



Request for Proposals (RFP)

FOR NETWORK OF CARE

BUFFERING SERVICES GRANT PROGRAM

Network of Care Buffering Services Grant Program

Release Date – October 1, 2021

This document provides detailed information about the grants program (i.e., focus areas, purpose, goals, outcomes and services of interest), funding guidelines, selection criteria, application instructions, and deadlines for this grant opportunity.

SECTION I: DESCRIPTION OF GRANTS PROGRAM

Introduction

Adverse Childhood Experiences, or ACEs, refer to traumatic events, such as abuse, neglect, or household challenges that are experienced before the age of 18. The Office of the California Surgeon General and the Department of Health Care Services jointly launched the ACEs Aware initiative on January 1, 2020, with the goal of providing training, clinical protocols, and payment to Medi-Cal providers for screening children and adults for ACEs. The goal of screening children for ACEs is to prevent future trauma by intervening with support services or to buffer the effects of previous exposure to trauma.

The Buffering Services Grant Program is made possible through the ACEs Aware Network of Care Implementation grant received by Cottage Health on behalf of Resilient Santa Barbara County (RSBC) and the Pediatric Resiliency Collaborative (PeRC). This grant supported the creation of the Santa Barbara County Network of Care in early 2021, building on the pioneering work of these two collaboratives.

RSBC is a countywide network dedicated to preventing and reducing the impacts of ACEs in Santa Barbara County. RSBC convenes cross-sector partners interested in ACEs and resilience and weaves together multiple networks and initiatives whose objectives align with ACEs prevention.

PeRC is a community partnership focused on expanding ACEs screening and referral services for to all pediatric clinics in Santa Barbara County and linking providers to relevant community systems. As outlined in the below PeRC diagram (Figure 1), PeRC guides clinics through a process for implementing ACEs screening and referrals for children ages 0-3 by providing clinic-wide training and subsidizing wellness navigators and therapists. The success of the PeRC model hinges on its team approach. Navigators and therapists co-locate at clinic sites (virtually as needed and in-person when safe), offering a warm-handoff. The PeRC program manager and medical director also provide ongoing technical assistance and individualized coaching to clinicians.

Figure 1: PeRC Model



Successful intervention in response to ACEs screening relies on successful networks of care. ACEs Aware defines a Network of Care as “a group of interdisciplinary health, education, and human service professionals, community members, and organizations that support adults, children, and families by providing access to evidence-based ‘buffering’ resources and supports that help to prevent, treat, and heal the harmful consequences of toxic stress¹.”

Toxic stress refers to high doses of cumulative adversity and has been shown to cause disruptions in the health and development of children.² Fortunately, the negative consequences of toxic stress can be lessened by providing buffering interventions as soon as exposure to ACEs and risk for toxic stress are identified. Evidence-based buffering services include enhancing supportive relationships, regular moderate physical activity, nutritional strategies, promotion of sleep hygiene and treatment of sleep disorders, mindfulness, experiencing nature, and mental health care (Figure 2).

Figure 2: ACEs Aware Strategies to Regulate the Stress Response



Source: ACEs Aware October 2020

1. Office of the California Surgeon General. (2021). *ACEs Aware Trauma-Informed Network of Care Roadmap*. <https://www.acesaware.org/wp-content/uploads/2021/06/Aces-Aware-Network-of-Care-Roadmap.pdf>

2. Bhushan D, Kotz K, McCall J, Wirtz S, Gilgoff R, Dube SR, Powers C, Olson-Morgan J, Galeste M, Patterson K, Harris L, Mills A, Bethell C, Burke Harris N, Office of the California Surgeon General. (2020). *Roadmap for Resilience: The California Surgeon General’s Report on Adverse Childhood Experiences, Toxic Stress, and Health*. Office of the California Surgeon General.

Purpose

PeRC has utilized the unique model of a dedicated navigator and child therapist working together to support clinics. Building on this network of care, the purpose of this grant opportunity is to integrate additional community-based services that buffer toxic stress, taking a community-centric approach. While PeRC is focused on screening and referring for ACEs in children ages 0-3, buffering services are extended to children ages 0-18. Selected grantees will be incorporated into the current PeRC model, requiring coordination with the resource navigator and therapist.

Key Principles

The key principals foundational to this grant program include coordination, health equity, evidence-based strategies, and sustainability. These principles are highlighted below:

- **Coordination:** Coordination between clinic and community partners is instrumental to ensure patients and caregivers successfully connect to resources. All funded programs are expected to participate in monthly meetings and other activities in service of improved coordination between partners.
- **Health equity:** Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.³ All funded programs should embed an equity lens to their work and consider whether their processes/procedures are inclusive of all populations. In particular, the Network of Care has identified opportunities for growth in services for system-involved youth, resource families, and children who have been victims of commercial sexual exploitation.
- **Evidence-based or evidence-informed:** It is critical to achieving population-level change that programs be informed by lived experiences of community members and research and data demonstrating positive impact in preventing, treating, and healing the harmful consequences of toxic stress.
- **Sustainability:** To see long lasting impact, it is vital to sustain good work long term. All funded programs will be asked to describe their plan for sustaining the program beyond the six-month grant period and will be supported with technical assistance during the grant period.

Buffering Services, Target Population, and Evaluation

Buffering Services

Grant funds will be used to fund primary, secondary, and tertiary prevention efforts:

- Primary prevention – prevent ACEs through educating parents and providing supports to families
- Secondary prevention – early recognition of ACEs and provide supports to prevent toxic stress
- Tertiary prevention – early, evidence-based interventions to mitigate the toxic stress response

For more information on buffering services, please review the [ACEs Aware Trauma-Informed Network of Care Road Map](#). Applicants must be able to demonstrate successful strategies for addressing barriers to access services, recruitment and retention efforts.

3. Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. (2017). *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation.

Table 1. Buffering Service Examples

This list provides examples of potential services and partnerships. It is not intended to represent all potential buffering services and/or partnerships.

Buffering Service/Stress Buster	Types of Organizations & Partnerships	Program Description
Supportive Relationships	Social Service Organizations	Home visitation programs to build parenting skills and foster supportive relationships for resource families (ex. Parents as Teachers, Healthy Families America)
	Legal/Justice System	Programs for system-involved youth to increase family connection and promote positive youth development
	Schools	Using restorative justice techniques to emphasize redirection and de-escalation tactics and prioritize time in the classroom
Quality Sleep	Social Service Organizations	Family resource centers offering parenting classes focused on topics around healthy living, such as quality sleep, physical activity, and nutrition
	Clinics and Behavioral Health	Promotion of sleep hygiene and treatment of sleep disorders (non-counseling services)
Balanced Nutrition	Schools and Farmers Market	Subsidized farmers market for students with education and promotion of balanced nutrition
	Clinics	Clinic staff offering healthy eating and nutrition education classes
	Community-based Organizations	Food distribution accompanied by culturally-relevant, healthy food preparation education
Physical Activity	Community-based Organizations	After school programs providing regular exercise through dance, organized sports, and/or outdoor games
	Clinics and Community-based Organizations	Park prescriptions that encourage neighborhood walks, simple physical challenges, and activities that families can do together
Mindfulness Practice	Tribal Organizations	Nature-based mindfulness and meditation practices grounded in tribal values and traditions
	Behavioral Health and Legal/Justice System	Promotion of mindfulness interventions, such as meditation, yoga, and tai chi, in the justice system
	Schools	Mindfulness and meditation exercises in school
Access to Nature	Community-based Organizations	Youth access to green spaces and nature activities through outdoor excursions and/or after school activities, such as gardening, caring for animals, or creating indoor green spaces with potted plants
	Local Government and Schools	Joint-use agreements for schools to utilize local parks, playgrounds, and community gardens; asking for youth input when redesigning outdoor spaces for community use
Mental Health Care	Tribal Organizations	Development of culturally relevant and accessible mental/behavioral health education and services
	Early Care and Education/Schools	Coordination of one-on-one classroom support for preschoolers with challenging behaviors and/or Individualized Education Program for students exhibiting symptoms of toxic stress
	Legal/Justice System	Connecting youth to culturally relevant interventions that promote self-awareness and prosocial behavior
Coordination of Services	Social Service Organizations and Schools	Family resource centers offering on-site care coordination and case management
	Clinics	On-site care coordination and case management

Evaluation

Santa Barbara County's Network of Care Implementation Grant evaluation explores outcomes at the individual and organization level. It seeks to explore the impact of grant activities on individuals' knowledge and awareness of ACEs, toxic stress, and resiliency, as well as confidence to seek support and participate in supportive services.

To support program evaluation efforts, partner organizations are asked to submit the following data monthly on the provided Data Reporting Form. The data should reflect one month of data collection and should not be cumulative. The Data Reporting Form is due on the tenth day of the following month being reported (e.g., data for January 2022 is due by February 10, 2022).

To support program evaluation efforts, awarded grantees will be required to provide the following data:

- Quantitative Data
 - Number of children 0-3 and/or their families referred from clinics
 - Number of children 4-18 and/or their families referred from clinics
 - Number of individuals (includes parents and children) reached through community referrals
 - Number of new individuals (includes parents and children) engaged in or participating in program or services
 - Number of individuals (includes parents and children) successfully completing the program or services
- Qualitative Data
 - How do you measure the impact of your program/service on clients? Describe the outcomes of those clients who have received and completed your program/services. Please provide this information in aggregate or as de-identified data.
 - Describe any outreach or connections you have made to clinic partners this month.
 - Describe any outreach or connections you have made to service providers, Family Service Agency and/or CALM this month.
 - How did the program conduct outreach outside of receiving clinic referrals?

Evaluation reporting will be required halfway through the grant term and at the conclusion of the grant term.

Target Population

Intervention strategies must focus on reaching pediatric patients and their caregivers at the following clinics and geographic areas:

- Carpinteria Health Care Center
- Eastside Neighborhood Clinic
- Franklin Health Care Center
- Goleta Neighborhood Clinic
- Isla Vista Neighborhood Clinic
- Lompoc Health Care Center
- Lompoc Valley Pediatrics
- Santa Barbara Neighborhood Clinics
- Santa Maria Health Care Center
- Sansum Hitchcock Pediatrics
- Westside Neighborhood Clinic

Applicants should select at least one clinic population to receive their services. Services may also be open to the broader community.

Funding Amount and Duration

The maximum award amount that applicants may request is \$50,000 for six months through June 2022. Funds should be aligned with proposed strategies outlined in the application. The Network of Care Leadership Committee, a sustainable leadership team that represents the Santa Barbara County Network of Care, will review applications. Indirect costs are allowed, but must not exceed 10% of the project/program budget.

Grant funds may not be spent on capital projects that support the purchase of equipment or creating new spaces for services. The grant period is six months, beginning January 1, 2022 and ending June 30, 2022.

SECTION II: GENERAL GUIDELINES

Application Process

Please download the required application form at www.cottagehealth.org/populationhealth. For any questions about the RFP and application, or to request evaluation technical assistance, contact Ama Atiedu (aatiedu@sbch.org).

Timeline

Application Webinar	October 15, 2021
Evaluation Technical Assistance Available	October 1, 2021 – November 12, 2021
Applications Due	November 15, 2021
Grantees Notified	December 17, 2021
Grants Begin	January 1, 2022
Grant Cycle	January 1, 2022 – June 30, 2022
Mid-Grant Cycle Report Due	April 1, 2022
End of Grant Cycle Report Due	July 31, 2022

Eligibility

Funds can be awarded to community organizations within Santa Barbara County that offer services that buffer toxic stress. This includes:

- ✓ Nonprofit organizations, universities, hospitals, and government agencies
- ✓ Organizations that are not a 501(c)(3) entity can apply through partnership with a tax-exempt organization acting as the fiscal sponsor.

Selection Criteria

An ideal project for funding would be one that:

- ✓ Demonstrates ability to coordinate with other service providers and clinic partners
- ✓ Utilizes evidence-based or best practice models and/or program strategies
- ✓ Demonstrates evidence of capacity to evaluate outcomes of the proposed program
- ✓ Demonstrates the potential for proposed program sustainability after the grant
- ✓ Serving populations with likelihood of exposure to ACEs or vulnerable populations

Grant Requirements

Grantees approved for funding are required to:

- ✓ Participate in ongoing network of care coordination meetings
- ✓ Attend community ACEs trainings
- ✓ Submit data via data reporting template monthly
- ✓ Submit three and six-month progress and expenditure reports