



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

September and October 2025

COMMUNITY PLANNING PROCESS (CPP)

Community Town Hall on the Future of Behavioral Health Care

Facilitated by Health Management Associates (HMA)

Session Overview

➤ **Getting Grounded (20 minutes)**

- Overview of Proposition 1 and Behavioral Health Services Act (BHSA)
- State Priority Goals and Integrated Planning

➤ **Hearing from You (55 minutes)**

- Breakout Discussions in 3 Key Areas of BHSA (55 minutes)

➤ **Completing a Survey (10 minutes)**



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UNDERSTANDING PROPOSITION 1

OVERVIEW OF PROPOSITION 1 AND
THE BEHAVIORAL HEALTH SERVICES ACT (BHSA)

Proposition 1: Overview



Approved by California voters in March 2024, it focused on:

\$6.4B 
Using bonds to build supportive housing


Reallocating funding to support people with greatest behavioral health needs


10,000
Increasing treatment beds across the state

Proposition 1: Enabling Legislation

1. Authorizes a \$6.38 billion Behavioral Health Infrastructure Bond (AB 531)

- Funding behavioral health (BH) treatment beds, supportive housing, and community sites
- Funding for housing for veterans with behavioral health needs and persons experiencing homelessness

2. Amends the MHSA (SB 326)

- Renames Mental Health Services Act (MHSA) HSA (passed by proposition in 2004) the '**Behavioral Health Services Act**'; adds Substance Use Disorder (SUD) so it's both Mental Health (MH) and SUD
- Modifies how MHSA funds are allocated
- Changes eligible population
- Changes to oversight, accountability, and the community planning process



Ventura is Already Investing in the Future: Behavioral Health Continuum Infrastructure Program (BHCIP) Awards

Awarded **\$59,000,000** for a 38-bed locked Mental Health Rehabilitation Center (MHRC) in Camarillo on the County owned 54-acre Lewis Road campus.



Awarded **\$34,760,044** for a 16-bed locked Psychiatric Health Facility (PHF) in Simi Valley which will be located next to the future Crisis Stabilization Unit (CSU).



Philosophical Shift MHSA to BHSA

Prevention,
Intervention,
& Treatment



Individuals
with Severe
Mental Illness



Inclusion of eligible
programming for those with
substance use conditions



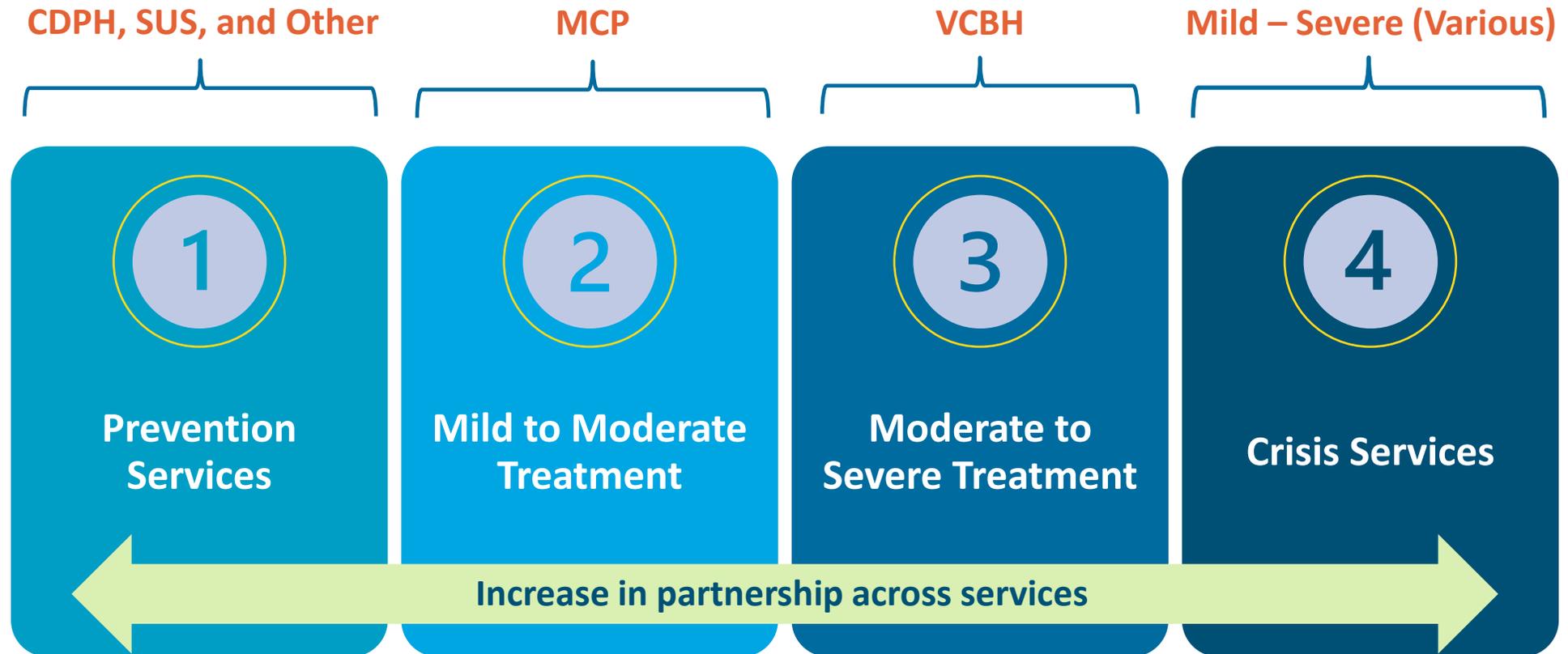
Significant focus on housing
and homelessness



Statewide focus on
increased accountability
and transparency

This change builds upon current and ongoing efforts to support vulnerable populations living with the most significant mental health conditions and substance use disorders.

Counties Work in Partnership to Meet BH Needs



CDPH: California Department of Public Health
SUS: VCBH Substance Use Services
MCP: Managed Care Plans

Proposition 1: Key Components



Major commitment to housing and facilities



Increase in access to funding for substance use services



Sustained focus on early intervention for people under 25



Local funding impact: decrease in outpatient services and supports



Population-based prevention shifts from local to state level



Expanded availability of evidence-based practices



Increase in stakeholder engagement

BHSA Priority Populations



Eligible people of all ages with severe behavioral health conditions who are:

- Chronically homeless, experiencing homelessness, or at risk of homelessness
- In the justice system, or at risk of being in it
- At risk of institutionalization

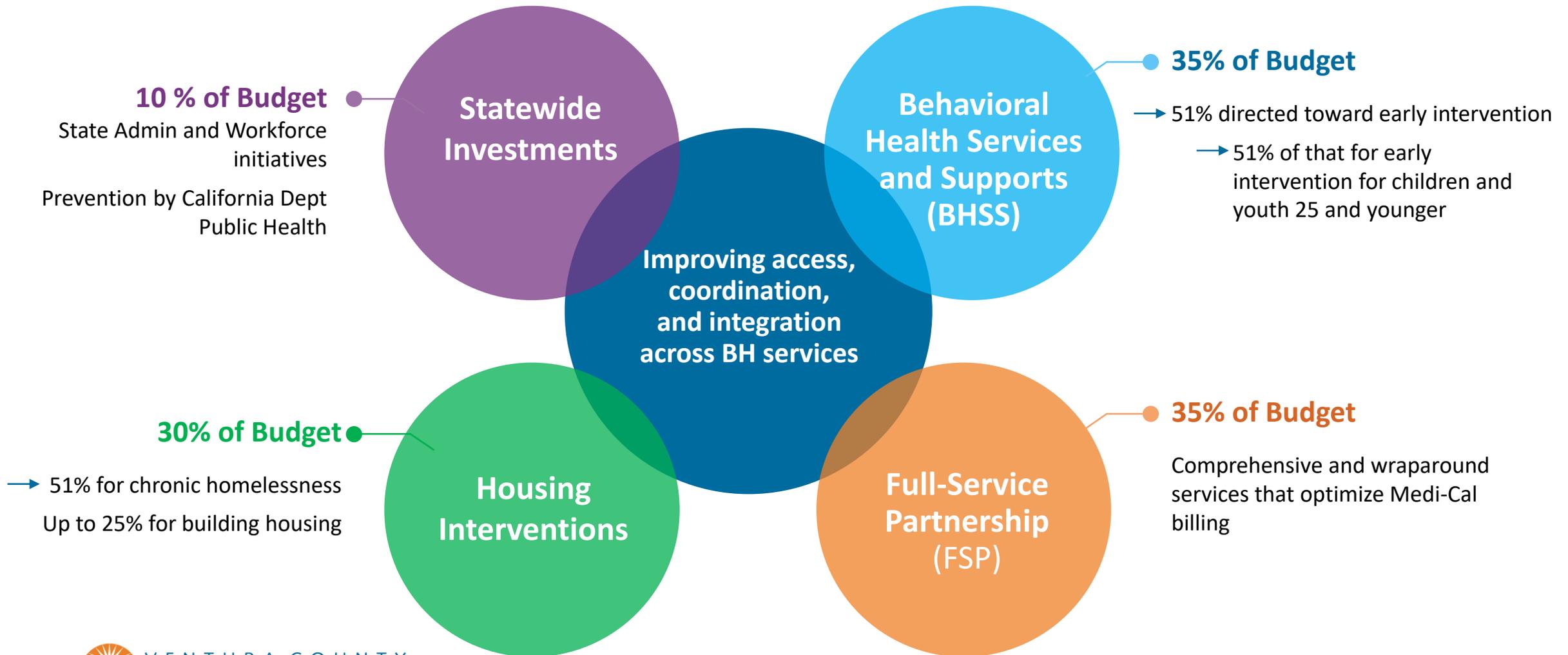
Eligible children and youth who are:

- Reentering the community from a youth correctional facility
- In the child welfare system

Eligible adults and older adults who are:

- Reentering the community from prison or jail
- At risk of conservatorship

Required Funding Effective July 1, 2026: Three Key BHSA Buckets for Ventura County



Questions to Ensure Alignment

- 1 Is the program/service mandated by state or federal government AND does it align with BHSA priority populations?
- 2 Is the program/service eligible for BHSA funding with a clear BHSA allocation category?
- 3 Is the program Medi-Cal eligible?
- 4 Does it address existing disparities and/or gaps in BH Services?
- 5 Does the program/service have another available funding source?
- 6 Is the program/service demonstrating a local impact ?

Deciding Where to Focus: Setting Priorities

Measurable data on gaps and areas for improvement

Input from community to understand priorities

A set of BH priorities that will make a difference

Secondary Data Analysis: Informing Our Integrated Plan

1. Clinical/Service Data

- ❖ VCBH internal systems (penetration rates, treatment outcomes, crisis services)
- ❖ Healthcare records (Emergency Department (ED) visits, hospitalizations, follow-up care)

2. Government Administrative Data

- ❖ Vital statistics (deaths/suicides)
- ❖ Criminal justice (arrests, recidivism)
- ❖ Child welfare (foster care, maltreatment)
- ❖ Homeless services (Point-in-Time counts)

3. Population Surveys

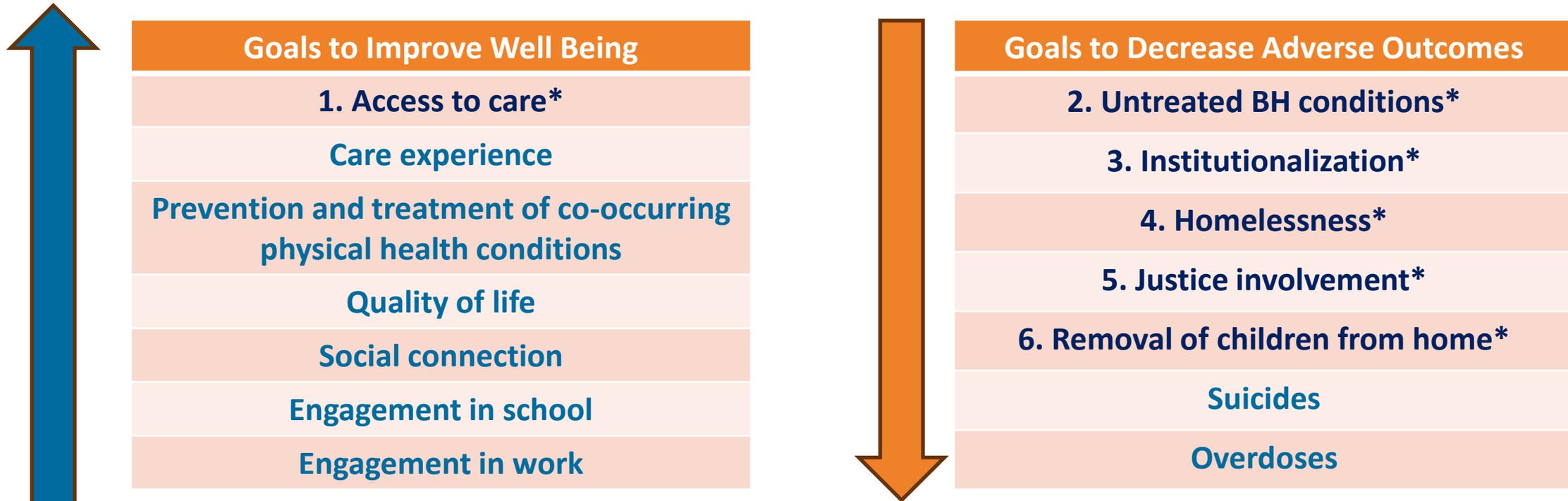
- ❖ California Health Interview Survey (CHIS)
- ❖ Behavioral Risk Factor Surveillance System (BRFSS)
- ❖ California Healthy Kids Survey (CHKS)
- ❖ Client perception surveys (CPS)

4. Community Assessments

- ❖ 2025 Community Health Needs Assessment (CHNA)
Available in both English and Spanish on [Health Matters in VC](#).
- ❖ 2023 Ventura County Homelessness Plan (reports found on <https://coc.venturacounty.gov/reports/>)

**See [BHSA Indicator Sources](#) handout

Statewide Goals for Improving Outcomes



Equity will be embedded across these goals

***6 Required Priority Statewide Behavioral Health Goals (For Discussion Today)**
8 Additional Statewide Behavioral Health Goals (County Must Pick at Least One)

Six Statewide Priority Goal: Ventura Key Data Takeaways

Strengths

Access to Care: Getting the right health services when you need them for the best outcomes.

Institutionalization: Minimizing time in hospitals and emergency departments.

Removal of Children from Home: Preventing separation of families due to parental BH conditions.

Opportunities for Improvement

Homelessness: Linking housing and BH support systems.

Justice-Involvement: Directing people to treatment instead of justice system.

Untreated BH Conditions: Improving follow up after emergency visits for Mental Health.

Considerations to Inform Choice of 1 Optional Statewide Goal for Ventura

Strengths

- **Overdoses:** Drug-related overdose deaths and ED visits
- **Prevention:** Screening and Access to Preventive care
- **Engagement at Work:** unemployment rate and work missed due to mental problems

Opportunities for Improvement

- **Care Experience:** ensuring BH care is culturally appropriate and responsive
- **Quality of Life:** improving how people feel about and report their MH
- **Social Connectivity for Youth:** Providing meaningful participation and caring adults at school
- **Suicide Prevention:** reducing suicide deaths and self-harm



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SHAPING THE INTEGRATED PLAN

Integrated Plan Timeline

Development Period



- Begin analysis of Integrated Plan draft from DHCS



- Continue Integrated Plan (IP) analysis and collaboration with IP stakeholders



- Community Planning Process (CPP) to Inform the Integrated Plan (IP)



- Integration of CPP into Integrated Plan



- CEO approval of draft Integrated Plan

Approvals



- Approved Integrated Plan draft submitted to DHCS



- BHAB Public Hearing of Integrated Plan
- 30-day comment period of Integrated Plan



- VCBH Integrated Plan (IP) approved by Board of Supervisors
- Integrated Plan Submitted to DHCS no later than June 30th



Deciding Where to Focus: Setting Priorities

Measurable data on gaps and areas for improvement

Input from Community to understand priorities

A set of BH priorities that will make a difference

Community Feedback to Inform Integrated Planning

We need your feedback and ideas to help us set priorities in the 3 BHSa funding “buckets”

35%

BHSS: Early Interventions, Treatment, and Supports

35%

FSP: Wraparound Supports that Integrate Whole-Person Care in Community

30%

Housing Interventions: Connecting People to Housing Solutions

Small Group Breakouts (2 sessions of 25 minutes each)

Step 1 Learn more about the specifics

Step 2 Ask questions and share your ideas

Step 3 Identify priorities that can make a difference

Key Questions to Discuss in the Small Groups

- **What would you like to see included in the Integrated Plan?**
 - What would you like to see get more emphasis or PRIORITY?
 - How can we improve coordination and COLLABORATION among partners?
 - What kinds of SOLUTIONS would you like to propose?

- **Three years from now, what would SUCCESS look like?**
 - What would convince you that we have made a significant IMPACT?



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TRANSITIONING TO SMALL GROUPS

PLEASE SELECT THE FIRST OF TWO SMALL GROUP
DISCUSSIONS TO JOIN

Small Group Level Set: BHSS Early Intervention

Use of Funding

Primarily for early intervention programs designed to prevent MH and SUD from becoming severe and disabling.

- ❖ At least 51% of expenditures on eligible individuals 0-25, including Transition Age Youth.
 - ❖ Can provide supports and services to parents and caregivers outside of the 51%.
- ❖ Must include a Coordinated Specialty Care for First Episode Psychosis (CSC for FEP).
- ❖ Must emphasize reduction of prolonged suffering, suicide and self-harm, overdoses, homelessness, incarceration, unemployment, and school suspension/expulsion, removal of children from home, and Mental Illness in children and youth.
- ❖ Must include emphasis on culturally responsive and linguistically appropriate interventions to reduce BH disparities.



PRIORITIES UNDER BHSA

- ✓ Childhood trauma early intervention to deal with early origins of MH and SUD treatment needs.
- ✓ Early psychosis and mood disorder detection and intervention and mood disorder programming.
- ✓ Outreach and engagement that targets children 0-5, youth 12-18, and out-of-school youth (16-25).
- ✓ MH needs of children 0-5 including infant and early childhood MH consultations.
- ✓ Strategies to advance equity and reduce disparities.
- ✓ Strategies to address the needs of individuals at high risk of crisis.
- ✓ Programs that include evidence-based practices and BH services that are effective in reducing the duration of untreated SMI and SUD.
- ✓ Strategies targeting MH and SUD needs of older adults (60+).

BHSS Early Intervention: Community Needs Assessment Data

Key Gaps in BH Access

Sexual Orientation and Gender Identity

- ❖ Elevated Suicide Risk among LGBTQ+ communities
- ❖ Greater unmet MH service needs among non-binary individuals

Age

- ❖ Higher rates of suicidal thoughts and attempts among Transition Age Youth (TAY) 16-25 years of age in foster care

MOST REPORTED BH BARRIERS and STRESSORS

Mental Health Care Access Barriers

- ✓ Unable to find providers (46%)
- ✓ Cost of MH services (41%)
- ✓ Did not know where to find help (29%)

Substance Use Treatment Barriers

- ✓ Did not know where to find help (36%)
- ✓ No health insurance (27%)
- ✓ Afraid of being judged (15%)

Life Stressors

- ✓ Overall Mental Health (58%)
- ✓ Housing Situation (46%)
- ✓ Children's Mental Health (32%)
- ✓ Immigration Status (22%)

Small Group Level Set: Full Service Partnership (FSP)

Use of Funding

Provide community- and team-based care to individuals living with significant BH needs through a “whatever it takes” approach that is trauma-informed, recovery-focused, and delivered in partnership with families or other supports.

- ❖ Must include SUD and/or Co-occurring treatment where appropriate, including medication for addiction treatment (MAT) services.
- ❖ Must be aligned with required high intensity service models such as ACT, FACT, ICM, and HFW.
- ❖ Must provide ongoing engagement services such as clinical and recovery-oriented services, including peer support, transportation, and supportive housing.
- ❖ Required to coordinate with the FSP participant’s primary care provider as appropriate.



SPECIFIC SERVICE REQUIREMENTS

- ✓ MH services, SUD services, and supportive services
- ✓ Assertive Community Treatment (ACT)
- ✓ Forensic ACT (FACT)
- ✓ FSP Intensive Case Management (ICM)
- ✓ Individual Placement and Support (IPS) model of supported employment
- ✓ High Fidelity Wraparound (HFW)
- ✓ Assertive field-based initiation for SUD
- ✓ Outpatient BH services for evaluation and stabilization
- ✓ Ongoing engagement services
- ✓ Service Planning
- ✓ Housing Interventions (funded in the HI category)

FSP: Community Needs Assessment Data

- ❖ Drug and Alcohol Use (88%) – top risky behavior
- ❖ Mental Health Problems (77%) – top MH/Well-Being Issue
- ❖ Aging Complications (54%) - second highest MH/Well-Being Issue

Suicide

- ❖ 11% of survey respondents marked as a MH/Well-Being Issue
- ❖ Fewer respondents (from 6% to 4%) reported serious suicidal thoughts
- ❖ Suicide attempts are down (from 9% to 2%)
- ❖ About 1 in 4 people with suicidal thoughts still don't know about support resources



Life Stressors

- ✓ Overall Mental Health (58%)
- ✓ Housing Situation (46%)
- ✓ Children's Mental Health (32%)
- ✓ Immigration Status (22%)

Unmet BH Needs by City

- | | |
|---------------------|----------------------|
| ✓ Oxnard (34%) | ✓ Fillmore (4%) |
| ✓ Ventura (22%) | ✓ Ojai (3%) |
| ✓ Santa Paula (10%) | ✓ Thousand Oaks (3%) |
| ✓ Camarillo (8%) | ✓ Newbury Park (3%) |
| ✓ Simi Valley (6%) | ✓ Port Hueneme (3%) |

Small Group Level Set: BHSA Housing Interventions



Use of Funding

- ❖ **50% of funds** to be used for individuals who are **chronically homeless**, with a focus on those in encampments.
- **Up to 25%** can be used for capital development projects
- ❖ Under BHSA, funds are for all individuals with a serious BH need and experiencing homelessness.

IMPORTANT NOTES

- Current supportive services to keep individuals housed are not allowable to be paid with housing intervention funds.
- All housing related community supports available through Managed Care Plans must be fully exhausted before any BHSA dollars can be used for housing interventions.

ALLOWABLE UNDER BHSA

- ✓ Supportive housing
- ✓ Apartments, including master lease
- ✓ Single and multi-family homes
- ✓ Mobile homes
- ✓ Single room occupancy units
- ✓ Accessory dwelling units
- ✓ Shared housing
- ✓ Recovery/sober living housing
- ✓ Assisted living (adult residential facilities and licensed board and care)
- ✓ Unlicensed board and care
- ✓ Hotel and motel stays
- ✓ Recuperative care
- ✓ Tiny homes and sleeping cabins
- ✓ Non-congregate interim housing models
- ✓ Congregate shelter
- ✓ Short-term post-hospitalization housing
- ✓ Peer respite
- ✓ Transitional rent

Housing and BH: Community Needs Assessment Data

Key Access Gaps

- ❖ BIPOC individuals significantly more likely to report unmet housing service needs compared to White individuals
- ❖ Individuals with unstable housing significantly more likely to report unmet needs in accessing substance use treatment compared to those with stable housing
- ❖ Those with unstable housing reported significantly more suicidal ideation and suicide attempts than those with stable housing

MOST REPORTED BARRIERS

Housing Services

- ✓ Cost/Affordability (63%)
- ✓ Long wait list (48%)
- ✓ Couldn't find available housing (39%)
- ✓ Did not meet eligibility criteria (32%)
- ✓ Did not know where to find resources (32%)

Mental Health

- ✓ Unable to find providers (46%)
- ✓ Cost of MH services (41%)
- ✓ Did not know where to find help (29%)

Substance Use Treatment

- ✓ Did not know where to find help (36%)
- ✓ No health insurance (27%)
- ✓ Afraid of being judged (15%)

Thank You for Attending

Thank You for attending and sharing your ideas and opinions in small group discussions. Please complete a short survey before you leave.





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THANK YOU!
