



Trauma-Informed Network of Care Planning Grants Final Report

PREPARED BY



Mission driven. Forward thinking.

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Executive Summary

The [ACEs Aware initiative](#) — jointly launched by the Office of the California Surgeon General (CA-OSG) and the California Department of Health Care Services (DHCS) in December 2019 — offers Medi-Cal providers training and payment for screening children and adults for Adverse Childhood Experiences (ACEs) and toxic stress.

Since June 2020, ACEs Aware has awarded 185 organizations a total of \$45 million in grants to expand the reach and impact of the initiative and to build on and grow robust systems — Trauma-Informed Networks of Care — to support Medi-Cal providers and communities in responding to ACEs and implementing protocols for preventing and interrupting the toxic stress response in children and adults.

This report is focused on the 26 Network of Care Planning Grants that were designed to support communities whose Medi-Cal providers were in the early stages of screening for ACEs and contemplating approaches for collaborating and coordinating across clinics, community organizations, and social service agencies. Lead entities for the Planning Grants included nine primary health care clinics, five mental health care clinics, 12 county-based and community-based organizations (CBOs), and two county government agencies. A summary of each Network of Care Planning Grant is included in the [Appendix](#).

The grantee lead organizations made notable progress toward the goals established under the grants as outlined in the [Trauma-Informed Network of Care Roadmap](#). This report provides key themes and specific examples of areas where the Network of Care Planning Grantees achieved success, as well as areas where challenges emerged.

Successes

The ACEs Aware Network of Care Planning Grantees successfully strengthened their capacity to implement ACE screenings, workflows, and treatment interventions over a relatively short grant period of nine months. Grantees built solid relationships between Network of Care partners, developed and in some cases implemented clinical protocols and workflows, and laid the foundation for an ongoing commitment to ACEs-related work.

All 26 Network of Care Planning Grantees:

- Developed a leadership and accountability infrastructure, often through the development of Memoranda of Understanding (MOU), charters, and business agreements.
- Built capacity for the delivery of buffering supports and services.
- Increased awareness of ACEs, toxic stress, and ACE-Associated Health Conditions (AAHCs) across partners.
- Researched, purchased, or enhanced information technology (IT) referral platforms to facilitate communications between clinical and social service providers.

Nearly half of the Planning Grantees had also received grants during an earlier round of grant funding. These Planning Grantees were able to build on work completed under the Provider Engagement, Training, and Communications grant program. Many of the Grantees had already identified clinical champions in their communities, developed collaborative partnerships across delivery systems, and were able to build on a strong foundation of knowledge and understanding of the resources and skills required to effectively implement ACE screenings.

“We were able to really create momentum for the ACEs Aware initiative in our county. The grant funds made it happen – as soon as we got the funds, we were able to start allocating the time and energy to laying the groundwork for what would mean county-wide education and outreach as it relates to ACEs, trauma, and toxic stress.”

– COUNTY OF GLENN

Challenges

All new initiatives inevitably experience barriers and challenges, sometimes anticipated but often unanticipated. Nearly all Grantees identified the significant impact the COVID-19 pandemic had on their ability get their projects underway in a timely manner as well as to fully achieve their goals. They consistently cited the tension of clinical teams and staff needing to meet urgent clinical priorities while also being asked to focus on training, preparing to screen for ACEs, and planning and implementing practice change.

Other consistent challenges included:

- Balancing the short grant period timeline in relation to the time it takes to build authentic and sustainable clinic-community relationships;
- Carving out uninterrupted staff time to participate in trainings;
- Standardizing workflows across multiple partners at different stages of ACE screening implementation;
- Understanding the complexity and time commitment of adopting an IT referral platform across multiple partners;
- Ensuring that community organizations were able to see themselves reflected in ACEs Aware given the clinical focus of the initiative; and
- Developing ongoing momentum without an assurance of dedicated future funding.

Throughout the grant period, the ACEs Aware team worked with the Grantees to provide support and technical assistance to address these challenges wherever possible. While the challenges resulted in some delays in progress, overall, the Planning Grantees achieved a great deal in the short grant period.



Bringing the Network of Care Roadmap to Life

As part of the ACEs Aware initiative's robust grantee engagement and technical assistance program, all Network of Care Grantees were asked to track their progress in terms of alignment with the Trauma-Informed Network of Care Roadmap. The following are key examples:

Understanding ACEs, Toxic Stress, and Trauma-Informed Care



Sutter County's Children and Families Commission

used grant funds to implement *Handle with Care*, in which the county works with schools and law enforcement to notify educators about potential

trauma sustained by a child in their class. For example, if law enforcement sees a child present during a home visit for a domestic dispute, the law enforcement officer notifies the school. The notification from law enforcement simply states, "*handle with care*" and the child's name. This informs school officials and teachers to be compassionate with the child without disclosing sensitive or confidential information.



The California Health Collaborative (CHC) worked with clinical partners Aria Community Health Center, Family Healthcare Network, and Adventist Health to increase the number of providers who are trained to

screen for ACEs. Nearly 600 individuals in their network completed the Becoming ACEs Aware in California training and certification during the grant period. CHC's Network of Care also provided partners with access to resources and technical assistance to promote staff understanding of trauma-informed service delivery and how to integrate it into their work.

Screening and Responding to ACEs and Toxic Stress

The Planning Grantees made strong progress in advancing access to ACE screening and community-based buffering supports and expressed their commitment to continue to build their Networks of Care beyond the grant period.

By the Numbers – Out of 26 Planning Grantees:	
Screening for ACEs and Toxic Stress	22
Recruiting New Clinical Partners to Begin Screening	23
Launching Pilots to Test ACE Screening	16
Implementing Screening Workflows	23

Grantees also advanced efforts to educate communities and families about the value of buffering supports in preventing and mitigating toxic stress.



Cardea worked with Tribal health partners across multiple counties to share how the ACEs Aware “stress busters” ([Figure 3](#)) applied with culturally specific and respectful attention to the American Indian/Alaska Native (AI/AN) experience. They held virtual sessions with Dr. Tami De Coteau about trauma exposure for indigenous communities, buffering supports, and approaches for mitigating the trauma response.

Establishing Leadership and Accountability Structures



The East Valley Community Health Center (EVCHC) core team included three partners: the Community Translational Research Institute (CTRI), Tri-City Mental Health Services, and Claremont Graduate University. EVCHC executed a formal agreement regarding the expectations and responsibilities of the grant collaboration. CTRI and Tri-City also formalized an MOU between their two organizations.

Early in the grant period, EVCHC established a leadership team to act as the collective decision-making body to support the ACEs Aware work. As the lead entity, EVCHC facilitated and convened bi-weekly leadership team meetings, and many team members offered in-kind expertise. In addition, network partners participated in a focus group with the EVCHC team to discuss roles and gather feedback and questions on the Unite Us client workflow.

Establishing IT Infrastructure for Information Sharing

For many Planning Grantees, work began by integrating ACE screening tools and workflows into existing electronic health records (EHRs) to lay the foundation for effective and efficient communication within clinical settings, followed by research around IT referral platforms to assist in tracking patient and family outcomes. Grantees researched and met with representatives from the various IT platforms to evaluate their service offerings. Ultimately, 15 of the 26 Grantees identified referral platforms during the grant period, many of them utilizing grant funds to pay for staff time to research and to establish initial contracts and licenses with the selected vendor.

AltaMed

AltaMed successfully leveraged their planning grant to establish a foundation for ACE screening throughout their health care system. AltaMed focused on defining

clinical roles and developing a workflow for screening and referrals. They launched screening in the summer of 2021 in one clinic, successfully expanding to four clinics by the end of the grant period. AltaMed uses SmartSet and SmartPhrase in their EHR, which allows them to generate reports with ACE screening results and referral data, which can be shared with Network of Care partners to assist families with navigating the system and to track progress.

Evaluating Effectiveness of the Network of Care



First 5 Kern used grant funds to launch an ACE screening pilot with clinical partners at Omni Family Health Care and is making closed-loop referrals for

families using the Kern Connected Community Network/Unite Us. The focus of the pilot was to integrate the Pediatric ACEs and Related Life-events Screener (PEARLS) and Social Determinants of Health (SDOH) Screener into the Unite Us platform to make social care referrals for families in need.

First 5 Kern reports that the pilot has helped de-stigmatize ACE screenings, advance trauma-informed care principles, and infuse equity into their work. They are finalizing a community impact dashboard that will allow First 5 Kern to track referrals in the long-term. During the pilot, they gathered preliminary data on community needs, numbers of referrals initiated through the Unite Us platform, and demographics of the people referred. First Five Kern plans to continue to build on their pilot and use the data for ongoing improvement of their Network of Care.

Conclusion and Key Themes

Despite the short time frame that was available for the Network of Care Planning Grants, a number of key themes emerged and proved to be consistent across communities. This report provides a full review of each grant in detail, which serves as the source of the following observations:

- Establishing formal leadership and accountability structures is critical to success, as well as long-term sustainability;
- Building a Network of Care can be successful with either a clinic or a CBO as the lead entity, as long as there are strong leaders and champions in place to build connections across the network;
- Investing in IT referral platforms is worthwhile, but it takes time to identify, execute, and benefit from them;
- Building relationships is as critical as having workflows and IT platforms in place; and
- Creating long-term sustainability will be a challenge unless new funding becomes available.

The ACEs Aware Network of Care Planning Grantees have set the stage for California's continued efforts to build a better world for children, families, and communities by working together across sectors to prevent and address the impact of ACEs and toxic stress.

Section 1: Background

The [ACEs Aware initiative](#) was launched in December 2019 as a mechanism for achieving California's bold goal of reducing Adverse Childhood Experiences (ACEs) by half in one generation. The initiative, led by the Office of the California Surgeon General (CA-OSG) and the California Department of Health Care Services (DHCS), offers Medi-Cal providers training and payment for screening children and adults for ACEs and toxic stress. To date, the initiative has awarded \$45 million in funding to communities across California with the goal of promoting awareness of the initiative, engaging Medi-Cal providers, and establishing and augmenting Trauma-Informed Networks of Care.

ACEs Aware Training, Provider Engagement, and Communications Grants

In June 2020, ACEs Aware awarded \$14.3 million in grants to 100 organizations to expand the reach and impact of the initiative. The first round of grants provided funding to organizations and communities across California to:

- Design and implement provider trainings focused on ACEs and toxic stress;
- Host events designed to increase engagement with ACEs Aware including peer-to-peer sessions, Network of Care building activities, and broad-based provider engagement efforts;
- Plan and execute communication strategies designed to promote awareness and engagement with the ACEs Aware initiative; and
- Develop practice papers on a wide range of topics including screening adolescents and immigrant youth for ACEs; teaching medical residents about ACEs, toxic stress, and ACE screening; implementing ACE screening and trauma-informed care in small health care practices and FQHCs; and the role of Accountable Communities for Health and community information exchanges in Networks of Care.

For examples of Grantee Spotlights and highlights from the first round of grants refer to the [Events](#), [Blog](#) and [Grantee Stories](#) pages on [ACEsAware.org](#):

- November 2020 Grantee Spotlight – [Blog](#) and [Recording](#).
- February 2021 Grantee Spotlight – [Blog](#) and [Recording](#).
- June 2021 Grantee Spotlight – [Blog](#) and [Recording](#).

Trauma-Informed Network of Care Grants

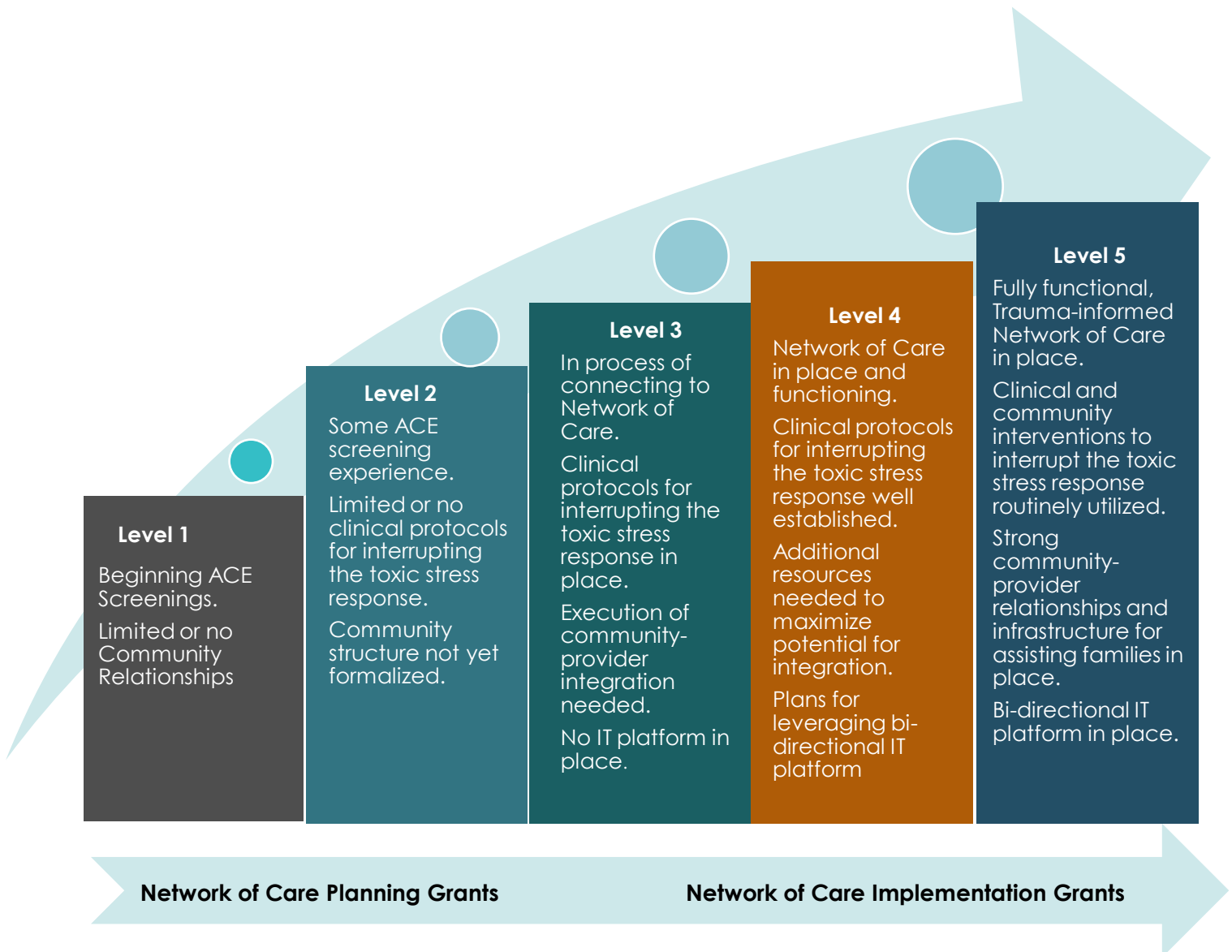
The second round of ACEs Aware grant funds sought to build on and grow a robust system — a Network of Care — to support Medi-Cal providers and their communities in effectively responding to ACEs and implementing protocols for interrupting the toxic stress response in children and adults. These grants were designed to provide communities the opportunity to pilot the concepts outlined in the [Network of Care Roadmap](#), initially released in December 2020 and finalized in May 2021.

The objectives for the Network of Care grants include:

- Create, augment, and sustain formal connections between Medi-Cal providers, social service organizations, and community partners to address toxic stress in children and adults through clinical and community interventions;
- Prevent future ACEs, toxic stress, and intergenerational transmission; and
- Prevent or assist in treating ACE-Associated Health Conditions (AAHCs).

In the Request for Proposals for the Network of Care grants, applicants were asked to consider their placement on a Trauma-Informed Network of Care Continuum of Integration ([Figure 1](#)). The Continuum includes five levels designed to measure progress in building sustainable and robust Networks of Care. Communities that placed themselves earlier in the Continuum (Levels 1, 2, and early 3) were encouraged to apply for a Network of Care Planning grant, and applicants that identified further along in the Continuum (Levels 3, 4, or 5) were encouraged to apply for a Network of Care Implementation grant.

Figure 1. ACEs Aware Trauma-Informed Network of Care Continuum of Integration

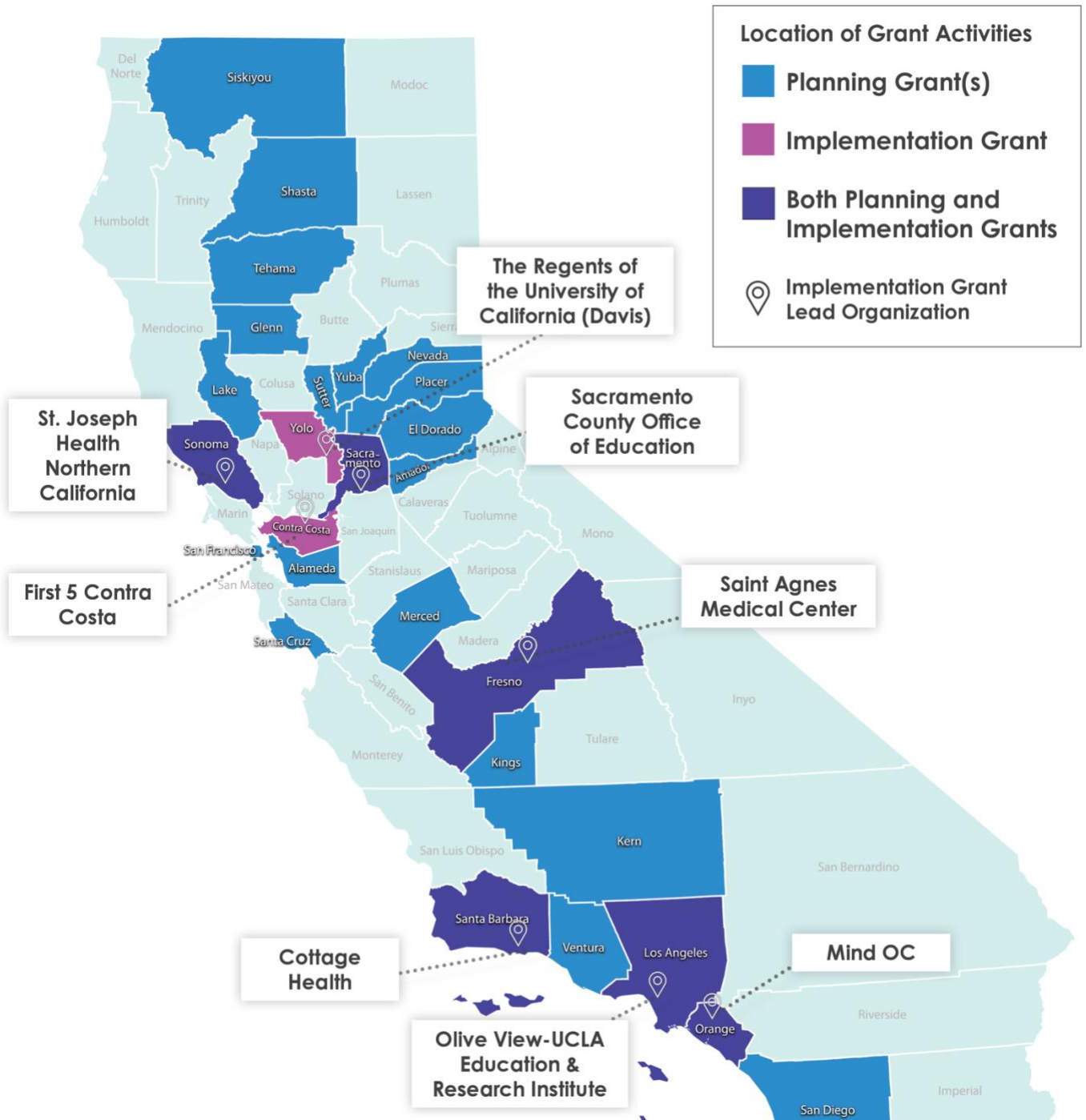




In January 2021, ACEs Aware awarded eight Network of Care Implementation grants, totaling \$22.9 million, to communities that demonstrated a high level of clinical and operational readiness and engagement with Medi-Cal providers to fully execute trauma-informed networks of care. The Network of Care Implementation grants amount to approximately \$3 million each and extend through June 30, 2022. This report is focused on the Network of Care Planning grants, which closed on September 30, 2021.

ACEs Aware awarded Network of Care Planning grants totaling \$7.56 million to 26 communities across California in January 2021. Planning grants were awarded to organizations and communities that indicated they were in the earlier stages of building connections between primary care clinics and community organizations and would benefit from the opportunity to leverage the \$300,000 in funding by distributing a portion to community partners. Planning Grantees had eight months to complete the planning process and deliverables aligned with the milestones outlined in the Network of Care Roadmap.

Figure 2. Trauma Informed Network of Care Grant Awards



Planning grants were awarded across the state ([Figure 2](#)) with a focus on communities with a high prevalence of ACEs, rural and tribal areas, and communities that did not have existing grants or trauma-responsive activities underway.

Network of Care Planning Grants

Network of Care Planning grants were created to support communities whose Medi-Cal providers were in the early stages of conducting ACE screenings and were contemplating approaches for collaborating and coordinating across Medi-Cal providers, community-based organizations (CBOs), and social service agencies to prevent and mitigate the toxic stress response resulting from ACEs. Each Planning Grantee was required to submit a detailed work plan and budget to outline their individual plans and scope of work. Grant funds were available to complete the following activities:

- Hire new staff or cover costs for existing staff time, including clinical staff time, dedicated to carrying out identified grant activities and executing the proposed work plan;
- Plan for and submit deliverables as identified in the grant contract, including participation in identified trainings and meetings;
- Support partnerships, meeting planning, and implementation activities that promote community engagement and participation in grant activities;
- Distribute funding to partner organizations for purposes of completing the planning grant deliverables;
- Purchase, augment, and promote interoperability of IT platforms to assist facilitation and documentation of referral, response, and follow-up processes; and
- Pay subcontractor costs associated with carrying out identified grant activities.

All Network of Care Planning Grantees were required to complete a set of deliverables to receive payment, consisting of:

- **Deliverable #1** (due April 15, 2021): Initial Assessment of where the Grantee's community is on the Trauma-Informed Network of Care Continuum of Integration Assessment Tool ([Figure 1](#))

- **Deliverable #2** (due April 30, 2021): Plan for future implementation of a Trauma-Informed Network of Care for Preventing and Mitigating Toxic Stress
- **Deliverable #3** (due June 1, 2021): Mid-Point Progress Report
- **Deliverable #4** (due September 30, 2021): Final Report and Sustainability Analysis

The original Network of Care Planning Grant period was February 1, 2021 – July 31, 2021. In May 2021, DHCS approved a no-cost extension for Planning Grantees through September 30, 2021. Twenty-five of the 26 Planning Grantees accepted the no-cost extension.

Planning Grant Lead Entities

The Network of Care Planning Grantee cohort is comprised of 26 organizations serving as lead entities across California. Lead entities included nine primary health care clinics, five mental health care clinics, and 12 county or community-based organizations (CBOs). A summary of each Planning Grantee lead entity and their partners is included in the [Appendix](#).

Planning Grant Lead Entity — By Organization Type

Primary Health Care Clinics (9)

- AltaMed Health Service Corporation
- Centro de Salud de la Comunidad de San Ysidro
- Community Health Center Network
- East Valley Community Health Center
- La Maestra Family Clinic, Inc.
- San Francisco General Hospital Foundation / Solid Start
- Tahoe Forest Health System Foundation
- Tarzana Treatment Centers
- WellSpace Health

Mental Health Care Clinics (5)

- Children's Bureau
- Hillside
- Merced County Behavioral Health Recovery Services
- San Fernando Valley Community Mental Health Center, Inc.
- Westside Infant-Family Network (WIN)

County-Based and Community-Based Organizations (12)

- California Health Collaborative
- Cardea
- Child Abuse Prevention Council / Partnership for Safe Families and Communities, Ventura County
- County of Glenn
- County of Santa Cruz Public Health
- First 5 Kern
- First 5 Placer
- First 5 Shasta
- Futures Without Violence
- Merced County Office of Education (MCOE) – Family Resource Center
- Sutter County Children & Families Commission
- Tehama County Children & Families

Planning Grantee Partners

Planning Grantees were required to identify partners to participate in their Networks of Care. Many Grantees distributed a portion of their grant funds to support the work of their partners, which significantly contributed to the success of the grant. A full list of Planning Grantee partners can be found in the Grantee summaries in the [Appendix](#).

Grants Management and Technical Assistance

Throughout the Network of Care Planning grant period, Aurrera Health Group provided grants management and technical assistance to Grantees and their partners. Grantees met monthly with their Aurrera Health grant liaison to discuss their progress, request technical assistance, and make suggestions for peer-to-peer or learning network sessions. Ad hoc support was also available to the grantees as needed. Aurrera Health Group provided technical assistance using multiple modalities, including:

- **Learning Network Calls** – Presentations from leading experts and Grantees as well as discussion forums and breakout groups that allowed for a “deeper dive” on subtopics;
- **Regional Meetings and Meet and Greets** – Collaborative space where Grantees developed stronger working relationships and shared updates, strategies, and promising practices within a region and/or across cohorts;

- **Webinars and Publications** – Educational content provided in didactic format, which included broader ACEs Aware Webinars that were open to the public; and
- **Biweekly Peer-to-Peer Discussion Forums** – Informal sessions for Network of Care Grantees to talk to one another about specific “hot” topics.

The technical assistance sessions covered topics such as:

- Establishing clinical workflows and protocols
- Integrating ACE screening into primary care
- Leveraging Stress Busters ([Figure 3](#)) in the Network of Care
- Medi-Cal Managed Care 101
- Building and sustaining managed care relationships
- School-Based Health Centers 101
- Leveraging health information technology through referral platforms, adherence to privacy standards, and interoperability
- ACEs Aware in the national health information technology (HIT) landscape

Technical assistance sessions consistently attracted participants, with more than 1,645 participants total across approximately 30 sessions. The Planning Grantees have continued to actively engage in ongoing ACEs Aware Technical Assistance opportunities beyond the end of their grant period.

Section 2: Grantee Goals, Successes, and Challenges

All Grantees completed the Network of Care Continuum of Integration assessment at the beginning and at the end of the grant period. This section outlines the goals developed by Grantees as well as synopses of their successes and challenges. [Section 3](#) provides a progress assessment based on the milestones from the [ACEs Aware Trauma-Informed Network of Care Roadmap](#).

Grantee Goals

The Planning Grantees established and tracked progress toward a minimum of three measurable goals to advance their work — half of the Grantees identified additional goals above and beyond the required three. Aurrera Health Group used the goals to develop Technical Assistance support for Grantees. Planning Grantee goals fell into the following categories:

- Increasing knowledge of ACEs and trauma-informed care (including increasing the number of clinicians and partners who completed the Becoming ACEs Aware in California core training);
- Developing or implementing clinical screening and response protocols;
- Launching a screening pilot or expanding screening among provider partners;
- Integrating staff such as Community Health Workers (CHWs) into clinical practices to build care coordination functions;
- Building partnerships and a leadership structure with clinical partners, CBOs, and managed care plans;
- Exploring, identifying, or implementing an IT referral platform;
- Prioritizing and spreading awareness of health equity; and
- Identifying sustainable funding sources beyond the end of the grant period.

Grantees were then asked to provide a narrative description of their progress in the interim and final report. All Grantees reported making progress toward their goals in the final report ([Table 1](#)). Grantees identified the most progress on goals related to:

- Building partnerships and Network of Care leadership structures with clinical partners, CBOs, and Managed Care Plans (82% mostly or fully achieved)
- Launching a screening pilot or expand screening (80% mostly or fully achieved)

Table 1. Grantee Goals & Progress

Goal Theme	% Mostly or Fully Achieved
Build partnerships and Network of Care leadership structures with clinical partners, CBOs, and managed care plans	82%
Launch a screening pilot or expand screening	80%
Increase knowledge of ACEs and trauma-informed care	75%
Develop or finalize clinical screening and response protocols	67%
Prioritize health equity and increase participation by community members	67%
Integrate staff such as CHWs into clinical practices to build care coordination functions	67%
Explore, identify, or implement an IT referral platform	47%

Successes

Planning Grantees successfully strengthened their capacity to implement ACE screenings, workflows, and treatment protocols over a relatively short grant period. Grantees built solid relationships with Network of Care partners, developed (and in some cases implemented) clinical protocols and workflows, and laid the foundation for ongoing commitment to ACEs-related work.

All Planning Grantees:

- Developed leadership and accountability infrastructure, often through development of Memoranda of Understanding, charters, and business agreements.
- Built capacity for the delivery of buffering supports and services.
- Increased awareness of ACEs, toxic stress, and AAHCs across partners.
- Researched, purchased, or enhanced IT referral platforms to facilitate communications between clinical and social service providers.

“Throughout the duration of our grant period, partner staff were actively engaged in COVID-related activities, primarily vaccine roll-out and management of COVID surges. This created delays in communication and initiating work plan activities. In the end, we helped our partners set expectations for what can realistically be accomplished within and following our Network of Care [grant].”

– CARDEA

Nearly half of the Planning Grantees had also received grants in the first round. These Planning Grantees were able to build on work from the Provider Engagement, Training, and Communications grant program, having:

- Identified clinical champions
- Developed partnerships across clinical delivery systems and community partners; and
- Increased understanding and skills for implementing ACE screenings.

Challenges

Nearly all Grantees identified the impact of the COVID-19 pandemic on their ability to fully achieve their goals. They cited the tension between asking clinical teams and staff to meet clinical priorities while also asking them to focus on ACEs Aware grant activities.

Other common challenges included:

- Balancing the short grant period timeline in relation to the time it takes to build authentic and sustainable relationships;
- Carving out uninterrupted staff-time to participate in trainings;
- Standardizing workflows across multiple partners at different stages of ACE screening implementation;
- Understanding the complexity of adopting an IT referral platform across multiple partners;
- Ensuring that CBOs were able to see themselves and their role reflected in ACEs Aware given the clinical focus of the initiative; and
- Developing ongoing momentum without dedicated future funding.

Grantees identified additional challenges, though less frequently, related to understanding how to effectively engage with managed care plans, navigating California's Mandated Reporting requirements within the context of ACE screenings, and coordinating different requirements across grant awards for Grantees that were also recipients of a Round 1 ACEs Aware grant.

Throughout the grant period, the ACEs Aware team worked with the Grantees to provide support and technical assistance to address these challenges wherever possible. While the challenges resulted in some delays in progress, overall, the Planning Grantees achieved a great deal in the short grant period.

Section 3: Grantee Progress and Alignment with the Trauma-Informed Network of Care Roadmap

The [ACEs Aware Trauma-Informed Network of Care Roadmap](#), released in draft format prior to the grant awards and finalized in May 2021, provides practical steps that health care providers, clinics, CBOs, and social service agencies can take to grow cross-sector Networks of Care and improve coordination across systems to prevent, treat, and heal toxic stress.

The Network of Care Roadmap introduced milestones for both clinical care teams and communities. The milestones build upon each other and align with the Network of Care Continuum of Integration ([Figure 1](#)). Over the nine-month grant period, Grantees showed notable progress toward the Network of Care Roadmap milestones.

Understanding ACEs, Toxic Stress, and Trauma-Informed Care

All Grantees worked toward increasing general awareness and knowledge of ACEs, toxic stress, and trauma-informed care among both clinics and CBO partners. Because Planning Grantees were intentionally focused on capacity-building, this was the first milestone that all Grantees tackled. Most Grantees focused on outreach efforts that encouraged clinical and non-clinical partners to take the Becoming ACEs Aware in California core training and become certified to receive Medi-Cal reimbursement for ACE screenings where applicable. This was critical to establishing a collective foundation of knowledge across the network.

The following are case studies on two key Grantees who did this particularly well.

CASE STUDY

Sutter County Children & Families Commission (SCCFC) – Handle with Care



SCCFC is a small Northern California CBO that provides early childhood services in Sutter and Yuba counties. They partner with local clinics, including some that serve Tribal communities. SCCFC served as a lead entity for their Network of Care grant, building on existing programs and partnerships to strengthen the network while expanding outreach to additional partners. They built on their existing infrastructure by embedding ACEs and toxic stress education into their Help Me Grow outreach efforts.

One of SCCFC's goals for the grant was to implement a new initiative called Handle with Care, in which the county works with education and law enforcement to notify educators about potential trauma sustained by a child in their class. For example, if law enforcement makes a home visit for a domestic dispute and they see a child present, the law enforcement officer notifies the school. The notification from the law enforcement officer simply states, "*handle with care*" and the child's name. This informs school officials and teachers to be compassionate with the child, without disclosing sensitive or confidential information.

Utilizing the health and human services infrastructure across Yuba and Sutter counties, SCCFC made presentations and facilitated conversations across existing department programs. They identified Dr. Olga Gonzalez as a physician champion and featured her in a video that was used in a local digital campaign to assist with outreach efforts about ACEs, why it is important to be a trauma-informed partner, and the value of mitigating toxic stress.

SCCFC assists in referrals and follow-up, ensuring clients receive the buffering supports they need following the ACE screening. One of their partners screens entire families for ACEs, utilizing the screening as an opportunity to begin conversations with the caregiver. Families that have agreed to participate in the ACE screening have shared positive feedback about their experience and appreciate the connection to buffering supports. Resources developed during SCCFC's grant period include:

- [93Q Radio and Facebook Live interview](#) with Sutter County Children and Families Commission about ACEs Aware.
- SCCFC ACEs Aware Physician Champion Videos: Dr. Olga Gonzalez, Feather River Tribal Health Inc. ([English](#), [Spanish](#)).

CASE STUDY

California Health Collaborative – Provider Recruitment



CALIFORNIA HEALTH COLLABORATIVE
changing lives by improving health and wellness

The California Health Collaborative (CHC) is a CBO serving communities statewide. CHC has been a convener across multiple networks in the Central Valley and a key partner with the Kings County Public Health Department (KCPHD). CHC built on its Round 1 grant by continuing to focus on awareness and education around ACEs, trauma-informed care, and mitigating toxic stress. Their grant involved working in collaboration with a local CBO, Kings United Way, and three clinical partners: Aria Community Health Center, Family Healthcare Network, and Adventist Health.

CHC expanded their Network of Care by empowering all funded partners to take the Becoming ACEs Aware in California core training. To date, nearly 600 individuals in their network have completed the ACEs training and certification. Their Network of Care also supports all partners with access to resources and technical assistance in creating a continuing education plan to promote staff understanding of trauma-informed service delivery and how to integrate it into their work. CHC plans to continue their work by adding schools, early intervention providers, county behavioral health, and Tribal social services providers to their Network of Care.

Advancing ACE Screening and Responding to Toxic Stress

At the beginning of the grant period, Planning Grantees were expected to have at least one clinical partner who had attested to taking the ACEs Aware core training and could demonstrate readiness to conduct ACE screenings. Grantees were also required to commit to identifying at least two additional clinical partners to support the growth and expansion of their Network of Care during the grant period.

The expectation of the ACEs Aware initiative is that the primary care provider is either directly conducting the screening or is closely involved with the follow-up to the screening and development of the treatment plan within the clinic setting. Because many of the lead entities for the Network of Care grants are CBOs, Aurrera Health Group provided guidance and technical assistance to ensure that they were appropriately connecting with primary care providers as part of their screening workflows. The following is an illustration of the results the 26 Planning Grantees generated:

- **22 Grantees** (either lead entity or network partners) were screening by the end of the grant period.
- **23 Grantees** expanded on existing ACE screening efforts by adding new Medi-Cal primary care providers or clinic partners who either newly began screening during the grant period or are ready to screen for ACEs.
- **11 Grantees** successfully launched new screening pilots, and **five** Grantees used their funds to create the infrastructure and buy-in necessary to launch a pilot soon after the grant period.
- **19 Grantees** reported that they had implemented screening workflows, and four reported planning to use workflows in the near future.
- **Nearly all Grantees** made strong progress in advancing access to community-based buffering supports and expressed their commitment to continue to build their networks of care beyond the grant.

Multiple Grantees focused on identifying buffering supports within their networks and coordinating referrals to those services. For example:

- **The Children's Bureau** and the **California Health Collaborative** each used their grant extensions to meet monthly with network partners to explore the Stress Busters

(Figure 3). During the meetings, they educated partners about specific Stress Busters and identified organizations and services that could serve as potential resources within their networks.

- **Cardea** worked with Tribal health partners across multiple counties to share buffering supports with culturally specific and respectful attention to the American Indian/Alaska Native (AI/AN) experience. They held virtual sessions with Dr. Tami De Coteau about trauma exposure for indigenous communities, buffering supports, and approaches for mitigating the trauma response.

Figure 3. Stress Busters



Sources: Bhushan D, et al. The Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020 DOI:10.48019/PEAM8812; Gilgoff et al. Adverse Childhood Experiences, Outcomes, and Interventions. *Pediatric Clinics* 2020; **67**(2): 259-73.

AltaMed

CASE STUDY

AltaMed – Leveraging Technology to Track Progress

AltaMed – a large FQHC system in Los Angeles and Orange counties – successfully leveraged their planning grant to establish a foundation for ACE screening throughout their health care system. Building on their provider engagement activities from Round 1 of ACEs Aware grants, AltaMed focused on defining clinical roles and developing a workflow for screening and referrals. They launched ACE screening in the summer of 2021 in one clinic and successfully expanded to four clinics by the end of the grant period in September. The physician champion and grant staff are preparing to present a cost/benefit analysis to AltaMed's leadership as they seek to expand screening to additional sites.

AltaMed uses SmartSet and SmartPhrase in their EHR, which allows them to generate reports with ACE screening results and referral data. The summative information is shared with Network of Care partners to track progress. AltaMed has a dedicated team of leaders committed to the movement and to increasing screening across their system. Their Executive Provider Leadership (EPL) group provides time for CME hours to encourages clinicians to complete the Becoming ACEs Aware in California training and prepare for screening.

CASE STUDY

Westside Infant-Family Network — Responding to ACEs and Toxic Stress

Westside Infant Family Network (WIN) began screening for ACEs in 2015 in partnership with Venice Family Clinic. They built their Network of Care using existing networks in Los Angeles called Health Neighborhoods, which included three existing CBOs (Alcott Center, Safe Place for Youth, and Partners for Children South L.A.), as well as five clinical partners, three of which are new partners (Achievable Foundation, UMMA Community Clinic, and St. John's Well Child and Family Center).

WIN expanded to South Los Angeles — an area that is historically under-resourced — nearly doubling the Network of Care footprint. In addition to having clinical representation and CBO partners on their leadership team, WIN also has partnerships with two Medi-Cal managed care plans (L.A. Care Health Plan and Health Net).

WIN adopted the IT referral platform, Unite Us, very early in the grant period. The Resource and Referral Workgroup, comprised of case managers and community health workers (CHWs), successfully leveraged the platform to track referrals.

Through the grant, WIN's Network of Care has successfully developed an infrastructure for screening and responding to ACEs and toxic stress. Another unique component to WIN's efforts is their pilot project providing referrals to psychoeducation services. Starting in August 2021, the Westside Family Health Center embedded a CHW into their clinic. Westside Family Health Center is hosting a series of psychoeducation sessions to connect patients and families to resources through the referral platform, Unite Us. The CHWs support clinicians by managing the referral process.

Using the ACEs Aware Screening Implementation How-To Guide, WIN worked with their clinical partners to develop screening workflows and processes for collecting and reporting data to identify trends, areas of success, and opportunities for improvement. Screening partners have refined workflows and protocols based on feedback from staff involved in the ACE screening process and are committed to ongoing evaluation of their processes.



Establishing IT Infrastructure for Information Sharing

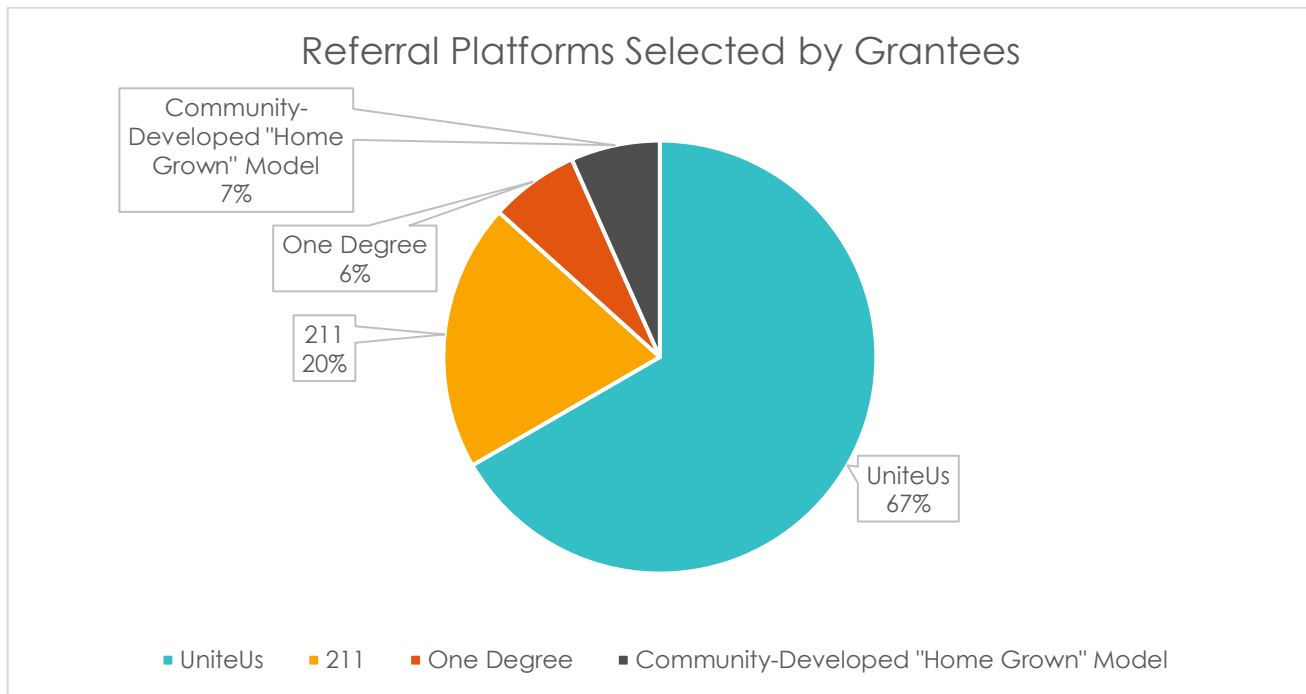
Planning Grantees began the grant period at varying levels of use of EHRs to document screenings and identification of referral platforms to support communications between clinical partners and CBOs. For many Grantees, work began by integrating ACE screening tools and workflows into EHRs to lay the foundation for effective and efficient communication within clinical settings.

All Grantees engaged their networks in discussions about the use of an IT referral platform, and in many cases, researched and met with representatives from the various IT platforms to evaluate their service offerings. Ultimately, 15 of the 26 Grantees identified referral platforms during the grant period, many of them utilizing grant funds to pay for staff time to research and establish initial contracts and licenses with the selected vendor.

“As a pediatrician I’ve always known that nutrition, exercise, and quality sleep are important. What shifted for me is the realization that these buffering supports are actually treatment for potential biological changes that have occurred because of toxic stress. These are not just good things to have, they are actually treating the toxic stress response.”

– WESTSIDE FAMILY HEALTH CENTER

Table 2. IT Referral Platforms Selected



Grantees that did not select a platform noted specific challenges related to this component of the work. The most common challenge was limited time and resources needed to understand the options related to choosing a technology platform. Grantees also noted the challenge of being able to cover IT-related costs after the grant period ended and difficulty in navigating this decision because multiple platforms were already being used by network partners. Further, Grantees were concerned about ensuring appropriate data privacy protections and clarity around data ownership. The topic of identifying, choosing, and enhancing a technology platform was a key focus of the technical assistance sessions.

Developing a Strong Leadership and Accountability Structure

All Grantees built and enhanced leadership and accountability structures for their Networks of Care. Eleven of the 26 Grantees formally established a memorandum of understanding (MOU) or other business agreement with their network partners, and an additional three Grantees were in the process of doing so at the end of the grant period.

Defining, executing, and leveraging formal leadership and accountability structures was critical to Grantees' ability to sustain their work beyond the grant period. Many

Grantees expressed that having flexibility to customize governing structures to meet unique community needs was a key success factor.

Creating leadership and accountability structures required significant time and effort to identify partners and schedule meetings and follow-up on decisions. Grantees noted the time needed to build relationships and secure buy-in from newer partners as critical to success. Grantees also referenced a lack of staff capacity because staff implementing ACEs Aware efforts were often the same staff working to respond to the COVID-19 pandemic and meeting other organizational obligations. Grantees noted that additional time would have been helpful to establish and build stronger relationships across partners.

Financing Future Efforts

All Grantees were required to develop a sustainability plan as a component of the final deliverable. While most Grantees noted difficulty in identifying additional funding, all Grantees reported that they planned to continue their ACEs Aware-related work in some capacity after the grant period. Multiple Grantees stated that the grant had created meaningful momentum to continue their work, and every Grantee noted interest in continuing to engage with the ACEs Aware initiative and participate in technical assistance opportunities.

“The collaborations and partnerships that we have created and strengthened with our Network of Care partners have been tremendous... It has engaged us even further into our community. With a more formal referral network being developed and put into place to facilitate a closed loop referral process between the partners in our network, this will further ensure linkage to needed services and buffering resources for every individual and sustain our network moving forward.”

**– SAN FERNANDO VALLEY MENTAL
HEALTH**

The following two Grantees showed accomplishments in building leadership and accountability structures and financing future efforts:

CASE STUDY

East Valley Community Health Center – Shared Decision-Making in Action

East Valley Community Health Center (EVCHC) is in Southern California, primarily serving the San Gabriel Valley area. The core team included three partners: the Community Translational Research Institute (CTRI), Tri-City Mental Health Services, and Claremont Graduate University. EVCHC executed a formal agreement regarding the expectations and responsibilities of the grant collaboration. CTRI and Tri-City also formalized an MOU between their two organizations.

Early in the grant period, EVCHC established a leadership team to act as the collective decision-making body to support the ACEs Aware work. As the lead entity, EVCHC facilitated and convened bi-weekly leadership team meetings, and many team members offered in-kind expertise. In addition, network partners participated in a focus group with the EVCHC team to discuss roles and gather feedback and questions on the Unite Us client workflow. During the grant close-out meeting, EVCHC noted the momentum that has been generated and expressed their commitment to continuing this work after the end of their grant period.



CASE STUDY

Merced County (MCOE - Family Resource Center and Merced County Behavioral Health Recovery Services) – Creating a Backbone for Future Efforts

Using the foundation of their Round 1 communications grant, the Merced County Office of Education Family Resource Center (MCOE) used the Network of Care grant period to become more integrated with ACEs Overcomers (also a Round 1 communications Grantee) and another Planning Grantee, [Merced County Behavioral Health Recovery Services](#). Together, they became the leadership structure for Merced County, organizing all partners to meet together instead of individually, forming a county-wide Network of Care, called the [ACEs Informed Network of Care \(INC\) Merced County](#).



MCOE established five committees to guide their work:

- Clinical Protocols Committee;
- Leadership and Community Outreach Committee;
- Resources, Training, and Science Committee;
- Finance and Technology Committee; and
- Leadership and Accountability Structure Committee.

The committees met twice a month, each led by experts in the county. Committee leads, representing multiple sectors and organizations, serve as members of the INC leadership team.

In addition to the specific work under the Planning Grant, MCOE also worked to ensure that awareness about ACEs and toxic stress is promoted across county departments. For example, as ACEs champions in Merced County, leadership team members have added ACEs as an agenda item to all county meetings in which they participate. As a result, members of the INC leadership team now have new partners reaching out to ask how they can become involved in the Network of Care. County agencies and behavioral health partners are screening using ACEs Aware developed workflows. They have identified Unite Us, a closed-loop referral platform structure and plan to implement it in the coming months. Finally, MCOE actively participates in the Central Valley collaborative and routinely connects with fellow Network of Care Grantees to discuss lessons learned to assist in their planning.

MCOE's enthusiasm and success has generated support within the community that will facilitate sustainability beyond the grant period. They are one of the few Grantees who secured non-ACEs Aware funding to continue the work.

Evaluating Effectiveness

Due to the short duration of the grant and the focus on capacity-building, most Planning Grantees did not fully implement a Plan-Do-Study-Act (PDSA) cycle to evaluate and strengthen their Network of Care. However, some Grantees set the foundation for this process.

CASE STUDY

First 5 Kern – Using Data for Improvement



First 5 Kern used grant funds to launch a screening pilot with clinical partners at Omni Family Health Care and make closed-loop referrals for families using the Kern Connected Community Network/Unite Us. Partners tested different clinical workflows and identified resources that managed care plans could leverage to serve the needs of the communities. The focus of the pilot was to integrate the PEARLS screener and Social Determinants of Health (SDOH) Screener into the Unite Us platform to track organizations leveraging the Kern Connected Community Network to make social care referrals for families in need.

First 5 Kern reported that the pilot has helped de-stigmatize ACE screenings, advance trauma-informed care principles, and infuse equity into their work. They are finalizing a community impact dashboard that will allow First 5 Kern to track referrals. During the pilot, they gathered preliminary data on community needs, numbers of referrals initiated through the Unite Us platform, and demographics of the people referred. They plan to continue to build on their pilot and use the data for ongoing planning and improvement.

“We will continue to be involved with our extended Central Valley network to operationalize this work and identify system solutions to help mitigate toxic stress and meet Dr. Nadine Burke Harris’ audacious goal to cut ACEs in half in a generation.”

– FIRST 5 KERN

Conclusion

The Network of Care Planning Grantees continue to build on the work accomplished during the grant period. Grantees will continue to have opportunities to engage and be included in ongoing technical assistance opportunities. Key themes from the work include:

- Establishing formal leadership and accountability structures is critical to success, as well as long-term sustainability;
- Building a Network of Care can be successful with either a clinic or a CBO in the lead, as long as there are strong leaders and champions in place to build connections across the network;
- Investing in IT referral platforms is worthwhile, but it takes time to identify, execute, and benefit from them;
- Building relationships is as critical as having protocols and IT platforms in place; and
- Creating long-term sustainability will be a challenge unless new funding becomes available.



APPENDIX

Network of Care Planning Grantee Summaries

AltaMed Health Service Corporation

Overview

- **Award Amount:** \$299,998
- **County Service Area(s):** Los Angeles, Orange
- **ACEs Aware Round 1 Grant(s):** Provider Engagement, \$50,000

Partners

- Children's Hospital of Los Angeles

Summary

AltaMed Health Services Corporation (AltaMed) is the largest FQHC in California and includes more than 35 clinical sites in Los Angeles and Orange counties. During the grant period, physician champions within the organization helped lead the rollout of ACE screenings at four clinics that served as a pilot to refine clinical protocols and workflows. Despite the ongoing demands created by COVID-19, clinic staff at the four primary care and pediatrics sites developed ways to integrate the screening and referral work into the EHR system and implemented comprehensive workflows that incorporated in-house referral resources such as case management, behavioral health, health education, and wellness.

AltaMed's team helped strengthen support and awareness around ACEs throughout the organization, especially among executive leadership. This has helped lay the essential groundwork for expanding training and screening to other sites. In addition, the entire organization will be involved in the approach for selecting a community-based IT platform in order to integrate it across other programs and departments.

The organization's mission is to educate, screen, and treat the AltaMed community for ACEs and toxic stress in a safe environment. To help sustain this work, the team established an ACEs Advisory Committee that continues to provide leadership and engage other community partners in both Los Angeles and Orange counties.



California Health Collaborative

Overview

- **Award Amount:** \$299,500
- **County Service Area(s):** Kings
- **ACEs Aware Round 1 Grant(s):** Not applicable

Partner

- Kings United Way
- Aria Community Health Center
- Family Healthcare Network
- Adventist Health
- EMT Associates, Inc
- Kings County Department of Public Health
- Kings Partnership for Prevention
- First 5 Kings County

Summary

Expanding on the work of the Round 1 grant, Kings County partners accomplished three main goals by the end of the grant period:

- At least 60% of clinical staff working in grant-funded Medi-Cal clinics (Adventist Health and Family Healthcare Network) and 50% of non-clinical staff in community-based organizations (Kings United Way and California Health Collaborative) were trained and certified.
- All Medi-Cal provider partners formalized screening and response protocols to refer patients to buffering resources and at least 30% of trained and certified providers began screening Medi-Cal patients.
- The Kings County Network of Care recruited new community partner organizations to join the network and participate in the Unite Us digital platform. Targeted recruitment efforts focused on engaging managed care organizations, new Medi-Cal providers, and community-based organizations offering buffering resources in the community.

Cardea

Overview

- **Award Amount:** \$300,000
- **County Service Area(s):** San Diego, Santa Barbara, Shasta, and Siskiyou
- **ACEs Aware Round 1 Grant(s):** Provider Engagement (Network of Care and Peer-to-Peer) and two Practice Papers totaling \$200,000

Partners

- Anav Tribal Health Clinic
- Pit River Health Service
- Indian Health Council, Inc.
- Santa Ynez Tribal Health Clinic

Summary

Cardea is a national woman of color-led organization located in Oakland, California. Working closely with California Rural Indian Health Board, Cardea built upon work with Tribal health providers during Round 1 to establish a Network of Care with partners implementing trauma-informed services for American Indian-Alaskan Native (AI/AN) communities in four counties in Northern and Southern California.

Cardea supported their partners in implementing trauma-informed activities including trauma assessment and self-care, understanding historical trauma, strengthening cross-department ACE screening and resiliency approaches, and increasing ACE-related training for staff. Each partner was supported through a subgrant, with dedicated one-on-one support to develop and implement their individual Network of Care Roadmap milestones tailored to fit the needs of their community and clinic through a long-term sustainability lens.

The Network of Care hosted Gathering of Native Americans (GONA) events to share best practices and lessons learned from trusted experts like Dr. Tami DeCoteau, PhD, licensed clinical psychologist.

Despite challenges such as the ongoing response to COVID-19 and wildfires in California, Cardea's partners are committed to the ACEs Aware movement and plan to continue their efforts beyond the end of the grant period.

Centro de Salud de la Comunidad de San Ysidro, Inc.

Overview

- **Award Amount:** \$300,000
- **County Service Area(s):** San Diego
- **ACEs Aware Round 1 Grant(s):** Not applicable

Partners

- Health Center Partners of Southern California
- American Academy of Pediatrics (AAP-CA3)

Summary

Centro de Salud de la Comunidad de San Ysidro, Inc. (DBA San Ysidro Health) focused on its internal and external infrastructure to grow their Network of Care, resulting in a total of 100 Medi-Cal providers who have self-attested to completing the certified Becoming ACEs Aware in California training. San Ysidro Health successfully accomplished the following goals during the grant period:

- Developed an organizational-level framework for providing Trauma-Informed Care.
- Participated in external workgroups and/or learning collaboratives to support Network of Care activities to advance San Ysidro Health's knowledge and understanding of collaborative opportunities across sectors.
- Participated in peer groups and learning networks led by the local clinic consortium, Health Center Partners (HCP), to help inform San Ysidro Health's development of an ACEs implementation plan and share best practices and lessons learned.
- Solidified referral pathways to internal and external providers.

In addition, San Ysidro Health developed patient educational handouts and videos about mindfulness and self-compassion (e.g., paced breathing, gratitude journaling, body scan meditation) in their target languages of English, Spanish, Arabic, Tagalog, and Vietnamese. San Ysidro Health is analyzing and evaluating ACE screening activities across all health center service sites to help inform patient treatment plans and quality improvement efforts.



Child Abuse Prevention Council / Partnership for Safe Families and Communities Ventura County

Overview

- **Award Amount:** \$300,000
- **County Service Area(s):** Ventura
- **ACEs Aware Round 1 Grant(s):** Not applicable

Partners

- Landon Pediatric Foundation
- First 5 Ventura County
- Kids and Families Together
- Office of the District Attorney
- Ventura County Family Justice Center
- Ventura County Public Health
- Ventura County Human Services
- Child Protective Services
- First 5/Help Me Grow
- Gold Coast Health Plan

Summary

The Child Abuse Prevention Council/Partnership for Safe Families and Communities of Ventura County (CAP-C) worked closely with Landon Pediatrics, a Round 1 training grantee in Ventura County.

CAP-C published a comprehensive and accessible resource list to the Ventura County Network of Care website, describing the resources and services available from partner agencies. They launched a care coordination and referral pathway by implementing a Pathway Design-Response Implementation Model (PDR) with one Medi-Cal provider in Ventura County. The CAP-C team completed training with Unite Us, explored resources based on organizational needs, and assessed the platform relevance to their network. CAP-C supported college interns to become trained Care Navigators to strengthen community health outreach.



Children's Bureau

Overview

- **Award Amount:** \$300,000
- **County Service Area(s):** Los Angeles
- **ACEs Aware Round 1 Grant(s):** Not applicable

Partners

- UCLA Center for Healthier Children
- Korean Youth + Community Center
- Chinatown Service Center
- LIFT Los Angeles
- St. John's Well Child and Family Center

Summary

Children's Bureau, an organization aimed at protecting vulnerable children through prevention, treatment, and advocacy, is the backbone organization in the Magnolia Community Initiative (MCI) Network, which includes more than 40 public and private organizations. The MCI Network began in 2008 with the focus of fostering relationships and creating a network of cross-sector partners that would target the needs of community members at different levels to narrow the possibility of individuals falling through the cracks. During the grant period, the MCI network strengthened partnerships with service providers and cultivated relationships with community members to guide the work and share their lived experiences.

As the foundation for the Network of Care, the MCI Network provided leadership to partner organizations in incorporating ACEs and trauma-informed care principles into their processes. The network partners convened regularly to identify additional resources, share training events, and examine procedures and processes across the network.

Network leaders used the grant period to explore community IT platforms, with a goal to eventually pursue the implementation of a web-based platform.



COMMUNITY HEALTH CENTER NETWORK

Community Health Center Network

Overview

- **Award Amount:** \$300,000
- **County Service Area(s):** Alameda
- **ACEs Aware Round 1 Grant(s):** Not applicable

Partners

- La Clinica de La Raza
- Bay Area Community Health

Summary

The Community Health Center Network (CHCN) successfully engaged various provider groups, health center leadership, patients, non-clinical health center staff, and CBOs throughout the grant period to address the following components of trauma-informed care:

- **Organizational Capacity:** improved health center capacity to screen, address, and heal toxic stress by a) increasing training for staff regarding ACEs and Trauma-Informed and Resilient Care, b) developing clinic-specific workflows for responding to positive ACE screenings for pediatric patients, prenatal patients, young adults, and adult patients, and c) engaging leadership for sustained support.
- **External Partnerships:** improved referral routes for resiliency-building resources in the community by building relationships with external organizations and developing an integrated data sharing function within OCHIN Epic and key community partners.
- **Patient Experience:** integrated patient voice within the Network of Care to ensure that trauma-informed care at the health center is trauma sensitive, culturally affirming, and healing-centered.

CHCN successfully integrated ACE screening tools into its EHR system for their eight network clinics.

County of Glenn

Overview

- **Award Amount:** \$300,000
- **County Service Area(s):** Glenn
- **ACEs Aware Round 1 Grant(s):** Not applicable

Partners

- Tri-Counties Community Action Partners
- Health and Human Services
- First Care Medical Associates, Inc
- Westside Domestic Shelter
- Public Health
- Glenn County First 5
- Anthem Blue Cross
- California Health and Wellness
- Northern Valley Indian Health
- Joanne E. Reid, MD, Inc

Summary

The County of Glenn sustained and enhanced the ACEs momentum by educating and training local entities about the science of ACEs and ACE-Associated Health Conditions.

Through the grant funding, the County of Glenn accomplished the following primary goals:

- Developed a formalized Network of Care.
- Enhanced knowledge among medical providers, social service agencies, and community organizations about ACEs, toxic stress, and trauma, and supported the development of the skills necessary to screen, treat, and heal.
- Launched a one-month pilot project in two medical provider offices. During the pilot, they equipped the medical providers with the skills to screen for ACEs and hired two Community Health Workers to connect patients with high ACEs scores to local resources provided by Network of Care partners.



County of Santa Cruz Public Health

Overview

- **Award Amount:** \$300,000
- **County Service Area(s):** Santa Cruz
- **ACEs Aware Round 1 Grant(s):** Provider Engagement (Network of Care, and Peer-to-Peer) totaling \$172,074

Partners

- Health Improvement Partnership of Santa Cruz County
- First 5 Santa Cruz County
- County of Santa Cruz Human Services Department, Family and Children's Services Division
- County of Santa Cruz Health Officer Dr. Gail Newel

Summary

Santa Cruz County Public Health acted as the convening entity for the planning grant, building on their Round 1 grant efforts to develop a Network of Care in Santa Cruz. Guided by their ACEs Network of Care Steering Committee, they focused on increasing Medi-Cal provider ACEs screening, treatment, and referrals through the development and refinement of clinical protocols to improve connections between clinics and buffering services.

Santa Cruz County Public Health centered Network of Care efforts on racial equity. They emphasized the importance of shared language, values, and cultural humility through trainings on trauma-informed practices aimed at increasing community knowledge and creating a foundation where community voice and lived experience were important.

Their Network of Care was unique in its approach to ensure community voice was present and respected by appropriately incorporating translation, closed captioning, and technology support at each of their virtual leadership steering committee meetings. Santa Cruz County successfully adopted the referral platform Unite Us and provided stipends to organizations to get trained on the platform and to CBOs who began to successfully use it to make referrals.

East Valley Community Health Center

Overview

- **Award Amount:** \$300,000
- **County Service Area(s):** Los Angeles
- **ACEs Aware Round 1 Grant(s):** Not applicable

Partners

- Community Translational Research Institute
- Claremont Graduate University
- Tri-City Mental Health Services

Summary

East Valley Community Health Center is a FQHC located in the San Gabriel Valley, east of Los Angeles. The health center and key partners formed a leadership group early in the grant period and created the Pomona, ACEs, Trauma, and Resilience Network (PATRN).

Their partner, Tri-City Mental Health Services, was a Round 1 provider training grantee that developed a certified supplemental training for health care providers and community-based organizations. The network created the PATRN Partner Guide, a partnership agreement, and established a Community Development team charged with reaching out to potential clinical and community partners. Partners included agencies in the arts, emergency food services, youth services, domestic violence prevention, managed care, and public health.

ACE screenings started at the Pomona clinic and expanded to two other East Valley sites during the grant period.

The network launched a pilot project with Unite Us to design a coordinated referral system. The network's academic partners helped evaluate the workflows related to the IT platform, communication strategies, and the integration of a supplemental toxic stress screener.

First 5 Kern

Overview

- **Award Amount:** \$293,656
- **County Service Area(s):** Kern
- **ACEs Aware Round 1 Grant(s):** Not applicable

Partners

- Kaiser Permanente Kern County
- Kern Community Foundation
- Kern County Network for Children
- Kern County Superintendent of Schools
- Kern Behavioral Health and Recovery Services
- Kern Family Health Care FQHC
- Kern Regional Center
- Kern County Department of Human Services
- Kern County Department of Public Health Services
- Kern County Medically Vulnerable Care Coordination Project
- Clinica Sierra Vista
- Health Net
- Dignity Health
- Omni Family Health FQHC
- Unite Us

Summary

First 5 Kern successfully completed its Network of Care pilot and collaborated with more than 70 community and clinical partners to develop and share emerging practices. ACEs screening has greatly advanced in Kern County through the improvement of workflows, standardization for ACE screeners, use of innovative care coordination technology, and training to mitigate toxic stress for residents. First 5 Kern has trained more than 600 participants in Network of Care principles and strategies.

First 5 Kern, working closely with the Kern Community Foundation and utilizing the Unite Us technology solution, helped grow the Kern Connected Community Network to more than 100 partners. This Network supports a robust ecosystem of referral system partners addressing specific needs of patients, clients, and members. With the referral process data from the Unite Us platform, the Kern Network of Care has expanded its media messaging and continues to identify service gaps wherever they occur.

First 5 Placer

Overview

- **Award Amount:** \$153,200
- **County Service Area(s):** Placer
- **ACEs Aware Round 1 Grant(s):** Not applicable

Partners

- Nevada-Sierra Connecting Point Public Authority (211)
- Chapa De Indian Health Services
- Western Sierra Medical Clinic
- Sierra Native Alliance
- KidsFirst Child Abuse Prevention Council
- Granite Wellness Centers
- Latino Leadership Council
- Lighthouse Counseling and Family Resource Center
- Insights Counseling

Summary

First 5 Placer achieved the following four goals during the grant period:

- Developed a multi-domain Network of Care to assess and address current and future screening, referral, and capacity to respond to ACEs in Placer County
- Assisted FQHC partners in assessing current screening practices, professional development opportunities, and internal screening and referral processes to determine thresholds for referrals as aligned with the Network of Care Roadmap
- Set the foundation for a future Placer County ACEs Aware Pilot Project with FQHCs, Connecting Point 211, and CBOs to screen, refer, provide services, and close referral loops with families with young children age 0-5
- Conducted regular project meetings to gather and include CBO input into the design and testing for a future pilot project



First 5 Shasta

Overview

- **Award Amount:** \$299,992
- **County Service Area(s):** Shasta
- **ACEs Aware Round 1 Grant(s):** Not applicable

Partners

- Shasta Community Health Center
- Pathways to Hope for Children
- Shasta County Health and Human Services/WIC

Summary

First 5 Shasta focused their efforts on increasing the number of providers trained and ready to screen for ACEs, worked to educate the general community, and screened more than 300 patients.

First 5 Shasta successfully expanded ACE screening to additional departments within Shasta Community Health Center and increased the number of referrals to buffering support services to mitigate the effects of toxic stress. They customized their community messaging to reflect Shasta County resources and buffering support services and developed resources for patients including a video about ACEs screening for patients to view in the waiting room.

First 5 Shasta will continue to leverage their Parent Partner program to engage parents and support them in navigating the services available through their network.



Futures Without Violence

Overview

- **Award Amount:** \$300,000
- **County Service Area(s):** Fresno
- **ACEs Aware Round 1 Grant(s):** Core Training and Supplemental Training totaling \$200,000

Partners

- California School-Based Health Alliance
- Clinica Sierra Vista

Summary

Through Round 1 funding, Futures Without Violence (FUTURES) developed a certified core and supplemental training that focused on ACEs and lessons learned from responding to intimate partner violence in health settings. During their Network of Care grant period, they partnered with California School-Based Health Alliance (SBHA) and Clinica Sierra Vista to engage school-based health centers to respond to ACEs.

FUTURES and the California SBHA developed trauma-informed and healing-centered approaches to ACEs in the Fresno Unified School District at Gaston Health and Wellness Center at Gaston Middle School and Addams Health and Wellness Center at Addams Elementary School. Their efforts focused on the development of clinical protocols to include universal resilience education, ACE screening, on-site health promotion awareness, and referrals to services to support the prevention and interruption of stress. They connected the school-based health centers and Clinica Sierra Vista with the robust Fresno Network of Care efforts, improving collaboration and expanding the network to be inclusive of school-based health settings.

FUTURES and the California SBHA shared lessons learned with other school-based health centers through the state and will continue to share nationally their lessons learned and tools they developed.



Hillsides

Overview

- **Award Amount:** \$299,999
- **County Service Area(s):** Los Angeles
- **ACEs Aware Round 1 Grant(s):** Provider Engagement (Peer-to-Peer) totaling \$100,000

Partners

- QueensCare Health Centers
- Adventist Health White Memorial Hospital
- Child Development Consortium of Los Angeles
- Eastmont Community Center
- Aetna Better Health of California

Summary

Hillsides, a mental health and social services agency, convened a group of interdisciplinary Medi-Cal providers who are addressing the high prevalence of ACEs in the East Los Angeles community.

Building on their work from Round 1, Hillsides used the planning grant period to build upon the existing commitment to trauma-informed care by prioritizing training and education among partners.

The network worked with the Unite Us platform to launch a pilot that included health care providers and CBOs. During this pilot, partners identified ACE champions at each site, implemented protocols to implement ACE screenings, and created workflows for establishing linkages between clients and partners.

Hillsides also led a coalition of other Planning Grantees in their region and created the opportunity for additional partnerships and forums between Grantees.



La Maestra Family Clinic, Inc.

Overview

- **Award Amount:** \$300,000
- **County Service Area(s):** San Diego
- **ACEs Aware Round 1 Grant(s):** Not applicable

Partners

- 211 San Diego
- McAlister Institute
- Mental Health Systems

Summary

La Maestra Family Clinic, Inc. (La Maestra) screened approximately 1,000 children and adults for ACEs, using the EHR system for internal referrals and 211 for external referrals. La Maestra integrated the PEARLS and Adult ACE Questionnaire into its EHR system and integrated case management workflows and prompts for individuals who score a one or more (1+) on the ACE screening.

La Maestra and the Network of Care focused on developing provider buy-in for ACE screening and provided educational resources to support providers in treating ACE-Associated Health Conditions.

Through its strong Network of Care partnerships, they successfully created workflows, policies, and procedures to screen, treat, and heal ACEs and established an informal bi-directional technology platform for use among their partner organizations.



Merced County Office of Education – Family Resource Center

Overview

- **Award Amount:** \$300,000
- **County Service Area(s):** Merced
- **ACEs Aware Round 1 Grant(s):** Communications, \$98,368

Partners

- ACEs Overcomers
- Merced City School District
- Merced County Behavioral Health Recovery Services
- Merced County Human Services Agency
- Merced County Office of Education Caring Kids
- Merced County Office of Education Special Education
- Merced County Probation Department
- Merced County Public Health Department
- Valley Crisis Center
- Hoffer Associates
- Unite Us
- UC Merced
- Mercy Hospital
- First 5 Merced
- Valley Children's Hospital

Summary

Merced County Office of Education (MCOE) – Family Resource Center is the lead entity for the Adverse Childhood Experiences Informed Network of Care of Merced County (ACESINC). Since 2021, ACESINC has seen a 386% increase in certified ACE-aware providers in Merced and to date, 34 providers have attested.

ACESINC's includes multiple partners throughout Merced County. They collaborate closely with Merced-Mariposa County Medical Society (MMMS) and with a clinic implementing a physician onboarding program. They partner with CBOs including Merced County 211, Help Me Grow, and the California Health Collaborative to expand resource availability in their region.

MCOE is committed to continuing the ACEs movement work, braiding all efforts with a goal to be a trauma-informed county reducing toxic stress due to ACEs and AAHCs. They have secured initial funding outside of the planning grant to begin their implementation phase and continue to explore additional financial and partner supports.



Merced County Behavioral Health and Recovery Services

Overview

- **Award Amount:** \$300,000
- **County Service Area(s):** Merced
- **ACEs Aware Round 1 Grant(s):** Not applicable

Partners

- Merced City School District (19 schools)

Summary

Merced County Behavioral Health and Recovery Services (Merced County BHRS) adopted trauma-informed approaches throughout their system serving children, families, and the community. Merced County BHRS serves as the community expert leading the Clinical Protocols committee in the co-created ACEs Informed Network of Care Merced County (ACEsINC Merced County). They also serve on the governing body of the ACEsINC Merced County Network of Care, in partnership with the Merced County Office of Education.

Merced County BHRS began with a project launch and discovery phase to understand the current landscape of ACEs and toxic stress. They conducted focus groups and key informant interviews to foster discussions and feedback for developing a framework for their approach. This feedback was instrumental in creating a culture shift and commitment to ACEs within their organization. For example, Merced County BHRS requires the Becoming ACEs Aware in California core training, as well as other trauma-informed practices and modules, as a component of onboarding new employees. They also adopted the PracticeWise platform across their organization to support the development of care plans for individuals they screen.



San Fernando Valley Community Mental Health Center, Inc.

Overview

- **Award Amount:** \$280,600
- **County Service Area(s):** Los Angeles
- **ACEs Aware Round 1 Grant(s):** Not applicable

Partners

- Northeast Valley Health Corporation
- Dignity Health – Northridge Hospital Medical Center
- The Help Group
- 211 Los Angeles County
- Child Care Resources Center
- Savaye, LLC
- Los Angeles County Department of Children and Family Services
- Strength United

Summary

The San Fernando Valley Community Mental Health Center, Inc. (SFVCMHC) offers comprehensive mental health services for children and adults across its 50 programs that include specialized programming in mental health, child welfare, juvenile and adult justice, substance use, and bullying advocacy. As a Medi-Cal provider for the past 52 years, the organization maintains a strong focus on trauma-informed care across the agency. The leadership group included primary healthcare providers who had implemented screening or were aware of and interested in incorporating ACE screening with their patients and families. They built partnerships across sectors, including education and public health.

The network dedicated the grant period to building a shared understanding and approach to ACEs in individuals of all ages and their families, the role of buffering resources, and mitigating toxic stress. The network allocated funds for clients, parents, and caregivers to access evidence-based buffering resources such as yoga, parenting, mindfulness, and nutrition classes and other support groups not billable to Medi-Cal. They chose One Degree as their platform and are designing a customized network with the platform. SFVCMHC also helps convene a small group of Network of Care Planning Grantees in Los Angeles County.



Solid Start at Zuckerberg San Francisco General

Overview

- **Award Amount:** \$300,000
- **County Service Area(s):** San Francisco
- **ACEs Aware Round 1 Grant(s):** Not applicable

Partners

- Team Lily
- Sister Web
- Homeless Prenatal Program
- Children's Health Center
- Family Health Center
- Obstetrics, Midwifery & Gynecology Clinic

Summary

San Francisco General Hospital Foundation (SFGHF) acted as the fiscal sponsor for Solid Start at Zuckerberg San Francisco General's (ZSFG). ZSFG worked closely with their Network of Care, including key community partners (Homeless Prenatal Program, Sister Web, and Team Lily), to ensure success in setting the foundation for ACEs and a cross-sector approach to providing perinatal trauma-informed care. Solid Start's network achieved significant stakeholder buy-in to integrate community-based CHWs and doulas into trauma-informed screening, treatment planning, and care coordination workflows.

Solid Start made progress developing and implementing clear clinical protocols and creating cross-sector capacity-building through shared training. Partners conducted a needs assessment to evaluate a technology solution to alleviate systemic barriers. Solid Start took a whole-person and community engaged approach by including a family advisory board as a key stakeholder group. They emphasized the role of the CHWs and the CHW model as an integral component of the health care delivery system to enhance care coordination and minimize duplication of services across provider types.



Sutter County Children and Families Commission

Overview

- **Award Amount:** \$233,200
- **County Service Area(s):** Sutter and Yuba
- **ACEs Aware Round 1 Grant(s):** Communications, \$84,985

Partners

- Feather River Tribal Health
- Peach Tree Health
- Sutter County Domestic Violence and Child Abuse Prevention Council (SCDVC/CAPC)

Summary

Sutter County Children and Families Commission (Sutter County) built on their Round 1 communications grant to strengthen connections with community partners and implement a Network of Care supporting Sutter and Yuba counties. As the lead entity and convener of the Sutter-Yuba Network of Care, Sutter County utilized existing programs to expand their outreach and grow their network. Network partners include Sutter-Yuba Behavioral Health, Child Welfare Services, Public Health, WIC, Homeless Services Program, Law Enforcement, Local Education Agencies (LEA), First 5, legal services, and mindfulness organizations.

Sutter County also supports patient referrals and connects families to buffering supports in the two counties. Sutter County health care partner clinics have been instrumental in screening children and adults for ACEs. Their physician champion, Dr. Olga Gonzalez, has emphasized the importance of detecting ACEs and influenced other providers in the network to get trained and certified. Provider and community awareness and outreach conducted by Sutter County has been instrumental in growing a trauma-informed network.



Tahoe Forest Health System Foundation

Overview

- **Award Amount:** \$299,300
- **County Service Area(s):** El Dorado, Nevada, and Placer
- **ACEs Aware Round 1 Grant(s):** Not applicable

Partners

- Tahoe Forest Health System
- Tahoe Truckee Unified School District
- Placer County Public Health
- Nevada County Adult and Child Systems of Care and Behavioral Health Divisions
- Sierra Community House
- Community Collaborative of Tahoe Truckee
- Gateway Mountain Center

Summary

Tahoe Forest Health System (TFHS) successfully engaged partners and developed and maintained an ACEs Aware Network of Care. Network partners clarified agency-specific screening processes and inter-agency referral workflows and developed a survey to assess baseline community knowledge of ACEs and toxic stress. They vetted IT platforms and made the decision to continue a relationship with 211, which currently provides navigation services for Placer and Nevada County.

TFHS engaged clinicians to embed trauma-informed practices into outpatient clinics, starting with pediatric patients. In preparation for the pilot launch in November 2021, TFHS integrated the PEARLS and Adult ACE questionnaire into their EHR, trained staff on new screening workflows, trained staff on the science of ACE's and toxic stress, translated patient educational materials, and created clinic scripts.

An important outcome of the grant was the school district's decision to implement trauma-informed training for 100% of staff prior to the 2021/22 school year.



Tarzana Treatment Centers, Inc.

Overview

- **Award Amount:** \$300,000
- **County Service Area(s):** Los Angeles
- **ACEs Aware Round 1 Grant(s):** Not applicable

Partners

- San Fernando Valley Community Mental Health Center
- Mission City Community Network
- San Fernando Valley Community Health Centers
- Valley Care Community Consortium

Summary

Tarzana Treatment Centers (TTC) provides whole-person healthcare through integrated programs of primary medical, mental health services, and behavioral health care for adults and youth. More than 300 staff completed the Becoming ACEs Aware in California training, resulting in more than five thousand screenings. ACE screening was implemented in their six Federally Qualified Health Center sites. They established referral relationships, held monthly meetings, and shared additional webinars, training, and resources with network partners.

The organization created an ACE Taskforce to help refine processes, review outcome measures, and analyze data. They also created an ACE Care Cascade to provide a detailed approach to the entire screening process and manage other healthcare conditions. TTC utilizes Ochin Epic as their EHR system for the primary care clinics. Because the behavioral health division uses a separate IT system, the organization created a process for tracking screenings and referrals between systems.

TTC joined the ACEs-LA Network of Care community to support the One Degree closed-loop referral efforts led by this group. As a result, TTC and the Department of Health Services in Los Angeles County (LA DHS) have a partnership agreement in place to receive referrals from DHS hospitals and health centers for their behavioral and mental health programs.



Tehama County Children and Families Commission

Overview

- **Award Amount:** \$300,000
- **County Service Area(s):** Tehama
- **ACEs Aware Round 1 Grant(s):** Not applicable

Partners

- Expect More Tehama
- Tehama County Department of Education
- Dignity Health St. Elizabeth Community Hospital
- United Way 211 NorCal
- Empower Tehama
- Tehama County Health Clinic
- Northern California Child Development Inc.
- Tehama County Department of Social Services

Summary

Fifty-eight members of the Tehama workforce completed the Becoming ACEs Aware in California core training. As a result of the planning grant, network participants increased their awareness of the wealth of resources in the community and formed deeper connections with community organizations to work toward developing a more integrated system of support. One participant mentioned, *"prior to ACEs, collaborations with health partners were either not happening or were splintered."* Another ACEs convening participant noted, *"... an ACEs Aware lens has taught us a new way of seeing our work... it is not enough to curate and provide resources to those in need... our Network of Care can pair ACE screening with quickly accessible local information and resources."*

First 5 Tehama leveraged existing relationships to build their network. They successfully identified a strong leadership and accountability structure with the Strengthening Families and Early Intervention Partnership to engage clinical membership to help advance ACEs work in Tehama. After hosting demo days with potential new IT referral platforms, First 5 Tehama decided to use their homegrown IT system.



WellSpace Health

Overview

- **Award Amount:** \$300,000
- **County Service Area(s):** Amador, Placer, and Sacramento
- **ACEs Aware Round 1 Grant(s):** Not applicable

Partners

- Sacramento County Office of Education

Summary

WellSpace Health is a Federally Qualified Health Center serving more than 150,000 patients. During the grant period they worked internally to increase ACEs knowledge and awareness among their staff and successfully encouraged all ACEs Aware workgroup members to complete the Becoming ACEs Aware in California core training.

During the grant period, they worked to set the foundation for a future screening pilot. In addition to increasing knowledge and training related to the science of ACEs and toxic stress, they integrated the PEARLS and Adult ACEs screening tools into their EHR and plan to create a list of partnerships and Medi-Cal providers in their network. They plan to request feedback from those that participate in the screening pilot to improve the patient screening experience.



Westside Infant-Family Network

Overview

- **Award Amount:** \$300,000
- **County Service Area(s):** Los Angeles
- **ACEs Aware Round 1 Grant(s):** Not applicable

Partners

- Venice Family Clinic
- Westside Family Health Center
- Alcott Center for Mental Health Services
- Safe Place for Youth
- Achievable Foundation
- UMMA Community Clinic
- St Johns Well Child and Family Center
- Partners for Children South LA
- HealthNet
- LA Care

Summary

Leaders at Westside-Infant Family Network (WIN) organized around an existing “Health Neighborhood,” which is a grouping of health and community support organizations in a geographic area working together to improve health. The existing organizations served as a foundation to build upon three existing networks of community-based organizations in West Los Angeles to create the Los Angeles Resilience Network. They formed additional partnerships during the grant period and expanded the network into South Los Angeles. The network grew to include five clinical partners with separate workflows and protocols for ACE screening. Each of the clinical partners collaborated to identify gaps, share resources, and learn about best practices. WIN launched a pilot project and embedded a CHW at the Westside Family Health Center to provide psychoeducation and referrals to buffering services to families who have received ACE screening.

The network's leadership group continues to convene and is focused on working to implement the Unite Us IT platform among partners, collecting data across the network to better inform practices, and further strengthening partnerships in the community.