



PRACTICE Informational Web Discussion

May 11, 2022 | 12 PM – 1 PM PDT



Welcome

Sue Grinnell

She/Her/Hers

Director,
Population Health Innovation Lab (PHIL)
PRACTICE PHIL Principal Investigator





The Population Health Innovation Lab designs, catalyzes, and accelerates innovative approaches that advance health, well-being, and equity.

Focus on Supporting Success and Impact of Health Focused Multisector Collaboratives

Participatory leadership training and support

Facilitating systems change with multisector collaboratives

Learning lab and convening design

Social science research

Network data collection, analysis, and visualization

Participatory and realist evaluation

Translating data to practice

Systems change frameworks (Theory U)

Agenda

- UCAAN Background and Context
- Review of PRACTICE Request for Proposal (RFP)
- Overview of Submission Process
- Questions and Answers (Q&A)

UCAAN Leadership



Dr. Edward Machtinger

Co-Principal Investigator
UCSF Professor of Medicine



Dr. Shannon Thyne

Co-Principal Investigator
UCLA Chief of Pediatrics



Emily Williams

Chief Executive Officer

UCAAN Academically Anchors ACEs Aware

The UCLA/UCSF ACEs Aware Family Resilience Network (UCAAN) is a multi-campus University of California organization funded by the Department of Health Care Services (DHCS) to implement the ACEs Aware initiative.

UCAAN works to develop, promote, and sustain evidence-informed methods to screen, treat, and heal from the impacts of trauma and toxic stress.

UCAAN's Core Ambition

Training and capacity building for Medi-Cal providers at the intersection of health systems and community engagement to support:

- ACE screening and treatment of toxic stress
- Harnessing individual, family, and community-level protective factors and strengths
- Evidence-informed treatment of adversity-related health conditions
- Changed clinic and community-level structures to support resilience and healing

PRACTICE Purpose

Preventing and
Responding to
ACE-Associated Health
Conditions and
Toxic Stress
In
Clinics through Community
Engagement

- The next phase of ACEs Aware grants.
- Builds on community systems and partnerships we know are required for the work of ACE screening and toxic stress response.
- Focuses on utilizing core partnerships to **expand and sustain services and workforce needed to prevent ACEs and treat toxic stress, including ACE-Associated Health Conditions.**

This grant is done in partnership with:

- DHCS
- Office of the California Surgeon General
- UCAAN
- PHIL

PRACTICE Goals

Partnerships:

Strengthen partnerships among community health centers and clinics, community-based organizations (CBOs), and Medi-Cal managed care plans (MCP) to screen for ACEs and respond to and help prevent toxic stress with support from the academic UCAAN partnership to ensure academic rigor in these efforts.

Services development:

Develop sustainable, community-informed, and evidence-based services that treat and prevent toxic stress physiology and ACE-Associated Health Conditions among Medi-Cal beneficiaries.

Workforce development:

Build a sustainable workforce that supports ACE screening, toxic stress response, and prevention of ACEs, toxic stress, and ACE-Associated Health Conditions, utilizing equitable and data-driven approaches.

PRACTICE is a Statewide Learning Collaborative

- Active participation in the learning collaborative is an expectation for grantees
- Learning Collaborative will provide grantees:
 - Technical assistance – coaching, content expertise, and virtual networking
 - Webinars
 - Peer-to-peer learning
- Learning Collaborative activities will support each of the grant cohorts

Timeline

RFP Release Date	May 2, 2022
RFP Questions Due RFP questions directed to: info@pophealthinnovationlab.org	May 9, 2022
Information Webinar	May 11, 2022
Non-binding Letters of Intent Due (required to apply)	May 13, 2022
Application Due Date	June 13, 2022
Total Funding Available	\$19.5 million
Estimated Number of Awards	Up to 30 awards
Estimated Award Size	Pathfinders up to \$500,000 each Catalysts up to \$1,000,000 each
Grant Decision Announced	August 1, 2022
Grantee Period of Performance	Funding for grant activities is guaranteed for 11 months, from August 2022 through June 30, 2023, pending state budget approval.

Who can apply?

Project Teams

Project teams must include members from each of the following:

- Medi-Cal providers serving primarily Medi-Cal beneficiaries,
- CBOs, and
- Medi-Cal MCP serving the partnership community.

Lead Applicant Information

- The lead clinic entity **must be a primary care clinic or clinic consortia** serving primarily Medi-Cal beneficiaries.
- ACE screening must have been implemented within the clinical settings of the primary care clinic or the majority of the consortia members.
- For the clinic consortia, the consortium leader will be the lead applicant and will apply on behalf of their respective consortia membership.

Question from Request for Information

Q: Does the agency within the consortium receiving the funds need to be the clinic? Could backbone functions of grant management, coordination with consortium members, reporting, etc. be performed by a non-clinical member of the consortium?

A: The lead entity or prime contractor for the PRACTICE grant must be a Medi-Cal frontline primary care clinic and/or clinic consortia. PRACTICE backbone functions can include, but are not limited to, convening and coordinating with consortium members and other partners, including CBOs and health plans. Ensuring work plan and data collection is on target could be completed by an organization through a subcontract with the lead entity/prime contractor.

PRACTICE Cohorts

Pathfinders

- ACE screening, incorporating trauma-informed practices into care and forming community partnerships.
- Level 3 or 4 in the ACEs Aware Trauma-Informed Networks of Care Continuum of Integration.

Catalysts

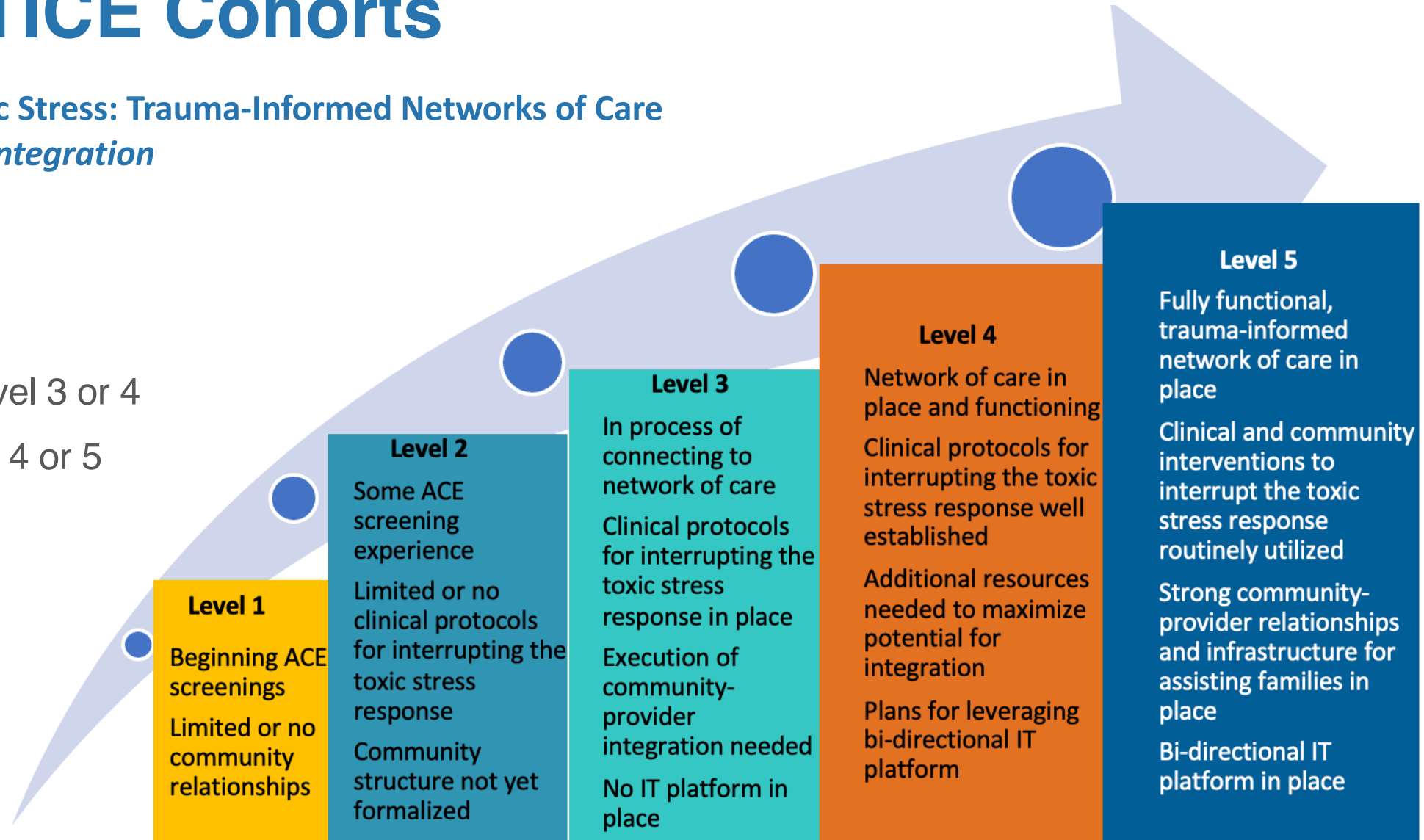
- ACE screening, toxic stress response, and trauma-informed care practices integrated into operations.
- Existing strong collaboration and partnerships with CBOs that support service integration and linkages.
- Level 4 or 5 in the ACEs Aware Trauma-Informed Networks of Care Continuum of Integration.

PRACTICE Cohorts

Mitigating Toxic Stress: Trauma-Informed Networks of Care *Continuum of Integration*

Pathfinders: level 3 or 4

Catalysts: level 4 or 5



PRACTICE Outcomes

Anticipated Outcomes: Partnerships

- Strong partnerships and shared priorities among the project team that result in defined roles and responsibilities for partners within a system of care.
- Functional bidirectional referrals and data sharing across partnerships.
- Codified, system-wide implementation of workflows for identifying and responding to toxic stress and ACE-Associated Health Conditions.

Anticipated Outcomes: Services Development

- Increased access to and utilization of services by partners and patients to prevent and respond to toxic stress and ACE-Associated Health Conditions.
- Sustainability plan for expanded or new services.
- Services provide positive impact on patient health or wellbeing.
- Implement strategies to improve provider/staff satisfaction, reduce burnout, and increase wellbeing.
- Implement strategies to address health equity.
- Improved ACE screening among Medi-Cal beneficiaries in participating clinics.

Anticipated Outcomes: Workforce Development

- Increased number of health care team members who have completed core and supplemental trainings.
- Workforce improvements to address needs and overcome barriers to services.
 - Expansion in workforce, capacity to care for certain patient populations, etc.
 - Catalysts: increasing staff will be a required aim.
- Provider/staff changes in knowledge, attitudes, and/or practice to address and implement toxic stress and ACE-Associated Health Condition interventions.
- Resources are leveraged to sustain workforce growth and utilization.
- Sustainability plan for expanded/new services in place.

Submission Requirements

Online Submission Platform

- Submittable, the online submission platform, manages every stage of the RFP application and review process.
- All information available in the portal, including work plan, budget, and narrative templates.
- Only electronic applications received via Submittable will be accepted (phi.submittable.com/submit).

Letter of Intent

Due by 5 p.m. PDT on May 13, 2022 via Submittable

- Name and brief description of the lead applicant entity
 - location or locations for consortia
 - population(s) served (e.g., pediatric, adults, pregnant people, rural, Tribal, etc.)
- The cohort for which the grantee team intends to apply
 - Catalyst or Pathfinder
- Status of partnerships with project team partners
 - existing partnerships or in-development

Request for Proposal

1. Lead clinic entity contact information
2. Project summary
3. Partner organizations description and capacity
4. Project approach, work plan, and timeline
5. Lead clinic entity financial capacity
6. Letters of commitment from partnership organizations
7. Budget and budget narrative
8. Technical assistance and mentorship

Allowable Expenses

- Salaries and Wages
- Fringe Benefits
- Consultant Costs
- Travel
- Equipment
- Materials and Supplies
- Other Expenses

Proposal Scoring Rubric

Submission Requirements	Maximum Points
Section 1: Applicant Lead Entity and Information	Required, no score
Section 2: Project Summary	10
Section 3: Applicant Lead Entity and Partner Organization Description and Capacity	35
Section 4: Project Approach, Work Plan, and Timeline	35
Section 5: Lead Agency Financial Capacity	Required, not scored
Section 6: Letters of Commitment from Partnership Organizations	Required, not scored
Section 7: Budget and Budget Narrative	20
Section 8: Technical Assistance and Mentorship	Required, not scored
Total	100

Please submit applications electronically.

**Proposals are due by
June 13, 2022, at 5 p.m. PDT.**

Contract

- Organizations awarded PRACTICE grants will sign a contract with Public Health Institute (PHI), the entity supporting the implementation of the PRACTICE grants in partnership with UCAAN, CA-OSG, and DHCS.
- Grantees must abide by all contract requirements, including remaining in good standing and meeting all federal and state conditions for receiving funding. Grantees will be required to submit regular project reports as a condition of payment.