Resilient Beginnings Collaborative: Learning from early adopters in pediatric primary care

Center for Community Health and Evaluation
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What is the Resilient Beginnings Collaborative?

The Resilient Beginnings Collaborative (RBC) is a partnership between the Center for Care Innovations (CCI) and Genentech Charitable Giving and part of Genentech's Resilience Effect initiative. The two-year program launched in June 2018 and supported seven safety net organizations in the San Francisco Bay Area in strengthening their capacity to address childhood adversity and promote resiliency in pediatric care. RBC provided various types of support. It was designed meet teams where they were at in their journey, flexing to respond to emergent needs and changes in the California safety net landscape, while fostering and sharing learning along the way.

RBC teams received:

- $80,000 grant funding
- Individualized coaching with a trauma-informed systems leader
- In-person learning convenings
- Virtual sessions for information sharing and peer exchange
- Site visits to exemplar health centers
- Connection to subject matter experts and other relevant resources

At the beginning of the initiative, most teams reported being relatively early in their journeys to being healing organizations[1] and RBC focused on supporting teams in making the structural changes needed to impact organization-wide practices to become more trauma- and resilience-informed. In 2018, the field of trauma- and resilience-informed care was nascent but has gotten increased attention with the appointment of Dr. Nadine Burke Harris, an advocate for addressing adverse childhood experiences (ACEs), as the state of California's first Surgeon General. The public initiative to financially reimburse clinics for ACEs screening in primary care (ACEs Aware) has also generated energy across the state. Learning related to what works and promising practices for trauma- and resilience-informed care remains emergent and this document summarizes key outcomes and lessons learned from the early adopters participating in RBC.

[1] Trauma Transformed defines a healing organization as an organization that: reduces trauma by being reflective, makes meaning out of the past, is growth and prevention oriented, is collaborative, values equity and accountability, and has relationship leadership.

RBC engaged teams from 7 safety net organizations across the Bay Area

RBC advanced trauma and resilience-informed organizational culture

Core elements for being trauma and resilience informed

- **Understanding and confidence** in trauma- and resilience-informed care
- **Buy-in and commitment** for trauma- and resilience-informed care
- **Support for staff and providers**
- An **office environment** that's safe, inviting, and supportive of cultural differences
- Clinical practices that **assess and address** childhood adversity
- **Patient and family engagement**
- Systems, practices and partnerships to create **coordinated systems of care**
- **Learning and improvement** regarding trauma and resilience-informed care

The work of becoming a healing-centered organization is a journey that requires complementary efforts in various areas across the organization. This starts at the top, with meaningful support and buy-in from organizational leadership, and benefits from commitment from every member of the organization from front-line staff to providers to custodial and security staff. It requires shifting the way people conduct their work at every level of the organization from the visible clinic environment to the way care is delivered within and beyond the clinic walls.

Over the two years of RBC, teams advanced their organizations' capacities in most of the interconnected elements that contribute to being trauma- and resilience-informed (see box, left).[2] While teams indicated that this is long-term work to change organizational culture, they reported embedding changes brought about by RBC into their organizations' priorities and practices. For example, they incorporated training and resources related to trauma- and resilience-informed care into new staff onboarding processes, implemented screening and follow-up processes related to trauma and resilience, and strengthened partnerships with other service providers to better respond to patients' needs.

[2] RBC curriculum was informed by the Pediatric Integrated Care Collaborative (PICC) framework developed by Johns Hopkins University. The core capacities presented here were adapted from PICC.

In addition, teams reported that **the foundational work of RBC strengthened their organizations' ability to respond to the traumas of 2020**—COVID-19, wildfires, police violence towards Black people—and has reinforced the importance of this work. As one team member stated, the combination of events, "*has really put trauma and trauma-informed care in full view of everybody and there's much more attention to it now.*" Teams reported that their leaders were "getting it" in a more meaningful way and their organizations were emphasizing the importance of trauma- and resilience-informed care at the beginning of the COVID-19 pandemic. Because of RBC, organizations had a shared language for what was happening and prompted a focus on supporting staff and providers.

"The RBC work has been critical in that [we] were able to use trauma language to name what was going on … We had [several] meetings where it was nice to see our CEO and CMO talk about how this is traumatic, this is grief, and call for kindness, grace, and patience with one another."

Starting the journey toward healing organization: 5 core elements

During RBC, teams tended to focus internally to cultivate support and strengthen the practices necessary to promote a more healing organizational culture. The five core elements presented below emerged as important work that both could be built on by other efforts related to trauma and resilience-informed care and also contributed to more healing attitudes and practices.

1 **Leadership support is critical.** Over the course of RBC, organizations' leaders advanced their commitment to trauma-informed care and some organizations experienced leadership transitions, resulting in new leaders who supported this work. This increased support was essential for advancing RBC work. The coaching provided by RBC played an important role in engaging organizational leaders, advancing dialogue, building understanding, and prioritizing the work. This leadership commitment contributed to teams' ability to embed and sustain other aspects of their RBC work, as well as foster a more positive and productive response to the traumas of 2020.

2 **Defining success and how to measure progress helps build support for and engagement in trauma- and resilience-informed care.** Teams reinforced that leaders want to know how this work is making a difference, particularly in the lives of patients. Identifying data that demonstrate the impact of this work helps build buy-in, secure additional resources, and tell the story of impact on patients. RBC teams benefitted from the early involvement of information technology, quality improvement, and/or data analytics staff to identify metrics and build data reporting capabilities.

"Our leadership and team get it. We're having discussions about what we can do as an organization to tackle this major systemic problem [racism]."

3 **Establishing a shared language and consistent understanding of the relationship between trauma and resilience and longer-term health is foundational.** In RBC, training was an effective tool for advancing shared understanding. The program provided training to over 900 providers and staff on trauma and resilience-informed care at the beginning of the initiative.[3] Teams generally reported that this broad organizational training helped provide a common language and framework, increase staff and provider understanding, and create momentum for other aspects of RBC work. Afterward, teams found that that additional targeted training based on roles, training new staff, and building training into new-employee orientation and onboarding helps deepen and embed the concepts into the organizational culture.

[We] met with the clinic's core team…to brainstorm ideas on bringing a trauma-informed culture to the entire clinic staff, providing training for reflective supervision for supervisors as well as identifying a wellness space in the clinic. We are also in the process to identify training for the clinics' medical assistants to administer the PEARLS screenings. There will be upcoming trainings with the support of [our behavioral health team] using Dr. Burke-Harris's TED Talk and subsequently [will] offer additional education on Trauma-Informed Care.

4 **Support for staff and providers is an integral component of being a healing organization.** While not an initial priority for many teams, effectively supporting clinic staff and providers emerged as a necessary ingredient to advancing RBC work in various other areas. As one team lead stated: *"[We developed a] real recognition that we can't serve patients and community without serving ourselves. We are part of our patient population and community. In serving ourselves we do our work better."* Organizations who made progress in this area focused on allowing time for reflection and debriefing in meetings, promoting self-care resources and Employee Assistance Programs, establishing in-clinic wellness supports like wellness rooms or mindfulness practices. Fully operationalizing this shift in perspective continued to be a challenge for RBC teams due to the traditional mindset of clinical safety net organizations that prioritize patient care when there are limited resources.

Benefits for staff members

Through RBC, front line and call center staff received training about trauma and resilience and, at one organization, received follow-up support and debriefing to deal with stressful situations. These staff report "less triggering, greater empathy, an ability to truly 'listen' to patients and provide support to colleagues following stressful events and interactions." One call center staff reported, following an intense encounter with a suicidal patient, "I'm good! I took a walk and used my tools and I'm ready to go!"

[3] RBC required participating organizations engage in training provided by Trauma Transformed in the first year of the program.

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Screening for trauma and resilience was a concrete place for RBC teams to start implementing trauma- and resilience-informed care. With the alignment of the program and the new California state policy that provided financial reimbursement for screening state-insured patients, there was increased interest on screening and response. During RBC, **over 2,300 children ages 0-5 were screened for trauma and/or resilience.** RBC teams found that *how* they used screening tools was just as, if not more, important than the results of the tools themselves. They reported that the tools were a way to open a conversation and make a connection with patients that may not have happened otherwise. When done with compassion and empathy, teams stated that patients were open to exploring the impacts of trauma on their lives. Additionally, RBC teams reported that they started providing "universal education," meaning they talked to and gave materials to all caregivers about trauma and how to mitigate its potential longer-term impact.

Several teams also changed or expanded their ability to respond to patients needs that emerged from screening activities. One team integrated their Care Navigators into their clinic pods to respond and connect patients to services if social needs were identified during the visit. The COVID-19 pandemic has heightened the use of these Care Navigators to remotely connect patients to services when indicated through screening. Another team engaged several external partners to support wellness activities for patients at the clinic, including parenting classes, showing the film Resilience with a facilitated discussion, and bringing library story time into the clinic paired with providers discussing issues of stress and resilience. Some of these activities targeted Spanish speakers specifically.

Teams that were able to integrate their screening and response activities into their workflows, electronic health record, and other data systems were able to more easily expand their screening efforts across their clinics. Additional information about what it takes to effectively implement ACEs screening specifically is available here.

One patient's story

"Looking at trauma is foundational to the healing process. When [this patient] first started, we were focused on all kinds of issues in her life the day-to-day stuff and as we started to explore and unpack trauma, she's made substantial progress. So much of what defines us is our experience in life and, for some people, that's trauma. Being able to unpack that for [this patient] has been incredibly healing."

Advancing the field of trauma and resilience informed care

RBC teams discussed how their RBC work will continue after the program ends and each one had plans for building on what they had started. Teams were well-positioned for new initiatives supporting ACEs screening and three teams received funding related to the statewide roll out of ACEs screening (i.e., ACEs Aware and the California ACEs Learning and Quality Improvement Collaborative). In addition to expanding screening efforts, key areas that were poised for deeper work included expanding community partnerships to strengthen organizations' ability to respond to patients' and staff's needs and formalizing emerging practices to provide trauma-informed support to staff and providers. A couple of teams were excited to bring new Human Resources staff into this work.

Getting started: Advice from RBC teams

1. Engage a strong, multi-disciplinary team to incorporate various perspectives and roles.
2. Secure a dedicated project manager to move the work forward.
3. Have patience and persistence—change takes longer than you expect.
4. Think and imagine big but start small. And celebrate the little wins along the way.
5. Share what you learn with others. The work is “contagious” in the best way possible.

In addition to further embedding this work into their organizations, RBC built a new cohort of leaders both within their organizations and in the field. To-date, nine media stories have been disseminated about the work of the RBC teams. And while there is still limited formal research on trauma- and resilience-informed care, RBC teams are on the forefront testing, adapting, and sharing their learning. The success of RBC led to a new initiative funded by Genentech in partnership with CCI called Resilient Beginnings Network that will provide an opportunity to go deeper in this work while also expanding to engage additional organizations in the Bay Area.

[For one team member, participating in] RBC was mind blowing to her because everyone was asking her questions and she never thought of herself as an expert. She couldn’t stop talking about it. [It] felt really good to be seen and recognized for the work that we do and for our team to be seen and recognized and valued.

Evaluation overview

In 2018, with support from Genentech, CCI engaged the Center for Community Health and Evaluation to serve as evaluation partner for the RBC initiative. The evaluation was designed to assess and capture progress and impact while reporting data back throughout to facilitate learning and program improvement.

The evaluation used a mixed methods approach including: an organizational assessment related to capacity for trauma and resilience-informed care, quarterly progress reports to capture data on screening and response, RBC team member interviews, participant surveys, observation of RBC events, and review of RBC program documents. Data from all these sources, along with reflective sessions with the RBC program team, informed the content of this brief.

For more information about RBC contact Megan O’Brien at the Center for Care Innovations (mobrien@careinnovations.org).

Appendix: Organizations advanced work across all elements of PICC during the RBC program[4]

PICC element	Overall progress during RBC	Team spotlight
Office environment	All teams made some progress in the office environment families encounter when seeing a provider. The most changes occurred in educating staff on trauma and resilience and implications for care.	One component of a trauma and resilience-informed office environment is a physical office space that it is safe, child-friendly, and recognizes cultural differences. **LifeLong Medical Care** identified a clinic site with a higher proportion of patients at risk for trauma and made trauma- and resilience-informed adjustments. They improved cleanliness of office space, performed upkeep of the building, and altered counseling room setup to make it more conducive for staff and young children.
Assess childhood adversity	Nearly all teams began or expanded screening to assess for childhood adversity and/or resilience. Teams emphasized that screening is a tool to build relationships and have important conversations with families.	In order to implement screening across the pediatric and family medicine departments, **Ravenswood Family Health Center** prepared staff by providing an onboarding and launch presentation. The content included, "a mini-training to review ACEs, resiliency, and [the rationale for] adjusting our screener to add questions related to parental mental health, parent-child attachment, daily routines, and hope. The training occurred for all members of the Pediatric and Family Medicine departments (including MAs, RNs, and providers) as well as members of the Front Desk." Through their screening expansion, **Benioff Children's Hospital Oakland** underscored that building trust with patients is a key part of both assessing and addressing childhood adversity. They continue to bring a lens of cultural humility, equity, diversity, and inclusion to their screening and referral processes. *"There's a lot that comes out of the screen and it can get really personal really fast."*
Address childhood adversity	Teams made considerable progress in the area of treatment and referral. By the end of RBC, all organizations provided education on trauma and its impact to caregivers.	**Marin Community Clinics** (MCC) has had integrated Care Navigators in five clinics who are trained to connect families to clinic and community resources. During RBC, MCC restructured the Care Navigators to be present in each care pod to respond if social needs were identified. The COVID-19 pandemic heightened the utilization of Care Navigators to remotely connect patients to services when indicated through screening. MCC also strengthened the connection to resources for infants and families during the transition from obstetrics to pediatrics by hiring a nurse to oversee high-risk patients.

[4] RBC curriculum was informed by the Pediatric Integrated Care Collaborative (PICC) framework developed by Johns Hopkins University. These elements were adapted from PICC—trauma-informed learning and improvement is not a specific element of PICC.

PICCelement	Overall progress during RBC	Team spotlight
Coordinated systems of care	Over one-half of teams made some progress strengthening systems, practices, and partnerships to create coordinated systems of care.	During RBC, **Petaluma Health Center** worked with local community partner Petaluma People Services to bring parenting classes into clinics. Developing this partnership resulted in being able to provide parenting classes in English and Spanish for free at the Petaluma clinic site first, then expanding to the Rohnert Park site. The community partner was able to offer the free classes through a grant from First 5.
Patient and family engagement	Organizations had ways to collect input from patients and families. But this was generally not an area of focus for most teams as part of the RBC program.	**West County Health Centers** (WCHC) decided early on to use human-centered design techniques "to uncover meaningful insights from patients and staff." They engaged in several pilot processes with 20-30 patients to assess caregiver tolerance for multiple screenings, preference for various screening tools, and caregiver comfort with how the screening is administered. Results of these pilots were positive and WCHC used this information in their design of the clinic workflow, intervention, and referral processes.
Trauma-informed learning and improvement	Progress in this area was generally related to trauma and resilience screening and response. Nearly all teams improved their ability to track, analyze, and use screening data.	During RBC, the **San Mateo Medical Center** (SMMC) South San Francisco clinic transitioned their focus from screening with the Staying Health Assessment (SHA) to the state-endorsed PEARLS tool. SMMC had been gathering SHA data "by hand" through a paper form scanned into the EMR, which was time intensive and burdensome on staff. When they shifted to piloting the PEARLS, lessons from SHA informed their data approach: *"We created an external tracker to obtain data as quickly as possible, our Senior Community Worker was entering data on the same day she was doing the screenings. This is how we were able to obtain data quickly and accurately."*