

Colibrí Child Wellness Program: Promoting Healthy Development in Contexts of Stress, Trauma, & Strengths

Strategies to Achieve Alignment, Collaboration and Synergy across Delivery and Financing Systems

Research-in-Progress Webinar
January 21, 2026
12pm ET

colorado school of
public health



Agenda

Welcome: Carrington Lott | Systems for Action

Presenters: Antonio Lopez, Associate Director of Research and Advocacy, ALAS
Annie Berens, MD, Director of Research, ALAS

Commentary: Norma Zavala, Community Child Development Specialist, ALAS
Erendida Gonzalez, Family Care Advocate, Stanford PRIMES

Q&A:

Presenters

Antonio Lopez, MPhil, MFA



- Assoc. Director of Research & Advocacy, ALAS
- PhD Candidate in Modern Thought & Literature, Stanford
- Poet Laureate of San Mateo County
- 2025-26 Obama Foundation Leader
- City Council Member & Mayor, East Palo Alto (2020-2024)

Annie Berens, MD, MSc, MA



- Director of Research, ALAS
- Developmental-Behavioral Pediatrician
- Stanford University School of Medicine

Commentary

Norma Zavala

Erendida Gonzalez



- ALAS Community Child Development Specialist
- Years of experience in child developmental screening, early intervention, and parenting support programs in multiple local agencies

- Family Care Advocate, Stanford PRIMES

Background

- Children in our community experience unmet developmental, behavioral, and mental health needs, often shaped by experiences of immigration-related stress, trauma, and strengths.
- Children and families face barriers at multiple levels:
 - Accessing assessment
 - Implementing recommendations made by clinicians
 - Ensuring that services are adequate in quality and quantity
- Wait times for developmental evaluations are often over a year, and many children fall through the cracks.
- Those who are served may not be served in a supportive, culturally inclusive manner.
- **Results:** Preventable inequities in early childhood developmental and mental health outcomes.

About Ayudando Latinos A Soñar (ALAS)

Named a 2023 California Nonprofit of the Year by State Senator Josh Becker

ALAS is dedicated to working for social wellness through multicultural practices, mental health care, individualized and collective support related to education, immigration processes, and work, and advocating for the wellbeing of the whole community. ALAS initiatives include the following:

- Farmworker program
- Equity Express Bus
- Youth cultural arts programs
- Mental health therapy
- Food pantry
- Legal advocacy
- Tutoring & career development
- Research
- Colibrí Child Wellness Program
- Social services



The ALAS Colibrí Research Collective

Telling the story of our community through research.

Founded in 2024, ALAS Colibrí engages community members in advancing the health, wellbeing, and rights of immigrant and minoritized communities on California's central coast through community-based participatory research (CBPR) and participatory action research (PAR). Colibrí works to:

- **Center** community members as experts in their experiences, priorities, and needs while generating knowledge to drive social change.
- **Produce** high-quality data to guide programs, advocacy, and clinical interventions.
- **Engage** youth and adults in participatory action research.



Throughout Colibrí:

- Trust
- Research integration with services
- Responsiveness to crises
- Community leadership (vision, voice)
- Community ownership
- Diverse collaborations to meet holistic needs

In CCWP, specifically:

- Longitudinal accompaniment
- Early childhood systems alignment



Colibrí Child Wellness Program (CCWP)

Aim: Pilot a community-embedded child development and mental health program that **aligns agencies across multiple sectors** to provide more **supportive longitudinal care relationships** with families.

Objectives: Partner with agencies across sectors to provide:

- **Longitudinal accompaniment** by Family Care Advocates
- **Community parenting & child development support** including Parent-Child Developmental Play Groups, ASQ Screening, and positive parenting interventions
- **Child-parent psychotherapy** with mental health therapists
- **Speech Therapy, OT, and PT**
- **Developmental-Behavioral Pediatrics** brief evaluations
- **Comprehensive referrals**, leveraging ALAS's internal programs and diverse relationships with cross-sector agencies



- **Is the CCWP a feasible, sustainable, and effective model** to address inequities in early childhood development and mental health via improved systems alignment?
- **What are the experiences and outcomes** of the families served by this program?
- **How** are needs in the area of child development and mental health shaped by **immigration-related experiences?**

Core Issue:

How do we foster healthy development and wellness in the context of immigration-related stress, trauma, and strengths?

- For children and families
- For our program

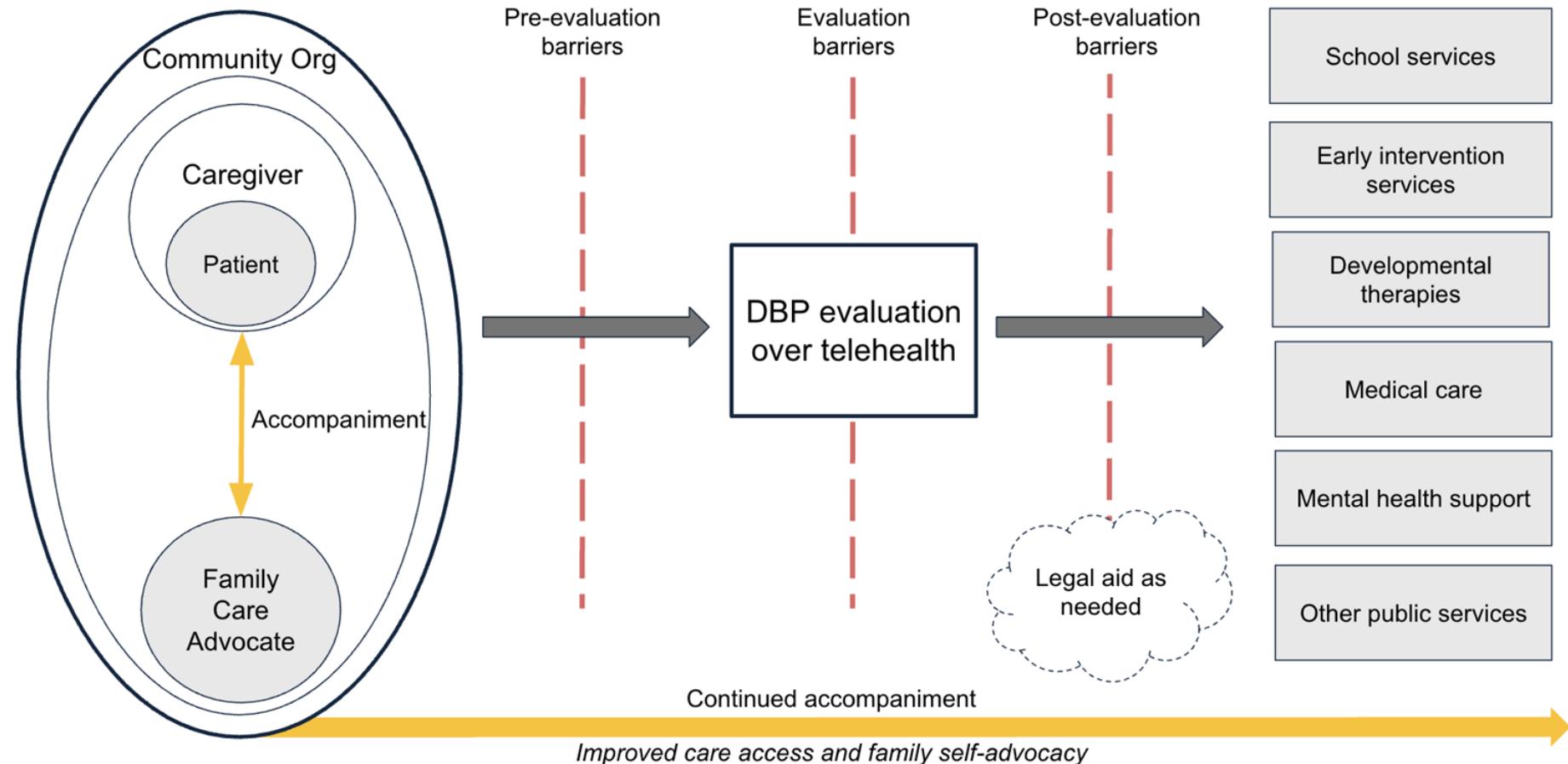
Thinking Developmentally: Milestones



Achieved Milestones for the CCWP

- Defining program DNA
- Formative study for the CCWP model
- Early growth: ~2 years of growing clinical services

Formative Study Results: The PRIMES Model



What Milestones Do We Need to Master Now?

Developmental Challenges

This has been a developmental process. We cannot fully control development, but scaffold it by:

- **Putting the strength and continuity of programs first:**
 - Integrating data collection into existing workflows in a way that's realistic and minimizes burden on families and practitioners
 - Challenges related to intake volume, staffing, and bandwidth, particularly for pre/post or longitudinal designs
- **Thinking flexibly to demonstrate impact over time**
 - Continually matching measures to constraints – for example, adjusting toward general satisfaction, perceived safety, or experience at key moments (e.g., referral vs. service start)
 - Refining our control group strategy

What Milestones Do We Need to Master Now?



Broader question:

How can we build the infrastructure of a community–research partnership that **protects the beauty of responsive, relationship-driven services** while **capturing high quality data**?

We see this pilot not only as an intervention, but as an opportunity to troubleshoot systems and clarify what it would take to show impact over a longer time horizon without overburdening the very communities we're trying to support.

Milestones in Progress: RPP Maturation

Milestone: Maturation of **clinical leadership for the research-practice partnership (RPP)** to accommodate success & growth.

Growth challenges:

- **Investing in internal leadership structures** and personnel.
- **Integrating research and clinical data collection** into existing workflows in a way that's realistic and minimizes burden on families and practitioners

Milestones in Progress: Data Systems

Milestone: Further developing our clinical and research **data infrastructure/systems** for increased community ownership.

Growth challenge: Complexity and diversity of organization needs.



Epic



 **REDCap**



TherapyNotes™



 **G Suite** ...?

for Business

 **REDCap** ...?

Milestones in Progress: Flexing in Crisis

Milestone: Building strong research protocols that can still flex to meet the evolving needs of children and families.

Growth challenges:

- Prioritizing research to an appropriate degree, including in times of crises
 - Not the time?
 - Or never more important?
- Harmonizing with program workflows to minimize burden and remain flexible/responsive



Source: *LA Times* (2023)



Source: *KQED* (2025)

Immigration-Related Stress, Trauma & Strengths

How to keep developing: How do you move forward when you feel like you're moving backward?





Impacts of Immigration-Related Stress, Trauma, & Strengths on Child Well-Being

**CREATION & VALIDATION OF THE MEASURE OF IMMIGRATION-RELATED
STRESS, TRAUMA, & STRENGTHS IN CHILDREN (MIST-C)**



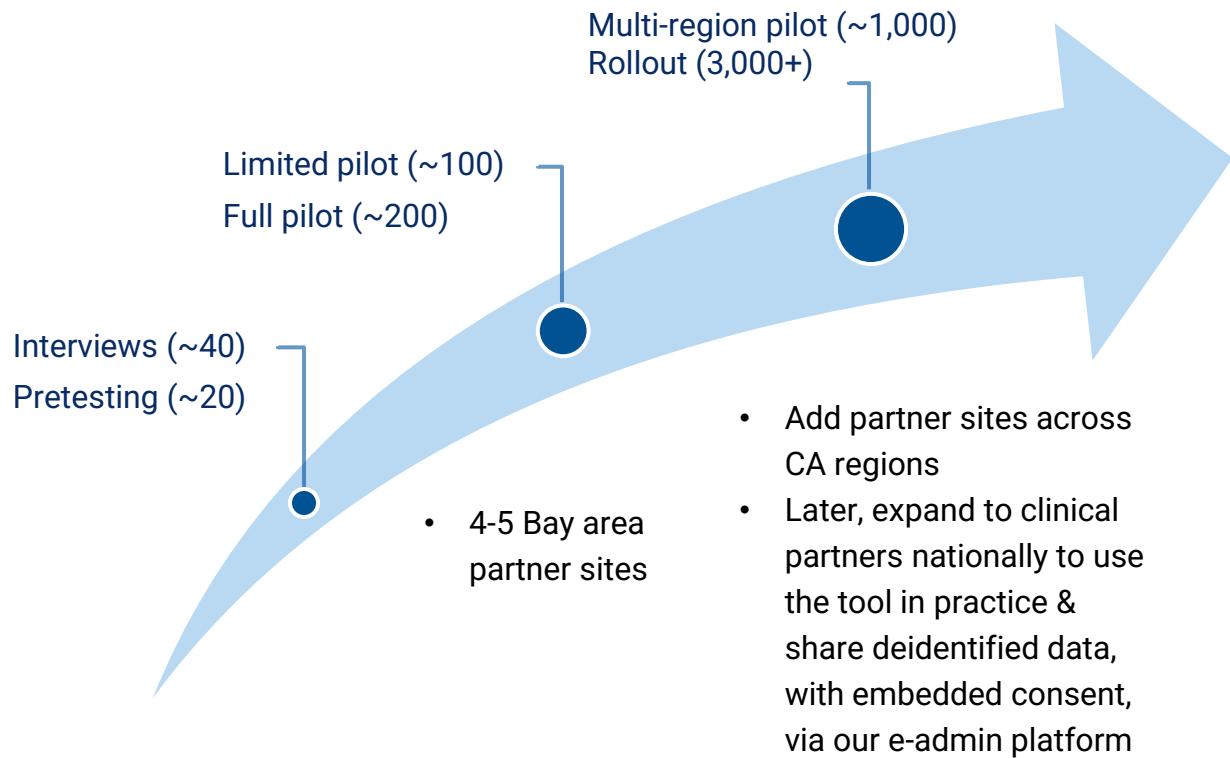
MIST-C Validation in the CCWP

CCWP data forms part of a broader effort to generate the MIST-C a novel measure of immigration-related stress, trauma, and strengths among children and parents, and apply it to show the effects of these experiences on parent-child mental health and wellbeing.



Future Phases

← Contribution of CCWP Data →



- ▶ Partners will be clinical and nonprofit sites where use of the MIST-C may support their core care activities.
- ▶ Samples increase in size & geographic diversity across phases. The goal of this design is to balance feasibility with the need to assess validity across many subpopulations.

Founding Community-University Research Partnerships



Jelena Obradović, PhD
Professor - Stanford Education



Annie Berens, MD, MSc, MA
Research Director - ALAS
Adjunct – Stanford Medicine



Ewen Wang, MD
Clinical Professor - Stanford Medicine
(Pediatric Emergency Med)



Ryan Matlow, PhD
Clinical Assoc. Professor - Stanford
Medicine (Child Psychiatry)



Tina Buysse, MD
Clinical Assoc. Professor -
Stanford Medicine
(Developmental-Behavioral
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Rocio Avila
CAB President &
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Kique Bazan, EdD
ALAS Associate Director
USF Adjunct Professor



Measuring & addressing child immigration-related trauma

Development, validation and application of the Measure of Immigration-Related Stress, Trauma, and Strengths in Children (MIST-C)

Leads: Annie, Belinda, Jelena

Phase: Data collection

Timeframe: 2023-2028



Testing community-embedded models of child behavioral health care

Leads: Tina, Annie

Phase: Data collection

Timeframe: Pilot study Jan. 2023-Jul. 2024; Evaluation of clinic scale-up via DDS grant to run through 2026



Understanding the role of cultural arts in healing & psycho-social wellness processes for youth

Leads: Ewen, Belinda, Ryan

Phase: Data analysis

Timeframe: Jan. 2023-May 2024



Olvidados entre la cosecha

A qualitative approach to understanding social needs and health disparities through farm workers' perspective

Leads: Belinda, Juan Carlos

Phase: Completed

Part of a broader effort to:

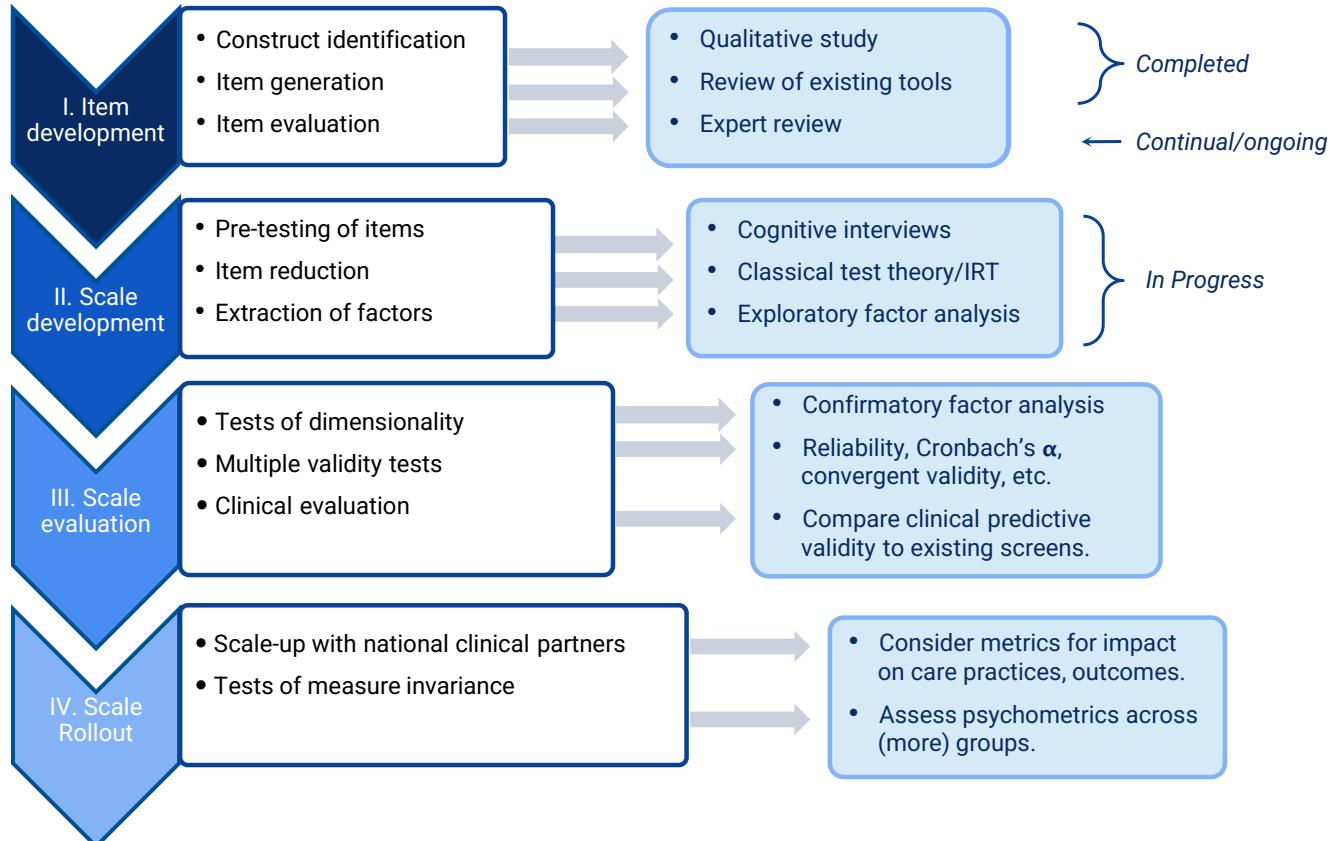
1. Develop and validate a questionnaire-based measure of immigration-related stress, trauma, and strengths in children.

Module 1 – Past immigration-related stressful/traumatic events; **Module 2** – Chronic immigration-related stress; **Module 3** – Strengths.

2. Show links to child developmental, social wellbeing, and mental health.

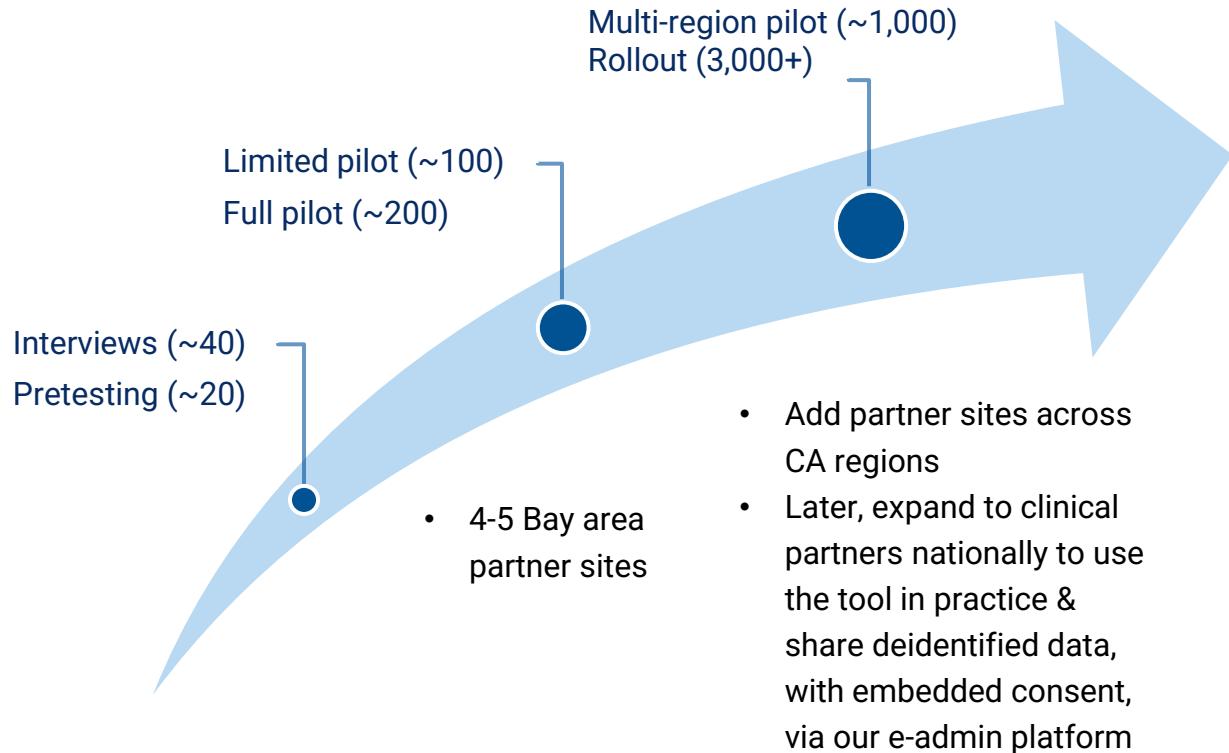
3. Inform services and advocacy.

MIST-C Mixed-Methods Design



The study employs a mixed-methods design based upon best practices in instrument design & validation, beginning with qualitative work to inform conceptual models & proceeding through multiple phases of psychometric assessment in diverse sites & populations.

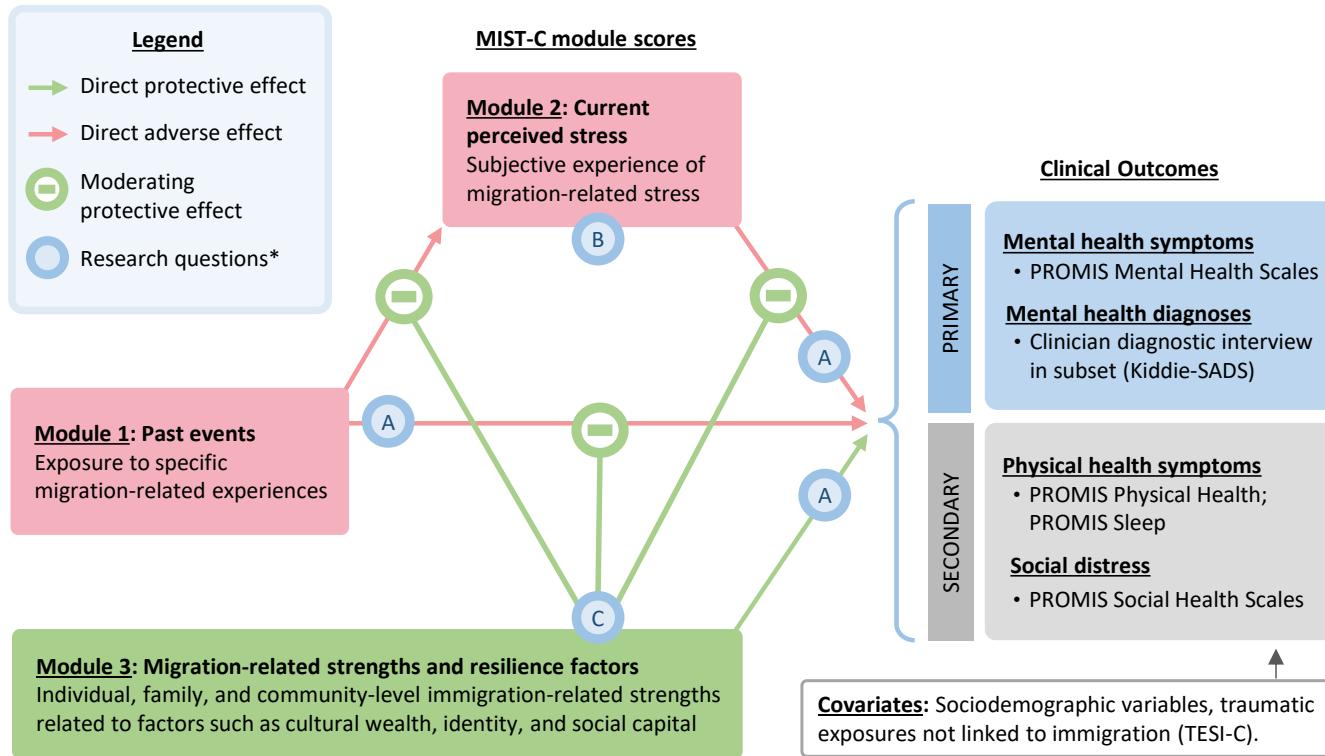
Future Phases



- ▶ Partners will be clinical and nonprofit sites where use of the MIST-C may support their core care activities.
- ▶ Samples increase in size & geographic diversity across phases. The goal of this design is to balance feasibility with the need to assess validity across many subpopulations.

Examples of Applications

Relating MIST-C scores to clinical metrics: Prototype for path models



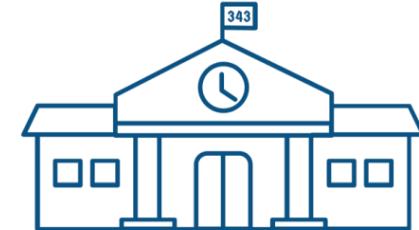
Milestones In Progress: Deepening Alignment

Milestone: Ongoing growth of our systems alignment model.

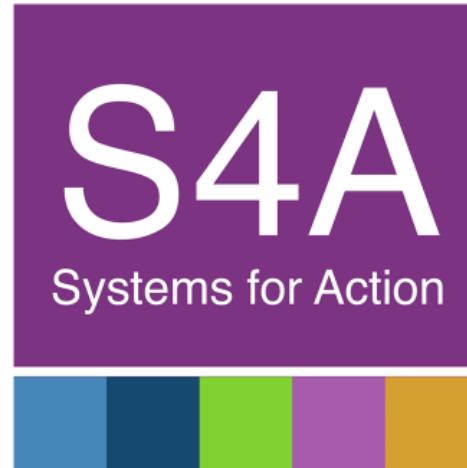
- Accompaniment relationships
- Embedding with community services
- Building sustainable funding structures
- Partnering across sectors

Growth challenges:

Example – Legal & school partnerships



Questions?



www.systemsforaction.org

 [@Systems4Action](https://twitter.com/Systems4Action)

- **ACCESS: Aligning Community Care through Embedded School-Based Systems** | Wednesday, Jan. 28th
- **Participatory Budgeting for Health Equity: A Unified, Multisectoral Approach** | Wednesday, Feb. 4th

Acknowledgements

Systems for Action is a National Program Office of the Robert Wood Johnson Foundation and a collaborative effort of the Colorado School of Public Health, administered by the University of Colorado Anschutz Medical Campus, Aurora, CO.



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