



VCCHIC Regional Convening

April 17, 2025



Today's Agenda

9:30 am – 9:40 am	Welcome and Brief Introductions	Seleta Dobrosky, VCCHIC Chair Ventura County Public Health (VCPH)
9:40 am – 10:00 am	CalAIM Local Successes o Interface Children & Family Services – Dichele Harris o Whole Person Care – Sandra Tovar, VC Health Care Agency o Discussion – the impact of partnerships	Stephanie Thornton, Director BluePath Health
10:00 am – 10:30 am	Setting CHNA Strategic Landscape O Wellness System – Laura Carmona O Ventura County Community Information Exchange – Ali Danch O Ventura County Homeless Solutions – Seleta Dobrosky O Discussion – identifying and adjusting priorities amid uncertainty	Daniel Wherley, Program Manager Communities Lifting Communities (CLC)
10:30 am – 10:50 am	Ventura County Health Priorities Landscape – Group Activity & Discussion O Uplifting convergence – Areas calling for VCCHIC alignment or auxiliary role O Identifying gaps/shortages – Opportunities for VCCHIC leadership	Daniel Wherley, Program Manager Communities Lifting Communities (CLC)
10:50 am – 11:00 am	General Business & Closing Remarks O Reminder about 4/21 Prioritization Session O CHNA timeline O Previewing Community Forums	Seleta Dobrosky
11:00 am	Adjourn	





CalAIM Local Successes



Client Success

Mr. V is a single father of three ages 14, 2 and 1. He was in and out living with a challenging family member and evidently became unhoused. The initial referral came through our OneStop center requesting a motel voucher/emergency shelter. Mr. V was placed at the Mission Bell Motel in 2021 along with his eldest son. The family experienced significant health barriers that prevented them to focus and prioritize housing. Through Motivational Interviewing the client was encourage to address his health needs and agreed to services from WPC-Enhanced Care Management (ECM).

- The ECM team submitted a referred to Community Supports, Housing Navigation in February of 2024.
- Mr. V has unmanaged health issue, and ECM began to assist him.
- Mr. V's 1 year old daughter has congenital/developmental disorder which requires frequent medical visits to UCLA children's hospital.
- She was referred to Public Health/California Children's Services (CCS) where she is also receiving support from a CCS/ECM case manager and a public health nurse.
- Child Protective Services supported Mr. V with family reunification and reunited him with his two other children.
- The family was matched through the project-based voucher program by the Continuum of Care.
- Health Services Agency provided the deposit assistance in the amount of \$750.
- A faith-based organization sponsored the furniture and kitchen supplies to make their unit a Home.

The family now lives in a 2-bedroom low-income unit. As a result of the housing stability, his youngest daughter will undergo the much-needed surgery that had been put off due to the housing instability. In addition, Mr. V became motivated to look for a stable job and care for his health with the help of his ECM Case Manager.



Client Success

In late 2024, Mrs. O fractured her pelvis and lost her job. Due to this hardship and the loss of income, Mrs. O and her three children were "at-risk of homelessness". They moved into her father's apartment but were unable to stay there since his unit was on a section 8 voucher.

- The ECM team submitted a referred to Community Supports, Housing Navigation in January 2025.
- The two eldest sons began working full-time jobs in addition to doing UBER part-time. All while being full-time collage students.
- Assistance was provided in completing an application to Ventura Springs Apartments.
- The family was very committed to their housing plan and were "document ready" within days.
- Given that all their paperwork was in order, (document ready) the property manager expedited their application after his review.
- They applied on 3/10/25 and were approved and ready to move in on 3/17/25

The family now lives in a 3-bedroom low-income unit. As a result of the housing stability, Mrs. O can continue to focus on her recovery and hopes to rejoin the workforce as soon as she is physically able to.



Client Success

In 2020 the main leaseholder for Mr. M's apartment passed away leaving him unhoused and forced to live in his car. During this time, he met his partner Mrs. A. The household experienced significant health barriers that prevented them to focus and prioritize housing. Through Motivational Interviewing the clients were encouraged to take a more active role in their housing plan. This included working closely with Mrs. A's ECM case manager for continued medical care support.

- The ECM team submitted a referred to Community Supports, Housing Navigation in April of 2024.
- Mr. M has chronic medical conditions and was struggling with SUD.
- Mrs. A has a physical disability which requires use of a wheelchair, she also was struggling with other health concerns. ECM began to assist her.
- Mr. M and Mrs. A became more consistent in maintaining their connection with their VCBH case manager.
- Assistance was provided in completing an application to Ventura Springs Apartments.
- United Way provided the deposit assistance in the amount of \$2,600.
- A faith-based organization sponsored the furniture and kitchen supplies to make their unit a Home.

The family now lives in a 1-bedroom low-income unit. As a result of the housing stability, Mr. M and Mrs. A continue to focus on their respective medical needs and other health concerns.





2025 Collaborative Aim Statement

By December 2025, the Collaborative will strengthen local implementation of CalAIM by creating a sustainable network of providers.

We will accomplish this through hosting quarterly peer learning sessions and at least 2 workforce development trainings.

Strengthen the capacity of providers to sustainably deliver CalAIM services

Build education and awareness of CalAIM among members, providers, and community partners to drive referrals Increase ECM & Community
Supports referrals and care
coordination among
providers

CalAIM Local Successes

Questions & Discussion

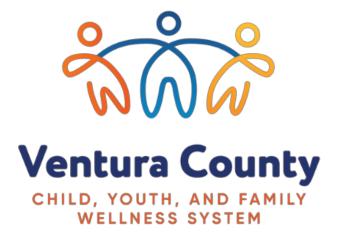




Setting the Strategic Landscape for the 2025 CHNA



A Wellness System is possible when we...





Increase access to services, supports, and wellness



Increase alignment of public systems and community



Strengthen protective factors and address SDOH



Decrease formal system involvement

and

The Vision

Ventura County is taking a leading role in the state to create a **Child, Youth, and Family Wellness System**. This means **every door is a "right door"** for a family to ask for the support they need—with no blame, shame, or fear—to keep their family strong and together.



The Family First Prevention Services Act (FFPSA)

A U.S. federal law enacted in **2018** aimed at prevention, family preservation, and improving outcomes for children and families in the child welfare system.

STATE

AB 2083 and Family First Prevention Services (FFPS)

AB 2083, passed in **2018**, requires each County to develop an interagency Memorandum of Understanding (MOU) in commitment to Child & Family Wellness. California's specific FFPS legislation (**2021**) allows Counties & Tribes to use Federal funds for prevention services and programs under the FFPSA.

STATE

Integrated Core Practice Model (ICPM)

Ventura County's MOU was first signed in 2018 and includes ICPM as a framework for systems and practice change.
Since 2022, ICPM Training has been rolled out in Ventura County for leadership and staff serving children & families.

COUNTY

Ventura County: Shared Vision and Governance

Since **2021**, an interconnected set of interagency teams to set the Wellness System vision, operationalize the vision, and champion expansion.



CHILD, YOUTH, AND FAMILY WELLNESS SYSTEM

COUNTY

Comprehensive Prevention Plan (CPP)

At the County level, the CPP approved in **2023**, is a detailed strategy to implement and manage preventive services aimed at keeping children safely with their families and out of foster care.

In Partnership

To achieve our vision, Ventura County public, community, and family partners have made an **unwavering commitment** to work together.

Ventura County Roadmap:

Where We Are Going

FOCUS: Full Continuum of Wellness

Sustainability Planning



Operationalization of Shared Data, Finances, and Community

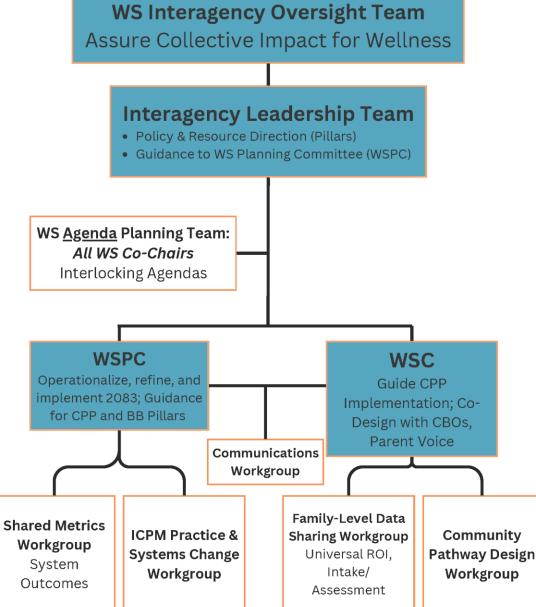






Roadmap for Alignment and Integration

Ventura County Wellness System Governance Structure WS Interagency Oversight Team Assure Collective Impact for Wellness

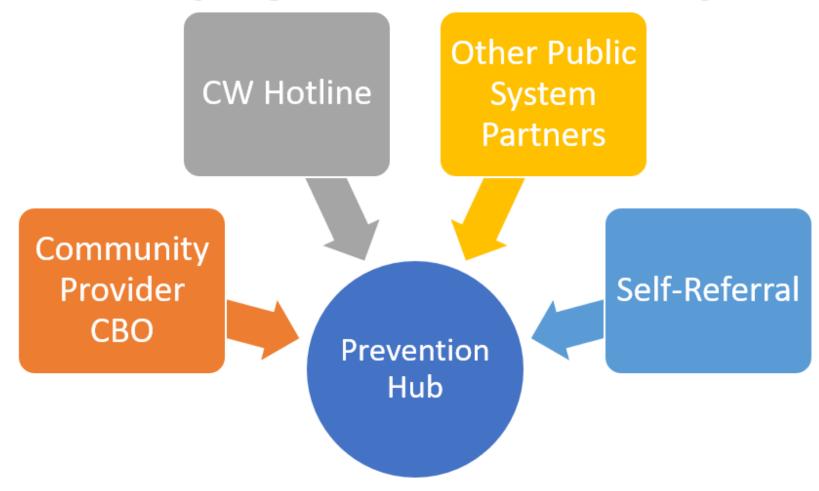




Ventura County Community Pathway

Every Right Door Points of Entry





Builds on Existing Infrastructure – e.g., Neighborhoods for Learning



VCCIE Update for VCCHIC

Ali Danch & Valerie Salazar April 17, 2025





Update Topics

VCCIE Overview Video

Community Partner Groups Round 1

Community Partner Groups Round 2

Institutional Partnerships



VCCIE OVERVIEW: HOW DOES IT WORK?





Community Partners



































REHABILITATION CENTER

Community Partner Groups - Funding Received

Caregiver Support

Housing and Support Services

Substance Use Services, Counseling, Support, and Treatment Management

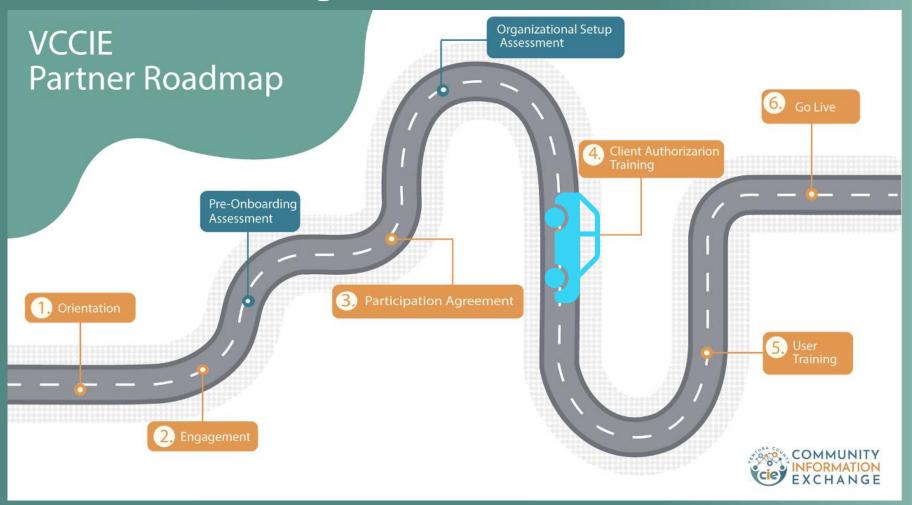
Veteran Services

Homeless Women & Children, Emergency Shelter, Treatment Services

Mental Health Wellness



CPG Onboarding





Community Partner Groups Round 2 Pre-Funding Announcement Released April 10

The Ventura County CIE Community Partner Group Round 2 Pre-Funding Opportunity



Pre-Funding Announcement Overview

The Ventura County Community Information Exchange (VCCIE), a Program of the Public Health Institute, is proud to offer this pre-funding announcement for organizations interested in securing financial support to participate in the VCCIE Round 2 of the Community Partner Groups. While the second round of funding is scheduled to be announced in July 2025, this pre-funding announcement is intended to prepare 501(c)(3) social service organizations in Ventura County to be eligible to apply for funding. The funding is designed to support onboarding to the VCCIE and is available for nonprofit social service organizations within Ventura County who have signed up to participate in the VCCIE. Funding is intended to cover costs associated with onboarding (including staff costs) and will not exceed \$20,000 per organization. Given that this funding is only available for organizations who have signed the VCCIE Participation Agreement, this pre-funding announcement is intended to support those organizations seeking to participate and become eligible for the funding.

Eligibility Requirements:

- Ventura-based 501(c)(3) social service organization
- Attend a 30 60 minute VCCIE Orientation (find a date and register below)
- Attend a 30 60 minute VCCIE Engagement meeting (invitation sent after completing Orientation)
- Submit a signed VCCIE Participation Agreement (provided after the Engagement meeting)



Institutional Partnerships Update

Partner Name	Participation Agreement Status	Use Case Defined	Integration Strategy
AAA	Single County PA for HCA and HSA	Defined and data elements identified	Establishing bi-weekly meeting to get integration established
Whole Person Care	Single County PA for HCA and HSA	Defined and data elements identified	Two-staged integration strategy developed- pending internal County development on order form
HMIS	Single County PA for HCA and HSA	High level concept developed - details not defined	Need to meet with HMIS legal prior to Wellsky meeting
VCBH	Single County PA for HCA and HSA	Meeting with GCHP, VCBH and Carelon being set	Unclear about integration strategy - required use case data not found in Smart Care integration
Hospital System	PA sent for review	Have a meeting set to explore ECM use case needs	Assumptions on EPIC baked into the integration strategy
Gold Coast Health Plan	Version 1 Signed Version 2 under review	Defined and data elements identified	Integration strategy defined
Wellness System	Single County PA for HCA and HSA	VCCIE as mechanism for Community Pathway Referrals	Waiting until pilot has launched; currently integrating



Thank you for your time!

For questions, please contact the VCCIE Team at communications@vccie.org



Katherine Johnson, MPA Director



Tarah Ranke, MPH Program Administrator



Valerie Salazar, MPPA Community Outreach Specialist



Phoenix Rohde-Eckley Technical Product Manager



Bianca Baron Junior Project Manager



Alison Danch, MSW/MPH Care Operations Manager



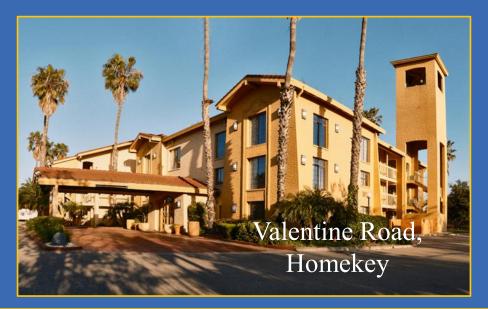
Ireri Caratachez Communications Coordinator



Jonathan Larki PMO Manager











VENTURA COUNTY COMMUNITY HEALTH IMPROVEMENT COLLABORATIVE April 17, 2025



Key Trends











1,442 people transitioned out of homelessness in 2024

Consistent
inflow of
people
accessing
services for the
first time

Increase in the number of vehicles in sensitive environmental areas

Limited access
to interim
sheltering beds
due to
extended
length of stay

Additional 131
permanent
housing
projects
moving in
tenants



2025 Homeless Point in Time Count Results

Key observations:

- Consistent methodology used for count
- Outreach workers and law enforcement reached hard to count areas over a 7-day period
- Continued progress in reducing unsheltered homelessness
- Reduction in the number of persons sheltered
 - Ramp down of Project Roomkey
 - Interim units changing to permanent housing





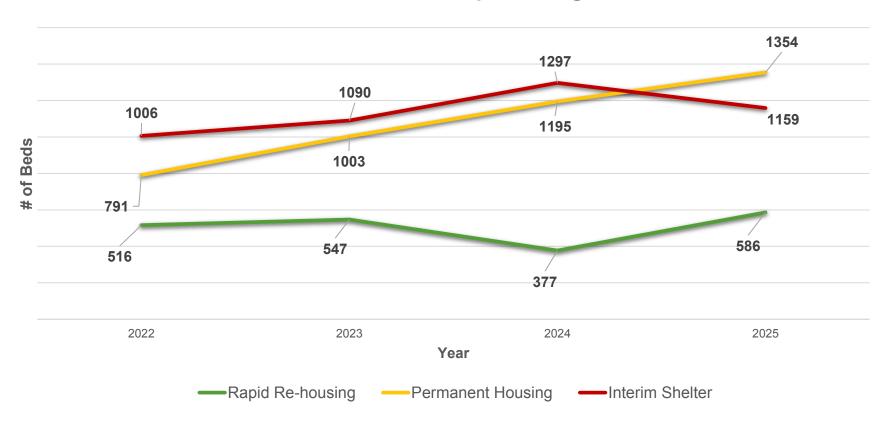


Housing Inventory Chart

As part of the Homeless Count, HUD requires a full inventory of all beds dedicated to persons experiencing homelessness.

The yellow line demonstrates the steady increase in permanent housing because of consistent investment.

Beds Dedicated to Persons Experiencing Homelessness





Action Area 1: Housing Prioritization & Funding

Action Area 2: Regional Coordination & Leadership

Action Area 3: Outreach & Service Delivery

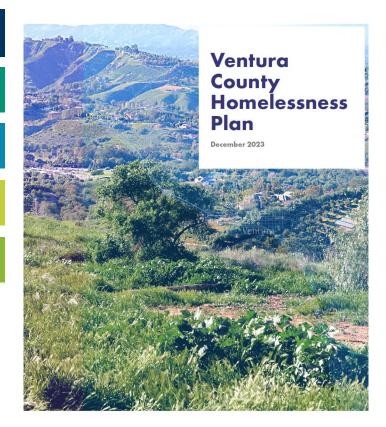
Action Area 4: Data-Driven Decision Making

Action Area 5: Representation & Inclusivity



Next Steps

- opportunities
 Implement outreach plan to ensure enhanced housing –focused case management to persons living unsheltered
- 3. Enhance efforts to address needs of elderly and domestic violence survivors living unsheltered
- 4. Coordinate Encampment Resolution efforts with cities to maximize collective impact of new funding









Action Area 1: Housing Prioritization & Funding

Key progress

- 15.6% reduction in the number of individuals experiencing homelessness as reported by the 2025 Point-in-Time Count compared to 2024 and an 18.5% reduction since 2023.
- \$2.5 million in CA grant funding for homelessness prevention contracted to Human Services Agency and United Way of Ventura County.
- Revised shelter costs share agreements including performance metrics tied to funding
- Investments in housing resources 131 permanent housing units added in 2024.



Action Area 2: Regional Coordination & Leadership

Key progress:

- Homelessness Solutions Director, Housing Solutions Director, Captain for VCSO Homeless Liaison Unit are in positions
- Homelessness Coordinating Committee and Task Force on Homelessness are meeting regularly
- Monitoring progress on four goals and corresponding objectives
 - Reduce Homelessness
 - Improve Safety for All Within the Community
 - 3. Relocation and Environmental Protection of Public Spaces and Natural Habitats
 - 4. Provide Improved Data Driven Decision Making



Captain Cameron Henderson Ventura County Sheriff's Office



Kimberlee Albers
Homelessness Solutions Director



Tracy McAulay
Housing Solutions Director



Action Area 3: Outreach & Service Delivery

Key Progress

- Health Care Agency Ambulatory Care has expanded the number of days per week and added a physician to engage unsheltered individuals with Backpack Medicine. Overall, HCA increased the number of homeless persons served by 6% (190 persons).
- Behavioral Health has implemented the Behavioral Health Bridge Housing program adding144 beds/units to the continuum of care.
- Ventura County Sheriff's Homeless Liaison Unit is fully staffed including a Captain position. In Year 1, they have made 960 contacts, assisted with noticing and/or removal of 334 encampments, participated in 56 outreach events and supported fire mitigation.



Setting the Strategic Landscape

Questions & Discussion





Aligning Priorities Activity & Discussion



Youth Health & Development

- First 5
- Office of Disability Access

Family / Caregiver Support

- CMH
- * CDR

AAA

* First 5

Setting the Strategic Landscape

Health / Fitness / Wellbeing

AAA

- * VC CEO
- VCPH / Partnership for Healthy VC

Partnerships / Community Engagement CMH

* CDR * Disability Access Office

First 5

* COC * VCPH

* VCBH

Workforce / Economic /
Community Development

First 5

- * Healthcare Workforce Collaborative
- VC CEO
- * Disability Access Office

Internal Process
Improvements & Staff
Development

- VC CEO
- CDR

- * HSA
- * VCBH

Equitable Access to Care & Services

- VC CEO
- COC * VC
- * Disability Access Office
 - * VCPH

* VCBH

Setting the Strategic Landscape

Housing & Homelessness

- VC CEO
- COC

* VCBH

Regional Coordination / Referrals / Data Sharing

- COC
- VCCIE

* VCBH

Nutrition Support

- VCPH / Partnership for Healthy VC
- AAA

Behavioral Health

VCBH

Setting the Strategic Landscape

Group Discussion

What are some strategic overlaps that the CHNA should align with or avoid?

What are some strategic gaps that the CHNA can help fill or lend support?





Upcoming Events & Next Steps



2025 CHNA Prioritization Session

Virtual meeting – Monday, April 21 from 9:00-11:30 a.m.

- Determines VCCHIC's strategic priorities for the next 3 years
- Features CHNA data analysis presentation + structured prioritization process
- Want broad, meaningful, manageable partner input
- ☐ To participate you must register via Zoom

https://hasc-org.zoom.us/meeting/register/P3QXV0RITPCC65S0SYx8IA

☐ Final day to register is this Friday, April 18

Together In the Room Where it Happens: Expanding Your Role in the 2025 CHNA/CHIS

- ☐ Join an upcoming CHNA Community Forum early-Summer 2025
- ☐ Participate in **VCCHIC CHIS meetings** to craft Community Health Implementation Strategy – Summer/Fall 2025
- ☐ Join CHIS partnerships/workgroups to build impact via collective implementation 2025/2026

2025 CHNA Community Forums

Primary Goals/Objectives:

- Inclusive (dual-language) conversation with CHNA participants regarding 2022 CHIS impact and 2025 CHNA findings
- 2) Increase local awareness of the 2025 CHNA report
- Create bridge & pivot from assessment (CHNA) to solution-making (CHIS) processes
- 4) Build capacity & pathways for broad, sustained VCCHIC partnerships



Want to Get More Involved? Let's Keep Connected!

For any VCCHIC or CHNA/CHIS-related questions, comments, or suggestions – please reach out to me

Daniel Wherley

Communities Lifting Communities

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DHCS CalAIM Implementation Data Update: Ventura County Highlights

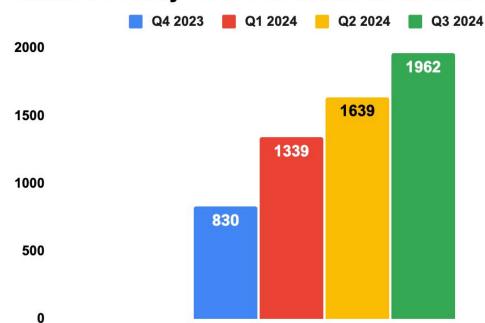
April 17, 2025





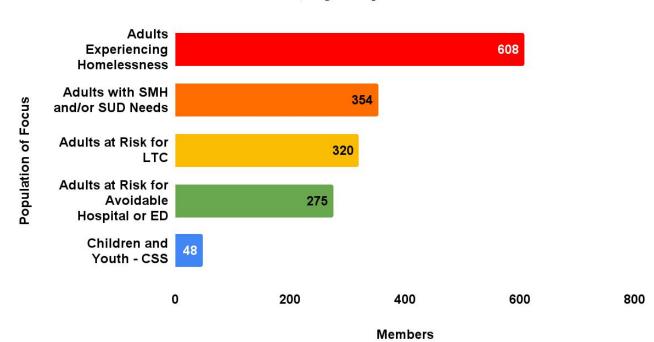
Ventura ECM Enrollment Increased by 19% from Quarter 2 to Quarter 3 2024

Ventura County Medi-Cal Members Receiving ECM



Enrollment in ECM, by Population of Focus, Q3 2024

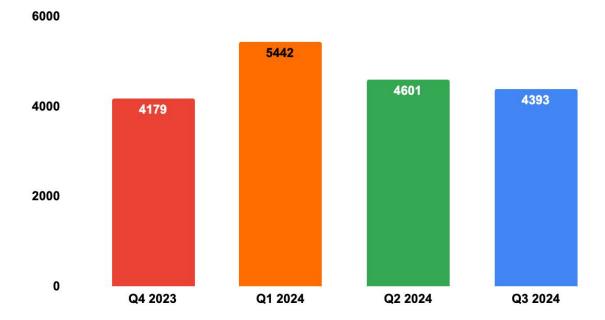
ECM Enrollment in Q3 2024, by Population of Focus



Note:
The graph
displays the 5
ECM Populations
of Focus with the
greatest
enrollment in
Ventura in Q3,
2024.
DHCS does not
report values less
than 11.

Ventura Community Supports Utilization Increased by 2024

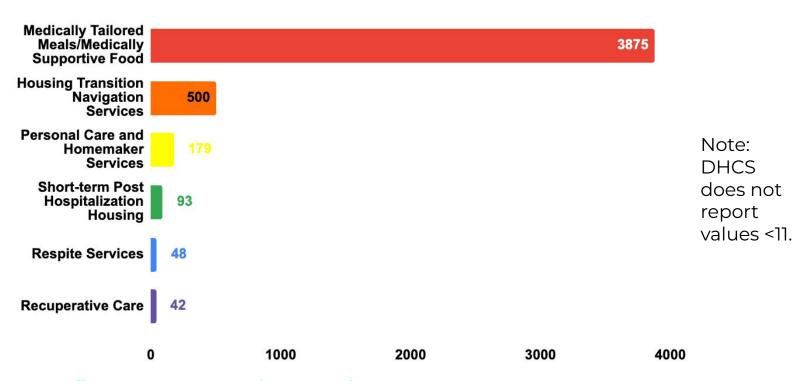
Ventura County Medi-Cal Members who Received Community Supports by Quarter



Data Source: https://storymaps.arcgis.com/collections/a07f998dfefa497fbd7613981e4f6117

Community Supports Utilization, Ventura County

Community Supports Utilization by Service, Q3 2024



Data Source: https://storymaps.arcgis.com/collections/a07f998dfefa497fbd7613981e4f6117