

From Adversity to Resilience: Overview of the Contra Costa Network of Care Model



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? Just 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—is different because the pediatrician is talking to the mother about stress. The pediatrician knows that stress, both acute and routine, may be 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 screening is 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.

The 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.

In Contra Costa County, three partners—First 5 Contra Costa, La Clínica de la Raza, and the Contra Costa Crisis Center—joined forces to make this story a reality for local families. This brief introduces the model they developed together.



Contra Costa Network of Care

The Network of Care's Theory of Change

The Network of Care partners created a pilot program to test their Theory of Change. They identified a key **problem**: that healthcare and social service providers, for a variety of reasons, were not consistently identifying and responding to the needs of families affected by Adverse Childhood Experiences (ACEs) and toxic stress. The partners believed that if healthcare and social service providers were able to coordinate more closely, more families would receive supports that help them heal and build resilience.

They identified specific **strategies** to make this happen:

- educating providers so they could be more trauma-informed
- collaborating so that health and social service systems are more integrated
- advocating for the resources to make this teamwork possible.

All these components contribute to their **vision** of helping families and individuals heal and gain resilience, so that fewer children experience ACEs and toxic stress. And when they do, the harm is detected and healed early, in trauma-informed settings that are the rule, not the exception.

Partner Roles and Contributions

In the Network of Care pilot, La Clínica trained its pediatricians on how to screen children and their adult caregivers for ACEs and toxic stress. As their pediatricians screened patients, they referred those with needs to the local Help Me Grow system. Contra Costa's Help Me Grow model, funded by First 5 Contra Costa and operated by the Contra Costa Crisis Center, had already been developed to connect children with developmental concerns with appropriate resources. Trained Help Me Grow care coordinators work with parents to understand their needs and to link them to local services.



Lessons Learned

- Using a family-centered, strengths-based approach bolstered by cultural humility and trauma-informed practices ultimately altered the patient-provider relationship, allowing both to embrace ACEs screenings.
- Investing in information technology infrastructure builds strong bridges for streamlined connections between healthcare and social service providers in supporting families.
- Investing in training for both Network partners and the broader community shifted culture and protocols, leading to wider adoption of trauma-informed approaches and increasing the chances of sustainability beyond the pilot.
- Collective impact and systems integration work requires trusting relationships, coordinated and aligned efforts, and multi-layered communication and decision-making pathways.
- Leveraging the use of a backbone entity helps ensure lessons learned are captured to inform future expansion, disseminating promising practices and advancing community awareness of ACEs, toxic stress, and approaches that can be used to enhance families' healing and resilience.

To learn more, check out our practice paper
From Adversity to Resilience: Building a Network of Care