

Mobilizing Action for Resilient Communities (MARC) Full Proposal Narrative

Community Name: Sonoma County

Applicant Organization: County of Sonoma Department of Health Services

Part I: Background

Community Description

Sonoma County is located in Northern California, just 50 miles north of San Francisco. It is a semi-rural area known for beautiful redwood forests, vineyards and wineries, as well as miles of rugged Pacific coastline. The primary industries are tourism and viticulture. The county is home to nearly 500,000 residents and features growing senior, Latino, and low-income populations.

While the county is known for its serenity and beauty, a high prevalence of Adverse Childhood Experiences (ACEs) exists among its residents. Over one-fifth (22%) of the population reports having experienced 4 or more ACEs (Center for Youth Wellness, 2014). An in-depth report, the *Portrait of Sonoma*, recently identified great disparities in the life expectancy, education, and income of Sonoma County residents by neighborhood, race, ethnicity and gender.

In recognition of ACEs as a root cause of many health disparities, ACEs have been identified as a public health issue by the Sonoma County Department of Health Services (DHS). DHS provides a wide range of services to residents both directly and through a network of community-based contracts with non-profit and treatment providers. The three divisions of DHS--Public Health, Behavioral Health, and Health Policy, Planning and Evaluation (HPPE)—work in collaboration to provide the highest quality of service. In addition, DHS works very closely with the Human Services Department (HSD) on a number of issues related to reducing poverty and improving access to health care and other services to support the health and well-being of individuals of all ages. Commitment to addressing early childhood trauma has been demonstrated through significant investments made in ACEs prevention programming such as the Nurse Family Partnership program, Triple P Positive Parenting, and AVANCE Parent Child Education programs. Several DHS staff are co-located with HSD staff to enhance collaborative work on shared projects. A committee comprised of DHS and HSD membership, the Perinatal ACEs Collaborative has focused on educating the community about ACEs and trauma-informed practices. This group has since grown into the larger Sonoma County ACES Connection (SCAC), with broader-based community membership.

A key strength of the county has been the willingness of leaders from diverse sectors to come together to unite in common goals and collective action to improve the health and well-being of the community. This engagement will be needed to effectively address early childhood trauma in the community. While some strides have been made in increasing awareness of ACEs prevention and resiliency, much still remains to be done.

DHS Capacity and Commitment to Provide Backbone Support to SCAC

DHS is uniquely positioned to provide backbone support for efforts to educate and mobilize the community around ACEs. DHS has shown it can successfully bring together agencies and individuals from across the community to work together in coordinated action. One of the most prominent demonstrations of this has been through Health Action, which DHS convened in 2007 as a catalyst to improve the health of the community. Health Action is a partnership of local leaders, organizations and individuals committed to creating a healthier community through a dedicated collective action framework. Recognizing that large-scale social change would require significant cross-sector coordination and collaboration, DHS set out with the following goals: Engage a

broad spectrum of stakeholders to lead a community dialogue about community health issues; Enrich the collective understanding of local health issues and solutions; Create a shared vision for community health improvement based on the multiple determinants of health; and Offer leadership to develop and implement initiatives and policies to create a healthy community. Health Action councils now exist in cities throughout the county to enact local level change.

As an experienced manager of grant funded and evidence-based programs, DHS functions as the backbone for many durable systems of change. In addition to Health Action, DHS has several more focused community collaborative groups and programs that work together to ensure the health and well-being of specific vulnerable populations including: a robust MCAH advisory board and planning and coordination effort; a home visiting collaborative working to strengthen systems of care for young families; a dedicated First 5 commission who provides leadership and oversight of multiple investments in young children; the Cradle to Career partnership connecting all segments of the educational continuum to create a network of stakeholders vested in the success of the community's youth; and a Healthy Aging collaborative led by both DHS and HSD in partnership with several nonprofit organizations.

A key partner of DHS and Health Action is Sonoma County Upstream Investments, a comprehensive portfolio of outcomes- and evidence-based programs sponsored by the Sonoma County Board of Supervisors. Upstream Investments is widely supported and highly regarded throughout the community and is a primary source of TA and capacity building around evidence based practices for non-profit agencies. Upstream Investments encourages funders to invest early, wisely, and together in order to reduce disparities and ensure equal opportunity for quality education and good health in nurturing homes and community environments for all of its residents. In the spirit of collective impact, Health Action and Upstream Investments intentionally aligned their indicators of success to share a core set of eighteen community-level measurements tracking overall community health. The technical assistance arm of Upstream Investments has agreed to support DHS in mobilizing the community around trauma- and resiliency-informed practice.

The first ACEs education efforts in the community originated in DHS and DHS has a continued commitment to supporting and engaging in the expansion of this work with the emergence of the Sonoma County ACEs Connection (SCAC). The origin of SCAC, the Perinatal ACEs Collaborative, was created with DHS administrative support and funding, and cross divisional (public health, First 5, HPPE, behavioral health) and departmental (HSD) participation. The Perinatal ACEs Collaborative took a lead role in engaging the community around ACEs prevention and trauma informed care. In 2012, they developed an initial work plan focused primarily on the at-risk perinatal population to 1) increase awareness of ACEs, 2) identify and implement evidence-based screening tools, 3) strengthen client assessment, referral, and case management systems and 4) strengthen and integrate data collection systems to monitor effectiveness and identify areas for quality improvement. As community interest in ACEs grew, the broader Sonoma County ACEs Connection (SCAC) was born with DHS's Maternal Child & Adolescent Health (MCAH) Coordinator (Ms. Karen Clemmer) emerging as its chairperson. In-kind staff support and matching dollars have been pledged by DHS and partnering community organizations to support the work of SCAC through the MARC grant. With the recent publication of the Hidden Crisis data report on ACEs in California where Sonoma County was among the top 14 out of 58 Counties with a high prevalence (22%) of residents with 4 or more ACEs, DHS and HSD partners are even more

motivated to work together with SCAC to reduce ACEs in the community and improve the health and well being of all who live here.

Community Network/Coalition Description

Sonoma County ACEs Connection (SCAC) emerged out of community need and interest that was generated by the DHS Perinatal ACEs Collaborative. In 2012 the Perinatal ACEs members developed a logic model to guide their efforts to systematically strengthen awareness of ACEs across the department and in the community and to test ways to incorporate this knowledge into respective work plans such as the MCAH work plan. The Perinatal ACEs Collaborative coordinated the visits of Dr. Vincent Felitti and other experts to educate and mobilize the community around ACEs. At the most recent event, a leadership summit on ACEs that included leaders from business, government, education, health, and child welfare sectors, nearly half of the attendees (32) expressed interest in becoming involved in an ACEs workgroup, in having an ACEs presentation given at their worksite, or have one-on-one support provided to learn how to integrate ACEs screenings and/or perspectives in their work. It became clear that a larger collaborative was needed to carry on this work and respond to community requests for information.

The work of the Perinatal ACEs Collaborative set the stage for the SCAC's rapid success. Already hundreds of community members from across service sectors were exposed to ACEs and very interested in learning more about how to integrate this new knowledge into their practices and programs. In less than a year, a small informal group of committed individuals formed the SCAC which has grown to include more than 38 members representing twenty-four organizations.

SCAC's mission is to work collaboratively to inform the community about ACEs, their lifelong effects and effective interventions; to promote evidence-based strategies and programs to reduce the impact of ACEs; to build resilience and prevent future ACEs; and to change systems to identify and serve persons impacted by trauma more effectively. The RWJF Roadmap to Resilience has been used as a guide by SCAC to unite the focus and goals of the continually growing, enthusiastic group around a common agenda. The group meets monthly with backbone support from the DHS MCAH program, the local non-profit Child Parent Institute, and the ACEs Connection support staff. Activities of the group to date include:

- Established a web presence through the Sonoma ACEs Connection webpage.
- Serve as the steering committee for the Roseland Pediatrics Healthy Tomorrows (AAP/HRSA) grant funded project to implement an ACEs screening for low income families and children. In turn, Roseland Pediatrics regularly shares with the group their learnings from the project as well as experiences participating on the Johns Hopkins University learning collaborative on trauma informed care.
- Several members conducted ACEs trainings to school administrators and educators, providing ACEs information to family practice residents, and nursing students.
- Several ACEs Connection members worked in coordination with Child Parent Institute and First 5 Sonoma County to ensure that the Annual Child Abuse Prevention conference was about ACEs and Trauma informed practices.
- In collaboration with Child Parent Institute, SCAC developed a multi-page insert on ACEs and the impact of early trauma that appeared in the Press Democrat. With a readership of about a quarter million adults, The Press Democrat is the largest newspaper between San Francisco and the Oregon border.

In response to a demand for ACEs outreach and presentation, SCAC members agreed to establish a Speaker's Bureau subcommittee, which has begun to lay the groundwork to ensure that the speakers have the knowledge, tools and resources they need to

effectively mobilize the broader community to integrate ACEs and resiliency-informed practices.

Past successes in effecting change beyond the individual level

The precursor to SCAC, the DHS Perinatal ACEs collaborative had several successes in increasing community awareness of ACEs:

- Kathleen Kendal-Tackett, PhD conducted a trio of presentations on the neuroscience of ACEs. The presentations reached nearly 400 staff from across DHS and many community partners.
- Hosted Dr. Vincent Felitti for two presentations in collaboration with the Teen Health Advisory Committee. The presentations: *Building Resilience in Youth Impacted by Trauma* & *Integrating ACEs into Providers' Work with Parents of Young Children* were held on one day and over 300 community partners attended. The following morning managers and supervisors from across DHS met in a small group with Dr. Felitti to discuss ACEs.
- In collaboration with the national CityMatCH organization and local community partners, developed a bundled screening tool for use in health centers serving women of reproductive age to identify women struggling with substance use, mental illness, and domestic violence. An algorithm for referring women who screen positive to community resources was also created.
- Facilitated a train the trainer program for medical and allied health professions on the prevention, identification and treatment of Fetal Alcohol Spectrum Disorder. The Great Lakes Fetal Alcohol Spectrum Disorder Regional Training Center, trained 15 local health professionals including physicians, mental health, WIC staff, public health nurses and others participated in the five day training. The cohort then trained 225+ providers.
- Convened a leadership summit with 66 leaders from government, education, health, business and child welfare sectors on ACEs, *Changing Sonoma County's Future Today*, featuring Dr. Dipesh Navsaria. The summit generated great interest in continued discussions on and application of ACEs across sectors.

Over the past 5 years, significant investments have been made by DHS and First 5 in ACEs prevention programming such as the Nurse Family Partnership program, Triple P Positive Parenting, and AVANCE Parent Child Education programs. In addition, First 5 has encouraged all 15 of its child and family serving grantee agencies to adopt a Strengthening Families framework and all are required to use the Protective Factors Survey (PFS) to monitor family resiliency. Upstream Investments, another SCAC partner, will be training multiple agencies in the community on the Strengthening Families framework and is encouraging the widespread use of the PFS to collectively monitor and promote resiliency county-wide. SCAC will leverage these successes and partnerships with Upstream, First 5, and Health Action to build community awareness and capacity to engage in trauma and resiliency informed practices.

Parallel Efforts in the Community

Sonoma County has an emerging network of community partners committed to using resiliency principles and applying ACEs informed practices. The following partners represent some of the most pronounced efforts to encompass ACEs informed care into the community. These partners are members of SCAC and have pledged support and share in the common agenda of moving Sonoma County along the RWJF Roadmap to Resilience.

Hanna Boys Center, a residential treatment center for struggling young boys has trained its staff on ACEs and the impact of trauma on neurodevelopment. The staff has also been trained on restorative justice techniques which they have begun to integrate

into their regular practice. On a strategic level, The Board has been trained on ACEs and the members are incorporating trauma and resiliency development into the organization's action plan. ACEs screening has been integrated into new student admission and discipline practices have been re-evaluated in order to reduce punitive and reactive responses to troubling behavior.

The Child Parent Institute (CPI) utilizes trauma informed and trauma responsive practices with staff and clients. CPI is contracted to serve vulnerable families identified by child protective service by providing supervised visits, maternal mental health services, and parenting classes. CPI also incorporates trauma informed services into their non-public school, New Directions, which serves at-risk students with behavioral and learning disabilities.

Roseland Pediatrics Health Center is a federally qualified health center that cares for 4,000 children each year and is located in a community with limited resources. Roseland is a recipient of HRSA Healthy Tomorrow's funding and is working towards developing and implementing an evidence-based universal screening for ACEs. SCAC serves as their project steering committee and representatives from Roseland participate in the ACEs collaborative. In addition, Roseland Pediatrics is participating in a national learning collaborative on integrating ACEs into clinical practice. The learning collaborative is sponsored by Johns Hopkins Center for Mental Health Services in Pediatric Primary Care.

Elsie Allen High School Teen Health Center works in collaboration with Roseland Pediatrics and now implements ACEs screening for all students seeking care at their campus clinic. Students in need of mental or behavioral health services can select to miss a class in order to attend a session with a therapist. Staff are bilingual bicultural. A therapist is available during all the hours the health center is open.

The Drug Abuse Alternative Center, a perinatal substance use treatment program serving 30-35 women and their children incorporates the ACEs screening tool into their intake and therapeutic sessions. They report that when the women in treatment learn of their scores and then consider the impacts on their children, they are tremendously motivated to learn healthy coping mechanisms and stress management strategies.

Part II: Mobilization & Action Plan

Goals and Objectives of MARC Project

Below are the three capacity- and movement-building goals of the MARC Project and the key objectives associated with each:

Goal #1: Strengthen SCAC's infrastructure using collective impact principles. The objectives related to this goal include:

- a. Develop a coalition steering committee responsible for strategic planning, resource acquisition and sustainability planning, and grants oversight.
- b. Articulate a Common Agenda through the completion and implementation of a coalition charter which includes: mission, vision, values, and roles and responsibilities of coalition members.
- c. Develop and implement coalition bylaws, policies and procedures that support mutually reinforcing activities as well as continuous and open communication.
- d. Complete strategic planning process and develop a yearly work plan based on the RWJF Roadmap to Resilience tool kit.
- e. Develop Shared Measurement for assessing the effectiveness of coalition activities and community progress towards preventing, screening and healing of ACEs.

Goal #2: Build community capacity to understand and address ACES and foster resiliency. The objectives related to this goal include:

- a. Create a community-wide speakers bureau of ACEs subject matter experts (SMEs).

- b. Collect and develop an accessible repository of best practice resources and materials for addressing ACES and building resiliency.
- c. Develop a communication and outreach plan for identifying gaps in community knowledge and skills regarding ACES and for responding with technical assistance and support. **NOTE:** *In the long-term (not within the scope of this grant), SCAC will serve as an advisory body for agencies seeking guidance on best-practices around culturally appropriate ACES screening, trauma informed practice, and resiliency.*

Goal #3: Leverage existing community engagement and development activities to align with and promote the ACES prevention and trauma informed frameworks.

The objectives related to this goal include:

- a. Strengthen collaboration with Health Action, First Five and Upstream Investments to identify common interests.
- b. Facilitate integrated and/or mutually reinforcing activities with current and future ACES network partners.

Strategies and Activities

The strategies to be utilized in realizing the goals and objectives of the MARC project are informed by the RWJF *Roadmap to Resilience as well as by the FSG's Five Conditions for Collective Success*. Though we intend to apply these strategies to achieve our short term goals, we recognize that they are just the first steps toward achieving the larger objectives of increasing understanding of the impact of trauma and adversity on neurodevelopment, protecting youth from the impact of toxic stress, improving surveillance so that affected children are identified early in life, increasing our capacity to help affected children heal and reducing our tendency to reinjure people who have already been adversely impacted. Sonoma County is fortunate to have a long history of successful community partnerships among multiple disciplines and providers, and has developed a commitment to and effectiveness with community engagement and collective impact. The SCAC has already been able to implement some of the strategies illustrated in the Roadmap.

Goal 1: Formalize SCAC

Before significantly expanding the scope and intensity of the work of SCAC, it is important to start with a solid foundation. Therefore, during the two-year MARC grant, significant attention will be directed towards strengthening the infrastructure of the SCAC as well as towards developing the capacity of members to effect change throughout the community. To build the internal capacity of SCAC, a portion of MARC grant funds will be used to fund a part-time planning analyst assigned to support SCAC as well as a strategic planning consultant, if resources allow. Staff and consultant will work with coalition leaders and members to complete the following objectives:

Develop a coalition steering committee: To provide long-term direction to SCAC, a steering committee will be developed. This committee will be responsible for leading strategic planning, resource acquisition and sustainability planning, and grants oversight. This committee will be in charge of implementing and overseeing the MARC grant with DHS backbone support.

Develop a coalition charter: The charter will include a shared vision, values, and long-term goals, as well as an org chart with governance structure and roles and responsibilities of coalition members. The contents of this charter will be developed into a one-page fact sheet which will serve to increase awareness of SCAC in the community as well as a method for recruiting new members. The charter, as all of SCAC work products, will be created by leveraging existing collective impact work. Because current coalition members represent over 20 public, private and non-profit

agencies, coalition members are an effective conduit for communicating community priorities.

Formalize bylaws, policies and procedures: To ensure optimal internal and external group functioning, coalition members, together with the staff member and/or consultant will develop and/or formalize Connection bylaws as well as key policies and procedures (PNP). Examples of PNP and bylaws to be developed include: requirements for coalition participation, decision-making processes, prioritization process, meeting schedule, strategic planning calendar, and communication with external partners. These policies and procedures will be informed by best practice PNP used in other Sonoma County community coalitions.

Complete Strategic Planning Process: SCAC will develop a strategic planning document with a timeline which will describe both short term and longer-term goals along with plans for long-term sustainability. Two extensive strategic planning sessions will be conducted in the first year of the project, possibly with support of an outside facilitator, in order to produce these documents. Embedded in the strategic planning document will be a yearly work plan.

Develop shared measurement guidelines: As awareness and response to ACEs increase, SCAC will begin to measure community progress towards preventing, screening and healing of ACEs. Attention will be paid on identifying strategies for supporting community partners to collect data and measure results consistently.

Goal 2: Build community capacity to understand and address ACEs and foster resiliency

To build the community's capacity to prevent ACEs as well as screen for and heal from ACEs, SCAC will develop an extensive communication and outreach plan that incorporates best practices strategies in education, training, resource development and dissemination and the provision of site-specific technical assistance.

Creation of a Speakers Bureau through the ACE Interface Training: SCAC steering committee members, together with partner organizations will identify 25 individuals to receive in-depth training through Dr. Anda's ACE Interface program. These individuals will be culled from the medical provider, social service, school and other natural partner communities. Careful attention will be paid to selecting those individuals able to successfully capture the attention of their respective communities. The ACE Interface Train the Master Trainer program involves licensed materials, an intensive two-day training, and a process for effectively implementing a massive ACE education campaign that is based on person-to-person interaction and community engagement. Technical support will continue to be provided by Dr. Anda over the course of three years. Participants in the ACE Interface training will be required to commit to training others and to future participation in ACEs prevention activities both within their individual organizations and throughout the community. Once trained, these individuals will become ACEs subject matter experts (SMEs) and will form the backbone of the Speakers Bureau. SMEs will provide ACEs information and updates through special public meetings, through standing meetings of community partners (Quarterly Health Action Committee meeting, Quarterly Upstream Investments Policy Committee meetings, First Five Commission meetings) at community clinics, at CBOs, at schools, and as requested by new and existing partner agencies. The train-the-trainer approach was successfully implemented by the Perinatal ACEs Collaborative when they engaged 15 local health professionals including physicians, mental health, WIC staff, public health nurses and others in a five day training on Fetal Alcohol Syndrome and the cohort then trained 225+ providers, leaving lasting impact and increased community capacity.

Development of resources: SCAC will be responsible for identifying target audiences and for collecting and developing an accessible repository of best practice ACEs resources and materials for community use. As more agencies begin implementing ACEs screening and practices, the need for technical support will grow. A long-term goal of SCAC is to be able to provide this technical support through these written resources as well as more formal technical assistance once greater capacity is in place.

Provision of Communication and Outreach: The SCAC will work with the DHS Communication Manager to support implementation of the communication and outreach plan by preparing press releases and PSAs. Whenever possible, press releases and other ACEs outreach materials will be created and released jointly with community partners to demonstrate partnership and collective impact. As mentioned under Goal #1, a one-page information sheet that describes SCAC's vision, goals, membership and services provided will be developed for education and outreach purposes as well. After system partners and service agencies are trained and engaged, SCAC will develop a long-term plan to ensure the broader community gains an understanding of the role ACEs plays in lifelong health.

Goal 3: Leverage existing community engagement and development activities to align with and promote the ACEs prevention and trauma informed frameworks.

Strengthen collaboration with Health Action, First Five and Upstream Investments: SCAC will work closely with the following community engagement initiatives to identify common interests and to facilitate integrated and/or mutually reinforcing activities. For example, ACEs content could be integrated in Upstream Investment's technical support to community partners to build on existing capacity, or consistent messaging on ACEs could be included in all of the initiatives' communications such as PPTs and Facebook to ensure consistent language.

Theory of Change

The underlying theory of change of SCAC is that by increasing awareness of early trauma and resilience and aligning ACE's screening and prevention efforts in Sonoma County through a collective impact approach, we can reduce the incidence of ACEs and increase resilience across the lifespan. The socioecological model of prevention is a framework that informs our work. This model helps us to better understand the factors that influence childhood adversity and the development of ACEs by examining the intricate interplay of individual and societal forces. The paradigm starts at the very basic level, identifying biological and personal factors that predispose individuals to experiencing trauma and expands incrementally to the societal level to uncover social constructs that either perpetuate or inhibit ACEs. Looking at the development of toxic stress and collective drivers of childhood adversity allows us to better minimize environmental risk factors and design interventions with more sustainable outcomes.

Potential Challenges and Solutions

One challenge may be in developing culturally appropriate guidance for ACES screening and intervention to meet the diverse needs of our community. Sonoma County has a growing Latino population and it will be important to seek technical assistance and communicate with agencies such as Roseland Pediatrics, which conducts ACEs screening with a primarily Spanish speaking population, regarding their lessons learned.

As agencies begin employing ACEs strategies, there will be a need to support these agencies in appropriately implementing screening and utilizing results and in adopting trauma-informed practices. While we are compiling a resource library, agencies may need more intensive one-on-one or group support. It is a long term goal of SCAC to provide such support, but the capacity to provide it within the timeframe of this grant

may be limited. We will need to find interim resources for these groups, or possibly help to establish peer learning relationships between agencies utilizing ACEs screening. We would be interested in learning from other MARC communities about the ways in which they support the expanded use of ACEs screenings and practices.

We also anticipate that there will be challenges achieving consistent stakeholder buy in and compliance. In order to achieve the stated objectives, committed participation will be required and ensuring that amidst several competing obligations may be difficult. We intend to rectify this through written agreements and letters of commitment from executive leadership. In addition, we anticipate that true collaboration may at times become stymied by differing agendas and leanings. The professionals we intend to convene will have a breadth of valid and useful perspectives from their own respective practices. Converging these may initially create some friction, but through structured and diplomatic meeting practices and a clear mission and objectives, we are confident we can achieve meaningful consensus. To maintain engagement in the face of obstacles, we intend to meet participants where they are, make our process transparent and accessible, customize where possible to participant needs, and invest in these relationships beyond the ACEs convening in order to build solid alliances for community progress. We will also practice intentional inclusion by creating bylaws that allow for rotating roles and responsibilities which provide opportunities for engagement at different levels.

Part III: Evaluation & Reflection Plan

The following self-evaluation plan gathers qualitative and implementation data from key sources. It is comprised of four key strategies:

1) *Qualitative Feedback and Reflection:* At the end of each grant year, focus groups will be held with the following target audiences: coalition members, Speakers Bureau members, external partners who have received services, and other external partners. The purpose of the focus groups will be to encourage reflection among each of the target audiences regarding the strengths and challenges of the current SCAC approach, and to identify opportunities for enhancing that approach. Partners who received materials, training or other technical assistance from SCAC, will be asked for feedback regarding the quality of that technical assistance, how it was used and with whom, and its impact on staff and/or clients. Participant's feedback on potential improvements to ACEs materials, speakers and technical assistance provision will be gathered and analyzed, and recommendations for quality improvement will be forwarded to the steering committee.

Community partners who did not receive SCAC services or support will be asked for feedback on why they did not seek or receive services, on the status of ACEs knowledge and skills in their respective agencies, and on what changes could be made by SCAC regarding outreach, delivery of services or type of services that would best meet the needs of their organization.

SCAC members and members of the Speakers Bureau will be interviewed to identify the strengths and challenges of SCAC functioning, to capture their perception of the changes in their respective organizations as a result of ACEs education, outreach and technical assistance, what learning took place, and what, if any changes or modifications should be made in future efforts.

2) *Documentation of Program Implementation:* To understand the impact of its efforts, the ACEs coalition must first understand how effective it was in implementing the strategies originally proposed. To this end, SCAC will document all of its activities and findings including:

- # of general meetings/(Attendance, agendas, minutes)

- # of steering committee meetings (Attendance, agendas, minutes)
- # of coalition members and description of partner agencies participating
- # and description of individuals completing the train-the-trainer program
- # and description of all activities completed by Speakers Bureau participants
- Speaker evaluation surveys collected at each training that monitor knowledge gains
- # and description of all partner agencies receiving ACEs education, training, or support. Description of services provided
- Summary of all ACEs resources and collateral (original and published).

3) Continuous Quality Improvement: Continuous quality improvement (CQI) will be a regular part of SCAC's meeting agenda. Using the Plan Do Study Act (PDSA) model, SCAC will routinely reexamine goals, objectives and strategies according to their efficacy. Adjustments will be made in order to maximize impact and remain on course to achieve the desired targets.

4) Community Benchmarking: Center for Youth Wellness regularly analyzes BRFSS survey data to provide estimates of Sonoma County ACEs prevalence. Due to small sample size, Sonoma and Napa estimates are combined; however, this analysis will provide us with one benchmark to monitor ACEs prevalence over time. SCAC will also work with two community clinics (Elsie Allen and Roseland Pediatrics) who are currently screening all pediatric clients for ACEs to determine if it is possible to utilize that data to track changes in ACEs exposure among that population over time. Future efforts will involve compiling shared measures in a manner that will allow us to begin measuring progress towards mediating ACEs across differing sectors and programs. Widespread data on resiliency are also being collected through use of the Protective Factors Survey by First 5 funded agencies, a home visiting network, and a child abuse prevention network in the county. We will be analyzing community-wide data to examine trends in resiliency and the combinations of services most effective in boosting protective factors.

Part IV: Peer-to-Peer Learning

Though Sonoma County has made significant strides in laying the foundation of a trauma-formed community, more work needs to be done. There is a tremendous need to further educate stakeholders, develop the internal capacity of the ACEs Coalition, and create fortified care networks within the community. These efforts require time and dedication but are all possible with unified resolve and supportive commitments. Participating in the larger MARC network will allow Sonoma County to capitalize on the gains that have been made and leverage additional resources to expand capacity and increase traction. The opportunity to participate in the MARC grant has already galvanized support from across departments and programs as evidenced by financial commitments. Receiving this funding will provide DHS with the opportunity to formalize the practices of the group, further the network's initiatives, and tap into the MARC Collaborative's wealth of knowledge.

Sonoma County's accomplishments to date offer a wealth of knowledge and understanding that would benefit other MARC communities. The health department's experience with culturally and linguistically diverse populations and ability to create meaningful connections in the community can help inform the MARC learning collaborative. Furthermore, the county's unique network of stakeholders leverage knowledge from a number of fields and impart guiding principles that can further the success of the collaborative at the community and grassroots level. Many of these partners have experience addressing ACEs in very challenging and vulnerable populations and their reflections can help the team navigate difficult situations. Likewise, we will be able to share the learning from the ACE Interface training with the other MARC communities, including challenges and lessons learned along the way.