A Contra Costa Network of Care Practice Paper

From Adversity to Resilience: Building a Countywide Network of Care

July 2023

CONTRA COSTA NETWORK OF CARE

FIRST 5 CONTRA COSTA

CONTRA COSTA CRISIS CENTER

La Clínica℠ a californiahealth+center

Table of Contents

Contents

Introduction

In a busy pediatrician's office, a distraught mother is barely holding it together. She's had another sleepless night, and the toddler at her feet—the cause of her sleepless night, who is also tired and cranky—won't sit still. The doctor who is trying to complete a well-child visit is kind and caring but doesn't ask about what else is going on. Why would she, if there's not much she can do to help this struggling family? Getting their immunizations on track and on time feels like an accomplishment, and it is.

Yet there's another way to handle this interaction, in about the same number of minutes, with very different outcomes. This scenario—one that has been taking place in a local clinic for the last two years—the difference is that the pediatrician is talking to the mother about stress. The pediatrician knows that stress, both acute and routine, is taking a toll on both generations of this family's health outcomes. That's why screening for stress (prior and current) is part of her routine interaction with patients. That's how she found out about the sleepless nights, the financial worry from a lost job, the missed utility bills, the empty fridge at the end of the month, and the diapers not changed as often. The mom had not opened up about these during the first well-child visit, but now she does.

This pediatrician can't fix everything, but she can refer this family with confidence to a local partner whose job is to connect families like this to needed resources. The pediatrician can refer this family to that community partner with a click of a button, and then revisit their health record later to see how the local partner helped the family. She also can offer the family toys, books, and a packet of stress-busting tools right on the spot. This weekend, mom and kids can come back for a guided session of playful bonding, meeting other families connected to the clinic.

About This Practice Paper

This paper explains how three partners in Contra Costa County—a clinic, a crisis response center, and an early childhood agency focused on the needs of children ages 0 to 5—joined forces to pilot a new way organizations can help families heal from toxic stress and build resilience. We hope the story of how these partners came together, how they tested and implemented their model, and how they plan to continue to expand it in the future will serve as a blueprint to be adapted by others, so that more families will have reliable, accessible tools to prevent toxic stress and its consequences.

This paper describes the roles of each partner and how they worked together to develop the pilot, as well as the obstacles and lessons they learned during implementation. The story doesn't end there, as the partners have plans for fine-tuning what they've built and expanding it in different directions.

Although the initial catalyst was funding from California's ACEs Aware Initiative designed to boost screening for Adverse Childhood Experiences (ACEs), the partners have built a framework more broadly targeting stress and resilience—for both patients/clients and the staff in their respective organizations. They also have taken steps to include other sectors and

organizations through training, and development of a countywide online hub, to expand the number of trauma-informed agencies and practices throughout Contra Costa County.

The Network of Care Partners

The three core partners at the center of the Contra Costa Network of Care are First 5 Contra Costa, the Contra Costa Crisis Center, and La Clínica de la Raza.

First 5 Contra Costa works to ensure young children are healthy, ready to learn, and supported in safe, nurturing families and communities. First 5 Contra Costa invests in policies, programs, and capacity building to change systems that support families and children during their first five years—the most important time in children's development.

Contra Costa Crisis Center provides 24/7 services to Contra Costa County residents to meet a wide variety of needs, including crisis and suicide prevention, family support, grief counseling, and homeless services. The Crisis Center operates a 211 crisis call/text line that anyone can call to connect to health and social services resources, which are updated and maintained on an extensive, accessible database.

La Clínica de la Raza was founded in Oakland in 1971 and now operates health centers in three Bay Area counties, including three clinics in Contra Costa County that have been part of the Network of Care model (Pittsburg, Monument, and Oakley).

An Overview of the Contra Costa Network of Care Model

The Case for ACEs

When she became California's first Surgeon General in 2019, Nadine Burke Harris, MD made healing from childhood and cumulative trauma her focus. Adverse Childhood Experiences, or ACEs, were first described in a 1998 study by Kaiser Permanente and Centers for Disease Control and Prevention (CDC) researchers, who identified 10 categories of traumatic events, including physical, emotional, or sexual abuse; physical or emotional neglect; and aspects of household dysfunction such as parental incarceration, mental illness, substance dependence, parental separation or divorce, or intimate partner violence.[1]

The association between ACEs and a variety of health and social outcomes has become even stronger since the original ACEs study was published over two decades ago. In California, pre-pandemic data (from 2011-2017) suggest that more than 62 percent of adults have experienced at least one ACE, and 16.3 percent have experience four or more,[2] which is strongly associated

[1] Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med*. 1998 May;14(4):245-58. doi: 10.1016/s0749-3797(98)00017-8. PMID: 9635069.

[2] California Department of Public Health, Injury and Violence Prevention Branch (CDPH/IVPB), California Department of Social Services, Office of Child Abuse Prevention, California Essentials for Childhood Initiative,

with common serious health conditions and early death, including heart disease and cancer. Not surprisingly, the consequences of unresolved childhood stress and trauma are costly in terms of preventable pain and suffering as well as healthcare spending into adulthood.

The Contra Costa Network of Care initially began with a grant awarded to First 5 Contra Costa from California's ACEs Aware Initiative—a statewide effort to encourage universal clinical screening for ACEs. The program funded organizations across California to increase access to provider training and standardized ACE screening tools, promote screening in a variety of settings (and reimburse clinics for doing so through Medi-Cal, the state's Medicaid program), and incorporate ACE screening into clinical workflows. The ACEs Aware approach also promoted seven "Stress Buster" strategies for healthcare providers and others to share with individuals who have experienced ACEs in the past or continue to struggle with them, to begin the process of healing and to build resilience.

The Contra Costa Network of Care partners were eager to expand ACE screening and share the Stress Buster strategies. They recognized that the families they jointly served would be among those contending with multiple ACEs across generations, which would continue to do harm unless families had access to interventions that help people heal from cumulative, toxic stress. The partners realized it is not just patients and clients who deal with the effects of stress and ACEs; many staff and providers do as well.

Obstacles to ACE Screening and Response

At the beginning of this joint effort, the Network of Care partners realized that their environments and systems had obstacles that prevented universal screening for ACEs, including:

- provider hesitancy;
- difficulties coordinating ACE screening into busy workflows; and
- fragmented referral networks.

Provider hesitancy. Pediatricians, social workers, and other providers know that ACEs don't tell the whole story of toxic stress. Just because someone may not have experienced a specific form of abuse, neglect, or household dysfunction screened for in the ACEs tool, does not necessarily mean they have not experienced harmful stress. Poverty and racism, for example, two major and common sources of toxic stress, are not specifically screened by the ACEs tool. A person's score or number of ACEs also doesn't indicate the timing, intensity, or frequency of exposure to ACEs, or the presence of buffers that may mitigate their effects. For some providers, this makes ACE screening less useful, especially for an individual situation (as opposed to broader, aggregate tallies of prevalence in a population). Providers also worry about not being able to respond appropriately or effectively if the screening does reveal toxic stress.

University of California Davis, Violence Prevention Research Program, Firearm Violence Research Center. *Adverse Childhood Experiences data report: Behavioral Risk Factor Surveillance System (BRFSS), 2011-2017: An overview of Adverse Childhood Experiences in California*. California: California Department of Public Health and the California Department of Social Services, 2020.

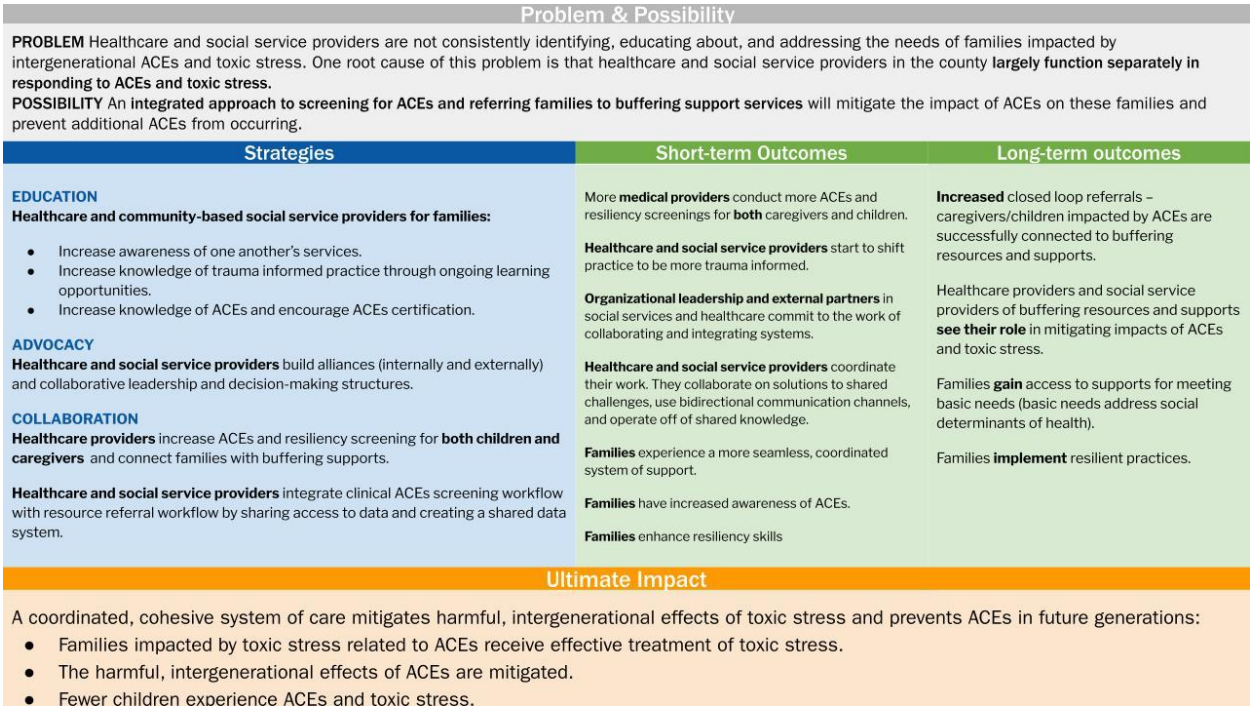
Providers in the pilot often asked, "If there are limited ways to offer help or support, why screen in the first place?"

Coordinating ACEs into workflows. Within clinics, adding ACE screening to workflows had some time-intensive implications: providers would need to be trained, their electronic health record (EHR) systems would need to be adjusted to prompt screening and track results, and overall clinic workflows (and even physical space) would need to be reconfigured to be more responsive to toxic stress.

Lack of updated, comprehensive referral information and confidence in the referral network. Some of the sources of stress in families' lives—economic hardship, lack of reliable transportation and childcare, food deserts—could be addressed through referrals, but busy pediatricians felt they did not have time to keep up to date on what social services are available. Even when referrals were made, pediatricians had no confidence that their patients accessed the services they referred them to. This uncertainty and lack of feedback made some pediatricians feel there was little point to screening if relevant and up-to-date resources could not be offered and they would not know if their patients would connect with the referred services.

Key Components of a Theory of Change

The model that became the Contra Costa Network of Care pilot was designed to address each of these obstacles or "pain points." Provider hesitancy was addressed through education, while the coordinated workflows, lack of updated information and confidence in referrals were addressed through new ways of healthcare providers and social service providers collaborating.



Network of Care partners' vision for their ultimate impact was the following:

> As families and individuals heal and gain resilience, fewer and fewer children experience ACEs and toxic stress. When they do, the harm is detected and healed early within a coordinated, cohesive network of care that is the trauma-informed standard for most settings, not just a few.

To work toward this vision, the Network of Care aimed to:

- Educate healthcare and social service providers about the benefits of understanding and screening for ACEs and adopting trauma-informed practices;
- Collaborate with healthcare providers to integrate ACEs screening and trauma-informed practices into their clinical workflows; and
- Pilot a new way of connecting healthcare providers with a strong social service referral network that allowed healthcare providers to track patients' use of referred services.

The Pilot Model

The Network of Care created a proof-of-concept pilot based on their Theory of Change and the pain points they collectively wanted to address.

As they developed this model, each partner changed aspects of their internal systems, while also connecting at a deeper level with the other partners, building trust and relationships across the three organizations. Below are the key components of the pilot model and each partner's roles, which continue through the present day.

- **Backbone & Accountability:** First 5 Contra Costa serves as the backbone entity for the three partner agencies, facilitating information sharing, sharing developmental expertise and resources, securing funding, troubleshooting issues, documenting progress and lessons learned, overseeing evaluation, and expanding the network to other partners through training, coaching, sharing tools, and other dissemination mechanisms. First 5 Contra Costa also funds the Help Me Grow program operated by the Contra Costa Crisis Center.

- **Screening & Response:** La Clínica provides a pediatric clinical setting to develop, test, and expand ACE screening workflows, implement new referral protocols, gather patient insights and feedback, participates in evaluation and model refinement, and champions the model with peers.

- **Referral Network & Navigation:** Contra Costa Crisis Center builds on the existing 2-1-1 countywide social service referral network and countywide Help Me Grow program which hires Care Coordinators to specifically work with parents with children ages 0 to 5 who have developmental or behavioral concerns. The Center adapts its information technology solution to share patient referral information with La Clinica staff, trains clinic providers in how to use the referral system, and participates in evaluation and model refinement.

Implementing the Network of Care Model

Each of the partners adjusted their role as the Network of Care pilot evolved. Below is a description of where each partner started, progress to date, lessons learned, and plans for the future. These details are shared with the hope of helping others streamline their processes of becoming more trauma-informed systems of care.

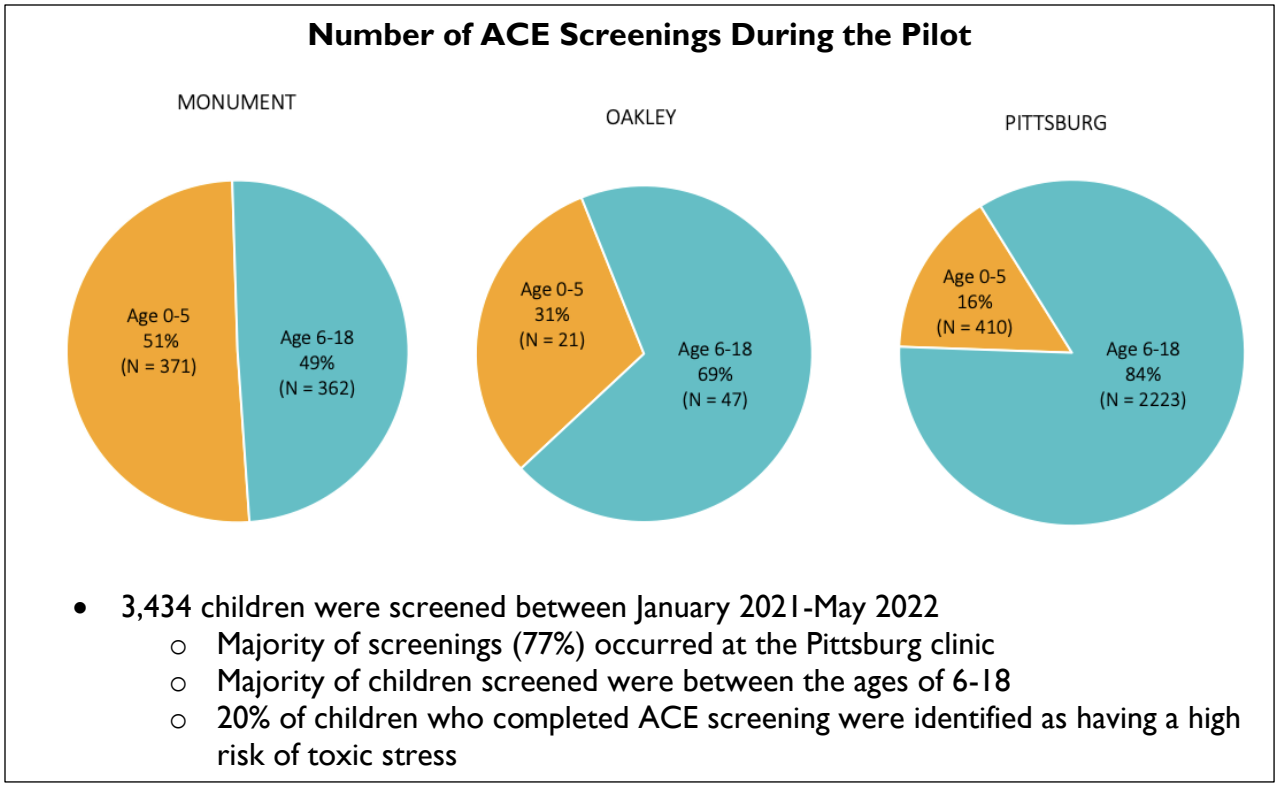
La Clínica de la Raza

Staff Training Increases Number of ACE Screenings

By the end of the pilot period, not only were 100% of La Clínica pediatricians in Contra Costa County trained and certified to conduct ACE screening, all three pediatricians were conducting screenings.

As staff received training in trauma-informed care and screening for ACEs from February 2021-June 2022, the team began implementing a series of iterative Plan-Do-Study-Act (PDSA) cycles to identify specific opportunities to adapt their practice. PDSAs proved to be a fruitful way to tackle the challenges of implementing a new trauma-informed approach throughout the clinic, since (as with any change) some staff adapted more readily and enthusiastically than others. Some of the changes that emerged from these incremental, time-limited experiments included expanding screening to parents and caregivers, incorporating ACEs into workflows and EHR prompts, creating wellness packets for adults and developmental kits to share with children, developing a resiliency checklist, and transforming the clinic physical space.

La Clínica operates three clinics in Contra Costa County and identified their Pittsburg clinic as the first and primary participant in the Network of Care pilot. Their Oakley and Monument clinic (located in Concord) also participated in the pilot but were onboarded after Pittsburg. The data snapshot on the next page shows the number of ACE screenings conducted for children and youth during the pilot.



- 3,434 children were screened between January 2021-May 2022
  - Majority of screenings (77%) occurred at the Pittsburg clinic
  - Majority of children screened were between the ages of 6-18
  - 20% of children who completed ACE screening were identified as having a high risk of toxic stress

Expanding ACE screening across Contra Costa La Clinica sites

La Clinica's Pittsburg site was conducting some ACE screening before the pilot began, which is why they were chosen to be the initial site in the pilot. Work began with champions within the Pittsburg clinic to develop and refine the pilot model, ramping up Pittsburg's screening levels prior to the other two sites joining the pilot.

Children were screened for ACEs at their 12-month well-child visits, when there were typically fewer tasks required in the routine workflow for that visit. Medical assistants would present the ACE screening forms to families, setting up subsequent discussion of screening results with the pediatricians.

The pilot emphasized a two-generational approach to screening, to detect and treat toxic stress for parents as well as their children. The parents' ACE screening results are documented in the child's file in the electronic health record system, under "Health Care Maintenance." With this information integrated into the child's file, the Medical Assistant can determine quickly and efficiently whether the parent has already been screened. If the parent is also a La Clínica patient, a note is created in the parent's chart with their ACE score and any referrals.

Over the pilot period, 169 parents or caregivers completed the ACE screening about themselves. The majority (59%, or 99 parents/caregivers) received an ACE score of 0, 22% (n=37%) received a score of 1-3, and 20% (n=33) scored 4 or higher. In addition, similar to the percentages for children, approximately 7% of those who had a score of zero were identified as experiencing toxic stress.

Some adults were familiar with the concept of ACEs and toxic stress; some were concerned or even triggered by the questions; and a few were simply reluctant to discuss them. The La Clínica team also discovered that for some parents and caregivers, trauma is so normalized that they did not see its effects on their lives, particularly regarding health issues such as diabetes or hypertension. In response, La Clínica staff added to their wellness packet a form that lists several common **ACE-Associated Health Conditions**, so that parents and caregivers could note any relevant conditions and spark a conversation with the provider.

Empowering parents/caregivers and children to address their own stress and wellness

La Clínica also wanted to focus on wellness and resilience, not just toxic stress and deficits. The pilot partners created a wellness packet for parents/caregivers to give them tools and ideas about how to address their own stress. The information included:

- an overview of ACEs and ACE screening
- a **resiliency checklist** that the team developed
- a list of community resources, including a QR code to access more information on community parks
- A QR code for the UCLA Mindful app

The pilot team handed out the above information with a **wellness bag** that included items that support the Surgeon General's Stress Busters, such as yoga mats, a poster of basic yoga poses, chamomile tea, essential oils, sleep eye masks, mini-painting kits, affirmation coloring book and pencils, scented hand cream, stress balls, a seed planting kit, a photo album, and a healthy cookbook.

While parents received these wellness materials, children received their own **developmental kits,** which contained an age-appropriate toy or book, a handout for parents on how to use the toy or book to engage with the child, and other tips for parent-child bonding.

A home-grown resiliency checklist to address stress

The **resiliency checklist** that is included in the wellness packet is another example of how the team adapted ACE screening workflows to be more trauma-informed and healing-centered. Many existing resilience screening tools available do not focus on strengths-based factors associated with resilience, so the pilot team decided to create its own checklist. The checklist developed aligns to the Surgeon General's Stress Busters and was intentionally designed to elevate and support a family's own needs and interests.

The checklist is integrated as a key part of a conversation between the provider and patient when ACE screening occurs. Unlike the ACE screening tool (recommended to be used once during an adult's lifetime), the resiliency checklist can be used more frequently to gauge a family's changing social and other support needs. Because the patient chooses from a list of possible supports that could address their needs, this approach aligns well with principles of

shared decision-making and valuing patients' voices about their own lives and care. The focus on resilience, healing, and empowerment—rather than disease, toxicity, and adversity—is very intentional.

One physician at La Clínica shared that parents and caregivers offered ACE screening accompanied by the wellness packet responded more positively and better understood the value of ACE screening.

Many of the parents and caregivers at the Pittsburg clinic have sought referrals to resources that support resilience, parenting skills, and relationships with their children—including many who technically received a score of zero on their ACE screening, yet still struggle with the effects of poverty, racism, and the traumas imposed by the COVID-19 pandemic.

Changing the clinic environment

One of the most visible transformations from this pilot was to make the clinic's physical spaces more welcoming and soothing, and to offer a sense of belonging. Today, the clinic features brightly colored rooms and hallways, lined with professional photographs of staff and patients.

Community rooms offer safe, comfortable places for parents, caregivers, and children to play while they wait for their appointments or for group meetings. Room are decorated with vibrant murals. Exam rooms display colorful art and feature fun themes (e.g., the "Space" room and the "Jungle" room), as well as art supplies to help entertain and calm the children who enter them.

These changes create a better environment for staff and patients alike. As one little boy said when he saw his photo on the wall, "This is my place!" Exactly!

The La Clínica team has begun expanding from the Pittsburg clinic site, where these efforts are now well-established, to their other two La Clínica sites in Contra Costa County, which are their Monument and Oakley clinics.

La Clínica lessons learned

The Network of Care partners were fortunate to have a pediatrician who became a strong **champion** within the lead La Clínica site. Because she had changed her own views of ACEs and their relevance to her practice and patients, she was able to serve as a persuasive leader among her colleagues, pushing for changes in protocols, workflows, and electronic health record (EHR) systems.

For example, initially she had viewed her own role as a pediatrician somewhat narrowly. Perhaps a trauma disclosure by a patient would result in her giving them a behavioral health referral, but she wasn't sure she had more to offer. Adopting a trauma-informed approach changed that. The ACE screening opened conversations about trauma and toxic stress that connected the dots to how ACEs were likely **underlying factors,** invisible culprits in her patients' **ACEs-Associated Health Conditions)**. **Attentive listening to patient stories and voices** felt like an intervention in itself, leading to more rapport and connection, so crucial for the doctor-patient relationship. The toys and books in the developmental kits, the wellness packets' focus on resilience, and acknowledgement of the role of toxic stress felt different to her, reframing her practice around building resilience rather than only diagnosing the presence of disease.

These successes, however, were difficult to replicate. As the pilot team sought to expand their work to other clinics, even ones within the same La Clínica system, the changes required in staff time and training, altered protocols, and referral practices were difficult to implement across varying environments. The team successfully adapted the model to meet the unique needs of each La Clínica site but recognized that it can still be a tough sell to adopt new workflows, despite demonstrated success at the pilot site.

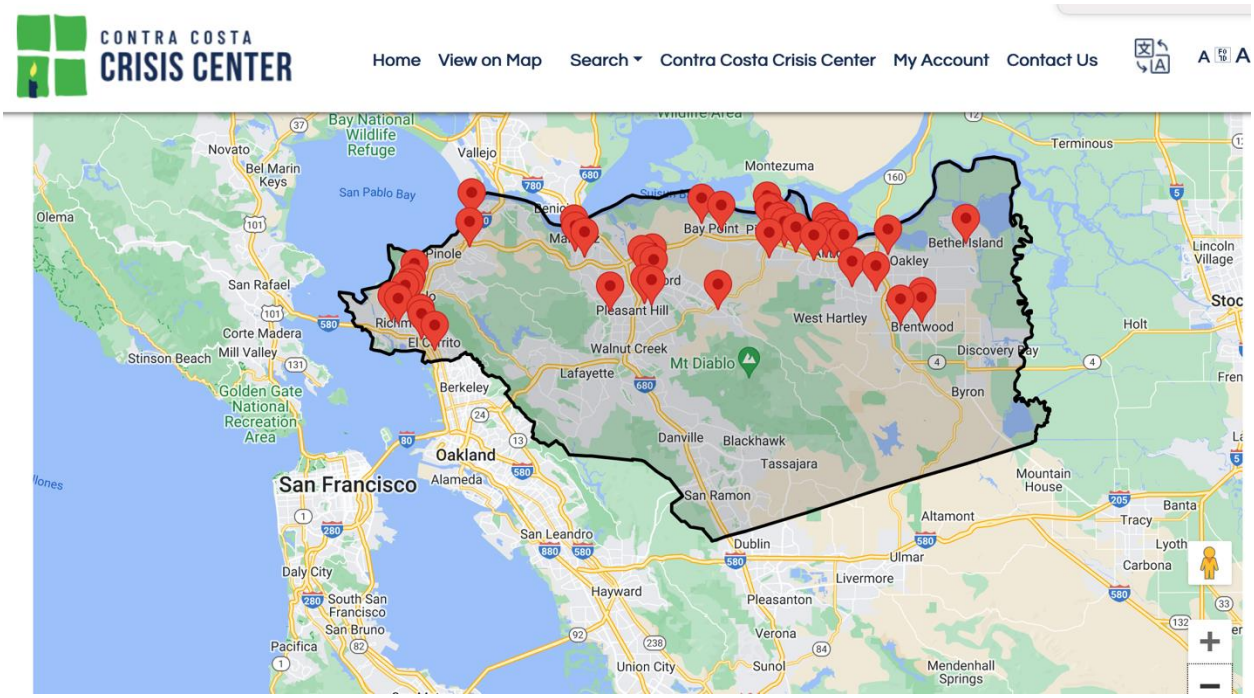
Contra Costa Crisis Center

Adding layers to a strong base

Contra Costa Crisis Center is the referral and care coordination partner within the Network of Care pilot. The Crisis Center operates the County's 211 crisis call/text line, which community members may call at any time to be connected to local health and social service resources. For almost a decade, the Crisis Center also has been First 5's partner in referring families to early intervention services through First 5's Help Me Grow system housed within the Crisis Center. Help Me Grow offers screening, referrals, and care coordination for families with children experiencing developmental or behavioral health concerns. Help Me Grow referral support includes a phone line and care coordination through dedicated care coordinators who customize intake for families and proactively shepherd them to a variety of referrals. In addition, the Crisis Center added Geographic Information System (GIS) maps to their existing database that help providers, families, and care coordinators see exactly where the closest services are available.

Evaluation Snapshot: Referrals

- 93% of children with indicators of toxic stress received internal or external referrals (e.g., to internal La Clínica case management, integrated behavioral health, or nutrition services), external partners, or Help Me Grow's care coordination.
- Help Me Grow conducted intakes for 116 children as a result of La Clínica's screening pilot, with the majority male, Hispanic/Latino, and Spanish-speaking (and average age at intake of 2.8).



To facilitate the flow of referrals to stress-reducing interventions, the Crisis Center team mapped the California Surgeon General's Stress Buster framework onto the existing 211/Alliance of Information & Referral Systems (AIRS) Taxonomy. Adding this framework to their extensive database of resources allowed physicians and care coordinators to share a common language and to connect patients to evidence-based, stress-reducing interventions in the community.

Help Me Grow care coordinators work hard to reach out and establish relationships with families, making at least seven attempts to connect with a parent/caregiver who has been referred to the program. When there are difficulties reaching a family, care coordinators circle back to the referring party to check for accurate contact information and problem-solve next steps. Upon connecting with families, Help Me Grow care coordinators listen deeply to explore resource needs and conduct routine follow-up to ensure connections are made. Additionally, the care coordinators notify the referring party about the status of the referrals made to the family, so that they know if the family was connected to resources. Help Me Grow care coordinators proactively troubleshoot challenges and barriers with families, elevating and empowering parent voice and choice throughout the process.

Providing patients, providers, and care coordinators with real-time information

The Crisis Center, with funding from First 5 Contra Costa, upgraded its database software to the ServicePoint Customer Relationship Management (CRM) platform from vendor Wellsky, which has the capacity to allow providers (like the pediatricians at La Clínica) to view their patients' contacts with the care coordinators and community referrals. A special connecting portal, called a node, was created just for La Clínica physicians and staff so they can have direct,

real-time access to updates about their patients and the referrals made by the Help Me Grow care coordinators.

As noted earlier, when La Clínica providers make a referral for a patient aged 0-5, they use a SmartPhrase within their EHR system (EPIC). The SmartPhrase, embedded in the EPIC electronic health record (EHR), automatically populates the referral with the patient's demographic information and the child's ACE score; the parent/caregiver score needs to be entered manually for now. Of note, the La Clínica providers may refer patients to the Help Me Grow care coordinator without an ACE score, if they identify a need. This is important because, as noted earlier, people may experience stress and need support with or without an ACE score.

Daily, the electronic data for patients who received an ACE screening and referrals are exported from La Clínica directly to the Crisis Center through a Secure File Transfer Protocol (SFTP) and then imported into the Crisis Center's ServicePoint system. To the users on both sides of this journey, the process is seamless and effortless in their daily work, but it took a lot to get these two data systems to communicate with each other.

Once the patient data appears in ServicePoint at the Crisis Center, one of two designated Help Me Grow care coordinators at the Crisis Center reaches out to the patient (or parent/caregiver) within 48 hours. Each situation is unique, depending on the needed referrals, but in general the care coordinators check in at key points, continue to identify any challenges or barriers, and offer additional support as needed. This ongoing support can include calls, texts, emails, additional referrals, and/or warm hand-offs to contacts at the referral partner agencies.

While the Help Me Grow care coordinators work with families, the referring La Clínica providers can check the status of their referrals by logging directly into ServicePoint. At the Pittsburg La Clínica clinic, providers chose to weave that monitoring into team huddles each morning, so that the team could prepare for upcoming patient visits and stay current on patients' connections to community services.

Crisis Center lessons learned

The Crisis Center offers several lessons learned during the pilot, many in response to overcoming obstacles.

The first is the essential task of finding and selecting the right technology tool to meet the needs of the referral partners. Prior to the grant, the Crisis Center had already upgraded to ServicePoint for the Help Me Grow launch. The Crisis Center team notes that this has proven to be a solid choice because they are poised to expand even further and can offer specific "nodes"—as is now in place for La Clínica—to others. It also offers excellent data safeguards, which is important to clients sharing sensitive information.

First 5 Contra Costa and the Crisis Center already had a long-standing working relationship because of their prior collaboration to build the Help Me Grow referral network for the same population of children 0-5 and their families. This relationship, paired with the Crisis Center's extensive knowledge of local service providers and resources, made it possible to move

relatively quickly to add the La Clínica node for ACE screening, and to troubleshoot the inevitable glitches as they arose. The combination of local expertise, a system that is relatively easy to learn, and moderate costs to add nodes all helped streamline the referral process, which is at the heart of the Network of Care model.

First 5 Contra Costa

As the backbone entity coordinating the Network of Care pilot, First 5 Contra Costa played several important roles, each of which is described briefly below. At the outset, it was First 5 Contra Costa's relationship with the Crisis Center, built over a decade of working together on the Help Me Grow model, that formed the basis for the referral system now underlying the Network of Care and supporting clinical partners involved in ACE screening.

Keeping the communication flowing

Even with long-standing, trusting relationships, coordinating the many moving parts of the pilot required ongoing attention to the behind-the-scenes administrative tasks. The First 5 Contra Costa team developed the initial theory of change for the pilot, secured funding for the pilot and served as the fiscal agent for those funds, handled reporting responsibilities, oversaw evaluation efforts, convened meetings of the partners, captured discussions and decisions from those meetings to ensure accountability, and set a tone of constructive problem-solving that helped the pilot move forward.

The weekly meeting structure for partners throughout the pilot period included two standard partner meetings, with frequent additional *ad hoc* meetings to address specific issues or events, and a monthly meeting of the three partners' Executive Directors. One weekly all-partner meeting provided general updates, while another was more focused on specific tasks and deliverables such as workflows, data collection, and evaluation. These frequent meetings kept communication flowing and gave all partners the opportunity to plan and shape the Network of Care. Additional meetings included bilateral meetings between project managers and monthly task-oriented meetings for pediatric and family practice providers.

Sharing internal resources and expertise

First 5 Contra Costa contributed considerable in-kind resources to this pilot – from translating patient materials to offering developmental playgroup staff to support La Clínica's resiliency team to providing technical assistance in developing workflows between Help Me Grow, the Crisis Center, and La Clínica. Additionally, First 5 Contra Costa's evaluation team coordinated and developed the theory of change and evaluation plan.

Training and coaching to make trauma-informed systems a reality

A key role for First 5 Contra Costa was conceptualizing not just the clinical referral model sparked by ACE screening, but also the training and coaching that would enable the three core Network partners to institutionalize trauma-informed practices and implement the pilot effectively.

Training and development offered to the core three Network partners, facilitated by Trauma Transformed, included:

- Joint role-specific training for front desk staff and case managers/health educators from La Clínica alongside care coordinators from the Crisis Center, for enhanced cross-agency collaboration and communication
- All-staff and small-group leadership coaching at First 5 Contra Costa
- Patient journey mapping at La Clínica's Pittsburg clinic to gather information on patient experiences with ACE screening
- In-service trainings on trauma-informed principles and practices for Crisis Center care coordinators, call specialists, and volunteers

First 5 Contra Costa lessons learned

The administrative, backbone tasks that First 5 Contra Costa led built on existing trusting relationships—but those relationships still needed nurturing. This was especially true because the pilot was unfolding during the COVID-19 pandemic, which added stress to each organization and prevented the partners from gathering in person.

The partners agree that they persevered through these challenges because they were persistent and motivated to push through any difficulties, remaining deeply committed to the strategies outlined in their joint theory of change. As a backbone agency, First 5 Contra Costa was tasked with holding complex, multifaceted, and often competing priorities, requiring strong project management and diligent follow-up.

Through this project, First 5 Contra Costa learned that collective impact requires trusting relationships, coordinated and aligned efforts, and multi-layered communication and decision-making pathways. As noted earlier, longstanding relationships helped accelerate this process because trust was already in place (and strengthened throughout the project). Trust, in turn, made it possible for First 5 Contra Costa and its partners to be more open to learning about each other's cultures and workflows so that these could be integrated.

More specifically, the systems integration work that is a hallmark of the Network of Care requires commitment, time, and funding. The pilot project led to braided funding among project partners, by identifying additional partners or initiatives that shared common goals.

Investing in information technology tools was critical because this allows the system integration work to be reflected in streamlined, automated referral processes for healthcare and social service providers. The automated closed-loop referral feature, in particular, helped increase providers' trust in (and use of) the referral system.

Another lesson was to invest in training. In clinical settings, training was offered to every level of staff to increase comfort with ACE screening and workflows. Medical Assistant (MA) and front desk staff roles were particularly crucial in this pilot. By investing in training, shifts in protocols and approaches could be more widely adopted, with a greater chance of being sustainable beyond the project time frame. Additionally, training ensured the core Network

partners had a common language and a baseline understanding of ACEs, which also contributed to aligning across different systems.

Looking Ahead

Reflecting on the journey we embarked on together, all three partners see potential for expansion on the horizon. The pilot partners see potential for health plans to recognize and invest in the promise of an integrated, cross-sector care coordination system model, which is supported by state policies and evidence of benefits to providers and patients alike.[3] In the near future, ACE screening may become mandatory for health providers. This pilot demonstrates that with a modest investment, infrastructure can be built to support screening rollout and system integration, creating more seamless navigation for children and families. This pilot showed that placing care coordination outside the health plan/clinic enhanced the number of screenings, referrals, and care coordination - all of which benefited patients and their families.

The Network of Care pilot offers a successful model of how to align our systems to serve more children and families in a family-centered way. Like the example in the introduction, this shift in practice means that pediatricians and other providers can feel they have many more options to offer a distraught parent. Parents and caregivers can feel supported in a different, more meaningful and encompassing way, with more of their family's needs met and more stress-busting strategies in place to move forward. And the child at the center of this interaction has a better chance, no matter what has happened in their life so far or in the lives of their parents and caregivers, to grow into a more resilient, healthy, and thriving adult. This model can help children be better equipped to cope with the ups and downs of life and to interrupt the cycle of stress that robs so many people of their health and well-being, through no fault of their own.

Looking ahead, the pilot partners would like to leverage the lessons learned and to continue to explore ways to strengthen referral pathways, ensuring that families and children are connected successfully to the services they need. One of the pilot team's goals was to create bi-directional flows of communication between early childhood-serving agencies. While bi-directional connection was not created via a fully automated application programming interface (API), the partially automated ServicePoint node was an important steppingstone toward exploring the possibilities for achieving bi-directional communication.

The Contra Costa Network of Care shows that everyone—every provider, every system, every organization, and every individual—can play a role in busting toxic stress and healing from trauma, our own and others'. The role of our professional networks is to develop and share the tools to do so; that's what we've aimed to do with this recap of our model's development and implementation.

[3] The Children's Partnership and California Children's Trust. *Caring for Kids the Right Way: Key Components of Children's Care Coordination.* July 2022. Accessible via: https://childrenspartnership.org/wp-content/uploads/2022/07/Key-Components-of-Childrens-Care-Coordination.pdf