Scan to Check-In!

July 10 Regional Convening

VENTURA COUNTY
COMMUNITY HEALTH
IMPROVEMENT COLLABORATIVE

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VCCHIC Regional Convening

July 10, 2025

COMMUNITIES
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Today's Agenda

VENTURA COUNTY COMMUNITY HEALTH IMPROVEMENT COLLABORATIVE

9:00 am – 9:05 am	**Welcome**	**Seleta Dobrosky**, VCCHIC Chair Ventura County Public Health (VCPH)
9:05 am – 9:10 am	**Health Improvement Overview – VCCHIC's Approach to 2025 CHNA/CHIS**	**Daniel Wherley** Communities Lifting Communities (CLC)
9:10 am – 9:45 am	**Kickoff – 2025 Ventura County Community Health Implementation Strategy (CHIS)**	**Jane Chai** Conduent Healthy Communities Institute
9:45 am – 10:00 am	**Federal/State Policy & Budgeting Landscape – Local Impacts** ○ Discussion – how to best tailor a CHIS in this environment	**Alison Armstrong** Gold Coast Health Plan
10:00 am – 10:45 am	**2025 CHIS Priorities – Local Landscape 101** ○ Behavioral Health – **Courtney Lubell**, Ventura Co. Behavioral Health Department ○ Older Adults' Health – **Blair Barker**, Camarillo Health Care District ○ Women's Health – **Erin Slack**, Gold Coast Health Plan ○ Discussion – what's needed to equip for strategic goal-setting that advances equity, access, and caregiving?	**Daniel Wherley**
10:45 am – 10:55 am	**Advancing CACHI Principles via 2025 CHIS** ○ Building on the "Ventura model" ○ How this CHIS process & product can extend the CACHI principles & legacy ○ Discussion	**Ignatius Bau** California Accountable Communities for Health Initiative (CACHI)
10:55 am – 11:00 am	**Call to Action & Closing Remarks** ○ Sign on for CHIS planning group ○ Invitation to bring partners to this table	**Seleta Dobrosky**
11:00 am	**Adjourn & Connect**	

VENTURA COUNTY
COMMUNITY HEALTH
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2025 CHNA/CHIS Vision & Approach

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Aligning Values and Impact: 2025 CHNA & CHIS Process

- Embody and advance VCCHIC process values such as inclusion, shared decision-making, and collective action
- Utilize community expertise and data to elevate local challenges, opportunities, priorities, equity targets, and meaningful interventions

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Aligning Values and Impact: 2025 CHNA & CHIS Process

- Meets the moment – flexible enough to address dynamic challenges facing residents
- Tangible, measurable impact – emphasis on streamlined objectives with feasible goals
- Planning as the first step – emphasis on sustained implementation & accountability
- Transformational – in terms of process, results, and partnership-building

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2025 CHIS Kickoff

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Ventura County Community Health Improvement Collaborative

July 10, 2025 Convening

Conduent Healthy Communities Institute (HCI)

Jane Chai, MPH

Community Health Subject Matter Expert

Dari Goldman, MPH

Senior Public Health Project Specialist

90M+

Impacting over ninety million lives

17

Years of experience

90+

Community platforms

400

Community health assessments and plans completed

CHNA Prioritization Process Review

Data Synthesis Overview

Significant health needs based on primary and secondary data

Community Survey
6,681 survey responses

Selected by 20% of respondents as a priority health issue

Health and Quality of Life Indicators
328 indicators reviewed and analyzed

Health topic scores of 1.45 of higher

Focus Groups & Listening Sessions
10 FG populations and 6 LS service/population areas

Frequently discussed in community member focus groups and partner listening sessions

Life Expectancy Analysis
Leading causes of death and life expectancy

Leading causes of premature death

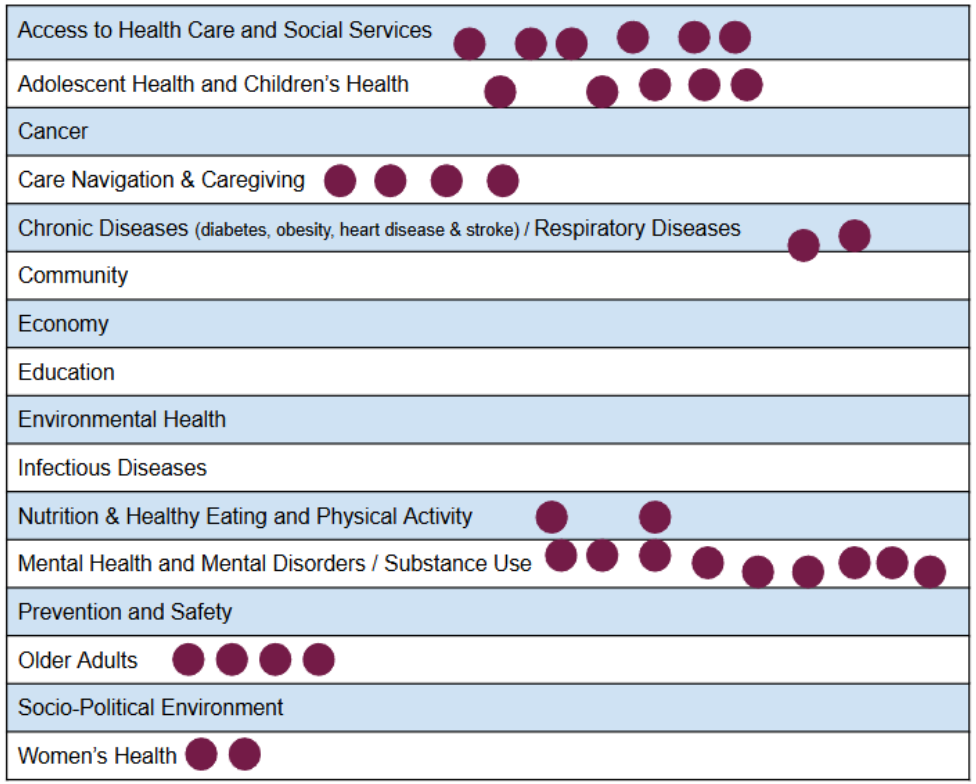
CHNA Data Review and Prioritization Session – April 21

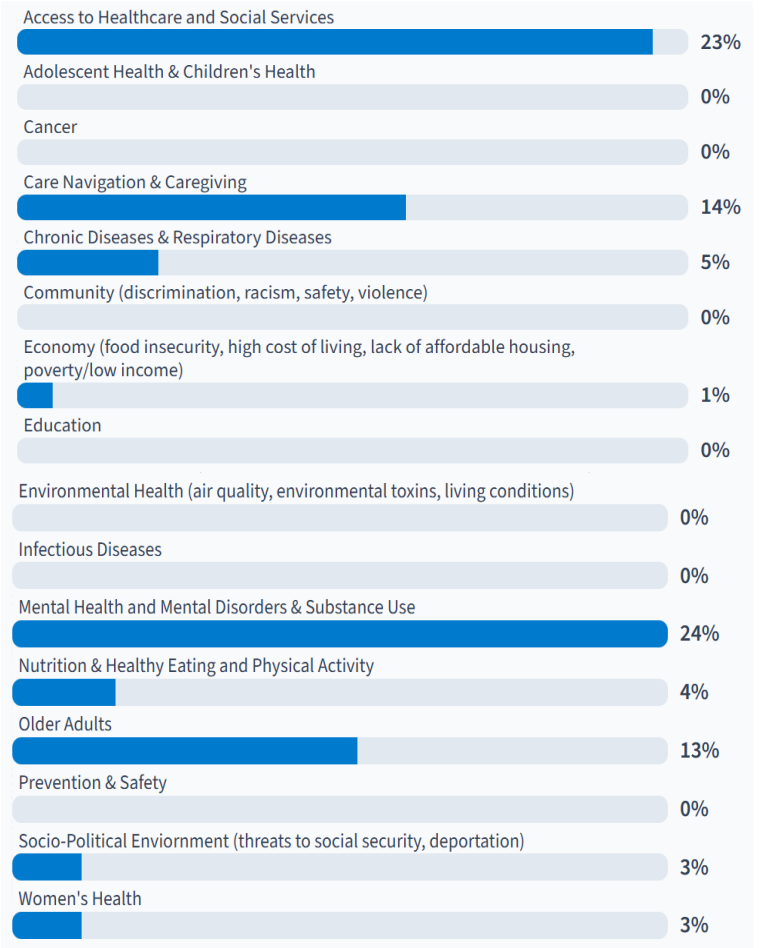
Step 1: Consolidation
"Are any priorities missing? Should any of these topics be together?"

Step 2: Small Group Vote (top 3)
"Which 3 priority areas is VCCHIC uniquely positioned to address in the next 3 years?"

Step 3: Individual Vote (top 3)
"Considering the scope, severity, and ability to impact the topic, what are top 3 priority areas for VCCHIC to work on together in the next 3 years?"

Adjusted Topic Areas
Access to Healthcare and Social Services
Adolescent Health & Children's Health
Cancer
Care Navigation & Caregiving
Chronic Diseases & Respiratory Diseases (diabetes, obesity, heart disease & stroke)
Community
Economy
Education
Environmental Health
Infectious Diseases
Mental Health and Mental Disorders & Substance Use
Nutrition & Healthy Eating and Physical Activity
Older Adults
Prevention & Safety
Socio-Political Environment
Women's Health





Considerations for Priority Areas

Discussed between Data Synthesis and Prioritization Session and final voting

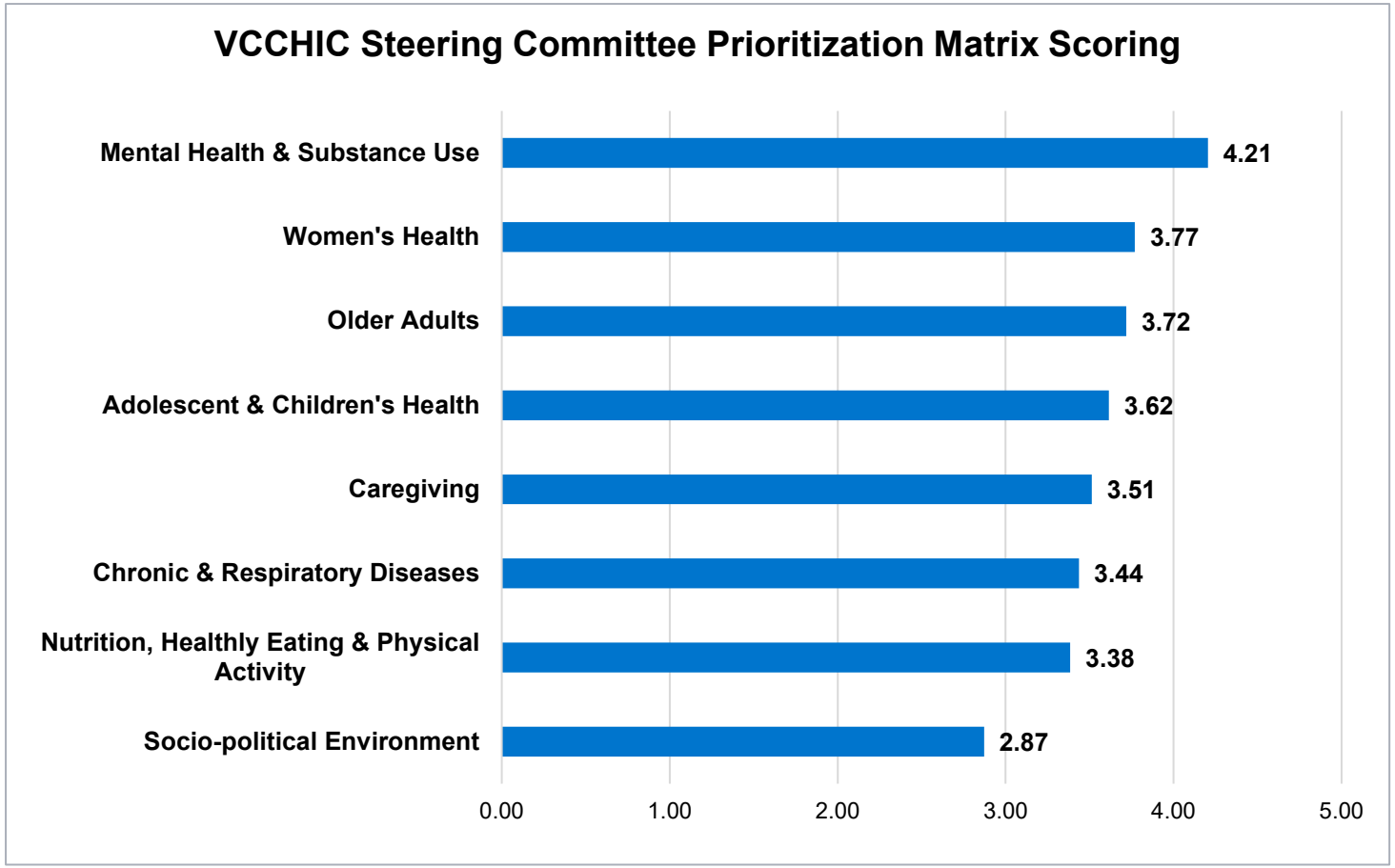
- Access to Health Care Services
- Care Navigation
- Health Equity

Step 4: Prioritization Matrix

VCCHIC Steering Committee rated each topic area and criterion on 1-5 scale.

Criteria

1. **Scope**: How many people or communities are or will be impacted?
2. **Severity:** How concerning is this issue? How does this issue impact health and quality of life?
3. **Ability to Impact:** Can actionable and measurable goals be defined to address the health need? Are the goals achievable in a reasonable timeframe with the resources available to us?



Priority Areas Overview

CHIS Priority Areas

Behavioral Health

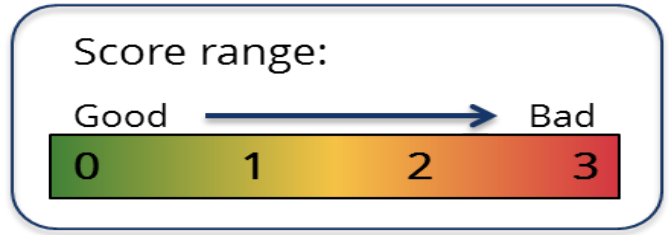
Older Adults' Health

Women's Health

Ventura County Data Scoring Results

	Health Topic	2025 Score	2022 Score
	Women's Health	1.74	1.41
	Older Adults	1.71	1.59
3	Alcohol & Drug Use	1.70	1.71
	Adolescent Health	1.56	1.55*
	Other Conditions*	1.50	1.48
	Cancer	1.48	1.33
7	Mental Health & Mental Disorders	1.48	1.26
	Heart Disease & Stroke	1.44	1.45
	Wellness & Lifestyle	1.38	1.20
	Prevention & Safety	1.35	1.68
	Diabetes	1.34	1.23
	Weight Status	1.34	1.48
	Children's Health	1.33	1.32
	Health Care Access & Quality	1.31	1.43
	Physical Activity	1.30	1.46
	Nutrition & Healthy Eating	1.25	1.52
	Mortality Data	1.24	1.35
	Maternal, Fetal & Infant Health	1.17	1.09
	Sexually Transmitted Infections	1.16	1.22
	Immunizations & Infectious Diseases	1.13	1.16
	Tobacco Use	0.98	1.36
	Respiratory Diseases	0.97	1.11
	Oral Health	0.96	1.12
	Health Information Technology	0.82	N/A

Quality of Life Topic	2025 Score	2022 Score
Education	1.57	1.21
Community	1.30	1.24
Economy	1.29	0.96
Environmental Health	1.28	1.31



Reviewed “Indicators of Concern” with scores of **1.45** or higher.

Scores range from 0 (Good) to 3 (Worse) based on comparisons to state and national values, trends over time, and HP2030 (when applicable).

*Other conditions include osteoporosis, chronic kid disease, arthritis, dehydration, urinary tract infections.

Conduent HCI Data Scoring Tool Results for Ventura County, March 28, 2025

Behavioral Health: Alcohol and Drug Use

	VALUE	COMPARED TO:						
Age-Adjusted ED Visit Rate due to All Drug Overdose	136.4 Rate per 100,000 residents (2023)	CA Counties	CA Value (143.8)	Prior Value (163.3)	Trend			
Age-Adjusted ED Visit Rate due to Opioid Overdose (excluding Heroin)	63.0 Rate per 100,000 residents (2023)	CA Counties	CA Value (58.7)	Prior Value (73.3)	Trend			
Age-Adjusted Hospitalization Rate due to Adolescent Alcohol Use	4.6 Hospitalizations per 10,000 population aged 10-17 (2020-2022)	CA Counties	CA Value (2.9)	Prior Value (3.2)	Trend			
Age-Adjusted Hospitalization Rate due to Adult Alcohol Use	16.9 Hospitalizations per 10,000 population 18+ years (2020-2022)	CA Counties	CA Value (14.9)	Prior Value (16.1)	Trend			
Alcohol-Impaired Driving Deaths	38.7% Percent of driving deaths with alcohol involvement (2017-2021)	CA Counties	U.S. Counties	CA Value (26.7%)	US Value (26.3%)	Prior Value (38.9%)	Trend	
Liquor Store Density	15.8 Stores per 100,000 population (2022)	CA Counties	U.S. Counties	CA Value (11.2)	US Value (10.9)	Prior Value (14.9)	Trend	

Available on www.healthmattersinvc.org

Behavioral Health: Mental Health

	VALUE	COMPARED TO:			
Adults Needing and Receiving Behavioral Health Care Services	51.8% (2022-2023)	CA Counties	CA Value (57.7%)	Prior Value (57.1%)	Trend
Adults Needing Help With Mental, Emotional or Substance Abuse Problems	26.0% (2023)	CA Counties	CA Value (24.7%)	Prior Value (23.0%)	Trend
Adults with Likely Serious Psychological Distress	15.2% (2021-2023)	CA Counties	CA Value (15.1%)	Prior Value (16.4%)	Trend
Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury	82.1 ER visits per 10,000 population aged 10-17 (2020-2022)	CA Counties	CA Value (69.6)	Prior Value (78.7)	Trend
Alzheimer's Disease or Dementia: Medicare Population	6.0% (2023)	CA Counties	U.S. Counties	CA Value (5.0%)	US Value (6.0%)
Depression: Medicare Population	17.0% (2023)	CA Counties	U.S. Counties	CA Value (14.0%)	US Value (17.0%)

Available on www.healthmattersinvc.org

Behavioral Health

Community Input

- **Four in 10** community survey respondents who needed mental health care services did not get them. The most common reported reasons for not getting needed mental health care were not being able to find accessible providers, cost, and respondents didn't know where to go.
- **More than 4 in 10** community survey respondents who needed substance use services did not get them.
- **Drug and alcohol use** was indicated as the riskiest behavior in the community by survey respondents.
- **Community partners** emphasized the need for accessible and culturally competent mental health services.
- **In community member focus groups**, mental health was highlighted as a critical component of overall well-being, with the lack of access to mental health resources being a significant concern.

> *People in general don't wanna get tagged having mental health issues 'cause no matter how society's trying to make it, there is a stigma…And then being in the military, Lord knows you never want anyone to say you got a mental health problem.* – ***Veterans Focus Group***

> *I think right now in our political climate there is a lot of suicidal ideations with young folks…there is increased hostility and rejection…from family relationships in addition to friendships, but just this feeling of hopelessness.* – ***Mental and Behavioral Health Listening Session***

Ventura County Data Scoring Results

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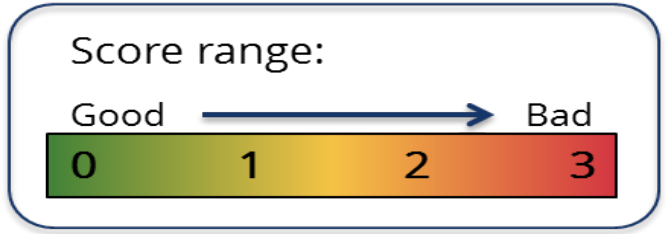

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Conduent HCI Data Scoring Tool Results for Ventura County, March 28, 2025

Older Adults

	VALUE	COMPARED TO:				
		CA Counties	U.S. Counties	CA Value	US Value	Prior Value
Asthma: Medicare Population	8.0% (2023)			(7.0%)	(7.0%)	(8.0%)
Cancer: Medicare Population	13.0% (2023)			(12.0%)	(12.0%)	(13.0%)
Depression: Medicare Population	17.0% (2023)			(14.0%)	(17.0%)	(16.0%)
Osteoporosis: Medicare Population	16.0% (2023)			(13.0%)	(12.0%)	(15.0%)
Prostate Cancer Incidence Rate	121.1 Cases per 100,000 males (2017-2021)			(98.6)	(113.2)	(115.4)
Stroke: Medicare Population	7.0% (2023)			(5.0%)	(6.0%)	(6.0%)

Available on www.healthmattersinvc.org

Older Adults' Health

Community Input

- **Top reason for discrimination was age** according to community survey respondents.
- **Focus group participants** expressed concern for older adults, especially those with limited income, who may be isolated or have difficulty accessing the services they need.
- **Community partners** expressed concerns for older adult and disabled populations, especially those that are homebound, who were noted as particularly vulnerable.
- **Community partners** identified a shortage of mental health practitioners and services for the older adult population, emphasizing the need for more providers with expertise in geriatric care.

> *I think about seniors and elderly who don't have the resources or even transportation to get this kind of information.*
> ***– Black and African American Focus Group***

> *Transportation [to access health care] needs to be door to door…we [also] need people that would be willing to go into the home…it's so expensive to provide caregivers…[and] people want to age in place. –* ***Older Adults' Health Listening Session***

Ventura County Data Scoring Results

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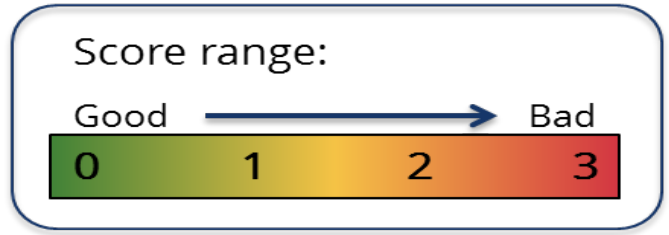

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Conduent HCI Data Scoring Tool Results for Ventura County, March 28, 2025

Women's Health

	VALUE	COMPARED TO:					
Age-Adjusted Death Rate due to Breast Cancer	20.2 Deaths per 100,000 females (2020-2022)	CA Counties	CA Value (17.6)	US Value (19.3 in 2018-2022)	Prior Value (19.8)	Trend	HP 2030 Target (15.3)
Breast Cancer Incidence Rate	139.0 Cases per 100,000 females (2017-2021)	CA Counties	U.S. Counties	CA Value (124.0)	US Value (129.8)	Prior Value (130.7)	Trend
Cervical Cancer Incidence Rate	7.5 Cases per 100,000 females (2017-2021)	CA Counties	U.S. Counties	CA Value (7.3)	US Value (7.5)	Prior Value (7.6)	Trend
Cervical Cancer Screening: 21-65	82.2% (2020)	CA Counties	U.S. Counties	US Value (82.8%)			
Mammogram in Past 2 Years: 50-74	75.2% (2022)	CA Counties	U.S. Counties	US Value (76.5%)	HP 2030 Target (80.3%)		

Available on www.healthmattersinvc.org

Women's Health

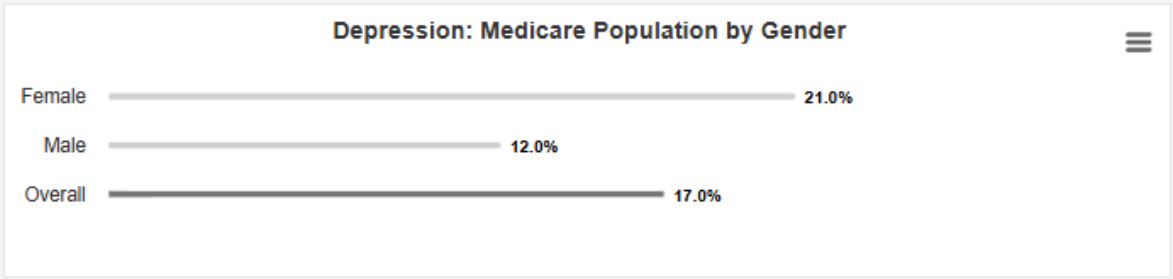
Depression: Medicare Population

17.0%
(2023)

Compared to:

CA Counties	U.S. Counties	CA Value	US Value
		(14.0%)	(17.0%)

Prior Value
(16.0%)

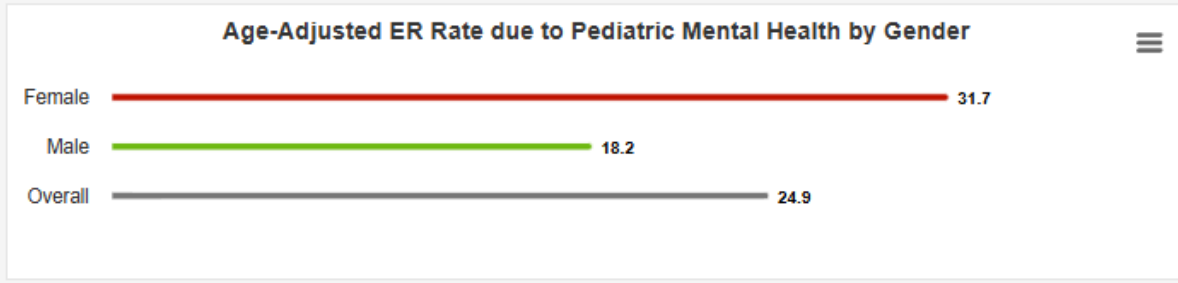


Age-Adjusted ER Rate due to Pediatric Mental Health

24.9
ER visits per 10,000 population under 18 years
(2020-2022)

Compared to:

CA Counties	CA Value	Prior Value	Trend
	(27.9)	(25.4)	



Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury

82.1
ER visits per 10,000 population aged 10-17
(2020-2022)

Compared to:

CA Counties	CA Value	Prior Value	Trend
	(69.6)	(78.7)	

Available on www.healthmattersinvc.org

Women's Health

Community Input

- **Almost 1 in 5 (19.1%)** female community survey respondents who needed health care services did not get them. This is higher than compared to men (17.4%), but lower than those identifying as transgender or non-binary (31.7%).
- **2nd top reason for discrimination was gender** according to community survey respondents.
- **Focus group participants** noted that young people, including those who identify as female, often feel uncomfortable, ashamed, and scared about the changes they are experiencing during puberty due to the lack of education.
- **Community partners** highlighted housing insecurity and mental health as top health needs, with a focus on the impact of housing costs, availability, and the specific mental health challenges faced by pregnant women and children.

> *Lack of sexual health education leads to people ignoring a lot of things. It leads to poor health outcomes in the long run. It contributes to teen pregnancy. I mean, there's just so many health disparities that it ends up contributing to overall. And if we just had some basic education. It would really take us further in being healthy and taking care of ourselves. –* ***LGBTQIA+ Focus Group***

CHIS Process Overview

CHIS Process Overview and Timeline

Planning
June-July 2025

- Review CHNA Prioritized Needs
- Review 2022 CHIS
- Review 2022 CHNA Impact Evaluation
- Kick-Off

CHIS Plan Development
July-September 2025

- HCI to facilitate 3 sessions per priority area to identify strategies and develop implementation plans

Report Finalization
September-October 2025

- Steering Committee reviews content and provides feedback (1.5 weeks)
- HCI to review comments (5 days)
- HCI sends final document for design (1 week)
- Report finalization

CHIS Priority Area Workgroup Sessions

Session #1:
CHNA Insights and Strategic Context

2 hours
Share findings from CHNA relevant to each priority area

Group discussion about:
- Community-level indicators
- Goals
- Current activities
- Challenges and common causes
- Potential actions

→

Session #2:
Strategy Development

90 minutes
Group consensus workshop to identify 2 broad strategies for each priority area

→

Session #3:
Implementation Planning

2 hours
Discuss current activities

Develop implementation plan:
- Objectives
- Measurements
- Activities
- Resources and collaborators

Session #1

Example agenda

Estimated Time	Agenda Item
15 minutes	Introductions and overview of process
30 minutes	CHNA findings for priority area and community indicators discussion
15 minutes	Goals: What changes do we want to see in the next 3 years?
Break (5 minutes)	
30 minutes	Current context: • What are existing programs, activities, and resources? • What are current challenges that may be blocking us from our goals?
10 minutes	Strategy Development preparation: • What are actions we can commit to in the next three years to move towards our goals?
10 minutes	Closing and next steps

Session #2: Strategy development

Example consensus workshop

Strategies to: Increase the proportion of community members who can easily access quality health care services that meet their holistic needs, especially individuals and communities who are experiencing barriers caused by structural inequities.

Programs and Services

Expand successful programs that promote community focused efforts

- Invest in more preventive care (e.g., increasing the budget of field and street medicine to allow for more visits more often)*
- Pacific Islander focused care navigators and healthcare providers*
- Increase the provision of mobile services that go to the people in need
- More financial support for dental services
- Continued expansion of evidence-based community supports (promotoras, home visitors, navigators)
- Expand evidence-based home visiting programs for pregnant people and young children
- Supporting programs that are working well
- Secure insurance for all people - incarcerated, previously incarcerated, seniors, children, disabled

Coordination

Enhance coordination of access to health care services across County and community programs

- Master menu of what services and resources are available with helpful information and "grading system" that can be shared with the community*
- Serve as a coordinator to bring together health care providers (Kaiser, Stanford, HPSM, etc.) to understand their constraints and encourage more collaborative care provision*
- Introduce new people / staff have an open forum

CHIP Planning

Establish a thoughtful community-driven multisector body to support the CHIP's progress

- Develop a plan, with actionable measurable impactful milestones for impact the health of our community
- Bringing in more of the health team (providers)
- Include more staff from each department
- Continue to have honest / open conversations
- Bring in others within each of the core agencies to represent

Policy

Advocate for policy solutions that mitigate underlying systems of health inequities

- Invite policy makers and connect them to those on the ground
- Raise the issue and solutions and policy makers (BOS, Housing Systems, and Others) on what needs to get done and the funds it will take to solve these needs
- Policy changes starting in schools / younger crowd
- Revise and create more localized income guidelines to ensure all San Mateo residents have access to quality health care*
- Advocate for better transportation at a local and state level (SDOH)
- Use data to solve problems
-

Staffing and Workforce

Support and advocate for investments to address workforce development and retention

- Lift hiring freeze at San Mateo Medical Center primary care*
- Investment in the future (ex: financial, technology, resources, time)*
- Specific incentives to draw needed providers to San Mateo County (mental health, nurses, dental hygienists)*
- Build stronger relationships with vocational programs and community colleges to address staff shortages
- Create/plan for residency pathway at San Mateo Medical Center community collaborative
- Promote recent workforce development grants-funded programs for healthcare workers and caregivers to expand the pool of staff
- Significant new investments in increasing culturally / linguistically competent workforce for health

Consider living wage

*Indicates participants' "favorite ideas"

Session #3

Example Implementation Framework

CHNA Priority Area: Older Adult Health					
Overarching Goal:					
Community-Level Indicators to track long-term outcomes:					
Strategy 1:					
Objective 1:					
Measures:					
Activities	**Measures**	**Collaborators**	**Year 1**	**Year 2**	**Year 3**
Strategy 2:					
Objective 2:					
Measures:					
Activities	**Measures**	**Collaborators**	**Year 1**	**Year 2**	**Year 3**

Example Calendar – Dates are approximate

JULY

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

AUGUST

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

SEPTEMBER

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

OCTOBER

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Kickoff

Implementation Plan Development

- Older Adult Health workgroup sessions
- Women's Health workgroup sessions
- Behavioral Health workgroup sessions

Report Development

- 9/29 Draft report for Steering Committee (SC) review
- 10/10 Consolidated SC feedback sent to HCI
- 10/31 Finalize report

Next steps

- Identify 10-15 members for each priority area workgroup
- Schedule 3 planning meetings per priority area workgroup about

  2 weeks apart

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External Policy & Budget Landscape: Local Health Impacts

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Federal & State Policy and Budget Landscape

Thursday, July 10, 2025

Alison Armstrong
Manager, Government Relations

Integrity
Accountability
Collaboration
Trust
Respect

2025-26 Final Budget Overview

The final 2025-26 state budget was signed into law by Governor Newsom on June 30, 2025

The budget includes $321.1B total ($228.4B GF) and $15.7B in reserves, with $11.2B from the Rainy Day Fund and $4.5B from the regular reserve

Addresses a $12B deficit through a combination of spending reductions, borrowing, and reserves

Note: Although Governor Newsom has signed the budget, the final budget summary and details have not been released yet

State Budget Update

- Restores the Medi-Cal Asset Limit at $130,000 and $65,000 for each additional household member
- Modifies the Governor's Medi-Cal enrollment freeze proposal for UIS 19 years of age and older beginning January 1, 2026, and adds a six-month re-enrollment grace period
- Modifies the Governor's proposal to establish Medi-Cal premiums for UIS by lowering the Governor's proposal from $100 per month to $30 per month beginning July 1, 2027
- Approves the Governor's proposal to increase General Fund offsets from the MCO Tax implemented by Proposition 35
- Rejects the Governor's proposal to eliminate $172M Proposition 56 supplemental payments for family planning, and women's health services
- Rejects the Governor's proposal to eliminate long-term care and in-home supportive-services for adults with unsatisfactory immigration status
- Rejects the Governor's proposal to increase the Medi-Cal MLR for MCPs
- Delays the Governor's proposal to cut $1.1B ongoing from Health Centers and Rural Health Clinics until July 1, 2026
- Delays the Governor's proposal to eliminate dental benefits from UIS populations until July 1, 2026

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Federal Budget Update

H.R. 1 “One Big Beautiful Bill Act” passed and signed into law

Majority of impacts begin in 2026 and beyond

First H.R. 1 related APL released APL 25-011 “Federal Payments to Prohibited Entities” –*subsequent court injunction*

Future regulatory guidance will be issued to detail implementation requirements

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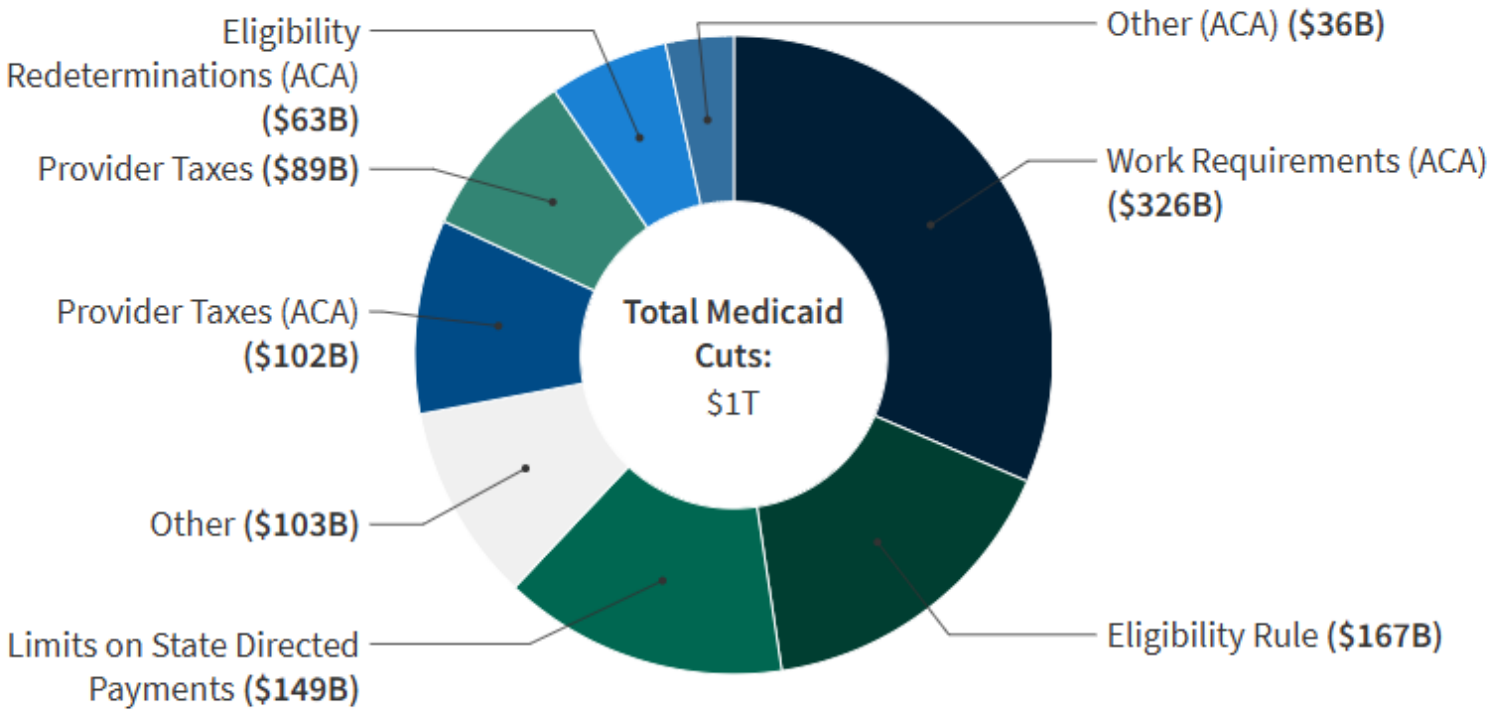
Key Provisions

Enacting work requirements:	Requires states to condition Medicaid eligibility for individuals ages 19-64 on working or participating in qualifying activities for at least 80 hours per month by December 31, 2026. Exempts certain adults including parents with children ages 13 and under and those who are medically frail.
Increased eligibility verifications:	Requires states to conduct eligibility verifications every 6 months by December 31, 2026.
Modifies retroactive coverage during presumptive eligibility:	Modifies the retroactive eligibility policy to differentially apply to the expansion population and non-expansion population. Retroactive coverage would be limited to one month for the expansion population but provided for two months for non-expansion beneficiaries. It would be effective for applications made on or after the first day of the first quarter that begins after December 31, 2026.
Repealing or delaying Medicaid regulations passed during the Biden Administration:	The OBBB places a moratorium on the implementation the implementation of the September 2023 eligibility final rule , and March 2024 eligibility final rule from date of enactment through September 30, 2034. Additionally, during that period similarly prohibits the implementation, administration and/or enforcement of the eligibility regulations.
Limits on state provider taxes:	For expansion states only, it would gradually lower the 6% hold harmless threshold by 0.5% per year, starting in FY 2028, until the threshold is 3.5% in FY 2032. In expansion states, the reduction in the hold harmless threshold would not apply to provider taxes on nursing facilities or intermediate care facilities.
Limits on State Directed Payments (SDP):	Requires those with existing SDPs or pending SDP applications to be reduced by 10% annually until they reach the applicable payment limit. SDPs that received approval before May 1, 2025, or payments for rural hospitals by date of enactment, for the rating period occurring within 180 days of the bill's enactment date, would be required to comply with this new policy. The 10% annual reduction would begin in for the rating period beginning on or after January 1, 2028.
Cost-sharing for expansion population:	Requires states to enact cost sharing beginning October 1, 2028 for expansion individuals with incomes greater than 100% of federal poverty level (FPL). Cost-sharing levels would be left to the discretion of the states but would be capped at $35 per service; certain services are exempt from cost-sharing.

Estimated Impacts of H.R. Cuts

CBO Estimates of Federal Medicaid Cuts in the Senate Reconciliation Bill

CBO's estimated 10-year federal spending cuts, by policy



Note: See Methods in "Allocating CBO's Estimates of Federal Medicaid Spending Reductions Across the States: Senate Reconciliation Bill" for more details.

Source: KFF analysis of CBO estimates of the Senate Reconciliation Bill • Get the data • Download PNG

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In California, a decrease of $123B - $205B is expected; *a decrease of approximately 19% of federal spending over 10 years*.

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Preliminary Impact Estimates

States with Deepest Estimated Relative Reductions in Federal Medicaid and SNAP Funding, 2029

Medicaid			SNAP		
	Funding loss ($ millions)	Relative reduction		Funding loss ($ millions)	Relative reduction
U.S. total	**–$95,669**	**–13.3%**	**U.S. total**	**–$35,409**	**–35.6%**
Arizona	–$3,931	–21.1%	New Mexico	–$479	–43.9%
Washington	–$2,675	–17.4%	West Virginia	–$262	–43.6%
Montana	–$367	–17.3%	Georgia	–$1,492	–43.0%
New York	–$11,333	–17.1%	Delaware	–$112	–41.6%
North Carolina	–$3,807	–16.1%	New Jersey	–$846	–41.4%
Illinois	–$3,648	–16.1%	Mississippi	–$367	–41.1%
Connecticut	–$1,170	–15.7%	Indiana	–$603	–39.6%
California	–$16,615	–15.3%	Michigan	–$1,288	–39.6%
New Mexico	–$1,419	–15.2%	Oklahoma	–$628	–39.3%
Hawaii	–$360	–14.8%	Missouri	–$630	–39.3%

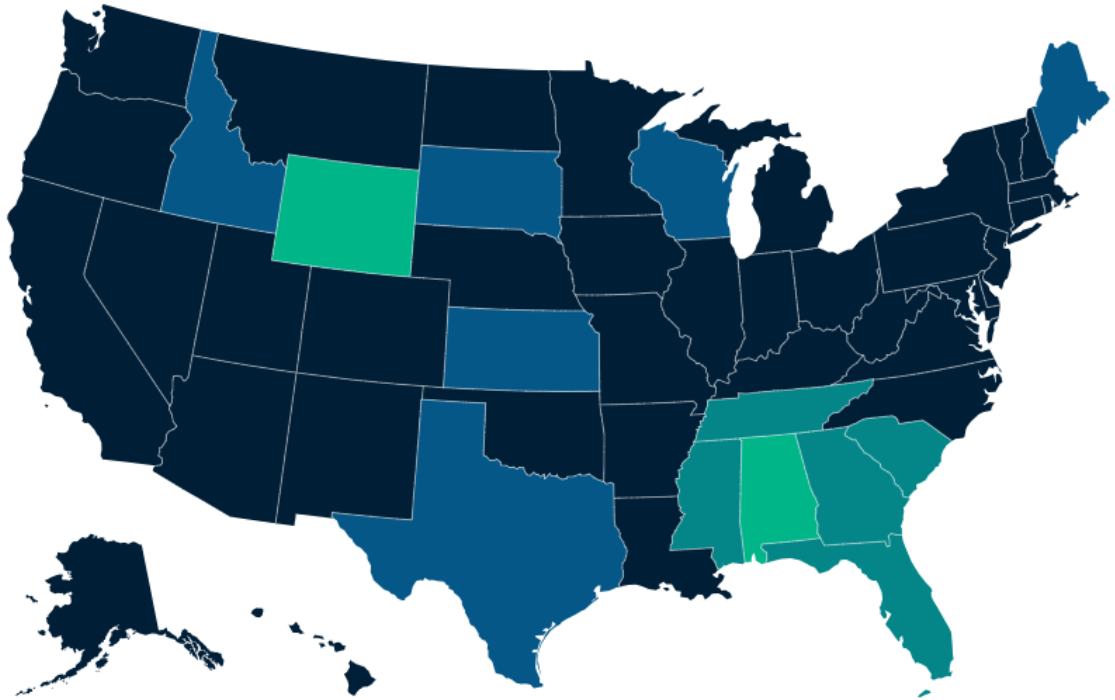
Data: George Washington University analysis. The relative reduction is the estimated cut in federal funding for a state as a percentage of the estimated state baseline benefit funding.

Source: Leighton Ku et al., *How Medicaid and SNAP Cutbacks in the "One Big Beautiful Bill" Would Trigger Big and Bigger Job Losses Across States* (Commonwealth Fund, June 2025). https://doi.org/10.26099/tryd-ht51

Federal Medicaid Cuts in the Senate Reconciliation Bill, By State

As a % of 10-year baseline federal spending (2025-2034)

< 7% | 7%–10% | 10%–13% | ≥ 13%



Note: $1 trillion in federal Medicaid spending cuts is allocated across states. See Methods in "Allocating CBO's Estimates of Federal Medicaid Spending Reductions Across the States: Senate Reconciliation Bill" for more details.

Source: KFF analysis of CBO estimates of the Senate Reconciliation Bill • Get the data • Download PNG

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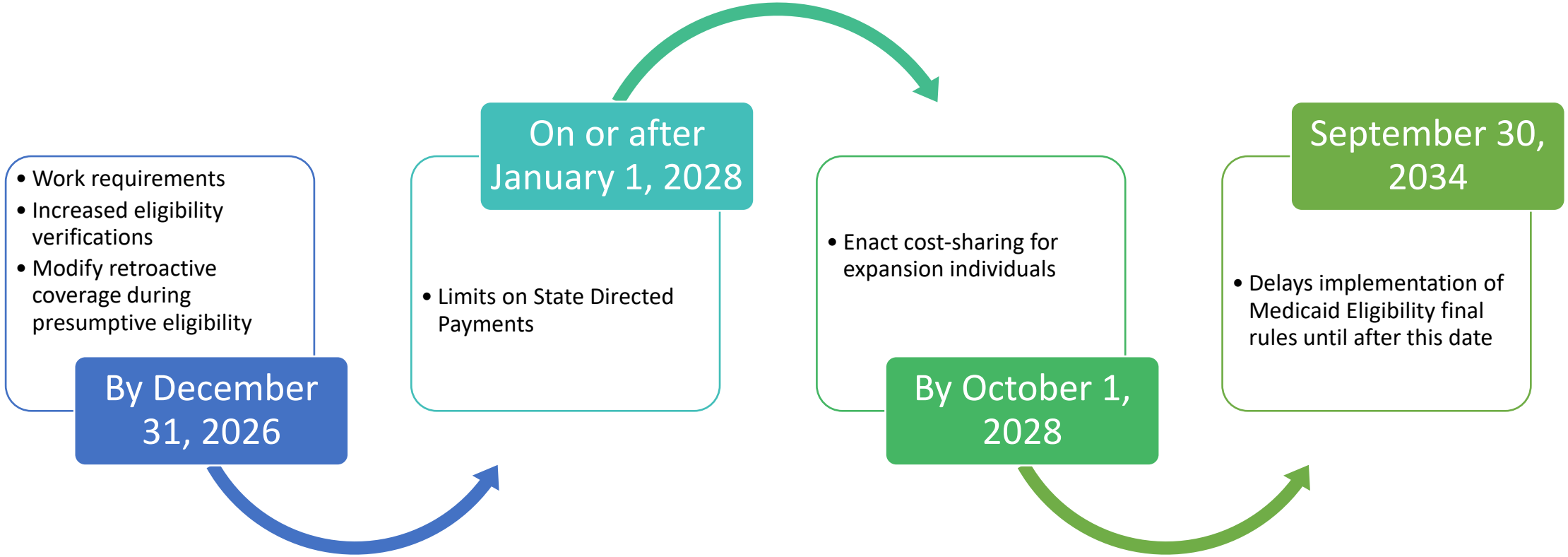
Medicaid Provisions: Effective Dates



Implementation

Federal and State regulatory guidance will be issued with further detail on implementation of requirements (examples below)

- Work Requirements – documentation development, communication and verification process, coordination between State and County agencies and Managed Care Plans
- Eligibility Verification – details on process of increased eligibility verifications forthcoming.
- Cost sharing for expansion population – details on how the cost sharing will be administered, to whom it is paid, how the funds may be used

CA Department of Health Care Services (DHCS) issued first APL related to H.R. 1: APL 25-011 H.R. 1 – Federal Payments to Prohibited Entities

- Guidance that managed care plans may not pay claims to "prohibited entities" for dates of service on or after 7/4/2025. Clarifies that abortion services performed under CPT codes 59840 and 59841 may still be paid to Prohibited Entities (those payments are from the state general fund)
- 7/7/25 Federal Injunction temporarily blocks provision; questions surrounding applicability; further DHCS guidance needed

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Impacts and Considerations

Work requirements

By adding complex and onerous documentation and reporting obligations, even those who meet the requirements may lose coverage due to administrative and technical errors or challenges with completing paperwork on a frequent and timely basis.

The Urban Institute analyzed potential coverage losses from a 2023 House bill and found that "most adults who would lose coverage would be working or qualify for exemptions under the policy but would be disenrolled due to reporting requirements."

Increased Eligibility Determinations

Similar to work requirements, increasing eligibility verifications to every 6 months will lead to coverage loss for many eligible individuals due to administrative and technical errors or challenges with completing paperwork on a frequent and timely basis.

Reducing health care coverage does not reduce health care costs; care is shifted to emergency rooms where the entire health care system feels the impacts of subsidizing uncompensated care.

Provider Tax Limitations

Reductions to provider taxes put rural hospitals at risk of closure. States often use provider tax revenues to support payment rates for providers and hospitals.

Those in rural areas are more likely to be Medicaid recipients; reducing coverage impacts hospitals through reduced service revenues.

Safety net providers already accept far less than Commercial reimbursement and Medicare rates for most services; targeting provider taxes and state directed payments used to support increased provider payment rates further reduces access.

Cost sharing for expansion population

Requiring individuals in the expansion population (100-138% of federal poverty level) to pay up to $35 per service puts additional barriers to accessing care by imposing costs that many of these individuals simply cannot afford to pay, leading to delayed care and increased emergency room visits.

Considerations

- How to best support Members with increased eligibility verifications and onerous paperwork requirements for work requirements
- Identify populations that may require additional support to meet requirements
- Supporting Providers through impacts of provider tax and state directed payment changes
- State Special Session to address federal budget impacts

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2025 CHIS Priorities: Local Landscape

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VENTURA COUNTY
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A Department of Ventura County Health Care Agency

July 10, 2025

BEHAVIORAL HEALTH PRIORITY AREA

VCCHIC Partner – Community Health Information System Planning Group

Courtney Lubell
Special Project MHSA/BHSA Manager

Ventura County Behavioral Health Services Overview

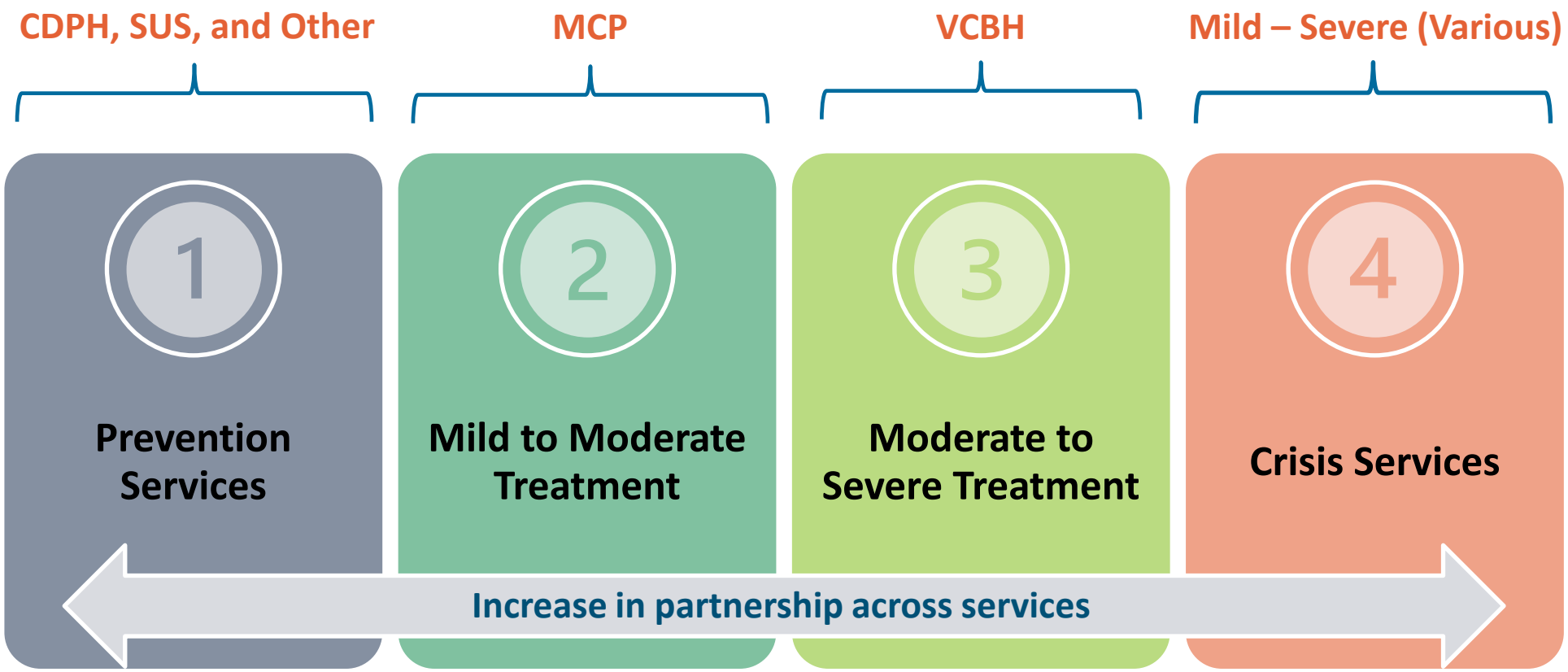
Ventura County Behavioral Health (VCBH) offers **integrated services** for **adults** looking for help with a **serious mental health illness**, **youth** with a **serious emotional disturbance**, and **individuals with substance use issues**. VCBH is also responsible for the office of the Public Guardian.

We offer the following services to all residents of Ventura County. The BH department's mandate is to help those who are experiencing severe mental illnesses and/or substance use disorders, with primary emphasis on those who are Medi-Cal eligible.

Mobile Crisis Response Team	**Inpatient hospitalization**	**Adult Residential Services**	**Short term residential services (Crisis Residential Program)**
Outpatient Treatment Services	**Transitional Age Youth Programs**	**Substance Use Services**	**DUI Program**

VENTURA COUNTY BEHAVIORAL HEALTH

Spectrum of Services includes Non-VCBH Providers



The BH department's mandate is to help those who are experiencing severe mental illnesses and/or substance use disorders, with primary emphasis on those who are Medi-Cal eligible.

CDPH: California Department of Public Health
SUS: VCBH Substance Use Services

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LANDSCAPE ASSESSMENT

Dynamic Elements Shaping Behavioral Health Priorities

Key Budget & Policy Drivers

- **Proposition 1 / BHSA Transformation**
  - New BHSA Spending Categories
  - Increased State Oversight & Performance Metrics
- **Workforce and Capacity Shortage**
- **CalAIM Integration**
- **Crisis Continuum Expansion**

Aligning CHIS Priorities with Regulatory and Strategic Goals

Priority Statewide Behavioral Health Goals

- Access to Care
- Homelessness
- Institutionalization
- Justice-Involvement
- Removal of Children from Home
- Untreated Behavioral Health Conditions

Additional Goals

- Care Experience
- Engagement in School
- Engagement in Work
- Overdoses
- Prevention and Treatment of Co-Occurring Physical Health Conditions
- Quality of Life
- Social Connection
- Suicides

VENTURA COUNTY BEHAVIORAL HEALTH

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

VENTURA COUNTY BEHAVIORAL HEALTH

Additional Behaviorial Health Needs Assessment

The **Three-Year Mental Health Services Act (MHSA)** Community Planning Process (CPP) was completed as required in regulation. Findings from the **CPP** indicated a need to improve awareness of available behavioral health services, a central location with information about changes to services, and additional community education for when to access services.

Health Management Associates (HMA) was selected to conduct a qualitative and quantitative analysis of services with the goal of developing a comprehensive needs assessment of the behavioral health care continuum of care, in response to a request from the Ventura County Behavioral Health Advisory Board (BHAB). HMA created a utilization-based forecasting tool to give the County real time data on current and recent utilization trends to ensure there is ongoing awareness of service capacity as demands shift due to policy and legislation changes.

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DATA AND EQUITY ASSESSMENT

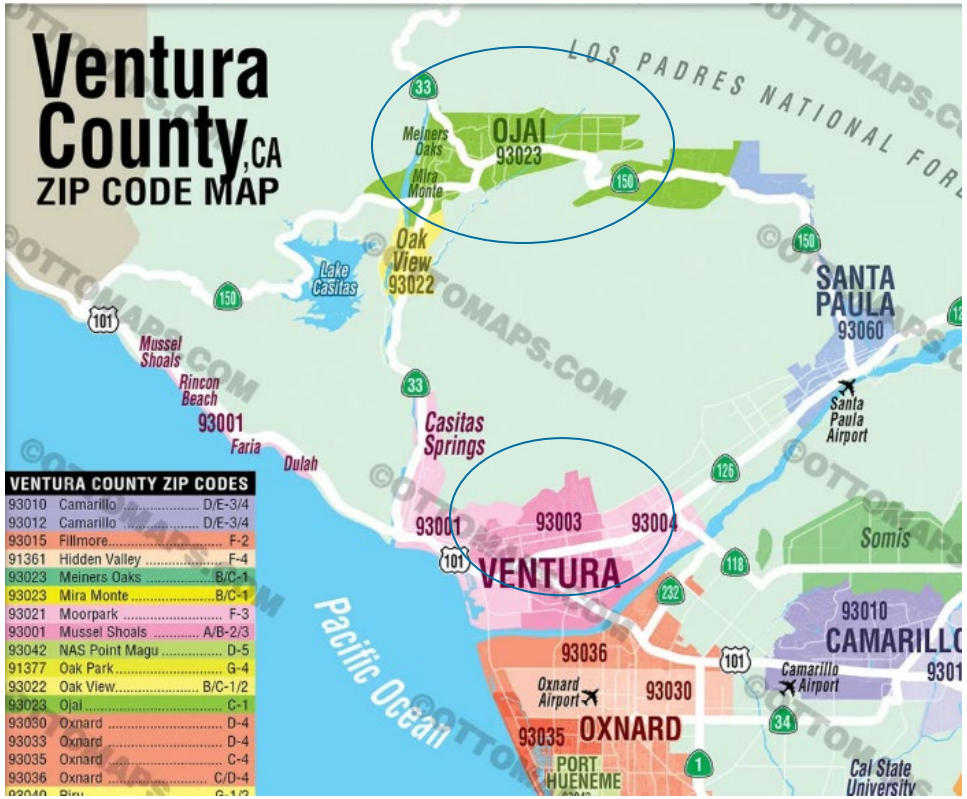
Top Level Insights from the Community Health Needs Assessment (CHNA): Unmet Service Needs

Unmet Behavioral Health Service Needs

- **40%** of those needing **mental health care**
- **44%** of those needing **substance use services**

Did not receive the help they needed

According to the Mental Health Index, ZIP codes 93023 and 93003 have the highest behavioral health needs.



VENTURA COUNTY BEHAVIORAL HEALTH

Top Level Insights from the CHNA: Unmet Service Needs

Key Takeaways: Disparities in Behavioral Health Service Access

Racial Disparities in Housing Services Access

Black, Indigenous, and people of color (BIPOC) individuals were significantly more likely than white individuals to report unmet housing service needs.

Gender Disparities in Mental Health Care Access

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

Service Access Disparities by Age Group

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

VENTURA COUNTY BEHAVIORAL HEALTH

Top Level Insights from the CHNA: Access Barriers

Key Takeaways: Top Barriers to Accessing Behavioral Health Services

Mental Health Care

- Couldn’t find a provider
- Services were too expensive
- Didn’t know where to go for help

Substance Use Treatment

- Didn’t know where to go for help
- No health insurance
- Fear of judgment or stigma

Housing Services

- Rent or housing costs were unaffordable
- Long waitlists
- Couldn’t find available housing
- Didn’t meet eligibility requirements
- Didn’t know where to find resources

VENTURA COUNTY BEHAVIORAL HEALTH

Areas for Deeper Data Exploration

Disparities Needing Further Exploration

- **Housing Access:** BIPOC individuals report higher unmet needs
- **Mental Health Care:** Non-binary individuals face greater access challenges
- **Adults (non-TAY):** Higher unmet needs across MH, SUD, and housing
- **Top Barriers** (e.g., cost, waitlist, lack of info) need demographic + geographic breakdowns

Areas for Deeper Data Exploration

Who We Still Need to Hear From

- People experiencing **homelessness**
- **Monolingual non-English speakers** beyond Spanish
- Individuals with **serious mental illness (SMI)**
- **Justice-involved individuals,** especially recently released

Upcoming Community Planning Processess

September – October 2025

VCBH will be conducting various key stakeholder informant interviews, focus groups and town hall events engaging stakeholders in the Proposition 1 system changes as well as the Community Health Information System (CHIS) Planning.

These stakeholder events are continued opportunities for the community to provide input and feedback.

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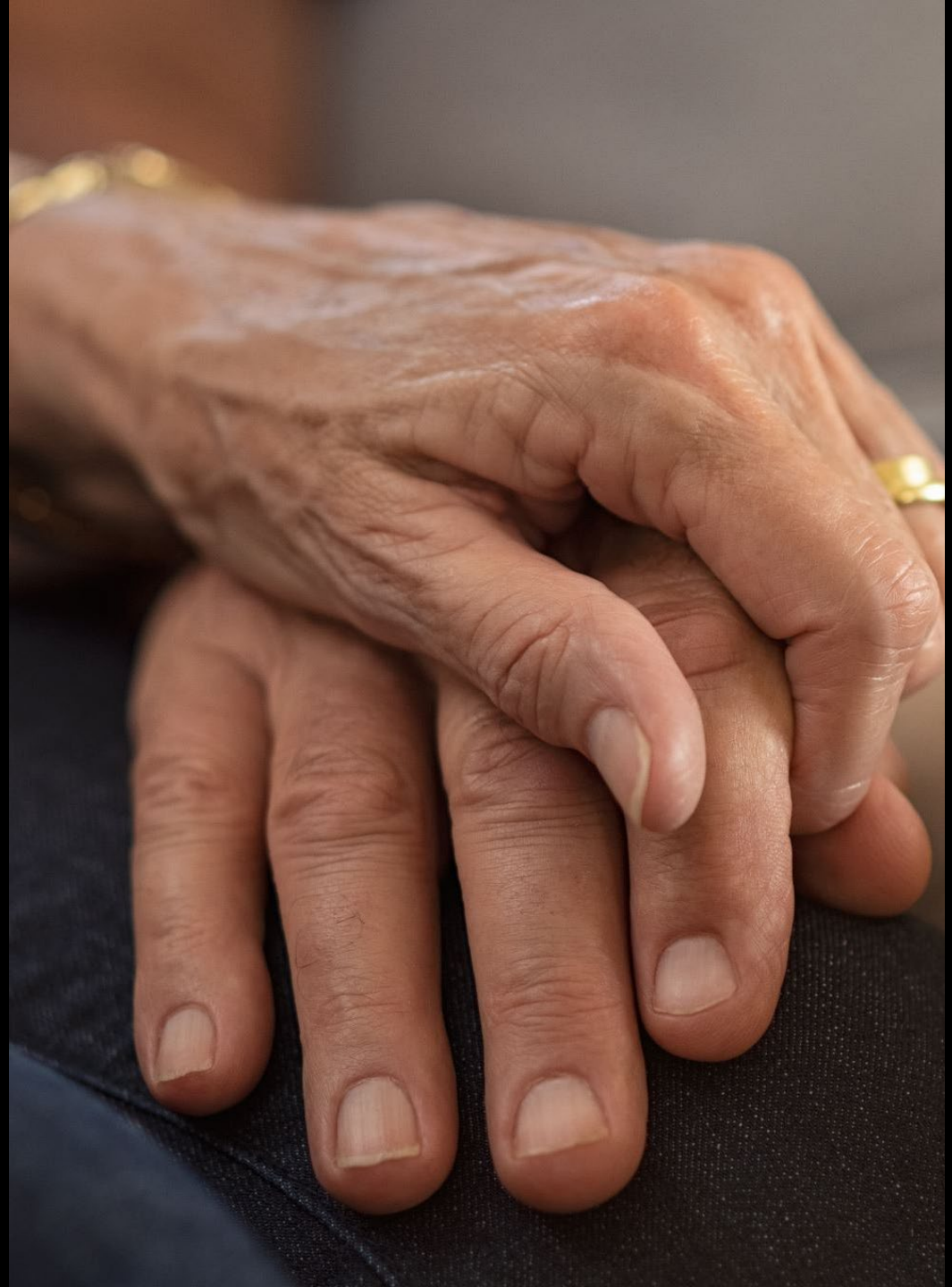
QUESTIONS

Challenges Facing Older Adults in Ventura County

Blair Barker

Camarillo Health Care District

July 10, 2025



Who Are our Older Adults?

The aging population is aging rapidly	• In 2020, the median age was 39.9 years • Inn 2024 it was 40.3 years
More than 25% of Ventura County's population is over the age of 60	• In 2019 Older Adults accounted for 15% of our population
Older adults face unique health, housing, financial, and social challenges	• Increased longevity, chronic illness • More older adults living alone increasing rates of isolation • Many are caregivers for a loved one

Community Input – CHNA Findings

Worsening indicators for older adult health

Continued economic stress (housing, caregiving burden, food insecurity)

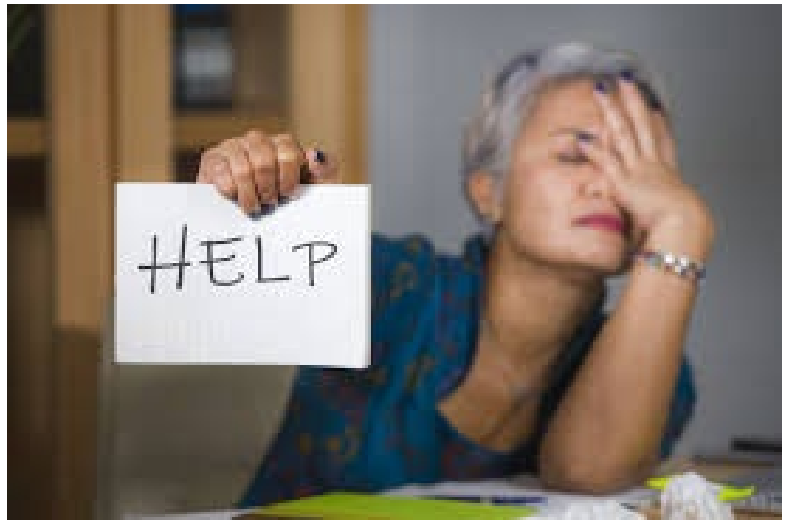
Cultural and language access remain persistent equity issues

Health and Wellbeing Challenges

- 43% have mobility/physical disability
- 37.2% chronic illness
  - Heart Disease and Cancer remain the top two leading causes of death across all populations
- 24.7% anxiety, 18.8% depression
- 70.5% cite mental health as a top issue
- Increase incidence of early on-set dementia diagnosis (like FTD)

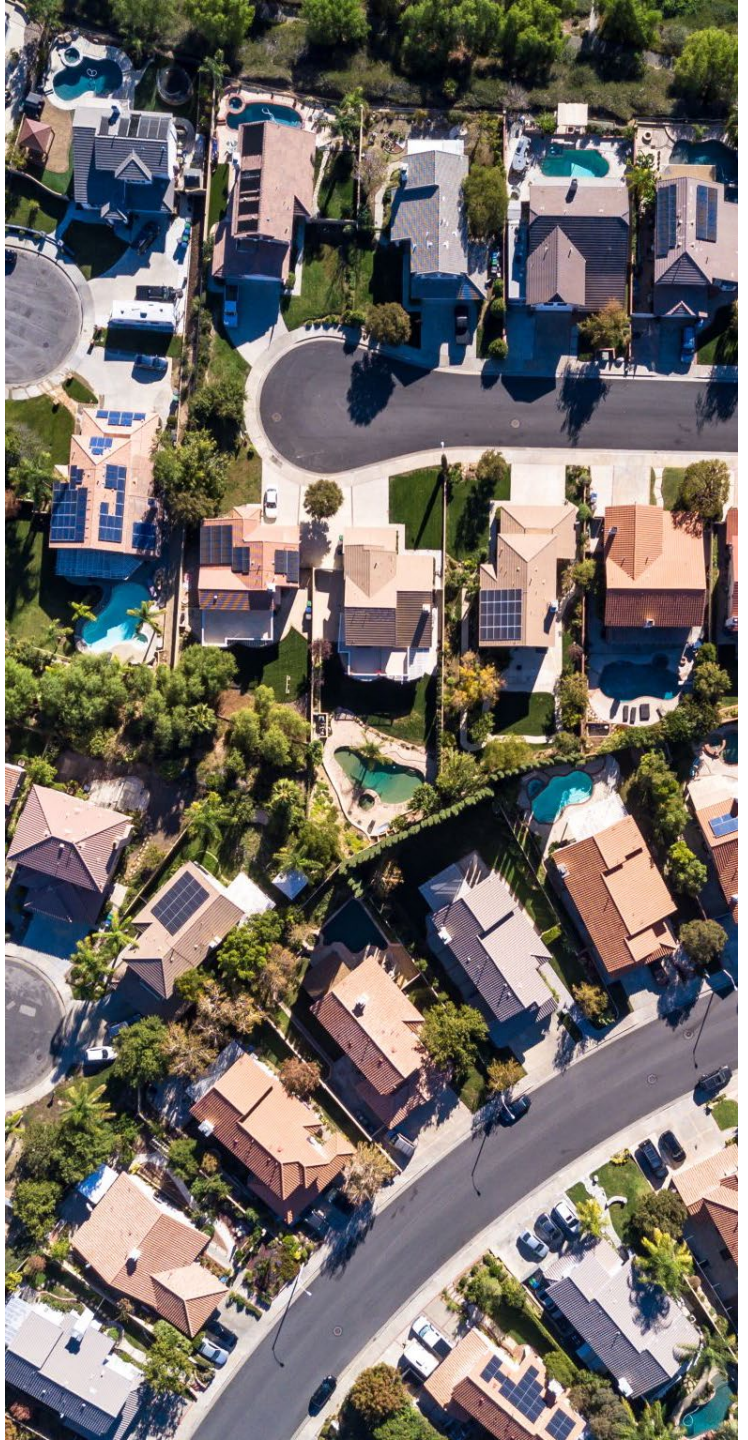
Caregiving and Stress

- 31.5% are unpaid caregivers
- Majority of caregivers are female and caring for someone with complex needs
  - Adult child with disabilities
  - Older adult with a form of dementia or multiple chronic conditions
- Impact on ability on jobs and income
- Increased rates of burnout, depression, anxiety
- Sandwich Generation
- “Forgotten Middle Class”



Housing and Economic Stress

- 63.3% can’t afford rent
- 49.8% waitlisted for housing
  - Can stay on the waitlist for years
- 70% stressed by debt
- 55.6% face food insecurity
- Increased rate of homeless among older adults



Access Challenges

- Transportation
- Healthy and affordable food
- Preventative screenings
  - Education to reduce fear
- Chronic progressive illnesses
  - Impact on mobility
  - Increased cost
- In-home care
- Limited Income
- Physician maldistribution
- Digital literacy and telehealth

Policy Landscape – Federal

- Dismantling of the Administration for Community Living
- Older Americans Act
  - Serves millions of Older Adults a Year
  - Was reauthorized in 2020, with funding pushed through end of FY 24-25
  - 2024 vote failed to reauthorize
  - Reauthorization and funding for the OAA are critical priorities for 2025
- HR 2036 – Credit for Caring Act
- Potential benefit cuts to Social Security

Policy Landscape – California

- Master Plan for Aging (MPA)
  - Kim Mcoy Wade's departure
- Changes/decreases in funding
  - APS
- Aging-in-Place Initiatives
- Impact of decreased funding for Alzheimer's and other related dementias
- Justice in Aging and the California Collaborative for Long-Term Services and Supports
  - Driving Policy Change
  - Advocacy Day 2025

Call to Action

Community Solutions and Increased Access to:

- Food security programs and nutrition education
- Legal Assistance
- Financial abuse/fraud/scam education and prevention
- Support for Caregivers – address isolation, stress and burnout
- Improved transportation
- Affordable housing
- Homeless support programs, like ProjectHOPE

Lead across sectors

- Caregiver Navigation Program Expansion
- Financial/Fraud Abuse prevention and education expansion
  Requirements for financial institution
- Partnerships increase funding opportunities

Ensure dignity and equity for all older adults

- Requires innovation in times of uncertainty

Questions ??

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Community Health Needs Assessment Priority Area: Women's Health

Gold Coast Health Plan
Erin Slack, MPH, Senior Manager of Population Health

Agenda

- CHNA – Women's Health
- DHCS Bold Goals
- GCHP's Culture Equation
- Women's Health Preventive Measures

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Community Health Assessment

Primary Data

- Women (19.1% vs. 17.4%) were more likely than men to indicate they did not get all of the healthcare services they needed
- Focus Group and Community Partner Input –
  - Lack of Sexual Health Education of Concern
  - Mental Health for Pregnant Women
  - Racial and Ethnic Disparities in Maternal Health Outcomes

Secondary Data

TABLE 12. DATA SCORING RESULTS FOR WOMEN'S HEALTH

SCORE	WOMEN'S HEALTH	UNITS	VENTURA COUNTY	HP2030	CA	U.S.	CA Counties	U.S. Counties	Trend
2.47	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	20.2	15.3	17.6	-		-	
2.18	Breast Cancer Incidence Rate	*cases/ 100,000 females*	130.7	-	121.0	127.0			
1.47	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	7.5	-	7.3	7.5			
1.41	Cervical Cancer Screening: 21-65	*percent*	82.2	-	-	82.8			-
1.41	Mammogram in Past 2 Years: 50-74	*percent*	75.2	80.3	-	76.5			-
1.35	Mammography Screening: Medicare Population	*percent*	43.0	-	41.0	47.0			-

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DHCS Bold Goals

- Close maternity care disparity for Black and Native American persons by 50%
- Improve maternal and adolescent depression screening by 50%
- Improve follow-up for mental health and substance use disorder by 50%
- Ensure all MCPs exceed the 50th percentile for all children's preventive care measures
- Close racial and ethnic disparities in well-child visits and immunizations by 50%

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Our Culture Equation

Gold Coast Health Plan Culture Compass
GUIDING OUR CULTURE TO ELEVATE OUR IMPACT

PURPOSE	**Compassionate care, accessible to all, for the health of OUR community**		
RESULTS 2 (R2)	**NCQA 4-Star Health Plan Rating by 2030**		
STRATEGIC ANCHORS	**Enhance Member Experience**	**Optimize Provider Relationships / Partnerships**	**Advance Quality of Care**
KEY RESULTS	**CAHPS score of top 3 for both children and adults**	**Provider satisfaction survey score of 66%**	**Top 3 in the state DHCS ranking**
CULTURAL BELIEFS	**Member Impact!**	**Own It!**	**Be Resourceful!**
	I organize my work to achieve our priorities.	*I make decisions, take action, and own the outcome.*	*I creatively solve challenges, work cross-functionally, and optimize resources.*

CAHPS: Consumer Assessment of Healthcare Providers & Systems / DHCS: Department of Health Care Services / NCQA: National Committee for Quality Assurance

Breast Cancer Screening

Measure: Breast Cancer Screening (BCS-E)

Measure Description: This measures the percentage of women ages 40 to 74 who had a mammogram to screen for breast cancer anytime on or between October 1 two years prior to the measurement year through December 31 of the measurement year.

Measure	2023 MY	2024 MY	2023 – 2024 Rate Change	2024 MY Goal	Goal Met
BCS-E	59.65	66.50	+6.85	63.48	Yes

Category	Groups with Lowest rates*
Residence	Ventura (61.11%), Camarillo, Somis, Santa Rosa (60.71%), Oak View, Ojai (60.96%), Outside Ventura County (45.05%)
Age Group	Ages 70 to 74 (55.51%)
Language	English (58.19%)
Race	White (55.57%), African American (53.27%), American Indian/Alaska Native (50.00%*), Other (58.52%), Unknown (62.43%)
Ethnicity	Non-Hispanic (57.46%), Unknown (62.43%), Other (58.52%)

** Health disparities identified in subgroups with less than 30 in administrative measures or less than 10 in hybrid measures are reviewed with caution since small groups can have a lot of variability in rates with small changes in the eligible populations.*

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Cervical Cancer Screening

Measure: Cervical Cancer Screening (CCS)

Measure Description: The percentage of members 21 to 64 years of age who were recommended for a routine cervical cancer screening during the measurement year.*

Measure	2023 MY	2024 MY	2023 – 2024 Rate Change	2024 MY Goal	Goal Met
CCS-E	61.31	61.91	+0.60	67.46	No

Category	Groups with Lowest rates**
Residence	Ventura (57.11%), Camarillo, Somis, Santa Rosa (58.93%), Bell Canyon, Lake Sherwood, Moorpark, Newbury Park, Oak Park, Simi Valley, Thousand Oaks, Westlake Village (60.08%), Oak View, Ojai (59.07%), Outside Ventura County (52.81%)
Age Group	24 to 29 (55.02%), 30 to 39 (61.13%)
Language	English (57.48%)
Race	White (53.08%), Africa American (48.80%), American Indian/Alaskan Native (56.25%), Asian (58.91%), Native Hawaiian/Other Pacific Islander (53.85%), Other Race (54.09%) Unknown (59.49%)
Ethnicity	Non-Hispanic (53.77%), Unknown (59.49%), Other (54.09%)

*Criteria for inclusion in the measure: (1) Women ages 21 to 64 years of age who had cervical cytology screening within the last three years (2) Women ages 30 to 64 years of age who had a cervical high-risk human papillomavirus (hrHPV) test within the last five years (3) Women ages 30 to 64 years of age who had a cervical cytology / high-risk human papillomavirus (hrHPV) co-testing within the last five years.

*** Health disparities identified in subgroups with less than 30 in administrative measures or less than 10 in hybrid measures are reviewed with caution since small groups can have a lot of variability in rates with small changes in the eligible populations.*

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Chlamydia Screening

Measure: Chlamydia Screening (CHL)

Measure Description: The percentage of members ages 16-24 who were recommended for routine chlamydia screening, were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Measure	2023 MY	2024 MY	2023 – 2024 Rate Change	2024 MY Goal	Goal Met
CHL	63.56	64.59	+1.03	64.37	Yes

Category	Groups with Lowest rates*
Residence	Ojai, Oak View (58.99%), Ventura (59.79%)
Age Group	16 to 20 (59.15%)
Language	Declined (D) (59.62%), Spanish (S) (64.32%)
Race	Asian (44.32%), White (59.91%), Native Hawaiian/Other Pacific Islander (60.0%), African American (60.61%), Other Race (60.64%)
Ethnicity	Non- Hispanic (58.63%), Other (60.64%)

** Health disparities identified in subgroups with less than 30 in administrative measures or less than 10 in hybrid measures are reviewed with caution since small groups can have a lot of variability in rates with small changes in the eligible populations.*

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Prenatal and Postpartum Care

Measure: Prenatal and Postpartum Care

Measure Description: The percentage of members ages 16-24 who were recommended for routine chlamydia screening, were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Measure	2023 MY	2024 MY	2023 – 2024 Rate Change	2024 MY Goal	Goal Met
PPC-Pre	92.21	84.88	-7.33	91.85	NO
PPC-Post	89.29	89.31	+0.02	86.62	YES

Category	Groups with Lowest rates*
Residence	PPC-PRE: Camarillo, Somis, Santa Rosa (82.68%), Bell Canyon, Lake Sherwood, Moorpark, Newbury Park, Oak Park, Simi Valley, Thousand Oaks, Westlake Village (84.00%) Outside Ventura County (73.58%) PPC-POST: Bell Canyon, Lake Sherwood, Moorpark, Newbury Park, Oak Park, Simi Valley, Thousand Oaks, Westlake Village (84.00%), Outside Ventura County (77.36%)
Age Group	PPC-PRE: 14 to 19 (64.23%), 40 to 49 (80.95%), 50 to 50 (0%)* PPC-POST: 14 to 19 (88.6%), 20 to 29 (88.76%)
Language	PPC-PRE: Declined (75.51%), English (84.19%) PPC-POST: Declined (83.67%)
Race	PPC-PRE: White (79.70%), African American (76.00%), Asian (80.00%), Other Race (84.00%) PPC-POST: White (84.26%), Other Race (80.00%)
Ethnicity	PPC-PRE: Non-Hispanic (79.59%), Other (84.00%) PPC-POST: Non-Hispanic (85.31%), Other (80.00%)

** Health disparities identified in subgroups with less than 30 in administrative measures or less than 10 in hybrid measures are reviewed with caution since small groups can have a lot of variability in rates with small changes in the eligible populations.*

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Questions?

- Ask Now!
- E-mail – eslack@goldchp.org
- Visit - https://calaim.dhcs.ca.gov/pages/bold_goals

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VENTURA COUNTY
COMMUNITY HEALTH
IMPROVEMENT COLLABORATIVE

Aligning Partners, Principles and Priorities: Your 2025 CHIS

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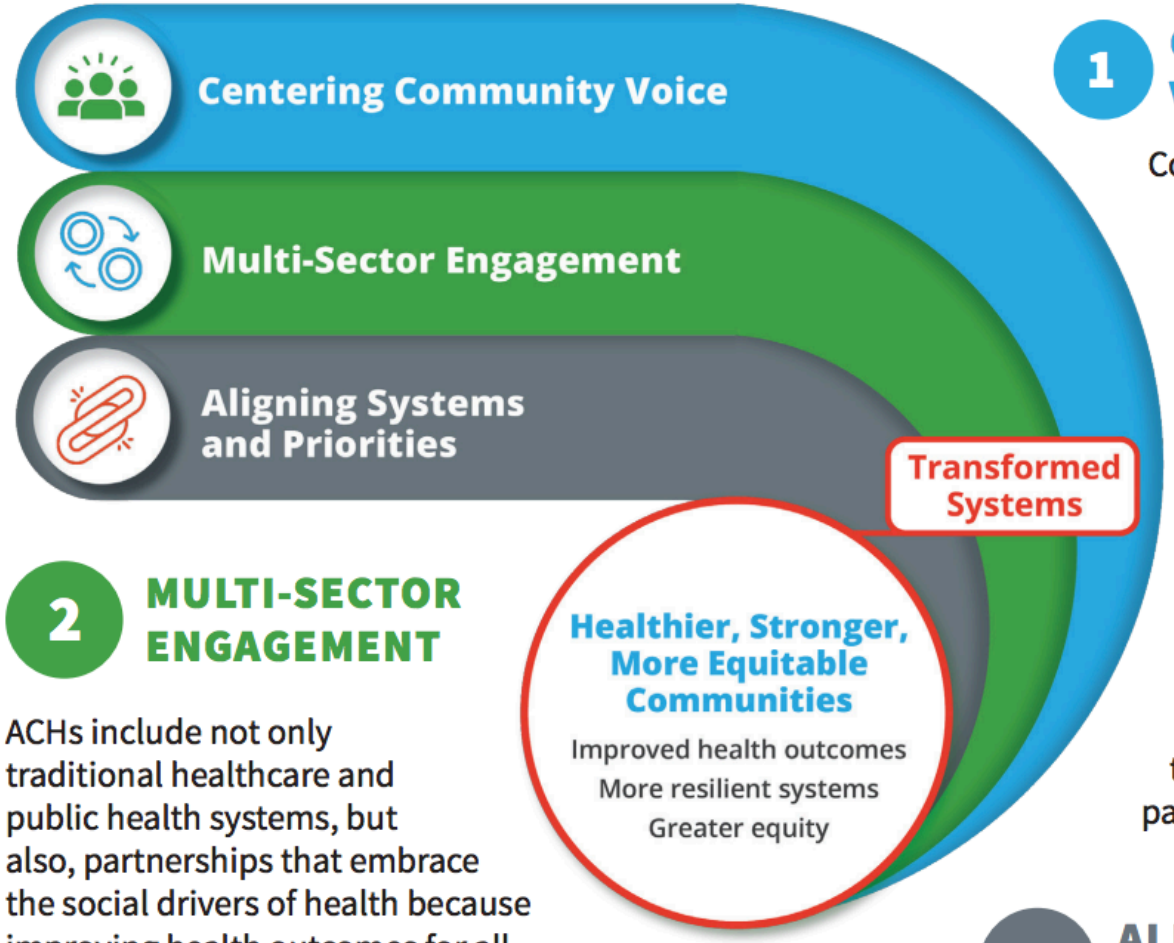
CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE

CACHI

CACHI has funded 36 ACH communities across California.



1 CENTER COMMUNITY VOICE

Community residents are too often excluded from critical decisions that impact their health. ACHs reengineer this reality by placing residents at the heart of all community health-related discussions. ACHs level the playing field by ensuring that residents have a prominent and active role in their ACH, helping to ensure that equity—and the realities that shape their health—is paramount.

2 MULTI-SECTOR ENGAGEMENT

ACHs include not only traditional healthcare and public health systems, but also, partnerships that embrace the social drivers of health because improving health outcomes for all requires that health and other sectors, which reflect the various contributing factors needed for healthy communities, work in concert.

3 ALIGN SYSTEMS AND PRIORITIES

ACHs help partners shift from transactional, program-specific approaches to a new norm where participants align local community interests, incubate fresh ideas and expand collective capacity. Built on a foundation of transparency and data sharing, this alignment results in greater impact than any one entity could achieve alone. By ensuring both transparency and accountability, trust is built among ACH members and the community.

Advance Health Equity

VENTURA COUNTY
COMMUNITY HEALTH
IMPROVEMENT COLLABORATIVE

The mission of VCCHIC is to build partnerships to improve population health outcomes In Ventura County

These partnerships are necessary to accomplish the shared vision of working collaboratively to develop strategies based upon the identified health priorities from the community health needs assessment. This will result in a collective approach to addressing population health and benefit the communities in which we serve.

Group Exercise: Moving From Vision to Action

What's Needed Now

+ Name one way you/your organization will contribute to the development – and then implementation – of the CHIS?

+ Name one thing you need so you're well-prepared for the CHIS process

+ Are there other local partners that should be invited to join this process to draft and carry out the 2025 CHIS?

+ Can you provide contacts we should follow up with?

VENTURA COUNTY
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Next Steps
&
Call to Action

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More Now Than Ever: Partnering and the 2025 CHIS

- ❑ **Expand the circle** – welcome others to join this effort – July
- ❑ **Partner in planning** – participate in a CHIS Priority Workgroup – July-September
- ❑ **Spread the word** – promote the 2025 CHNA
- ❑ **Deliver impact + accountability** – join CHIS Implementation Workgroups – Winter 2025

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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

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