RESILIENT BEGINNINGS COLLABORATIVE
Informational Webinar
April 4, 2018
Webinar Reminders

1. Everyone is muted.
   - Press *6 to mute yourself and *7 to unmute.
2. Remember to chat in questions!
3. Webinar is being recorded, and will be posted on CCI’s website & sent to everyone that registered.

Please fill out the post webinar brief survey!!
Today’s Agenda

1. Introductions
2. Why Trauma Informed Care & Building Resilience?
   - A word from Genentech & CCI’s Executive Director
   - One Clinic’s Experience
3. Collaborative Description
4. Eligibility & Expectations
5. How to Apply
   - Timeline and Important Dates
6. Questions & Answers
INTRODUCTIONS
Our Program Team

Megan O’Brien, Program Manager

Veenu Aulakh, Program Director

Angela Liu, Program Coordinator
Our Focus

We work relentlessly to bring practical innovations to your organization.

We believe the challenges facing the safety net are tremendous opportunities for evolving health and health care.
What We Do Today

CCI transforms care for underserved populations by inspiring, teaching, and spreading innovation among organizations serving patients.

Build Capabilities  Catalyze Innovation  Spread Solutions That Work
Our Six Program Areas

1. Population Health
2. Data Analytics
3. Innovation & Design Thinking
4. Technology Solutions
5. Delivery System Reform
6. Community-Centered Care
WHY TRAUMA INFORMED CARE & BUILDING RESILIENCE?
A Word from Genentech

The Resilient Beginnings Collaborative is a part of Genentech's philanthropic commitment to addressing childhood adversity across low-income communities in the Bay Area, called The Resilience Effect.

The Resilience Effect supports clinical and community partners to design, test and scale the most effective ways to address adversity and strengthen resilience among young children and their caregivers. Our vision is one where all Bay Area children facing early adversity have the best possible start in life and the opportunity to build healthy and vibrant futures.

Learn more about the Resilience Effect: www.gene.com/resilience

Rajni Dronamraju
A Word from CCI’s Executive Director

Veenu Aulakh
The Opportunity

How might we spark, seed, and spread what works to prevent, screen, and treat the effects of childhood adversity in safety net care settings?
Questions We Wanted to Understand

- What is the current state of **understanding** and interest among safety net health centers?
- What are people **currently doing** and what are the major barriers?
- What is the driving **motivation** to engage in this work?
- What capabilities would be helpful to **strengthen** to address childhood adversity?
- What **resources** and initiatives can we leverage?

Elements of “trauma informed care” explored:

- Systematic training and awareness building
- Organizational culture, workforce support, policy changes
- Screening
- Referral to community resources / community partnerships / follow-up
- Early intervention / treatment in-house
- Care coordination and follow-up
- Workflow integration
Who We Interviewed

<table>
<thead>
<tr>
<th>Safety Net Organizations:</th>
<th>8</th>
<th>6</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Centers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counties</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Orgs with Trauma-Informed Care Expertise:

- CHCS Center for Health Care Strategies, Inc.
- Center for Youth Wellness

<table>
<thead>
<tr>
<th>CHCS</th>
<th>5</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisors</td>
<td>Other National Leaders</td>
<td></td>
</tr>
</tbody>
</table>
What We Learned

MAJORITY of organizations are NOT systematically doing this work

- Safety net leaders agreed it was important to address trauma
- No formalized process for screening
- Limited exposure to trauma informed care
- Limited treatment resources (both within & outside health center)
- Interest in additional resources and training

PRIMARY barriers are difficult to overcome

- Lack of leadership and provider buy-in
- Lack of follow-up, referral and treatment options

MANY resources, tools, and collaborative exist at the national level

- Lots of collaborative efforts at the national level
- Many excellent training options
- Variety of impressive toolkits and web resources
- Many screening tools for patients (and organizations)
- A few exemplars in the safety net
Conclusions

Still much to learn to address childhood adversity, but many safety net organizations are ready to take action NOW & NEED SUPPORT

• The safety net field is nascent in integrating systems to support trauma
• There is clear interest but need help to address barriers and build support
• Lack of treatment options is major challenge for clinics
• Lots of resources and toolkits exist but not focused on needs of pediatric safety net
One Clinic’s Experience

The Children’s Clinic, “Serving Children and Their Families” (TCC), was founded in 1939 by a group of physicians and community leaders who recognized the importance of access to healthcare for all children, particularly those who are from low income families and who are at risk for health problems.

Since then, TCC has grown from offering weekly well-child care to daily, full service health care with primary care services for children, adolescents and adults. TCC is known as a unique leader in the greater Long Beach community, addressing disparities in health by providing quality care for the under-served of all ages, offering them a true “medical home”

Dr. Elisa Nicholas, MD, MSPH, CEO
COLLABORATIVE DESCRIPTION
CCI is launching a new program called **Resilient Beginnings Collaborative**: a 24-month learning program dedicated to addressing childhood adversity in pediatric safety net care settings.
Key Objectives

Strengthen organizations’ capacity to prevent and mitigate the effects of trauma in young children, taking a multigenerational approach;

Build on existing organization-led initiatives and interventions to address childhood adversity;

Enable organizations to further test, develop, and strengthen their role in addressing trauma and promoting resilience; and

Contribute to broader field-wide learning.
What Makes this Different?

- Coordination with other national efforts
- Local Bay Area initiative
- Pediatric safety net focus
- Early childhood focus

Ages 0-5
Program Support & Delivery

Support for organization-wide Trauma-Informed Care Training

- $80K Grants ($40K/year)
- 3-4 In-Person Convenings
- Coaching
- Site Visits
- Toolkits, resources and webinars
- Access to technical experts
Grant Support

$80,000 over 2 years

Can be used to:

• Offset staff time spent participating in this program & leading change efforts at your organization;
• Travel costs to attend the program’s in-person convenings and site visits;
• Other associated costs.
In-Person & Virtual Sessions

1. Session #1: Tuesday, June 12, 2018 (half day)
2. Session #2: November 2018
3. Session #3: May 2019
4. Session #4: November 2020

*All sessions will be held in the Bay Area; most likely on Genentech’s campus in South San Francisco.*

Content & Idea Sharing Webinars planned once a quarter; additional webinars can be added if needed.
Coaching

Coaching Support As Needed

• Helps with troubleshooting and assists teams in advancing work
• Monitors your experience of the program
• Facilitates team meetings
• Connects you with additional resources and informs CCI of additional needs
Site Visits

1-2 visits to exemplar organizations

• Intended to inspire teams and provide guidance for work in the program

• Location pending; 1 will most likely occur in Southern California & the other on the East Coast

• Expect to send up to 2 team members per site visit

• Will occur in first quarter of 2019
Faculty & Technical Experts

Trauma Transformed
Strengthen capacity of practitioners across the Bay Area to deliver trauma-informed care

John Hopkins University
Runs SAMHSA-funded Pediatric Integrated Care Collaborative (PICC)

......and more!
Phases

**Phase 1: Deepen Trauma-Informed Organizational Practices**
- Identify project team
- Identify TA needs
- Work with evaluator to define metrics
- Participate in organization-wide TIC training

**Phase 2: Test and Implement Care Delivery Changes**
- Develop action plan
- Identify community partners
- Co-design strategies with partners, patients, and families

**Phase 3: Sustain and Spread**
- Document workflows and protocols
- Reinforce and sustain partnerships
- Build referrals
- Spread lessons learned
Phase 1: Deepen Trauma-Informed Organizational Practices

Core Activities

• Identify a project team to participate
• Clarify organizational level needs that would benefit from technical assistance
• Work with evaluator to define metrics and start collecting baseline data
• Participate in organizational-wide trauma-informed care training *

Trauma Informed Care Training*

Goal of organization-wide, all staff training: to create a trauma-informed system of care to ensure a foundational understanding of:
• Clinical impact of trauma and adversity on children and their families.
• Building a trauma-informed organizational culture to support enduring clinical integration of trauma-informed practices.
• Understanding the core elements for integration of trauma-informed practices into clinical settings (i.e. patient engagement, training of non-clinical staff, leadership buy-in).
Trauma-Informed Care Training

Each organization will host the training onsite for all staff, and secure training space, protect time for staff to be trained, and work with the trainers to set dates and times for the training. CCI will cover the costs of the training.

The expectation is that all staff will be trained within the first six months of the program but trainings can be split across different days to accommodate all staff.

The training is expected to last two hours, with an additional session geared toward organizational leadership.

CCI is committed to working with organizations in the program to ensure this training model is feasible given organizational constraints (i.e. size of the organization, different sites, union contract concerns, etc).
Phase 2: Test & Implement Care Delivery Changes

Develop a plan to identify the activities and approaches for implementation and how CCI technical assistance resources would support success

Begin testing and implementing the core elements

Identify community partners with expertise in early childhood interventions and aligned with goals of addressing trauma

Co-design strategies with community partners and patient advisory groups to ensure referral resources and coordination efforts meet needs
Phase 3: Sustain & Spread

Document **internal workflows and protocols** to strengthen internal clinic infrastructure

Build a cadre of **internal and external referral resources** and design a process for seamless referrals

**Reinforce partnerships** made with community and public agencies and referral resources with an emphasis on sustainability

Document, communicate, and **spread lessons and stories** of success within clinic and across learning collaborative
Evaluation

1. How **successful** are organizations in impacting an array of process and outcome measures related to preventing and mitigating the effects of trauma for children?

2. What types of **technical assistance** were most impactful in helping make the necessary changes?

3. What **lessons** can we learn about some of the following issues:
   - Effective approaches to identify, prevent, and treat childhood adversity?
   - Organizational conditions best shape effective implementation?
   - Ways to best build internal support?
In-Person Opportunities

Session #1
June 12, 2018 (half day)

Session #2
Nov. 2018

Site Visits
Jan-April 2019

Session #3
May 2019

Session #4
Nov. 2019

Remote Support

Webinar #1
July 2018

Webinar #2
Oct. 2018

Webinar #3
Jan. 2019

Webinar #4
April 2019

Webinar #5
July 2019

Webinar #6
Oct. 2019

Webinar #7
Jan. 2020

Webinar #8
April 2020

Key Phases & Program Activities

Phase #1: Build team. Collect baseline data. Complete org-wide TIC training. Develop action plan. (June-Nov 2018)

Phase #2: Co-design with partners & patients; Test & implement elements; (Dec. 2018-Nov. 2019)

Phase #3: Document workflows & protocols; Reinforce partnerships; Build resources; Spread lessons (Nov. 2019-May 2020)

Coaching Calls

Final evaluation activities

Release RFA (3/28/18)

Info Webinar (4/4/18)

Announce Cohort (5/25/18)

Access to Technical Assistance
ELIGIBILITY & EXPECTATIONS
Target Audience

5-7 organizations in the San Francisco Bay Area
Who’s Eligible to Apply

San Francisco Bay Area-based organizations that provide comprehensive primary care services to underserved pediatric populations are eligible to apply.

The Bay Area includes the following nine counties:

1. Alameda
2. Contra Costa
3. Marin
4. Napa
5. San Francisco
6. San Mateo
7. Santa Clara
8. Solano
9. Sonoma

Examples include:
- Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes
- Community clinics, rural health clinics, and free clinics
- Ambulatory care clinics owned & operated by public hospitals
- Indian Health Services Clinics
- Pediatric practices caring for majority underserved patients (uninsured and Medicaid)
<table>
<thead>
<tr>
<th>Experience and Strong Interest in Addressing Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Started journey to address trauma at clinical and org. levels</td>
</tr>
<tr>
<td>• Early implementation of practices to promote resilience and address multigenerational trauma</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence of Partnerships with Community-Based Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Able to demonstrate evidence of existing (even if early) partnerships with CBOs focused on addressing childhood adversity or other related topics (i.e., early childhood development or SDOH)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prior Work on Care Delivery Transformation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Be committed to care transformation efforts involving building robust teams, using data to drive change, and strengthening community-based partnerships</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strong Pediatric Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Must have sites providing pediatric care, with the ability to address care for children ages 0-5 and their caregivers</td>
</tr>
</tbody>
</table>
Our Expectations

**Leadership Buy-In**
- Committed to addressing childhood adversity & understanding how a trauma-informed approach relates to both organizational and clinical interventions
- Support for an all-staff, clinic-wide training on trauma-informed care

**Continuity & Dedicated Team**
- At least 4 individuals on the core program team, maximum of 6
- The team should include:
  - At least 1 senior leader;
  - 2 management-level staff with a role in your organization’s trauma-informed care efforts; and
  - At least 1 frontline staff or provider

**Participation & Feedback in Program & Evaluation**
- Participate in webinars and convenings
- Share lessons learned by presenting examples of project successes and challenges
- Work with external evaluator to identify metrics, collect data, and share stories about impact of the work
HOW TO APPLY
How to Apply

Applicant organizations must submit the following materials:

1. Application Form

2. Responses to Application Questions

3. Budget

4. Tax Status Documentation

5. Letter of Leadership Support
   - Should demonstrate org. commitment to addressing childhood adversity and trauma.
   - Should come from someone at the CMO or COO level at a minimum.
Important Dates & Timeline

• Application Deadline
  • Monday, April 23, 2018 at 5pm
• Participants Announced
  • Friday, May 25, 2018
• Kickoff Meeting
  • Tuesday, June 12, 2018

June 12th Session

**When/Where**
- Tuesday, June 12 from 10am-3:00pm
- Genentech Campus, South San Francisco

**Draft Agenda**
- Program Overview
- Faculty, Partner, & Evaluator Introductions
- Cohort Introductions & Sharing
- Help Us Co-Design!
QUESTIONS

Press *6 to mute yourself and *7 to unmute.

Or, chat in your questions!
Thank you!

For questions contact:

Megan O’Brien
Value-Based Care Program Manager
Center for Care Innovations
mobrien@careinnovations.org

Angela Liu
Program Coordinator
Center for Care Innovations
angela@careinnovations.org

Please remember to fill out the post webinar brief survey!!