Preventing and Responding to Adverse Childhood Experience (ACE)-Associated Health Conditions and Toxic Stress in Clinics through Community Engagement (PRACTICE) Statewide Learning Collaborative

Roles and Responsibilities of the Primary Care Clinic or Clinic Consortia Serving Primarily Medi-Cal Beneficiaries

The <u>UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN)</u> in collaboration with the <u>Office of the California Surgeon General (CA-OSG)</u>, <u>Department of Health Care Services (DHCS)</u>, and <u>Population Health Innovation Lab (PHIL)</u>, a program of <u>Public Health Institute (PHI)</u>, are pleased to announce a Request for Proposal (RFP) for a new statewide learning collaborative. PRACTICE will support the efforts of clinical teams to address toxic stress in local communities.

The lead applicant will form a project team that *must* include members from each of the following:

- 1. A primary care clinic or clinic consortia serving primarily Medi-Cal beneficiaries,
- 2. A community-based organization (CBO), and
- 3. A Medi-Cal managed care plan serving the partnership community.

The primary care clinic or clinic consortia serving primarily Medi-Cal beneficiaries will serve as the lead applicant organization for PRACTICE. Visit www.pophealthinnovationlab.org/PRACTICE for up-to-date information and to apply for the RFP.

Role of the Primary Care Clinic or Clinic Consortia Serving Primarily Medi-Cal Beneficiaries

The primary care clinic or clinic consortia serving primarily Medi-Cal beneficiaries will serve as the **lead clinic entity** for the PRACTICE application and the project team.

As part of the project team, the lead clinic entity will:

- Serve as the lead for project planning and implementation efforts.
- Participate in the PRACTICE statewide learning collaborative.
- Create strategies and pathways to make referrals to CBOs.
- Seek opportunities to integrate trauma-informed practices into their workflow and amongst clinic staff.
- Identify a dedicated staff person to serve as the lead data collection point of contact.
- Collect data and regularly contribute to evaluation activities.
- Create and implement infrastructure (e.g., equipment, software, IT, etc.) improvements to enhance the ability of project partners to communicate efficiently.
- Partner or subcontract with CBOs who have qualified service providers (e.g., Care Coordinators, Community Health Workers, Doulas, Peer Support Specialists, or other paraprofessionals).











Additional responsibilities could include:

- Building a sustainable workforce to include Care Coordinators, Community Health Workers, Doulas, Peer Support Specialists, and/or other paraprofessionals.
- Providing CalAIM Community Supports services either directly or indirectly. For example, by contracting with qualified service providers.
- Lead the project team to ensure the completion of the work plan and deliverables in a timely manner.

Additional Information on PRACTICE

Up to 30 teams will receive funding through the PRACTICE initiative, each ranging from \$500,000 to up to \$1 million, with the goal of increasing the capacity of Medi-Cal primary care organizations/clinics, community-based organizations (CBOs), and Medi-Cal managed care plans to leverage existing and new sources of state funding to:

- Strengthen partnerships to screen for ACEs in order to identify clinical risk for and respond to toxic stress.
- Develop sustainable, practical, community-informed, evidence-based services that target toxic stress physiology and ACE-Associated Health Conditions, and support the prevention of ACEs and toxic stress.
- Build a sustainable workforce to support ACE screening, toxic stress response, and prevention of ACEs, toxic stress, and ACE-Associated Health Conditions.

A Letter of Intent to apply to the RFP is due on May 13, 2022, 5 p.m. PDT. Applications are due by June 13, 2022, 5 p.m. PDT, unless otherwise posted. The contract resulting from the RFP will begin around August 2022 and end in June 2023, pending state budget approval.









