

Resilient Beginnings Network: Interim evaluation report

Executive Summary
May 2023

Initiative background

A growing awareness around the impact of trauma on people’s health and wellbeing has underscored the need for trauma-informed and strengths-based approaches to working with patients and communities. [Resilient Beginnings Network \(RBN\)](#) is a three-year learning program that launched in November 2020 and is dedicated to advancing pediatric care delivery models that are trauma- and resilience-informed. RBN is led by the Center for Care Innovations (CCI) with funding support from Genentech Charitable Giving.

Teams from 15 safety net organizations in the San Francisco Bay Area are focusing on changes related to four domains and three cross cutting themes:



Trauma- and resilience-informed care refers to care in which all parties involved recognize and respond to the impact of traumatic stress and resiliency factors on children, caregivers, and service providers.

(adapted from **SAMHSA**)

- RBN program elements**
- Participating teams receive:
- A range of training & technical assistance (e.g., virtual learning sessions, individualized coaching, access to subject matter experts and resources)
 - Structures for peer learning
 - Site visits to organizations implementing trauma and resilience-informed care
 - \$120,000 in grant funding

Methods

The RBN evaluation aims to promote learning by documenting teams' promising practices and lessons learned, including facilitators and barriers related to the RBN program domains and cross-cutting themes. To do this, the evaluation is using a mixed methods approach to collecting and analyzing data, which includes an organizational capacity self-assessment, interviews with RBN team representatives, participant survey, and document review. This executive summary includes key findings from the interim RBN evaluation report consisting of results from data collection activities during the first two years of RBN (November 2020 – December 2022). The evaluation is being conducted by the Center for Community Health and Evaluation (CCHE) at the Kaiser Permanente Washington Health Research Institute.

Evaluation findings to-date

Based on analysis of these data, the evaluation identified several key findings related to teams' work in RBN and the program's contribution to progress and learning.



RBN is establishing foundational mindsets, capabilities, and practices that teams perceive to be advancing their organizations' journeys to be healing.

RBN's broad frame of trauma- and resilience-informed care prompts teams to consider and be intentional about how their program work contributes to healing cultures of care. For example, teams reported how they and their colleagues see patients and patient care from a more holistic frame and seek input from staff, community, patients, and families about clinic priorities and potential solutions related to being more trauma- and resilience-informed.

Though there was variation in where teams started and how they bring trauma- and resilience-informed care approaches into their work, teams overall perceived their organizations to be progressing in their journeys.





Staff and providers have increased their knowledge and confidence related to trauma- and resilience-informed care concepts and practices. These are seen as foundational to other trauma- and resilience-informed care work.

RBN teams made the most progress increasing knowledge and confidence related to providing trauma- and resilience-informed care and are continuing to build individual and organizational capacity to do this work. Training was the most common strategy for increasing awareness and understanding and many teams provided various types of training to help advance trauma- and resilience-informed care. One-third of teams implemented CCI & Trauma Transformed's Trauma- and Resilience-Informed Systems (TRIS) training and two teams said it established shared understanding and common language among participants and are seeing differences in how staff interact both with each other and with patients. See CCHE's [TRIS Training Topical Learning Brief](#) for more detail.



RBN teams are engaging in a variety of activities to strengthen organizational practices related to staff and provider support and wellness; most are positively received but impacts are potentially limited or brief in nature

Many teams reported they were working on supporting staff and provider wellness within their organization, though they still experienced challenges carving out time for care teams to engage in supportive activities. Efforts fell into four areas:

- Making wellness services or activities available
- Making the clinic space more welcoming and supportive
- Bringing staff together in different ways, e.g., wellness retreats, peer support groups
- Collecting feedback on staff experience

Teams heard informal positive response to these efforts, but some wondered if they are making a substantive difference on staff morale and engagement, and thereby improving care for patients, which is considered the ultimate goal.



Organizational Environment



Implementing and strengthening ACEs screening is a key strategy for many RBN teams—it is the bulk of the work happening specifically related to trauma- and resilience-informed clinical practices.

ACEs screening is the most common clinical practice intervention within RBN, partly due to the tangible nature of the strategy. RBN situates ACEs screening within the broader context of trauma- and resilience-informed care, which has influenced some teams to see screening as one component in a larger effort to be healing organizations. Key practices that illustrate the broader frame included:

- Elevating the importance of foundational organizational work related to trauma- and resilience-informed care.
- Engaging staff in developing screening and response processes and providing training and support.
- Ensuring patient/family strengths and resiliency messages are part of the process.
- Integrating a case manager or care coordinator position to support the process.



**Clinical Practices +
Prevention & Promotion**

Community Relationships



Community relationships was less of a focus for most teams. Over time, a little more than one-third of teams increased their work in this area focusing on strengthening community-based partnerships and improving referral practices and systems.

At the beginning of RBN, work in this area was relatively limited and focused on increasing understanding of the current landscape including gathering input and feedback, assessing available services, resources, and programs, and developing trust and stronger working relationships with external partners. By the end of Year 2, seven teams discussed deepened and more focused work in this area including:

- Strengthening partnerships with community-based organizations or other institutions through specific collaborative efforts.
- Improving referral relationships and practices.

Teams acknowledged that health care organizations cannot address all their patients' needs on their own and strong relationships are needed to successfully serve their communities.

Racial Equity and Justice



While most teams moved from acknowledging racial equity in words to starting some tangible efforts, work appears to be mostly diffuse.

During RBN, many teams moved from acknowledging the importance of racial equity as a key element of trauma- and resilience-informed care to taking action within their clinics. These included:

- Equity-related trainings
- Implementing new policies that have equity implications
- Acknowledging the importance of staff, providers, and leadership reflecting the diversity of their patient population
- Interest in race-based caucusing with staff and providers

There is also room for growth as some participants felt that little progress had been made towards centering or integrating racial equity into their work and some teams reported not knowing how to operationalize their desires to advance racial equity.

Participation in RBN



Participant experience of RBN has been positive. RBN helps with funding, accountability, and support for implementing trauma- and resilience-informed care, but teams struggle with staffing shortages, overwhelm and burnout, and competing priorities across the clinic.

Most RBN participants reported their overall experience as very good or excellent. Three important aspects of the program structure was called out as supportive of teams' work:

- Grant funding.
- Establishing and supporting a multi-disciplinary team accountable for the work.
- Flexible and responsive structure that met teams where they were and provided accountability to move the work forward.

The program offering that RBN participants agreed made the most significant contribution to progress at their clinics were the virtual learning sessions. They found the content from experts thought provoking, inspiring, and in some cases practice-changing. Many teams also reported that peer connections and coaching as other program elements they found valuable.

Even with these supports, teams consistently reported lack of time as the most significant and persistent challenge they face in moving RBN work forward.

Implications and considerations

Based on RBN teams' progress and lessons learned through December 2022, as well as experience evaluating other programs, the evaluation team offers the following considerations for ongoing or future investments in trauma- and resilience-informed care initiatives within health care organizations.

1. Ensuring work to advance trauma- and resilience-informed care is prioritized, particularly during challenging times, might require more support (including funding) and/or more structure or accountability.
2. Consider programmatic, evaluation, and communications implications of trying to be inclusive of all aspects of trauma- and resilience-informed care (e.g., responsive, flexible) versus articulating a clearer, more defined focus for teams' efforts.
3. Teams agree that racial equity is an essential component of trauma- and resilience-informed care but struggle with how to operationalize or take concrete or meaningful action.
4. Staff training, specifically trauma- and resilience-informed systems (TRIS) training, provides a critical foundation for doing this work.
5. Promoting support for staff and provider wellbeing addresses a needed gap but is very challenging given the culture of the safety net.
6. ACEs screening is the most common strategy undertaken by teams to advance trauma-and resilience-informed care.

More detailed information about the findings and implications in this summary can be found in the full RBN interim evaluation report.



The RBN evaluation is being conducted by the [Center for Community Health and Evaluation \(CCHE\)](#). CCHE designs and evaluates health-related programs and initiatives throughout the United States. For more information, please contact Lisa Schafer at Lisa.M.Schafer@kp.org.