

MADE POSSIBLE BY  
**Genentech**  
*A Member of the Roche Group*

A photograph of a young boy and a woman clapping their hands. The boy is on the left, looking up and clapping. The woman is on the right, seen from the back, also clapping. The image has a light blue tint.


# 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!!



A photograph of three women, two of whom are of Asian descent, looking intently at a tablet computer. The woman on the left is wearing a red top, the woman in the middle is wearing a blue top, and the woman on the right is wearing a dark jacket. They appear to be in a professional or educational setting.

# 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

4

Technology Solutions

2

Data Analytics

5

Delivery System Reform

3

Innovation & Design  
Thinking

6

Community-Centered Care



# WHY TRAUMA INFORMED CARE & BUILDING RESILIENCE?

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# A Word from Genentech



**Rajni Dronamraju**

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](http://www.gene.com/resilience)



# 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

## Safety Net Organizations:

8

Individuals

6

Health Centers

4

Counties

## Other Orgs with Trauma-Informed Care Expertise:



5

Advisors

14

Other National Leaders



# 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



**Dr. Elisa Nicholas,  
MD, MSPH, CEO**



The Children's Clinic  
"Serving Children & Their Families"

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"





# COLLABORATIVE DESCRIPTION

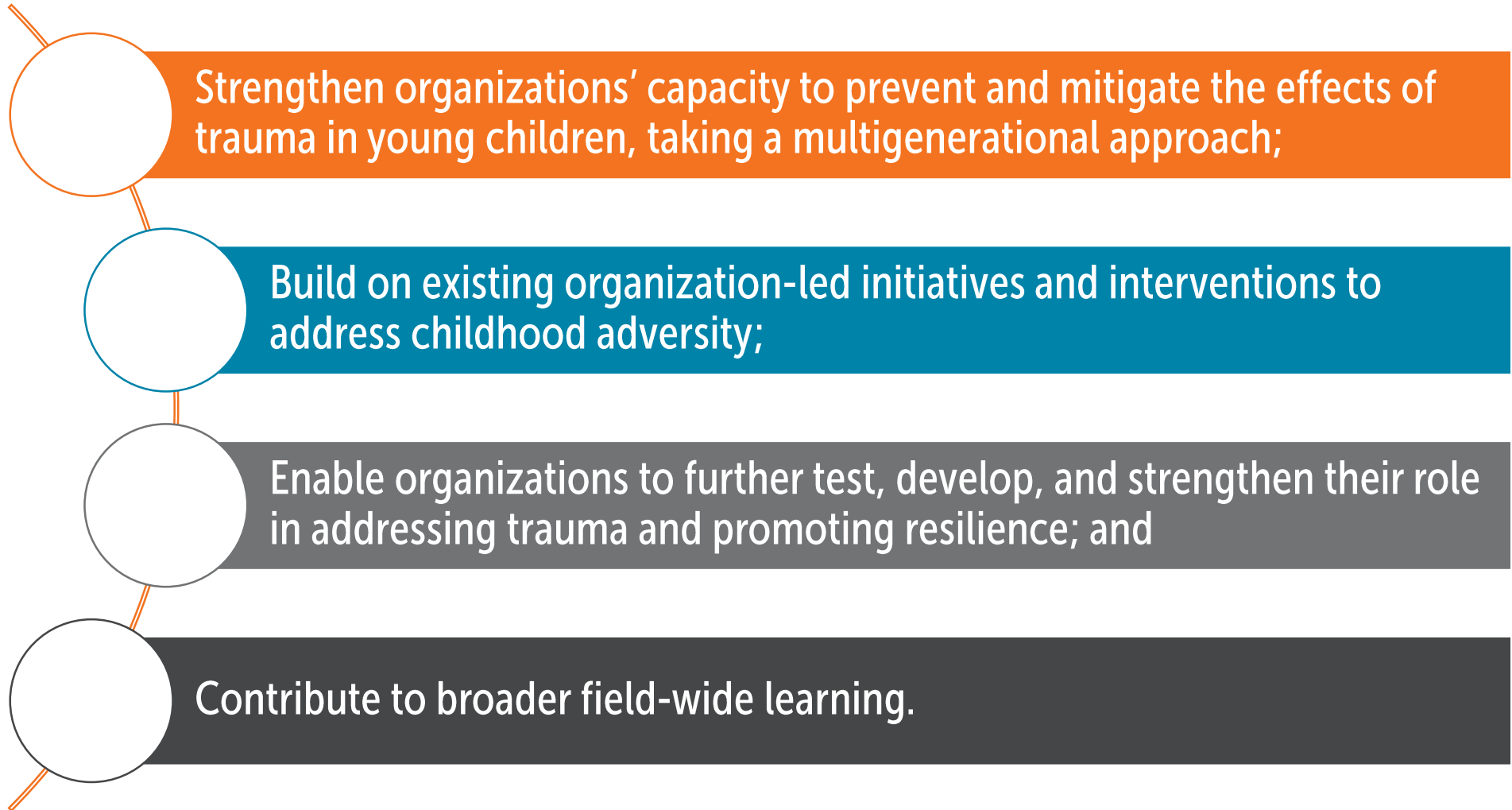




CCI is launching a new program called **Resilient Beginnings Collaborative**: a 24-month learning program dedicated to addressing childhood adversity in pediatric safety net care settings.

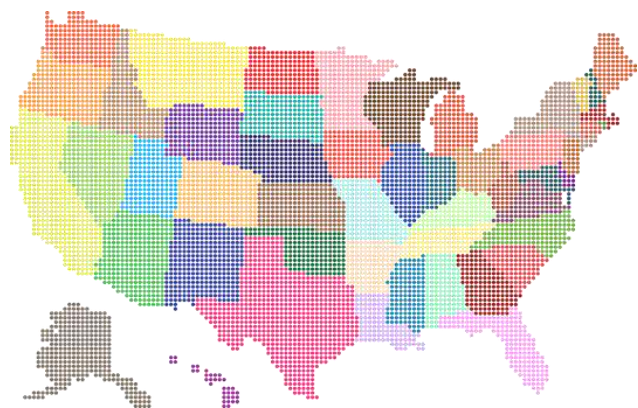


# Key Objectives





# What Makes this Different?



Coordination with  
other national  
efforts



Local Bay Area  
initiative



Pediatric safety  
net focus



Early childhood  
focus



# 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

3-4  
In-Person  
Sessions +  
Quarterly  
Webinars

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

A large orange circle containing the text "Coaching Support As Needed" in white.

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



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

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**Begin testing and implementing** the core elements

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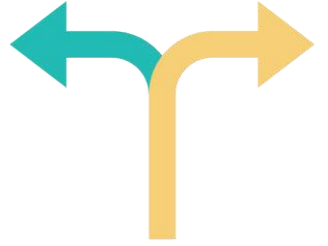
Identify **community partners** with expertise in early childhood interventions and aligned with goals of addressing trauma

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**Co-design strategies** with community partners and patient advisory groups to ensure referral resources and coordination efforts meet needs



# Phase 3: Sustain & Spread



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

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

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

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

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# Evaluation



Baseline Assessments



Annual surveys



Post event (i.e. in-person & virtual sessions) surveys



Onsite and phone based interviews



Collection of data & metrics

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?*



Q1  
2018

Q2  
2018

Q3  
2018

Q4  
2018

Q1  
2019

Q2  
2019

Q3  
2019

Q4  
2019

Q1  
2020

Q2  
2020

## 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



Coaching Calls

## Key Phases & Program Activities



Release  
RFA  
(3/28/18)  
Info  
Webinar  
(4/4/18)



Announce  
Cohort  
(5/25/18)



Access to Technical  
Assistance

**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)



Final  
evaluation  
activities



A young girl with long, dark dreadlocks is shown from the chest up, smiling and looking upwards and to the right. She is shirtless. The background is a warm, golden-yellow color, suggesting a sunset or sunrise. The overall mood is joyful and hopeful.

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

**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)



# What Makes a Strong Applicant?

## Experience and Strong Interest in Addressing Trauma

- Started journey to address trauma at clinical and org. levels
- Early implementation of practices to promote resilience and address multigenerational trauma

## Evidence of Partnerships with Community-Based Organizations

- 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)

## Prior Work on Care Delivery Transformation

- Be committed to care transformation efforts involving building robust teams, using data to drive change, and strengthening community-based partnerships

## Strong Pediatric Focus

- Must have sites providing pediatric care, with the ability to address care for children ages 0-5 and their caregivers



# 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

<http://bit.ly/resilience-2018>

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.

## Resilient Beginnings Collaborative: Application Submission Form

*A joint effort of the Center for Care Innovations and Genentech Charitable Giving.*

**Applications must be submitted by 5 pm PT on Friday, April 23, 2018.** Please refer to the **Request for Applications (RFA)** for details about the network and application requirements.

### Organization Information

Applicant Organization \*

Organization Type \*

Address \*

City \*

State \*

ZIP \*

Website \*

Number of Employees at Your Organization \*

Number of Sites \*

EIN \*



# Important Dates & Timeline

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



Access the application at: <http://bit.ly/resilience-2018>



# June 12<sup>th</sup> 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!



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# QUESTIONS

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

Or, chat in your questions!

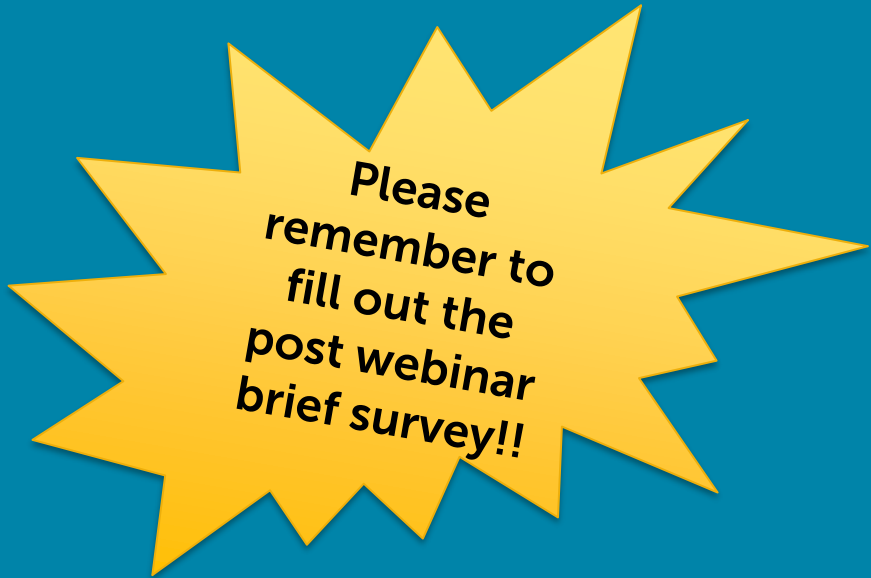


# Thank you!

*For questions contact:*

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**Angela Liu**  
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Please  
remember to  
fill out the  
post webinar  
brief survey!!