



Ventura County Edible Food Recovery (EFR) Summit



COUNTY *of* VENTURA

Human Services Agency

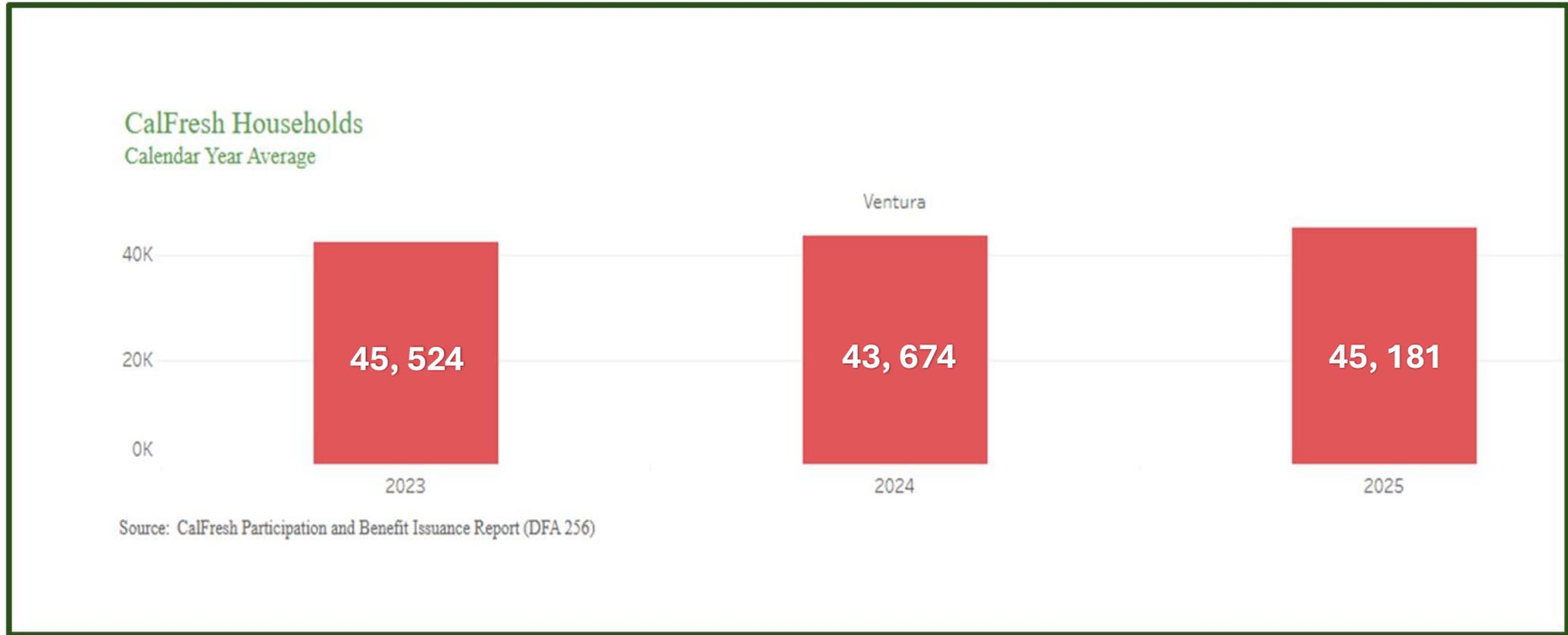


CalFresh Program

Maria Maestro
Human Services Manager
February 19, 2026



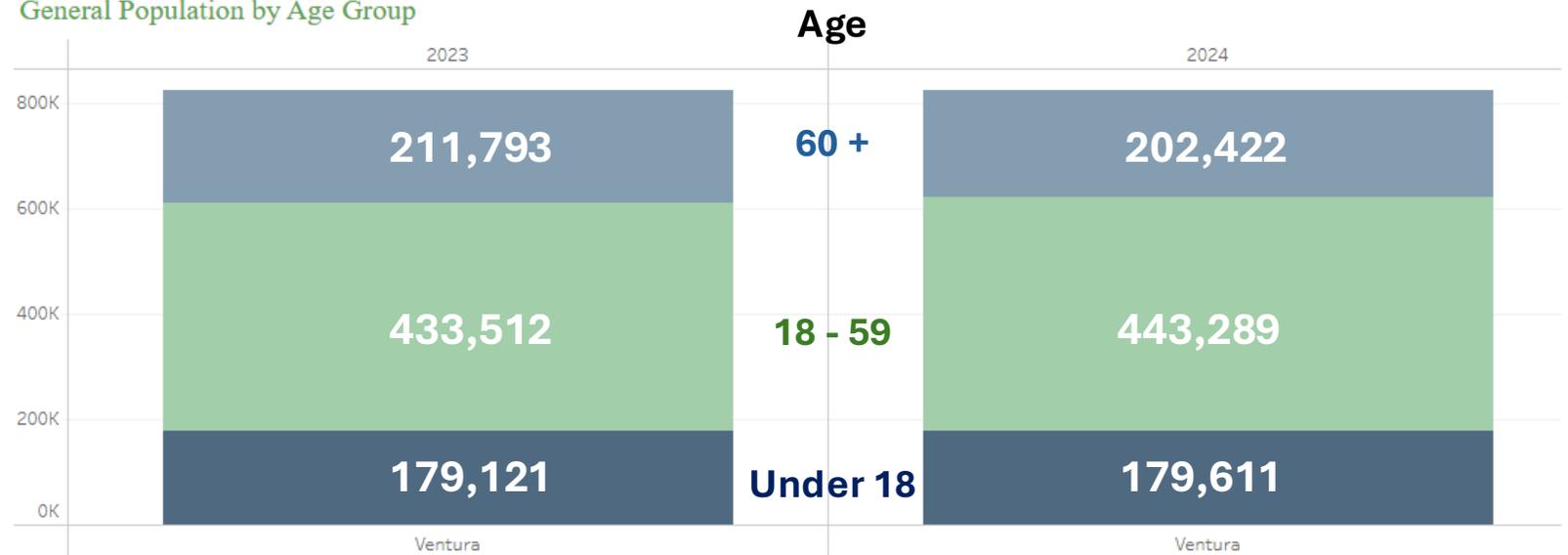
Annual Participation





Population by Age Group

General Population by Age Group



House Resolution (HR) 1 Impacts



How To Apply



Online

BenefitsCal

<https://benefitscal.com/>



Phone

IVR: 1-888-472-4462

TTY: 1-800-735-2922

FAX: 1-805-658-4530



Mail

Human Services Agency

855 Partridge Dr.,

Ventura, CA



In Person

Community Service

Center



Contact Information

Maria Maestro

Human Services Manager

(805) 477-5467

Maria.Maestro@venturacounty.gov





VENTURA COUNTY
COMMUNITY HEALTH
IMPROVEMENT COLLABORATIVE





VENTURA COUNTY
COMMUNITY HEALTH
IMPROVEMENT COLLABORATIVE



2025 Ventura County Community Health Needs Assessment

Collective Assessment & Action Planning



VENTURA COUNTY
COMMUNITY HEALTH
IMPROVEMENT COLLABORATIVE

Community Health NEEDS ASSESSMENT 2025

AdventistHealth Simi Valley | HEALTH CARE DISTRICT | Gold Coast Health Plan | Dignity Health | Community Memorial HEALTHCARE | CLINICAS | KAISER PERMANENTE | COMMUNITIES LIFTING COMMUNITIES | VENTURA COUNTY BEHAVIORAL HEALTH | VENTURA COUNTY HEALTH CARE AGENCY | VENTURA COUNTY PUBLIC HEALTH

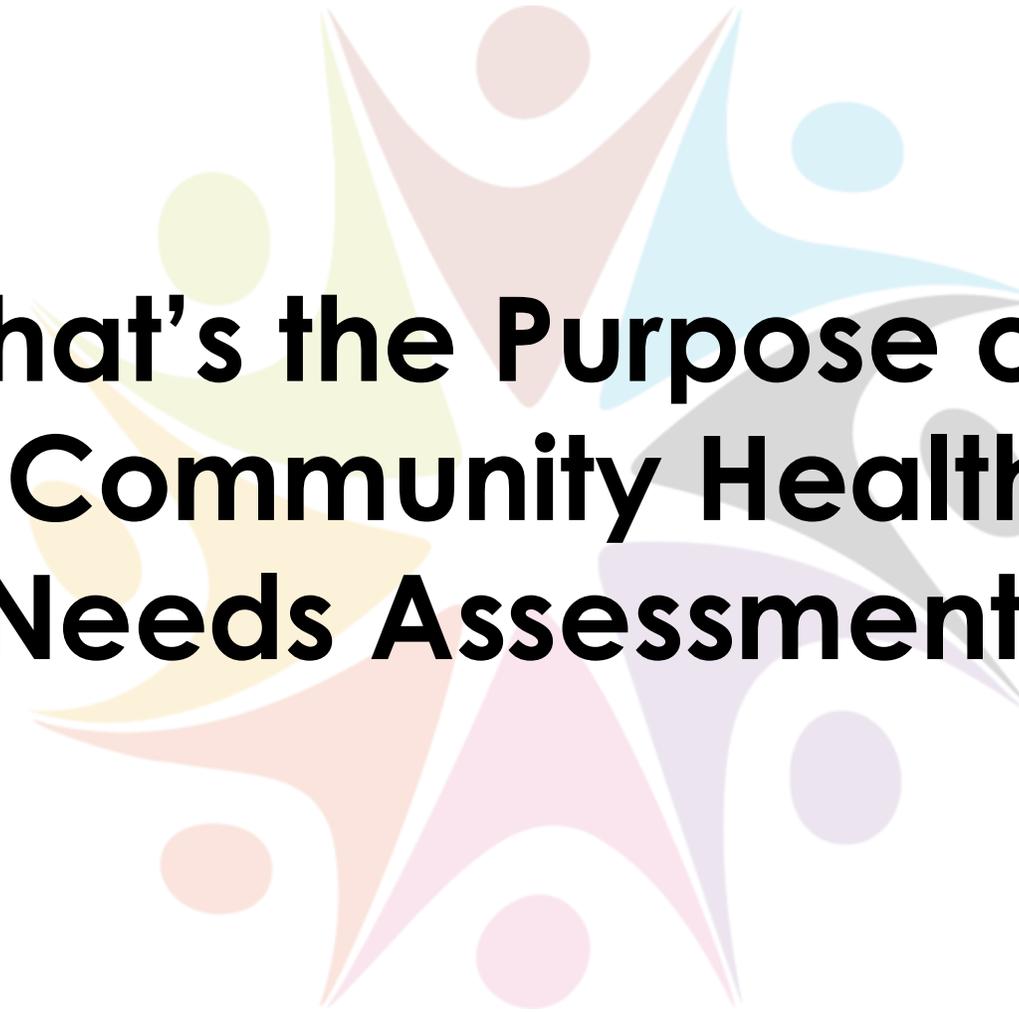


VENTURA COUNTY
COMMUNITY HEALTH
IMPROVEMENT COLLABORATIVE

VENTURA COUNTY COMMUNITY HEALTH IMPLEMENTATION STRATEGY 2026-2028

AdventistHealth Simi Valley | HEALTH CARE DISTRICT | CLINICAS | COMMUNITIES LIFTING COMMUNITIES | Community Memorial HEALTHCARE | Dignity Health | Gold Coast Health Plan | KAISER PERMANENTE | VENTURA COUNTY BEHAVIORAL HEALTH | VENTURA COUNTY HEALTH CARE AGENCY | VENTURA COUNTY PUBLIC HEALTH





What's the Purpose of a Community Health Needs Assessment?

CHNA – Fulfills Regulatory Requirements

Public Health Departments – must conduct every 3 years in order to receive national accreditation (PHAB)

Managed ` Plans – must contribute to collaborative community health assessment (beyond MCP members) in partnership with local health department (DHCS)

Non-profit Hospitals – must develop assessment & community benefit plan to maintain tax-exempt status (IRS and HCAI)

Behavioral Health Departments [forthcoming] – must work collaboratively with above partners (DHCS)

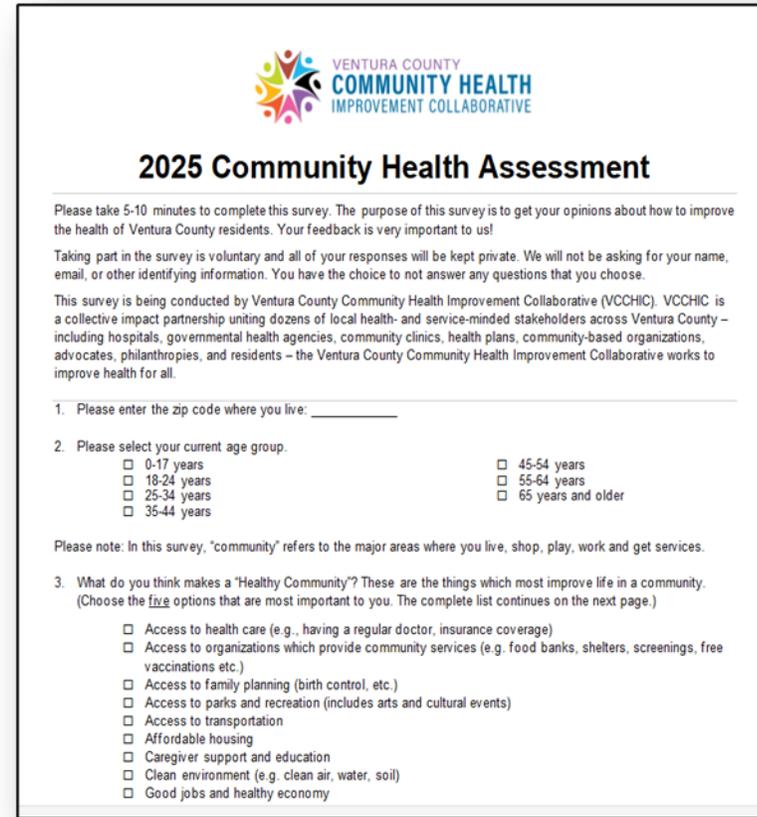
2025 CHNA – Community Survey

42 questions about attitudes and experiences related to healthcare, mental health, substance use, housing services, discrimination, and demographics.

6,681 completed surveys

- 6,041 (78.6%) in English
- 1,640 (21.4%) in Spanish

- 6,801 (88.5%) online surveys
- 880 (11.5%) paper surveys




2025 Community Health Assessment

Please take 5-10 minutes to complete this survey. The purpose of this survey is to get your opinions about how to improve the health of Ventura County residents. Your feedback is very important to us!

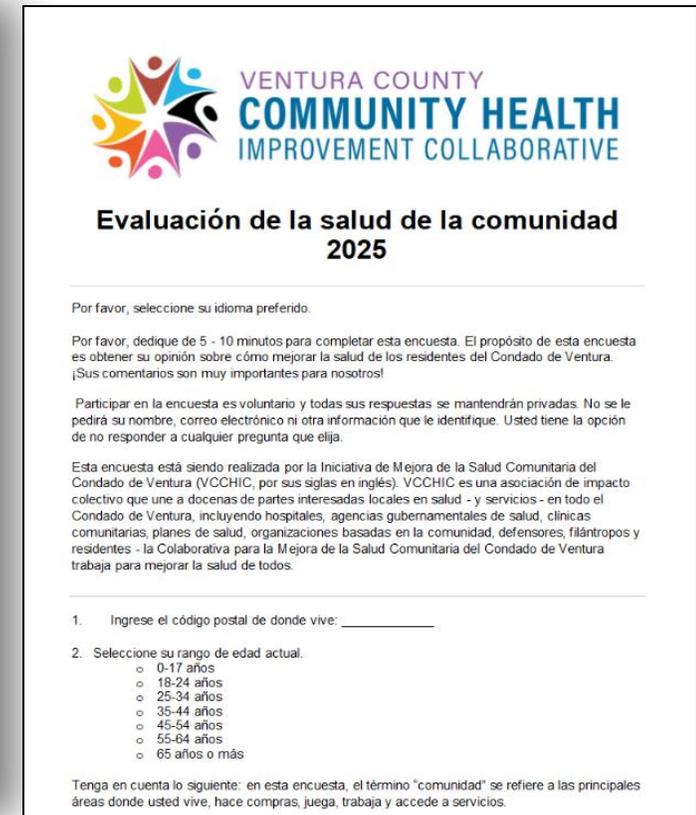
Taking part in the survey is voluntary and all of your responses will be kept private. We will not be asking for your name, email, or other identifying information. You have the choice to not answer any questions that you choose.

This survey is being conducted by Ventura County Community Health Improvement Collaborative (VCCHIC). VCCHIC is a collective impact partnership uniting dozens of local health- and service-minded stakeholders across Ventura County – including hospitals, governmental health agencies, community clinics, health plans, community-based organizations, advocates, philanthropies, and residents – the Ventura County Community Health Improvement Collaborative works to improve health for all.

1. Please enter the zip code where you live: _____
2. Please select your current age group.
 0-17 years
 18-24 years
 25-34 years
 35-44 years
 45-54 years
 55-64 years
 65 years and older

Please note: In this survey, "community" refers to the major areas where you live, shop, play, work and get services.

3. What do you think makes a "Healthy Community"? These are the things which most improve life in a community. (Choose the five options that are most important to you. The complete list continues on the next page.)
 Access to health care (e.g., having a regular doctor, insurance coverage)
 Access to organizations which provide community services (e.g. food banks, shelters, screenings, free vaccinations etc.)
 Access to family planning (birth control, etc.)
 Access to parks and recreation (includes arts and cultural events)
 Access to transportation
 Affordable housing
 Caregiver support and education
 Clean environment (e.g. clean air, water, soil)
 Good jobs and healthy economy




Evaluación de la salud de la comunidad 2025

Por favor, seleccione su idioma preferido.

Por favor, dedique de 5 - 10 minutos para completar esta encuesta. El propósito de esta encuesta es obtener su opinión sobre cómo mejorar la salud de los residentes del Condado de Ventura. ¡Sus comentarios son muy importantes para nosotros!

Participar en la encuesta es voluntario y todas sus respuestas se mantendrán privadas. No se le pedirá su nombre, correo electrónico ni otra información que le identifique. Usted tiene la opción de no responder a cualquier pregunta que elija.

Esta encuesta está siendo realizada por la Iniciativa de Mejora de la Salud Comunitaria del Condado de Ventura (VCCHIC, por sus siglas en inglés). VCCHIC es una asociación de impacto colectivo que une a docenas de partes interesadas locales en salud - y servicios - en todo el Condado de Ventura, incluyendo hospitales, agencias gubernamentales de salud, clínicas comunitarias, planes de salud, organizaciones basadas en la comunidad, defensores, filántropos y residentes - la Colaborativa para la Mejora de la Salud Comunitaria del Condado de Ventura trabaja para mejorar la salud de todos.

1. Ingrese el código postal de donde vive: _____
2. Seleccione su rango de edad actual.
 0-17 años
 18-24 años
 25-34 años
 35-44 años
 45-54 años
 55-64 años
 65 años o más

Tenga en cuenta lo siguiente: en esta encuesta, el término "comunidad" se refiere a las principales áreas donde usted vive, hace compras, juega, trabaja y accede a servicios.

2025 CHNA – Local Community Input

10 Community Focus Groups – focus on communities that are hard-to-reach and/or facing noted health disparities

- Black/African Americans, farmworkers, Latino/Hispanics, LGBTQIA+ individuals, older adults, persons with disabilities & caregivers, unhoused individuals, veterans, youth/young adults

6 Partner Listening Sessions – focus on local health & service providers across a range of specialties and populations served

- Adolescents, behavioral health, health care services, older adults, prenatal/children, social services, etc.

2025 CHNA – Data Sources and Parameters

Significant health needs based on primary & secondary data

Community Survey
6,681 survey responses

Selected by 20% of respondents as a priority health issue

Health & Quality of Life Indicators
328 indicators reviewed & analyzed

Health topic scores of ≥ 1.45

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

Frequently discussed in community member focus groups & partner listening sessions

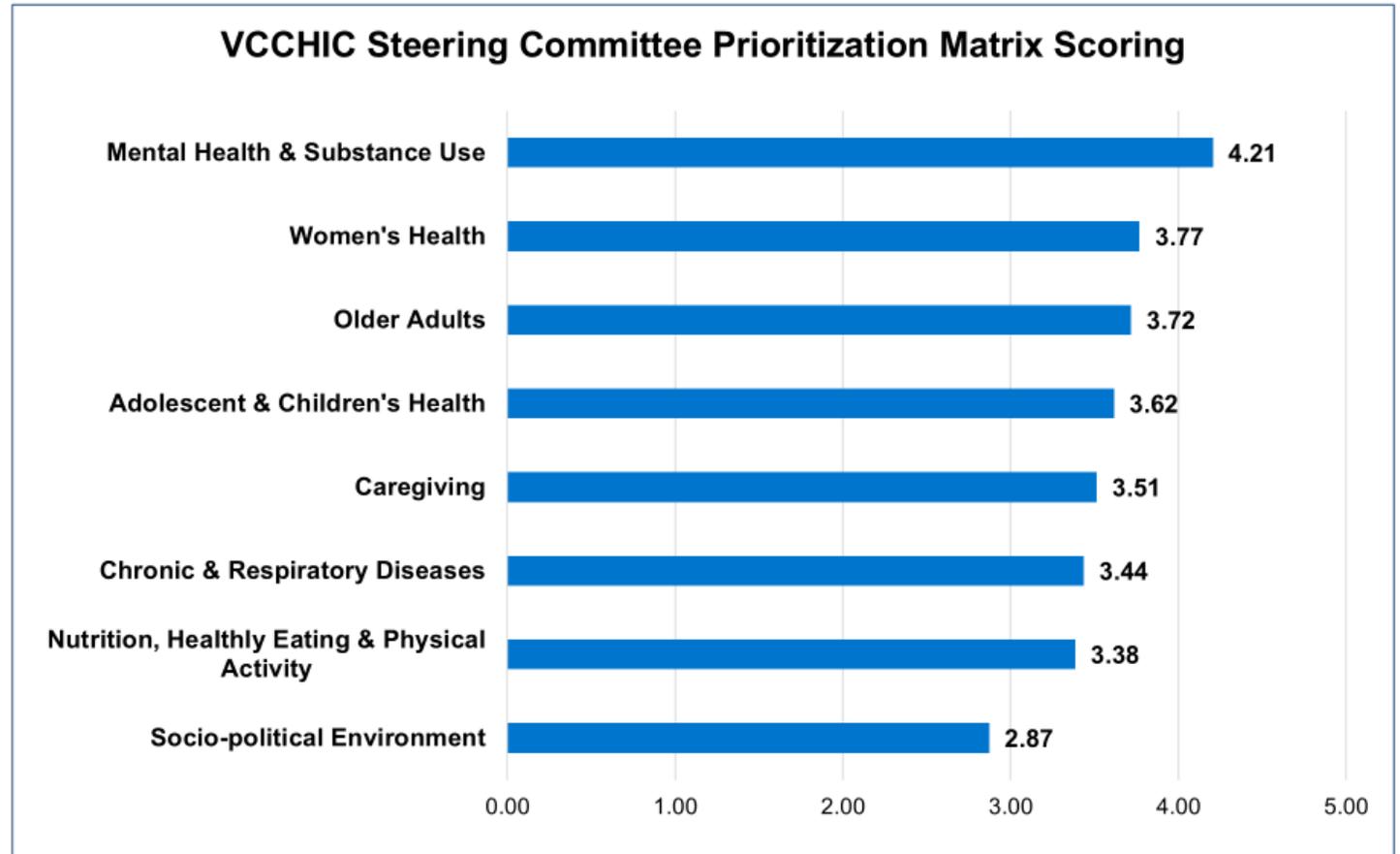
Life Expectancy Analysis
Leading causes of death & life expectancy

Leading causes of premature death

2025 CHNA – Prioritization Matrix

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?





2026-2028 CHIS Priority Areas



Behavioral Health



Older Adults' Health



Women's Health

Behavioral Health – Key Indicators

	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

Alcohol & Drug Use – Key Disparities

The following groups are more likely to have higher rates of hospitalization, ER, and death rates due to alcohol and drug use:

- Young adults
- Males
- White individuals

Indicator	Groups Experiencing Disparities		
	Age	Gender	Race/Ethnicity
Age-Adjusted Hospitalization Rate due to Adult Alcohol Use	35-44, 45-64	Male	White
Age-Adjusted ER Rate due to Adult Alcohol Use	25-34, 35-44, 45-64	Male	White
Age-Adjusted ER Rate due to Opioid Use	25-34, 35-44	Male	White
Age-Adjusted ER Rate due to Substance Use	18-24, 25-34, 35-44	Male	Black/African American White
Age-Adjusted ED Visit Rate due to All Drug Overdose			White
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate		Male	
Age-Adjusted Hospitalization Rate due to All Drug Overdose			White
Age-Adjusted Hospitalization Rate due to Opioid Use	25-34	Male	
Age-Adjusted Hospitalization Rate due to Substance Use	25-34		White

Available on www.healthmattersinvc.org

Behavioral Health – Key Indicators

(Includes Mental Health + Substance Use)

	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%)

Priority Area – Behavioral Health

Community Input

- **4/10** survey respondents who needed mental health services did not get them. The most common reported reasons being inability to find accessible providers, cost, & respondents didn't know where to go.
- **4/10** community survey respondents who needed substance use services did not get them.
- **Drug & alcohol use** was indicated as the riskiest behavior in the community by survey respondents.
- **Community partners** emphasized the need for accessible & 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

”

Older Adults' Health – Key Indicators

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

Older Adults' Health – Quality of Life

1 in 5 (21.2%) adults 65+ live alone¹

1 in 3 (33.2%) adults 65+ have a disability¹

1 in 5 (22.0%) Medicare beneficiaries have diabetes²

1 in 5 (22.0%) Medicare beneficiaries have ischemic heart disease²

1 in 6 (17.0%) Medicare beneficiaries have depression²

Sources: 1) American Community Survey; 2) Centers for Medicare and Medicaid Services. Available on www.healthmattersinvc.org

Priority Area – 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 & disabled populations, especially those that are homebound, who were noted as particularly vulnerable.
- **Community partners** identified a shortage of mental health practitioners & 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

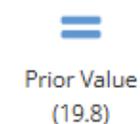
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Women's Health – Key Indicators

Age-Adjusted Death Rate due to Breast Cancer

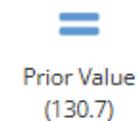
VALUE
20.2
 Deaths per 100,000 females
 (2020-2022)

COMPARED TO:



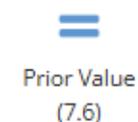
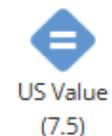
Breast Cancer Incidence Rate

139.0
 Cases per 100,000 females
 (2017-2021)



Cervical Cancer Incidence Rate

7.5
 Cases per 100,000 females
 (2017-2021)



Cervical Cancer Screening: 21-65

82.2%
 (2020)

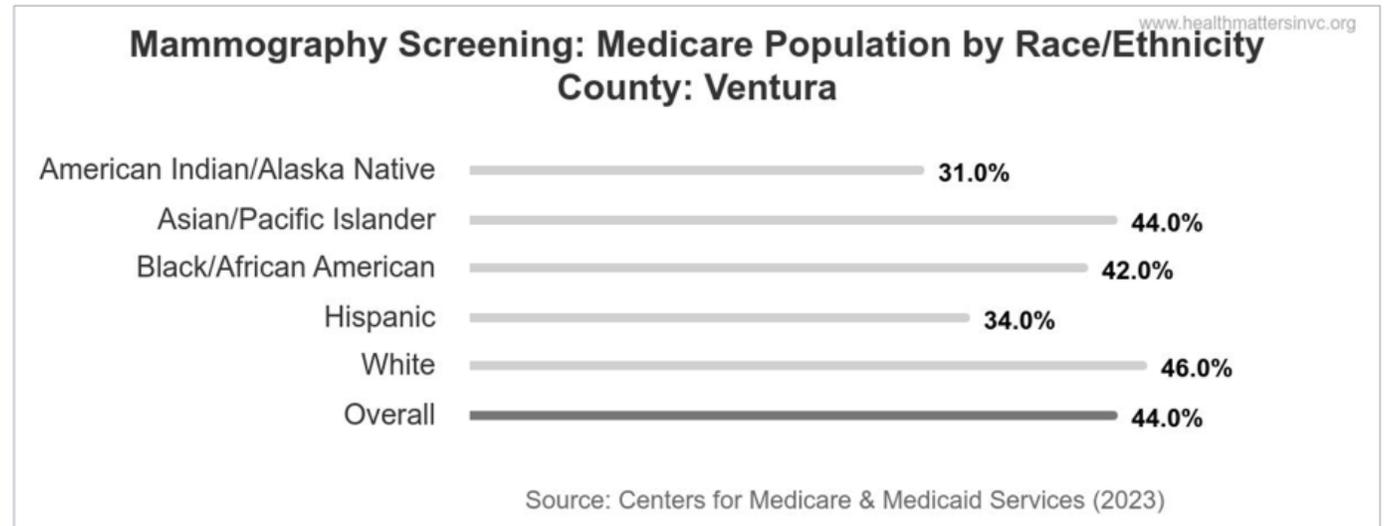
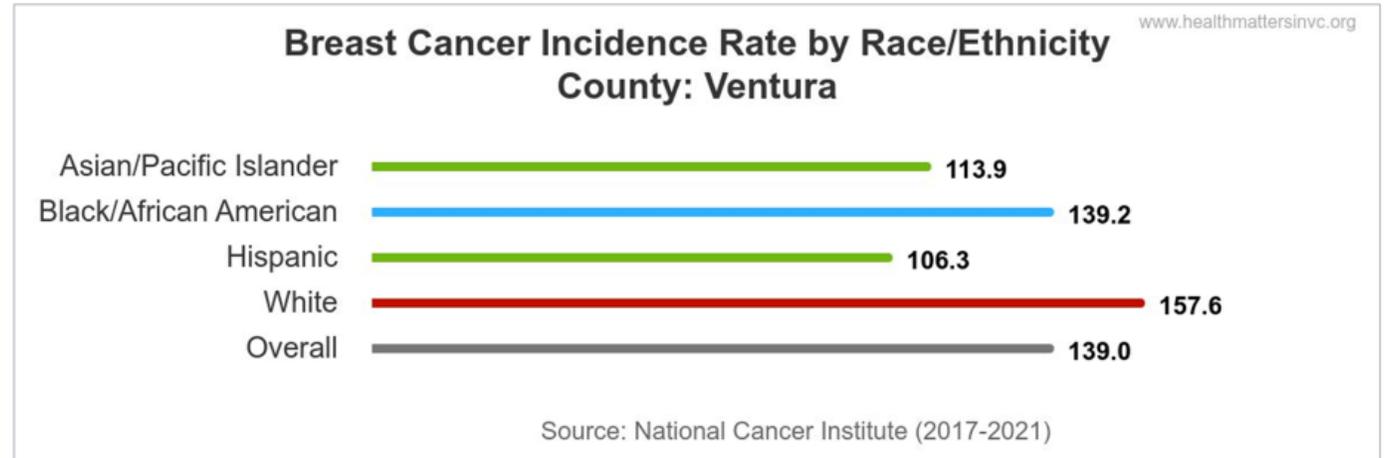


Women's Health – Key Indicators

Breast Cancer incidence is highest among **White** women.

Mammography screenings among the Medicare population are lower for among the following:

- **Hispanic** women
- **American Indian/Alaska Native** women



Available on www.healthmattersinvc.org



Currently In Progress:

2025-2028 Community Health Implementation Strategy



VENTURA COUNTY
COMMUNITY HEALTH
IMPROVEMENT COLLABORATIVE

VENTURA COUNTY **COMMUNITY HEALTH** IMPLEMENTATION STRATEGY 2026-2028

Adventist Health
Simi Valley

Orange County
HEALTH
CARE DISTRICT

CLINICAS
An Orange Park, Incorporated

COMMUNITIES
LIFTING
COMMUNITIES®

Community Memorial
HEALTHCARE

Dignity Health.
St. John's Regional
Medical Center | St. Agnes Hospital
Orange

Gold Coast
Health Plan
A Division of

KAISER
PERMANENTE

VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

VENTURA COUNTY
HEALTH CARE AGENCY

VENTURA COUNTY
PUBLIC HEALTH
A Department of Ventura County Health Care Agency

To find more data: Health Matters in VC website

www.healthmattersinvc.org



Find Data ▾ City Profiles ▾ Resources & Tools ▾ About Us ▾

Health Matters in Ventura County is a web-based source of population data and community health information. This site is provided by Ventura County Public Health. We invite planners, policy makers, and community members to use the site as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy.

Evaluación de las necesidades de salud de la comunidad (CHNA) de 2025





**EDIBLE FOOD
RECOVERY SUMMIT**

02.19.26

How Food Share Works



Purchased



Food Drives



Retail Stores



Ag Partners



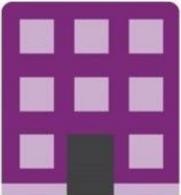
Gleaning



USDA/Government



Pantries



Shelter/Group Homes



After School Programs



Drive-Thru Distributions



Congregate Meal Sites



Senior Kits

THE STATE OF HUNGER IN VENTURA COUNTY



1 IN 4 PEOPLE in Ventura County sought Food Share's support in 2024.



250,000
PEOPLE SERVED
(UNIQUE INDIVIDUALS)



840K+
NUMBER OF VC
RESIDENTS



30%
% OF VC COUNTY
POPULATION SERVED



330
DISTRIBUTION
LOCATIONS



190
PARTNER AGENCIES



21M
POUNDS OF FOOD
DISTRIBUTED



17.5M
EQUIVALENT # OF
MEALS PROVIDED



\$65M
EST. RETAIL VALUE OF
FOOD DISTRIBUTED

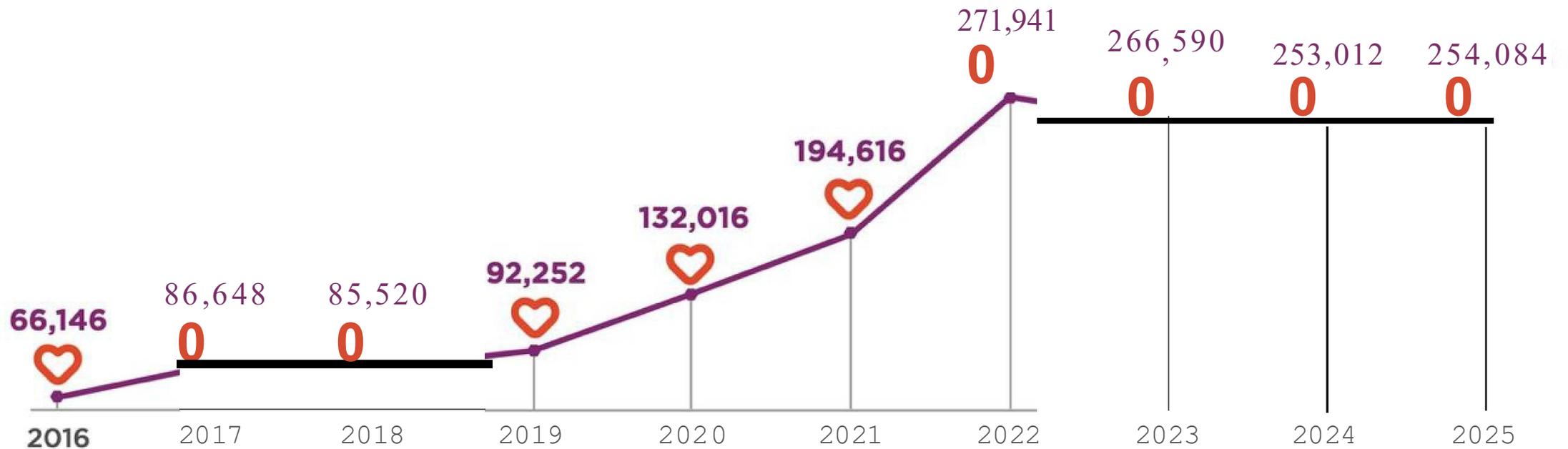


**FEEDING OUR
NEIGHBORS
SINCE 1978**





Food Share Neighbors Served (2016-2025)



F.O.O.D.* SHARE
* Food On Our Doorstep

October 23, 1978

The general meeting of F.O.O.D. SHARE was called to order by the director, Virgil Nelson. Those who were attending their first F.O.O.D. SHARE meeting were greeted and given a presentation of how the program works. There is a place for everyone in F.O.O.D. SHARE. Nora Peterson reported that we have 300 members with 30 teams.

Jack Enfield -
200

- the food harvested to date.
- 5,000 pounds string beans
- 18,000 pounds cucumbers
- 3200 pounds strawberries
- 3300 pounds small lima beans
- 1800 pounds tomatoes
- 1,000 strawberry
- canned tomatoes,
- ome baked breads

1978



F.O.O.D SHARE
Food On Our Doorsteps
P.O. Box 4596
Ventura, CA 93003

Please DON'T WASTE SALVAGABLE FOOD
CALL 648-2829 or 659-4723 M-F 9 a.m. to 5 p.m.
PRESENTED BY

... is to be sent ... This is ...
... lines of F.O.O.D. SHARE. This is ...
... to keep an accurate record for the ...
... a slide presentation of ...
... strawberries and lima beans



FOOD
SHARE
ventura county

Workers Reap Leftover Harvest



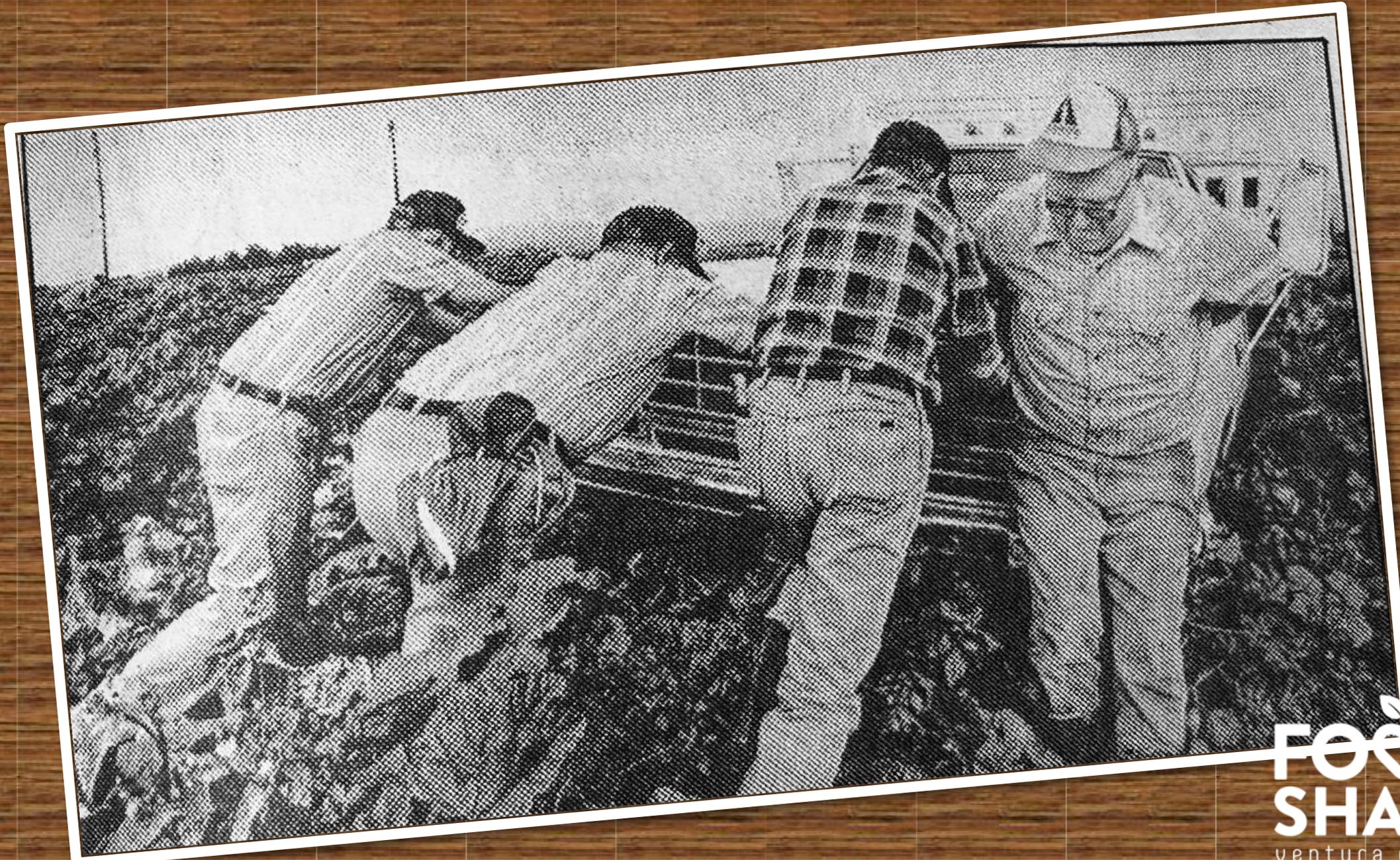
Evelyn & Harry Fox



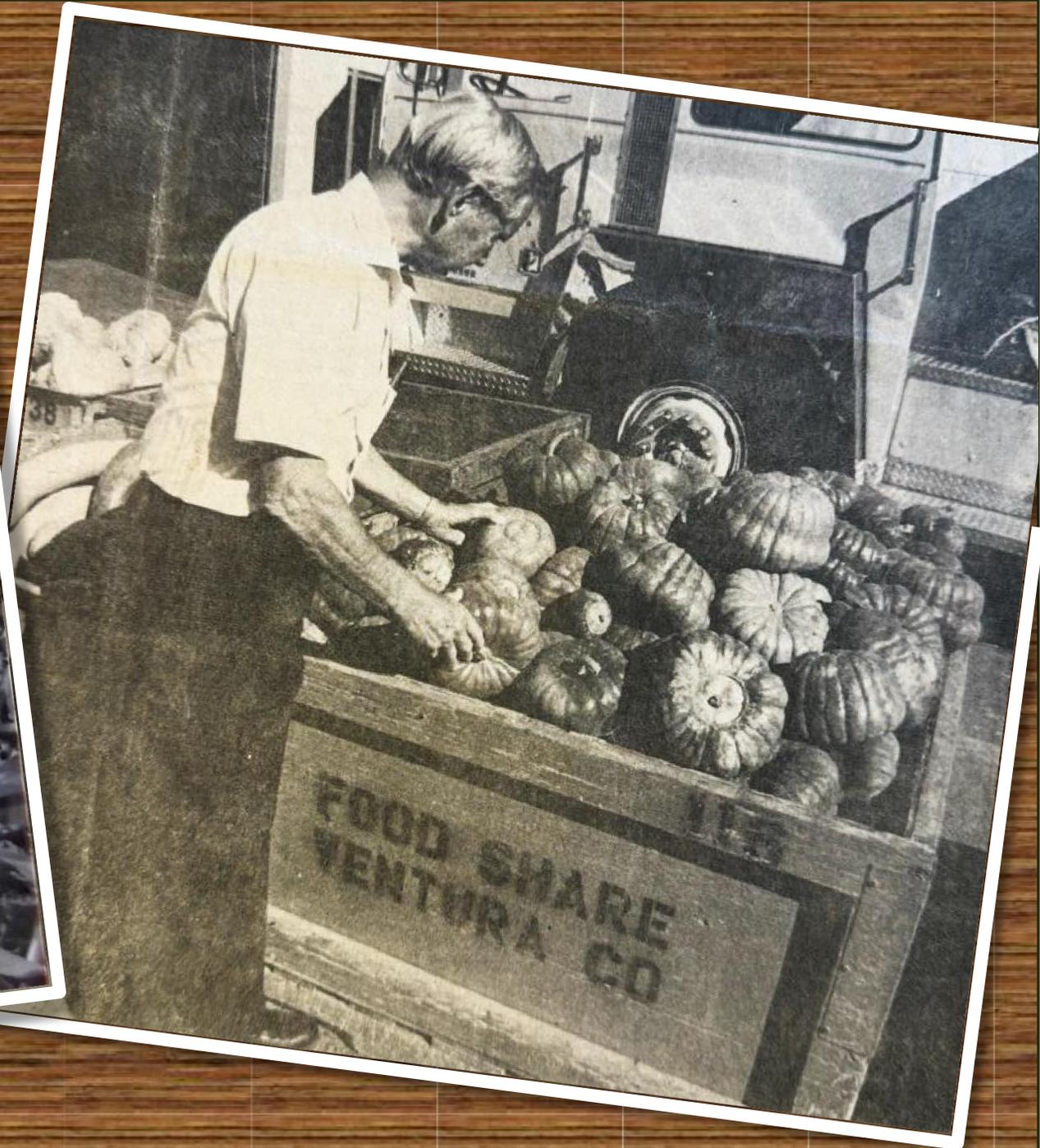
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ventura county



FOOD
SHARE
ventura county



FOOD
SHARE
ventura county

**FOOD
SHARE**
ventura county



1985



1996



2005



2020



2022



An architectural rendering of a modern building for Food Share Ventura County. The building features a mix of white, orange, and tan vertical panels. On the left, a large sign reads "FOOD SHARE VENTURA COUNTY" with a heart-shaped carrot logo. The central entrance is under a dark canopy with the name "FOOD SHARE VENTURA COUNTY" in white. A paved walkway leads to the entrance, with several people walking. Landscaping includes trees and shrubs, and an American flag flies on a tall pole to the right.

FOOD SHARE
VENTURA COUNTY

FOOD SHARE VENTURA COUNTY





2026/2027: Groundbreaking

Pending permit approval,
pre-construction to begin.



2028/2029: Building Complete

Food Share moves into its new home.

**BECAUSE NO ONE
SHOULD GO HUNGRY.**

FOOD
SHARE
ventura county

feeding our future

PUBLIC
VENTURA COUNTY
WORKS

Why a Regional Approach?

1

SB 1383 is complex

2

Generators operate across multiple jurisdictions

3

Inconsistency creates confusion

4

Staffing issues and workload capacity



WASTE-FREE

Ventura County

Eliminate Hunger. Recover Food. Reduce Waste.

Our approach is focused on consistent inspections, education and outreach, messaging, and reporting

Regional Inspections

- Standardized inspections
- Establish inspector training program
- Consistent documentation and outreach materials
- Set clear expectations for EFG and FRO

Goal: Reduce confusion and create a level playing field

Coordinated Outreach and Education

- Shared outreach materials and templates
- Education on agreements and recordkeeping
- Careit training, onboarding, and technical assistance
- Multilingual and accessible materials
- Share requirements with businesses prior to opening

Goal: Proactive, not punitive

Our approach is focused on consistent inspections, education and outreach, messaging, and reporting

Unified messaging

- One set of expectations across all jurisdictions
- Consistent methodology and framework
- Standard FAQs
- Consistent check-ins, email reminders

Goal: Increased voluntary compliance

Reporting and Data Tracking

- Site visit log with outcomes per jurisdiction
- Recommendations and follow-up
- Annual reporting coordination
- Additional data collection (TBD)

Goal: Accountability and transparency

Results: Benefits & Opportunities

Supporting FRO

- Connecting generators with local FROs
- Expanding FRO capacity
- Encouraging coordination
- Efficient data collection

Benefits to jurisdictions

- Directly supports the community
- Efficient use of staff time
- Reduced duplication
- Streamlined reporting to CalRecycle

Opportunities

- Grant collaboration
- Shared solutions
- Consistent enforcement across cities
- Greater presence in the community
- Increased participation in organics recycling
- Regional problem solving

Moving Forward Together

Next Steps:

- Implement a regional methodology and system to proactively identify Tier 1 and Tier 2 generators
- Update special use permit processes and language
- Actively share results and best practices with partner agencies and executive leaders
- Secure and grow strategic corporate partnerships
- Expand food recovery operations to include “Tier 3 generators”
- Launch coordinated media and outreach campaigns to amplify our message

Transforming compliance into collaboration.

Tier 1 Edible Food Generators



Supermarkets with gross annual sales of \$2,000,000 or more and which sells a line of grocery, canned goods, or nonfood items and some perishable items



Grocery Stores with a total facility size equal to or greater than 10,000 sq ft



Food Service Providers providing services to institutional, governmental, commercial or industrial locations



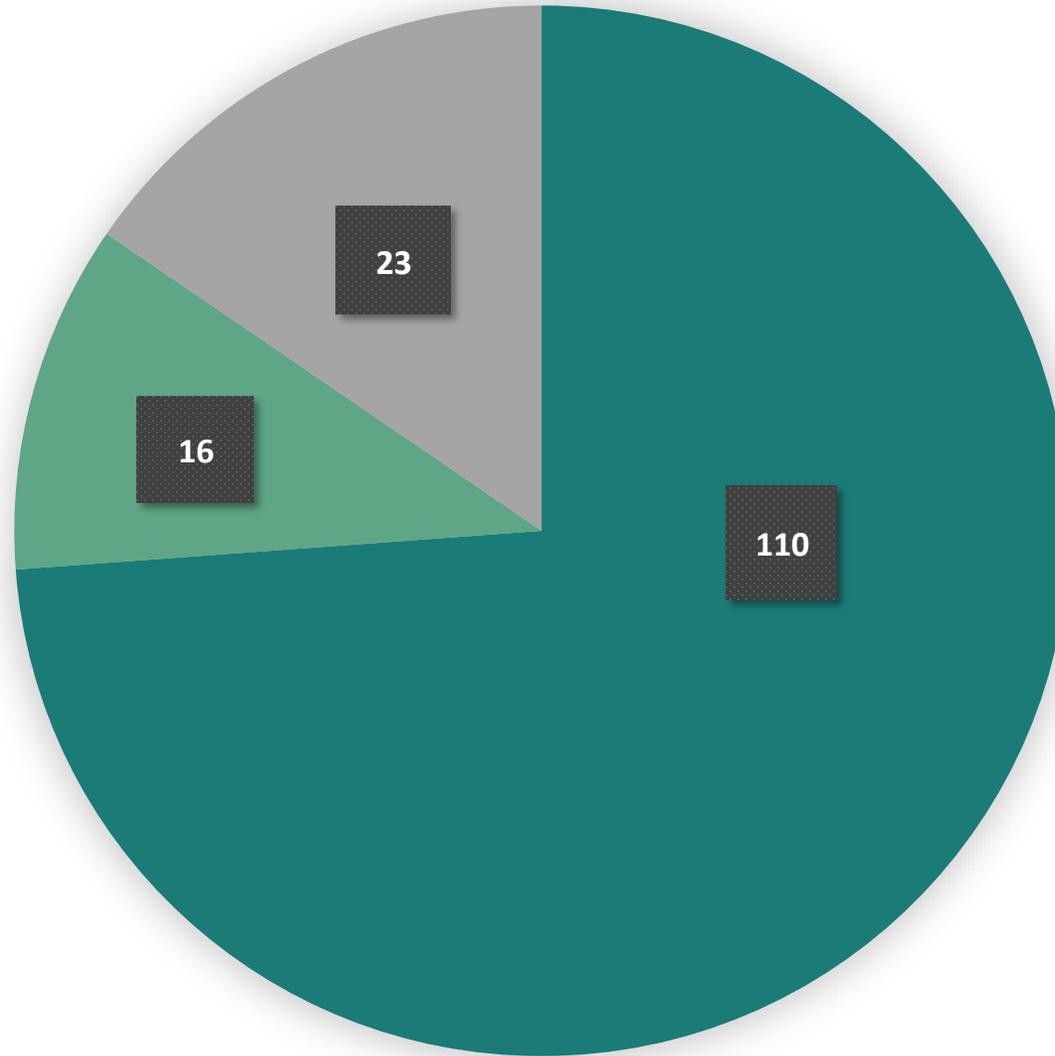
Food Distributors



Wholesale Food Vendors



Tier 1 Compliance Status



- Compliant
- Partially Compliant
- Not Compliant

Tier 2 Edible Food Generators



Restaurants with at least 250 seats, or a total facility size equal to or greater than 5,000 sq ft



Hotels with an on-site food facility and 200 or more rooms



Skilled Health Facilities with an on-site food facility and 100 or more beds



Large Venue Facilities that annually seat or serve an average of more than 2,000 individuals per day of operation



Large Events that charge an admission price, or is operated by a local agency, and serves an average of more than 2,000 individuals per day of operation



State Agencies with a cafeteria with 250 or more seats or a total cafeteria size equal to or greater than 5,000 sq ft



Local Education Agencies with an on-site food facility

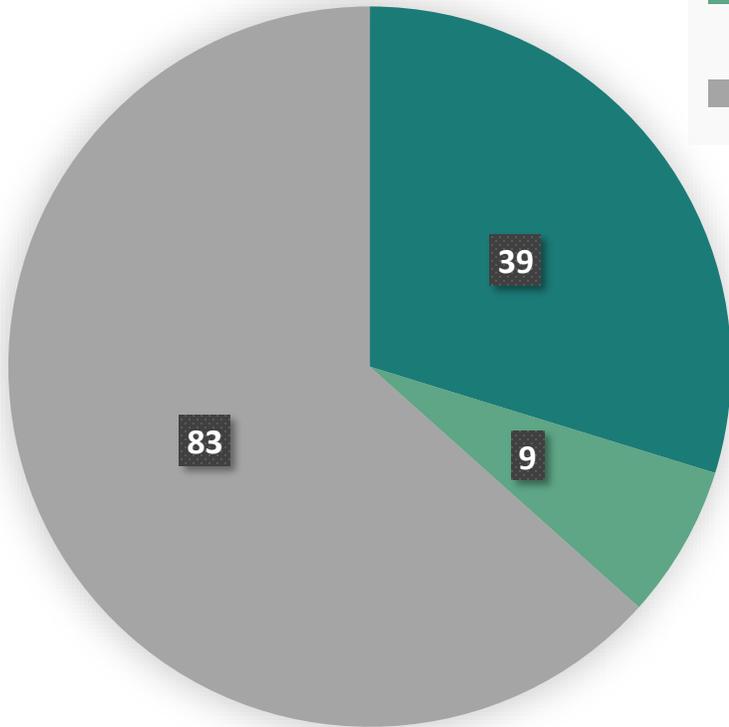


Non-Local Entities

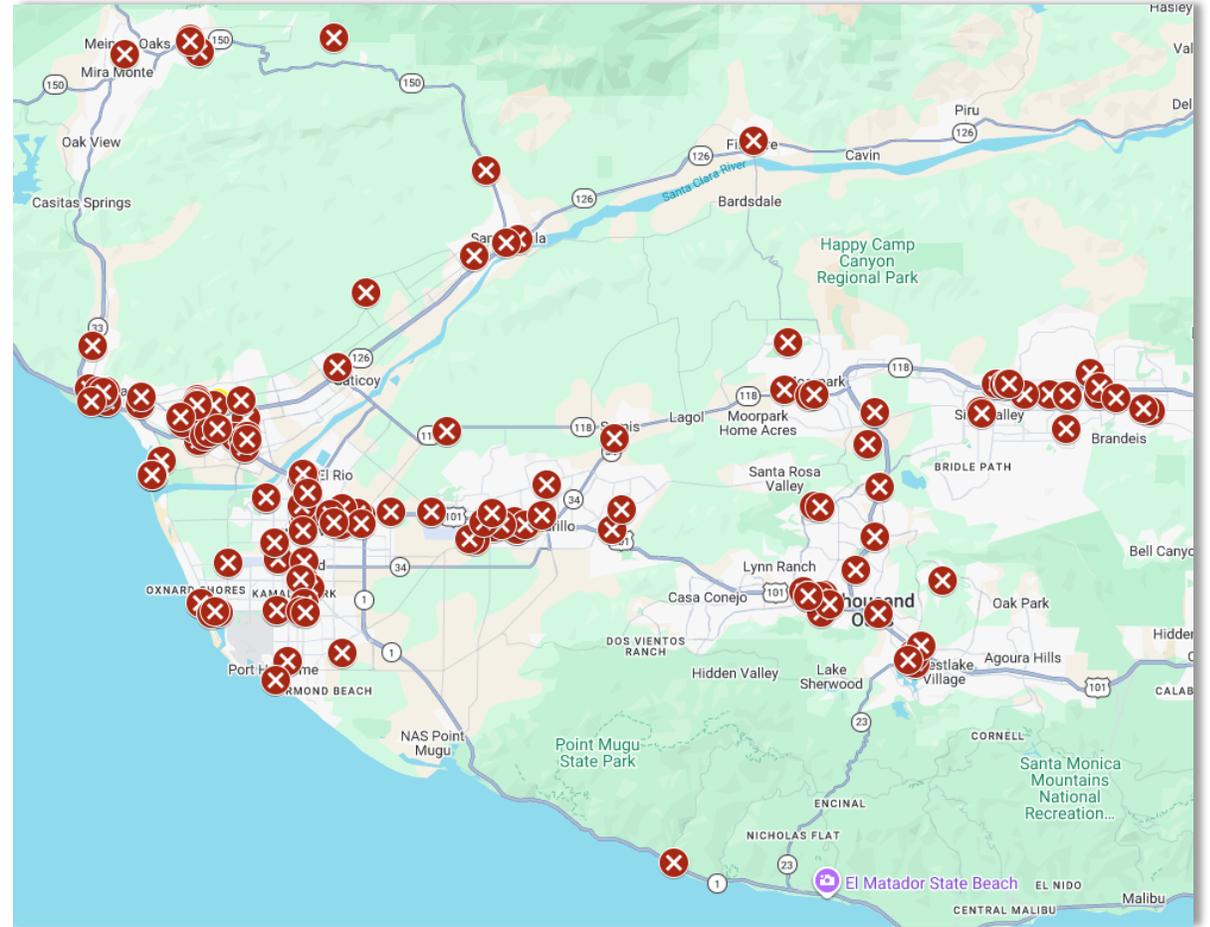


Tier 2 Compliance Status

- Compliant
- Partially Compliant
- Not Compliant

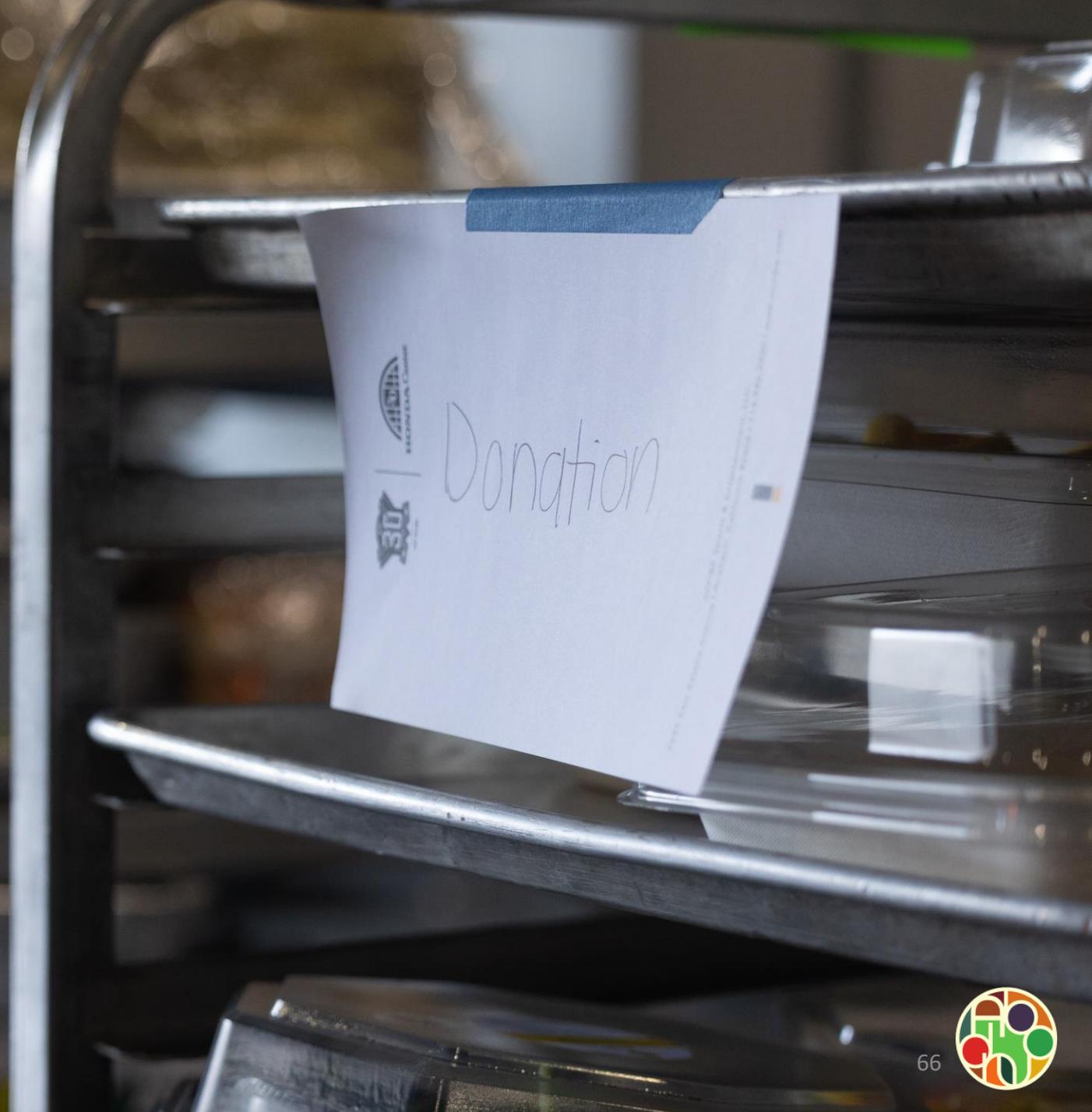


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Waste-Free VC Tier 2 Pilot Initiative

2025 - 2026



Why Tier 2 Requires Special Consideration?

Prepared food donations require heightened
food safety oversight

Strict time and temperature controls

Safe repackaging and handling procedures

Clear accountability across the redistribution
chain

Launch of the Tier 2 Pilot Initiative



Waste Free VC launched the Tier 2 Pilot to support SB 1383 compliance



Increase partnership and compliance amongst Tier 2 generators



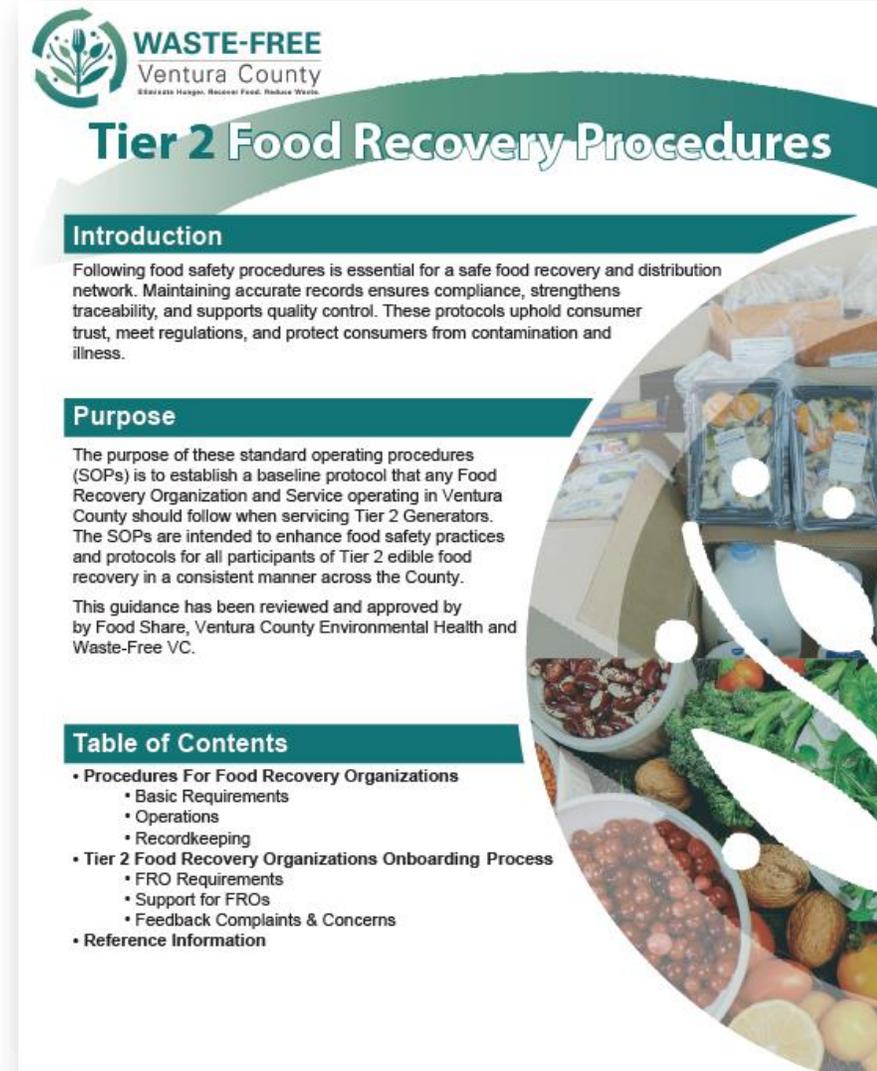
Support Food Recovery organizations capacity to recover prepared foods



Focus on recovery challenges and elevate food safety

Tier 2 Food Recovery

- Approved by Waste Free VC, Environmental Health and Food Share
- Shared with participating Food Recovery Organizations
- Functions as both guidance and an informal participation agreement



WASTE-FREE
Ventura County
Eliminate Hunger. Recover Food. Reduce Waste.

Tier 2 Food Recovery Procedures

Introduction

Following food safety procedures is essential for a safe food recovery and distribution network. Maintaining accurate records ensures compliance, strengthens traceability, and supports quality control. These protocols uphold consumer trust, meet regulations, and protect consumers from contamination and illness.

Purpose

The purpose of these standard operating procedures (SOPs) is to establish a baseline protocol that any Food Recovery Organization and Service operating in Ventura County should follow when servicing Tier 2 Generators. The SOPs are intended to enhance food safety practices and protocols for all participants of Tier 2 edible food recovery in a consistent manner across the County.

This guidance has been reviewed and approved by Food Share, Ventura County Environmental Health and Waste-Free VC.

Table of Contents

- Procedures For Food Recovery Organizations
 - Basic Requirements
 - Operations
 - Recordkeeping
- Tier 2 Food Recovery Organizations Onboarding Process
 - FRO Requirements
 - Support for FROs
 - Feedback Complaints & Concerns
- Reference Information

Reducing Barriers & Strengthening Implementation



ELEVATE SAFETY
WITHOUT INCREASING
OPERATIONAL STRAIN



RECOGNIZE RESOURCE
CAPACITY



STRENGTHEN
COMMUNICATION



CLARIFY EXPECTATIONS
AND SAFE DONATION
PRACTICES



BUILD TRUST AND
CONSISTENCY



Leveraging Technology – Careit Platform

- Unified platform connecting Food Recovery Organizations and Edible Food Generators
- Structured onboarding to assess FRO capacity and verify required certifications
- Verification of facilities, equipment, and food safety readiness
- Supports both recurring and ad hoc donation matching
- Streamlined agreements and automated SB 1383 reporting
- Oversight across the donation process



Customized onboarding

- One-time onboarding process
- Requirements to be completed before FROs begin actively recovering food
- Confirms FROs have reviewed Tier 2 Safety Procedures and obtained all required equipment, certifications, and permits



8 Pending Onboarding [Complete Now](#)

Your organization has onboarding tasks to complete before donating.

Onboarding Items

Columns Filters Density

View	Title	Type	Is Required
 	Wash Station Verification	Upload	✗
 	Tier 2 Food Recovery Procedures	Agreement	✓
 	Cold Storage Verification	Upload	✗
 	Health Permit Verification	Upload	✗
 	Scale Verification	Upload	✗
 	Thermometer Verification	Upload	✗
 	Waste Free Ventura County Tier 2 ...	Form	✓
 	Food Safety Manager Verification	Upload	✗

Supporting Participation - Grants

- Develop grant opportunities for participating FROs
- Strengthen capacity for Tier 2 donations
- Equipment:
 - Cold storage
 - Thermometers
 - Scales
 - Certifications/registration
 - Training



Generator Outreach

-  Education on SB 1383 compliance requirements
-  Guidance on safe donation practices and food handling standards
-  Step-by-step support for onboarding onto the Careit platform
-  Assistance establishing formal donation agreements
-  Clear overview of the business and community benefits of donating

Careit – FRO

The screenshot shows the Careit dashboard for a user named Lily Good. The dashboard is divided into several sections:

- Organization Impact Stats:** This section shows data for 'This Month'.
 - Food Rescued (lbs):** 18 lbs, a 100.0% increase compared to last month. A line chart shows a single peak.
 - Total Rescues:** 3 rescues, a 100.0% increase compared to last month. A line chart shows three distinct peaks.
- Pending Onboarding Tasks:** A notification bar indicates there are 2 pending onboarding tasks that must be completed before donating.
- Total Rescued Weight Per Food Type (lbs):** A horizontal bar chart shows the distribution of rescued food:
 - Meat: 14 lbs
 - Bakery: ~3 lbs
 - Compost: ~1 lb
 - Prepared: ~1 lb
 - Animal Feed: 0 lbs
 - Unusable: 0 lbs
 - Non-Food: 0 lbs
 - Frozen: 0 lbs
 - Beverages: 0 lbs
 - Non-Perishable: 0 lbs
 - Produce: 0 lbs
 - Dairy: 0 lbs
- Summary Cards:**
 - Total GHG Emissions Avoided (Tons of CO2e):** 0.06 tons, represented by a tree icon.
 - Total Water Footprint Reduction (Gallons):** 4,221 gallons, represented by a water drop icon.
- Recent Rescues:** A table with columns for Title, Donor, Weight, Address, Start Date, and Type. No data is currently visible in the table.

Careit – EFG

The screenshot displays the Careit dashboard for a user named James Blake at Demo Warehouse Basic. The dashboard includes a sidebar with navigation options like Overview, My Impact, and Reports. The main content area features 'Organization Impact Stats' for 'This Month', showing 0 lbs of food donated and 0 total donations, both at 0.0% compared to last month. It also displays 'Total GHG Emissions Avoided' as 0.00 tons of CO2e and 'Total Water Footprint Reduction' as 0 gallons. A bar chart shows 'Total Donated Weight Per Food Type (lbs)' with categories like Animal Feed, Unusable, Compost, etc. At the bottom, a 'Recent Donations' table is partially visible with columns for Title, Description, Food Weights, Address, Is Completed, and Start Date.

How to become a participant?



Contact our team and set up a meeting with the Abound Food Care team.



Join us at the end of the Summit Presentation to sign up on Careit!



BREAK



Food Recovery Organization Panel



Food Share's Shared Fleet

BRIAN FISHER, CHIEF OPERATIONS OFFICER

PAM CASTRO, AGENCY RELATIONS MANAGER

The Core Challenge

Unequal distribution among partner pantries

- Independently funded vs. under-resourced agencies
- Inconsistent transportation access
- Pantry Partners were logistically limited in the amount of food they were able to recover and distribute

Policy Driver – Senate Bill 1383

California Senate Bill 1383 requires:

- Reduce edible food sent to landfills
- Recovery and redistribution of surplus food
- Increased pressure on food banks and municipalities to scale recovery efforts
- Need for a coordinated, sustainable strategy

Strategic Solution – Shared Fleet Investment

Food Share invested in an expanded transportation fleet for use by our pantry partners:

- 4 refrigerated trailers
- 4 sprinter vans
- 4 refrigerated box trucks
- Vehicles are available for daily checkout by agency partners.
- Goal: Increase equity, flexibility, and food recovery capacity.



Fleet Design & Capabilities

Refrigerated Trailers

- Low-risk and cost-effective
- Carry up to 2 pallets

Sprinter Vans

- Drives like a minivan
- Broad volunteer accessibility
- 10K GVW capability

Refrigerated Box Trucks

- Ramp access (no lift gates)
- Similar to U-Haul style trucks
- 15–20K GVW capability
- Designed for ease of use and volunteer accessibility.

Growing to Meet the Need

Location	2023	2024	2025
Ventura (box truck weekly)	95,480	339,970	399,648
Port Hueneme (box truck weekly)	0	141,335	405,736
Simi Valley (box truck monthly)	0	34,808	100,290
Camarillo (van weekly)	139,135	324,163	376,510



Structured Checkout & Safety Process

Each partner pantry designates a driver

- Drivers must provide:
- Valid driver's license
- Proof of insurance
- Insurance company performs background checks
- Clear procedures ensure safe, responsible vehicle use

Technology & Performance Monitoring

GPS tracking for real-time and historical location

- Driver scorecard measuring:
 - Speeding
 - Hard braking
 - Rapid acceleration
 - Excessive idling
 - Harsh turns
 - Route deviations
- Weekly data reviews improve safety and operational efficiency.
- Annual review of driver records for insurability

Measurable Impact

200–400 pounds of edible food recovered per visit

- Same-day redistribution to communities
- Agencies handle short recovery trips
- Food Share staff focus on long-distance, high-volume transport

Results:

- Increased food recovery
- Reduced food waste
- More equitable distribution across pantries
- Vehicles used daily by multiple pantries



Future Growth & Broader Impact

Plans to expand fleet further

- Continued process improvements
- Exploring alternate vehicles types depending on pantry needs
- Model offers scalable solution for food banks

Overall Outcome:

- A more equitable, efficient, and sustainable food distribution system that ensures surplus food reaches communities in need.



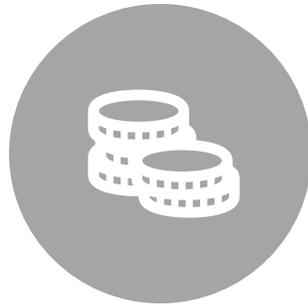
PUBLIC

VENTURA COUNTY

WORKS



LOCAL GRANTS



**REGIONAL
GRANTS**



**CORPORATE
PARTNERSHIPS**



**STRATEGIC
PARTNERSHIPS**

BREAK

Break-Out Session

- Instructions: Participants have been assigned a table, indicated on their nametag. This session provides an opportunity to discuss the topics you selected and explore areas you're interested in learning more about. Each table will assign a scribe and a speaker as we will have the opportunity to share at the end of this session.
 - Table 1: Tier 2
 - Table 2: School Procedures
 - Table 3: Efficient Logistics in Food Recovery
 - Table 4: Food Safety
 - Table 5: Solutions for Waste Management
 - Table 6: Other

School Food Recovery Update



Edible Food Recovery in Schools

SB 1383 requirements for Local Education Agencies

Who is considered a Local Education Agency?

Food Recovery Program Options



External nonprofit food donations



After-school share tables



On-site food pantries



Food repurposing using commercial kitchens



Speakers

Logan Babcock – Environmental Services Specialist

David Goldstein – Environmental Resource Analyst