



KIDS NETWORK / RSBC

March 3, 2021

MINUTES

Attendance: Elizabeth Adams, Sarah Adams, Terri Allison, Ama Atiedu, Michael Baker, Kelley Barragan, Paige Batson, Florene Bednersh, Nicole Bennett, Lisa Brabo, Jenny Bruell, Margo Byrne, Holly Carmody, Emily Casarez, Maria Chesley, Steven DeLira, Peggy Dodds, David Dooley, Samuel Duarte, Ashleigh Erving, Alice Gleghorn, Lori Goodman, Jessica Guajardo, Alma Hernandez, Karen Hord, Anne Hubbard, Valerie Kissell, Amy Krueger, Steve Lavagnino, Ann McCarty, Ed McKinley, Seth Miller, Lorraine Neenan, Carl Palmer, Shana Pompa, Amanda Pyper, MaryEllen Rehse, Arcelia Senci3n, Magdalena Serrano, Saul Serrano, Rachael Steidl, Kristen Sullivan, Nancy Tillie, Dennis Tivey, Kimberly Valenzuela, Joan Vignocchi, Alana Walczak, John Winckler

Staff: Barbara Finch and Gloria Munoz

1. **Welcome & Introductions**

Barbara Finch welcomed everyone. Folks shared one word about how they are showing up today.

2. **Approve Minutes November 4, 2020**

Ann McCarty motioned to approve the November 4, 2020 minutes and Lori Goodman seconded the motion. Kelley Barragan, Margo Byrne, Ashleigh Erving, Steve Lavagnino, and MaryEllen Rehse abstained from voting; all others voted in favor and the minutes were approved.

3. **Public Comment - Items not on the Agenda**

There was no public comment.

4. **Centering**

• **Participating in the virtual space**

Carl welcomed everyone and invited folks to participate in the [Google Doc](#). He went over the goals:

- Reconnect as a network and support each other in these challenging times
- Remind ourselves what we know about how humans handle crises and how we can take care of ourselves, our teams and the people we serve as we move through times of uncertainty
- Improve our capacity to navigate between organization and network priorities and realities in our day-to-day work and for the work ahead to strengthen community resilience

5. **Weaving Connections**

“When things are shaky and nothing is working, we might realize that we are on the verge of something...”

-Pema Ch3dr3n. ***What might you be on the verge of?***

- Traveling
- Sometimes it feels like we are on the verge of nothing; importance of self-care
- Greatness - serving and protecting the community
- Moving the needle towards social justice
- On the verge of so many things - seems like everything is on the verge

6. Community Health Centers of the Central Coast, Inc.

Provider Engagement Activities & Peer-to-Peer Learning

Magdalena Serrano, Director of Behavioral Health & Psychiatry Services, gave a presentation about the Community Health Centers of the Central Coast, Inc. (see attached). Community Health Centers of the Central Coast, Inc. (CHCCC) is a network of clinics that was established in 1978. They are a nonprofit network and their mission is to enhance the health status of all people in the Central Coast of California, with special emphasis on the medically underserved, by providing accessible, affordable, comprehensive and quality health care services. They have been very focused on health equity, diversity and inclusion. CHCCC serves in Santa Barbara and San Luis Obispo Counties and they take care of 110,000 lives annually within the 31 integrated clinics. She respectfully acknowledged that within these two counties are the ancestral lands of the Chumash or Somali people. They are fortunate to partner with them and continue to do work that is part of the ACEs and resiliency work in that they provide trainings on cultural humility, as well as implicit bias, that inform this work and are vital to having that foundational lens.

Members had the following comments/questions:

- **Anne Hubbard** – Are there any plans for CHC to expand to South County in the future? Magdalena stated that she would have to ask and defer to their CEO but at this time they are focusing on Los Alamos and New Cuyama. They recently expanded their pediatric and adult services in Lompoc and this is as far south as they are going to go at this time. Barbara added that through the ACEs Aware initiative they are working to bring CHCCC together with other clinics. Magdalena added when the pediatric population returns to clinics, it is an opportunity to incorporate ACE screenings.
- **Peggy Dodds** – Appreciated that they focused on the entire staff. When they started screening at her clinic they found that they needed to do that as well. It is a good reminder for all organizations to include everybody if they want to be trauma-informed. Magdalena said that was one of their lessons learned – they needed to add their billing and coding team to avoid gaps in their data.
- **MayEllen Rehse** - Thinking about implicit bias and the cultural humility, are there any direct suggestions or ways they want to point folks so that we can strengthen that within our own groups? Magdalena stated that the California Wellness Foundation offers a free implicit bias training and this is the platform that they use. The training targets the needs of both the clinical as well as a lay audience and meets the spectrum of needs for their staff. In terms of cultural humility, they partnered with the Santa Ynez Tribal Health Organization, which provides a great cultural humility training. She believes that they also work with the County and feels that it is reflective of our local community. Barbara asked others to share positive experiences with implicit bias and/or cultural humility training.
- **Saul Serrano** - What support do you need from the community to do your programs and services? Is there something specific in regards to teens and teen parents that might be helpful to the work you are all doing? Magdalena responded that the number one thing is ensuring that all of us prepare for the fact that we are going to see a wave of young children, adults, and adolescents coming in with immense needs. The intention of being here today is really to help bolster that culture of one and link up the community because we are all going to need each other to get through what she sees as the second wave of COVID responses coming. These children and families are very vulnerable and are going to need us more than ever. As far as teen parents or young parents, they have a CPSP program that specifically works with some of their teen parents and it is a comprehensive program. They also have a few clinicians that specifically work with their adolescents that are 13 and older. Jessica added that they need effective and open honest collaboration. When they are working with partner organizations, it is important to know what resources are available and what is not available so that they can set realistic expectations with the patients, themselves, and their staff.

7. COVID-19 and California Tenants Rights

Joan Vignocchi, Attorney at The Legal Aid Foundation, shared that Legal Aid provides several services. One is their Legal Resource Center where anyone can call with any questions, get help filling out forms and get advice. They are also a regular law office where they have lawyers that are ready to help seniors and low income folks in the community who need legal help. If folks encounter anyone who is facing eviction, homelessness, domestic violence, or any kind of legal questions, have them call Legal Aid (see attached). Joan added that the Legal Resource Center does not require a certain income level to get services but if you want a lawyer to represent you, there are limits based on the Federal Poverty Level guidelines. She suggested calling Legal Aid to see what they can offer.

8. ACEs Aware Network of Care Grant

- **Overview of new grant**
- **Assessment of Care Network**
- **ACEs Aware Resources**

Ama Atiedu, Population Health Program and Evaluation Manager, shared that Cottage, in partnership with Pediatric Resiliency Collaborative and Resilient Santa Barbara County, received a second round ACEs Aware grant. This grant is to support the growth of a trauma-informed network of care to support Medi-Cal providers and their communities in responding to Adverse Childhood Experiences (ACEs). They were awarded \$3 million and the grant period is between now and June 2022. Ama went over the following main grant activities:

- Create a new Network of Care leadership team that blends current steering committees.
- Assess network of care and expand/enhance PeRC model
- Identify and implement an IT platform to support referrals, navigation, and collaboration
- Provide training, resources, and support to enhance community capacity for trauma-informed care
 - Find a proven Train the Trainer Program that is based in ACEs science and operates at all levels of the community.

Barbara stated that ACEs Aware has a primary emphasis on health care providers. Folks were divided into breakout groups and asked to discuss the following:

- **To what extent has your organization established mutually beneficial partnerships with healthcare providers?**
 - **MCAH, Public Health** - field nursing unit provides short-term in-home case management to pregnant, postpartum, and children 0-18. Trained staff in NEAR@Home and have partnerships with local OB and Peds clinics as well as hospitals who refer to their program.
 - **Casa Pacifica** - Joined ACEs Network group
 - **Youth and Family Services, YMCA** - no formal partnership with healthcare providers
 - **SBCPHD** - has a network of federally qualified clinics. MCAH folks are connected to the clinics, and make lots of referrals out via intentionally managed services - PHD has several divisions, many programs are grant funded with their own scope of work - about to become part of Healthy Families America and are excited about how that will help address families with high ACEs
 - **CenCal Health** - Definitely connected to Health Care Providers - how many CenCal providers have attested? About 17 mental health providers who have done the training and attested, but don't have the medical providers - state data showing the claims for ACEs screening looks not too bad - something like 2% (CalOptima was 6%) of members screened for ACEs - Some providers are trying to give incentives but they're not following through with the screening. Feedback is that they don't want to screen if they don't know where / how to refer them
 - Barb - This is why the focus on Network of Care - so that providers know they can refer to after school programs, parks and rec... so many ways to help families mitigate toxic stress

- Amanda - much of what is needed is not a referral to a therapist, it can be a community activity, parenting group - those kinds of buffering supports
 - Parent coaching, quality after school and child care programs, where they're actively helping kids with SE learning, exercise,
 - Barb - ACEs Aware has a provider directory (voluntary) which says we have 64 providers across all classes/services/providers
 - Paige - had the same issue and needed to educate them about the wealth of resources, and simplifying the referral process - training frontline staff to be able to make those referrals - once we got past that - a robust resource list - and a mechanism to get them there - was key... primary care providers are key to getting screenings done
 - FSA -Lompoc ACEs program w Dr Blifeld , Lompoc School District, CenCal partnership
 - BeWell - Public Health conversation re Health Clinics
 - DVS - need to coordinate cases and collaborate more with health systems
 - Healthy Lompoc - wants to join in more community collaboration
 - Need for Continuity of Care - on person is case manager whether it is a Promotora, or health navigator, or clinic
 - Network needed to connect organizations with each other, which Kids Network is doing!
 - **IVYP** - doesn't have formal relationship with any healthcare, but working with Cottage on COVID awareness, offers Parenting classes, childcare, new diaper distribution
 - **Fighting Back SMV** - provided CRM training to CHCCC staff, more than happy to provide that for other healthcare providers. CRM incorporates ACEs for any community members as well as providers. She's on committees with education office and others who want to work with health care. Working with PHD around homeless youth. Also offers parenting classes with FSA.
 - **Hope School District** - COVID really made connection with PHD so important. Pre-COVID education sector has not had close connection with health care.
 - **FSA** - FSA provides family advocate for PeRC and mental health therapy is through CALM. They are part of PeRC partnership. Works with health providers around older adults, during COVID with cottage identifying Latino people 65+ at risk who need vaccines and helping them get appts. Covid has increased partnerships.
 - **Early Childhood and Family Coalition** - Lots of work in prenatal care
- **To what extent is your organization working with healthcare providers who have implemented ACEs screening protocols? Where are the gaps?**
 - Public Health** - Pilot with Carpinteria Health Care Center, Carp Children's project and public health nurses screening for ACEs. Dedicated focus on data sharing between clinic, field nursing, and CBO in HIPAA compliant way.
 - **Casa Pacifica**, clinical assessments incorporate ACEs, structuring it in the EHR,
 - **YMCA** - work with youth (10-24), screening tends to happen with younger children
 - PHD or CHC or anyone in health care is often not at table re care for foster, homeless youth. See need for connection
 - Schools might love to have health care providers at the table of IEPs, etc. but not sure how to get started to make that connection. Anything we can do to connect.
 - Both health care and education like to think of themselves as systems that solve everything and forget they need to engage the rest of the community. Requires an attitude change on their parts.
 - **List the buffering services and supports offered by your organization (whether you are currently partnering with healthcare or not).**
 - **Public Health** - trained in CRM

- **Casa Pacifica** - trauma informed training, not necessarily everyone trained in CRM or TRM, but have internal trainings on trauma
- **YMCA** - emergency youth shelter, youth center activities, link adults and youth to housing resources, some ACE screening with adolescent
- **Angels Foster Care** - a buffering service – safe homes for infants
- **Children and Family Resources Services, Welcome Every Baby, Family Connect** - is bi-directional - screening for ACEs and referring and providing services.
- **Early Childhood and Family Wellness Coalition** is Advisory Board for WEB-FC and other health care providers. Promotores are partnering and offering buffering services to families, especially immigrant, monolingual Spanish and Mixteco.
- Healthcare centers have behavioral health specialists
- Public health clinics all seem to be screening differently
- Screening happening in Carp and Franklin, Lompoc and Santa Maria beginning the process
- **CommUnify** - Adolescent Family Life Planning (AFLP) provides training and Positive Youth Development for teenage mothers (county-wide)

Ama stated that they look forward to continuing this conversation and gathering this information more systematically over the next couple weeks. Barbara added that they plan to do a Survey Monkey that has some of the questions that they want everybody to answer and send it out so that they can get as much input as possible. This first assessment is due in 90 days on April 30th. Barbara encouraged folks to complete the survey when it goes out.

9. Santa Barbara County Data Dashboard

Carl shared that the [data dashboard](#) has been active for a while and it has become a critical piece of community infrastructure related to COVID. They recently added a vaccination dashboard where they will keep score on our success getting the community vaccinated. They are also tracking by population vaccinated or doses administered by population percentage; there is a health equity component. Carl added that he feels that in many ways this community data dashboard is actually a part of this network because so many of the members are contributing data. They will be working hard over the coming months and years to continue to aggregate more information in one place from many providers, nonprofits, agencies, funders, and others, so they can see the data that is most important to understanding community wellbeing, through a crisis like the COVID epidemic and just in our day to day. Carl mentioned that they are committed to figuring out how to resource it moving forward. The county has committed to keeping it as critical infrastructure and having it adapt over time to whatever our needs and challenges are. What do we as a community want to see on a dashboard to identify what is critical to measure and then track our progress making those metrics better over time? If you would like to discuss this further, please contact Carl. Barbara mentioned that she will be discussing with Carl on how this effort can also link up with the Children's Scorecard. Carl concluded by stating that there will be an initial Childcare Dashboard coming soon that they will then be working to improve upon.

10. Announcements & Closing

11. Meeting Adjourns

Next General Meeting – June 2, 2021

Executive Committee Meeting – May 5, 2021

The meeting adjourned at 11:01 a.m.



KIDS Network Meeting

3.3.2021





Meeting Agenda

3.3.2021

1. Welcome & Introductions
2. Approve Minutes November 4, 2020
3. Public Comment –Items not on the Agenda
4. Centering
5. Weaving Connections
6. Community Health Centers of the Central Coast: ACEs Aware Presentation
7. COVID-19 and Tenants Rights
8. ACEs Aware Network of Care Grant
9. SB County Data Dashboard
10. Announcements & Closing



Introductions

Minutes

Public Comment

3.3.2021

Our vision is that all children will grow up in safe, healthy and nurturing homes, schools and communities with equal access to resources and opportunities to develop their unique potential

Centering in the Virtual Space

Meeting Structure

- Zoom for connection
- Shared Google Doc with the agenda and for participation - please contribute!
- Please use the chat function to reach out
- Please feel free to use Zoom's nonverbal participation icons

Weaving Connections

"When things are shaky and nothing is working, we might realize that we are on the verge of something..."

-Pema Chödrön

What might you be on the verge of?



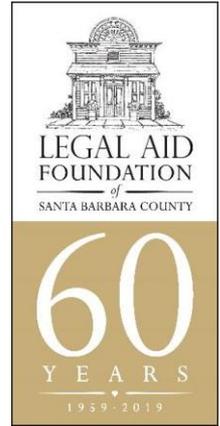
Community Health Centers of the Central Coast



Community Health Centers

COVID-19 Tenants' Rights

- No evictions during COVID-19
- Back rent due by July 1, 2021 (for now)
- If tenants can pay 25%, can't be evicted even after July 1
- Tenants have to fill out Declarations and give to landlord
- Troubles? Call Legal Aid ASAP!
- If landlord gives notice, tenants can file two forms – CDC and State
- If landlord files with court, give same forms to court within 15 days
- There will be a fund for tenants to pay back rent AND for landlords to apply for missing income



Contact Information

Legal Aid Foundation of Santa Barbara County

Santa Barbara (South County): (805) 963-6754

Lompoc (Mid County): (805) 736-6582

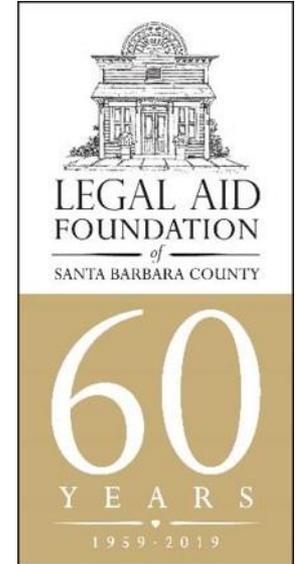
Santa Maria (North County): (805) 922-9909

Court Self-Help Centers: Legal Resource Centers

(any legal issue; no income limit requirements)

Santa Barbara/Lompoc: (805) 568-3303

Santa Maria: (805) 691-2457



Forms and Information

CA form: <https://landlordtenant.dre.ca.gov/tenant/forms.html>

CDC form: <https://www.cdc.gov/coronavirus/2019-ncov/more/pdf/CDC-Eviction-Moratorium-01292021.pdf>

More info here:

https://landlordtenant.dre.ca.gov/pdf/resources/tenant/Tenant_Fact_Sheet.pdf



Network of Care Grant

Overview

- Second round of ACEs Aware grants
- Grow a trauma-informed network of care to support Medi-Cal providers and their communities in effectively responding to ACEs
- Awarded \$3 million
- Grant period: February 2021 – June 2022



Network of Care Grant

Main Grant Activities

1. Create a grant leadership team
2. Assess network of care and expand/enhance PeRC model
3. Identify and implement an IT platform to support referrals and navigation
4. Provide training, resources, and support to enhance community capacity for trauma-informed care

1. Create a grant leadership team



Questions

Considerations

Feedback

- Identify partners from PeRC and Resilient SBC to form a joint leadership team
- Include at least one Medi-Cal provider and one community-based provider
- Guide and coordinate ACEs screening and response efforts across the county
- Meet monthly
 - Identify and develop plan to address gaps in Network of Care
 - Create collaborative use of a shared IT platform

2. Assess network of care and expand/enhance PeRC model



Questions

Considerations

Feedback

- Complete the Trauma-Informed Network of Care Continuum of Integration Assessment Tool
- Use assessment results to identify one or two additional buffering resources/services
- Expand network of care for current and new PeRC clinics through subgrants
- Outreach to Medi-Cal pediatric providers currently screening for ACEs
- Develop protocols and workflows to improve coordination of referral process and response

3. Identify and implement an IT platform to support referrals and navigation



Questions

Considerations

Feedback

- Contract consultant to design and implement a collaborative and inclusive process for identifying an IT solution
- Engage identified IT solution company and develop contracts for licensing and implementation support
- Develop procedures, policies, and mechanisms for facilitation of health information exchange between Network of Care partners
- Partner with clinics and community-based service providers to implement new IT solution and procedures/policies
- Develop and implement an evaluation and monitoring plan that allows for continuous quality improvement

4. Provide training, resources, and support to enhance community capacity for trauma-informed care



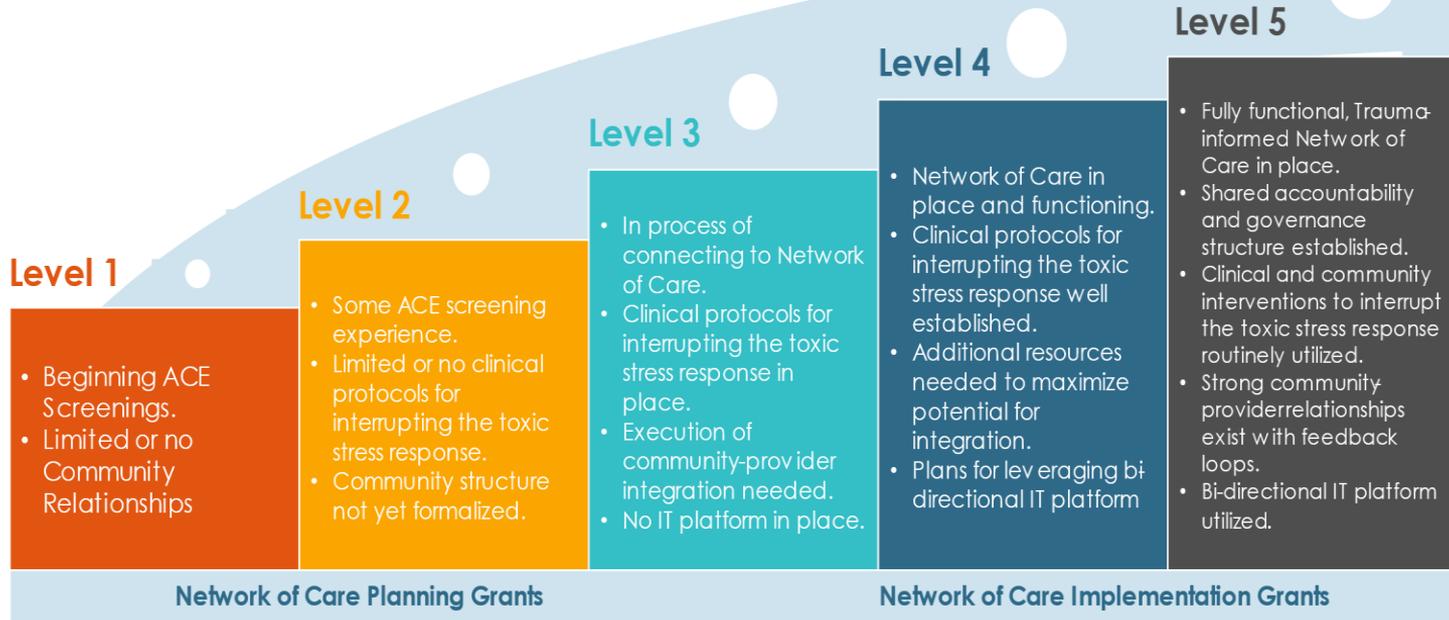
Questions

Considerations

Feedback

- Train-the-trainer program
- Recruit multi-sector participants
- Develop cross-sector trauma and resilience training force
- Implement and document trainings

Network of Care Continuum of Integration

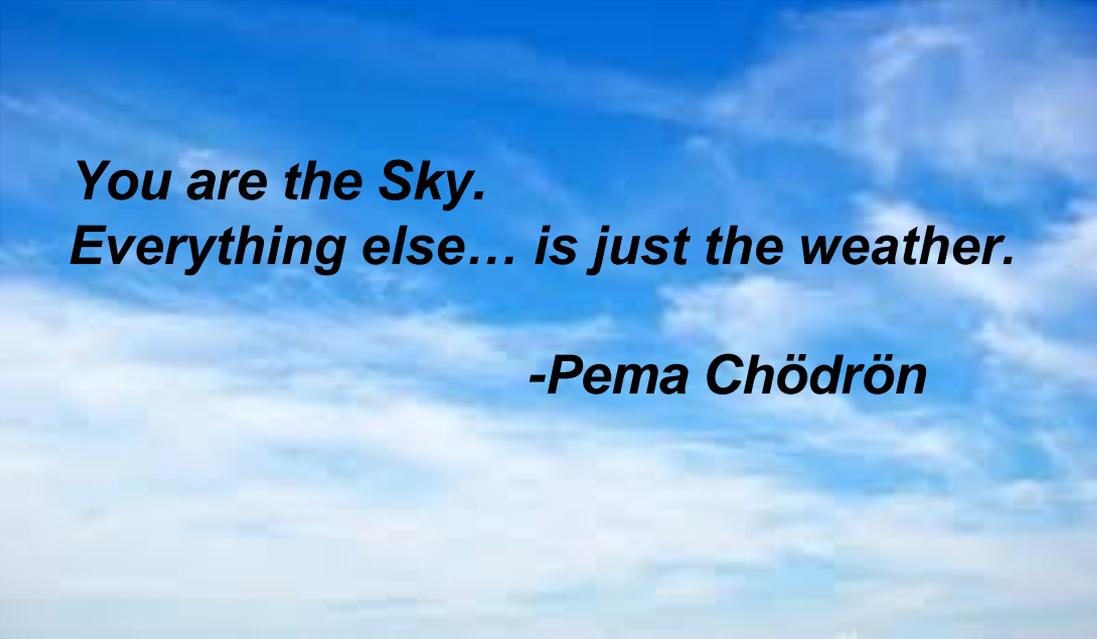


Network of Care Assessment

- To what extent has your organization established mutually beneficial partnerships with healthcare providers?
- To what extent is your organization working with healthcare providers who have implemented ACEs screening protocols? Where are the gaps?
- List the buffering services and supports offered by your organization (whether you are currently partnering with healthcare or not).

SBC Data Dashboard

Closing Thought



***You are the Sky.
Everything else... is just the weather.***

-Pema Chödrön

Community Health Centers of the Central Coast



GRANTEE

Community Health Centers of the Central Coast, Inc. (CHCCC)

Provider Engagement Activities & Peer-to-Peer Learning Grants



Community Health Centers

Healthcare For Life

Magdalena Serrano, MSW, LCSW

Director of Behavioral Health & Psychiatry Services

About CHCCC



Community Health Centers of the Central Coast, Inc. (CHCCC) was established in 1978 and is a 501 (c)(3) non-profit network of community health centers serving the residents of California's Central Coast.

Our mission is to enhance the health status of all people in the Central Coast of California, with special emphasis on the medically underserved, by providing accessible, affordable, comprehensive and quality healthcare services, through well trained professional staff, in strategically located health centers.



CHCCC Ecosystem & Patient Population

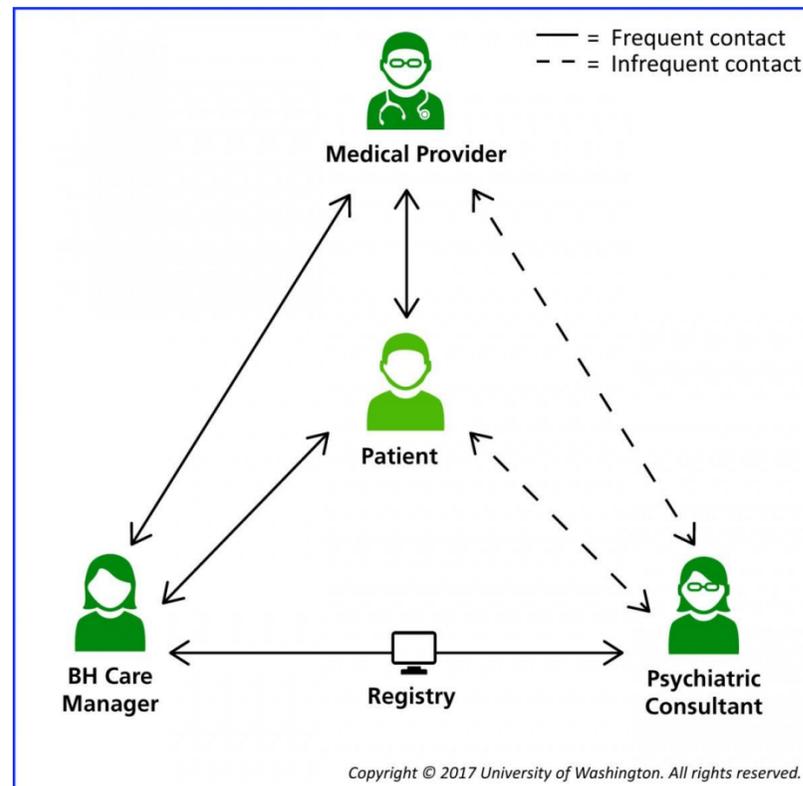


- Santa Barbara & San Luis Obispo Counties
- Approx. 110,000 lives served annually
- 31 Integrated Clinic Network
- Over 100 treating providers
- **Special populations:**
 - 60% Medicaid enrolled patients
 - Migratory & Seasonal Agricultural workers
 - Monolingual Spanish & Mixtec speakers
 - Limited English Proficiency individuals

Our Staffing Model

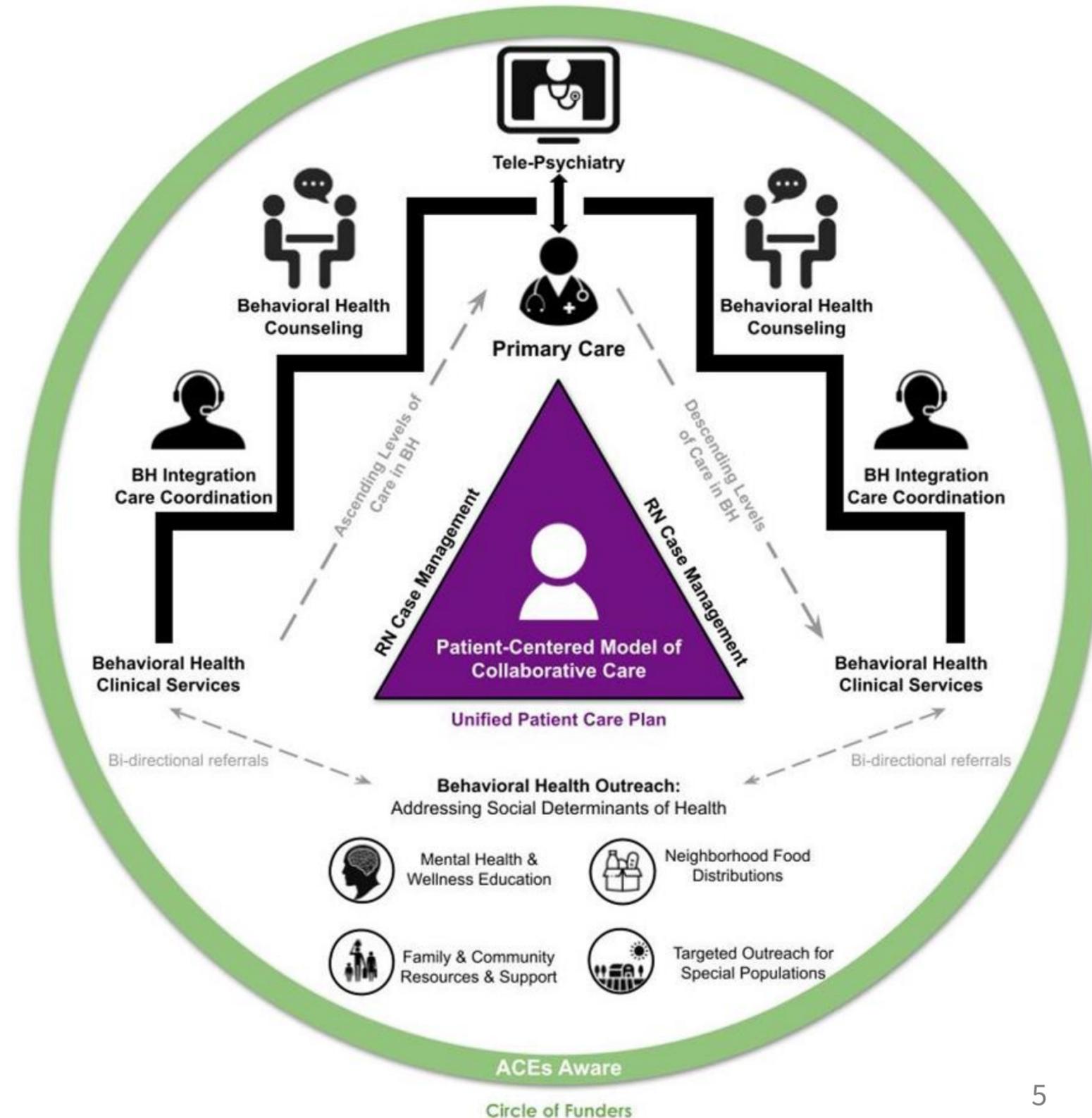
CHCCC operates through an **integrated model of care**, aligning Behavioral Health and Primary Care to address social determinants of health.

UW AIMS Model



Our model is based on the University of Washington AIMS Center Model of Collaborative Care

CHCCC Integrated Behavioral Health & Primary Care Delivery Model



ACEs Aware Partnership

Over the last 7 months, our team has led an initiative of Provider Engagement and Peer-to-Peer Learning activities toward the goal of:

- Increasing ACE screening
- Increasing provider training & attestation
- Informing support staff and providers of the significance of addressing ACEs & toxic stress
- Equipping providers with options for evidence-based interventions
- Developed a trauma-informed *and* trauma-responsive culture



Navigating the Changing Landscape of Care

Challenge: Initially, our staff expressed concern that screening for ACEs would result in a high volume of protective service cases, while having limited evidence-based interventions to respond.

We have adapted by:

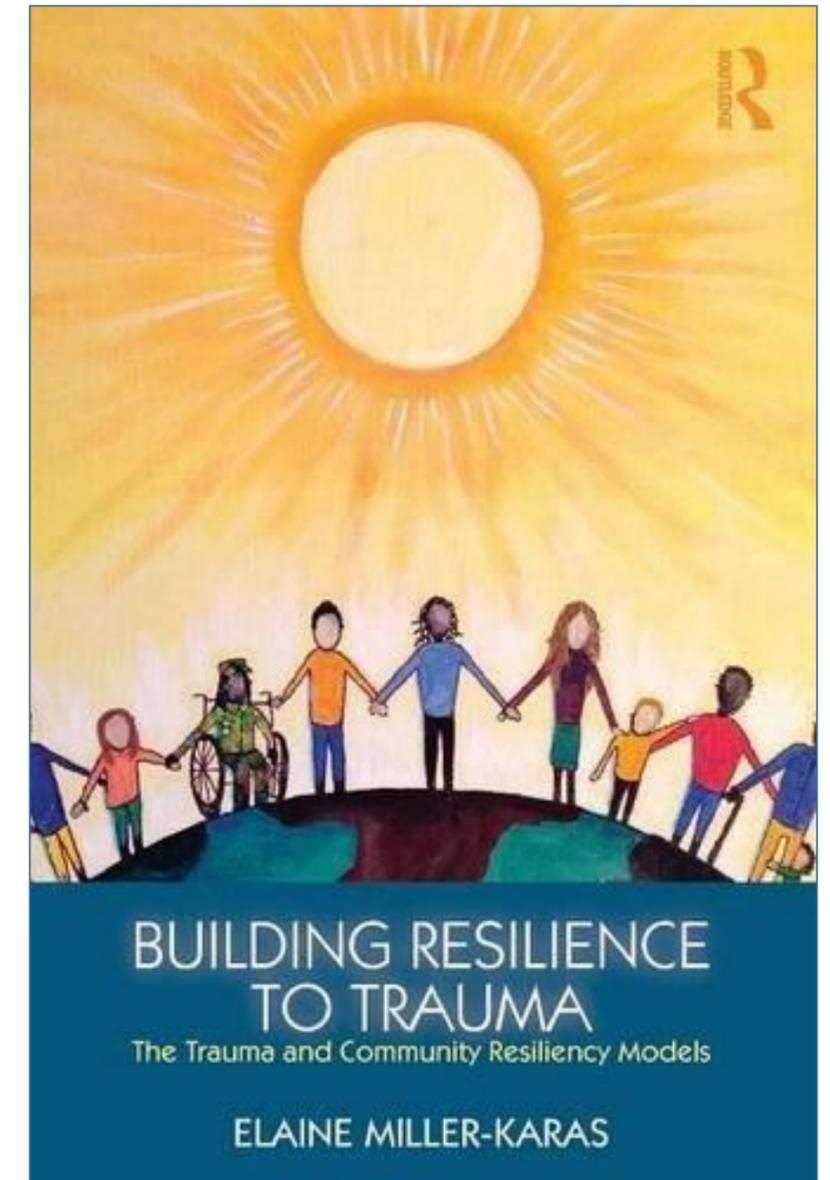
- Equipping providers and staff with knowledge of community and agency resources
- Developing a warm hand-off referral process & formal policy and procedures
- Providing evidence-based interventions to increase confidence when screening patients for ACEs
- Establishing a care pathway for patients with high ACE scores



Community Resiliency Model (CRM)

We have educated our staff and providers on the Community Resiliency Model (CRM), an evidence-based intervention from the [Trauma Resource Institute](#), to help staff and patients regulate traumatic stress responses.

- Provides practical and rapid self-regulation skills
- Adaptable to telephonic or telehealth appointments
- Can be used across ages, languages, cultures, and literacy levels



Provider Engagement Activities

- Provider engagement activities targeted providers serving Medicaid populations within the Behavioral Health department
- Focused on developing trauma-informed, evidence-based, and culturally responsive interventions to address ACEs such as CRM's grounding, resourcing, and "Help Now!" skills
- 15 providers trained and attested
- Medical administration engagement:
 - Chief Medical Officer and Medical Director trained and attested



Peer-to-Peer Learning Activities



- Due to the increasing level of clinical burnout due to COVID-19, we intentionally chose CRM as a resource to equip our team with **self-management skills prior to screening**
- **Parallel process:** front-loading resiliency skills to our staff so that they may also utilize and teach patients the same skills

Impact of Grant Activities

- CHCCC has integrated digital ACEs and PEARL screenings into our electronic health record system so providers can confidentially screen patients via telehealth platforms
- Enhanced our growing network of care with partnering organizations to collaborate in mitigating toxic stress
- The culture of our clinic system is shifting to one that is trauma-informed beyond the Behavioral Health scope and beyond screening



Lessons Learned

- Consider all perspectives
 - Patient, support staff, providers, medical administration, state, etc
- Be mindful of the messaging and the messenger
- Know the “why” that is relevant for each stakeholder
- Develop a cross-sector system of care
- Create adaptable workflows to sustain staff such as “Social Worker of the Day”

Creating and Sustaining Culture

- ACEs Screening Policy & Procedure
 - Systems-wide change
- The “Becoming ACEs Aware in California” training is encouraged to all our primary care and pediatric providers when fulfilling Continuing Medical Education(CME) requirements
- Continue to champion the ACEs Aware initiative among primary care and pediatric providers serving Medi-Cal patients



Community Partnerships

- Formally joined KIDs Network and Resilient Santa Barbara County



GENERAL MEMBERSHIP INFORMATION

The KIDS Network serves as an advisory body to the Board of Supervisors of Santa Barbara County and is comprised of an Executive Committee and a General Membership group. The Network strives for diverse representation, including community-based organizations, parents, community members, faith-based groups, educators and public agencies. Anyone with an interest in contributing positively to a wide-range of issues affecting the lives of children, youth and families is welcome to become a member.

Members of the KIDS Network determine priority needs and concerns for children and families in the areas of human services, health, education and juvenile justice. Strategic goals guide key projects to improve coordination of services, increase public awareness, and track related data.

As a member you will:

- Attend a minimum of three business meetings each calendar year.
- Help determine priority issues and strategic goals.
- Advise the Board of Supervisors on KIDS Network priorities by a) contributing your own experience or your particular expertise, and b) providing guidance and feedback on emerging needs and recommendations presented by the KIDS Executive Committee.
- Serve on task forces, sub-committees and ad-hoc committees to drive KIDS Network initiatives and activities.

To remain a member in good standing, we ask that you:

- Support the vision and mission of the KIDS Network.
- Miss no more than one meeting per calendar year. Meetings are held in March, June, September, and November. (Please refer to the annual calendar for exact dates and times.)
- Notify us in writing if you are unable to continue your membership.

For more information on the KIDS Network please refer to our website at www.countyofsb.org/kidsnet or call (805) 681-4452.

KIDS NETWORK, Santa Barbara County Department of Social Services, 234 Camino Del Remedio, Santa Barbara, CA 93110
Phone (805) 681-4452 FAX (805) 681-4403 website: www.countyofsb.org/kidsnet
Staff: Barbara Finch, Director, e-mail b.finch@sbcsocialserv.org and Gloria Munoz, Assistant, e-mail g.munoz@sbcsocialserv.org

Joining, please provide us with the following information by faxing, e-mailing or calling the KIDS Network at (805) 681-4452.

Network, County of Santa Barbara Department of Social Services, 234 Camino Del Remedio, Santa Barbara, CA 93110

socialserv.org

Enclosed is a copy of the general membership information for your records. Your contact information will be added in our public membership roster unless otherwise requested.

Agency (if applicable): Community Health Centers of the Central Coast
234 Camino Del Remedio, Santa Maria, CA 93458
 Phone: (805) 361-8096
chccc.org

If you are a member, please also send meeting notices to the following person:
 Name: _____
 e-mail: sara.franco@chccc.org

Check all that apply:

Community Based Organization

Community Member

Caregiver

County Staff/Elected Official

Health Care Provider

Other: _____

If you are not joining, please provide us with the following information by faxing, e-mailing or calling the KIDS Network at (805) 681-4452.

Resources in Northern Santa Barbara County that address the needs of the advocacy of Latinx and Indigenous families especially regarding the areas of language justice, behavioral health, and social determinants of health.

Santa Barbara County Department of Social Services, 234 Camino Del Remedio, Santa Barbara, CA 93110
 Phone (805) 681-4452 FAX (805) 681-4403 website: www.countyofsb.org/kidsnet
 Staff: Barbara Finch, Director, e-mail b.finch@sbcsocialserv.org and Gloria Munoz, Assistant, e-mail g.munoz@sbcsocialserv.org

COMMUNITY PARTNERSHIP AGREEMENT
Resilient Santa Barbara County and Community Partners:

Community Health Centers of the Central Coast, Inc. (CHCCC)
 (PRINT NAME of Partner Organization)

Resilient Santa Barbara County is a countywide network dedicated to preventing and reducing the impacts of Adverse Childhood Experiences (ACEs) in Santa Barbara County. We educate, exchange ideas, share opportunities and work collectively to transform lives through practical and community-centered solutions. Community Partners are organizations that are committed to building their own capacity for being ACEs-informed, trauma-responsive and resiliency-focused, while also contributing their knowledge and expertise to the countywide movement.

The purpose of this AGREEMENT is to clarify roles and responsibilities and to engage partners in the shared vision of the network. Community Partners will receive a Resilience Toolkit that includes basic information and links to sector-specific resources to inspire participation and guide actions. Resilient Santa Barbara County will track progress using the ACEs Connection website, recognizing that each organization will proceed at its own pace.

Vision: A Resilient Santa Barbara County where organizations and systems work collaboratively to ensure the health and wellbeing of all individuals, families and communities

Purpose: To create an integrated and resilient community built upon a foundation of relational health and wholeness

Principles:

- Build trust and healthy relationships as a foundation for resilience
- Create a supportive, safe, equitable, accessible and inclusive network
- Bring our whole selves with fidelity and integrity
- Welcome, hear and honor all voices
- Innovate and experiment with imagination and creativity
- Use data and stories to inform decisions and direction
- Embrace trial and error to learn and grow
- Grow our capacity to collaborate

As a party to this AGREEMENT, we understand that:

- Adverse childhood experiences are present in every community, regardless of demographics or socio-economic status;
- A correlation has been demonstrated between adverse childhood experiences, trauma, toxic stress, and medical, emotional and behavioral health challenges;
- Challenges from ACEs and toxic stress impact both individuals and society, and may contribute to adverse circumstances such as learning difficulties, truancy, joblessness, homelessness, substance abuse, family and community violence, incarceration, early death and suicide;



Resilient Santa Barbara County is a countywide network dedicated to preventing and reducing the impacts of Adverse Childhood Experiences (ACEs) in Santa Barbara County. We educate, exchange ideas, share opportunities and work collectively to transform lives through practical and community-centered solutions. Community Partners are organizations that are committed to building their own capacity for being ACEs-informed, trauma-responsive and resiliency-focused, while also contributing their knowledge and expertise to the countywide movement.

we will strive to:

- Engage partners within our organization and throughout the network
- Develop a Resilience Toolkit that promotes multiple pathways to resilience
- Align with the Resilient SBC vision, purpose and principles in seeking to become ACEs-informed, and resiliency-focused at every level
- Coordinate individual and network goals, responsibilities and priorities
- Work together to ensure greater impact
- Support systems change across sectors for community level systems change

The vision, purpose and principles of Resilient SBC within our organization, and the shared vision of the network. Community Partners will receive a Resilience Toolkit that includes basic information and links to sector-specific resources to inspire participation and guide actions. Resilient Santa Barbara County will track progress using the ACEs Connection website, recognizing that each organization will proceed at its own pace.

Vision: A Resilient Santa Barbara County where organizations and systems work collaboratively to ensure the health and wellbeing of all individuals, families and communities

Purpose: To create an integrated and resilient community built upon a foundation of relational health and wholeness

Principles:

- Build trust and healthy relationships as a foundation for resilience
- Create a supportive, safe, equitable, accessible and inclusive network
- Bring our whole selves with fidelity and integrity
- Welcome, hear and honor all voices
- Innovate and experiment with imagination and creativity
- Use data and stories to inform decisions and direction
- Embrace trial and error to learn and grow
- Grow our capacity to collaborate

As a party to this AGREEMENT, we understand that:

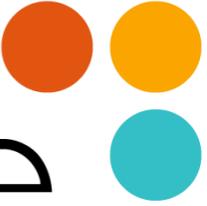
- Adverse childhood experiences are present in every community, regardless of demographics or socio-economic status;
- A correlation has been demonstrated between adverse childhood experiences, trauma, toxic stress, and medical, emotional and behavioral health challenges;
- Challenges from ACEs and toxic stress impact both individuals and society, and may contribute to adverse circumstances such as learning difficulties, truancy, joblessness, homelessness, substance abuse, family and community violence, incarceration, early death and suicide;

This AGREEMENT shall be in effect indefinitely; either party may terminate the AGREEMENT at any time. **Welcome to Resilient Santa Barbara County!**

	03/02/2021 Date
Director or Officer	Date

aces aware

GRANTEE

aces aware 

GRANTEE

Thank You

CHC

Community Health Centers

Healthcare For Life

<https://www.communityhealthcenters.org/>

aces@chccc.org