Narrative 3
The Center for Youth Wellness: A Community-Based Approach to Holistic Health Care in San Francisco

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This is a story that chronicles the convening of multiple academic and community stakeholders in San Francisco to create a trauma-informed system of care by collocating three organizations to address the adversity that children and youth living in poverty face daily.

Central Moment

Beginning in 2007, practitioners from around the Bay Area of California came together to have informal conversations about how to address the ongoing issue of toxic stress and trauma that children and youth in San Francisco face on a daily basis. We define toxic stress here as resulting from "strong, frequent, or prolonged activation of the body's stress response systems," impacting the brain and other physiological responses to stress [1]. Knowing that exposure to this type of stress—stemming from abuse, neglect, witnessing community or interpersonal violence, and the challenges of growing up in poverty—had deleterious effects on individuals' health and well-being, we formed a multidisciplinary group determined to create a coordinated approach to the issue. Our partnership was made up of an unlikely

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group of researchers, health practitioners, child abuse prevention specialists, and other service providers whose work focused on alleviating poverty or improving juvenile justice systems. In traditional health care models, these various practitioners and advocates work separately, often focused on similar, overlapping systemic problems. We wanted to bring together voices across disciplinary lines to address this complex reality.

After narrowing in on the problem of early childhood stress and its associated conditions, the central question in our group became whether to (1) integrate services under one organization, (2) refer patients across various coordinated providers, or (3) collocate separate partners under one roof. We knew that such a complex issue needed a variety of coordinated services, innovative care, and sustainability. Originally we conceived of the Center for Youth Wellness as a single entity, with three main partner organizations sharing the Center for Youth Wellness identity. This arrangement, however, proved to work against the aim of the model—to provide trauma-informed, holistic, and innovative care to patients and families experiencing chronic stress and trauma. Given the intricacies and power of each suborganization's work, an urgent timeline to get services to families, and the need for enough funding for essential programs in a competitive environment, the arrangement of a fully integrated, one-organization model threatened the possibility of no Center for Youth Wellness at all.

Ultimately, we decided upon a collocated approach, which has allowed the partner organizations to maximize their areas of expertise while coordinating care in one accessible location for families. They are able to independently and fully implement programs that serve their respective missions while retaining the opportunity to work collaboratively with one another in service of the community. Now, three organizations are collocated in the Center for Youth Wellness building, offering pediatric, mental health, child abuse prevention, and wellness programming for children and families in the Bayview Hunters Point neighborhood of San Francisco.

Defining the Issue

Chronic stress and trauma affect an extensive number of people across the country. Whether due to interpersonal, community, or institutional violence, the heightened strain that comes with living in poverty, such as the insecurity of one's ability to put food on the table or find safe housing, or experiencing daily microaggressions and decreased opportunity as a person of color in an institutionally racist society, we knew that ongoing stress negatively impacts mental and physiological health. Particularly for children and youth, the results of enduring such chronic adversity may follow them throughout their lives in the form of academic challenges, long-term health conditions such as asthma or diabetes, or anxiety and depression.

In the United States, for example, children and youth are exposed to extraordinary rates of violence. In 2010, among youth aged 15–24 years old, homicide was the second highest cause of death generally and, in particular, the number one

reason for death for African Americans, second for Latinos, and third for American Indians and Alaska Natives aged 10–24 years old [2].

Traditional responses to such widespread conditions have their own set of challenges and limitations, among which include lack of financial opportunities. For example, funding for community health centers has continuously declined for over the past 4 or more years [3]. Additionally, researchers have identified a lack of evidence-based interventions in approaches for early childhood interventions and youth psychology [4, 5].

Among resource-scarce communities in urban areas there is a great need for accessible, community-based, and coordinated care to support children and their families. Research has shown a strong connection between urban planning and public health disparities, citing segregation and other social or physical environment factors in urban areas leading to health inequalities, such as housing, mobility, and other factors traditionally placed solely in the social domain [5, 6]. An example of such a community, Bayview Hunters Point was our center site to develop and implement a trauma-informed, one-stop, integrative model working to address not only individual but also family, community, and social needs.

Bayview Hunters Point is a long-standing residential neighborhood of San Francisco that has experienced high rates of poverty, community violence, and toxic environmental exposure. Historically an African American neighborhood, Bayview has experienced a significant amount of adversity from economic challenges, lack of quality housing and healthy food options, institutionalized racism and isolation from the remainder of San Francisco, and exposure to environmental toxins left behind when the Hunters Point Shipyard and power plant closed [7]. As a result, Bayview residents experience much higher rates of chronic illnesses like diabetes, asthma hospitalization rates [7], ischemic heart disease, cancer, and other cardiovascular illnesses. Violence, however, is the number one cause of lives lost in Bayview Hunters Point [8]. Given these factors, we saw a need for a holistic approach to health care in the neighborhood, one that addressed health outcomes stemming from seemingly nonmedical factors.

Researchers have been calling for the expansion of clinical medicine into the social space for some time. An example of this is the difference between a "medical home" and "health neighborhood" [9]. By creating health neighborhoods, which utilize "community-based, nonmedical services that promote the health of patients and families" and incorporate the "identification of basic needs and facilitation of referrals, care coordination, co-location, and centralization of services" [9], health care providers support the whole person, the whole family, and the whole community. Doing so, however, requires multiple stakeholders offering different services to partner in order to support individuals, families, and entire communities.

Specifically, federally qualified health centers act as a "safety net provider" [10] in underresourced communities and offer primary care, housing, or other services. Often known as community health centers, they must fit the following requirements to be federally qualified: (1) retain private nonprofit or public organization status; (2) offer extensive primary care services; (3) offer services to low-income communities with limited access to resources; (4) provide sliding fee scale to uninsured patients; and (5) obtain an independent and community-based board of directors [11].

Reflecting national approaches, health services in San Francisco and the greater Bay Area have traditionally focused on clinical disease only [12], not the issues that were deemed social problems, such as exposure to violence or scarce housing, leading to a lack of resources in the clinical space devoted to addressing social inequities. Because these challenges exist in both the traditional health care and other social settings, such as schools, there is a need to combine these sectors to effectively target the problem [12]. In developing the Center in Bayview Hunters Point, it became critical to work with stakeholders around the community, such as juvenile justice and other community-based public service providers, in order to scale interventions from individuals and families to the community systems level.

The Center for Youth Wellness is a collocated pediatric and mental health care model in Bayview Hunters Point. Made up of a number of partners from different spheres of the nonprofit and public sectors, the Center for Youth Wellness is an approach to address the high prevalence of adversity that children and youth, especially those living in poverty, face in the southeast sector of San Francisco. Low-income families and communities of color in the city experience ongoing toxic stress and trauma due to a multitude of external stressors. Specifically, the Center for Youth Wellness utilizes the Adverse Childhood Experiences (ACEs) diagnostic tool, derived from the renowned Kaiser ACEs study [13], to understand how patients experience toxic stress.

For some background context, the Kaiser ACEs study showed a dose–response relationship between exposure to ACEs and adult risk of chronic disease [13]. The ACEs categories include (1) physical abuse; (2) emotional abuse; (3) contact sexual abuse; (4) physical neglect; (5) emotional neglect; (6) someone chronically depressed, mentally ill, institutionalized, or suicidal; (7) mother treated violently; (8) one or no parents, parental separation, or divorce; and (9) substance abuse in the household [14]. One of the central findings of the ACEs study revealed a high prevalence of ACEs even within a college-educated, middle-class, white majority San Diego population—factors which generally put individuals at less risk for chronic illness.

We applied this approach to a chart review of Bayview children in a primary care setting in 2010–2011 and found that 67 % of children (mean age 8.13) had one or more ACEs and that 12 % had four or more ACEs. Fifty-one percent of the children with four or more ACEs were identified as experiencing learning and behavioral problems. Forty-five percent of those with four or more ACEs were overweight or obese. In comparison, only 3 % of children with zero ACEs experienced learning and behavioral problems, and 31 % were overweight or obese [14]. It became clearer that a response and further prevention was needed to address ACEs in the children from the Bayview community [14].

Introducing the Partners

In order to create an integrated model, different stakeholders needed to come to the table. Representatives from government, academia, community, and philanthropy came together. This founding group consisted of leaders from these various related

sectors concerned with addressing child and youth stress and trauma through the lens of each of their fields.

Although we brought together stakeholders from multiple backgrounds, several important voices were missing from the core founders. Educators, for example, who spend such a large amount of time with their students, were not part of the original partnering group. Bringing in teachers and school leaders from the beginning would have informed both how trauma and stress play out in the classroom and highlight the opportunities and limitations present in the public school system to support children and families.

Also missing from the original conversation were members of the police force who may be the first to interface with families and youth in the community. A central actor in addressing violence in the neighborhood, the police department should be included in the conversation as a long-term stakeholder with a strong understanding of the impact of stress and trauma, particularly given the long history of police brutality and resulting distrust among disenfranchised communities in the United States.

Center for Youth Wellness Timeline [15]

2007
Center for Youth Wellness founding partners met to discuss a collaborative approach to early childhood adversity.

SPRING 2010
Funding partner Tipping Point Community raised more than $4 million for the Center for Youth Wellness building.

SPRING 2012
Center for Youth Wellness became a 501(c)3 organization.

FALL 2012–SPRING 2013
Center for Youth Wellness was approved to provide coordinated services in its final location in Bayview Hunters Point.

SPRING 2013
Center for Youth Wellness began taking referrals from partner organizations and offering clinical services and launched the Community Advisory Council.

WINTER 2014
Center for Youth Wellness, Bayview Child Health Center, and Children's Advocacy Center opened their doors at the Center for Youth Wellness building.

Having diverse voices from the community to contribute to the nuanced conversations of implementing the model in its nascent stages continues to incorporate greater local context and knowledge that is fundamental to maximizing the benefits of such a program for those who will be most impacted by its direction. The Center for Youth Wellness developed community advisory councils and has worked closely with the Bayview Hunters Point neighborhood residents and community-based organizations to inform their decision-making. The organization has collaborated with public schools and offered trainings to the police department as part of their health education programing and wellness coordination. Additionally, the Center for Youth Wellness' research program incorporates community-based participatory research principles to further partner with adult and student stakeholders in the neighborhood.

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Our founding group enjoyed a variety of diverse partners working to improve life outcomes in San Francisco, which are described in the following paragraphs.

Tipping Point Community is the Center for Youth Wellness' central funding partner, a grant-making organization focused on alleviating poverty in the Bay Area. Unlike many grant-making organizations, Tipping Point Community offers support such as management and consulting services, real estate or legal support to its nonprofit partners. Tipping Point Community exists to enable the leadership of its grantees, trusting that they can best address a particular problem because their work takes place at the ground level, and giving them the foundational support and resources to focus on their priorities and do their job well.

The University of California, San Francisco's Child Trauma Research Program has been partnering with the Bayview Child Health Center, the primary care seed for the Center for Youth Wellness, providing full-time therapist interns for the past several years. With a focus on dyadic intervention, the Child Trauma Research Program offers child–parent psychotherapy [16] and works to reduce the "mental health gap for underserved communities by providing high-quality training in evidence-based, culturally relevant interventions" for mental health practitioners working with children 5 years old and younger [17].

The San Francisco Child Abuse Prevention Center's Children's Advocacy Center is the primary access, acute services organization for families in crisis. Providing a coordinated first response to child abuse and neglect, the Children's Advocacy Center convenes partners from around the city, including the district attorney's office, the child and victim assault units, child protective services, the police department, and the department of public health. The Children's Advocacy Center is a national model that offers primary forensic, prosecution, mental health, and education services around child abuse and neglect, with a focus on best supporting the family and child through crisis.

Bayview Child Health Center, collocated partner to the Center for Youth Wellness and clinic of California Pacific Medical Center and Sutter Pacific Medical Foundation, is a pediatric clinic that has been open in Bayview since 2007. Offering pediatric, dental, and nutrition services as a primary care organization, the Bayview Child Health Center is the entry point to the center and works to eliminate health disparities in Bayview [18].

The Stanford Early Life Stress and Pediatric Anxiety Program at Lucile Packard Children's Hospital is a founding partner of the Center for Youth Wellness and driver of its clinical research work. With an aim to increase evidence-based interventions from within community-based praxis, the Early Life Stress and Pediatric Anxiety Program now continues to serve as a strategic thought-partner to the Center for Youth Wellness.

The community of Bayview is made up of families and residents, either those who are direct participants—families and their children—in the organization's programming, or residents who, by having lived experiences in the neighborhood, have offered insight and direction for the organization. Community advisory councils exist both for the Center for Youth Wellness' health education and clinical research initiatives and help drive the direction of the organization's programming. They are made up of community leaders and individuals invested in the mission of the Center for Youth Wellness.

Toward an Approach

Because childhood adversity and trauma is such a multifaceted issue and involves stakeholders across disciplines, we saw the need for a wide net of services and support. Chronic stress impacts neurological development, learning and behavior in schools, family and community dynamics, and pediatric and mental health. It is an issue that touches the work of doctors, social workers, educators, parents, policymakers, city planners, academics, and law enforcement, among others. Additionally, due to the sensitive nature and potential for further scapegoating families living in poverty, there is an imperative need to engage families and communities who experience the problem firsthand to become partners and leaders in driving systems-wide change.

In order to develop an integrative model, two organizations in our founding group addressing primary care (the Bayview Child Health Center) and trauma first response and forensic evaluation (the Children's Advocacy Center) collocated with the Center for Youth Wellness in one building known to the community as the Center for Youth Wellness, forming an integrative care structure. We define integrative care here as "the process and product of medical and mental health professionals working collaboratively and coherently toward optimizing patient health through biopsychosocial modes of prevention and intervention" [19]. Each organization relies on one another, utilizing high-quality referrals to connect families to resources "down the hall."

Because both the Children's Advocacy Center and the Center for Youth Wellness were starting out as new organizations, decisions regarding funding, capacity, and operational and programmatic development guided the partnership. With sustainability and capacity in mind, the leadership of both organizations decided to collocate as separate partners along with Bayview Child Health Center. The new direction led to increased flexibility for the partners administratively and operationally, allowing for more focus on carrying out each organization's mission in service of supporting children and families in Bayview.

Another challenge the organizations faced was the timeline, from conception to offering services in Bayview. Conversations among the core group of partners began in 2007, and the centers opened their doors at their final location in early 2014. One of the most pressing challenges during this time was finding a home for the organizations

that fit the requirements of each partner and was a safe place for patients and their families. The Center for Youth Wellness began taking referrals from the Bayview Child Health Center when it moved to its temporary location down the street from the health center in early 2013, and offered trainings to educators and other service providers in early 2012.

Partnering

Each partner brought a significant amount of experience and knowledge to the table, contributing to the efficacy of the collocated model of organizations in the Center for Youth Wellness building. Bayview Child Health Center provides general pediatric, dental, and nutrition services to children and youth in Bayview. When children visit for their physical or other pediatric check up, they are screened for ACEs and, if recommended, referred to Center for Youth Wellness staff for further support and therapeutic services. This is done via multidisciplinary rounds, where pediatricians, the wellness coordinator, social workers, nurses, therapists, and case managers meet weekly to discuss patient and family support plans. As part of this model, pediatricians can consult with mental health practitioners about next steps for each family, and families are then consulted to make sure the programming fits their needs.

Within the Children's Advocacy Center, the child is able to tell his or her story, one time, to a licensed and qualified forensic interviewer in a child-friendly atmosphere, and all stakeholders (e.g., police department, child protective services) listen to the story firsthand behind a one-way mirror. Following this first response service, the Children's Advocacy Center offers follow-up support, including case management, acute mental health interventions and services, community education, prosecution, and referrals to the Center for Youth Wellness for long-term programming through the wellness coordinator, a Center for Youth Wellness staff member who coordinates care and acts as an advocate for families across all collaborating organizations.

The Center for Youth Wellness works with families on a longer-term basis, taking referrals from both the Children's Advocacy Center and Bayview Child Health Center. Collaborating also with

Case Study

A 6-year-old patient at Bayview Child Health Center was brought in by his mother for a rash. She also took him to the clinic because he was having behavioral issues at school, where he would often lose control and get in trouble for interrupting, running out of the room, hitting or kicking, and she was concerned.

The boy had experienced a lot of stress, having witnessed domestic violence at home, and a father dealing with addiction who was no longer a part of his life. His now single mother struggled with poverty, trying her best to move forward.

A child going through such stressors has access to several interventions

through the CYW. For example, he might engage in two-generation therapy with his caregiver to address the intergenerational cycle of trauma. This happens by giving the caregiver mental health, social, and logistical resources to support themselves and their children, in addition to providing treatment and support to the child directly. These include interventions like Child-Parent Psychotherapy, mindfulness practices, or other tools.

In this case, the boy received biofeedback, where he was able to watch both how his body reacted to stress and, when he was able to breathe and use other relaxation tools, how his body then calmed down. With the ability to access services such as these, his challenges, several years later, have significantly improved [20].

The Center for Youth wellness coordinator works with patients and their families to access clinical programs and legal, housing, and other resources from service providers in Bayview. Acting as an advocate, the coordinator ensures both initial and ongoing access to these providers and that families have received services.

the University of California San Francisco's Child Trauma Research Program and Stanford's Early Life Stress and Pediatric Anxiety Program's researchers and mental health practitioners, the Center for Youth Wellness provides a variety of evidence-based clinical intervention programs, health education, and training opportunities for other service providers such as local community-based organizations and educators, and leverages their partners' cohesive effort to impact policy at the state and national level around childhood trauma and pediatric practice.

Now offering full services, the Center for Youth Wellness model works through several branches that continue to evolve: treatment and practice, research and evaluation, and education and advocacy.

Center for Youth Wellness Structure and Programs

The Center for Youth Wellness is made up of a founding board from various stakeholder organizations and has a leadership team of chief and vice president roles. A cohort of directors leads each focus of the organization and its sub-teams: research, clinical program, development, strategic initiatives, and organizational learning and data. Community advisory councils guide the direction of organizational practice in Center for Youth Wellness research and community programs.

Working in a new health center following the trauma-informed system of care structure, Center for Youth Wellness staff share a number of traditions and values. First, each staff member, regardless of his or her role, receives training on trauma and chronic stress in order to better support patients throughout the center. Another large part of this model is staff wellness; therefore, not only is mutual respect and support across teams integral but also are opportunities for staff to care for themselves as individuals. For example, weekly staff meetings begin with shout-outs, where staff members call out someone else for their hard work, something positive they had done that week, or an accomplishment. Each meeting ends with a couple of minutes of silent meditation before moving on with the rest of the day.

Treatment and Practice

In partnership with Bayview Child Health Center, patients receive pediatric, dental, and nutrition services with their primary care provider. During these routine visits, all children and youth are screened for exposure to ACEs and, on the basis of their score, are referred for a variety of wellness services through the Center for Youth Wellness. Clinical interventions at the Center for Youth Wellness are trauma-focused and incorporate a two-generation approach; caregivers are heavily involved with Center for Youth Wellness services so they can best support their children in their healing.

Evidence-based intervention therapies include trauma-focused cognitive-behavioral therapy, child–parent psychotherapy, and Stanford's cue-centered therapy. Mindfulness meditation, yoga, and biofeedback are part of the Center for Youth Wellness' clinical interventions. Family needs can also be identified via home visits, conducted by the wellness coordinator, a Center for Youth Wellness staff member. The wellness coordinator works across the three partnering organizations to be an advocate for the family and not only secure the biomedical and mental health needs of family members but also identify them and connect the family members to other resources such as legal, housing, food, or other assistance. In addition, understanding the significant benefits of nutrition and exercise, the Center for Youth Wellness is currently developing programs in these areas. The wellness coordinator both refers families to these services and follows up to make sure the family is able to access and utilize them.

Community-Based Participatory Research and the Legacy of Henrietta Lacks

The case of Henrietta Lacks [21], an African American woman who died of cervical cancer in the 1950s and whose cervical cells were taken without her permission or knowledge, is now well known. Her cells have contributed to both a legacy of medical advances and an important discussion about ethics and power regarding the history of research in low-income communities and communities of color, among other groups historically disenfranchised in the US.

The rights and empowerment of communities involved in research are still an issue today. Community-based participatory research is one tool to help mitigate the negative impact health research can have on its "subjects" by engaging them as full participants and leaders in the research process.

As part of the Center for Youth Wellness' research initiative, Henrietta Lacks' family was invited to Bayview to meet with residents in October 2014. Questions around trust, community participation in research, and bias in the scientific community, among others, were discussed.

This meeting is an example of how the Center for Youth Wellness research program works with community members to create knowledge and systemic change around negative health outcomes.

Research and Evaluation

The research and evaluation team at the Center for Youth Wellness works with practitioners and researchers from Stanford's Early Life Stress and Pediatric Anxiety Program that initially drove the research arm of the organization through years of research around stress, brain function, and development. Working to increase evidenced-based therapies in community mental health, the research team also functions to evaluate the entire model of the Center for Youth Wellness on the basis of patient outcomes after receiving clinical services. In order to conduct research that is culturally respectful and sustainable, the research team is developing a community-based research advisory board and is utilizing a community-based participatory research orientation as part of the program. Leveraging these principles, the research program engages community members and students in critical research projects.

Education and Advocacy

The Center for Youth Wellness staff and board members work as advocates by disseminating information on the impact of ACEs and toxic stress on children, both at the state and national level, and by supporting other service providers around California. The chief executive officer of the Center for Youth Wellness, for example, serves as part of Hillary Rodham Clinton's Too Small to Fail Campaign, the Let's Get Healthy California task force, and the American Association of Pediatrics. The scientific advisory board chairman is a member of the Mental Health Oversight and Accountability Commission for California and the American Association of Child and Adolescent Psychiatry.

Utilizing curricula developed with Stanford partners based on clinical praxis, Center for Youth Wellness staff train other public sector organizations on trauma and ACEs, including public school educators and pediatricians. In particular, the Center for Youth Wellness is working as a technical assistance provider to the Positive Youth Justice Initiative, which aims to "support juvenile justice system redesign at the county level to produce better outcomes for crossover youth" [22]. Given its work on the ground with the support of experts in various aspects of ACEs and toxic stress, the Center for Youth Wellness is uniquely positioned to inform local, state, and national policies.

Additionally, the Center for Youth Wellness works with other organizations that have been offering services in Bayview, including Hunters Point Family, BMagic, and public schools in the neighborhood. Relying on high-quality referrals, the Center for Youth Wellness depends consistently on its partner organizations within the community to connect families to the resources they need, such as housing, legal, and financial services. The Center for Youth Wellness also works with these

community-based organizations to provide programming around trauma and wellness. Hunters Point Family, for example, who has partnered with the Center for Youth Wellness to provide programming for youth and their parents, is a grassroots organization that has been in Bayview since 1997. The organization offers various educational, leadership, and professional resources to youth in the neighborhood.

Considerations and Lessons Learned

We identified three areas that were centrally important to staff members and Center for Youth Wellness stakeholders: (1) transparency and authenticity, (2) celebrating partner work, and (3) a clear understanding of one's limitations and capacity and clarity around each stakeholder's role with a strong understanding of and focus on shared goals.

Stakeholders felt it was imperative for all partners to come to the table with authenticity about who they are as individuals and why they do this work. Part of this authenticity is the ability to be transparent about decision-making rationale, values, and motives, with the understanding that this transparency builds trust among partners while allowing for different perspectives. For example, the ability of practitioners not only to recognize their relative privilege but also to understand how it impacts their role in the community and to act upon that understanding has great potential to benefit the work long-term.

Valuing partners was also a central aspect of building the model. This meant not only engaging members of the community but also respecting the knowledge and perspective that each partner brings. In this vein, partners need to truly listen to one another and meet each other where they are, whether that is toward a family who is not yet ready to engage in therapy or another service provider who has similar values and a different approach. Specifically for residents of Bayview and families who may experience the chronic stress and trauma of poverty firsthand, this

Center for Youth Wellness Model

1. Collocation of holistic pediatric and mental health services to address health outcomes using Adverse Childhood Experiences (ACEs) as a diagnostic tool.
2. Wellness coordinator role to act as family advocate and coordinate CYW and other service provider programs and resources.
3. Research program focused on evidence-based praxis and engaging community members to conduct research on health outcomes in Bayview.
4. Education program that works to increase the capacity of other service providers around chronic stress and trauma.
5. Policy and advocacy initiatives at the local, state, and national level grounded in evidence-based praxis and research.

meant actively recruiting from the neighborhood for staff positions.

Additionally, working in a startup environment through a model that heavily relies on interdependent functioning and strategic partnership proved to be difficult in some ways, particularly for clarity around scope and responsibility of individual roles. Staff felt that the flexibility in their roles was important, as their work streams might shift in the iterative process of developing the organization, but noted that in a partnership it is helpful to know who owns what, so that expectations are aligned. For the wellness coordinator this is especially important as he or she, although a Center for Youth Wellness staff member, coordinates services for families between both the collocated organizations at the Center and other service providers in the neighborhood. Additionally, for example, a physician at Bayview Child Health Center would need to understand the role of a Center for Youth Wellness mental health provider in order to make the appropriate referral for a patient. Part of what makes this doable is for each stakeholder to have clear knowledge of his or her focus and capacity, either as an individual or an organization; this way there is an appreciation, again, of what their partners bring to the table and understanding that one organization cannot "do it all." This is not only important for a successful partnership but also for sustainability as a service provider.

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Future Directions

Although the Center for Youth Wellness, the Children's Advocacy Center, and the Bayview Child Health Center only opened their doors as a cohesive unit in the beginning of 2014, staff and other stakeholders have already identified considerations for other practitioners interested in building a similar model in the future.

For those looking to start a similar model in another area of the United States, the importance of combining pediatric and mental health services, research, and policy is what led to the Center for Youth Wellness' identity. Each of these parts, along with high-quality referral practices, contributes to what makes the Center for Youth Wellness an evidence-based, holistic model of health care. Practitioners wanting to collocate with a child advocacy center will find that many exist across the United States; however, the models vary by local context and child advocacy centers may already be partnering with other organizations.

Practitioners should follow the model in order to avoid recreating the wheel unnecessarily. And although the core model is important, it is essential to know the community and its history, understand who they are and what their needs are, and involve them in the process. Respect for stakeholder perspectives is central, whether for patient families and local residents or for community-based organizations who have been doing work in the community for some time. Ultimately, having respect

for and understanding community needs may alter the model, but if practitioners remember to start small, this should be manageable.

This partnership model is part of an ongoing and iterative process of learning. As the organization conducts more research on the model and receives feedback from stakeholders, it will continue to evolve. The core facets of community, academic, government, medical, and other public sector partnerships, however, remain integral to its potential as a holistic, trauma-informed, and community-based model of health care and wellness.

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