

# RESILIENT BEGINNINGS COLLABORATIVE

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## OVERVIEW

In partnership with Genentech Charitable Giving, the Center for Care Innovations (CCI) is launching the **Resilient Beginnings Collaborative**, a learning program dedicated to addressing childhood adversity in pediatric safety net care settings. The program will support the participation of 5-7 San Francisco Bay Area safety net clinics over 24 months with an aim to:

- Strengthen organizational 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.

This program is well suited for organizations committed to care transformation efforts involving building robust teams, using data to drive change, and strengthening community-based partnerships. The focus is to make the structural changes needed to impact organization-wide practices and not to implement a specific project aimed at addressing elements of adversity and trauma.

## What We'll Provide

Selected organizations will receive \$80,000 in grants, plus a range of technical assistance. Grant dollars can be used to offset staff time spent participating in this program or leading change efforts at your organization; travel costs to attend the program's in-person convenings and site visits; and other associated costs.

In addition to grant funds, CCI will work closely with selected organizations to offer technical assistance based on their needs. Support may include, but is not limited to:

- Access to technical expertise from organizations like Trauma Transformed, Johns Hopkins University, and Center for Youth Wellness, in addition to safety net clinics leading efforts at their organizations.
- In-person and web-based learning.
- Resources to host organization-wide trauma-informed care trainings.
- Toolkits and resources to support implementation.
- Coaching support, as needed.
- A learning community of grantees.
- Site visits to exemplar organizations.
- Help with defining metrics to measure and evaluate your organization's progress.

## Timeline

The program will run for 24 months, from June 1, 2018 to May 31, 2020.

Key dates:

- **Informational Webinar:** Wednesday, April 4, 2018 at 12-1:30pm
- **Application Deadline:** Monday, April 23, 2018 at 5pm
- **Cohort Announced:** Friday, May 25, 2018
- **Program Kickoff Meeting:** Tuesday, June 12, 2018 (half day in the Bay Area)

## Eligibility

San Francisco Bay Area-based organizations that provide comprehensive primary care services to underserved pediatric populations (with a focus on children ages 0-5 and their caregivers) are eligible to apply. The Bay Area includes the following nine counties: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma. Organizations do not have to be headquartered in one of these Bay Area counties, but operate at least one site there to be eligible. Qualifying organizations include:

- Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes.
- Community clinics, rural health clinics, and free clinics.
- Ambulatory care clinics owned and operated by public hospitals.
- Indian Health Services Clinics.
- Pediatric practices caring for majority underserved patients (uninsured and Medicaid).

Regional clinic consortia and statewide clinic associations are not eligible to apply.

## Learn More

Join us for an Informational Webinar on **Wednesday, April 4 at 12pm** to hear a detailed description of the program and ask questions. [Register here.](#)

For any other questions, please contact:

### **Megan O'Brien**

Value-Based Care Program Manager

[mobrien@careinnovations.org](mailto:mobrien@careinnovations.org)

## ABOUT THE PROGRAM

### Background

In the late 1990s, the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente conducted a landmark study on more than 17,000 adults that examined the effects of adverse childhood experiences (ACEs) on current health status. They found a powerful connection between the amount of adversity faced and the incidence of over 40 health outcomes. Since then, similar surveys conducted across several states resulted in consistent findings: exposure to adversity can put a child on a poor health and developmental trajectory, contributing to health disparities and increasing the achievement gap. However, emerging evidence shows that this trajectory can be altered. Early detection, intervention, and the promotion of resilience and protective factors can begin to reverse the detrimental effects of childhood adversity and trauma.

Early intervention, particularly in the first five years of life, presents the best opportunity to protect children from the most harmful effects of toxic stress, as the brain and other biological systems are most adaptable at this stage. Health practitioners often serve as a first point of contact for families in need: well-child visits are a common experience for families that involve at least fourteen visits from birth through age six. The early, intensive touch points that health care providers have with children and their caregivers represent a promising opportunity for intervention around childhood adversity.

Low-income children are disproportionately exposed to adversity. Safety net providers, who care for this population, are uniquely positioned to:

- identify children at an early age (0-5 years) who have been impacted by adversity and trauma, or at risk to be impacted,
- take steps to support these children and their families in addressing trauma, and
- promote resilience and protective factors when care is delivered.

Bolstering the understanding of trauma-informed care among providers and clinic staff is key to identifying and appropriately supporting affected patients to mitigate the

effects of trauma. Additionally, the adoption of trauma-informed approaches helps clinics reinforce the aim of the primary care medical home model by deepening the relationship between clinics and patients. By recognizing the stress and adversity that children and their families face, providers and staff can enhance patient engagement and reduce avoidable illness, chronic conditions, and health care costs.

However, given the increasing demands on safety net clinics and providers, they cannot identify and address adversity on their own. There are many community-based organizations, from county governments to early childhood care providers, working to support children and their families. Safety net providers and staff play a strategic role in identifying patients experiencing trauma, linking patients to existing resources, developing internal systems to coordinate and manage patients, and growing external partnerships to strengthen community driven efforts. By identifying partners and referral resources, safety net clinics can support the efforts of existing community-based organizations while also leveraging their expertise and experience in building resilience and strengthening families.

## **Program Structure & Core Content**

The goal of this program is to support organizations over a 24-month period with an interest in and commitment to addressing childhood adversity in pediatric populations (with a focus on ages 0-5 and their caregivers). The program will build on existing organization-led initiatives and interventions in childhood adversity so that clinics can further test, develop, and strengthen their role as a place to address trauma and promote resilience.

The key objectives of the program are to:

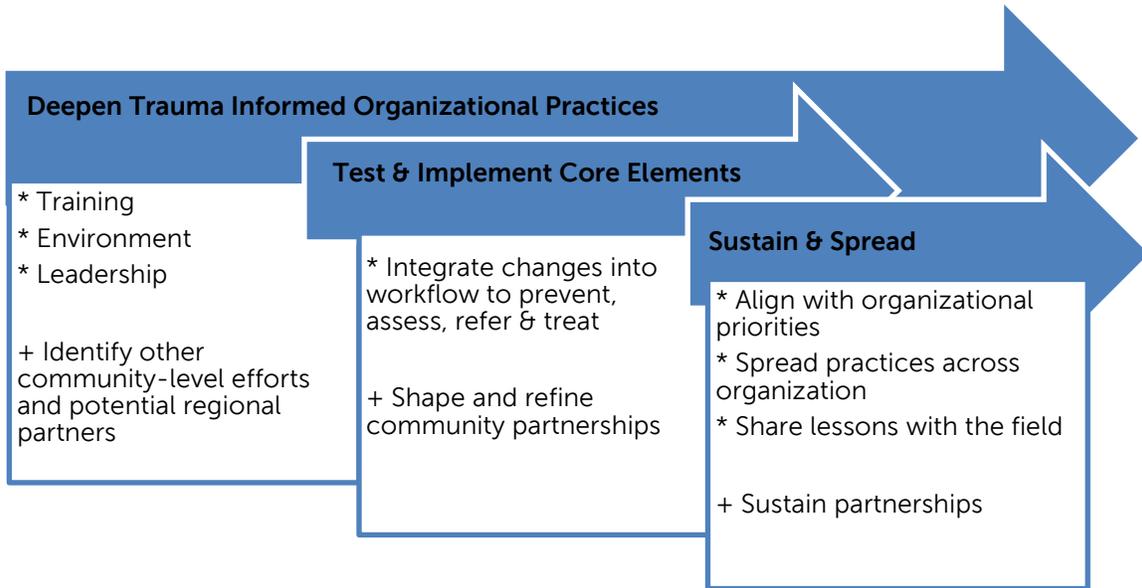
- 1) Deepen organization-wide commitment and internal systems to create a trauma-informed approach to care, including:
  - Training clinical and non-clinical staff.
  - Creating a safe clinic environment.
  - Preventing or addressing secondary traumatic stress in staff.
  - Dedicating organizational resources to advance the work.
  - Aligning with other care transformation efforts (e.g. value-based care, social determinants of health, behavioral health integration)

- 2) Strengthen implementation strategies that could be used by safety net clinics to prevent, screen, respond, refer, and treat. This encompasses:
- Testing and learning how to integrate important elements into clinical and operational care in safety net health care settings. These elements have shown to be effective in other health systems. Core elements to be considered include:
    - Preventing trauma and promote resilience.
    - Assessing for trauma related health issues.
    - Addressing trauma related health issues (e.g. anticipatory guidance; treatment, coordination, providing referrals).
    - Consulting, co-locating, and/or coordinating with behavioral health services.
    - Involving families in service delivery, planning, implementation, and evaluation.
  - Developing successful community-level partnerships to address trauma and strengthen child, family, and community resilience (e.g., referral partnerships, community education and empowerment, parental support).
  - For advanced organizations: supporting the development and testing of innovative solutions for prevention, treatment, and promoting resilience.
- 3) Contribute to broader learning for the field which includes:
- Participating in external evaluation by providing data and stories to better understand effective strategies and approaches.
  - Actively engaging in the learning community to share best practices and strengthen collective knowledge.
  - Sharing lessons with broader field and highlighting lessons through presentations and hosting peers (as appropriate).

A cohort of 5-7 Bay Area safety net health care organizations that have demonstrated an interest in addressing childhood trauma, as well as a commitment to experiment and learn with others, will be selected to participate in the **Resilient Beginnings Collaborative**.

This program will include three to four in-person sessions over the course of the 24-month period, quarterly webinars to hear from experts and share updates on your progress, bi-monthly coaching calls, and site visits to exemplar organizations. Key partners and faculty from across the Bay Area and country will be available for participating clinics to connect with and learn from throughout the program. An external evaluator will develop a learning framework, document lessons, and begin assessing impact on organizational practice change.

Selected organizations will participate in the following phases of the program. The length of time for each phase may vary slightly depending on organization's capabilities as they begin this program.



### Phase 1: Deepen Trauma-Informed Organizational Practices

Organizations will participate in an organization-wide, all staff workshop\* on creating a trauma-informed system of care to ensure a foundational understanding of the following:

- 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).

Simultaneously, organizations will participate in the following activities:

- Identify a project team to participate in a learning community and champion the organization-wide efforts.
- Work closely with the CCI team to clarify organizational level needs that would benefit from technical assistance.
- Work with the selected evaluator to define metrics and start collecting baseline data.

### Phase 2: Test and Implement Care Delivery Changes

After selected organizations have set up the internal program infrastructure, identified needs, and trained their organization on the principles of trauma-informed systems of care, they will actively develop and implement a plan for action which will include the following:

- 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 outlined under the Objectives section above.
- 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 of patients and families.

### **Phase 3: Sustain and Spread**

Teams will build upon the implementation tests to develop a plan for broader site- and organization-wide implementation. Teams will also strengthen partnerships with community-based and public agencies to ensure efforts are aligned. This phase is critical to set organizations up to sustain these efforts over time. They will:

- 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.

**\* Note:** CCI is working with [Trauma Transformed](#) to offer organization-wide trauma-informed systems of care training. It is assumed that each participating organization would host the training onsite for all staff. The participating organization would be responsible for securing training space, protecting time for staff to be trained, and working with the trainers to set dates and times for the training. CCI will cover the costs of the training. The training is expected to last two hours, with an additional session geared toward organizational leadership. 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. 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).

# APPLICATION

## Who's Eligible?

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: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma. Organizations do not have to be headquartered in one of these Bay Area counties, but operate at least one site there to be eligible. Qualifying organizations include:

- Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes.
- Community clinics, rural health clinics, and free clinics.
- Ambulatory care clinics owned and operated by public hospitals.
- Indian Health Services Clinics.
- Pediatric practices caring for majority underserved patients (uninsured and Medicaid).

Regional clinic consortia and statewide clinic associations are not eligible to apply.

## What Makes a Strong Applicant?

1. **Experience and Strong Interest in Addressing Trauma:** Successful applicants will have started their journey to address trauma at clinical and organizational levels, and are committed to leveraging this support to advance their efforts. Organizations must have some level of experience in integrating practices to address trauma (vs. not starting from scratch) and an early implementation of practices to promote resilience and address multigenerational trauma (at the clinical and/or organizational level).
2. **Evidence of Partnerships with Community-Based Organizations:** Successful applicants will be able to demonstrate evidence of existing (even if early) partnerships with community-based organizations focused on addressing childhood adversity or other related topics (i.e., early childhood development or social determinants of health). Examples could include referral networks (e.g., Help Me Grow), community advisory councils, or clinics participating in community-organized efforts.
3. **Prior Work on Care Delivery Transformation:** Successful applicants will already be committed to care transformation efforts involving building robust teams, using data to drive change, and strengthening community-based partnerships.
4. **Strong Pediatric Focus:** Successful applicants do not have to have dedicated pediatric care clinics. However, the organization must have sites providing pediatric care, with the ability to address care for children ages 0-5 and their caregivers.

## Our Expectations

This program is intended to be flexible and responsive to the needs of participants, so we ask each organization to act as a partner in shaping the program by committing to the following:

1. **Leadership Buy-In:** Successful organizations will require leadership that is committed to addressing childhood adversity and understanding how a trauma-informed approach relates to both organizations and clinical interventions. This includes support for an all-staff, clinic-wide training on trauma-informed care. We expect strong leadership support from the CMO and COO at a minimum, as demonstrated through the Letter of Leadership Support.
2. **Continuity and a Dedicated Team:** At least four individuals are required to be committed to the core program team to promote continuity, with a maximum of six members per organization participating in core activities (i.e., in-person convenings and evaluation interviews). The team should include:
  - At least one senior leader with decision-making authority who is responsible for communicating with leaders and frontline staff within the organization;
  - Two management-level staffer who have a significant role in your organization's trauma-informed care efforts; and
  - At least one frontline staff or provider who can inform and lead the operational and clinical implementation within the organization.
3. **Participation in Program and Evaluation:** Team members are expected to fully participate in program webinars and convenings, and share lessons learned by presenting examples of project successes and challenges. Teams are expected to work closely with an external evaluator to identify metrics, collect data, and share stories about the impact of the work.
4. **Feedback:** Teams are expected to provide feedback to CCI and program evaluators to refine and improve the program content and delivery methods as the program progresses.

## How to Apply

### STEP 1: ATTEND INFORMATIONAL WEBINAR (OPTIONAL)

Interested organizations are encouraged to participate in an informational webinar on **April 4, 2018** to hear a detailed description of the program and ask questions. [Please register here.](#)

### STEP 2: APPLY ONLINE

Your proposal and budget [must be submitted online](#) by **Monday, April 23, 2018 by 5pm.**

Applications should include the following:

1. [Application Submission Form](#)
2. **Application Narrative:** Includes responses to the eight questions listed below.
3. [Budget Template](#)
4. **Tax Status Documentation**
5. **Letter of Leadership Support:** This letter should demonstrate organizational commitment to addressing childhood adversity and trauma. This includes support for an all-staff, clinic-wide training on trauma-informed care and dedicated time for the core team to fully participate in program convenings, activities, and implement changes at the clinical and organizational level. The letter should come from someone at the CMO or COO level at a minimum.

## Application Narrative Questions

Please limit responses to a maximum of 7 pages, using at least 11-point font and 1-inch margins.

1. **Timeliness and Alignment:** Why is it important for your organization to address this topic at this point in time? How does this program align with your broader organizational goals and transformation efforts? How have you already started building robust care teams that could be leveraged for this effort?
2. **Organizational Commitment to Trauma-Informed Care:** What past or current work has your clinic engaged in to understand and address childhood adversity and trauma-informed care? What training has your staff undergone in this area?
3. **Assess and Address Trauma-Related Needs:** How do you currently assess for trauma in children 0-5 years at your organization? What tools or approaches do you use to assess patients? Who at your organization assesses patients? If a patient screens positive, what is the next step at your organization to address trauma? What are the options available for treatment or referrals?
4. **Prevention:** What are you currently doing to prevent trauma and promote resilience in your patient population? Are resilience and protective factors integrated into care? If so, how?
5. **Collaboration and Coordination:** Please note any key external collaborators your organization is currently or planning to work with to address trauma and non-medical needs. For example, how will you be involving external community partners? How will you involve patients and families in service delivery, planning, and implementation?
6. **Core Focus:** If selected into this program, what core practice(s) would you like to further develop or strengthen? How would you prioritize your efforts? (For example, you may have already developed a process to assess patients for trauma but want to use the opportunity to strengthen community partnerships or treatment options).

7. **Looking Ahead:** What challenges would you expect to face in participating in this program? What can CCI do to help address these potential constraints? For example, what resources might you need to implement your project (i.e., expertise, coaching, technology or other outside partners)?
  
8. **Core Team:** Organizations must appoint a “Core Team” to participate in the program. At least four individuals should be committed to promote continuity. Who will you include on your team? Please list the name, title, and project responsibilities of each member of this core team.

## Next Steps

CCI and our program partners will review proposals. Our intent is to select an engaged group of 5-7 clinics that have already started their journey to address trauma at clinical and organizational levels, and are committed to leveraging this support to advance their efforts. The cohort will be announced via email on **Friday, May 25, 2018**.

