



# Request for Proposals (RFP)

FOR PLANTING PROSPERITY  
MINI GRANTS

## Pediatric Resiliency Collaborative Planting Prosperity Mini Grants

*Release Date – April 15, 2024*

This document provides detailed information about the grants (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

### Introduction

Adverse childhood experiences (ACEs) are defined as stressful or traumatic experiences occurring before the age of 18, such as abuse, neglect, or household challenges, which include mental illness, substance use, incarceration, divorce, and/or domestic violence. ACEs can impact health over the life course and have negative effects on social, behavioral, mental, and physical health. ACEs have been linked to premature death with those experiencing six or more ACEs dying 20 years earlier than those without any ACEs. Preventing ACEs could potentially reduce or mitigate the effects of toxic stress and occurrence of these health conditions.

Research shows that pregnant women with higher ACEs may have greater risk of developing complications in pregnancy, such as gestational diabetes (5.3 vs. 2.7%), preeclampsia (7.7 vs. 3.6%), and small for gestational age (9.4 vs. 7.1%). These complications pose risks for both the pregnant mother and child<sup>1</sup>. During pregnancy, women may also encounter new adversities that could impact in-utero development, making pregnancy a critical time to discuss ACEs<sup>2</sup>. Studies show that ACEs screening as part of standard prenatal care is feasible and generally acceptable to patients<sup>3</sup>. Additionally, interventions that provide social supports and therapeutic services could buffer the potential impacts of ACEs on mother and child<sup>4,5,6,7</sup>.

The Pediatric Resiliency Collaborative (PeRC), established in 2018, is a community partnership whose vision is to build healthier families and communities by promoting trauma-informed pediatric [medical] care, supporting family resilience, and addressing ACEs in Santa Barbara County. Through this collaboration, PeRC works to expand pediatric clinic ACE screening and referral interventions to build resilience in families in Santa Barbara County. PeRC guides pediatric clinics through a process for implementing ACE screening and referrals, by providing clinic-wide training and subsidizing wellness navigators, therapists, and additional buffering services. PeRC utilizes the unique model of a dedicated

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<sup>1</sup> Racine, N., Madigan, S., Plamondon, A., Hetherington, E., McDonald, S., & Tough, S. (2018). Maternal adverse childhood experiences and antepartum risks: the moderating role of social support. *Archives of women's mental health*, 21(6), 663–670. <https://doi.org/10.1007/s00737-018-0826-1>

<sup>2</sup> Madigan, C. A., Cambier, C. J., Kelly-Scumpia, K. M., Scumpia, P. O., Cheng, T. Y., Zailaa, J., Bloom, B. R., Moody, D. B., Smale, S. T., Sagasti, A., Modlin, R. L., & Ramakrishnan, L. (2017). A Macrophage Response to Mycobacterium leprae Phenolic Glycolipid Initiates Nerve Damage in Leprosy. *Cell*, 170(5), 973–985.e10. <https://doi.org/10.1016/j.cell.2017.07.030>

<sup>3</sup> Flanagan, J. C., Jones, J. L., Jarnecke, A. M., & Back, S. E. (2018). Behavioral Treatments for Alcohol Use Disorder and Post-Traumatic Stress Disorder. *Alcohol research : current reviews*, 39(2), 181–192.

<sup>4</sup> Bellis, M. A., Hardcastle, K., Ford, K., Hughes, K., Ashton, K., Quigg, Z., & Butler, N. (2017). Does continuous trusted adult support in childhood impart life-course resilience against adverse childhood experiences - a retrospective study on adult health-harming behaviours and mental well-being. *BMC Psychiatry*, 17(1), 110. <https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-017-1260-z>

<sup>5</sup> Katz, C., Hershkowitz, I., Malloy, L. C., Lamb, M. E., Atabaki, A., & Spindler, S. (2012). Non-verbal behavior of children who disclose or do not disclose child abuse in investigative interviews. *Child Abuse & Neglect*, 36(1), 12–20. <https://www.sciencedirect.com/science/article/pii/S014521341100266X>

<sup>6</sup> Ensink, K., Bégin, M., Normandin, L., Godbout, N., & Fonagy, P. (2017). Parental reflective functioning as a moderator of child internalizing difficulties in the context of child sexual abuse. *Psychiatry Research*, 257, 361–366. <https://www.sciencedirect.com/science/article/pii/S016517811730501X>

<sup>7</sup> Lanius, R. A., Vermetten, E., & Pain, C. (2010). *The impact of early life trauma on health and disease: The hidden epidemic*. Cambridge University Press. <https://www.cambridge.org/core/books/impact-of-early-life-trauma-on-health-and-disease/6AC2A4E1D0A49D3FDBA2C8F6A6EAF8F9>

navigator and child therapist working together to support pediatric clinics.

PeRC seeks to enhance its prevention efforts in reducing ACEs by providing screening and services for pregnant women. PeRC interventions could play a crucial role in supporting pregnant women who have experienced adversity and helping to mitigate the effects on the child. PeRC received a Planting Prosperity Program Grant from the Office of Child Abuse Prevention (OCAP), which allows for increased capacity of community partners providing education, navigation and therapeutic supports to pregnant women and their families. More specific efforts include expanding ACEs screening and referral support to include pregnant women and their families, expanding PeRC interventions to pregnant woman, and executing mini grants with community partners to carry out education, engagement, and outreach around ACEs.

With the Planting Prosperity Program Grant, PeRC is taking a preventative approach to addressing ACEs by intervening at this critical stage of development. By expanding screenings into the prenatal period, PeRC will work to interrupt the intergenerational transmission of trauma and adversity, promote resilience, and change the life trajectory of families who experience ACEs.

### **Purpose**

Focusing on promoting primary and secondary prevention strategies, one of the objectives in PeRC's Planting Prosperity Program Grant is to execute mini-grants with community partners to carry out communication and public awareness strategies for education, engagement, and outreach around ACEs and the benefits of buffering services. Grantees will also outreach to clinic partners and the community. The purpose of these mini-grants is to increase awareness and participation in services that can prevent or mitigate the effects of toxic stress. This grant opportunity is specifically intended for community organizations that are actively engaged in supporting pregnant individuals and who possess demonstrated experience in outreach and educational initiatives within their communities.

### **Allowable Mini-Grant Strategies**

Awarded grantees will carry out communication and prevention strategies for education, engagement, and outreach around ACEs and the benefits of buffering services. These strategies could include hosting new community events or attending existing events for new parents and families with infants and young children:

- Community-based events offering education on ACEs and toxic stress mitigation strategies, such as mindfulness programs, structured exercise initiatives, support for healthy nutrition, and the establishment of child care that provide safe and supportive environments for children and families.
- Parent education initiatives that embed a focus on ACEs and toxic stress, along with effective strategies for mitigating toxic stress, including the promotion of supportive relationships, engagement in regular moderate physical activity, adoption of nutritional strategies, encouragement of sleep hygiene practices, treatment of sleep disorders, and incorporation of mindfulness techniques.
- Family support interventions, including home visitation programs, that provide resources around ACEs and toxic stress, promote positive parent-child interactions, address potential stressors, and foster a nurturing environment conducive to healthy child development and overall family well-being.

Grantees are also encouraged to make referrals to community supports as needed during events. Additionally, referrals to clinic partners for prenatal, postpartum, and pediatric care should be made if

needed.

## Target Population and Evaluation

### Target Population

Outreach and education strategies should focus on reaching pregnant individuals and their families at the following clinics and geographic areas (may have a broader reach as well):

- Carpinteria Health Care Center
- Cottage Obstetrics & Gynecology Clinic
- Santa Barbara Health Care Center
- Santa Maria Health Care Center
- Sansum Clinic

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

### Evaluation

PeRC 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 assistance and participate in supportive services.

Partner organizations will 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 June 2024 is due by July 10, 2024).

Awarded grantees will be required to provide the following data (at a minimum):

- Quantitative Data
  - Number of new (unduplicated) pregnant individuals and/or their families that attend funded events/activities
  - Number of new (unduplicated) pregnant individuals and/or their families referred to services during funded events/activities.
- Qualitative Data
  - Describe the outreach and education your organization provided?
  - What was the format? How was education provided?

## Funding Amount and Duration

The maximum award amount that applicants may request is \$20,000 for 12 months. Funds should be aligned with proposed strategies outlined in the application. 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.

## SECTION II: GENERAL GUIDELINES

### Application Process

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

## Timeline

Applications Due	May 10, 2024
Grantees Notified	June 1, 2024
ACEs Training	TBA
Grants Begin	July 1, 2024
Grant Cycle	July 2024 to June 2025
Mid-Grant Cycle Report Due	January 31, 2024
End of Grant Cycle Report Due	July 31, 2025

## 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
- ✓ Has a history of success in providing services to pregnant individuals and families
- ✓ Presents evidence of capacity to track data
- ✓ Serves populations with likelihood of exposure to ACEs or vulnerable populations
- ✓ Exhibits an ability to successfully execute community engagement activities

## Grant Requirements

Grantees approved for funding are required to:

- ✓ Attend community ACEs trainings at the beginning of the grant period
- ✓ Submit data via monthly data reporting templates
- ✓ Complete end of grant cycle progress and expenditure reports