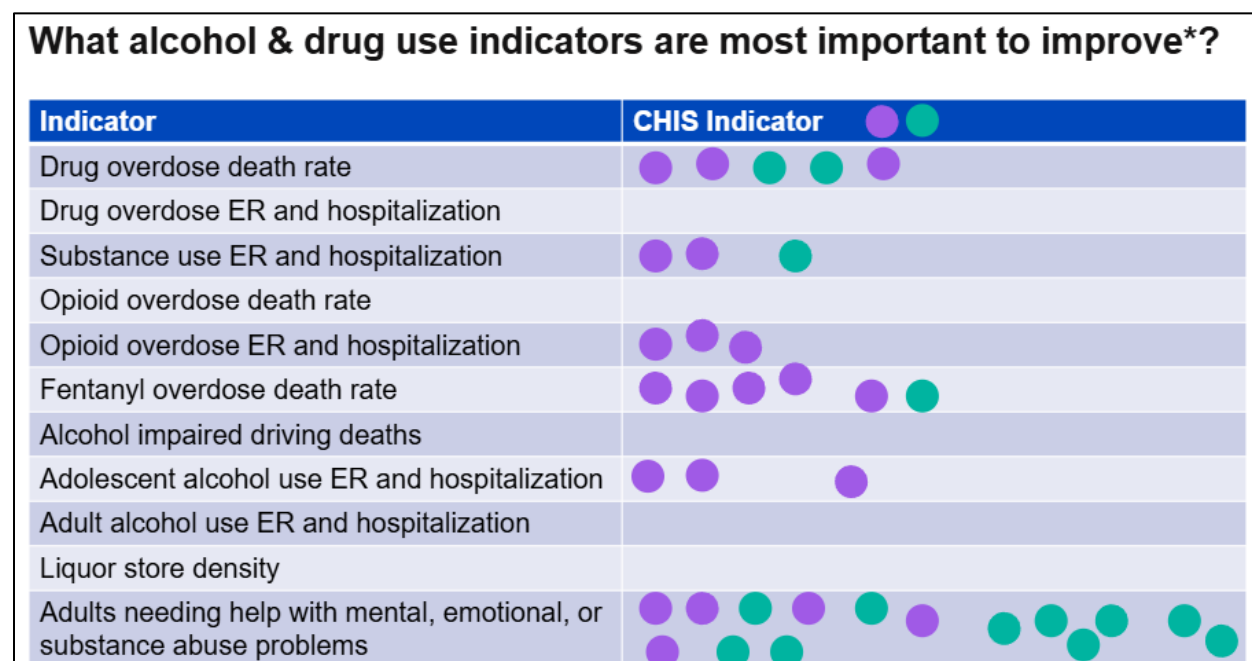


Background

The Behavioral Health workgroup for the 2026-2028 VCCHIC Community Health Implementation Strategy (CHIS) held its first virtual session on August 13, 2025. Approximately 25 participants representing a range of behavioral health, health system, education, social services, and community-based organizations and members attended the meeting. Participants reviewed findings from the 2025 Community Health Needs Assessment (CHNA) related to Behavioral Health. The discussion was facilitated and ideas were captured live using this [VCCHIC CHIS Behavioral Health Session 1 Google Slides](#). This document provides a summary of key themes and ideas from the meeting.

Community-Level Indicators

Community-Level Indicators help in tracking overall progress towards long-term outcomes for this priority area. After a review of the CHNA findings, participants indicated community-level indicators they felt were most important in helping to track long-term improvement for Behavioral Health. The boards below and on Page 2 show participant interest in each indicator reviewed based on dot voting.



What mental health indicators are most important to improve*?	
Indicator	CHIS Indicator  
Adults needing help with mental, emotional, or substance use problems	       
Adults with likely serious psychological distress	
Deaths due to suicide or self-inflicted injury	
Adolescent suicide and self-inflicted injury ER and hospitalization	          
Adult suicide and self-inflicted injury ER and hospitalization	
Alzheimer's Disease or Dementia: Medicare population	
Depression: Medicare population	 
Pediatric mental health ER and hospitalization	 
Adult mental health ER and hospitalization rate	 

The following indicators received more than three dot votes, reflecting the strongest consensus among participants on areas needing improvement (+ indicates number of dot votes).

- Drug overdose death rate +5
- Fentanyl overdose death rate +6
- Adults needing help with mental, emotional, or substance abuse problems +15
- Adults needing help with mental, emotional, or substance use problems +8
- Adolescent suicide and self-inflicted injury ER and hospitalization +11

In addition, the following access to care indicators will be tracked as part of VCCHIC's overall goal to improve access to services and care navigation:

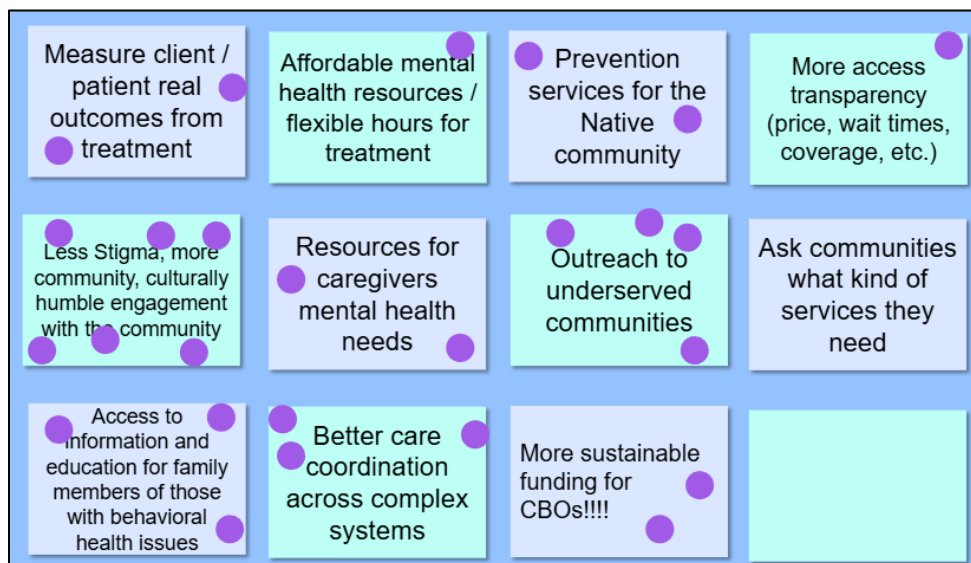
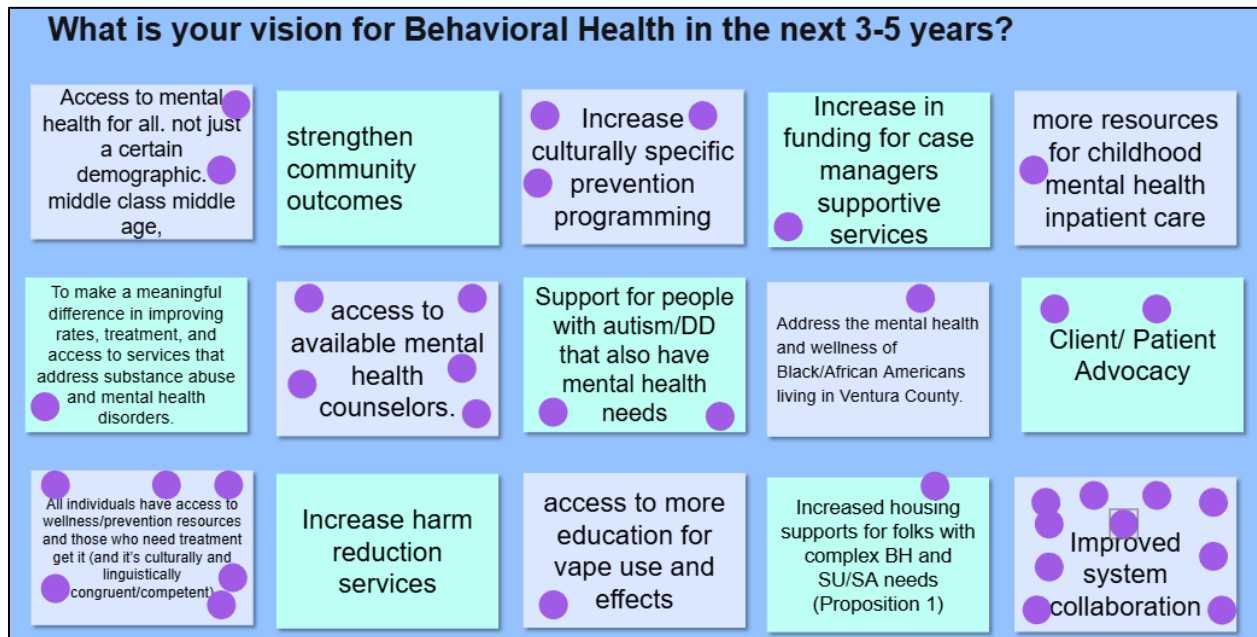
- Adults needing and receiving behavioral health care services (source: Community Health Interview Survey)
- Respondents accessing needed mental health care services (source: VCCHIC Community Survey)
- Respondents accessing needed substance use services (source: VCCHIC Community Survey)

Overarching Goal

An overarching goal statement shares the long-term change we plan to achieve. The boards on Page 3 show responses when participants were asked about their vision for

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improving Behavioral Health in the next 3-5 years with dots showing upvotes by other participants.



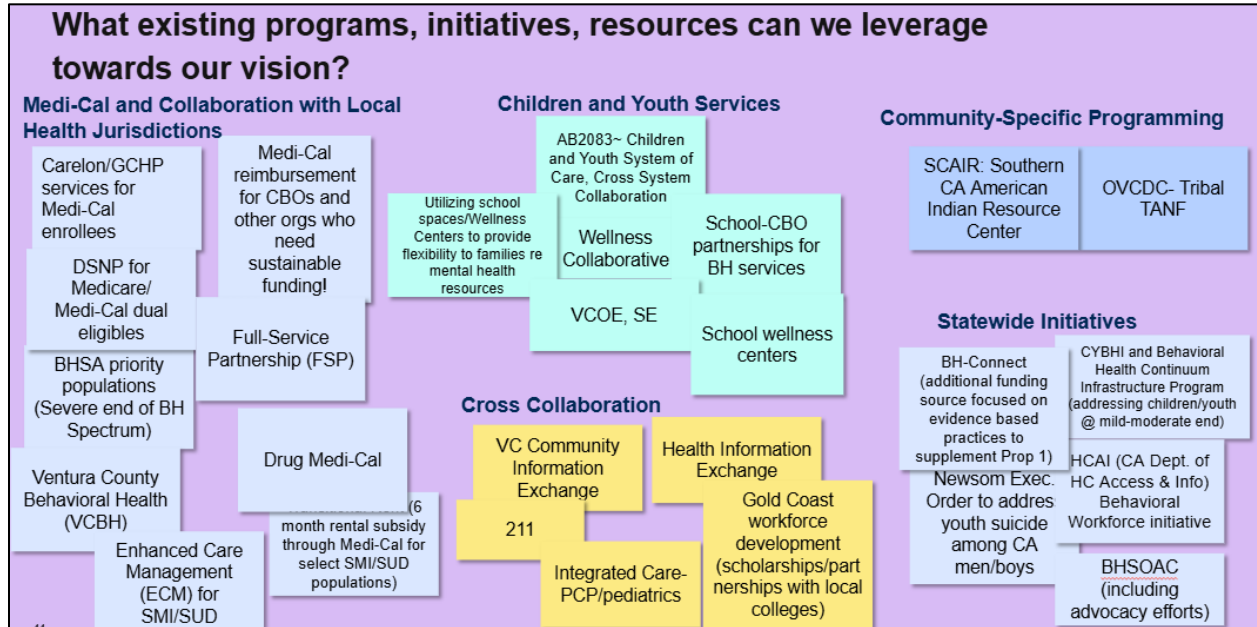
❖ We are currently drafting a Behavioral Health goal statement that integrates the following key themes expressed by participants:

- Equity and access across demographics
- Cultural and linguistic competence
- Community engagement and advocacy
- Support for specific populations (e.g., children, Black/African Americans, Native communities, individuals with autism/DD)

- System improvements (e.g., care coordination, transparency, funding)
- Measurable impact and accountability

Programs, Initiatives, and Resources

Participants discussed programs, initiatives, and resources that could be leveraged towards their vision for Behavioral Health. The board below shows key ideas discussed.



As shown, the discussion highlighted a broad network of Medi-Cal-supported, state-led, and community-based behavioral health programs in Ventura County that aims to improve access, coordination, and culturally responsive care across diverse populations including:

- Medi-Cal programs that foster collaboration with local health jurisdictions such as community-based programming, coordinating care for high-need populations, and expanding access to behavioral health and housing support services.
- Statewide initiatives that aim to strengthen behavioral health infrastructure, workforce capacity, and youth-focused prevention through funding, policy, and advocacy.
- Collaborative partnerships and data-sharing platforms enhance care coordination, workforce development, and access to behavioral health services across systems.
- Integrated school-based and cross-agency programs provide flexible, accessible behavioral health support tailored to the needs of children, youth, and families.
- Culturally specific programs support behavioral health and social services including, but not limited to, those for Tribal and Native communities.

Common Challenges and Causes

Participants discussed challenges that are hindering progress in improving Behavioral Health and their common causes. The board below shows key ideas discussed. The discussion emphasized that the behavioral health system faces significant challenges due to its complexity, structural and political barriers, stigma, and workforce shortages—making it difficult for individuals to access care, providers to deliver services, and communities to achieve equitable outcomes.



Key challenges included:

- **Structural Barriers and System Navigation Challenges:** Rigid mandates, siloed entities, and misaligned funding priorities create systemic inefficiencies that hinder collaboration, innovation, and responsiveness to community needs. This leads to a behavioral health system that is overwhelmingly complex and fragmented difficult for individuals and providers to understand available services, navigate access points, and align with funding and regulatory requirements.
- **Sociopolitical and Cultural Challenges:** Political instability, lack of diversity and representation, and funding cuts contribute to mistrust, inequity, and limited progress in behavioral health systems.
- **Stigma and Public Awareness:** Widespread stigma, limited public understanding of behavioral health, and institutionalized biases reduce help-seeking behavior and reinforce systemic barriers to care.
- **Workforce and Training Gaps:** Severe provider shortages – especially among culturally and linguistically diverse professionals—combined with low

reimbursement rates and limited specialty training, undermine the system's capacity to deliver equitable, informed care.

- **Systemic Barriers to Compassionate Care:** The behavioral health system is often dehumanizing, driven by a rigid medical model and profit-focused facilities with limited oversight, failing to address systemic oppression and the need for transformative, person-centered care.