integrate peer specialists across all levels of care.
- Invest in workforce recruitment and retention.
- Focus training for the BH workforce to meet the needs of specialized populations.



Supportive Services and Interventions

- Launch a family education initiative to provide resources and support to families.
- Expand non-congregate and gender-responsive housing and include wraparound supports.
- Seek ways to maintain dedicated funding for suicide prevention.
- Preserve VCBH’s presence in underrepresented communities and partner with trusted local CBOs for sustained outreach and education.

