Transformations & Innovations Grants Program
Detailed Description

(Updated: November 2022)

OVERVIEW

The CARESTAR Foundation (CARESTAR) is pleased to announce that our Transformations and Innovations Grants Program is open for applications. Through this initiative, **CARESTAR is looking to invest in community-based collaboratives reimagining and transforming emergency and prehospital care.** For example, how and who residents call for help in a crisis, the responders who show up, how they show up, the care provided in homes and communities, or transport/transition to longer-term care when needed.

To honor the diversity of needs and experiences and encourage the creation of authentic system transformation, **CARESTAR is looking to support multi-agency local collaboratives representing different perspectives on what is needed for emergency and prehospital care, specifically including community voices**. These multi-agency collaboratives can already exist or be newly forming.

We are particularly interested in lifting up and **improving how residents who identify as Indigenous, Black, Latinx, Asian or another racialized group, as well as communities that have historically been under-resourced, engage, receive, and experience emergency and prehospital care.**

Ideally Local Emergency Medical Services Agencies (LEMSA) will be aware of or involved in collaborative efforts. This is important as LEMSAs oversee county-level emergency services such as paramedic, emergency medical technician (EMT), air and ground ambulance response, to ensure that effective emergency care is available throughout the county. Over the long term, CARESTAR hopes that local successes can be shared across communities and inform or lead to local regulatory and policy changes.

BACKGROUND

Over 40 million California residents and visitors rely on effective emergency and prehospital care 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 and the “way thing have always been” 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 emergency and prehospital care 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 this system to protect public health and safety, and to provide healthcare in our homes and communities, CARESTAR seeks to catalyze new and better 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.

In this reimagined system, it is critical that communities have a say in what they need, want, and experience, and that community-based organizations and emergency and prehospital care agencies better communicate, coordinate, and collaborate with each other. Embracing and applying a racial equity "lens" is central to this transformative work. In other words, paying disciplined attention to race and ethnicity in problem analysis, identification of solutions and to define success is absolutely essential. Applying a racial equity lens will revolutionize how, where, why, and by whom emergency and prehospital care is provided, and therefore improve health outcomes for all Californians.

Definition of Emergency and Prehospital Care

For the purposes of this initiative, the term "emergency and prehospital care" refers 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 response, care and services provided;
- Sharing and transferring of information between individuals, agencies and systems;
- Transport and/or transition to follow-up care as needed; and
- Injury prevention and disaster planning activities that specifically focus on improving racial equity.

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 are reimagining an emergency and prehospital care system in California in which:

- **Individual Californians** trust and are confident (and don't fear) in engaging with emergency and prehospital care organizations and receive care and services that are appropriate for their needs.
- **Communities** have the voice, power, and influence to transform emergency and pre-hospital care to work for them.
- **The system** of emergency and prehospital care values community input and works collaboratively with communities, and with each other, to better meet local health and safety needs.
- **Local and state policy** codifies and incentivizes innovation and community-centered care to improve equity in the emergency and prehospital care system.

GRANT COMPONENTS

Award Amount

Grants will range in size from $100K-$150K for one-year grants, to $300K-$1M for multi-year grants. The specific parameters (amount and time) will be determined in partnership with applicants to align with the complexity, needs, and plans discussed. These are flexible funds for use by the collaborative as needed.

Collaborative

For this initiative, we consider a collaborative as multiple agencies who are committed to learning, planning, and acting together, toward a shared vision and/or goals. A collaborative can be in any stage of development -- from initial stakeholder assessment and introductions to early formation and launch, or as a mature, multi-agency and fully functioning group with a history of working together.

Collaboratives can also be more formal in nature -- for example, having paid staff or memorandum of understanding between agencies, or established rules/processes -- or they can be more informal as groupings of representative(s) participating in shared activities, or simply acknowledging the work through letters of support.

Collaboratives that include (or demonstrate strong potential to include) involvement of the following will be prioritized:

- One or more agency responsible for **local emergency response** such as: fire department, public or private ambulance company, mobile crisis unit, police or sheriff departments, 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;
- **Local Emergency Management Services Authority** (LEMSA). A list of LEMSA agencies and contacts can be found here: https://emsa.ca.gov/local-ems-agencies/; and
- **Local hospital or trauma center.**

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

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

Scope of Work

The scope of work proposed can be narrow and deep - focusing on specific components of the emergency and prehospital care system, or broad and wide to transform the landscape depending on local needs, opportunities, and resources. How the collaborative operates and progresses toward reimaging and transforming local emergency and prehospital care including the workplan, activities, and use of funds over the multi-year period, is flexible as long as the collaborative engages local community members, focuses on racial equity within the system, and considers local data.

The following are examples of activities a collaborative *could* pursue toward a transformed emergency and prehospital care system. This is not a required list, but offered as ideas for consideration:

- **Assess the Current System:** Paint a picture of how the current system is structured and working (or not), where are the pressure points, what is working well, and what could be improved. 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 -- such as first responders, health care providers, public officials, community members and/or community-based 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 emergency and prehospital care system that centers racial equity. *What would the ideal system look like? How would it function and feel? What would be different than the current system?*

- **Develop a Plan:** Develop an implementation plan for pursuing goals toward change including components such as stakeholders, key milestones, budget, participant roles, how progress will be captured, and a process for engaging community members and if appropriate, key staff required for success. A shared vision or goals and local data can inform this plan.

- **Advance Systems Change:** Share process, progress and outcomes 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

These grants are available for work at the city, county, or LEMSA area within California. At least one collaborative member must be physically located in the geographic area of focus.

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 would like to meet regularly with collaboratives individually (preferably with multiple collaborative representatives), as well as bring together several collaboratives a few times a year, to share updates, brainstorm ideas, provide feedback to each other, and to identify any milestones reached. Progress report meetings with CARESTAR will be held approximately every six months, and larger gatherings with other grantees will occur 1-2x per year.

Evaluation

CARESTAR is still considering an overarching evaluation for this body of work and will provide an update to grantees as soon as possible. Most-likely there will be a self-report questionnaire each collaborative will be asked to complete at regular intervals, and possibly another method of capturing progress and impact. Please know that CARESTAR deeply respects grant partners' time and will aim to minimize the burden of evaluation on participating collaboratives.

APPLICATION PROCESS

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. In the application there are also questions asking for basic information on existing collaborative members, or ideas for members if the collaborative is not yet formed.

Process & Timing

The TII application process is an approximately four-month journey starting with a Letter of Intent (LOI) through grant award and funding.

The application stages and timing are as follows:

Step 1: Letter of Interest (LOI)

- LOIs are accepted an ongoing basis throughout the year.
- The online LOI can be accessed here.
- We cannot accept LOIs sent via email.
- LOIs will ask for a lead organization. Collaboration with others is possible online.
- LOIs will be reviewed within 2-3 weeks of submission.

Step 2: Full Application

- LOIs that meet the criteria and goals will be invited to submit a full application.
- The full application can be submitted whenever the lead organization and collaborative are ready.
- Full applications will be reviewed within 4-6 weeks of submission.

Step 3: Interview

- Applicants that advance will be invited to meet with CARESTAR (online or in-person).
- Supplemental information or materials may be requested at this time.

Step 4: Award Notification

- Applicants will be notified about award status within 2-3 weeks of the interview.
- Grant details will be outlined in the final award letter and grant agreement.

**** To begin the application process, please visit our website****

www.carestarfoundation.org

REVIEW CRITERIA

Review Process

Applications will be reviewed by CARESTAR staff and outside experts including current CARESTAR grant recipients. All applications will be assessed on their own merit and considering the attributes listed below.

Criteria

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

- **Problem Identification**
  Understanding of racial disparities and changes needed in local emergency and prehospital care or how to gather, assess and prioritize information.
- **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 problem, ideas for solutions, planning, feedback.
- **Use of Data**
  Grounded in local quantitative and/or qualitative data that also examines racial disparities.
- **Potential for Systems Change**
  Potential to scale, disseminate, influence, or lead to policy or regulatory change.
- **Strength and diversity of the lead agency/applicant**
  Legacy, reputation, diversity, ability to lead the work and gather stakeholders.
- **Strength and diversity of the collaborative**
  Multi-sector, EMS participation, community participation, other important stakeholders, reflects the community served.

QUESTIONS?

Please reach out if you have any questions about the initiative overall, or the application process.
Emails can be sent to: grants@carestarfoundation.org

Examples of Past Grantees

Please refer to our website www.carestarfoundation.org for brief descriptions of past grantees in this initiative, and other general grants.