



VENTURA COUNTY

**BEHAVIORAL HEALTH**

A Department of Ventura County Health Care Agency

February 2026

# **BEHAVIORAL HEALTH SERVICES ACTION (BHSA) COMMUNITY PLANNING PROCESS (CPP)**

Community Town Halls on the Future of Behavioral Health Care

**Facilitated by Health Management Associates (HMA)**

# TownHall Overview

## ➤ **Getting Grounded (25 minutes)**

- Overview of Proposition 1 and Behavioral Health Services Act (BHSA)
- VCBH's Role in the Continuum of Care
- Process for Setting Priority Goals and for Integrated Planning

## ➤ **Sharing CPP Updates (45 minutes)**

- Overview of the Community Planning Process (CPP) and key learnings
- Facilitated discussion to reflect on CPP recommendations into the Integrated Plan
- Integrated Plan Public comment process and timeline



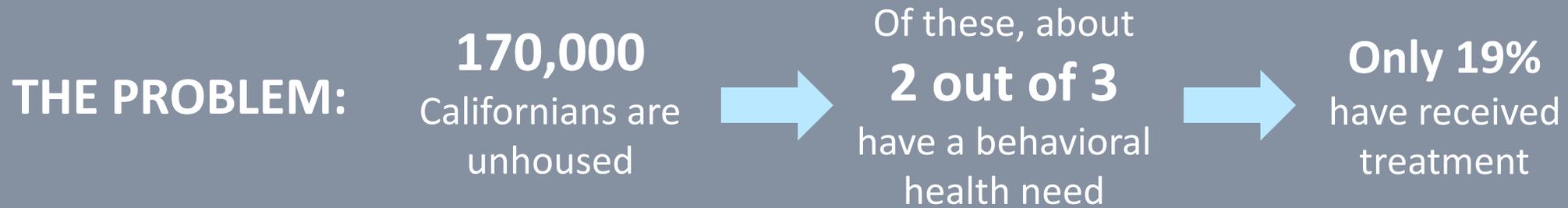
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# OVERVIEW OF PROPOSITION 1 AND THE BEHAVIORAL HEALTH SERVICES ACT (BHSA)

# Proposition 1: Overview



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

**\$6.4B**   
Use bonds to build supportive housing

  
Reallocate funding to support people with greatest behavioral health needs

  
**10,000**  
Increase treatment beds across the state

# Proposition 1: Enabling Legislation

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

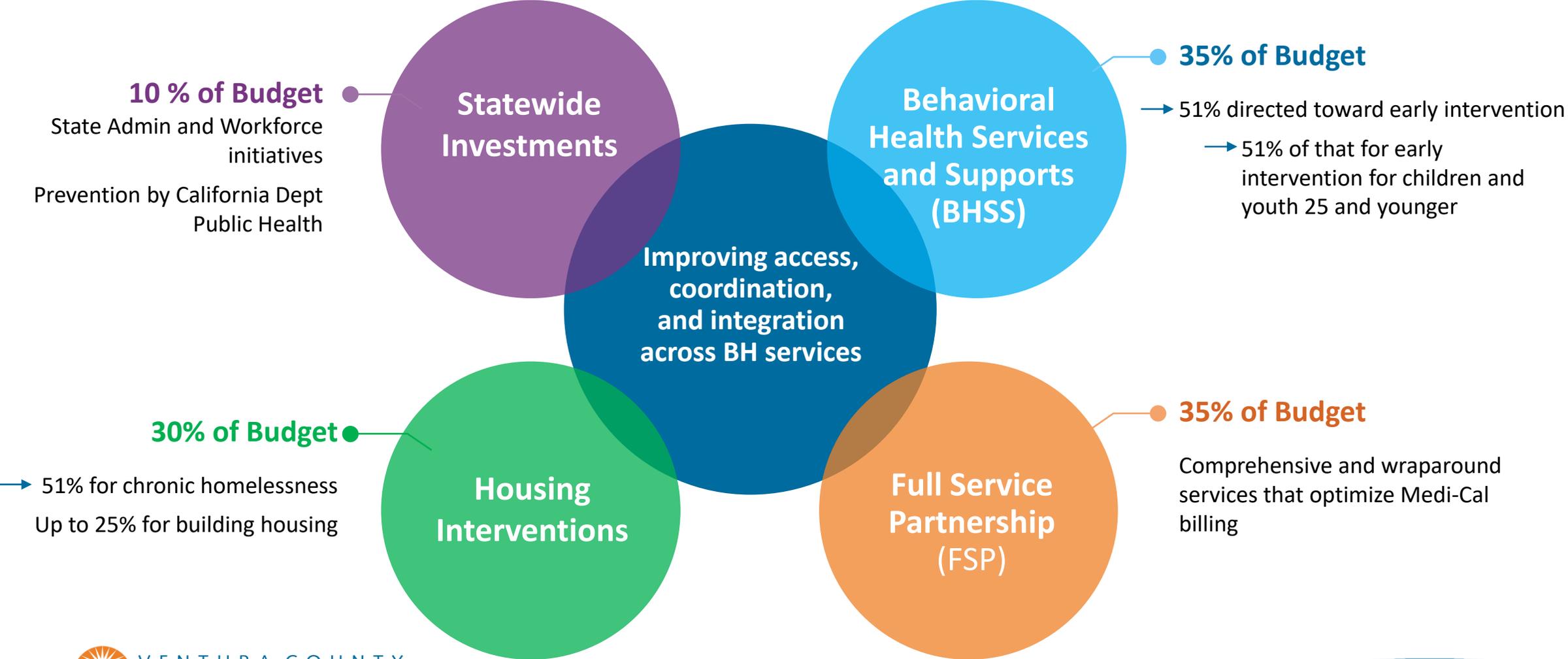
- Funding for behavioral health (BH) treatment beds, supportive housing, and community sites
- Funding for housing for veterans with behavioral health needs and persons experiencing homelessness

## 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



# BHSA Requirements: Funding Allocations Effective July 1, 2026



# 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**

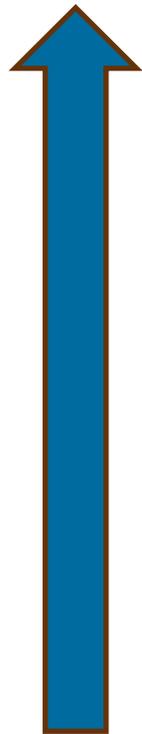


**Expanded availability of evidence-based practices**

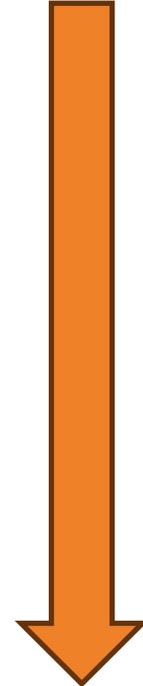


**Increase in stakeholder engagement**

# BHSA Requirements: Statewide Goals



Goals to Improve Well Being
1. Access to care*
Care experience
Prevention and treatment of co-occurring physical health conditions
Quality of life
Social connection
Engagement in school
Engagement in work



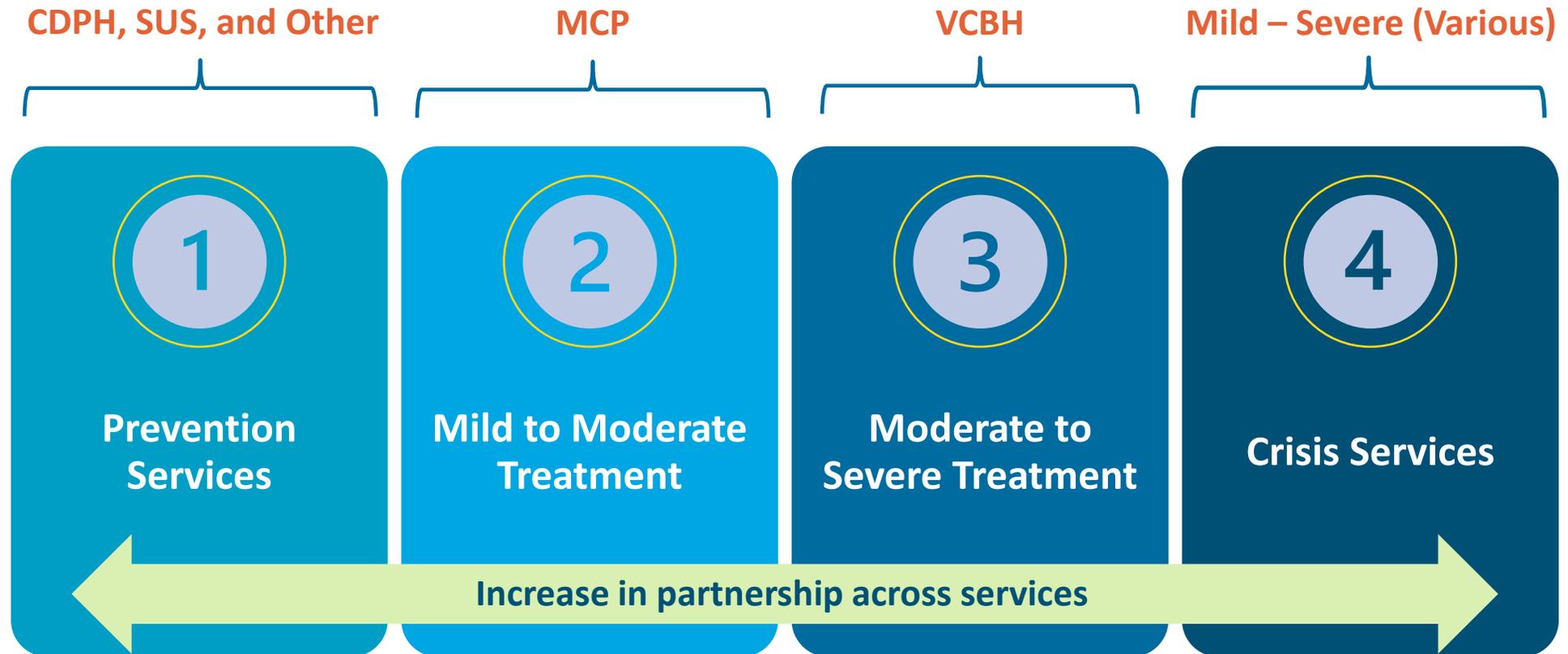
Goals to Decrease Adverse Outcomes
2. Untreated BH conditions*
3. Institutionalization*
4. Homelessness*
5. Justice involvement*
6. Removal of children from home*
Suicides
Overdoses

*Equity will be embedded across these goals*

**\*6 Required Priority Statewide Behavioral Health Goals**

8 Additional Statewide Behavioral Health Goals **(County Must Pick at least One informed by Community Input)**

# Counties Work in Partnership to Meet BH Needs



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

# Service Eligibility and Service Criteria

## Who Qualifies for County Behavioral Health Services

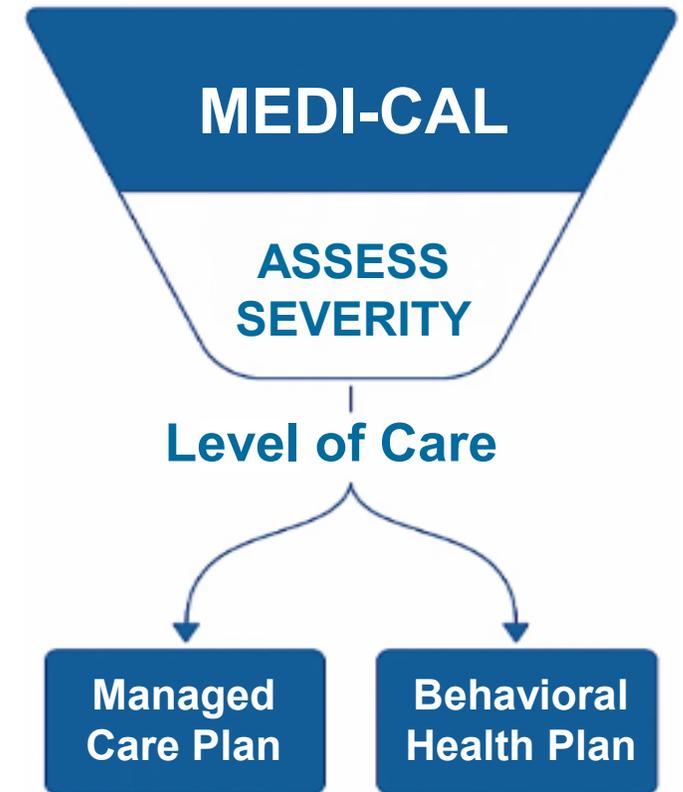
Must be **Medi-Cal eligible** and meet **medical necessity criteria** for Specialty Mental Health or Drug Medi-Cal Organized Delivery System services.

Determined by **diagnosis, functional impairment, and intensity of need** per Title 9 of California Code of Regulations and California Department of Health Care Services criteria.

Individuals with commercial insurance, Medicare-only, or other non-Department of Health Care Services contracts are **not eligible for California Department of Health Care Services contracted care** unless specified under certain public-safety or Mental Health Services Act (future Behavioral Health Services Act) programs.

Uninsured individuals may be eligible through Realignment or Mental Health Services Act safety-net funding when they meet Serious Mental Illness or Substance Use Disorder criteria.

## Eligibility Funnel



# The Safety-Net Function

## Who the County Serves as Safety Net

- ❖ Medi-Cal beneficiaries meeting California Department of Health Care Services criteria for specialty behavioral health or substance use disorder treatment.
- ❖ Uninsured residents with serious mental illness or a substance use disorder when funding is available through non-Medi-Cal sources.
- ❖ Individuals under court or public-safety mandate: Community Assistance, Recovery, and Empowerment (CARE) Act; Lanterman-Petris-Short (LPS) conservatorship; forensic diversion.

## Who We Do *Not* Serve as Safety Net

- ❖ Individuals with **commercial or employer-based insurance**.
- ❖ Individuals whose needs fall within the **Managed Care Plan's mild-moderate** scope.
- ❖ Populations covered under **non-Department of Health Care Services contracts** (e.g., private insurance, non-Medi-Cal Employee Assistance Programs).

The County is not a general behavioral health provider — it is the **specialty safety net** for the Medi-Cal system and other public-mandate populations.



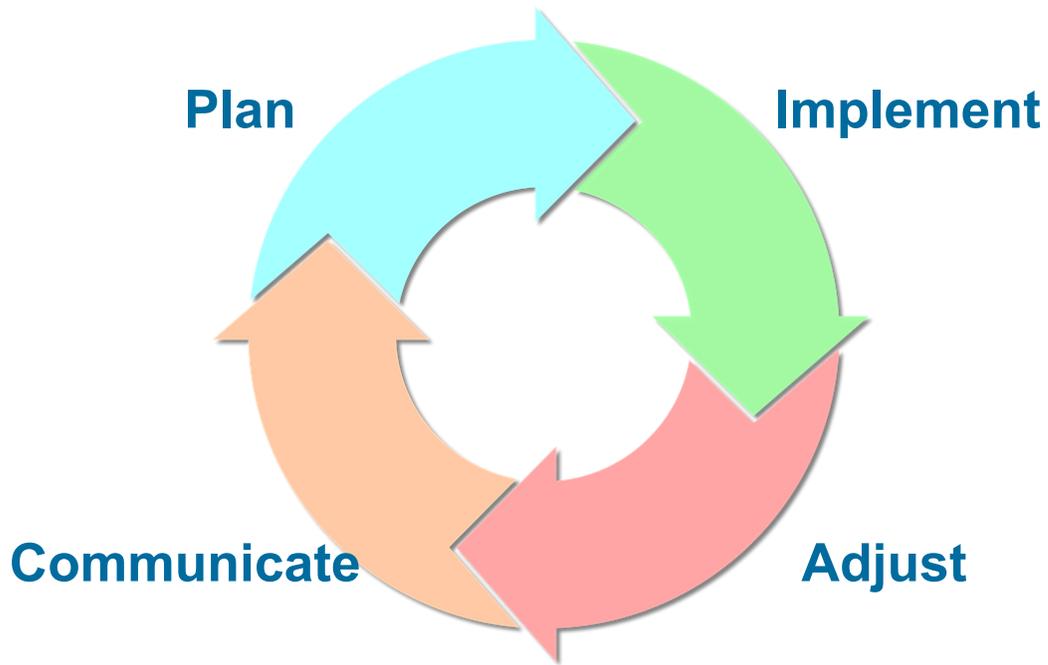
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# SHAPING THE INTEGRATED PLAN

# BHSA Planning Process Changes



First Integrated Plan FY26-27-FY28-29



MHSA unspent \$\$ supplementing BHSA allocations for a limited period of time



BHSA annual updates required



Community Planning Process is required every three years - no longer annual

# What does the BHSA Integrated Plan Process look like?

## BHSA Local Planning Process



# Integrated Plan (IP) Timeline



# Process for Getting to an Integrated Plan to address Ventura County's BHSAs Priorities

Measurable data on gaps and areas for improvement  
(Community Health Needs Assessment)

Community input to align County needs with State requirements (Community Planning Process)

Actionable BH priorities aligned with County capacity  
(Integrated Plan)

# Looking for more information on these Stakeholder Engagement efforts being reviewed?

This presentation is a **high-level summary** of all efforts that have taken place over the last 18 months. Each section presented here today has a dedicated full report which you can review.

## Links to full documents

- Proposition 1 Resources – <https://hca.venturacounty.gov/behavioral-health/proposition-1/>
- VCBH Executive Summary of CPP Findings - <https://hca.venturacounty.gov/behavioral-health/proposition-1/>
- VCBH CPP Report - <https://hca.venturacounty.gov/behavioral-health/proposition-1/>
- MHSA Last Year Presentation - <https://hca.venturacounty.gov/behavioral-health/mental-health-services-act/>
- Community Health Needs Assessment (CHNA) - <https://www.healthmattersinvc.org/>
- Community Health Improvement Strategy (CHIS) <https://www.healthmattersinvc.org/>



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# KEY LEARNINGS FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

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# Overview Community Health Needs Assessment(CHNA)



Secondary Data Analysis



**Community Wide Survey** (9,022 responses – 75% complete, 25% partial)



**Community Focus Groups (6)**



**Community Partner Listening Sessions (6)**

# Top Level Insights from the CHNA: Access Barriers

## Key Takeaways: Top Barriers to Accessing Behavioral Health Services in Ventura County



### Mental Health Care

- Could not find a provider
- Services were too expensive
- Did not know where to go for help



### Substance Use Treatment

- Did not know where to go for help
- No health insurance
- Fear of judgment or stigma



### Housing Services

- Rent or housing costs were unaffordable
- Long waitlists
- Could not find available housing
- Did not meet eligibility requirements
- Did not know where to find resources

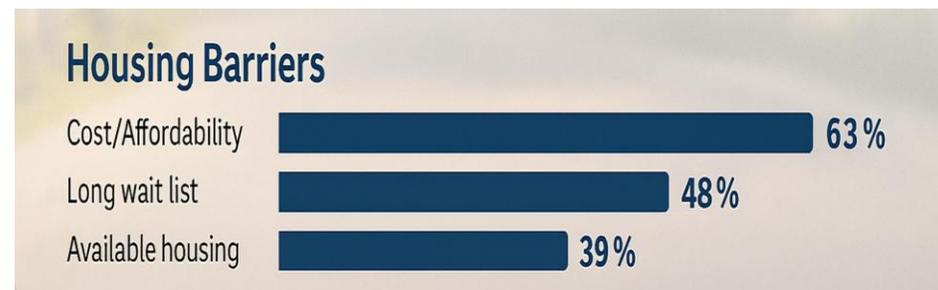
# CHNA Key Takeaways: Disparities in Access and Mental Health Outcomes

 Black, Indigenous, and People of Color (BIPOC) individuals are more likely than white individuals to report unmet housing service needs.

 Non-binary individuals experienced significantly greater unmet needs for mental health services compared to binary individuals.

 Non-binary and LGBTQ+ individuals reported significantly higher rates of suicidal ideation and attempts.

 Adults outside the Transitional Age Youth (TAY) group reported significantly greater unmet needs across mental health, substance use, and housing services.





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# KEY LEARNINGS FROM THE COMMUNITY PLANNING PROCESS (CPP)

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## FOCUS: BEHAVIORAL HEALTH

# Who we Engaged in the Community Planning Process (CPP)

29 stakeholder groups engaged with input across the three BHSA funding categories

27 Key Informant Interviews (KII)

50+ In Reach Presentations

3 Virtual Town Halls

6 In-person Town Halls

200 Surveys

# Overview Health Management Associates (HMA) CPP Recommendations

## 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.

## Supportive Services and Interventions

- Provide family education 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, partnering with trusted local CBOs for outreach and education.

# System Coordination Recommendations and Responses

## VCBH Integrated Plan Response Examples

### System Coordination

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

**Increase collaboration** with local **Public Health** related to **Prevention** and Early Intervention.

**Increase collaboration** with **Managed Care Plans** (Gold Coast and Kaiser) on Medi-Cal Eligible individuals and housing needs (e.g., Transitional Rent).

**Implement Proposition 1/BHSA requirements** that address cross system collaboration.

**Reinforce education** efforts and community awareness through CBOs for **how and when to connect** to Specialty Mental Health and Substance Use **Services**.

**Leverage** the CalAIM **Justice-Involved Initiative** to strengthen collaboration with the **Sheriff's Office and Probation** to **increase referrals** coming from jail for both **adults and juveniles**.

**Increase collaboration** with the Superior Court, Sheriff's Office, the Offices of the Public Defender and County Counsel to implement **expanded treatment and services** for those with **serious mental illness under the CARE Act**.

**Facilitate** a **county-wide effort** with participation from the area hospitals (both county and private), law enforcement agencies, Emergency Medical Services, and others to be **prepared for the changes to LPS under Senate Bill 43**.

# Access and Quality of Care Recommendations and Responses

## VCBH Integrated Plan Response Examples

### Access

### & Quality of Care

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

**Grow an FSP for TAY**, an early intervention program for **Veterans**, and **housing supports for seniors**.

**Introduce Level of Care (LOC) Assessment tool** to improve accurate **placement of individuals**.

Embed Youth/Family and adult FSP **Intensive Case Management (ICM) within clinics** for seamless **LOC transitions**.

**Additional trainings for specialty populations** (TAY, Veterans, LGBTQ+, Older Adults) for clinical staff.

**Increase Access to Care** through the **Mobile Wellness Van**.

# Workforce Development Recommendations and Responses

## VCBH Integrated Plan Response Examples

### Workforce Development

- Integrate peer specialists across all levels of care.
- Invest in workforce recruitment and retention.

**Expand Internships** recruitment for **bi-lingual and bi-cultural students** and those with **lived experience**.

**Address disparities** in the **workforce internship programs** and stipends may be expanded to include positions such as: **Doctoral, Peer, PsychTech/LVN, and Employment Specialists**.

**Expand the number and placement of peers** across **all programs** and create a training program for staff.

**Provide targeted trainings** that emphasize **cultural perspectives** that make up **local communities** (including: Latinx, Indigenous populations, LGBTQ+, older adults, homeless, dually diagnosed and youth ages 0 to 5).

**Train** mental health clinical staff on **co-occurring disorders** to **integrate MH and SUS Treatment**.

# Supportive Services and Interventions CPP Recommendations and Responses

## 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, partnering with trusted local CBOs for outreach and education

## VCBH Integrated Plan Response Examples

**Increase and improve Family Behavioral Health resources** and educational efforts through **community engagement** and **Community Based Organizations (CBOs)**.

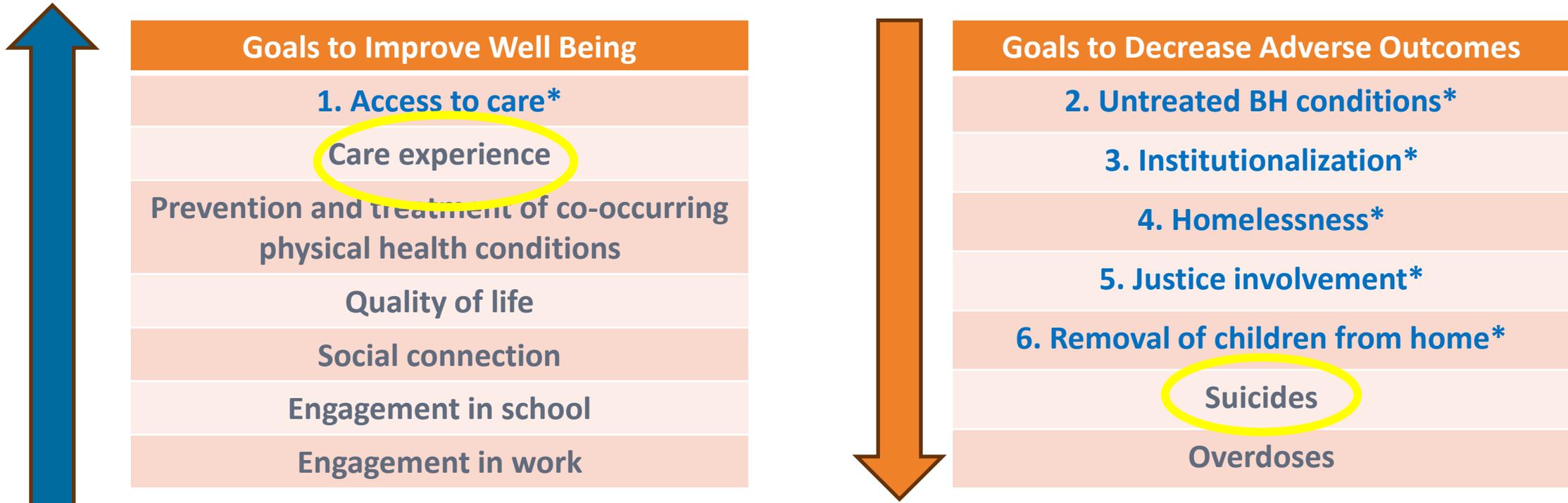
**Partner with Public Health** to continue **Suicide Prevention** efforts.

**Expand rental subsidies** and investing in **new housing initiatives**.

**Provider training and assistance** to more than **25 Prevention and Early Intervention (PEI)** providers to assess and **support transition to BHS**.

# BHSA Requirements: Additional Statewide Goals

*Based on Community Input **Care Experience** and **Suicides** were picked as the additional BH goals*



**\*6 Required Priority Statewide Behavioral Health Goals**

8 Additional Statewide Behavioral Health Goals (county must pick one)

*Equity will be embedded across these goals*

# Overview CPP Recommendations Discussion

**Clarity:** What's missing? **Input:** What would you add based on your experience?

**System Coordination**

**Access and Quality of  
Care**

**Workforce Development**

**Supportive Services and  
Interventions**

# Upcoming BHSA Integrated Plan Public Comment Window

The **community and stakeholders** are invited and encouraged to provide formal input on the Integrated Plan during the public comment period. Community feedback gathered through the public comment process will help inform final refinements to the BHSA Integrated Plan.

## ➤ **30-Day Public Comment and Public Hearing Period**

➤ **Opens: April 20, 2026**, at the Behavioral Health Advisory Board (BHAB)

➤ **Closes: May 18, 2026**, at the Behavioral Health Advisory Board (BHAB)

## ➤ **Who can participate:**

➤ Community members and stakeholders.

## ➤ **How to Submit Public Comment**

➤ Online submission via the County Prop 1 webpage will be **available on April 20th, 2026**.

# Common Acronyms

**BHCIP:** Behavioral Health Continuum Infrastructure Program

**BHIBA (Behavioral Health Infrastructure Bond Act):** The component of Prop. 1 (AB 531) that provides billions in bond funding for infrastructure projects, including supportive housing for those with mental health and substance use challenges.

**BHSA (Behavioral Health Services Act):** The legislative component (SB 326) of Prop. 1 that reforms the previous MHSA, modernizing it to better serve Californians with behavioral health needs.

**BHSS (Behavioral Health Services and Supports):** Expanded set of programs and resources for behavioral health.

**BIPOC:** Black, Indigenous, People of Color

**CDPH:** California Department of Public Health

**CPP:** Community Planning Process

**DHCS:** Department of Health Care Services

**EI:** Early Intervention

**FSP:** Full Service Partnerships (FSP)

**MAT:** Medication for Addiction Treatment

**MCP:** Managed Care Plans (MCP like Gold Coast, Kaiser)

**MHSA (Mental Health Services Act):** The previous act that funded mental health services through a 1% tax on personal income over \$1 million.

**Prop. 1:** The ballot measure that enacts the reforms and funding mechanisms for the behavioral health system.

**SUD (Substance Use Disorder):** A key focus of the reforms under Prop. 1 to include and expand services for individuals struggling with drug and alcohol addiction.

**VCBH:** Ventura County Behavioral Health



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**THANK YOU!**

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