



**Meeting Agenda  
Continuum of Care (CoC) Board  
Wednesday, February 14, 2024  
2:00pm – 3:30pm  
Ventura County Office of Education  
5100 Adolfo Road, Camarillo**

Zoom Meeting ID: 871 1841 0223

<https://us02web.zoom.us/j/87118410223>

1. Call to Order
2. Board Comments
3. CoC Staff Comments
4. Public Comments: Public Comment is an opportunity for the public to participate in public meetings by addressing the Ventura County Continuum of Care Board in connection with one or more agenda or non-agenda items. This meeting is subject to the Brown Act and public comments may be submitted by using one of the following options:

**Email in advance of the meeting:** If you wish to make public comment on an agenda item via email, please submit your comment via email by 4:30pm on the day prior to the Board meeting. Send emails to: [venturacoc@ventura.org](mailto:venturacoc@ventura.org) Please indicate the agenda item you would like to speak on if relevant and whether you would like your message read by staff or you will be participating and would like to provide your comments during the live meeting.

**During the meeting:** Participants may use the chat function in zoom to indicate they would like to make a comment. Staff will call on participants during the public comment section of the meeting or during specific item following staff presentation of the item.

Continuum of Care Governance Board Business

5. Approval of Board Minutes from January 10, 2024.
6. Receive an update on the Ventura County Project RoomKey.
7. Receive an update from the Workgroup Engaging People with Lived Expertise.
8. Receive a report on FY23 Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funding awards.



**Meeting Minutes  
Continuum of Care (CoC) Board  
Wednesday, January 10, 2024  
2:00pm – 3:30pm  
Ventura County Office of Education  
5100 Adolfo Road, Camarillo**

- 1. Call to Order:** Manuela Minjares, Vice Board Chair, called the meeting to order to 2:03pm.  
**Board Members:** Mara Malch, Jack Edelstein, Manuel Minjares, Pauline Preciado, Stefany Gonzalez, Kevin Clerici, Paul Drevenstedt, Juliana Gallardo, Ingrid Hardy, Dr. Sevet Johnson, Dawn Dyer (online)  
**Absent:** Emilio Ramirez, Michael Nigh  
**Staff:** Jennifer Harkey, Alicia Morales-McKinney, Christy Madden, Felipe Flores, Morgan Saveliff
- 2. Board Comments:** None
- 3. CoC Staff Comments:** Jenn Harkey shared that state grant funding for Project Room Key is almost fully expended and some clients who do not qualify for Permanent Supportive Housing or other housing vouchers will be exiting today 1/10/2024 due to funding limitations. Jenn shared that CoC staff is seeking additional grant funding for extensions until units are available.
- 4. Public Comments:** None

**Continuum of Care Governance Board Business**

- 5. Approval of Board Minutes from December 13, 2023.**  
Jack Edelstein moved for approval; Juliana Gallardo was second; All in favor.
- 6. Authorize Staff to execute a Memorandum of Understanding (MOU) with the County of Ventura for the development and implementation of the Regionally Coordinated Homelessness Action Plan.**  
Alicia Morales-McKinney requested board authorization to execute an MOU between the VC CoC and County of Ventura for HHAP Round 5. Alicia shared that the MOU is a requirement for the HHAP 5 application and the goal is to ensure there is coordination amongst the CoC and County to develop and implement the Homelessness Action Plan. Alicia shared a draft MOU with the Board and shared that it is in the beginning stages of development and the final version will include strategies for every action item.  
  
Jack Edelstein inquired how much the CoC is expected to receive for HHAP 5. Alicia explained that based on last year's PIT data, the CoC is expecting to receive around 5.8 million, however, staff likely won't know the official allocation until February.  
  
Kevin Clerici moved for approval; Paul Drevenstedt was second; All in favor.
- 7. Receive an update from the Workgroup Engaging People with Lived Expertise**  
Elizabeth R. Stone was not in attendance. The update for the Workgroup Engaging People with Lived Expertise will be re-scheduled.

**8. Receive a report on the Updated Ventura County Plan to Prevent and End Homelessness**

Jenn Harkey reminded the Board that in 2023, the County Board of Supervisors authorized the CEO office to contract with LeSar Development Consultants to complete a qualitative and quantitative analysis of the homeless services system and to develop actional recommendations. Jenn shared that the full report has been posted on the CoC website. Jenn shared that CEO staff presented to the Board of Supervisors the priority recommendations listed in the study. Jenn explained that CEO staff will return to the Board of Supervisors next month to report back on staff recommendations, estimated cost and timing. Jenn shared a PowerPoint presentation that was provided by LeSar Development Consultants and presented to the County Board of Supervisors.

Christy Madden highlighted the 1:4:10 ratio framework recommended by LeSar that for every 1 unit of interim housing developed, 4 units of permanent housing be developed, and 10 households be served with homeless prevention. Jenn mentioned that the upcoming round of HHAP funding will focus on permanent housing and explained the need for more homeless prevention funding.

Dawn Dyer emphasized the need for more housing and highlighted the complexities of housing development. Dawn further inquired regarding job duty specifics for the housing director position. CEO staff explained that the Housing Director position would provide technical and specialized expertise on housing development and resources and work as a liaison for cities to coordinate efforts county-wide. Manuel Minjares inquired if the consultants created the recommendations based on what has worked in other counties. CEO staff confirmed that many of the recommendations from the plan are based on best practices and efforts that have worked well in other communities. Staff explained that the plan is meant to act as a guide and CEO staff is researching similar efforts in other communities for the report back to the Board of Supervisors. Sharon Crane (attendee) inquired why some clients are exiting housing. Jenn explained supportive services efforts increase housing retention, however, there has been an increase over the past two years of clients returning to homelessness after being placed in permanent housing. Jenn explained the plan also addresses the need for increased supportive services.

**Additional Items not on the agenda:** Jenn Harkey reminded the Board of the Point in Time Count taking place on Wednesday, January 24th.

Next meeting set for February 14<sup>th</sup>, 2024

Meeting adjourned at 3:00pm

February 14, 2024

VC CoC Governance Board

**SUBJECT:** Receive an Update on the Ventura County Project Roomkey

**BACKGROUND:** In response to the COVID-19 pandemic, Project Roomkey (PRK) has provided motel vouchers to support non-congregate shelter for highly vulnerable persons experiencing homelessness since March 2020. Through this temporary shelter program, the County of Ventura has supported nearly 900 persons with over 500 persons exiting to permanent housing or other temporary housing through case management services provided by homeless service providers. Additionally, over 60 veterans were referred to services and supportive housing. The County Executive Office has been providing administration and oversight which includes issuing vouchers, maintaining documentation, communicating with both case management and motel staff, and managing client counts for food delivery through the VC Area Agency on Aging's (VCAAA) meal delivery program. FEMA funding covered the motel and food costs from March 2020 through February 2023. With the end of FEMA funds, the California Department of Social Services (CDSS) provided grant funds through January 2024 to continue to support PRK placements and assist with rehousing strategies. Currently, financial sharing agreements with the Cities of Thousand Oaks and Oxnard for emergency shelter operations, unprogrammed CDBG-CV and HHAP funds will cover motel costs through the current extension that runs through mid-March 2024 as program participants begin to exit to various housing placements.

**DISCUSSION:** The State of California has required local jurisdictions to report on Project Roomkey (PRK) participants, including the number sheltered at each motel location and the number exiting to housing or other locations. There are currently 119 persons sheltered in PRK motels. Of these, 57 or 48% are homeless seniors 62 & older with limited Social Security Income who need affordable housing placements. The remaining 119 are those living with high-risk health conditions who need either Permanent Supportive Housing (PSH) or extremely affordable housing units. Homeless service providers continue to explore all housing options with clients served by PRK. The United Way of Ventura County – Landlord Engagement Program has been supporting the housing location and navigation efforts by securing rental units when available, by offering bonus funding to landlords and property managers.

There are numerous supportive housing resources coming online within the next several months, beginning later this Spring with Westview Village Phase II and Central Terrace. Casa Aliento in Oxnard will have 20 units available for occupancy later in the Spring of 2024 and the Valentine Road Homekey project will have 72 units reserved for persons experiencing homelessness. In addition, Casa de Carmen, a housing development currently under construction, will also provide 56 new PSH units, located at 2<sup>nd</sup> and B Street in Oxnard.

The timely availability of these units depends on several factors, including the funding awards, weather delays and construction timeframes. It is likely that alternative housing options for PRK clients will need to be available while these projects are being finalized. The County Executive Office is awaiting the award announcements for State Homekey Round 3 and evaluating other sheltering options.

PRK has been an unheralded success, thanks to the heartfelt work of the coordination of several County agencies and partners. Highlights include:

1. Providing over 246,000 motel nights
2. Serving nearly 1,300,000 hot meals and food boxes
3. Greatly reducing the number of Covid-19 infections and hospitalizations among the most vulnerable and unprotected members of the community

In an unexpected perk, local businesses benefitted from the injection of federal and state grant dollars to pay for program related goods and services, helping the local economy weather the challenging conditions of the pandemic.

Thanks to FEMA and CDSS funds, the most vulnerable members of the community were served with a clean, safe and comfortable space to sleep and provided with wraparound services. For a firsthand account of PRK's success and how it has transformed participants, please click [here](#) for shared testimonies. The meals provided nourishment and food security, freeing clients from having to worry where the next meal will come from. In some cases, extremely ill clients that could not recover from a variety of health complications, passed away. For these clients, PRK provided a peaceful and dignified confine where they spent their last days, away from the cold, harsh street environment.

The VC CoC staff continues to work closely with partner agencies who are supporting clients in PRK. The case managers have been completing vulnerability assessments, gathering eligibility documentation, and referring clients to the Coordinated Entry System for PSH prioritization. The number of referrals through the Coordinated Entry System has increased significantly over the past year, especially with the addition of Emergency Housing Vouchers through the local housing authorities.

In addition to the noted coordination with the varied partners, VC CoC staff has spent an extensive amount of time and emotion ensuring PRK clients will be successful on their paths towards PSH/PH. The number of hours of behind-the-scenes work staff cannot be quantified as they work towards having zero exits to the streets.

# Project RoomKey

Since the start of Project RoomKey (PRK) in March 2020, nearly 900 participants have been assisted with motel vouchers, providing temporary shelter and meals throughout the pandemic.

## PERSONS SERVED SINCE 2020

**850+**  
persons

## ON A GIVEN NIGHT, PRK SHELTERS UP TO:

**320**  
persons

## VULNERABLE POPULATIONS

**142**

17% DV Survivors

**237**

Senior citizens (62+)

28%

**63**

Veterans

7%

## POSITIVE OUTCOMES



**59%**

Out of 856 persons served, **503** exited to positive housing destinations

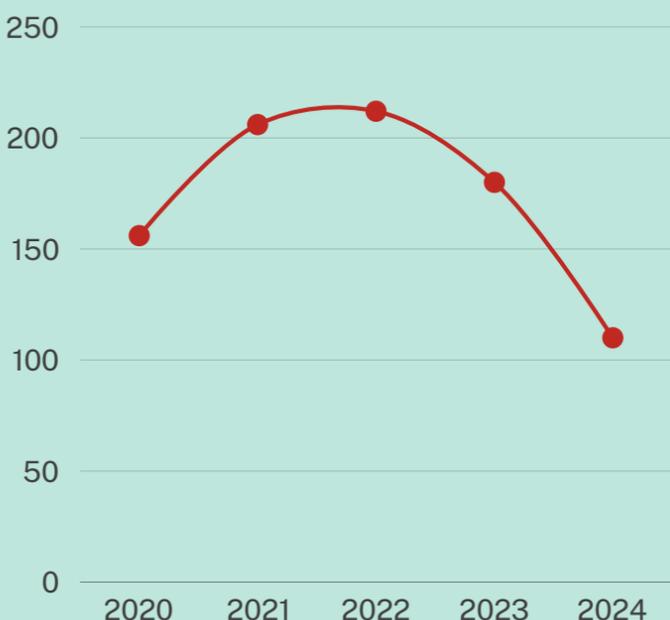
## MEALS



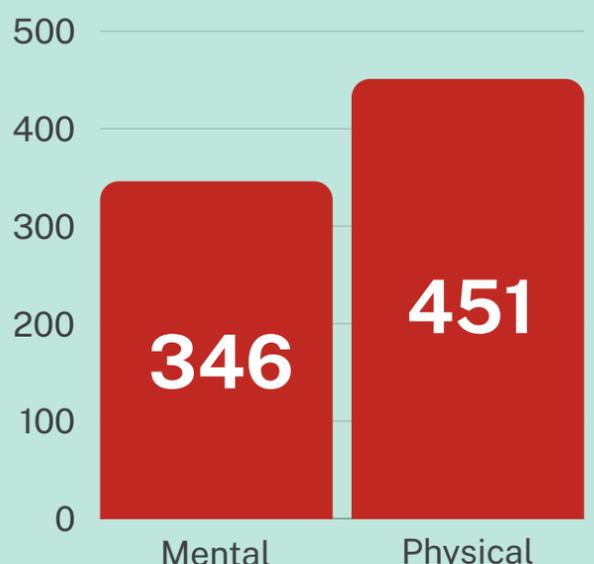
**1,294,272**  
meals provided

by the VC Area Agency on Aging

## AVERAGE # OF PERSONS SHELTERED BY PRK PER YEAR



## PHYSICAL AND MENTAL HEALTH NEEDS



Visit : [www.venturacoc.org/success-stories/](http://www.venturacoc.org/success-stories/)  
to learn more about PRK in Ventura County

February 14, 2024

VC CoC Governance Board

**SUBJECT:** Receive an update from the Workgroup Engaging People with Lived Expertise

**BACKGROUND:** The Ventura County Continuum of Care (VC CoC) authorized HUD CoC Planning Grant Funds to contract with the National Health Foundation to engage people with lived experience. The intent of this program is to “hold space” for those who are willing to share their lived expertise, by providing unconditional support and actively seeking input from different perspectives to make a positive impact on our homelessness system.

**DISCUSSION:** The National Health Foundation has partnered with peer support services, A Friend In Deed, which is managed and led by Elizabeth R. Stone. This program is called “Making Space for People with Live Expertise”. Elizabeth has been actively engaging with those who are unsheltered, by providing peer support and meeting regularly with the newly formed workgroup. An update will be shared with the VC CoC Board on the progress that has been made during 2023 and plans for 2024.

UPDATE:

# Making Space for People with Lived Expertise project



Report to the  
VC CoC Governance Board  
February 14, 2024 meeting

# OVERVIEW:

Values

Approaches

The Work

Findings

Concerns

Tools



# Nothing About Us Without Us

**Disability Justice**

empowerment  
human rights  
independence  
integration  
self-help  
self-determination

- **choice**
- **partnership**

James I Charlton

# Guided By Evidence-backed Practices

✓ Intentional Peer Support (IPS)

(Shery Mead)

✓ Psychiatric Rehabilitation

(Boston University, CASRA)

✓ 8 Dimensions of Wellness

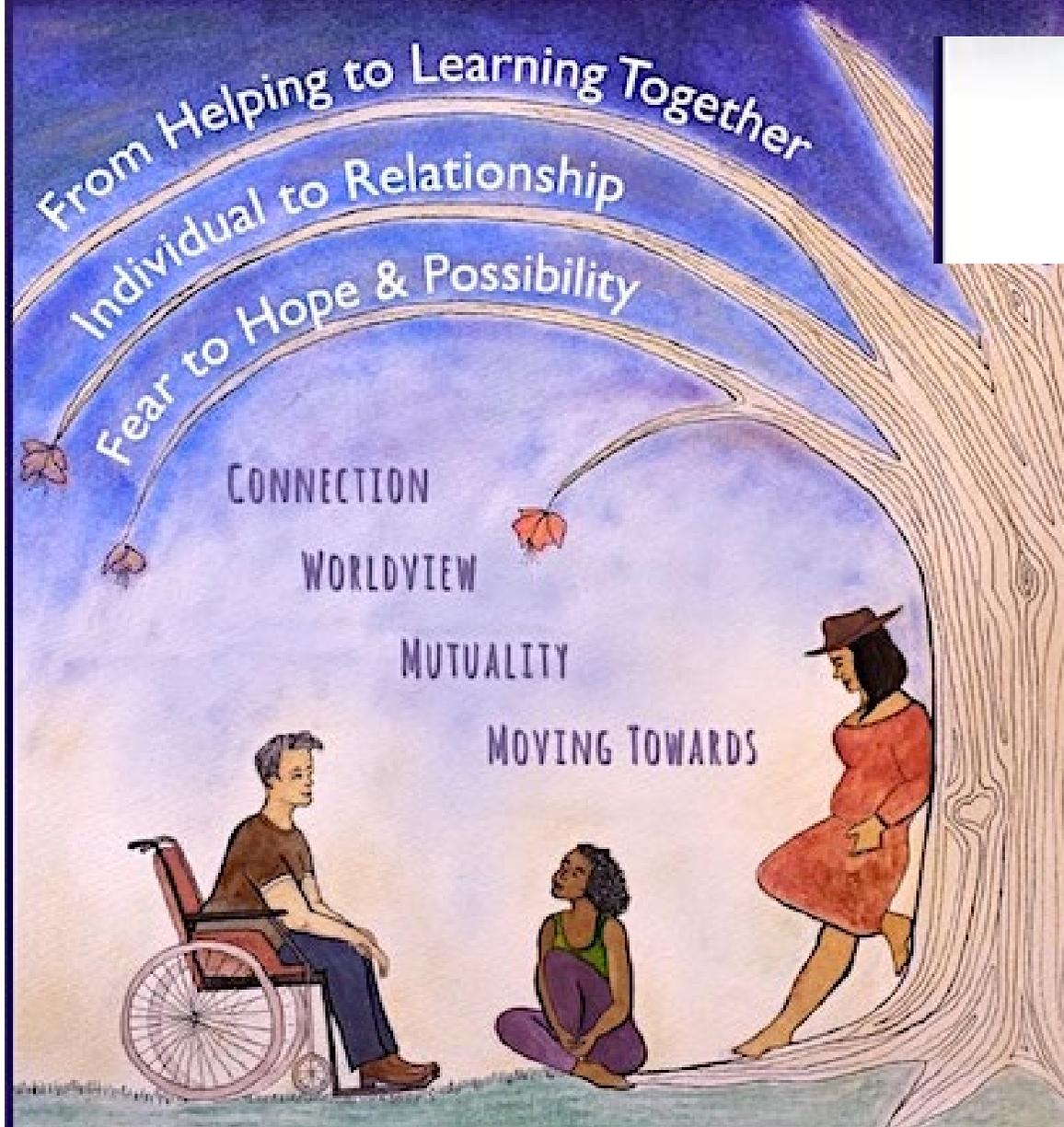
(Peggy Swarbrick, SAMHSA)

✓ True Livelihood:

Workforce/Job Development

(Denise Bissonnette)

## 3 principles and 4 tasks of Intentional Peer Support



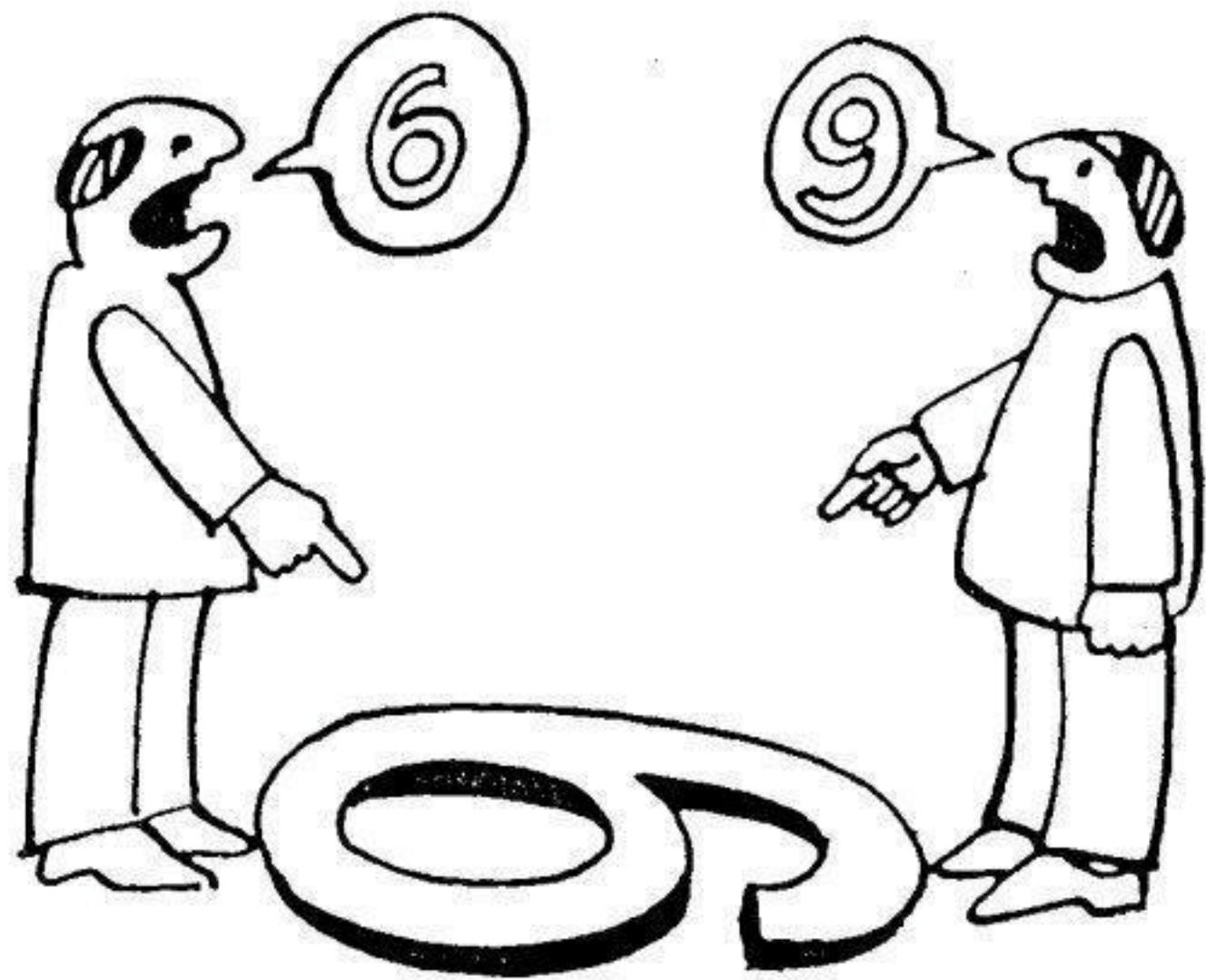
**Developed by  
Shery Mead**

**[intentionalpeersupport.org](http://intentionalpeersupport.org)**

Much like improvisation in music, IPS is a process of experimentation and co-creation, and assumes we play off each other to create ever more interesting and complex ways of understanding



originally developed by:  
Collaborative Support Programs of New Jersey  
Institute for Wellness and Recovery Initiatives



# The Clash of Perception

(from Pat Deegan)

## Psychiatrist

You are getting better  
Your symptoms are gone  
You are more in control  
You are stable  
You are functioning again

## Me (client)

Your cure is disabling me  
My symptoms no longer bother you  
Haloperidol is controlling me  
I can't think or feel  
My life is without meaning or passion

It is important to remember that this clash of perceptions I am describing went largely unspoken and unacknowledged. The psychiatrist and I did not sit down and have a thorough discussion of our divergent perspectives. It is also important to see there is a terrible **power imbalance** here. This clash of perception occurred between a psychiatrist and myself during one of my most vulnerable times.

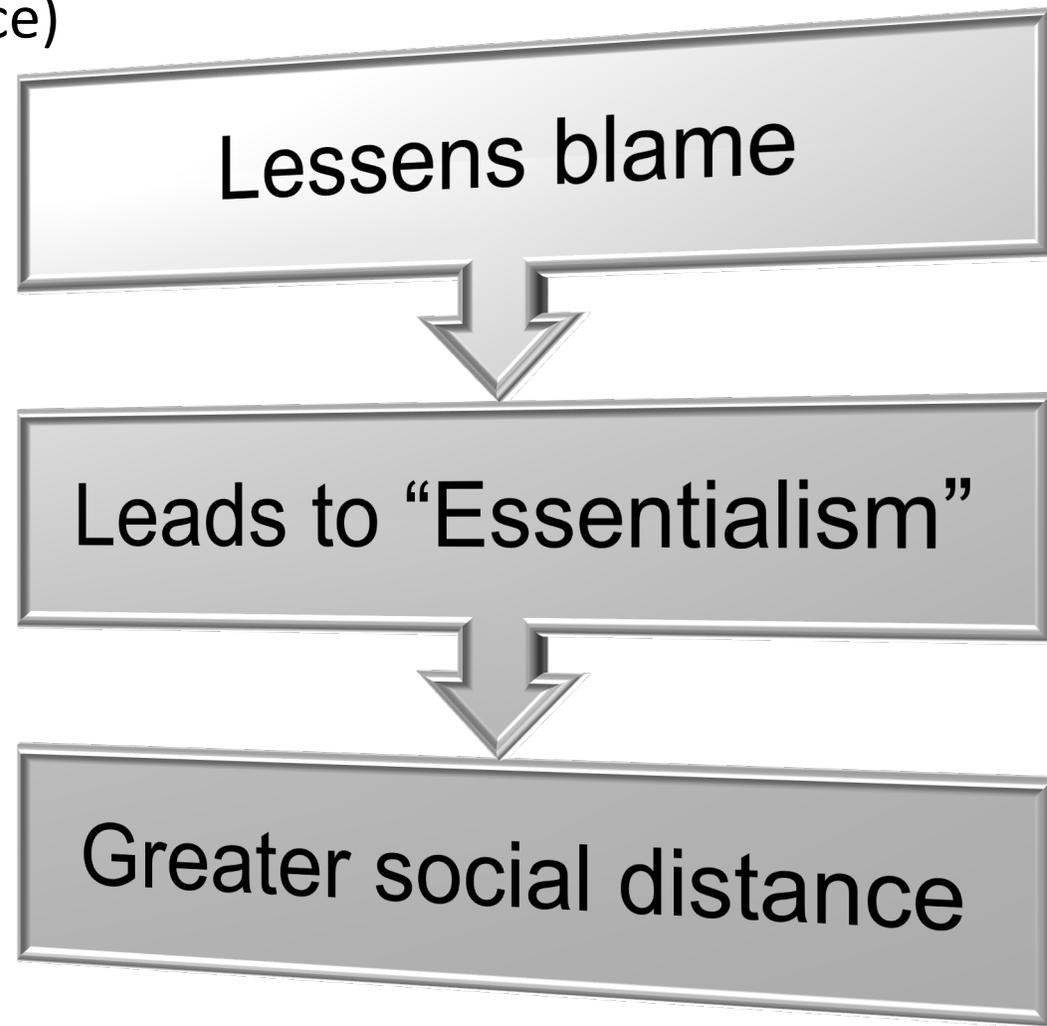
Because of his enormous power in relation to me,  
**the psychiatrist's interpretation of me became the only valid story.**  
His story about me became the truth and my story,  
**my experience and my voice were silenced.**

# Why Can't You Understand I'm Trying To HELP You?



# Brain disease model

(chemical imbalance)



"Mixed Blessings" results  
from good intentions, but ...

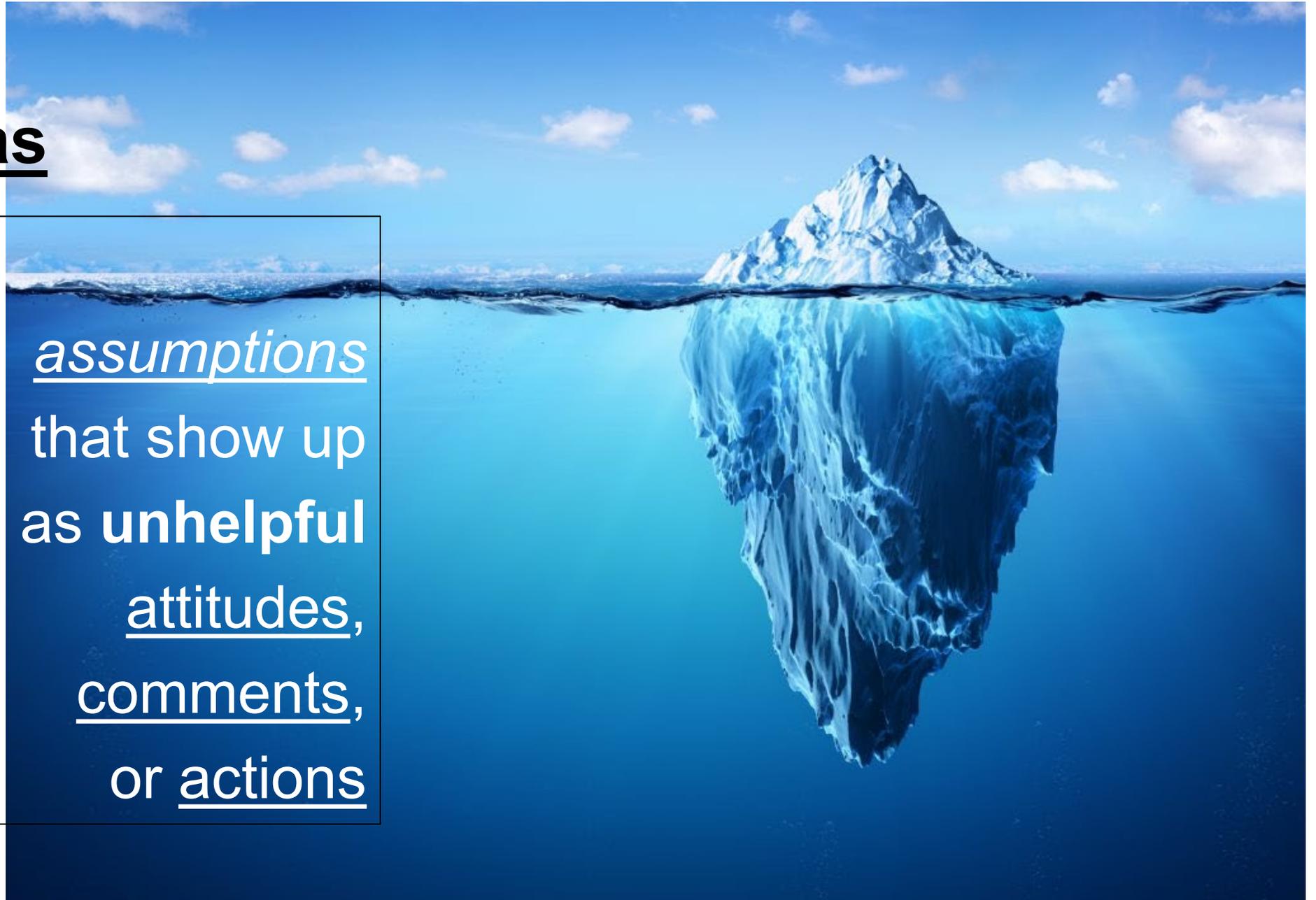


You're  
Inappropriate

# implicit bias

hidden

assumptions  
that show up  
as **unhelpful**  
attitudes,  
comments,  
or actions





## Elizabeth R. Stone

MA

mother

PhD candidate  
from New York

25+ years experience  
peer/client/consumer



# Epistemic injustice =

- Denial of rights
- Dismissal of perspective
- Ascribed disregard

## Epistemic = ways of knowing

- What is known by individuals in a group that is viewed in a discriminatory manner, is *de facto* viewed as not valid, by virtue of membership in the devalued group.

# Find the Balance between extreme attitudes

“running the person’s life  
for him/her/them”

Get the person to do  
what I want or think  
is best

*(Protect)*

“letting the person do  
whatever he/she/they want/s”

Let the person do  
whatever he/she/they  
think/s is best

*(Neglect)*



## Support & Empower

- ✓ Deep Listening
- ✓ Menu of Options
- ✓ Person Chooses
- ✓ Build Skills for Success

**Dignity of Risk  
&  
Duty to Care**

# *Relationship :*

## **The Most Important Tool**

**Instill Hope**

**Promote Full Participation**

**Respond to Crisis  
Differently**

**Uphold Informed Consent**

**Strive for Community  
Integration**

**Recognize the  
Power of Language**

**Support Felt Needs**

**Honor the Power of Choice**

**Be Trauma Informed**

**Afford Dignity of Risk &  
Right to Try**

**Develop Self-Help/Peer  
& Natural Supports**

# Guerilla Engagement =

attitude

invitation

curiosity

respect

irregular hours

incidentals

non-coercion

-> *relationship-focused*



**Could you help me understand what that means to you?**



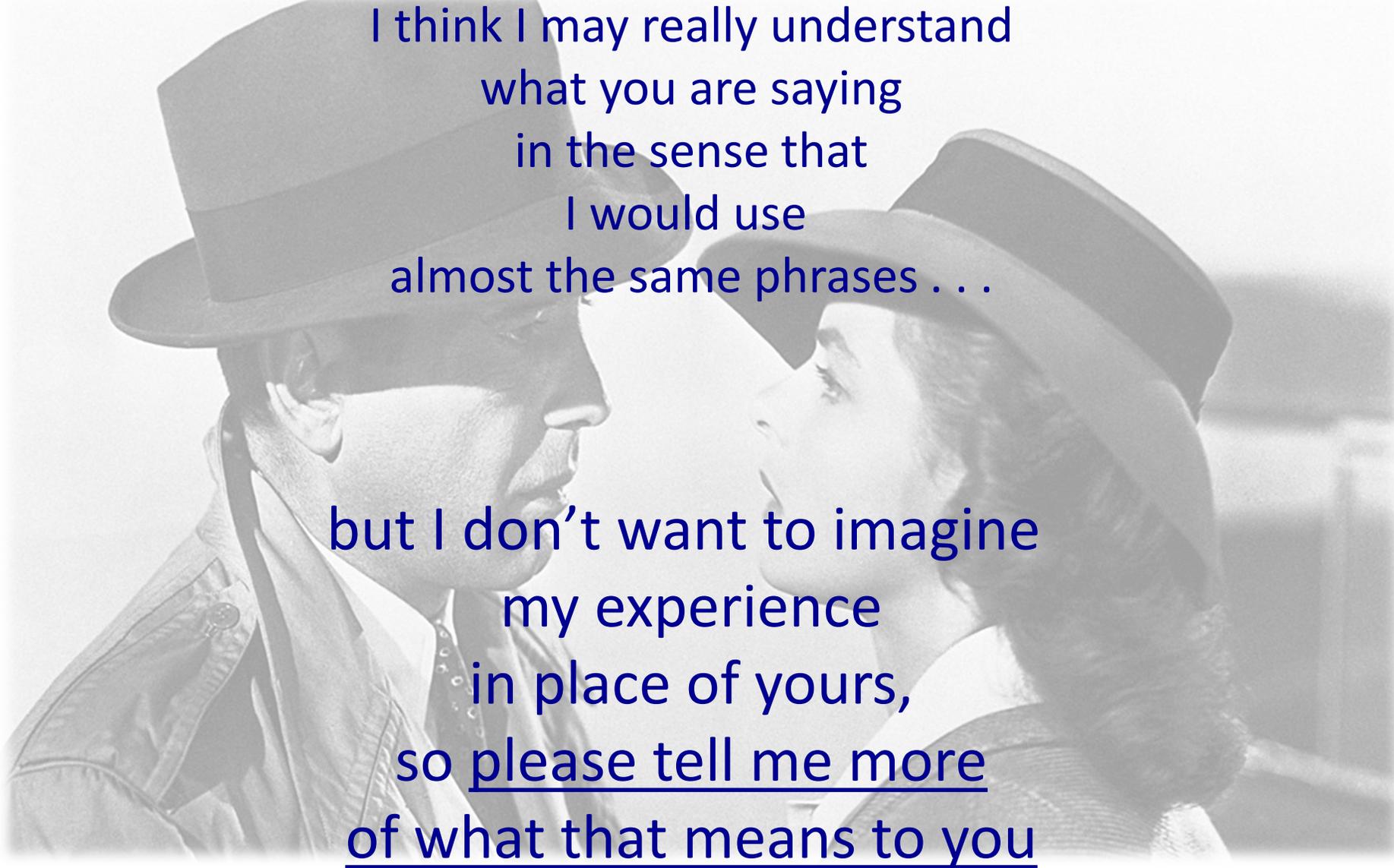
# Critical Ingredients for Establishing *Mutually Responsible Relationships*

## Being honest and direct about

- ▶ what I can do
- ▶ what I cannot do
- ▶ what makes me uncomfortable

## Negotiating for needs and shared power

- ▶ Validating experiences
- ▶ Saying what I see and asking for clarity
- ▶ Saying what I feel and need
- ▶ Figuring out together what will work for both of us



I think I may really understand  
what you are saying  
in the sense that  
I would use  
almost the same phrases . . .

but I don't want to imagine  
my experience  
in place of yours,  
so please tell me more  
of what that means to you

# Patterns in Paths to Homelessness

Childhood trauma/intergenerational homelessness

High amount of Child Support

Glamour of Lifestyle: camping, traveling, carefree

Limited Earnings Potential/History of Physical Labor

'Break-up' – Romantic, Friend, Family

Unanticipated Episode – Illness, Accident, Unemployment

Death of Homeowner

*\*note correlates with poverty*



**personal story  
from PLE workgroup  
member**

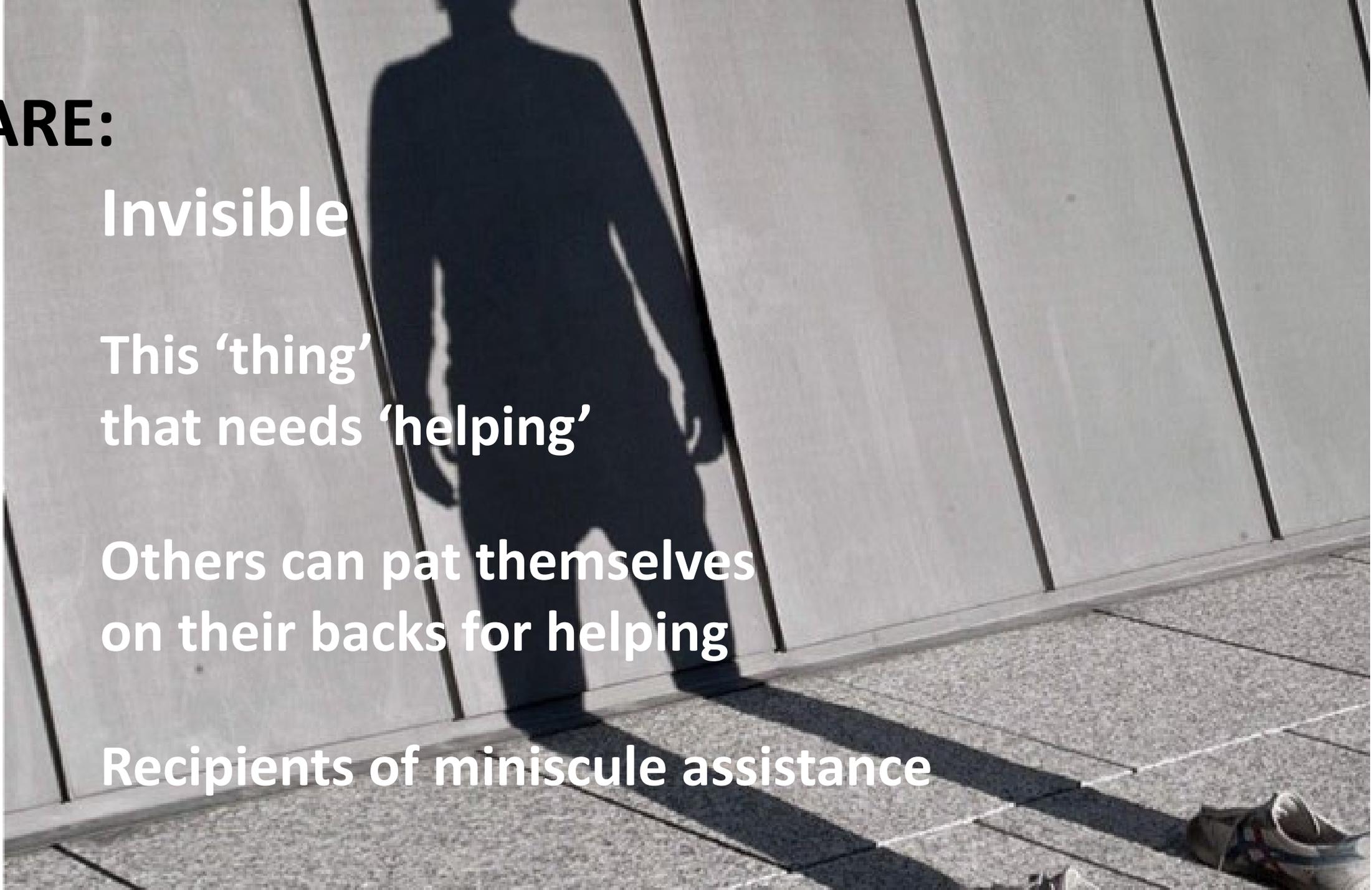
**WE ARE:**

**Invisible**

**This 'thing'  
that needs 'helping'**

**Others can pat themselves  
on their backs for helping**

**Recipients of miniscule assistance**



# Potential Blocks To Partnering

Listening

**For**

vs.

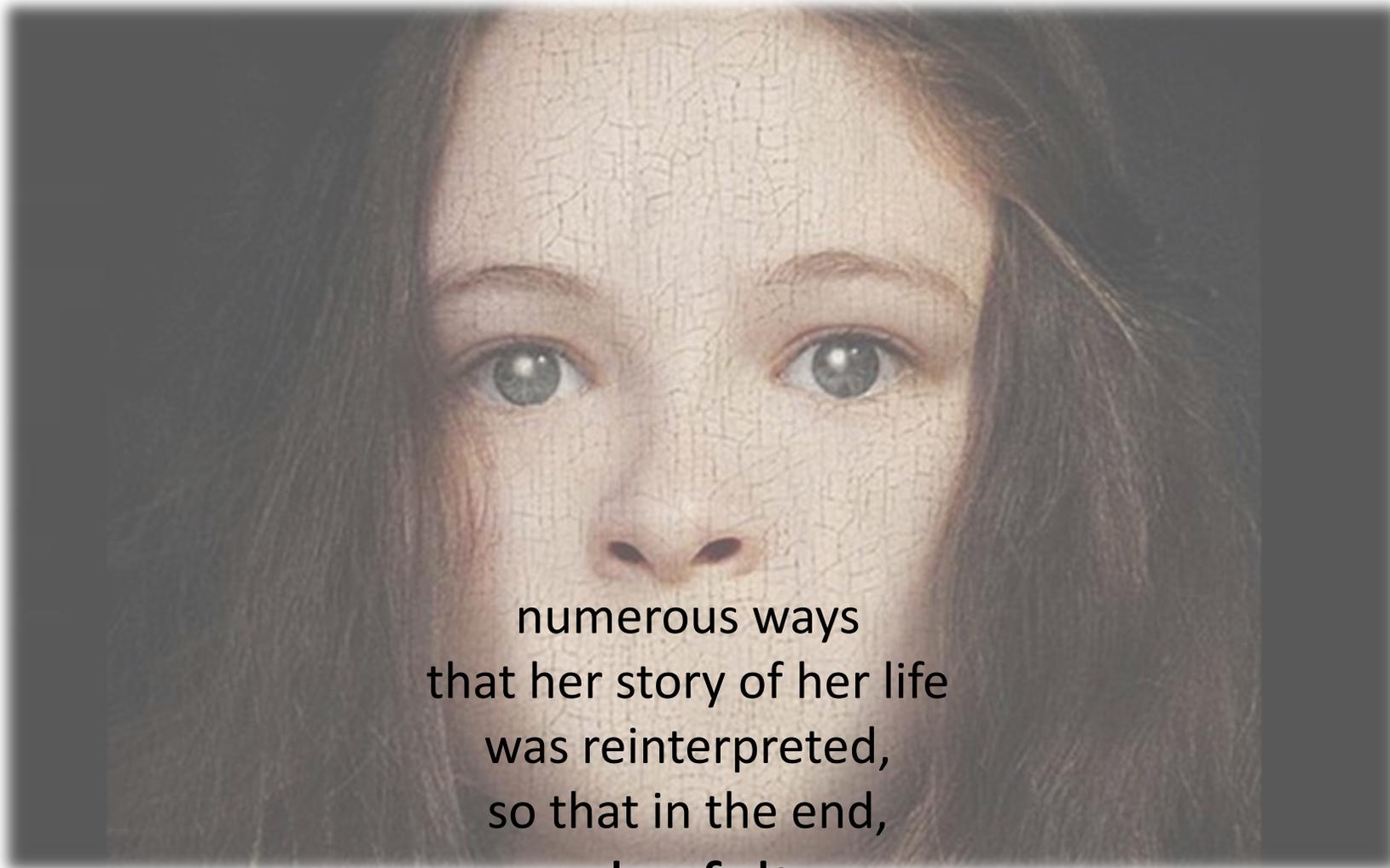
Listening

**To**

losing what you already have  
COSTS MORE  
than acquiring what you do not yet have



***rethinking “resistance” and “denial”***



numerous ways  
that her story of her life  
was reinterpreted,  
so that in the end,

she felt

she could not speak or be heard,  
in effect she had no voice

Rogers, 1994, p. 12

# constraints

The background of the slide features a collection of overlapping, semi-transparent hands in various colors including purple, green, yellow, pink, orange, blue, and light green. The hands are arranged in a way that they appear to be reaching out or supporting each other, creating a sense of community and shared experience.

- trauma histories
- distrust
- hatred of authority
- accommodated to discomfort
- personal benefits  
(e.g., friends, freedom, etc.)

# The Adverse Childhood Experiences (ACE) Study

*80% of people in psychiatric hospitals*  
have experienced physical or sexual abuse

*66% of people in substance abuse treatment*  
report childhood abuse or neglect

*90% of women with alcoholism*  
were sexually abused or  
suffered severe violence from parents

*64% of adult suicide attempts*  
are attributable to  
childhood adverse experiences

## Worldview => Expectations about Support

***A person's language reveals :***

how one wants to be **perceived**

and by extension –

how one wants to be **treated**

***identities***

can be imposed

or resisted

or accepted

by *others* or *self*

Based on interviews that examined:

- Attributes of self
- Description of professionals
- Experience of decision-making processes
- References to subjectivity

FOUR TYPES emerged:

- 1. Inward Expert**
- 2. Outward Entrustor**
- 3. Self-Aware Observer**
- 4. Social Integrator**

From study interviews in Australia

# What Happens When People are Denied the Right to Make Choices?

Denial of  
personal choice leads to  
a syndrome called

*learned helplessness...*

profound depression

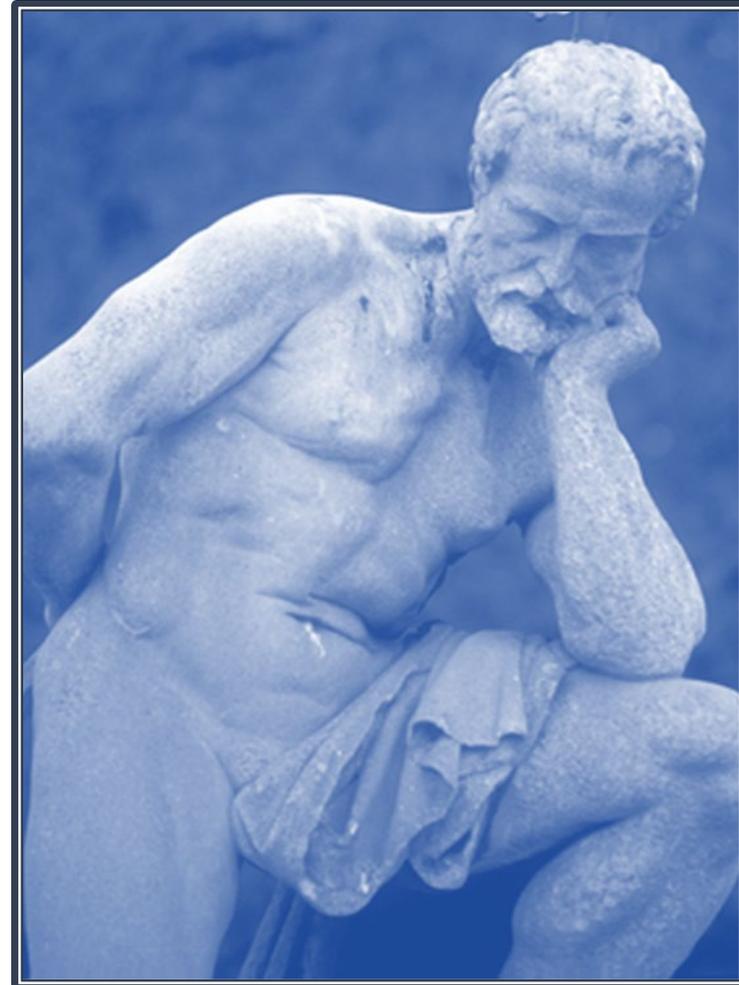
apathy

loss of self-esteem

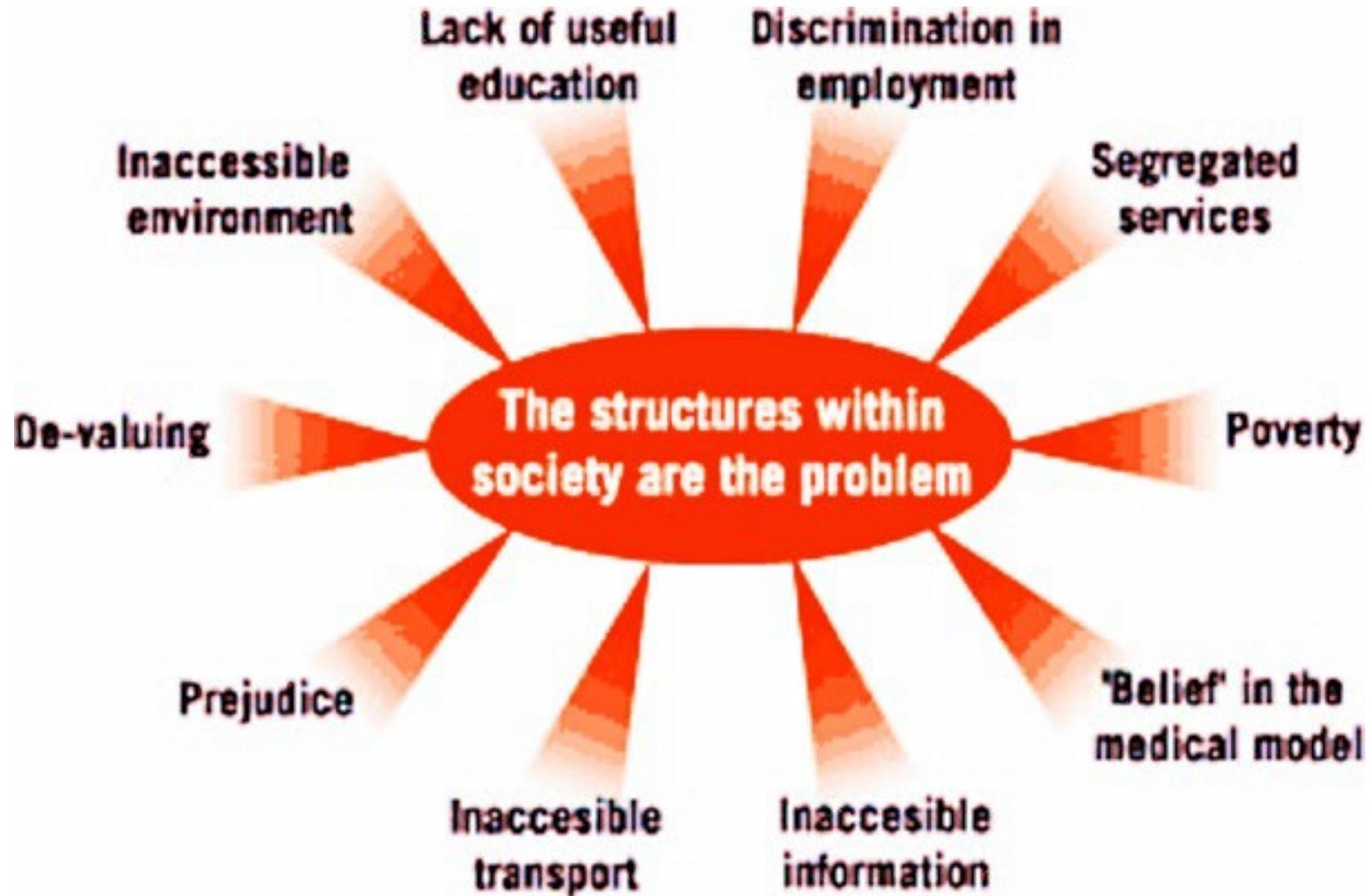
indifference

cognitive deterioration

loss of sense of self



# Social Model Of Disability



## Two Basic Paths Out:

- ❖ It has only been a short time, it was unexpected, **prior** to this the person had good ties to others, and had found **a solid spot in the mainstream of society;**  
*or*
- ❖ Despite outward appearances and often quite clearly, the person has had **long-standing life experiences** most might label as traumatic and **learned to respond** to those difficult experiences in ways where the **main objective was avoiding further emotional pain**, but often ultimately was not safe nor was helpful in gaining a foothold to move forward.



**personal story  
from PLE workgroup  
member**

# 10 Guidelines for Outreach Counseling From a Pretreatment Perspective

from: **Levy, J. S.** (2013)

*Pretreatment guide for homeless outreach & Housing First:  
Helping couples, youth, and unaccompanied adults*

Meet clients (literally and figuratively) where they are at

The relationship is most important – promote trust and respect autonomy

Develop a common language of shared words, ideas, and values

Be goal centered – join the person in setting goals that resonate in his/her/their world

Mutually define or characterize particular difficulties to achieving goals and jointly develop strategies or

plans

Carefully support transitions to new ideas, relationships (stages of engagement), environments (desensitization), resources, and treatment (bridge client language to treatment language)

Promote safety via harm reduction strategies and crisis intervention techniques

Utilize crisis as an opportunity to promote positive change

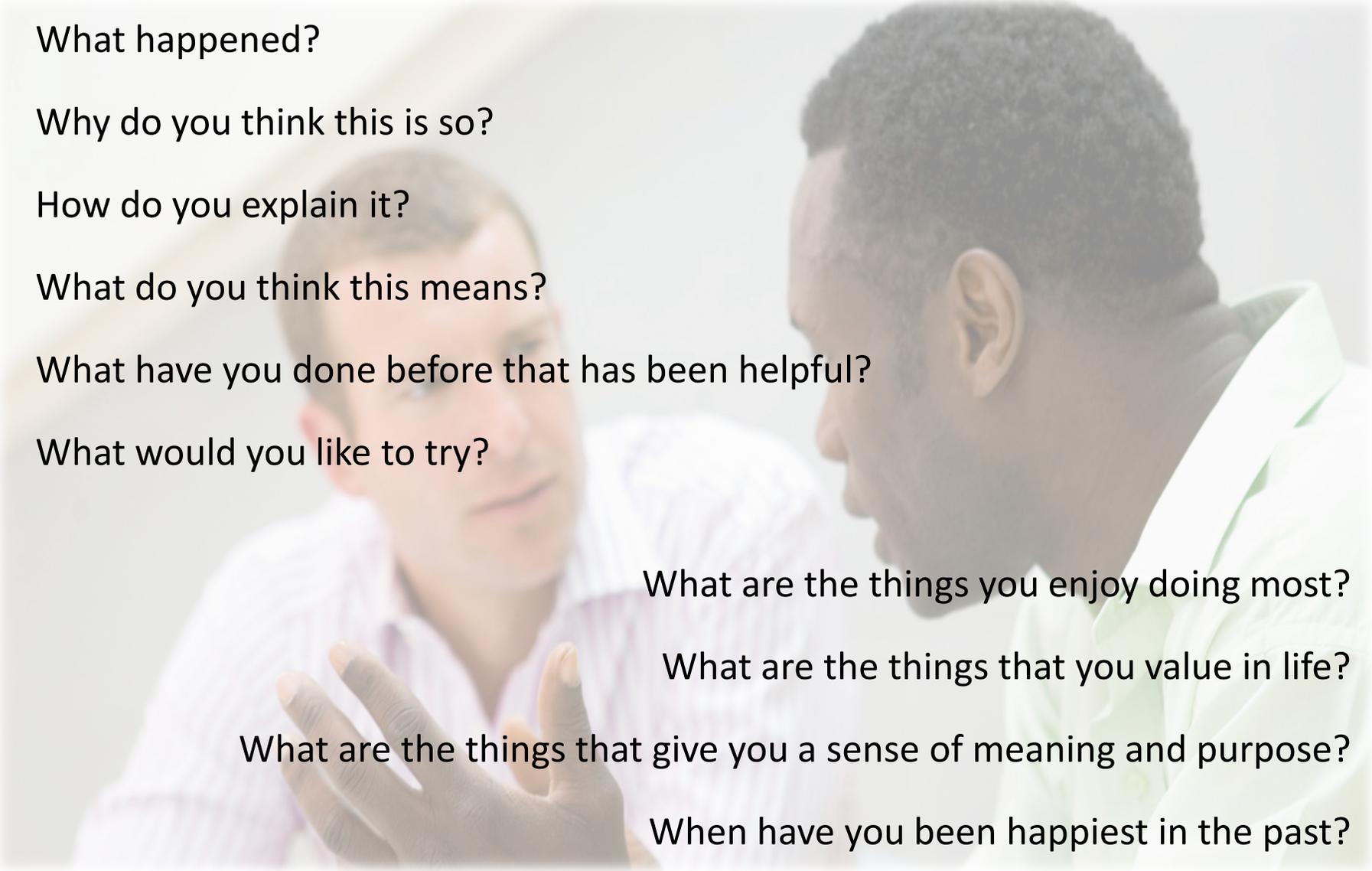
Respect the process of change – understand its stages and relevant interventions

Understand the person's narrative and integrate a process of 'meaning making' with movement toward positive

change

# Personal Medicine = Rediscovering Personal Interests...

- **Volunteering**
  - **Seeking employment opportunities**
  - **Exploring nature**
  - **Parenting**
  - **Reclaiming a lost role**
  - **Enjoyable activities/hobbies**
- 

A faded background image of two men in a conversation. One man is on the left, wearing a light-colored shirt, and the other is on the right, wearing a light green shirt. They appear to be in a professional or therapeutic setting.

What happened?

Why do you think this is so?

How do you explain it?

What do you think this means?

What have you done before that has been helpful?

What would you like to try?

What are the things you enjoy doing most?

What are the things that you value in life?

What are the things that give you a sense of meaning and purpose?

When have you been happiest in the past?

# MISSION

## **FIND: A Friend in Deed**

Bringing cutting-edge evidence-based practices grounded in lived expertise to recipients and providers of behavioral healthcare working at the intersections of mental health, substance misuse, justice-system involvement, and being unhoused.

# What is a PAD?

A **Psychiatric Advance Directive (PAD)** is a legal document that documents a person's preferences for future mental health treatment, and allows appointment of a health proxy to interpret those preferences during a crisis.

Important Information  
especially if a Person is Hospitalized

**approaches that are helpful**  
**when having a hard time**

    pacing  
    taking a shower  
    punching a pillow  
    listening to music  
    writing or reading

    touching - or not  
    talking  
    lying down  
    exercising  
    voluntary time-out

*INCLUDE:*

*Actions that are not helpful*

*Preferences regarding physical contact by staff*

# Potential Challenges

- Facility limitations in service offerings.
- PADs are limited in emergency interventions based on “dangerousness to self or others” (5150). An individual **cannot direct whether or not to be hospitalized** in an advance directive.
- Stigma-based views (prejudice) that lead to the **discounting** (discrimination) of the perceptions, judgments and stated preferences of people with psychiatric disabilities.

# State Initiatives



**CARE Act**

**CaAIM**

**Prop 1**



*(Patricia Deegan, PhD)*

What gives  
your life meaning?



# Keep in Mind

## Know yourself/know your lens

- ✓ Values
- ✓ Why you want to do this
- ✓ Your hopes
- ✓ How you see the world

## How do you see others?

- ✓ Open curious perspective
- ✓ Embrace difference

## Be Clear about . . .

- ✓ What you would like to see happen
- ✓ What you are willing to do
- ✓ What you can realistically expect from others



**personal story  
from  
PLE workgroup  
member**

## What I (*Elizabeth*) bring to this:

### **MA: Education (TESOL)**

graduate studies in

- Social Work
- Psychology
- Community Psychology
- Certified Addictions Counselor

### 'expert' via lived experience

- homeless with children
- multiple mental health diagnoses
- 6 voluntary psych hospitalizations
- 3 suicide attempts

for more information:

[a.friend.in.deed.ventura@gmail.com](mailto:a.friend.in.deed.ventura@gmail.com)

### Work in BH (25+ years)

- case manager
- residential counselor
- co-occurring disorders counselor
- trainer
- consultant
- advocate

**elizabeth r stone, ma :: 805-721-1124**

## **A PERSON AND A MENTALLY ILL PATIENT**

By Wally Kisthardt

We use words in many ways, to understand our being.  
And we know our point of view affects what we are seeing . . .  
A diagnosis is a powerful word, it's true.  
For once a 'disorder' is defined, it's the lens that we look through.

A person gets excited; with a patient it is manic.  
A person has concerns; with a patient it is panic.  
A person is expressive; a patient's histrionic.  
A person can get better; while a patient's often chronic.

A person may get angry; a patient becomes agitated.  
A person is a creative thinker; a patient's thoughts are not related.  
A person may be sad; a patient is depressed.  
A person may be childlike; a patient is regressed.

A person may be cautious; with a patient it is guarded.  
A person may change her mind; a patient must finish what is started.  
A person tries to influence; a patient manipulates.  
A person gets a second opinion; a patient triangulates.

A person is an activist; a patient's antisocial.  
A person is a visionary; a patient is delusional.  
A person lives in a home; a patient in a facility.  
A person has many strengths; a patient has a disability.

A reminder to us all that mental illness does not nullify personhood.  
And each and everyone we try to help may not behave as we think they should.  
Don't let their illness shift our sights from the gifts that people possess,  
And we will see the wonder in each life and the joys of each success.

from

**You Validate My Vision: Poetic Reflections on Helping, Caring and Loving**

by Wally Kisthardt

# 3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.



PACes Connection thanks **Building Community Resilience Collaborative and Networks** and the **International Transformational Resilience Coalition** for inspiration and guidance. Please visit [PACesConnection.com](https://www.PACesConnection.com) to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.

# ACE Study — Five Important Findings

- 1 ACEs are surprisingly common — 64% of the 17,000 in the ACE Study had one of the 10 ACEs; 12 percent had four or more.
- 2 There's an unmistakable link between ACEs and adult onset of chronic disease, mental illness, violence and being a victim of violence.
- 3 The more types of childhood adversity, the direr the consequences. An ACE score of 4 increases the risk of alcoholism by 700%, attempted suicide by 1200%; it doubles heart disease and lung cancer rates.
- 4 ACEs contribute to most of our health problems, including chronic disease, financial and social health issues.
- 5 One type of ACE is no more damaging than another. An ACE score of 4 that includes divorce, physical abuse, a family member depressed or in prison has the same statistical outcome as four other types of ACEs. This is why focusing on preventing just one type of trauma and/or coping mechanism isn't working.

## ACEs are just ONE PART of ACEs science. The Five Parts of ACEs Science:

- The ACE Study and other ACE surveys (epidemiology).
- How toxic stress from ACEs damages children's brains (neurobiology).
- How toxic stress from ACEs affects our short- and long-term health.
- How we pass ACEs from parent to child through our genes (epigenetics).
- And how resilience research shows our brains are plastic, our bodies can heal.

## We're Not Doomed!

Our brains are plastic. Our bodies want to heal. To reduce stress hormones in our bodies and brains, we can meditate, exercise, sleep and eat well, have safe relationships, live and work in safety, ask for help when we need it.

We can build resilient families. Educating parents about their own ACEs helps them understand their lives and motivates them to become healthy parents to prevent passing their ACEs on to their kids.

For resilient families, we need healthy organizations, healthy systems and healthy communities. The frontier of resilience research lies in creating communities and systems that prevent childhood adversity, stop traumatizing already traumatized people, and build resilience.

Many people, organizations and communities are integrating trauma-informed and resilience-building practices based on ACEs science, including pediatricians, schools, juvenile detention facilities, businesses, social services, people in the faith-based community, health clinics, etc. For examples, go to <https://acestoohigh.com/aces-101/>.

## **Relationship:** **The Most Important Tool**

Instill Hope  
Promote Full Participation  
Respond to Crisis Differently  
Uphold Informed Consent  
Strive for Community Integration  
Support Felt Needs  
Honor the Power of Choice  
Be Trauma Informed  
Afford Dignity of Risk & Right to Try  
Develop Self-Help/Peer & Natural Supports

### ***Recognize the Power of Language***

## **Critical Ingredients for Establishing Mutually Responsible Relationships**

Being honest and direct about

- what I can do
- what I cannot do
- what makes me uncomfortable

Negotiating for needs and shared power

- Validating experiences
- Saying what I see and asking for clarity
- Saying what I feel and need
- Figuring out together what will work for both of us

from Shery Mead - *Intentional Peer Support*

## **Approaches**

### **that Incorporate Shared Decision-making**

#### **Common Ground**

[commongroundprogram.com](http://commongroundprogram.com)

#### **eCPR**

[emotional-cpr.org](http://emotional-cpr.org)

#### **Psychiatric Rehabilitation**

[cpr.bu.edu](http://cpr.bu.edu)

#### **Open Dialogue**

#### **Intentional Peer Support**

[intentionalpeersupport.org](http://intentionalpeersupport.org)

## **Tools**

### **for Incorporating Shared Decision-making**

#### **Psychiatric Advance Directives**

[www.nrc-pad.org](http://www.nrc-pad.org)

#### **WRAP**

[wellnessrecoveryactionplan.org](http://wellnessrecoveryactionplan.org)

#### **Decision Aids**

## **Organizations**

### **with Additional Information**

NEC:

#### **National Empowerment Center**

[power2u.org](http://power2u.org)

MFI:

#### **Mind Freedom International**

[mindfreedom.org](http://mindfreedom.org)

MIA:

#### **Mad in America**

[madinamerica.org](http://madinamerica.org)

February 14, 2024

VC CoC Governance Board

**SUBJECT:** Receive and file a report on FY23 Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funding awards.

**BACKGROUND:** On January 29, 2024, HUD announced the funding awards for the FY23 Continuum of Care Notice of Funding Opportunity. Ventura County Continuum of Care (VC CoC) staff submitted the annual HUD CoC Consolidated Application on September 26, 2023, based on the VC CoC Board's approval of the final project ranking of all new and renewal projects.

**DISCUSSION:** The VC CoC was successful in HUD approval for all projects submitted for renewal. Our CoC was not awarded bonus funding in this competition. HUD will provide additional information about the overall scoring and this debrief will be reviewed with the VC CoC Board at a future meeting. Please see the following list of renewal projects with award amounts:

Organization Name	Project or Award Name	FY22 Amount	FY23 Amount
Coalition for Family Harmony	Coalition for Family Harmony DV Bonus 2022	\$696,622	\$741,934
County of Ventura	CoC Planning Project Application	\$128,855	\$225,081
County of Ventura	LSS Is A New Day RRH	\$205,763	\$223,295
County of Ventura	Oxnard/East County/Santa Paula CoC Consolidated	\$441,137	\$487,661
County of Ventura	Salvation Army RRH	\$54,222	\$58,842
County Human Services Agency	Choices Permanent Supportive Housing	\$450,363	\$494,187
County Human Services Agency	HMIS Expansion-Coordinated Entry System	\$402,631	\$402,631
County Human Services Agency	Ventura County Rapid Re-Housing Program	\$81,829	\$81,829
Many Mansions	MM Supportive Housing - Mountain View Fillmore	\$44,592	\$44,592
Many Mansions	MM Supportive Housing - Simi Valley	\$138,080	\$141,941
Many Mansions	MM Supportive Housing - Thousand Oaks/Oxnard	\$182,423	\$188,804
The Salvation Army	The Salvation Army Ventura PSH	\$158,048	\$169,907
Turning Point Foundation	Our Place Safe Haven	\$168,977	\$168,977
Turning Point Foundation	Rapid Re-Housing	\$162,760	\$172,132
Turning Point Foundation	Stephenson Place Permanent Housing	\$35,679	\$37,905
Turning Point Foundation	Wooley House Permanent Housing I	\$44,635	\$46,726
Turning Point Foundation	Wooley House Permanent Housing II	\$38,216	\$39,857
<b>Total</b>		<b>\$3,434,832</b>	<b>\$3,726,301</b>

As staff prepare for the next annual HUD CoC NOFO competition, some known areas for improvement include: 1) Improve the HMIS bed coverage rate for non-CoC funded programs; 2) Reduce the length of time persons experience homelessness; and 3) Reduce the rate of returns to homelessness.