UCSF Benioff Children’s Hospital Oakland
Your RBC Journey: Where did you start, and where are you now?

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

- We had a series of trainings for our staff on trauma informed care/screening and put up ACES Connection posters in our exam rooms. This increased staff awareness towards the purpose of the PEARLS screen.

**Assess Health**
4. Assess Whole Family Health and Resilience

- We began the clinic-wide integration of trauma screening using the PEARLS tool. This gave us our standard assessment tool.
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Ad
Address Health
5. Address Whole Family Health and Resilience

- In combination with trauma screening, providers follow up with anticipatory guidance. This has become our clinic’s standardized workflow following a trauma screen.

Co
Coordinate
6. Coordinate Services and Supports for Families

- Our FINDConnect Navigators have currently been designated for the screening. This helps us expedite the coordination of community-based services for our families in response to their trauma screens.
Key Supports

Ken Epstein – our RBC advisor helped us understand the outcomes of our work and brainstorm ideas on where we can improve.

FINDConnect desk – in clinic referral providers use following a positive trauma screening. FINDConnect assists in connecting families to community-based resources.

Montefiore Site Visit – inspired many trauma informed care practices and staff trainings for BCHO.
Impact on our patients, staff, or organization
Top 3 Takeaways: What were your top three lessons learned in RBC?

1. Trauma screening integration will take longer than we predicted and that’s okay because each step of the journey is critical.

2. The most important lesson came from our families and their acceptance of change and willingness to trust.

3. Buy in from leadership is crucial in moving forward with the work on a clinic wide level.
Future: What’s Next?

**Spreading**

- Expansion of trauma informed systems across BCHO Primary Care (including adolescent medicine and our school-based clinics), including annual training requirements
- Scaling trauma screens on a country-wide level
- Screen for trauma and unmet needs as the standard of care in our clinic
- Trauma informed principles embedded system-wide into policies, practices, and evaluation
- We hope to transition to nursing staff being the primary screeners in the future.

**Sustaining**

- Hire additional navigators to assist families and providers promote resiliency and connect to resources that address/reduce trauma and unmet needs
- Establish reimbursement protocols for trauma screening
- Additional trainings for staff through Dovetail Learning.