

Welcome to the Northern ACEs Collaborative (NAC) Quarterly Champion Convening! We will be starting shortly.

NAC Quarterly Champion Convening

Tuesday, July 16, 2024

10:00am – 12:00pm

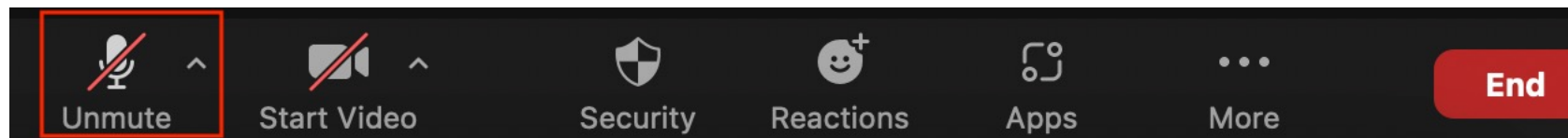




This event is being recorded.

Recordings will be available per request after the event. Please email **Mkenney@phi.org**

Please mute your microphone and video during the presentation.






Welcome to the NAC Quarterly Champion Convening

July 16, 2024

10:00am – 12:00pm

A photograph of two women sitting on a couch in a living room, looking at a laptop. The woman on the left is wearing a green sweater and glasses, smiling. The woman on the right is wearing a light blue shirt and glasses, looking at the laptop. A rainbow sticker is on the wall behind them. The image has a teal overlay.

The Population Health Innovation Lab
designs, catalyzes, and accelerates
innovative approaches that advance health,
well-being, and equity.

Welcome & Housekeeping



Roll Call & Check-in

Please share your name, organization, location, and favorite summer activity in the chat. If you're new to NAC, how did you hear about us?



Housekeeping

This meeting is being recorded
Be present & take care of yourself
Place questions in the chat





Land Acknowledgment

The Population Health Innovation Lab team respectfully acknowledges that we live and operate on the unceded land of Indigenous peoples throughout the U.S.

We acknowledge the land and country we are on today as the traditional and treaty territory of the Native American, Alaska Native, and Tribal nations who have lived here and cared for the Land since time immemorial. We further acknowledge the role Native American, Alaska Native, and Tribal nations have today in taking care of these lands, as well as the sacrifices they have endured to survive to this day.

Agenda & Grounding

Heidi Mendenhall

Executive Director, First 5 Tehama - NAC Steering Committee Chair



Agenda

- Welcome, Agenda, Grounding
- Rural Resilience Innovation Hub Launch
- CalAIM: PATH CPI
 - Gretchen Shroeder, MPH (Consultant to HealthBegins) Rick Rawson, MBA, ACC (HC2 Strategies)
- Children and Youth Behavioral Health Initiative (CYBHI)
 - Sohil Sud, MD, MA (California Health and Human Services Agency)
- Safe Spaces
 - Rachel Gilgoff, MD (Advisor to ACEs Aware)
- California Community Schools Partnership Program (CCSPP)
 - Rosemary Mitchell, EdD, MSW (Regional Technical Assistance Center for Community Schools)
- Breakout
- Reflection
 - Melissa Stafford Jones (Public Health Institute)
- Wrap-up



“*Know better, do better.*”



NAC Vision, Mission, and Goal

- **VISION:** All Northern California residents have everything they need to live resilient and happy, healthy lives.
- **MISSION:** NAC brings together rural Northern California champions to address trauma and promote resilience in the region through a collaborative approach of building relationships and sharing, learning, examining, and generating new ideas.
- **GOAL:** Increase the capacity of rural Northern California champions to address trauma and promote resilience to improve the health of the communities they serve.



NAC Objectives

- **SHARE & LEARN:** Maintain opportunities for collaboration and support continued sharing of knowledge, stories, and best practices to address trauma and promote resilience.
- **GENERATE:** Host generative dialogue and facilitate action to address trauma and promote resilience.
- **ADAPT & EXPAND:** Maintain governance structure to support and steer the collaborative while allowing for adaptation and flexibility in NAC's future. Intentionally identify and connect with champions to invite in, including all professional and community roles.



NAC Strategic Approach

- NAC will serve as a **Rural Resilience Innovation Hub** for hosting generative dialogue, disseminating on-point, innovative information, and facilitating action to address trauma and promote resilience.
- NAC will continue with a **Regional Approach**
- NAC recognizes that there are **Multiple Realms of Trauma and Opportunities for Resilience**



Rural Resilience Innovation Hub Launch

Sue Grinnell

PHIL



What is an Innovation Hub?

- **Networking:** Facilitate connections and interactions among innovators, entrepreneurs, researchers, and experts from diverse backgrounds and disciplines to **exchange ideas, share knowledge, and form partnerships.**
- **Cross-Sector Collaboration:** Promote knowledge exchange between industries, academia, government agencies, and non-profit organizations **to tackle complex challenges and explore new opportunities through interdisciplinary approaches.**
- **Prototyping and Experimentation:** Providing tools and support for prototyping, testing, and iterating innovative solutions, products, and services in a risk-tolerant environment conducive to experimentation.
- **Data-driven Decision Making:** Leveraging data analytics, artificial intelligence, and other digital technologies to **gather insights, measure performance, and inform strategic planning**

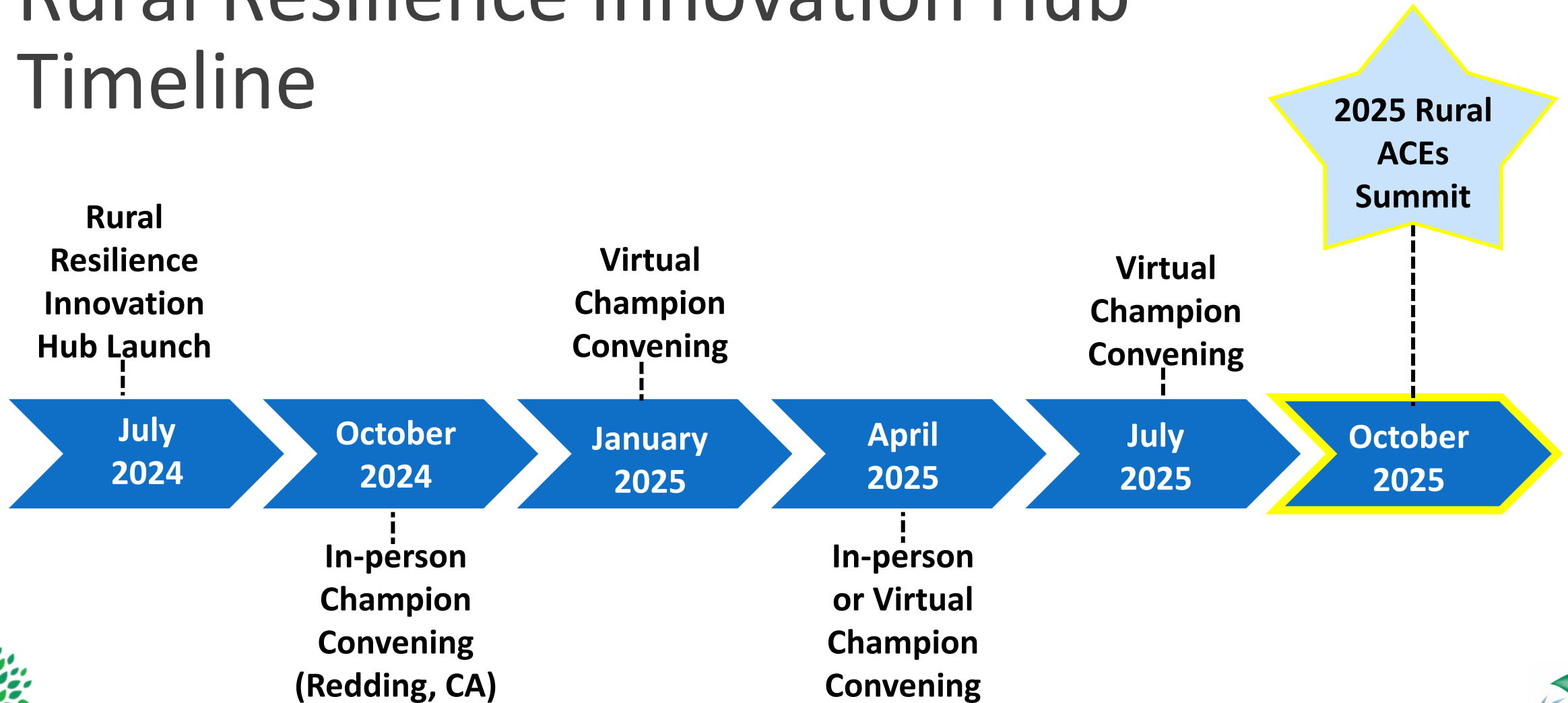


Rural Resilience Innovation Hub - Design Challenge Question

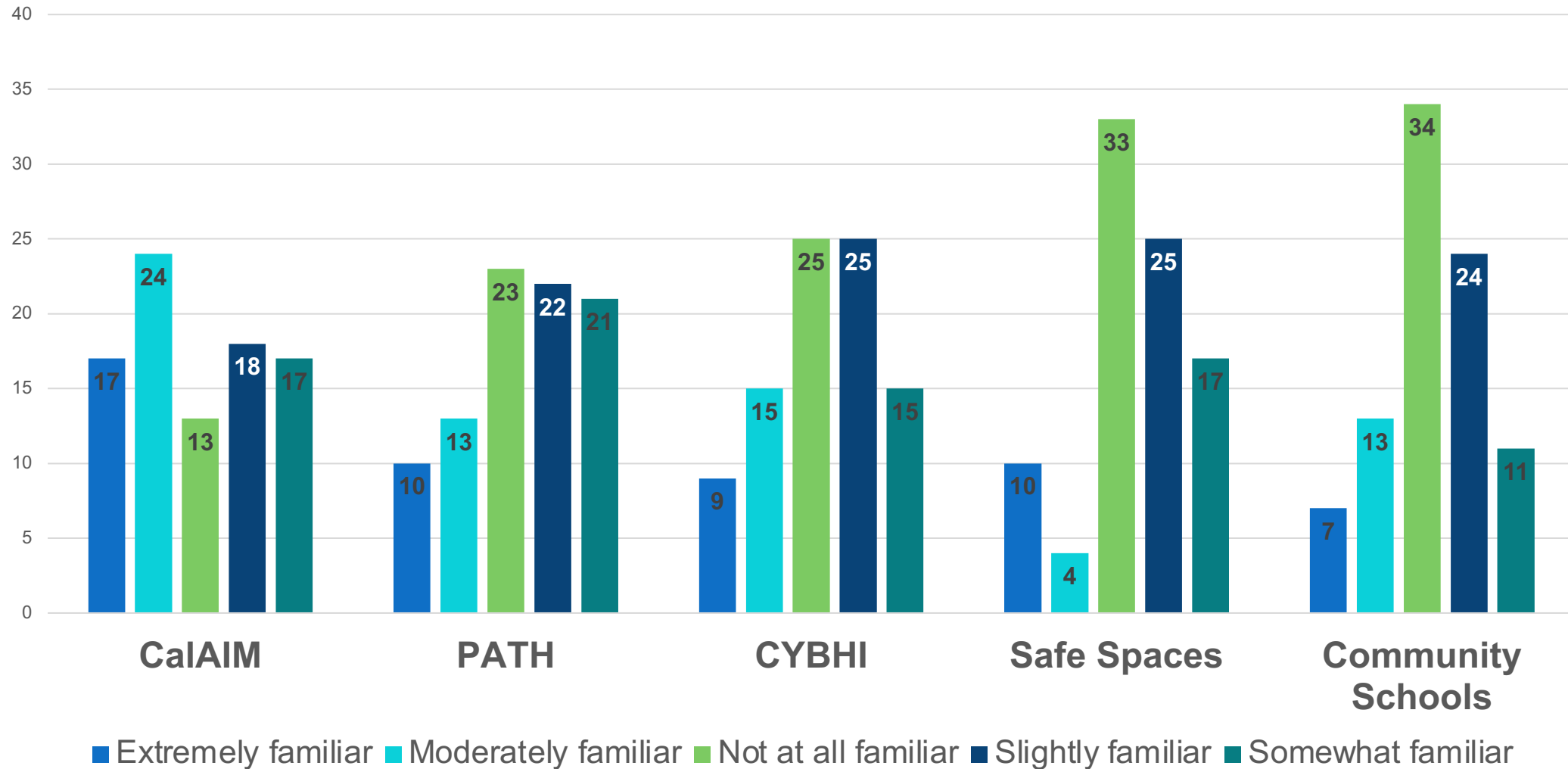
How might we decrease trauma and toxic stress through generating equitable and innovative solutions that improve population health by creating a community-led rural resilience innovation hub that respects the local culture and traditions?



Rural Resilience Innovation Hub Timeline



Familiarity with Meeting Topics



CalAIM: PATH CPI

Gretchen Schroeder, MPH | *Principal, Community Health Consulting, supporting HealthBegins*

Rick Rawson, MBA, ACC | *Chief Strategist & Co-founder, HC2 Strategies*



Definitions

- **CalAIM** (**C**alifornia **A**dvancing and **I**nnovating **M**edi-Cal): multi-year effort to transform Medi-Cal and to make it integrate more seamlessly with other social services.
- **PATH** (**P**roviding **A**ccess and **T**ransforming **H**ealth): initiative addressing gaps in local organizational capacity and infrastructure for CalAIM throughout the state.
- **CPI** (**C**ollaborative **P**lanning and **I**mplementation): program supporting regional implementation of CalAIM; collaborative groups from a county or region work together to resolve issues.
- **ECM** (**E**nhanced **C**are **M**anagement): A new statewide Medi-Cal benefit that provides a whole-person approach to care that addresses the clinical and non-clinical needs of high-need Medi-Cal beneficiaries enrolled in managed care health plans.
- **Community Supports**: Services that help address members' health-related social needs, help them live healthier lives, and avoid higher, costlier levels of care and include support to secure and maintain housing, medically tailored meals, and other community-based services.



CalAIM → PATH → CPI

California Advancing and Innovating Medi-Cal (CalAIM)

Providing Access and Transforming Health (PATH) initiative

Support for Enhanced Care Management (ECM) and Community Supports

Justice-Involved Capacity Building Program

Collaborative Planning and Implementation (CPI)

Technical Assistance (TA) Marketplace

Collaborative planning

Capacity and Infrastructure Transition, Expansion, and Development (CITED)

Whole Person Care Services and Transition to Managed Care Mitigation

Capacity and infrastructure

Population Health; Enhanced Care; Community Supports; Dental; Behavioral Health Delivery System Transformation; Justice-Involved Individuals; Long-Term Care; Integrated Care for Dual Eligible Beneficiaries; Medi-Cal's Strategy to Support Health and Opportunity for Children and Families; Standard Enrollment with Consistent Managed Care Benefits; Delivery System Transformation



PATH CPI Collaboratives in NAC Region

Northeast Collaborative

Lassen, Modoc, Shasta, Siskiyou,
and Trinity Counties

Facilitated by HealthBegins

NorCal Collaborative

Butte, Colusa, Glenn, Nevada,
Placer, Plumas, Sierra, Sutter,
Tehama, and Yuba Counties

Facilitated by HC2



Northeast Aim Statement

By 12/31/24, the Northeast CPI will have improved coordination of ECM and Community Supports referrals among local providers, as measured by local provider satisfaction.



Nor Cal Aim Statement

Through the Nor Cal Collaborative Planning and Implementation Initiative (CPI), we are building a connected community of care for delivering CalAIM services by improving equitable access and utilization to Enhanced Care Management (ECM) and Community Support services for eligible Medi-Cal members by December 31, 2024.



Target Audience

Medi-Cal Managed
Care Plans

Community-Based
Organizations

Hospitals & Health
Systems

Clinics and
Providers
(especially FQHCs)

Tribal Entities

Counties



Collaborative Activities to Support Building a Connected Community of Care



Challenges, Aspirations, & Support

Challenges: Lack of awareness of new services available through CalAIM and participation in CPI. Not enough providers willing to become contracted providers, leading to significant gaps in services.

Future Aspirations: Providers are engaged, and eligible Medi-Cal members have access to services focused on improving their health and wellness. A growing number of providers that work together to build a healthier population.

Funding for Providers: CITED (Capacity and Infrastructure Transition Expansion and Development): funding to enable the transition, expansion and development of CalAIM programs and services. *CITED Round 4 Coming Soon!*



How to learn more and get involved?

- Register to participate in you regional collaborative:
<https://pcgus.jotform.com/222306493964865>
- For questions, contact:
 - Northeast: Eva@healthbegins.org
 - Nor Cal: NCCaAIMCPI@hc2strategies.com



Children and Youth Behavioral Health Initiative (CYBHI)

Sohil Sud, MD, MA

Director of CYBHI, Associate Clinical Professor in the Division of Pediatric Hospital Medicine at the University of California, San Francisco (UCSF), California Health and Human Services Agency



CYBHI

Children and Youth
Behavioral Health Initiative

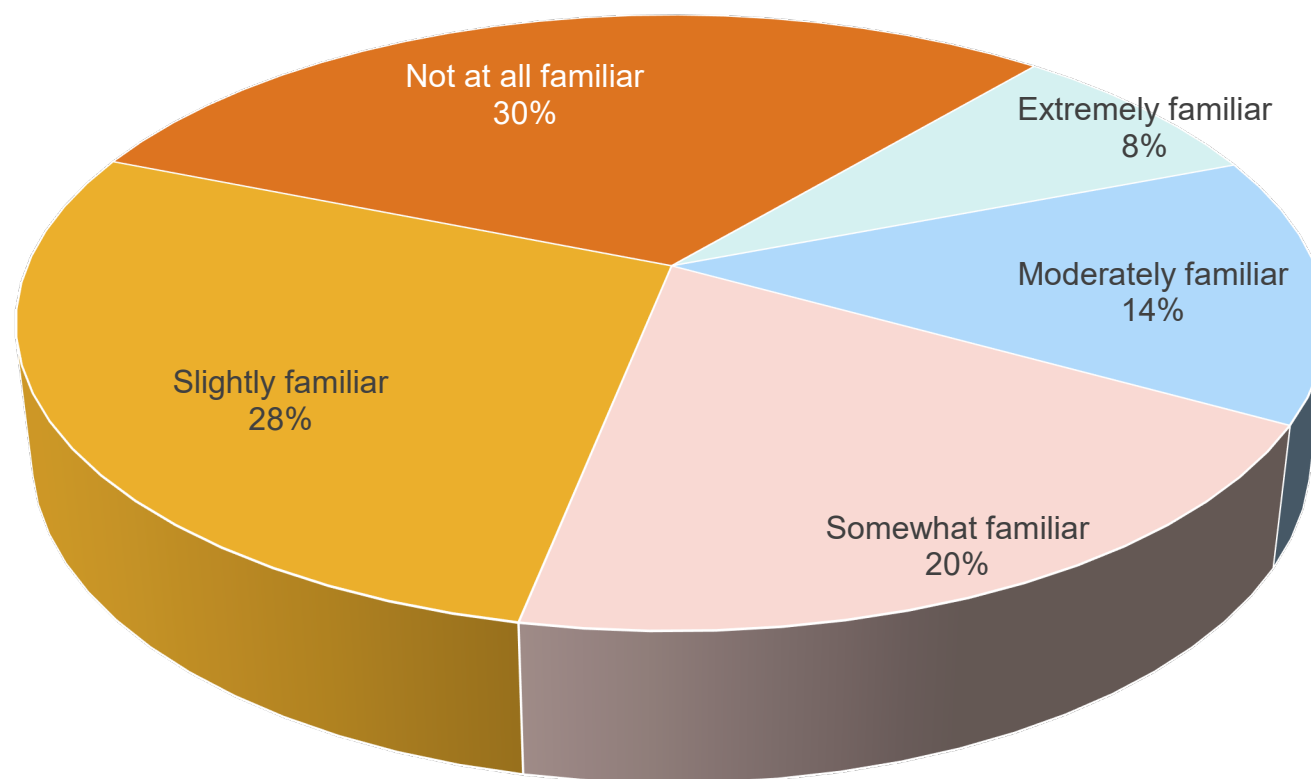


*Transforming the way California
supports children, youth and families*

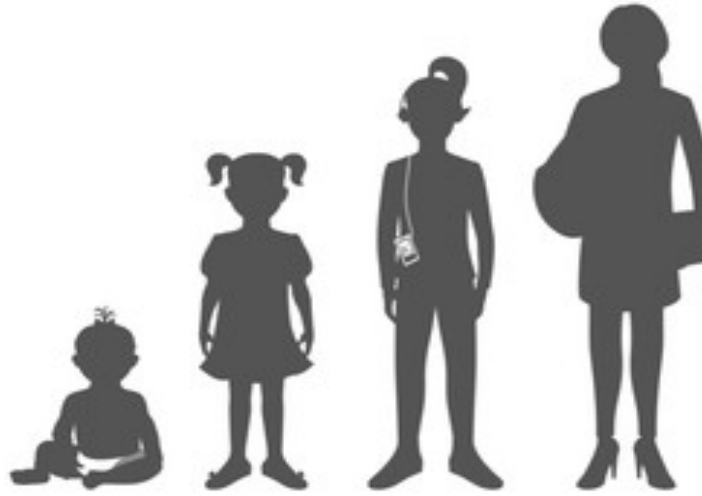
July 2024



How familiar are you with CYBHI?



Meet Monica



- Mom receives screening and treatment at pediatric visit
- Gains skills from Positive Parenting Program
- Receives support from Promotora services
- Learns life hacks from Brightlife Kids coach
- Learns coping skills from SEL curriculum
- Teacher, trained through Safe Spaces, increases her sense of belonging
- Feels welcomed by Coach at the new Wellness Center
- Evaluated by school health team and receives on-site services
- Hangs out at the Youth Center in her community
- Uses Soluna and connects to an online support community
- Friends at school learn about suicide prevention and reach out to check on her
- Receives treatment at residential facility
- Remains connected with her therapist
- Her primary care doc managing pharmacotherapy
- Gains harm reduction skills to control her cannabis use from a neighborhood CBO
- Goes to community college and receives paid internship in counseling

Health Care Settings

- Expanding the behavioral health workforce
- Increasing access to behavioral health services
- Supporting non-specialist care providers

Schools & Colleges

- Bringing wellness into the classroom
- Nurturing a supportive campus culture
- Expanding access to school-linked care services

Digital Environment

- Bringing behavioral health services online
- Preparing for the next generation of digital supports

Homes & Communities

- Enhancing community resilience
- Building a community-based workforce

**Elevating the Conversation,
Holding Youth at the Center and Equity as Foundational.**



*Transforming
the way
California
supports
children, youth
and families*

Health Care Settings

Expand the behavioral health workforce

- Increase the size of [psychiatry medical](#) training programs
- Increase the size of [psychiatric nurse practitioner](#) training programs
- Establish and expand bachelor's and master's level [social work](#) programs
- Create a [Wellness Coach](#) profession
- Strengthen [workforce pipeline](#) for mental health and substance use work through paid internships, training stipends, and earn-and-learn programs

Increase access to behavioral health services

- Expand and construct [treatment facilities](#)— including inpatient, outpatient, and school-based facilities— to provide services to youth and families
- Facilitate access and coverage of services that support both the [caregiver and child](#)

Support non-specialist care providers

- Establishing a statewide service for pediatricians and primary care providers to receive [consultation](#) with licensed behavioral health specialists



Home & Community

Enhance community resilience

- Scale [parents and caregiver support programs](#)
- Encourage [positive parenting and thriving kids](#)
- Expand [trauma-informed services](#) available to children
- Scale [early childhood](#) wraparound services
- Expand [youth drop-in centers](#) or other youth-driven programs
- Increase [early intervention programs](#) and practices
- Provide [crisis and wraparound services](#) for suicide prevention
- Connect youth to [local suicide prevention resources](#)
- Bring youth together at a [mental health academy](#)

Build a community-based workforce

- Support to [recruit and retain behavioral health professionals](#) in community organizations
- Provide training on behavioral health and substance use for non-specialists serving [justice, foster, and unhoused youth](#)
- Expand training and employment opportunities individuals with lived experience to serve as [peer supports](#)



Schools & Colleges

Bring wellness into the classroom

- Expand [social and emotional learning](#) programs

Nurture a supportive campus culture

- Promote [wellness and mindfulness](#) programs for students and staff
- Provide [staff training](#) in trauma-informed approaches
- Pilot [peer-to-peer support](#) programs in high schools
- Engage with (increasing) [community](#) behavioral health resources

Expand access to school-linked care services

- Establish [sustainable coverage models](#)
- Increase access to [wellness coaches](#)

Catalyze action

- [Incentivize partnerships](#) with behavioral care plans and providers
- Establish the prerequisite [infrastructure](#) to offer health services
- Provide guidance to navigate privacy and consent regulations
- Offer early lessons for integrating CYBHI with other state initiatives



Digital Environment

Bring behavioral health services online

- Provide [mental health coaching](#) care navigation support, and other resources for parents with kids ages 0-12 years
- Provide with teens and young adults ages 13-25 years with one-on-one coaching, [digital support resources](#) and exercises, care navigation support, and moderated peer forums

Prepare for next-generation of digital supports

- Leverage [new tools](#) (e.g., augmented reality, biometrics) to improve behavioral health services and supports



BrightLife Kids

A CalHOPE program by Brightline



BrightLife.Kids/ca

for parents and caregivers of
children ages 0-12 years

soluna

a CalHOPE Program by Kooth



SolunaApp.com

for teens and young adults
ages 13-25 years

Elevate the Conversation

Communication Campaigns

- [Reduce mental health stigma](#) and encourage access to services and wellness supports
- Recognize that adverse childhood experiences (ACEs) impact our health, but we can [Live Beyond](#)
- To prevent distress from turning into despair and prevent suicide, let youth know they are [Never a Bother](#)





I'm here for: Me

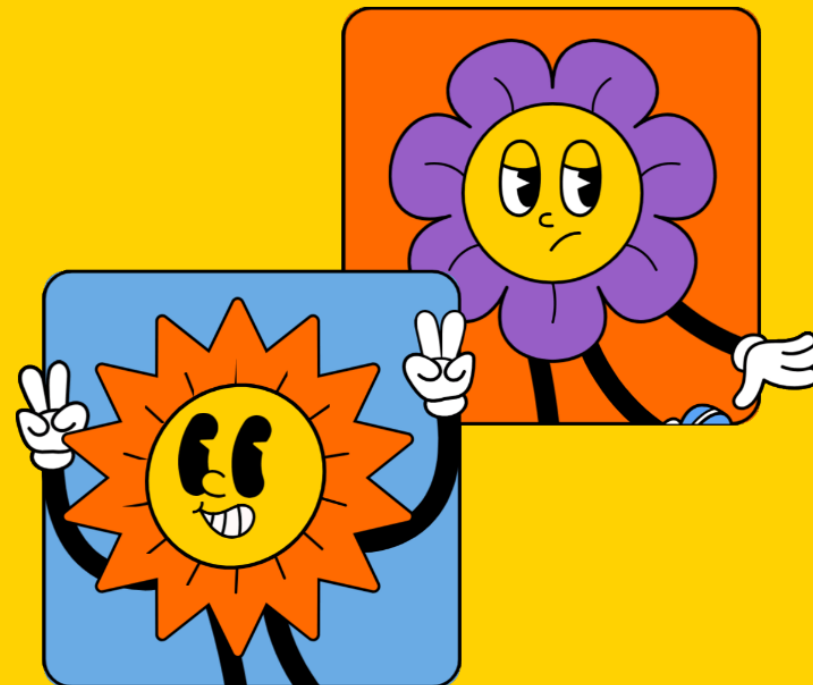
My friend

Youth in my care

Get involved

You are *never* a bother

Whether it's a low point, a crisis, or something you can't exactly put into words, get help for yourself or a friend.



www.neverabother.org



EN ES

GET HELP NOW



We Can Live Beyond ACEs And Toxic Stress

Let's talk about ACEs.

Adverse Childhood Experiences (ACEs) are traumatic events that happen before age 18.

www.livebeyondCA.org



Guiding Principles

Improve the Ecosystem

- Work toward an integrated system with a shared vision for collective impact

Hold Youth at the Center

- Co-design programs, services, and campaigns for youth with youth
- Partner with existing children, youth, and family organizations

And Equity as Foundational

- Ensure that online services are free and accessible in multiple languages
- Incentivize work in underserved areas through scholarships and loan repayment
- While each program has individualized equity priorities, there is a general focus on populations identified by the California Reducing Disparities Project (i.e., African Americans, Asians and Pacific Islanders, Latinos, LGBTQIA+, Native Americans) and populations experiencing disparities in behavioral health needs (i.e., individuals with disabilities, families engaged with the foster care or justice system, tribal nations, families experiencing homelessness, individuals in rural regions, refugees, the socio economically disadvantaged)

Health Care Settings

- Expanding the behavioral health workforce
- Increasing access to behavioral health services
- Supporting non-specialist care providers

Schools & Colleges

- Bringing wellness into the classroom
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Digital Environment

- Bringing behavioral health services online
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Homes & Communities

- Enhancing community resilience
- Building a community-based workforce

**Elevating the Conversation,
Holding Youth at the Center and Equity as Foundational.**



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Governor's Master Plan for Kids' Mental Health

Other investments and initiatives in California being implemented in coordination

- \$4.1B on a community schools' strategy to connect kids and families to essential services including health screenings, meals and more, as well as expanded learning opportunities
- \$5B on a Medi-Cal CalAIM initiative to better integrate health and behavioral health services for low-income kids and improve child health outcomes, including prevention
- \$1.4B to build the healthcare workforce that expands our capacity to meet the health needs of Californians, including children and families
- State budget investments in school-based behavioral health workforce, such as school counselors



Thank You

CYBHI Resources

- Learn more about the CYBHI awards in your community by visiting the [CYBHI Impact webpage](#)
- Sign-up for the newsletter on the [CYBHI website](#) (at the bottom of the page)



Safe Spaces

Rachel Gilgoff, MD

Child Abuse Pediatrician and Integrative Medicine Specialist, Advisor to ACEs Aware



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Organizations

- **Office of the California Surgeon General (CA-OSG)**
 - Dr. Diana E. Ramos, MD, MPH, MBA
 - Advises the Governor, serves as a leading spokesperson on matters of public health, and drives solutions to our most pressing public health challenges.
 - Priority Areas: Reproductive Health, Mental Health, ACEs and Toxic Stress.
- **ACEs Aware Initiative implemented by the UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN)**
 - Statewide effort to screen patients for Adverse Childhood Experiences (ACEs) to help improve and save lives.
 - Experts in communicating the social and health benefits to mitigating ACEs and toxic stress.

***CA-OSG and ACE's Aware partnering on dissemination of Safe Spaces.**



Safe Spaces Training

[Safe Spaces Website](#)

Free, online training designed to help individuals working with children and youth recognize and respond to signs of trauma and stress.

- Resource available under CYBHI
- \$1M allocation for development

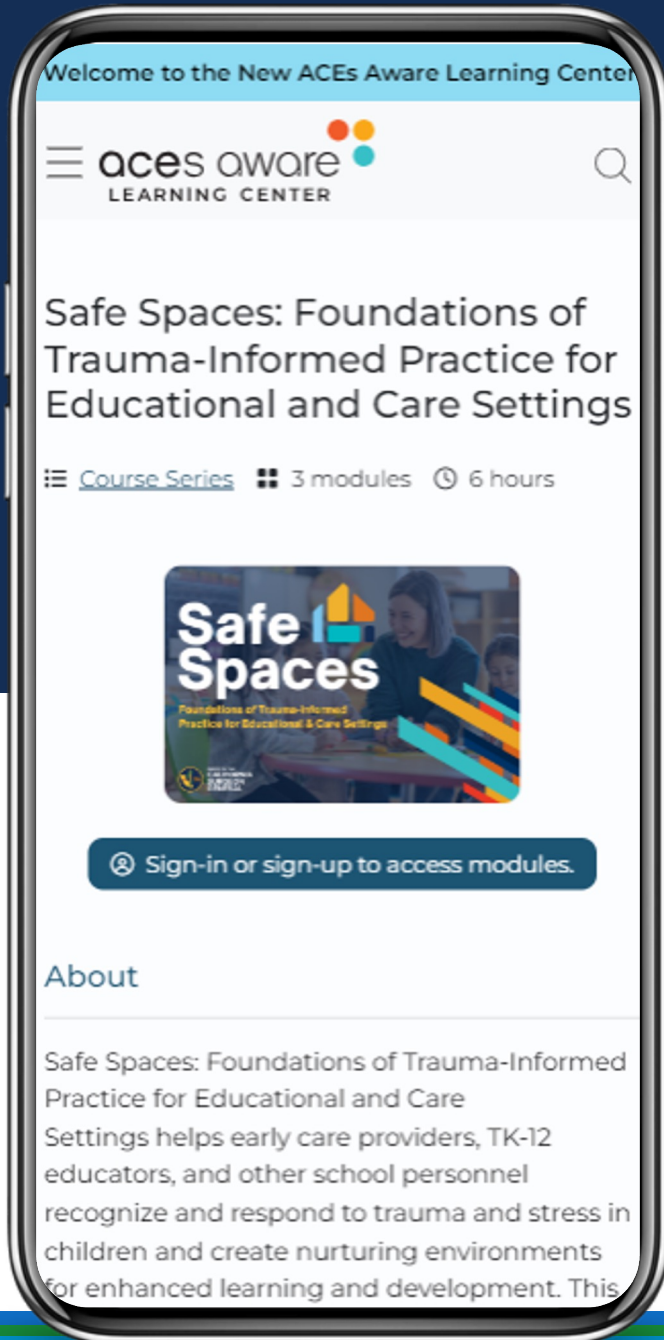


Safe Spaces Training



SAFE SPACES NOW ONLINE AT ACES AWARE

Training.ACEsAware.org



1

Online

2

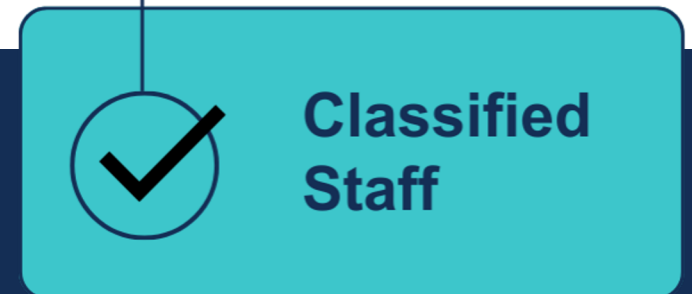
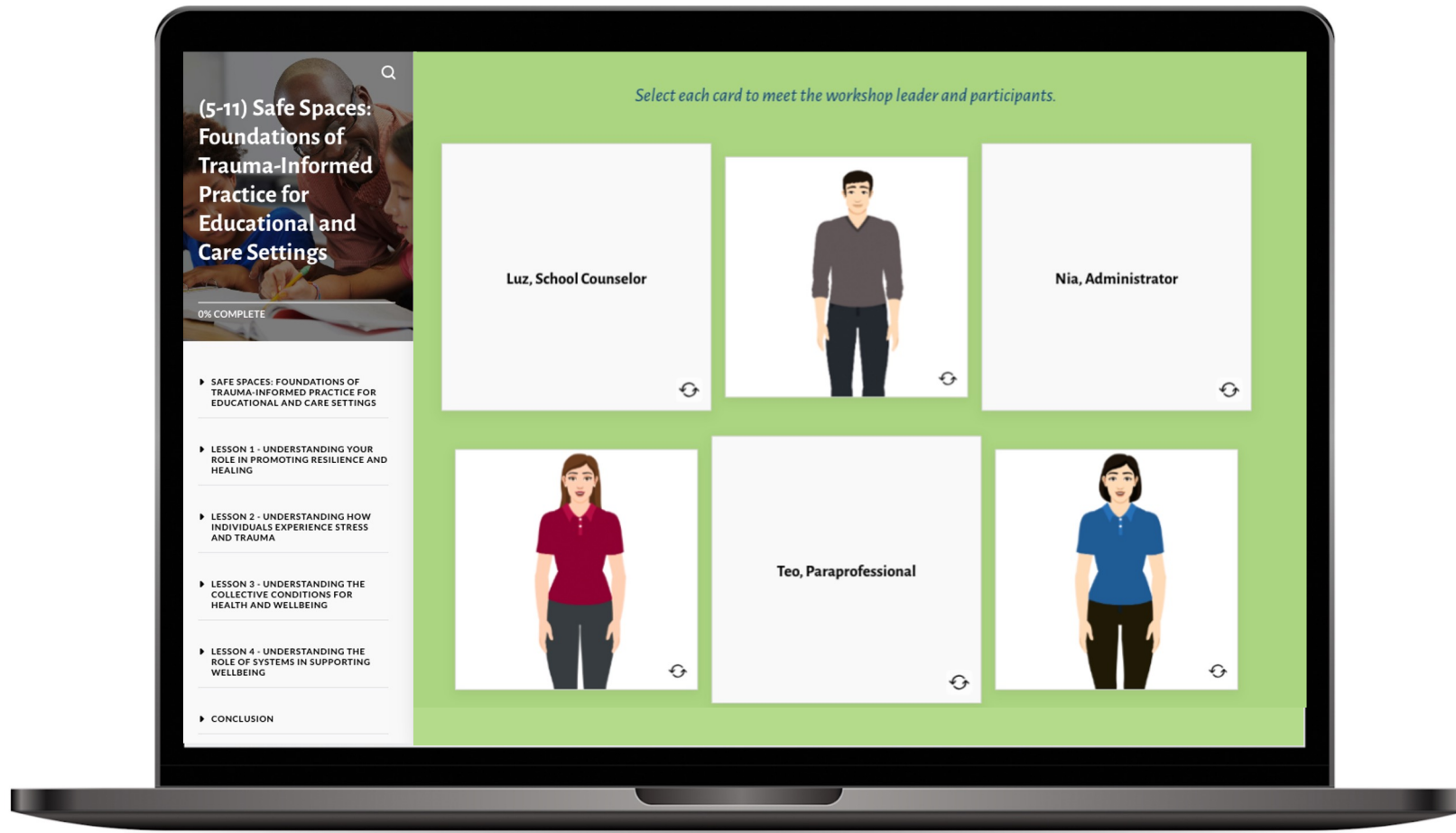
~2hrs, Self-Paced

3

3 Age Groups

4

CE/CME



WHOLE STAFF APPROACH

Target Audience

Educators, Early Care Providers,
School Staff, School Nurses,
Librarians, Yard Duty, School Bus
Drivers, Administrative Support

Coaches, Mentors, Tutors

CYBHI-certified Wellness Coaches
(working in and outside of clinical
settings), Social Workers

Anyone who works with children!



SAFE SPACES CURRICULUM

Sample Lesson Topics

- Identifying Activated Stress Responses
- Understanding Your Role in Promoting Resilience and Healing
- Responding to Students Who Are Stressed
- Regulate, Relate and Reason
- Self-Regulation for Adults: Pause, Notice, Name
- Conditions that Support Well-Being





The training is designed to engage the learner with examples, strategies and practices that vary according to developmental stage served.



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REALISTIC CHARACTERS & SCENARIOS

MAYA	JAY	KAYLA
<p>Age: 6 years old (kindergarten)</p> <p>Background: Maya uses the pronouns "she" and "her." She lives with her grandma and dad who are always loving and supportive. Maya is very helpful. She always works in the garden with her grandma. Maya prefers spending time outdoors.</p> <p>Interests: Maya plays soccer and T-ball and enjoys being active. Maya loves physical education and art.</p> <p>Activators: Maya has difficulty ending a preferred activity without prior warning.</p> <p>Stress Response: Maya becomes upset, cries, stomps her feet and yells.</p>		
		
		
<p>Kay: Wait, so if a student throws something on the bus, they shouldn't be punished?</p>	<p>Nia: Or if they run away from their teacher?</p>	<p>Teo: What if they physically hurt another student?</p>

TESTIMONIALS

SAFE SPACES

“Safe Spaces Training can be a personal journey. I found it helpful to recognize and challenge my own biases. It helped me to better understand social issues and become more empathetic and open-minded as an individual.”

**-Helio Brasil, Superintendent of
Keyes Union School District**

I love the approach of recognizing trauma as a person's experience and not all people experience trauma the same. I found the 6 guiding principles of trauma-informed practice, allow for opportunity to build in positive experiences for children and families.

**-Lana Frisby, Resource and
Referral Program Manager and
ECE Trainer, Valley Oak
Children's Services**



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Challenges, Aspirations, & Support

Challenges: Funding was limited to curriculum development; partnership with ACEs Aware has allowed for continued promotion and in-person training opportunities. Time commitment for training can be a barrier.

Future Aspirations:

- Getting all schools trained!
- Supporting school districts committed to hosting an in-person training for all staff.
- Thinking beyond schools – training other professionals that work with children.

Connections: Tier 1 support when using the MTSS approach for Social Emotional Learning – closely aligned with the Community Schools Model.



California Community Schools Partnership Program

Rosemary Mitchell, EdD, MSW

Program Director, Regional Technical Assistance Center for Community Schools



Initiative & Organizations

- **California Community Schools Partnership Program (CCSPP)**
 - Initiative focused on supporting partnerships between schools and community partners for alignment of resources to improve student outcomes.
 - “A community school is a ‘whole-child’ school improvement strategy where the district and school work closely with teachers, students, families, and partners.”
 - Supported by a system of Regional Technical Assistance Centers.
- **North Star Center for Rural Community Schools**
 - CCSPP Regional Technical Assistance Center (RTAC) for schools adopting a community school model in the 13 northernmost counties in CA
 - Hosted by the Shasta County Office of Education



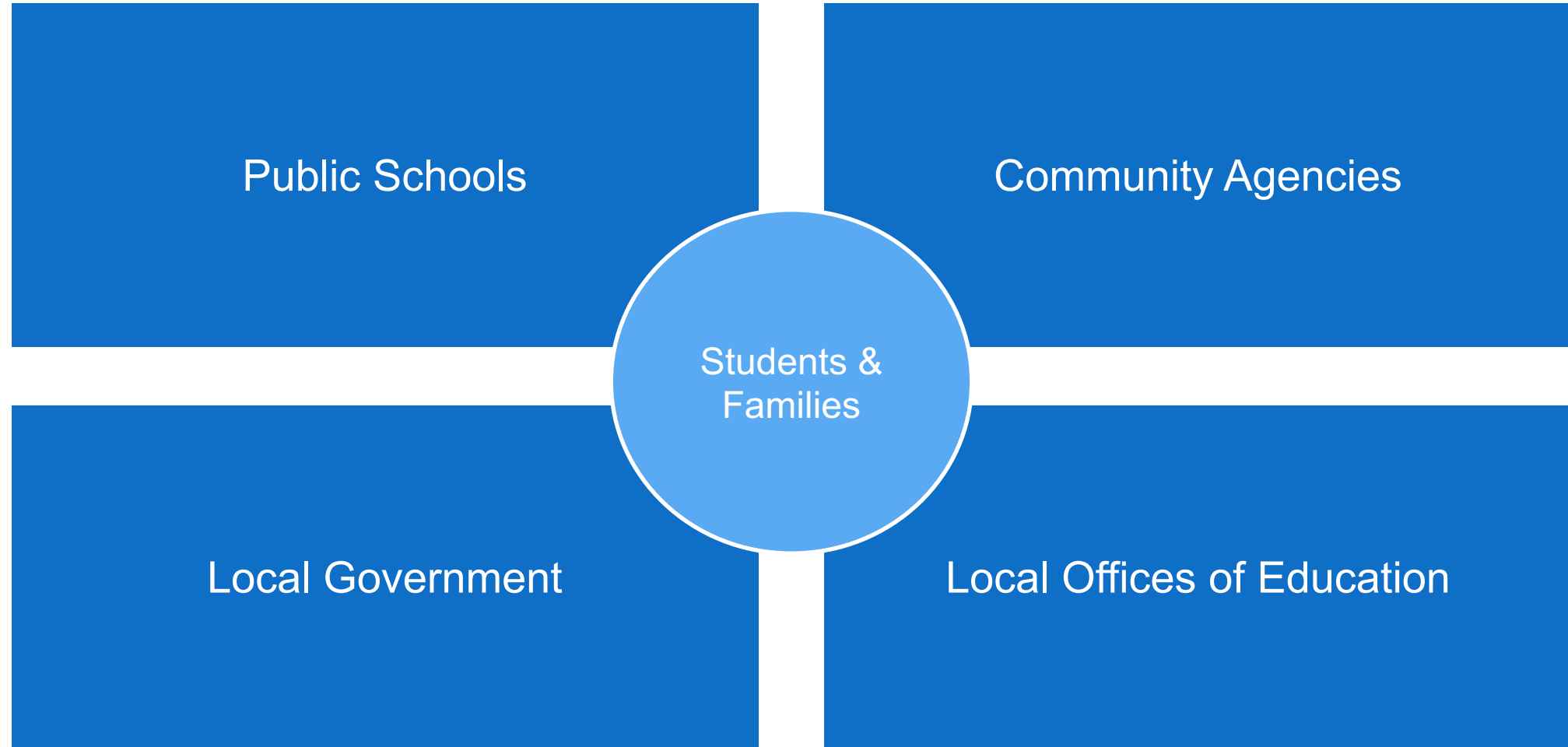
California Community Schools Partnership Program



- In 2021, California Legislators made a historic investment of \$4+ billion to transform all high-need schools into Community Schools.
- Community Schools are outlined in state education code to include public schools that have **“strong and intentional community partnerships ensuring pupil learning and whole child and family development”**
- The use of “Program” is a misnomer, Community Schools are a strategy (not a program)



Target Audience



Challenges, Aspirations, Funding & Connections

Challenges: (1) School-centric approach to community-level change.
(2) New ways of working and partnering together can be challenging.

Future Aspirations: Every school a community school! We aim to help all schools adopt a CS model even without CCSPF funding.

Funding: Opportunities to tap into schools that have received funding in your community & have strategies that align with your organization's work.

Connections: Community Schools are a strategy that aligns with the ecosystem of statewide initiatives and can be a method of coordinating and integrating efforts with the school systems.



Why Community Schools?

1

Equity-centered: Community schools ensure all students have access to high-quality education.

2

Holistic approach: Promotes whole-child strategies that account for the ecosystems of family and community.

3

Evidence-based: Community schools improve student, family, and community-level outcomes.

4

Responsive to local needs: Addresses local challenges with solutions created by, for, and with local communities.

North Star RTAC: What We Do

Training

- Regional Community of Practice
- Peer Learning Webinars
- Facilitation + Collective Impact Trainings
- Community School Coordinator Boot Camps
- COE CCSL Team Coaching
- Resource + Materials Development

Support

- Facilitate regional networking opportunities
- Reporting and compliance help for schools and districts
- Rural school advocacy
- Share bright spots and regional successes
- Personalized supports

Who We Are & How We Function

Shasta County Office of Education

- Primary contractor with the CDE ; Liaison with STAC; Lead facilitator of core RTAC partners.
- Committed to shared decision making and communicating what on-the-ground CS work looks like in rural spaces to state-level decision makers.

Local COE: County Community School Lead

- County-level experts & advocates; Primary touchpoint for schools; Coaching, support, and training; Thought partners with schools.
- Committed to partnering with schools by providing support, resources, and learning opportunities.

Partners for Rural Impact

- Content experts; Trainings & learning opportunities; Connection to national resources.
- Committed to building expertise in the community school model across the region.

North State Together

- Connect local cradle-to-career, collective impact partners with community school efforts. Collective Impact expertise including community engagement, data-driven decision-making, collaborative and shared decision making.
- Committed to connecting and aligning local cradle to career efforts and resources with community schools work.



COUNTY	CCSL NAME	EMAIL
Butte	Mele Benz	mbenz@bcoe.org
Del Norte	Lisa Howard	lhoward@delnorte.k12.ca.us
Glenn	Aaron Koch	akoch@glenncoe.org
Humboldt	Felicia Doherty	fdoherty@hcoe.org
Lake	Stacie Ulatan	sulatan@lakecoe.org
Lassen	Bryan Young	byoung@lcoe.org
Mendocino	TBA	-
Modoc	Heather Hadwick	hhadwick@modoccoe.k12.ca.us
Plumas	TBA	-
Shasta	Wendy Hall	whall@shastacoe.org
Siskiyou	Michelle Line	mline@siskiyoucoe.net
Tehama	JoNell Wallace Sommer Grooms	sgrooms@tehamaschools.org jwallace@tehamaschools.org
Trinity	Jade Tyner	jtyner@tcoek12.org



[Join the North Star RTAC listserv](#)

1. **Mountain River Elementary School began conducting a NAA in August**
 - The CS Coordinator collected surveys from parents and students. They did 2 focus groups with teachers and then the teachers did 1:1 “interviews” with parents during parent teacher conferences asking how the school could better support them and their families.
2. **MRES’s Community School Leadership Council meets monthly**
 - The Leadership Council consists of the principal, 1 SPED teacher, 1 5th grade teacher, 3 parents (representative of the student body), 1 6th grade student, and 4 community partners (from a healthcare org, a nonprofit, a local food bank, and a local business).
3. **When the Leadership Council reviewed the NAA results, they identified an opportunity to rethink after school programs**
 - They expanded the afterschool program to meet demand, prioritizing students with academic needs, teacher referrals, or unique family circumstances. Community partners offer to provide daily snacks (food bank) and guest speakers with hands-on activities (healthcare and business). Based on parent input, the program now runs until 5 pm.
4. **MRES’s Leadership Council monitors the after school program’s success**
 - At follow up meetings, they review data related to the changes they’ve implemented and make changes as needed. The program is successful, but they need more funding to sustain it. The nonprofit member of the Leadership Council offers to co-write a grant.

Most of our schools already incorporate elements of the community school model.

Our goal is to build on the existing assets and strengths within our communities to develop even better schools for our students.



How do these other initiatives align?

Community schools are NOT one initiative among many that are currently being funded in California, but rather a strategy that aligns with and can help coordinate and extend a wide range of state, school, and district initiatives.

- Health
- Nutrition
- Universal Pre K & Transitional Kindergarten
- Expanded Learning
- Multi-Tiered System of Supports
- Social-Emotional Learning
- College and Career Readiness
- CYBHI, SBHIP, etc.



Breakout Rooms

Sue Grinnell

PHIL



Breakout Rooms

- Quick Intro: Name & Organization
- Are you involved in any of these initiatives? If so, who are you collaborating with?
- What did I just hear? What struck you?
- What do I want to learn more about?
- How do you see these things connected to each other and/or connected with the work of NAC?
- How can the Rural Resilience Innovation Hub facilitate further learning and implementation of these initiatives?





Harvest & Discussion

Reflections

Melissa Stafford Jones, MPH

President and CEO, Public Health Institute





Wrap-Up & Next Steps



Evaluation Survey

Join Us!

- Sign-up for the NAC Newsletter
- Become a NAC Champion and invite your friends and colleagues
- Join NAC Quarterly Champion Meetings
- **Join the Steering Committee**
- Help inform the Rural Resilience Innovation Hub and 2025 Summit by completing the post-event evaluation survey!



Leesville Road (Williams, Colusa County) – Max Whittaker





Trinity River (Trinity County) – Trinity River Restoration Project

Thank you!