



10 Years of Impact

2016-2026

CACHI 

CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE

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The CACHI Story

10 Years of Building the Infrastructure for Equity

Ten years ago, CACHI set out to test a simple but ambitious idea: that communities can achieve more lasting change when they are supported not just with programs, but with the infrastructure to work together.

Across California, leaders in healthcare, public health, community organizations, and local government had long been working to improve health. But too often, those efforts were fragmented, separated by funding streams, institutional silos, and decision-making structures that left community voice at the margins.

At the same time, a new model—the Accountable Community for Health (ACH)—was emerging nationally as a way to link clinical care with social services. Through a public-private partnership with the California Health and Human Services Agency and private philanthropy, CACHI brought the ACH model to California and adapted it further by placing community voice and equity at its core. Built on collaborative infrastructure, ACHs enable multiple sectors to align priorities, break down silos, and act together to improve community health and well-being.

Through funding, technical assistance, and peer learning, CACHI has since helped 36 communities across 27 counties build ACHs to improve the conditions that shape health through sustained local collaboration. Over the last decade, those partnerships have grown into a statewide force for health and equity. ACHs are helping residents, community organizations, public agencies, and health systems work together in new ways: responding to crisis, coordinating care and prevention, shaping local priorities, and building the long-term conditions for healthier, more equitable communities.

What began as an experiment has become proof of what communities can achieve when they have the infrastructure to act together. The stories and data that follow bring that proof to life.

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Being a part of Marin 9 to 25 allows me to live out my passion for youth empowerment and health equity! I have grown with the organization, starting as a TAY* intern and now serving as a project manager. I like to say I give more hugs than handshakes at my work and how I feel more ingrained in the community than ever before.

– Gabriellah Agar
Resident & Marin 9 to 25 Project Manager

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* TAY (Transition Age Youth) refers to young people, typically ages 16-25, transitioning out of child-serving systems due to aging out or other circumstances.



About CACHI



The California Accountable Communities for Health Initiative (CACHI) is driving a statewide shift in how health systems, social services, community organizations, and residents collaborate to improve population health and equity. In partnership with Accountable Communities for Health (ACHs) in 36 communities across the state, CACHI is advancing community-rooted, multisector infrastructure that aligns local resources, policies, and investments to tackle the root causes of health disparities.

Our Mission



CACHI leads a powerful movement to transform health systems through the ACH model. By uplifting local leadership and centering the voices of those most impacted by inequities, we spark lasting change—investing in bold, collaborative solutions that address root causes and build a just future for all Californians.



2016

Pilot cohort launched

2017–2022

Systems change documented

2022

State allocates nearly \$15 million to scale ACHs

“

We knew it takes more than the healthcare system to keep people healthy—and that’s what led us to the idea of an Accountable Community for Health.

– Barbara Masters
Founding Director of CACHI

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“

When we launched, we kept things lean because we didn’t know if this would last. We didn’t expect to still be here a decade later—but to see what this has become is incredible. It reflects the persistence of the network and the power of investing in community infrastructure.

– Marion B. Standish
Former Senior VP, The California Endowment

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2023

Expansion to
36 ACHs statewide

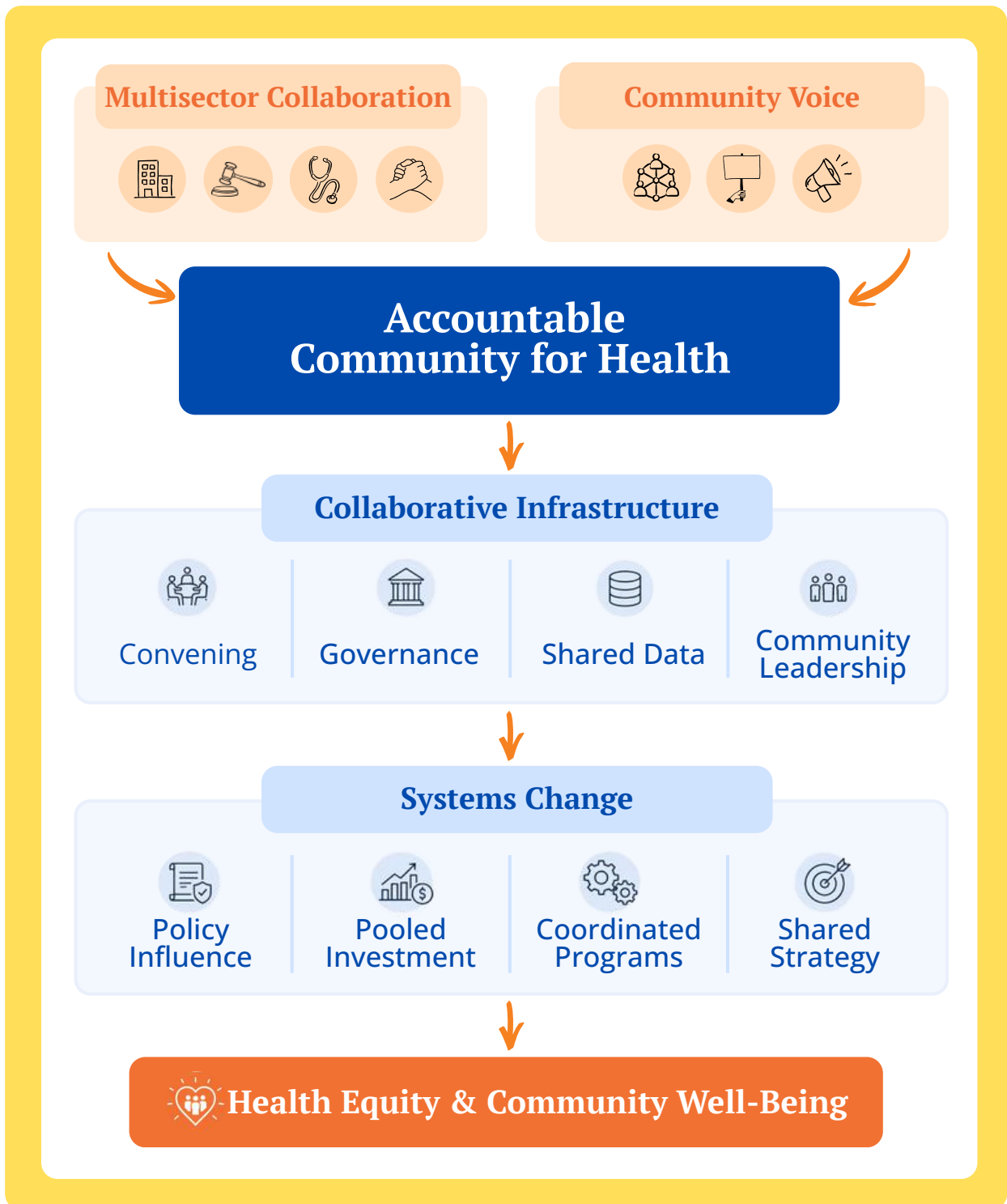
2026

Accelerating impact as
statewide infrastructure
for community health
and well-being

The ACH Model

Infrastructure for Equity

CACHI launches and strengthens ACHs as trusted local infrastructure to connect partners and coordinate action toward health and equity.



How We Work

Strong partnerships do not emerge overnight. CACHI provides the support, connections, and learning environment that help ACHs grow into durable engines for community health and equity.

Hands-On Technical Support

Provides hands-on guidance to help ACHs establish governance structures, strengthen cross-sector partnerships, and develop shared strategies.

Statewide Peer Learning

Hosts regional and statewide convenings where ACH leaders exchange methods, challenges, and lessons.

Policy and Systems Alignment

Elevates lessons from ACH communities to inform policy discussions and align state and regional systems around health equity.

Long-Term Infrastructure

Supports ACHs in strengthening long-term capacity—including governance, partnerships, and funding pathways—so community collaboration can be sustained over time.



Our Approach to ACH Development

CACHI supports ACH growth through a **developmental pathway** designed to deepen cross-sector collaboration at every stage.



From early convening to lasting systems change

The developmental pathway is **a framework for understanding where an ACH's infrastructure stands and what it takes to sustain it over time**. Each ACH moves through the stages at its own pace and may return to foundational work as the realities of staffing, partnerships, and community priorities shift. This points to the need for sustained, flexible resources and the role of CACHI in providing tailored support, tools, and connections to help ACHs build on their strengths.

The Developmental Pathway in Practice

Community Response System of South Los Angeles

From Crisis Response to Lasting Infrastructure

In the spring of 2020, COVID-19 swept through South Los Angeles, a historically marginalized Black and multi-ethnic community of more than two million residents. In a region shaped by decades of redlining, disinvestment, and systemic racism, community leaders could not afford to wait for county or state agencies to respond. Drawing on decades of relationships, a network of nonprofits, faith institutions, and health organizations began coordinating independently. Cheryl Branch, Executive Director of Los Angeles Metropolitan Churches, and Robert Sausedo, President and CEO of Community Build, Inc., convened an initial group of 32 partners—organizations and residents who knew and trusted one another and could communicate freely about where support was urgently needed and where systems were breaking down.

This network became the Community Response System of South Los Angeles (CRSSLA). Focused on emergency response, they established testing sites, disseminated information, and organized food and PPE distribution across neighborhoods that official channels were not reaching. From 2020-2022, CRSSLA partners distributed more than 30 million pounds of food, provided transportation assistance to vaccination sites in collaboration with Lyft, established mental health supports and tutoring initiatives for youth, assisted with income tax refund filings, and connected grassroots organizations to mini-grants. CRSSLA was also part of a successful push to create the Center for Health Equity within the LA County Department of Public Health, a structural outcome that reflected the coalition's growing ability to move beyond service coordination into policy.

“What brought this work together was a strong thread of camaraderie and connection,” Ms. Branch says. “People stayed at the table, took the time to build trust, and chose collaboration over competition, again and again, under conditions that could have kept us apart.”

Becoming an ACH ◀◀◀◀◀

The health emergency exposed failures that predated COVID-19—not failures of programs or people, but of the system itself. CRSSLA began to ask how the coalition could become a more permanent table for community health and prevention and for driving institutional change.

A key opportunity came in 2023, when CACHI offered grant support and technical assistance to a new cohort of collaboratives to adopt the ACH model. With Los Angeles Metropolitan Churches serving as its backbone organization, CRSSLA made the transition. The coalition adopted shared governance, developed a long-term vision, and rethought how they made decisions and brought partners into the work, including trauma-informed practices to account for the intergenerational harm that shaped the communities and organizations at the table.

With that structure in place, the network turned to how it communicated with and engaged the community. Public health guidance was translated into culturally relevant messaging, delivered through social media, newsletters, and a youth ambassador program that brought younger residents into the work of spreading information. Fifteen "Meet the Black Doctors" events held in community park settings created space for residents to engage directly with Black physicians, addressing long-standing concerns about access, representation, and the quality of care.

Grounding their work in Community-Based Participatory Research, which positions community members as co-creators in research, data gathering, and strategy, CRSSLA collaborated with USC graduate students to document its outreach and engagement activities. Through events with Black Women Rally for Action and at community celebrations like the Taste of Soul and LA Rotary's Angel City Celebration, the coalition heard from over 300 residents about their health priorities and barriers to care. CRSSLA regards the stories people share during care calls and in-person interactions as essential data, necessary to capture social and structural context that numbers often miss.

Growing Influence ◀◀◀◀◀

As CRSSLA's reach grew, it became more directly involved in how decisions were made about resources in the community. That shift was put to the test when funding for Martin Luther King Jr. Community Hospital was at risk. The ACH mobilized its partners, community voices, and public pressure in a coordinated campaign that resulted in restoration of \$25 million in funding—a demonstration that the coalition could move public dollars, not just distribute them.

CRSSLA also began working more closely with managed care plans and community clinics—the Southside Coalition of Community Health Clinics, L.A. Care, Blue Shield of California, Kaiser Permanente, Molina, and Health Net—to bring healthcare delivery closer to what communities were asking for: better maternal health services, stronger emergency preparedness, and supports that reached whole families, not just individual patients. CRSSLA served as a bridge between health plans and the faith- and community-based organizations that residents already trusted, working to coordinate CalAIM and other services to reach people where they were.

At the same time, the coalition was investing in the organizations around it. CRSSLA helped more than 50 community-based organizations secure over \$4 million in funding, expanding services and stabilizing operations across South Los Angeles. It also partnered with Los Angeles Valley College to shape a Community Health Worker (CHW) training and apprenticeship program, embedding racial equity and culturally responsive care into workforce training. In 2025, the coalition began convening with other ACHs in Southern California to coordinate advocacy.

As it has expanded its work, CRSSLA has seen how even well-intentioned policy changes can create new barriers for the communities they are meant to serve. As Carrie Broadus, a community leader with CRSSLA, explains: “Under CalAIM’s new rules, many of our nonprofits couldn’t compete for Medi-Cal billing. Once they fell off, they couldn’t get back in,



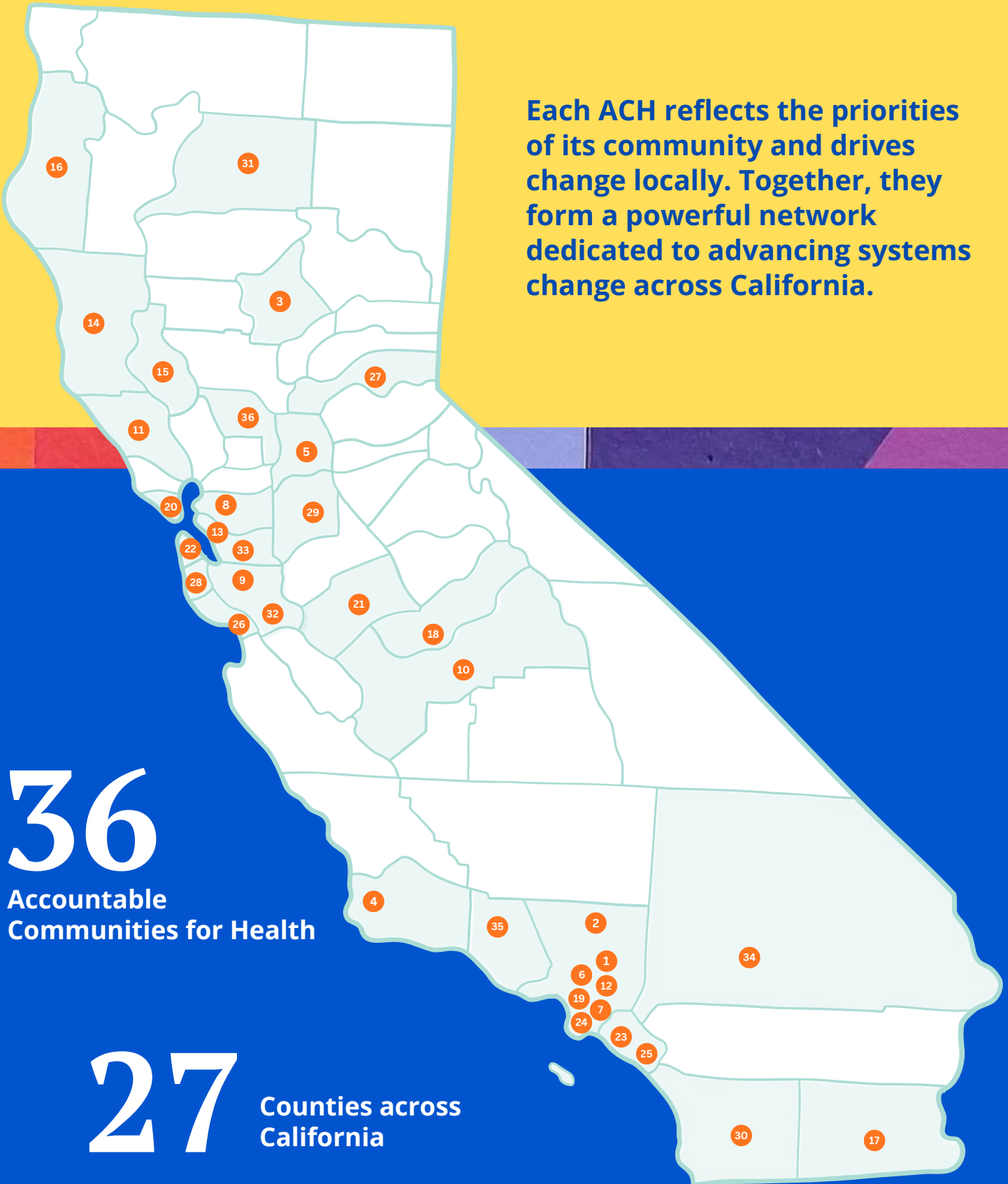
and we watched the capacity of trusted community providers slowly erode away.” In response, CRSSLA applied for and was awarded PATH (CalAIM) infrastructure funding for 2026, aimed at strengthening care coordination across partners and building a Wellness Fund to sustain participation in CalAIM's Medi-Cal service delivery.

“In South LA, resources don’t always get there, so we’ve had to advocate and help each other with what we have,” Ms. Broadus says. “When people are dying, when people are losing coverage—that’s what’s on our minds. We’re not here to be spectators. We’re building something so strong, everybody wants to be part of it.”

From Pilot to Statewide Infrastructure

ACH Counties & Locations

Each ACH reflects the priorities of its community and drives change locally. Together, they form a powerful network dedicated to advancing systems change across California.



36

Accountable
Communities for Health

27

Counties across
California

1000+ cross-sector organizations engaged statewide

20+ Medi-Cal managed care plans engaged

20+ coordinated care systems (CIEs, referral networks, and CHW/promotores models)*

\$30+ million in public & private funding aligned to support community health and prevention

* CIEs (Community Information Exchanges); CHW (Community Health Workers)

Our 36 Accountable Communities for Health

- 1 All in for Azusa
- 2 Antelope Valley – Violence Prevention ACH
- 3 Butte County ACH
- 4 Caring Together Santa Barbara County
- 5 Child Safety Forward Sacramento
- 6 Community Response System of South Los Angeles
- 7 Compton Healthy
- 8 Contra Costa Together
- 9 East San José PEACE Partnership
- 10 Fresno Community Health Improvement Partnership
- 11 Health Equity Rising
- 12 Health Innovation Community Partnership
- 13 Healthy Havenscourt Collaborative
- 14 Healthy Mendocino
- 15 Hope Rising Lake County
- 16 Humboldt Community Health Trust
- 17 Imperial County ACH
- 18 Live Well Madera County
- 19 Los Angeles Reentry Collaborative
- 20 Marin 9 to 25
- 21 Merced County
- 22 Mission Promise Neighborhood
- 23 OC API Task Force
- 24 One San Pedro Alliance
- 25 Orange County Network of Care
- 26 Pajaro Valley Collective
- 27 Placer County ACH Network
- 28 Redwood City Together
- 29 Reinvent South Stockton Coalition
- 30 San Diego ACH
- 31 Shasta Health Assessment and Redesign Collaborative
- 32 South County H.E.A.L.S!
- 33 Unincorporated Health and Wealth Initiative
- 34 Uplift San Bernardino
- 35 Ventura County Community Health Improvement Collaborative
- 36 West Sacramento Accountable Communities for Health Initiative

ACHs in Action



This mosaic tells part of our 10-year story—one tile for every ACH, each reflecting the unique landscape, people, and spirit of the communities they serve. The six stories that follow capture ACH impact across different geographies, each advancing systems change in their own way.

They are six among many. Every ACH has its own history, its own community, and its own story worth telling. A common thread runs through them all: when communities have strong infrastructure for collaboration, they can build the trust and collective power needed to transform community health and equity.



Tiles created by each of the 36 ACHs in the CACHI network, representing the landscapes, people, and spirit of the communities they serve.



Antelope Valley – Violence Prevention ACH

Innovating a Regional Response to a Health Crisis



In 2022, a Los Angeles County landscape analysis laid bare the scale of violence shaping daily life in the Antelope Valley. In addition to alarming rates of child abuse, suicide, and firearm injuries, Lancaster and Palmdale—home to just 3.4% of the county's population—accounted for roughly 25% of all domestic violence calls. The analysis also exposed gaps in mental health care and provider coordination.

"This reality forced us to think beyond traditional responses," says Adel Domingo, Program Manager with Antelope Valley Partners for Health (AVPH). "Survivors needed safety tools, healing supports, and trusted people showing up where violence was actually happening."

For over two decades, AVPH has helped residents navigate health and social services, building the trust needed to bring partners to the table. Drawing on the county's findings and their own community assessment, AVPH convened hospitals, schools, community organizations, public safety agencies, and residents to launch a coordinated response, the Antelope Valley – Violence Prevention Coalition, formalized in 2023 as an ACH through CACHI's support.

The coalition has since developed a suite of programs, including a Hospital Violence Intervention Program (HVIP) that places case managers and provides wound care kits at emergency room bedsides. It has distributed 3,500 Pathways to Peace toolkits to help survivors navigate complex systems, from wound care and trauma recovery to legal support and housing. Prevention efforts also include gun safety campaigns in partnership with the L.A. County Sheriff's Department, as well as a Stop the Hate campaign offering reporting assistance and resources to victims of hate crimes. Healing arts and youth programming extend this work into schools and shelters.

By connecting survivors, public safety partners, schools, and healthcare providers around a shared agenda, the collaborative has made it easier for survivors to access help and for partners to work together to prevent violence before it happens.



East San José PEACE Partnership

Reshaping Public Health Through Community Leadership

East San José sits in the heart of Silicon Valley, among the wealthiest regions in the world. But for nearly 200,000 residents, decades of racial exclusion and underinvestment shape daily life: high rates of violence, overcrowded and unstable housing, and a large undocumented population facing a range of social and economic challenges. In 2016, a cross-sector coalition of stakeholders and residents partnered with County of Santa Clara Public Health to launch the East San José PEACE (Prevention Efforts Advance Community Equity) Partnership (PEACE), one of CACHI's original ACHs.

PEACE works alongside residents of all ages to create a healthy, peaceful, and empowered community by preventing and healing violence and trauma. In 2018, the coalition created a community-driven Wellness Fund (operated by Valley Health Foundation) with technical assistance from CACHI. The fund would direct resources toward building social cohesion, with a focus on anti-displacement and youth leadership.

Since its inception, PEACE has shifted its priorities in response to what residents say they need most. During COVID-19, this meant pivoting quickly to enhance public health department response by providing testing, education, and vaccine outreach with Promotoras in linguistically and culturally appropriate ways, delivering \$600,000 in emergency relief to residents who didn't qualify for financial support, and advancing anti-eviction protections as housing insecurity surged.

In the resiliency phase after COVID-19, PEACE reengaged partners, and the group committed to advancing anti-displacement and youth leadership. This work included strengthening housing stability through tenant rights education, and organizing to create safe spaces for youth, building the lasting infrastructure for collective action.

In 2025, when threats to SNAP and a heightened ICE presence created new instability across East San José, PEACE mobilized once more. Working with Promotoras, the coalition connected families to resources, while the Wellness Fund helped local organizations provide emergency relief.

"Communities already have the solutions," says Telina Martinez-Barrientos, PEACE Program Manager. "Our role is to bring the data, build relationships, and create space for residents to make decisions. That takes time, and it's not linear, but that's where real change happens."



Health Equity Rising

Shaping a County's Health Agenda Through Community Voice

Health Action launched in 2008 as a cross-sector collaborative of 40 organizations envisioning Sonoma County as a healthy place for every person. Convened by the Sonoma County Department of Health Services, the partnership joined CACHI in 2016. The ACH framework helped formalize Health Action's governance structure and metrics and inspired deeper community engagement and exploration of a wellness fund.



In 2021, the *Portrait of Sonoma County Update* showed inequities were not narrowing: Black community members faced a life expectancy gap of more than a decade, and Latinx communities persistently had lower income and educational attainment—reflecting disparities by race and place. These patterns were most pronounced in the Bicentennial, Comstock, Roseland, and Sheppard neighborhoods, where Human Development Index scores fell as low as 3.38 out of 10.

In 2022, Health Action relaunched as Health Action Together (HAT), an independent nonprofit designed to shift power toward community members, operating in partnership with the Department of Health Services. Co-analyzing data and root causes with neighborhood residents, HAT created the *Agenda for Action*, a roadmap for cross-sector investment, and established The Home of Intentional Visioning for Equity (H.I.V.E.) with the local NAACP—a BIPOC-centered community hub addressing systemic racism and health disparities through organizing, leadership development, and community-led workshops, trainings, and peer supports.

The *Agenda for Action*—designed to align with the County's 2024–25 CHA-CHIP—linked community-defined priorities with institutional strategies across 11 areas of health needs, shaped by more than a year of conversations with community members and convenings with the Department of Health Services and Medi-Cal managed care plans.

HAT recently merged with Sonoma Connect | Sonoma Unidos and brought the county's Community Information Exchange—22 organizations conducting closed-loop referrals—under one roof. Now rebranded as Health Equity Rising, the ACH has expanded its backbone from 3 to 10 staff, grown its network to more than 200 organizations, and is embedding community member participation at every level to ensure community voice shapes public health priorities from the start.

“I feel honored to learn alongside everyone,” says Community Leader Miguel Armenta, “It’s beautiful to see everyone working for the community. The voice of everyone matters.”

Fresno Community Health Improvement Partnership

Expanding Trauma-Informed Care Across Sectors

In 2014, a small group of local leaders in Fresno County came together around a shared idea: the county's health challenges—poverty, violence, and toxic stress—called for a more coordinated response. What they initiated became the Fresno Community Health Improvement Partnership (FCHIP), now comprising more than 400 individuals across 150 organizations spanning healthcare, government, business, and community-based sectors.

From the beginning, FCHIP has had a broad health and equity agenda with workgroups focused on issues as varied as food security, violence prevention, and maternal and child health. In 2016, FCHIP became an ACH as part of CACHI's pilot cohort, a move that helped FCHIP grow its partner network, develop formal governance and engagement practices, share resources, and coordinate more effectively.

FCHIP's enduring areas of focus have been Adverse Childhood Experiences (ACEs) and expanding trauma-informed care across sectors. In 2017, the Trauma and Resilience Network (TRN) joined the collaborative and has provided training for over 5,000 providers. In 2021, a \$2.6 million ACEs Aware grant supported the development of a Trauma-Informed Network of Care to strengthen referrals and coordination. And in 2022, FCHIP launched the HOPE Pathways Community HUB, deploying Community Health Workers (CHWs) as trusted bridges between residents and service providers.

"Our partnership with Fresno Hope has greatly expanded community services and increased opportunities for our families... This unified effort has empowered individuals and built stronger, healthier, more flourishing lives within our community."

– Parlier Unified School District

Sustaining this work has meant building on multiple fronts. FCHIP has secured Medi-Cal managed care contracts for CHW services and Community Supports, developed a CHW curriculum in partnership with Fresno State, and leveraged CalAIM to implement new billing infrastructure to keep CHW services running through Medi-Cal. The ACH has also worked with county partners on behavioral health equity, developed a nationally recognized Youth Leadership Council, and joined regional efforts like Fresno DRIVE and Cradle to Career to connect health work with economic and educational goals.

Through partnership, infrastructure, and targeted funding, FCHIP is making sure the systems its communities depend on are accessible, well-coordinated, and built to last.



Humboldt Community Health Trust



Connecting Rural Organizations to Coordinate Care

In 2016, Humboldt County faced high rates of substance use disorder (SUD), rooted in childhood trauma, mental health challenges, and fragmented systems. Community-based organizations across the largely rural region were stretched thin and lacked the shared infrastructure to coordinate care, relying on informal relationships rather than consistent, system-supported approaches.

Recognizing the need for stronger cross-sector partnership and coordinated infrastructure, local leaders—including healthcare providers, tribal partners, county programs, and community organizations—partnered with CACHI to launch the Humboldt Community Health Trust (HCHT), with North Coast Health Improvement and Information Network (NCHIIN) as its backbone organization.

"Strong relationships got the HCHT started, but we knew we needed shared infrastructure to make coordination sustainable, not situational," says Jessica Osborne-Stafsnes, NCHIIN COO and HCHT Project Director.

For its first seven years, the ACH focused on multisector prevention and treatment, convening monthly "Drug Medi-Cal Huddles" with Partnership HealthPlan, bringing together treatment providers and community navigators, and establishing a Wellness Fund to sustain long-term SUD prevention and education.

HCHT then launched North Coast Care Connect, a Community Information Exchange developed through community co-design to create a shared system for referrals, care coordination, and data-sharing. The network grew to 45 partner organizations. Shared assessments increased from roughly 250 to over 1,100, and closed-loop referrals grew from fewer than 40 to over 150, helping ensure residents were connected to services.

When CalAIM introduced new opportunities and requirements in 2022, many organizations serving Medi-Cal populations lacked infrastructure to bill, manage contracts, or meet reporting requirements. In response, HCHT developed a Community Care Hub providing centralized billing, claims management, and reporting support. Pilots with school-based wellness programs and tribal partners, including organizations connected to the Yurok Tribe and Bear River Band Rancheria, are extending this infrastructure across the county.

Over ten years, HCHT has helped ensure that organizations essential to Humboldt County—from prevention to care coordination—are equipped to sustain their role in improving health.





San Diego Accountable Community for Health

Building and Sustaining a Countywide Wellness System

The San Diego Accountable Community for Health (SDACH), backed by the San Diego Wellness Collaborative, launched in 2016 with a broad mission: to create a “wellness system” that ensures individuals, families, and communities in San Diego have access to all they need to create a lifetime of health and wellness.

With grant support and technical assistance from CACHI, SDACH built the necessary infrastructure: cross-sector governance through a formal Stewardship Group, engagement with over 100 stakeholders, clear goals and shared equity analysis, and the relationships needed to move a set of strategies that spanned the spectrum from prevention to intervention.

The strength of that infrastructure, and the deep understanding of the root causes of multiple health and social issues, meant that SDACH was well-positioned to lead locally when California prioritized Adverse Childhood Experiences (ACEs). They secured an ACEs Aware grant in 2020, brought partners together to implement a set of trauma-informed network-of-care strategies, and authored a statewide practice guide on how ACHs can address ACEs.

That same collaborative infrastructure and responsiveness paid off when the state increased investment in care coordination and services to address individual social needs through Health Homes, Whole Person Care, and CalAIM. Neighborhood Networks was incubated at the ACH and launched in 2019 to connect community-based organizations (CBOs) for the delivery of community-based services. Over the past seven years, it has grown into a fully operational Medi-Cal Community Care Hub with over 80 community-connected case managers and housing navigators in the network. Together, the partners improve care, create economic opportunity, and bolster CBO participation in healthcare financing.

Today, sustained by Neighborhood Networks revenue and an Equity Plan for advancing community engagement, SDACH has the resources and roadmap to carry forward its mission.

“



Community violence is complex, and the only way to tackle it is by listening and learning alongside residents. Through this work, we see youth

stepping into mentorship roles, people finding job opportunities, and families coming together in new ways, because the ACH provides the space for them to lead.

– Rafael Avendaño
Executive Director, Redwood City Together

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A Seat at the Table

One Resident's Story

Junior Goris will tell you he's a flight attendant. That's his day job. But spend five minutes with him and you'll hear about the school board meeting he just attended, the neighbor he connected to county services last week, or why he thinks Sacramento's system of care is one of the best-kept secrets in local government. "I'm their biggest cheerleader," he says, and he means it.

Junior is an immigrant to the United States. Growing up, his parents took him to Washington, D.C., and when they stood in front of the Capitol, they told him, "This is our building. Not a king's, not a queen's. We put this together."



Coming from a country where influence depended on money and connections, his parents' words became a kind of compass. He studied political science, and community organizing was always part of how he saw himself.

Years later, he realized that path through his own family. Junior's blended family includes a child with special needs, and he had to learn fast about Individual Education Plans, special needs rights, and g-tube feedings. "I felt overwhelmed, but I never gave up," he says. "I had a little one depending on me to be her voice, her protector, her security." He prepared himself for a long road. And as he learned how to ask questions, read policy, and push back on systems, he started applying those skills beyond his own household. Neighbors needed help with parks and bike trail issues. Others didn't know the county's 2-1-1 line or the city's 3-1-1 line existed. He walked them through it. He connected people to departments, handed out phone numbers and emails, and followed up. Some came back and told him they'd reached out for services or resources. "Thank you for the information," they'd say.

From there, Junior's experience kept building. He became chairperson of the First Five Sacramento advisory committee, and when Child Safety Forward Sacramento launched in 2019—a new initiative backed by a federal grant from the U.S. Department of Justice that wanted real community input—he got involved immediately. Several years later, he's still there, now serving as community liaison, the lead community representative at the table. He also took on a role as parent engagement coordinator through a nonprofit called Leave for Tomorrow and sits on multiple city and county commissions, bringing what he calls "a neutral, unbiased community perspective to the room."

“

What motivates me is my family. I want to leave the environment for my kids the way I want it to be. And I'm not only selfish for my kids, but for my neighbor's kids, my city's kids, my county's kids, my country's kids.

– Junior Goris, Community Liaison,
Child Safety Forward Sacramento

”

As a resident leader with Child Safety Forward Sacramento, which became an ACH in 2023 with a mission to “eliminate child abuse and neglect deaths and critical injuries in Sacramento County by 2030,” Junior sits across from the heads of Child Protective Services, probation, and First Five. He's proudest of what the data shows: Black child deaths in Sacramento County have declined dramatically. "That wasn't by accident or coincidence," he says, proud of how the ACH took a targeted, intentional approach, investing dollars where they needed to go, putting education on the street, and tapping nonprofit partners. "The numbers don't lie."

Junior also values being connected to other ACH sites through the CACHI network. "It's so important to engage with different sites and see what they're doing," he says. He hopes Sacramento's approach can serve as a model for others and that the peer learning exchange goes both ways, since problems one site hasn't encountered yet may already be familiar somewhere else.

When people ask him how long this kind of engagement takes, he's honest, sharing that he's been at it for years and is still figuring it out. "I wish we had the formula," he says, adding that it comes down to consistency, staying active, and showing up. "What motivates me is my family. I want to leave the environment for my kids the way I want it to be. And I'm not only selfish for my kids, but for my neighbor's kids, my city's kids, my county's kids, my country's kids."

Junior's message to government agencies is one he returns to often: create welcoming spaces, minimize the jargon, and be patient with community members who don't do this work full time. "Community-driven initiatives are much more successful. If we really let community take the lead a little bit, I think we'll have much better outcomes."

36 Transformations

Across California Over 10 Years



CACHI's advancement of the ACH model reflects a decade-long shift from isolated efforts to coordinated, community-rooted systems that can respond, align, and sustain change over time. Across the network, ACHs are driving transformation in five areas:

- ▶ Resident leadership and shared governance,
- ▶ Coordinating care across sectors and systems,
- ▶ Responding to crisis with existing infrastructure,
- ▶ Changing policies and institutional practices, and
- ▶ Investing directly in community capacity and workforce.

These 36 transformations reflect just a sampling of what CACHI sites have done to make community health efforts in California more coordinated, more community-led, and better equipped to turn local leadership into sustained systems change.

All in for Azusa

Secured \$2M from USDA Urban Forestry and implemented strategies to increase green space access for low-income youth of color.

Antelope Valley – Violence Prevention ACH

Launched a coordinated Hospital Violence Intervention Program, connecting survivors to case managers & resources at the ER to reduce repeated incidents.

Butte County ACH

Raised funds and distributed two rounds of mini-grants to support locally driven health actions through the Healthy Communities Collaborative.

Caring Together Santa Barbara County

Unified aging, disability, and health system partners under a shared governance and coordination structure.

Child Safety Forward Sacramento

Led a focused multisector strategy that has dramatically reduced African American child deaths countywide.

Community Response System of South Los Angeles

Helped 50+ community-based organizations secure over \$4M, expanding services and stabilizing operations across South LA.

Compton Healthy

Coordinated high-visibility health promotion events, such as the "Compton Walk for a Cure" and "5K for \$5K Scholarship Run," engaging hundreds of residents.

Contra Costa Together

Advanced system-level policies to improve care coordination and protect incarcerated patients and undocumented residents at county facilities.

East San José PEACE Partnership

Delivered \$600,000 in emergency relief after the onset of COVID-19 to residents who didn't qualify for financial support, and advanced anti-eviction protections.

Fresno Community Health Improvement Partnership

Expanded CHWs countywide by building a university training program and launching Pathways Community HUB to bridge providers and communities.

Health Equity Rising

Co-created the *Agenda for Action* with residents from four census tracts to guide place-based health equity initiatives.

Health Innovation Community Partnership

Dramatically increased community participation in the development of the General Hospital Affordable Housing Master Plan and Community Benefit Plan.

Healthy Havenscourt Collaborative

Trained "Healthy Housing Champions" who won policy changes on lead abatement and rental inspection.

Healthy Mendocino

Partnered with tribal and community organizations to create Gathering of Care, a collaborative elevating community voices in health decision-making.

Hope Rising Lake County

Increased the number of Community Health Workers employed locally by 40%.

Humboldt Community Health Trust

Co-designed North Coast Care Connect, a Community Information Exchange with 45 partner organizations that more than tripled closed-loop referrals.

Imperial County ACH

Became the countywide lead for the Community Health Improvement Plan health workforce priority area.

Live Well Madera County

Onboarded 10 residents to lead Community Health Improvement Plan workgroups through a transparent application process.

Los Angeles Reentry Collaborative

Secured hospital funding to lead convenings and trainings for organizations working at the intersection of reentry and ACEs.

Marin 9 to 25

Grew a youth scholarship program to 114 participants across every county school district, with two-thirds youth of color and 23% identifying as LGBTQ+.

Merced County

Initiated discussions with the California Workforce Development Board and CSU system to address county health workforce gaps.

Mission Promise Neighborhood

Guided youth participatory research teams to gather evidence informing health and education system responses to priority issues.

OC API Task Force

Mobilized partners and county decision-makers to develop response strategies amid major potential losses of Medi-Cal and CalFresh benefits.

One San Pedro Alliance

Established a resident-led Wellness Fund for active community participation in resource decision-making.

Orange County Network of Care

Grew from a small coalition into a countywide body with 80+ organizational members in its Community Care Hub.

Pajaro Valley Collective

Secured more than \$100,000 to support collective efforts and establish a dedicated wellness fund.

Placer County ACH Network

Established a monthly forum for healthcare, public health, and community service providers focused on data sharing and CalAIM implementation.

Redwood City Together

Created economic and mentorship opportunities for youth, including a paid advisory board and 55 summer jobs with local CBOs.

Reinvent South Stockton Coalition

Delivered Trauma-Informed Systems trainings to hundreds of local agency staff and certified 15 nonprofit staff as trainers.

San Diego Accountable Community for Health

Launched Neighborhood Networks, a \$13 million operation linking CBOs and healthcare systems through data sharing, contracting, and CHWs.

Shasta Health Assessment and Redesign Collaborative

Facilitates an ongoing process for regional partners to review data together and make collective decisions about strategy and resources.

South County H.E.A.L.S!

Distributed 15 small grants supporting 22 initiatives advancing culturally grounded community solutions.

Unincorporated Health and Wealth Initiative

Successful advocacy for the creation of an Office of Unincorporated Services and inclusion of unincorporated communities in county's Measure W spending plan.

Uplift San Bernardino

Aligned community benefit investments from multiple regional nonprofit hospitals with community-identified priorities.

Ventura County Community Health Improvement Collaborative

Led the county's CHNA/CHIP process in partnership with Ventura Public Health and two Medi-Cal managed care plans.

West Sacramento ACH Initiative

Launched a Mobile Farmers Market bringing local produce to low-income neighborhoods with on-site CHW services.





“

I feel honored to learn alongside everyone. It's beautiful to see everyone working for the community. The voice of everyone matters.

– Miguel Armenta
Community Leader, Health Equity Rising

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Photos courtesy of Health Equity Rising, East San José PEACE Partnership, Marin 9 to 25, OC API Task Force, Redwood City Together, Reinvent South Stockton Coalition, and Uplift San Bernardino



The Next Step

A Message from the Executive Director



Over the past decade, ACHs have built the relationships, trust, and shared leadership necessary to transform how communities approach health—from siloed efforts to shared ownership and accountability, and from systems designed around institutions to systems shaped by the people they serve. They have weathered leadership transitions, funding challenges, the COVID-19 pandemic, and natural disasters, demonstrating that the ACH model is both effective and durable.

What especially inspires me is seeing ACHs emerge as blueprints for reimagining community health more broadly. Informed by years of listening to communities, learning what it takes to build trust, and working together on shared priorities, ACHs are showing us new ways to organize systems, care for one another, and solve problems together.

CACHI and its ACH partners are now entering a new phase. The infrastructure each site has built locally is now forming a statewide network, connected through peer learning, convening, and mutual support. Collectively, the network has the capacity, knowledge, and relationships to advance community health transformation at a scale no ACH could achieve alone.

Our next step is to build on this momentum. By supporting existing ACHs, deepening opportunities for collaboration across the network, and creating pathways for more communities to build ACHs of their own, we can make community-driven health transformation a more established and lasting part of how California approaches health.

Thank you to our ACH partners, funders, and the CACHI team for ten years of this effort. Because of you, people across California know their voice matters, have partners and systems they can trust, and have stronger pathways to shape the conditions that affect their health. I am grateful for all we have built together and hopeful about what CACHI and the ACH network will make possible next.

A handwritten signature in black ink, appearing to read 'Rea Pañares'.

Rea Pañares | Executive Director

**California Accountable Communities
for Health Initiative**

“How We Nourish” *Excerpt*

And thus, the work continues,
Even after we are gone. We re-shape, evolve,
Trans-form- which doesn't mean change.
Trans also means beyond; so,
Who are we when we belong,
When we can feel our roots intertwined?
When we recognize that we reach the sun
Because of our strength combined?
We move beyond survival, then,
To truly thrive.

– Des Jackson, Poet & Scholar



Acknowledgements

CACHI was made possible by a group of visionary philanthropic leaders and state partners. Their willingness to invest in a new approach laid the foundation for what this network has become. Today, that partnership continues. We are deeply grateful to the funders and public partners who provide not only critical resources, but also ongoing thought leadership, partnership, and belief in this work. CACHI is fiscally sponsored by Community Partners.

This report was led by Lynea Diaz-Hagan and Bree Walter, with contributions from the CACHI team: Rea Pañares, Tina Yuen, Laura Hogan, Jeremy Cantor, Arpiné Shakhbandaryan, Ignatius Bau, LaTeesha Pinkney, Jacqueline Franco, and Roza Do, as well as our evaluation partners at Desert Vista Consulting. A special thanks to the ACH partners who shared their stories, data, and reflections. This report reflects their work and leadership across the network.

Thank You to Our Current and Prior Partners





**Learn more about CACHI and
Accountable Communities for
Health at www.cachi.org.**

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