



KIDS NETWORK / RSBC

June 2, 2021

MINUTES

Attendance: Elizabeth Adams, Connie Alexander, Terri Allison, Ama Atiedu, Paige Batson, Florene Bednersh, Nicole Bennett, Jennifer Bergquist, Peggy Sue Black, Jenny Bruell, Beth Burke, Margo Byrne, Holly Carmody, Emily Casarez, Isabella Clark, Steven DeLira, Nicole DeMarcus, Joanna Dominguez, David Dooley, Samuel Duarte, Autumn Erickson, Ashleigh Erving, Lori Goodman, Jessica Guajardo, Sara Gutierrez, Gabriela Hanson-Lopez, Joan Hartmann, Alma Hernandez, Valerie Kissell, Amy Krueger, Steve Lavagnino, Seth Miller, Karyn Milligan, Lorraine Neenan, Carl Palmer, Shana Pompa, Alice Villarreal Redit, Rynn Schumacher, Arcelia Senci3n, Saul Serrano, Rachael Steidl, Kristen Sullivan, Kimberly Valenzuela, Alana Walczak

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 March 3, 2021**

Florene Bednersh motioned to approve the March 3, 2021 minutes and Valerie Kissell seconded the motion. Alice Villarreal Redit 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. **Weaving Connections**

Folks were divided into breakout groups and asked to discuss the following: Think about someone who was influential in your life, perhaps not a typical mentor, but someone who helped ease the way... what did you appreciate most about them, and how did they support you? Folks shared the following:

- Felt joy as a result of talking about people who were important in their lives; it connected them to that experience and each other's experience
- Authenticity and sincerity; how a mentor would go above and beyond professional advice; taking care of one another's emotional and mental wellbeing
- As they reflected on mentors they had, they discussed how they might also play that role unknowingly to someone else and how that informs in how they show up in their work
- People do not need to have a goal of being a mentor, it is about being themselves. The positivity/energy that we have is something that other people can relate to and be inspired by

5. **Resilient Santa Barbara County Community Manager Update**

Barbara introduced Isabella Clark, who is taking on the role of PACEs Connection Community Manager, our interface between KIDS Network, Resilient Santa Barbara County, and the PACEs Connection community. RSBC currently has 25 signed Community Partners. Isabella has reached out to many via email about setting

up meetings to get to know their organizations and their involvement with ACEs. She will also be writing a blog post about the organizations for the PACEs Connection website.

6. Cultural Brokers / Parent Partners / Peer Navigators / Community Health Advocates / Community Ambassadors

KIDS Network has existed since 1991 and has always had a desire to address systemic issues that are driving the challenges that our children, youth and families are facing day to day. As we talk about Resilient Santa Barbara County and the ACEs and resilience movement, KIDS Network also wants to discuss things that get to the root causes of ACEs. At a past meeting, the Executive Committee talked about the concept of cultural brokers and realized that there are a lot of different names for the same concept. Folks might call them cultural brokers, parent partners, peer navigators, community health workers, or community ambassadors. It is basically a group of trusted individuals with experiences and relationships that allow them to connect and deliver information, resources, and support to people who may be hard to reach with conventional methods.

Breakout groups discussed the following questions: How are we bridging cultures and building relationships to support equity and inclusion? Who is using this approach? How is it different from other service delivery models? What makes it challenging? What makes it successful? (See notes pulled from Google Doc)

7. ACEs Aware Network of Care Grant

- **Network of Care milestones**
- **Results of initial assessment**
- **Draft Vision and Goals**

Ama Atiedu shared about the formation of the new Network of Care Leadership Committee that represents a merging of the great work that has been happening in our county around ACEs, resiliency and trauma informed care. The Committee includes representation from North and South County as well as representation from Resilient Santa Barbara County, the Pediatric Resiliency Collaborative, and other community organizations. They are working on a Vision Statement (see PPT slide). She stressed the importance of keeping the children and families at the center of this work and the importance of working together across disciplines. One of the things that is helping to guide their work together as a committee is the Network of Care Milestones (see PPT slide). These were taken from the ACEs Aware initiative's [Network of Care Roadmap](#) that is serving as a guide to the work. There are identified milestones for Clinic Providers as well as Community Providers. The Leadership Committee is has identified activities to advance the network in achieving these milestones, with an emphasis on the integration between community providers and healthcare providers.

The Trauma Informed Network of Care Assessment was sent out to KIDS Network and over 20 organizations were represented. The Network of Care grant is asking that they conduct this assessment two additional times; therefore, they will be doing a midpoint assessment and a final assessment to help measure their progress based on these indicators. Ama mentioned that the overall mean average score was around 2/3 across all of these questions. This was surprising because we started this work in our county before the ACEs Aware initiative was developed. There were quite a few questions where they referred specifically to ACEs Aware initiative tools so that painted a clear picture of how they want folks to move along to the final milestones. She feels that there is opportunity for us to continue to share our approaches and our community wisdom and knowledge.

Barbara went over the ACEs Aware Network of Care Draft Goals (see PPT slide). She mentioned that they had to submit some goals with their first report to ACEs Aware. They offered these up to the committee and they endorsed the parts that are in bold and italics and had good feedback about other things that might be important for our work together as a Network of Care.

8. Increasing Access to Buffering resources

The ACEs Aware initiative and Dr. Burke Harris developed a stress buster wheel, which identifies seven areas of focus for mitigating toxic stress. They identify supportive relationships, quality sleep, balanced nutrition, physical activity, mindfulness practices, access to nature and mental health care. Barbara invited folks to think about their organization, programs, and connection to their community and think about which of these things are areas of strength within our community. Folks broke into groups and discussed the following: What strengths exist within our community? What are the pressing needs? How can we improve coordination and integrate buffering services and supports? Folks shared these highlights (also see notes from Google Doc):

- **Barb:** When we talk about the importance of having a real understanding of community and culture we tend to think bilingual/bicultural and there are cultural groups that do not necessarily have that bilingual component but the understanding of the culture is equally important. It is important to be inclusive of all kinds of cultures and the needs of each unique culture that might present themselves.
- **Carl:** There is a real need for bringing trauma-informed approaches and ACEs awareness into the schools, especially as they get more funding from state initiatives. There is an ongoing need for growing the network and bringing people in and bringing them up to speed. Lastly, there was a real emphasis on North County and Lompoc not having as much of this good stuff. There was recognition of that imbalance in the geography of our county and the continued theme that there needs to be much more intentionality in Lompoc.
- **Terri:** Her group discussed the increased need for youth mental health services and the needs for buffering services for providers as well.
- **Ama:** One of the Network of Care Implementation Grant activities is to release an RFP for organizations to apply to offer these buffering resources to the PeRC-affiliated clinics. Right now, those include Santa Barbara Neighborhood Clinics, Franklin Health Care Center, Sansum - Hitchcock Pediatrics, Lompoc Valley Pediatrics, Santa Maria Health Care Center, and Carpinteria Health Care Center. They will be expanding as they bring in new clinics and hope to have more of a spread in terms of the clinics that are affiliated and participating. If folks are not selected in the first round, there will be a second round of funding. She recognizes that programs and services are not equally divided across our county but maybe the first round will help to identify what needs to be replicated in other parts of the county where things are not available. They will make sure that the RFP gets out widely and she encouraged everyone to apply. Ama added that the work of the Leadership Committee and the work of everyone together is to better coordinate and connect these types of services to point where families and children are being screened, and that there is wraparound support.
- **Carl:** Who is not getting buffering services? Their group came up with: incarcerated youth, youth in group homes, youth on probation, in more restricted environments. Perhaps they can emphasize their attention on equity. Shana added that kids that come from different counties also have a great need.

9. Announcements & Closing

- Barbara announced that a week from today we will be hosting the Bridges to Resilience Conference virtually. There are close to 700 people registered from the three counties – SB, SLO, Ventura. Registration closes at midnight tomorrow.

10. Meeting Adjourns

Next General Meeting – September 1, 2021

Executive Committee Meeting – August 4, 2021

The meeting adjourned at 10:57 a.m.

Kid's Network Meeting/RSBC

Date: Wednesday, June 2, 2021

Time: 9:00am- 11:00am (Pacific Standard Time UTC -8)

How are we bridging cultures and building relationships to support equity and inclusion? What do we know?

- Cultural Brokers
- Parent Partners
- Peer Navigators
- Community Health Advocates
- Community Ambassadors

Breakout Groups

Group 1

Participants: Barb, Kristen, Gabriela, Valerie, Beth, Rachael

1. Who is using this approach?

- Cottage Pop Health - Ambassadors for vaccinations, good way to get info out, thinking about other info to get out
- CALM services for parents - home visitors honor parents as experts, come alongside, peer support and access to resources and info side by side, trust is important - I am invested and we are working in partnership
- SYV case managers and family advocates embedded in schools; diverse needs require out of the box thinking; underserved populations, people facing loss of homes, etc. Access different resources is key; advocates refer to clinical staff with soft handoff; advocates have a connection to the community (locals, trust and relationship) Strong relationship with schools
- SBNC health promotion services, community events; power of support groups
- YouthWell - teaching kids and families how to advocate for themselves
- Promotores

2. How is it different from other service delivery models?

- Community centered
- Learning from peers
- Learning to problem solve; manage stress together

3. What makes it challenging?

- People lack transportation, may not be technical savvy or service availability
- Power differential between clinicians and patients
- Need to call resources first to see if they are responsive and accountable

- People don't necessarily know how to access services (emergency response)
- With youth, need to give them a voice and a place but still need adult support and guidance - don't expect us to figure it out

4. *What makes it successful?*

- bilingual/ bicultural staff
- Health promotion services, super linked with resources in community
- People have an opportunity to learn together and be supported by others are going through and understand
- Networks of support are available and strengthening connections helps

5. *Is it best implemented at the level of the organization, the community, or a particular system?*

- Not a one size fits all; need to consider consistency in messaging, timing, opportunities in different spaces - coordination is important
- Youthwell launched a Behavioral Health Linkages Team - many Promotores-talk about what they are consistently seeing
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Group 2

Participants:

1. *Who is using this approach?*

- **Connie** - On the academic side - we've been ensuring that when our students get material, everything that they get and read is connected / intended to support building positive identity through Latinx or Black subjects and characters... model we use with tutoring staff, the students are largely first generation, so we do a lot of storytelling and narrative conversation to begin engagements. They talk about their personal journeys - talk about the strength of that journey, and begin to get them talking about what they need the most and what we can do to try to help provide it to them in the academic world (many students think their teachers hate them) and on the other side how we give voice to parents to give help with that (getting student permission to advocate on their part or to help them advocate for themselves). Implicit bias training is the very beginning step and need to get way over to the other side to where we're actively anti-racist and even further are creating communities of belonging ... to overcome the sense that they don't really belong here... so how do we get to the place where we really belong... that really big piece on how literature and other content can really open up that pathway/belonging for children ... met with a lot of success with that
- **Casa Pacifica** - wrap around program is the place we have peer parent partners working to engage other parents - that's the toughest program to engage the youth - they have to be on probation or are 300 (child welfare has intervened and assumed some responsibility, and parents have worry about not reaching reintervention)... we say it's a voluntary program, but only voluntary if you don't want to get off probation... have kids that don't really want to participate... PARENT PARTNERS are so crucial to getting parents involved. To be one you

have to have lived experience with a child going through one of the major programs - they are trained to tell your story and be vulnerable and they do get a lot of positive feedback from participants. It's a challenge

2. *What makes it challenging?*

- Very hard to get Transitional Age Youth - TAY - 16-24 / 18-24 - involved. This is that time in our young adults lives where they are still young but transitioning to adulthood. They are in a different developmental stage. They want autonomy and independence but also need a lot of support for groups. Lots of groups in the community are wanting this voice, this group's participation, to get them on a panel to share their voices. It can be very intimidating to them to participate in meetings like this with power dynamics. Youth are smart and they see systems and issues, and they don't believe that the systems are for them. How do systems engage them? Lots of system issues - yes we get it -
- Powerful white people need to realize they are sometimes creating challenges to cultural bridge builders succeeding in their work
- Cultural bridges - people who play that role - have great wisdom but the system makes it difficult for them to succeed.
 - One participant shared about their community engagement lead who is a master at engaging her community/our community and really willing to speak up and learn...BUT she needs to be at the table where decisions are made. It can't come through her boss. Never ask her to do anything without having her at the table, and having her in a position to be seen as the expert. (whatever the table is - a decision of how outreach will be structured - what the information people need - what the data we need to collect - she has to be a part of that decision making process, which has been a learning for her boss). Her staff experiences microaggressions where people look to a white person in the meeting or someone cuts her off.
- Micro aggressions are a challenge and big issue - implicit bias training is key to overcoming those - we all have it because we have a brain and we live in a society - making sure people understand that it's not you're a bad person -Focus on teen girls - how do we create a space that is empowering to them, and helps them be kind... they know how to build each other up and tear each other down... how can we promote as space - community or organizational level - welcoming all youth together - not discriminating - creating a space where we want to practice kindness and goodness to each other -
- Key is to focus on creating space for girls to come and practice kindness

Group 3

Participants: Ashleigh Erving, Arcelia Sencion, Saul Serrano, Alice Villareal Redit, Rynn Schumacher, Ama Atiedu, Florene Bednersh

1. Who is using this approach?

- Promotores -- helping support their own workers and getting licenses to get access to insurance and more services (Family Health Navigation (FHN) Certification Training Program)
- Cottage Health -- community health ambassadors helped distribute education about covid and resources to families in the community -- spread accurate information and awareness -- going into spreading vaccine awareness -- specific focus on Latinx communities
- Los Compadres program -- reproductive health, family health etc
- Family resource centers -- Isla Vista children's center, helping serve underserved groups
- Parent Cafes

2. How is it different from other service delivery models?

- More grass roots development -- from bottom up
- Mitigate power differential from provider to provide
- Parent leadership
- Have a holistic approach to the work and also supporting the staff
- Family strengthening agency -- seeing communities, families, and children as interconnected

3. What makes it challenging?

- Finding the necessary funding and support from government agencies
- Creating connections and meetings need to be made carefully to be inclusive to youth and marginalized groups -- bending to different groups needs -- needs to be holistic and meet everyone where they are at
- "We get paid for this work, but the parents don't and should be compensated for their time"
- There are spaces that are more free form for connection/ support like the parent cafes --- and we don't need to always evaluate these type of groups and conversation

4. What makes it successful?

- Employees within our own organizations are part of our community -- which makes them an integral part of the work and informs the work
- Strength-based - supports parents to understand and appreciate what they bring to the table

Group 4

Participants: Alma Hernandez, Steve DeLira, Elizabeth Adams, Jennifer Bergquist, Karyn Milligan, Sara Gutierrez, Amy Krueger, Lorraine Neenan

1. *Who is using this approach?*

- Los Compadres/Las Comadres
- Cara y Corazon
- Neighborhood Watch
- Promotoras
- CAUSE
- MICOP
- CWS

2. *How is it different from other service delivery models?*

- Includes parent leadership, empowering people to be their own advocates
- Includes evening the playing field
- Allows for community to provide input on policy changes that affect community

3. *What makes it challenging?*

- Being Bilingual vs Bicultural
- Funding is a challenge to expanding hiring staff with lived experience and it is not mandated to have these positions.
- Challenge to find people for these positions who are willing and have the ability
- Challenge to find youth mentors, advisors,
- Reaching out to folks that are marginalized
- Digital divide

4. *What makes it successful?*

- Body Language
- Talking w/ enthusiasm about child
- Take off titles, teacher should not be on a pedestal -get on their level
- Knowing cultural norms such as accepting food when offered
- Reciprocating openness regarding own parenting experiences
- Having staff with lived experience
- listening to build trust and being reflective of all the needs

Group 5

Participants: Paige, Seth, Emily, Holly, Autumn

1. *Who is using this approach?*

- During an emergency airlift there was a navigator waiting for them at Cottage Hospital
- Public Health (Paige) has a list--hard to reach communities--let them tell us what the barriers are, what they need, being creative in ways to join communities

2. *How is it different from other service delivery models?*

- Asking communities what they want
- Not one size fits all
- has to be unique
- Really listening
- ASLP Program--mentoring to teenage mothers--Warm handoffs, going to the mothers instead of asking them to come to office; train staff in positive youth development. Youth led and adult guided

3. *What makes it challenging?*

- Lacking awareness, knowledge
- Listening to understand not diagnose

4. *What makes it successful?*

- Being Trauma informed
- Other Org's as a model
- Really understanding and listening
- Put it in a strategic plan
- Board Buy in
- Word of mouth
- Peer endorsement
- Real connections/relationships with families

5. *Is it best implemented at the level of the organization, the community, or a particular system?*

- Combination of everything--we can't do it alone. We need trusted partners, listening to communities
- Simultaneous outreach to all community/organization/system
- Able to hire a cultural navigator

Increasing Access to Buffering Resources

- What strengths exist within our community?
- What are the pressing needs?
- How can we improve coordination and integrate buffering services and supports?

Buffering Resources Breakout Group 1

Participants: Lori, Saul, Holly, Carl, Rachael

- *What strengths exist within our community?*
 - Network weaving - great strength, and a real need to do more of it
 - Showing up in service of each other - different nonprofits
 - PPP's with nonprofits like CALM in SB Unified... but need to grow it to other districts
- *What are the pressing needs?*
 - The graphic was triggering to two folks because - what progress we've made to connect medical parts of the system is great ... but schools aren't doing as well, and the funding going to the schools that isn't tagged to ACEs/being trauma informed... my agency has been doing after school programs and providing so many of these buffering services, and it feels like the after school programming we've been doing is being pulled into the schools but they lack this ACEs/trauma informed lens ... wondering how do we continue this shift to schools and keep this lens
 - First reaction - KEY QUESTION Is who isn't getting these buffering services? **Incarcerated youth aren't getting any of these services...** ask service providers who are dealing with youth in group homes, probation, more restricted environments - **how can we get these buffering services to those kids who don't have them now?**
 - Less access to buffering resources in North County on at least some levels... if not many levels
- *How can we improve coordination and integrate buffering services and supports?*
 - Maybe a good way to do this would be Public Private Partnerships - we know CALM comes into schools to provide services. Nonprofits have skills to provide the services. Maybe the key is to get funders on board for community-based organizations to go in and partner with government agencies to do what they do best, since it's not necessarily the main mission of the school to provide buffering services.
 - A lot of this is coming from Nadine Burke Harris as the surgeon general - creating this wonderful movement in health care - but at the state level having DOE as attuned to the ACEs and resilience lens as the Health Care - seeing how it's trickling down from the top

- Huge amount of money going to schools in next 5 years - intended to support children and families - but it's not integrated yet - so there's opportunity there -
- SB Unified has really bought into CALM being there, but Goleta has chosen not to pay for CALM. Love funders have funded this and made the case
- Shall we show up at School Board meetings to advocate?
- Discrepancies between school districts are huge, question of buy in to trauma informed - is that about education, about access to buffering services... is it funding? Shouldn't be a challenge soon...
 - Can we provide the education needed to get people informed about trauma informed services, about ACEs, ...
 - Who can meet all these needs for all the school districts to meet these buffering needs?
- FSA is doing a great job integrating this work in North County, but it feels like a drop in the bucket.
- I think some of this is simply the individual decision makers/gate keepers.
- Have done amazing work weaving connections RSBC -
 - Need to expand that work
 - Every Time there's someone new they need to be brought in
 - Not just telling them - it's building them up... new hires... new Police Officer in IV... the intentionality of connection building
 - The in between connective roles
- Countywide - there needs to be more intentionality around this in N County and Lompoc in particular - the priority should be with emphasis in those communities
- Really important for nonprofits to show up for each other too when the decision makers are meeting to talk about how funds are allocated

Buffering Resources Breakout Group 2

Participants: Ashleigh Erving, Seth Miller, Peggy Sue Black, Valerie Kissell, Connie fr: Gateway, Sara Gutierrez-CHC, Shana Pompa

- ***What strengths exist within our community?***
 - Acknowledging access to nature is important and getting normalized and promoted.
 - Addressing these needs in KIDS Network meetings and having a diverse of people participating and giving feedback.
 - School districts are addressing mindfulness in their curriculums. School districts are recognizing the need for social emotional curriculum and support due to the pandemic. Also the pandemic has created more funding opportunities to provide more mental health and social emotional needs in our schools and communities.

- ***What are the pressing needs?***
 - If you are living in poverty what is our county doing to address those needs. 95% of youth at the largest school district in Santa Maria are considered impoverished. 93% identify as Hispanic/Latino. Many parents are Mixteco/Indigenous and have limited education which is greatly impacting their ability to identify and advocate for their children's needs.
 - Linguistic and cultural capability of mental health therapists to address the needs of the community.
 - Public transportation in the Santa Ynez valley is very limited.

- ***How can we improve coordination and integrate buffering services and supports?***
 - Having indigenous volunteers and people working in agencies to help engage our indigenous/Mixteco speaking community members.
 - Every organization should know who is in the wheel and to connect with specific individuals/agencies who can assist with marginalized communities.
 - Agencies should be connected and know when events are happening in the community.

Buffering Resources Breakout Group 3

Participants: Terri Allison, Beth Burke, Paige Batson, Kimberly Valenzuela, Florene Bednersh, Isabella Clark, Gabriela Hanson-Lopez

- ***What strengths exist within our community?***
 - Strong existing community partnerships
 - Pandemic created new connections and partnerships
 - Active peer and parent programs-i.e.Promotoras, Parent Cafes
 - In our Central Coast we have access to nature such as beaches, hikes

- ***What are the pressing needs?***
 - Increased mental health needs for youth-increase in ER visits, increase number of calls for crisis support, instances of suicidal ideation
 - Increased number of mental health referrals for children on pandemic related matters such as grief, loss, social challenges
 - Shortage of mental health providers
 - Transportation challenges
 - Buffering services for providers

- ***How can we improve coordination and integrate buffering services and supports?-***
 - Make sure caregivers are being supported
 - Making access to services easier-i.e. Getting green spaces in under resourced communities

Buffering Resources Breakout Group 4

Participants: Steve DeLira, Ama Atiedu, Alice Villarreal-Redit, Nicole DeMarcus, Amy Krueger, Rachael Steidl, Joan Hartmann, Jessica Guajardo, Lorraine Neenan

- **What strengths exist within our community?**
 - Outdoor activities, healthy eating and active living - organized hikes through a number of organizations - South County has extensive hiking opportunities
 - Head Start is a comprehensive program that serves children and their caregivers

- ***What are the pressing needs?***
 - Options for children's activities are still limited due to Covid - need to increase capacity
 - North County is under resourced in terms of outdoor areas for recreation.
 - More resources in all geographic locations

- ***How can we improve coordination and integrate buffering services and supports?***
 - RFP being released in June to increase buffering resources

Buffering Resources Breakout Group 5

Participants: Arcelia Sencion, Jennifer Bergquist, Barbara Finch, Elizabeth Adams, Autumn Erickson, Rryn Schumacher, Alma Hernandez

- ***What strengths exist within our community?***
 - Family Resources Centers, community based, trusted, ability to reach local community
 - CommUnify, have trusting relationships with community.
 - Promotoras have trusting relationships with community
 - Groups with Youth, 805 Undocufund, CAUSE,

- ***What are the pressing needs?***
 - Groups with Youth, 805 Undocufund, CAUSE, we can use to
 - Employers esp nonprofit sector include Workforce practices, trauma informed, policies, family leave, etc.that impact our workforce
 - Intentional about having bicultural as well as bilingual staff
 - Getting buy in from leadership as to why having bicultural and bilingual staff is important

- ***How can we improve coordination and integrate buffering services and supports?-***
 - Understanding of community and culture. There are cultural groups that don't have bilingual elements so we need to be sensitive of all cultures and their unique needs.



KIDS Network Meeting

6.2.2021





Meeting Agenda

6.2.2021

1. Welcome & Introductions
2. Approve Minutes March 3, 2021
3. Public Comment –Items not on the Agenda
4. Weaving Connections
5. Resilient Santa Barbara County –
Community Manager Update
6. Cultural Brokers / Community Ambassadors
7. ACEs Aware Network of Care Grant
8. Increasing Access to Buffering Resources
9. Announcements & Closing



Introductions

Minutes

Public Comment

6.2.2021

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

Think about someone who was influential in your life, perhaps not a typical mentor, but someone who helped ease the way... what did you appreciate most about them, and how did they support you?

Resilient Santa Barbara County

Community Manager Update from Isabella Clark

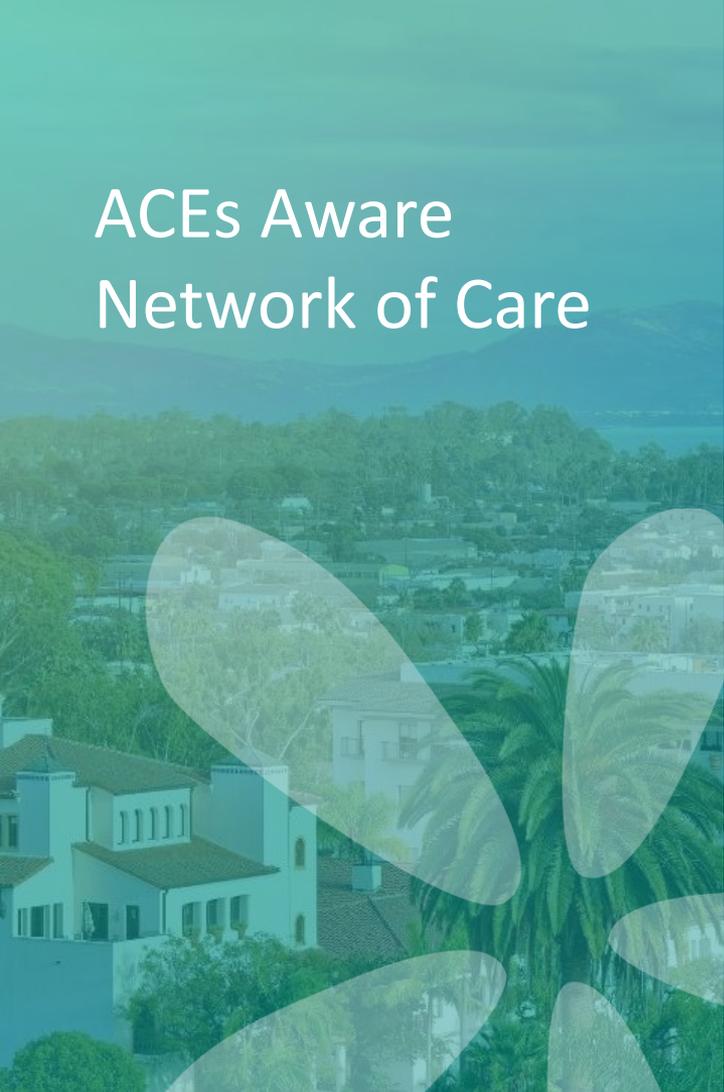
- Outreach to Community Partners
- PACEs Connection
- Community Milestones Tracker

How are we
bridging
cultures and
building
relationships
to support
equity and
inclusion?

- Cultural Brokers
- Parent Partners
- Peer Navigators
- Community Health Workers
- Community Ambassadors

What Do We Know?

- Who is using this approach?
- How is it different from other service delivery models?
- What makes it challenging?
- What makes it successful?
- Is it best implemented at the level of the organization, the community, or within a particular system?



ACEs Aware Network of Care

Leadership Committee Visioning

We envision a ***collaborative response*** to Adverse Childhood Experiences that places ***children and families at the center***, where we ***work together across disciplines*** to support and heal our community and each other.

- ***Add something about prevention, positive experiences, and being strength-based***

Network of Care Milestones

Providers and Clinics

1. Conduct a readiness assessment
2. Define clinical roles and tasks
3. Gather resources and get to know your network of care
4. Consider financing and technology needs
5. Monitor, evaluate, and improve referral process

Communities

1. Identify or establish a strong leadership and accountability structure
2. Connect with health care provider community and other resources
3. Achieve community and health care integration
4. Consider financing and technology needs
5. Evaluate and improve the strength of the trauma-informed network of care

Question	Min	Max	Mean	SD
Q1. Understanding of ACES and toxic stress	1	5	2.0	1.0
Q2. Knowledgeable about the principles and strategies of trauma-informed-care	1	5	2.2	1.3
Q3. ACE clinical workflow and screening protocol in place	1	5	2.9	1.2
Q4. Conducted a NoC Readiness Assessment	1	5	1.9	1.6
Q5. Defined clinical roles and/or team member tasks	1	5	3.0	1.3
Q6. Processes in place for making referrals to Network Partners	1	5	2.7	1.3
Q7. Utilizing the PDSA process to improve your ACE screening and referral process and/or clinical protocols	1	4	1.8	1.3
Q8. NoC implemented a leadership and accountability structure	1	4	2.0	1.2
Q9. Working with health care providers who have implemented trauma informed ACE screening protocols	1	5	1.9	1.5
Q10: NoC established partnerships between health care providers and community-based and social services	1	4	2.9	0.9
Q11. NoC considered and discussed future financing needed to sustain efforts	1	3	2.0	0.8
Q12. NoC currently integrate ACE screening, results, and workflows into IT platforms	1	4	1.8	0.8
Q13. NoC utilize a PDSA process to strengthen the impact of activities	1	4	2.0	1.1
Q14. Track and ameliorate ACE-associated health condition outcomes	1	4	2.2	0.9

ACEs Aware Network of Care

Draft Goals

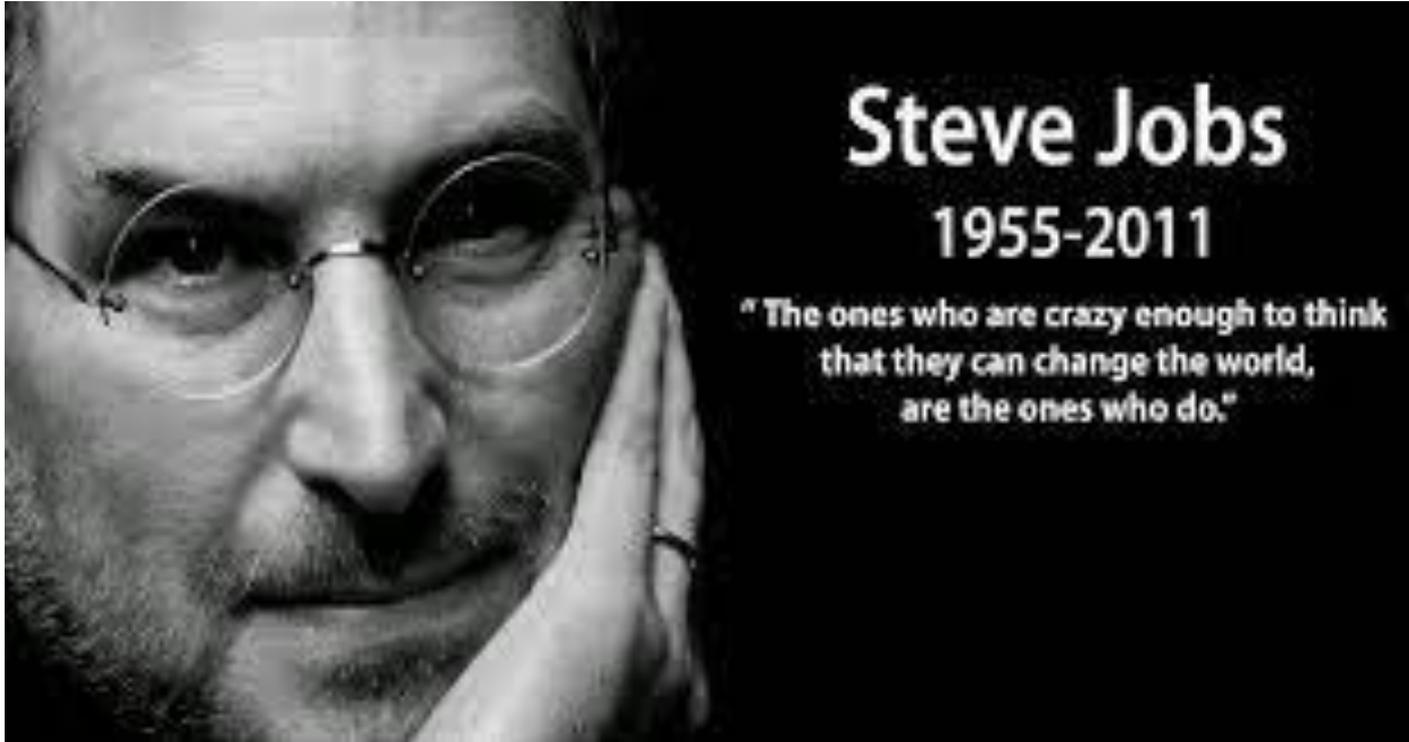
- ***Strengthen the leadership and accountability structure*** by forming a Network of Care Leadership Committee
- ***Utilize existing networks*** to share ACEs Aware resources and organize training opportunities
- ***Expand the Pediatric Resiliency Collaborative and strengthen connections*** with trauma-informed community partners of Resilient Santa Barbara County
- Identify and implement an IT platform to support referrals and navigation with ***support and buy-in from community partners***
 - ***Add something about culturally responsive community engagement / education***
 - ***Establish an evaluation framework with clear outcomes & indicators / theory of change***

Increasing Access to Buffering Resources

- What strengths exist within our community?
- What are the pressing needs?
- How can we improve coordination and integrate buffering services and supports?



Closing Thought



Steve Jobs

1955-2011

**"The ones who are crazy enough to think
that they can change the world,
are the ones who do."**