

MADE POSSIBLE BY
Genentech
A Member of the Roche Group

A young boy on the left and a woman on the right are clapping their hands. The boy is looking towards the woman with an open-mouthed smile. The woman has curly hair and is wearing a white shirt. The background is a plain, light-colored wall.

**RESILIENT
BEGINNINGS
COLLABORATIVE**
November 19, 2019

Virtual Sharing Session: Addressing Trauma Beyond Screening



RBC Program Team



Veenu Aulakh,
Program Director



Megan O'Brien,
Program Manager



Angela Liu,
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Webinar Reminders

1. Everyone is unmuted.

- Press *6 to **mute** yourself and *6 to **unmute**.

2. Remember to chat in questions!

3. Webinar is being recorded and will be posted on RBC Portal and sent out via the next newsletter.

Today's Agenda

- Welcome, Housekeeping, and Framing (5 min)
- Question 1 Peer Sharing + Q&A (25 min)
- Reminder: Other Resources (2 min)
- Question 2 Discussion (20 min)
- Upcoming Program Activities (5 min)
- Closing & Evaluation (2 min)

I like

I wish

I wonder

I liked -
The organization of
material presented

I wish
I knew more about
the individual attendees
backgrounds - work

I wonder
How the progress
will be measured

I wish we
could have more
time - that's to
bring each other
across sites

I wish
for more
interactive
sessions

I wonder how
to get the
most out of this

I wish
there was a larger
audience at the
workshop - more
people

I wonder how
to get the
most out of this

I wish
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workshop - more
people

I wonder how
to get the
most out of this

I wonder
how to get the
most out of this

I wonder how
often we use this
program to
sustain the
workings of our
work in training
org.

I wish
there was a larger
audience at the
workshop - more
people

UCSF
CMTD

A reminder of where we started: The PICCC Framework

Oe

Office Environment

1. Develop and Foster a Trauma and Resilience-Informed Environment

Cr

Community Relationships

2. Build Relationships with Communities to Support Families

Fe

Family Engagement

3. Engage with Families in Their Own Care

As

Assess Health

4. Assess Whole Family Health and Resilience

Ad

Address Health

5. Address Whole Family Health and Resilience

Co

Coordinate

6. Coordinate Services and Supports for Families

ADDRESS Health: Goals and Strategies for Addressing Trauma-Related Health Issues

Ad

Address Health

Address Whole Family
Health and Resilience

Goal 1:

Help families become
aware of the links
between trauma/stress
and health.

Goal 2:

Help families **develop
plans** for needed care or
monitoring.

Goal 3:

Provide **brief services**
within the practice.

Goal 4:

Coordinate referrals to
specialty trauma care and
co-manage ongoing
treatment.



If children and youth screen positive for ACES or if trauma is identified during a visit, what do you do?



Petaluma
HealthCenter



If children and youth screen positive for ACES or if trauma is identified during a visit, what do you do?

- We added some options on the bottom of the ACE-Q that parents can select, "Help is available! Check any of the options below and we will connect you with services."
 - ✓ Positive Parenting Classes
 - ✓ 1:1 Parent Support and Coaching
 - ✓ Help with food, housing, or other resources
 - ✓ My family is currently receiving services
 - ✓ Not interested at this time
- This gives us an idea about a family's level of readiness to engage with supportive services
- Internally we have patient navigators and behavioral health providers. We are connected to parent educators in the community and have brought parenting classes in-house.



West County Health Centers

Caring for our Communities

If children and youth screen positive for ACES or if trauma is identified during a visit, what do you do?

- We first implemented ACES in our behavioral health department where a licensed clinician can address the identified trauma directly and create a treatment plan tailored to healing that trauma if patient identifies that as a treatment goal.
- If further resources are needed referrals are given to patient and their caregivers. Some examples of this include:
 - Parenting classes
 - Heartmath (biofeedback)
 - EMDR
 - Parent Child Interaction
 - Positive Parenting, etc.

A photograph of the Ravenswood Family Health Center building. The building is a long, two-story structure with a facade of colorful panels in shades of yellow, green, and red. Two large, cylindrical, corrugated metal water tanks are visible in the foreground. The building is surrounded by a wooden slat fence and a landscaped area with mulch and young trees. A paved walkway and a street lamp are also visible in the foreground. The sky is blue with scattered white clouds.

Ravenswood Family Health Center

If children and youth screen positive for ACES or if trauma is identified during a visit, what do you do?

If trauma is identified in a clinic visit...

- 1) Our providers always express empathy first and foremost. They will then start to assess if there are immediate physical or emotional symptoms currently being experienced from the trauma in order to determine urgency of referral needs.
- 2) Our providers will offer counseling services to help support the patient/family. We will work with either our internal behavioral health team or refer directly to County mental health services.

The Journey To Resilience BCHO FQHC



UCSF Benioff Children's
Hospital
Oakland

If children and youth screen positive for ACEs or if trauma is identified during a visit, what do you do?

Regardless if ACEs are identified or not..... providers:

1. Thank family for participating in screening
2. Explain why screening is important using the ACEs Connection Handout. Provide Futures without Violence cards (x2)
3. Refer to FIND Desk for social needs
4. Refer to BHI for current or ongoing mental health needs

ACES Connection

STRESS & EARLY BRAIN GROWTH Understanding Adverse Childhood Experiences (ACEs)

What are ACEs?

ACEs are serious childhood traumas -- a list is shown below -- that result in toxic stress that can harm a child's brain. This toxic stress may prevent a child from learning, from playing in a healthy way with other children, and can result in long-term health problems.

Adverse Childhood Experiences can include:

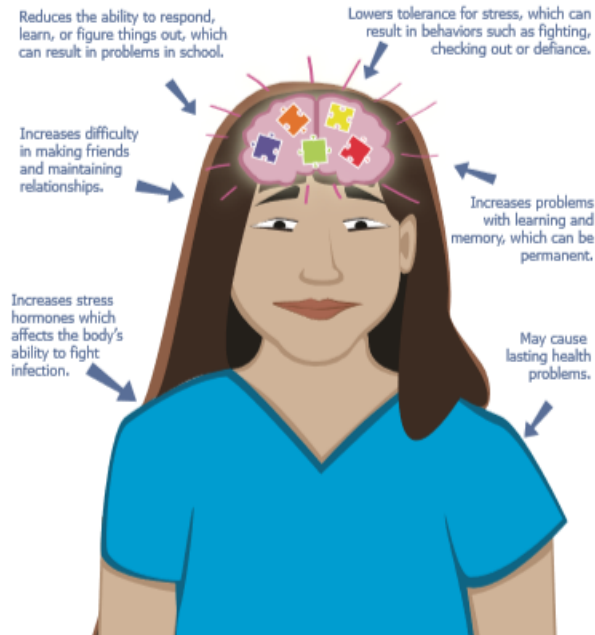
1. Emotional abuse
2. Physical abuse
3. Sexual abuse
4. Emotional neglect
5. Physical neglect
6. Mother treated violently
7. Household substance abuse
8. Household mental illness
9. Parental separation or divorce
10. Incarcerated household member
11. Bullying (by another child or adult)
12. Witnessing violence outside the home
13. Witness a brother or sister being abused
14. Racism, sexism, or any other form of discrimination
15. Being homeless
16. Natural disasters and war

Exposure to childhood ACEs can increase the risk of:

- Adolescent pregnancy
- Alcoholism and alcohol abuse
- Depression
- Illicit drug use
- Heart disease
- Liver disease
- Multiple sexual partners
- Intimate partner violence
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies

How do ACEs affect health?

Through stress. Frequent or prolonged exposure to ACEs can create toxic stress which can damage the developing brain of a child and affect overall health.



A Survival Mode Response to toxic stress increases a child's heart rate, blood pressure, breathing and muscle tension. Their thinking brain is knocked off-line. Self-protection is their priority. In other words:
"I can't hear you! I can't respond to you! I am just trying to be safe!"

Futures without Violence Cards



Connected Parents, Connected Kids

You Are a Good Parent


As a caregiver of children, you want the best for your kids.

For kids to get the best from you it helps:

- To be in a good place yourself
- To have tools and ideas that support your wellbeing
- To have a backup plan for bad days



Health care providers are discovering strategies and tools that support caregivers and kids, too. Scan the code above to see a cool video with more information.



m

marin community clinics

connecting for health

If children and youth screen positive for ACEs or if trauma is identified during a visit, what do you do?

- If our ACEs screener is positive (score ≥ 1), our providers are encouraged to:
 - Say “thank you for filling this out, we appreciate your honesty as it helps us better understand the experiences that your child has been through and better care for your family. Would you like to tell me more about what happened?”
- Regardless of whether or not the patient wants to talk about what happened, we offer various services for support:
 - Provide information on effects of trauma and ways to promote resilience
 - Meeting with the care navigator to address basic needs and connect to services (i.e. Parenting classes, nutrition classes, stress management classes, etc., or to outside community programs)
 - Warm hand off or referral to internal Behavioral Health services

Lifelong Medical Care

RBC Core Team

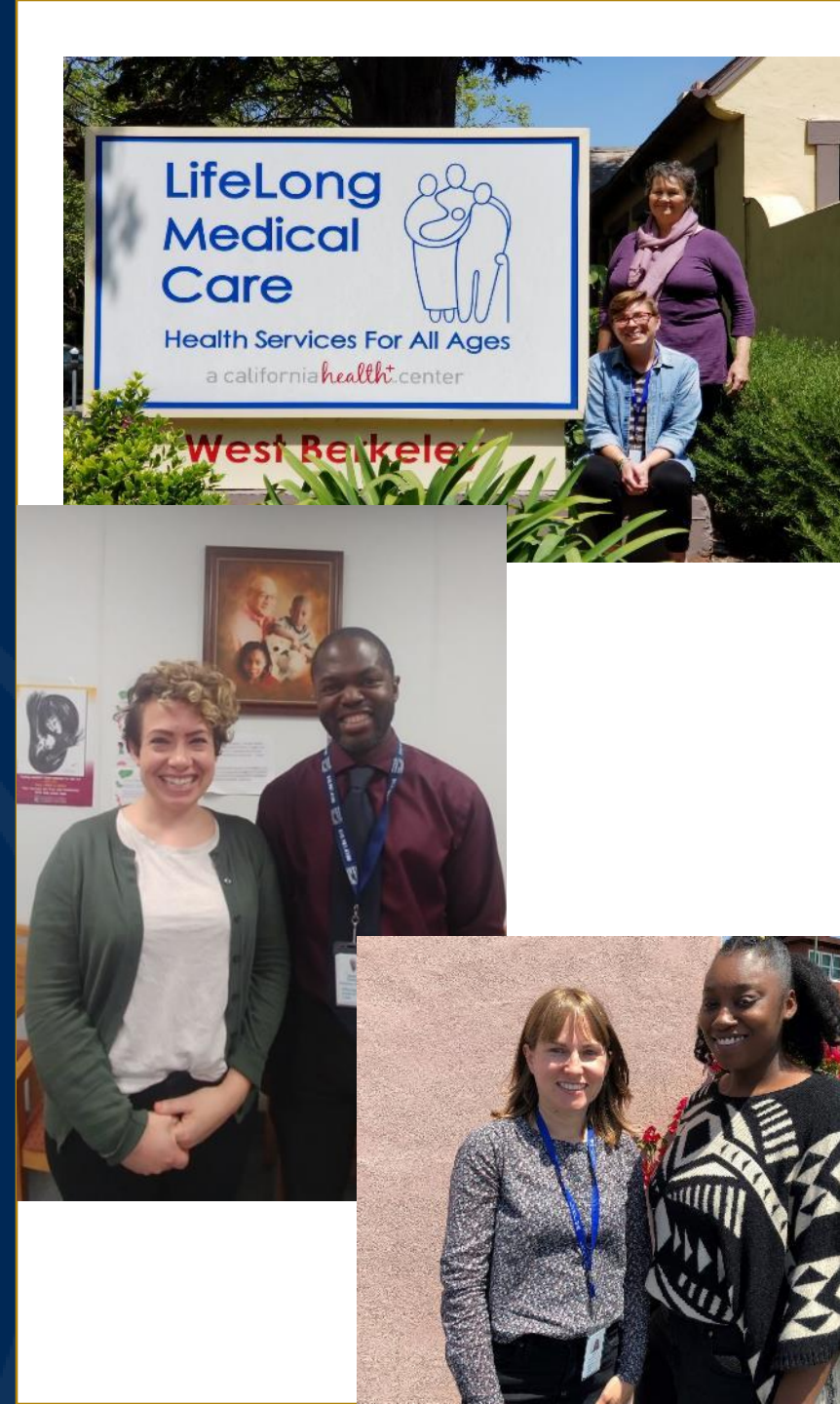
Omoniyi Omotoso, MD.MPH – Project Lead

Kierra Moorhead – Perinatal CHW & Population Health Specialist

Abby Mitchell Ouji, LCSW

Anne Rockwood, LCSW

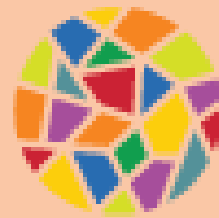
Gillian Fynn, LCSW



If children and youth screen positive for ACEs or if trauma is identified during a visit, what do you do?

- Provider expresses gratitude for patient/family trusting in provider to disclose. Provider then explains how these are difficult circumstances beyond the patient's control and they are not to blame. Provider explains how we plan to work together to get them the help they need.
- When adversity identified, providers have some knowledge of available internal and/or external resources. Also providers ensure there is follow-up plan in place.
- Warm handoff from provider to Behavioral Health Community Health Worker and/or Referral Specialist depending on the particular issue at-hand.
- BH CHW then follow-ups on the referrals and communicates with both patient-family and provider

SAN MATEO MEDICAL CENTER



SAN MATEO
COUNTY HEALTH





Q&A (25 min)

- *If children and youth screen positive for ACES or if trauma is identified during a visit, what do you do?*

More Ideas: Newsletter Roundup

<http://newsletter.careinnovations.org/t/j-189995E7C934DD3A2540EF23F30FEDED>

RESOURCE HIGHLIGHT: ADDRESSING TRAUMA

Lessons from other Organizations

The first three organizations listed below shared on the recent ACEsConnection Webinar: [Integrating ACEs science in pediatrics: Early adopters share lessons from the field](#). Providers from the three organizations below reflected on their lessons learned implementing trauma informed care for other pediatricians and family clinics to use. CCI's takeaways are below, or read [the blog post](#) for a recap.

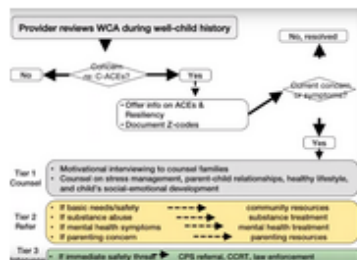
Santa Rosa Community Health learned...



- ...that applying the medical model to screening doesn't work: Instead, they needed to shift their approach to ask patients and caregivers what they want or need.
- ...that even if patients decline interventions or referrals, the process of screening, listening and validating can be healing in itself.

Linda Loma University's Three Tier Response...

- ...is a workflow LLU developed to co-locate the presence of ACEs with symptoms.
- ...includes actions like motivational interviewing, counseling, and offering resources. (Click on image for details)
- Tier 1—counseling—"...is where primary care training related to ACEs should be focused because this is where the greatest possibility for impact lies."



Programmatic Resources

Project DULCE: Family at the Center This video introduces Project DULCE, a universal approach to embedding strengths-based, family-centered child health care within the network of available community supports during the critical first six months of life. A site-based DULCE specialist develops relationships with families and helps bridge the efforts of pediatric, legal, and early childhood providers. The Children's Clinic in Long Beach offers Project DULCE.

Help Me Grow Help Me Grow strengthens the networks by maintaining a current, county-based directory of available services and connecting service providers to each other to create an interconnected system. Families benefit as Help Me Grow listens to them, links them to services, and provides ongoing support.

Centering Parenting brings 6-8 parents, partners, support people and their same-age infants together in community with their healthcare providers and other parents who are experiencing similar things at the same time. Each Centering Parenting visit begins with individual well-child health assessments, immunizations and developmental screenings that follow nationally recognized guidelines.

HealthySteps is an evidence-based, interdisciplinary pediatric primary care program that promotes positive parenting and healthy development for babies and toddlers. In this model, a child development specialist becomes an integrated member of the primary care team. Montefiore and ZSFGH both use the HealthySteps model. A map of all HealthySteps sites [is available here](#).

More Ideas

Fostering Social and Emotional Health through Pediatric Primary Care: Common Threads to Transform Everyday Practice and Systems shares 14 common practices used by innovative pediatric primary care clinics implementing evidence-supported programs (including DULCE, Centering, and HealthySteps) to promote resilience in young children. [The full report](#) provides recommendations for actions to advance pediatric primary care towards the support of the social and emotional development of young children. Read the executive summary [here](#). See the "Other Resources" section at the end of the newsletter for the upcoming related webinar series.

The Johns Hopkins PICC Toolkit: Address Trauma offers change ideas and



What other programs, processes or referral resources are you curious or want to learn more about?

Training + Supporting Staff

- We would love an update on the **State's roll-out** of the PEARLS, specifically in regards to training providers. We are waiting to train our providers in anticipation of a possible state-mandated or suggested training protocol, and want to ensure our clinics will be in compliance. (MCC)
- What **training programs** are available for support staff and providers to give them tools to **model and reinforce positive behaviors** that build resilience and minimize trauma in the office setting? (Petaluma)
- **Training for front line support staff.** (WCHC)
- How do we help the providers feel **more comfortable** with screening? (BCHO)

Referrals to Specialty Services/Care

- Child-based trauma treatment. E.g. **Trauma-Focused CBT** (WCHC)
- We continue to be interested in the **Healthy Steps Model**, and are curious how sites that use this model have been able to implement it in a manner that is **financially sustainable**. (MCC)
- How to work with **limited mental health resources in the community** and at the same time, **convince our present mental health resource of their collaboration?** (BCHO)

Resources to help families become aware of the links between trauma/stress and health

- What are your [favorite video resources for families](#)? Are you incorporating any of these into the visit or simply giving the information for parents to access at home? (Petaluma)
- [Sesame Street in Communities](#) has so many resources, but we're having trouble identifying how to best use them. Have others been successful? (Petaluma)
- Is anyone using the [Attachment Vitamins](#) framework? (Petaluma)

Tracking Referrals and ACES

- How to **document ACES** in patient's chart? (WCHC)
- Does anyone have information about any **tracking tools** or templates for **ACES scores and resource referrals**? (BCHO)
- EPIC EHR capacity for (LifeLong):
 - PEARLS de-identified screening tool
 - Data tracking and collection
 - Referral tracking and completion

Upcoming Activities + Events



Reminder: Coaching with Ken



December 13: Santa Rosa Site Visit

- Leads, please **register** your teams by **Nov 26**
- When/Where: 9:30am-5pm, Santa Rosa, CA



January 2020: Next Evaluation Data Report to CCHE



February 27: Final In-Person Convening

December 13: Santa Rosa



Content Preview:

- CEO leadership support of TIC/ACES
- Panel of cross-functional staff: reception, security guard, care team, child therapists
- Direct observation of care
- Experiential exercises
- Resilience collaborative project at SRCH: using meditation techniques to reduce PTSD and trauma in the community

Each team can bring up to 2 team members.

Read About Santa Rosa's Journey:

[ACEsConnection: Santa Rosa is Trauma-Informed From Head to Toe](#)

[ACEsConnection: How Do These Pediatricians Do ACEs Screening? Early Adopters Tell All.](#)

February 27: Final In-Person Convening



When/Where:

- Thurs, Feb 27, ~9am-5pm (followed by an optional happy hour)
- Oakland, CA

Content Preview:

- Peer sharing
- Deep dive breakouts led by guest faculty

Please bring 4-6 team members!

Thank you!

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