# Transformations & Innovations Initiative
# Grants Program Detailed Description

(Updated: March 2025)

## OVERVIEW

The CARESTAR Foundation (CARESTAR) is now accepting application for our Transformations and Innovations Initiative (TII) Grants Program. Through this initiative, **CARESTAR is investing in multi-agency collaboratives working to reimagine and transform their local emergency medical services (EMS) system.** This includes enhancing how residents request help in a crisis, diversifying first responder teams, improving language and cultural representation, upgrading the quality of care in homes and communities, and better transitions to long-term care.

We particularly value **collaboratives that include community organizations or individuals representing Indigenous, Black, Latinx, Asian or another racialized group, as well as historically under-resourced communities.**

Eligible collaboratives can be existing or newly formed, but must include at least one EMS provider agency, one Local Emergency Medical Services Agency (LEMSA) and one community-based organization (CBO). Active LEMSA engagement or demonstrated support is crucial due to their role in overseeing county-level emergency services. Over the long term, CARESTAR hopes that successful local initiatives can eventually be shared across communities and inspire regulatory and policy improvements.

## BACKGROUND

Over 40 million California residents and visitors rely on effective emergency medical service agencies to provide help and save lives whenever a traumatic event or injury occurs, regardless of the precipitating cause (e.g., motor vehicle accident, gun violence, accidental fall, substance use, mental health crisis, wildfire, disease outbreak, etc.).

The system responsible for providing this emergency and prehospital care is made up of a complex web of public and private agencies, a range of first responders and health care providers, and various communications and triage systems, all governed and influenced by local, state, and federal policies, regulations, and payors. Many of these structures, processes, and even budget allocations, are based on historic or traditional approaches rather than on a deep understanding and assessment of what is needed and wanted in modern society by individuals and communities requiring help in a crisis.

In California, it is also important to acknowledge that the EMS system serves diverse populations with a variety of cultures, languages and geographies, and functions in the context of racism, disinvestment, and trauma many communities experience, which has led to mistrust and fear of these very services.

Given the critical role of EMS to provide healthcare in our homes and communities, CARESTAR seeks to catalyze new and improved ways for ALL Californians to receive the most appropriate emergency and prehospital care when and where they need it, delivered by first responders and other providers who reflect and respect the rich diversity of their communities.

Our reimagined EMS system places community voices at the center, emphasizing what residents need, want, and experience. We also believe that successful transformation requires better communication, coordination, and collaboration between community-based organizations and EMS agencies. A racial equity lens is fundamental to this work. This means deliberately considering race and ethnicity in analyzing problems, developing solutions, and defining success. Applying a racial equity lens will revolutionize every aspect of emergency and prehospital care delivery, improving health outcomes for all Californians, regardless of who they are or where they live.

**Definition of EMS & Emergency and Prehospital Care**

For the purposes of this initiative, the terms "Emergency Medical Services (EMS)" and "emergency and prehospital care" are used interchangeably to refer to a range of activities and stakeholders including but not limited to the:

- 911 (211, 988 etc.) call centers and representatives who assist community members in crisis;
- First responders who are dispatched into home and communities;
- Type and quality of emergency medical care and other services provided;
- Sharing data between individuals, agencies and systems; and
- Transport and/or transition to follow-up care as needed.

**CARESTAR's Mission, Vision, and Goals**

The CARESTAR Foundation's mission is *to improve health outcomes for all Californians using a racial equity lens to fund and advocate for improvements to our emergency response system*. Our vision is that all Californians experience an emergency response system that is equitable, unified, and compassionate.

To achieve this vision, we seek to:

- **Elevate Community Voice** - CARESTAR prioritizes the inclusion of diverse perspectives in decision-making processes. By amplifying the voices of underserved communities, CARESTAR hopes that care models are relevant and responsive to their unique needs.
- **Build a Movement -** CARESTAR seeks to galvanize collective action among stakeholders across the emergency care system. By fostering collaboration and sharing best practices, CARESTAR aims to further momentum toward a unified and equitable emergency medical services system.
- **Catalyze Systems Change -** CARESTAR focuses on driving systemic improvements through innovative policy solutions and research support. By challenging existing inequities and promoting inclusive practices, CARESTAR aims to transform the emergency and prehospital care ecosystem.

## GRANT COMPONENTS

**Award Amount**

Grant award sizes may vary. The maximum amount is $100k for a one-year grant, and a maximum of $300k for a multi-year grant. Please do not feel obligated to apply for the maximum amount, as we would like to fund as many collaboratives as possible with a limited budget. Final grant parameters (amount and time) will be determined in partnership with applicants to align with the complexity, needs, and plans discussed.

How the collaborative uses funds, and specific distribution among partner agencies is flexible, provided the collaborative establishes agreed upon guidelines, and the lead agency has mechanisms to receive and distribute funds appropriately and in a timely manner.

**Collaborative**

For this initiative, a collaborative consists of multiple agencies committed to learning, planning, and acting toward a shared vision and/or goals. A collaborative can be in any stage of development -- from early formation and launch to a mature, multi-agency, fully functioning group with a history of working together. Collaboratives can be structured formally -- for example, with paid staff or memorandum of understanding between agencies -- or informally, with representatives participating in shared activities, or acknowledging the work through letters of support.

Collaboratives must include (or demonstrate strong potential to involve) the following representatives:

- One or more agency responsible for **local emergency medical response** such as: fire department, public or private ambulance company, mobile crisis unit and/or agency overseeing call center(s) and triage services such as 911, 211 or 988;
- One or more **community-based organization** that can engage or advocate on behalf of local community members, particularly Indigenous, Black, Latinx, Asian or another racialized group, as well as communities that have historically been under-resourced; and
- **Local Emergency Management Services Authority** (LEMSA). A list of LEMSA agencies and contacts can be found here.

Examples (not requirements) of other partners that could be involved in a collaborative include:

- Local hospital or trauma center;
- Local public health and/or behavioral health department;
- EMT or paramedic training program (including CBOs and community colleges);
- Community-based agency that provides physical or behavioral health care, such as behavioral health or substance abuse care facility; and
- Local/regional government representatives.

**Scope of Work**

The scope of work proposed can be narrow and deep - focusing on specific components of EMS, or broad and wide across the landscape depending on local needs, opportunities, and resources. Potential collaborative activities for transforming emergency and prehospital care systems include the following (note, this list is suggestive, not mandatory):

- **Assess the Current System:** Analyze the structure, strengths, and weaknesses of the current system. Examine and highlight any racial disparities or biases in the ways community members engage, receive and/or experience local emergency and prehospital care. Review quantitative data related to the local emergency and prehospital system at the local level (e.g., zip code, census tract, GIS mapping etc.). Collect and reflect on qualitative data such as interviews, focus groups, surveys, etc. with community members, people with lived experience, and other relevant stakeholders.
- **Create a Shared Vision:** Engage a range of stakeholders - first responders, health care providers, public officials, community members/organizations - to reflect on local realities and data and consider what communities want and need, local assets, barriers, challenges, and opportunities. Create a shared vision for a transformed local EMS system that centers racial equity. What would the ideal system look like? How would it function and feel? What would be different?
- **Develop and/or Implement a Plan:** Develop the implementation plan and/or implement the project that pursues goals for transformational EMS change. Components could include key

milestones, budget, roles, how progress will be captured, a process for engaging community members and key staff required for success. A shared vision and local data can inform this plan.

- **Advance Systems Change:** Share progress, outcomes and/or best practices with key regional and state agencies including the Local or State Emergency Management Systems Authority (EMSA) or the public at large, in order to support the integration, spread, and sustainability of innovations achieved, reinforced by policy or regulatory changes.

**Geographic Focus Area**

TII grants are available for work at the city, county, or multi-county area within California. At least one collaborative member must be physically located in the geographic area of focus. Additional consideration will be given to a collaborative based and working in a rural, frontier or tribal area, given the unique challenges within EMS in these areas.

**Reporting Requirements**

CARESTAR is interested in learning alongside collaborative partners, as well as elevating and amplifying successes and challenges along the way. As such, we like to meet regularly with individual collaboratives to check in, as well as occasionally bring multiple collaboratives from across the state together to share updates, brainstorm ideas, and provide advice. Individual collaborative progress meetings with CARESTAR will be held every six months (preferably with multiple agency representatives present). To inform these discussions, collaboratives will be asked to complete a self-assessment questionnaire prior to each call. Occasionally CARESTAR hosts gatherings with other grantees and the collaborative would be encouraged to attend. CARESTAR deeply respects grant partners' time and aims to minimize the burden of these activities.

## APPLICATION PROCESS

**Lead Applicant**

To apply for a TII grant, a lead organization will need to be identified and serve as the primary contact for the grant. This lead organization must be a non-profit organization or public entity. Preferably the lead organization is based in the area where the project will occur. The lead agency must have the ability to receive and manage grant funds, as well as to distribute funds among partners as appropriate in a timely manner. The application also asks for some basic information about existing collaborative members, or ideas for members if the collaborative is not fully formed.

**Process & Timing**

The TII application process is an approximately four-month journey from application to notification of award. The application stages and timing are as follows:

1. **Eligibility Quiz:** Complete the quiz on our website to ensure your organization is eligible.
2. **Full Application:** If eligible, access the full application through our online portal. Applications are due by May 30, 2025, at 8 PM PT.
3. **Interview:** Finalists will be invited for an online or in-person interview within 6-8 weeks, with possible requests for additional information.
4. **Award Notification:** Award status will be communicated within 2-3 weeks after the interview, with grant details provided in the award letter and agreement.

## REVIEW CRITERIA

All TII grant applications will be reviewed by CARESTAR staff and outside experts including a subset of current CARESTAR TII grant recipients. All applications will be assessed on their own merit and considered against the attributes listed below.

CARESTAR acknowledges that communities are starting from various stages of development and collaborative formation, so the criteria listed below will be considered related to status, and/or the potential to address key issues during the grant period.

- **Strength and diversity of the collaborative -** Multi-sector, EMS participation, LEMSA participation, community participation, other important stakeholders, reflects the community served.
- **Relationships and diversity of the lead agency/applicant -** Legacy, reputation, diversity, capacity, ability to manage the work and gather stakeholders.
- **Project & vision of success -** Potential to "transform'" one or more aspects of local emergency & prehospital care.
- **Population served -** Focus on and support for residents who identify as Indigenous, Black, Latinx, Asian or another racialized group, as well as communities that have historically been under-resourced.
- **Community involvement -** Inclusion of community and people with lived experience to identify problems and ideas for solutions, participate in project as appropriate and provide ongoing feedback.
- **Problem identification -** Understanding of racial disparities and changes needed in local emergency and prehospital care or how/where to collect, assess and prioritize this information.
- **Use of data -** Grounded in local quantitative and/or qualitative data that also examines racial disparities.
- **Geographic location -** If collaborative is based and works in a rural, frontier or tribal area, additional scoring points will be available.
- **Potential for systems change -** Potential to scale, disseminate, influence, or lead to policy or regulatory change.

## QUESTIONS?

If you have questions, please email grants@carestarfoundation.org.

Information about past projects funded through this program is available on our website.