



# LA County Department of Health Services



# WHICH DHS CLINICS ARE PART OF CALQIC



**DHS initiated ACEs screening through CALQIC at 5 clinical sites in March 2020**

- East San Gabriel Hub
- High Desert Regional Health Center Pediatrics
- H.H. Humphrey CHC
- Olive View-UCLA Hub
- Olive View-UCLA Pediatrics

**In 2021, other DHS clinics heard about CALQIC's work and wanted to start screening too with support from the CALQIC-LA/ACEs-LA clinic leads**

- Lomita Family Medicine Clinic
- Harbor-UCLA Pediatrics
- LAC/USC Pediatrics
- Hudson CHC

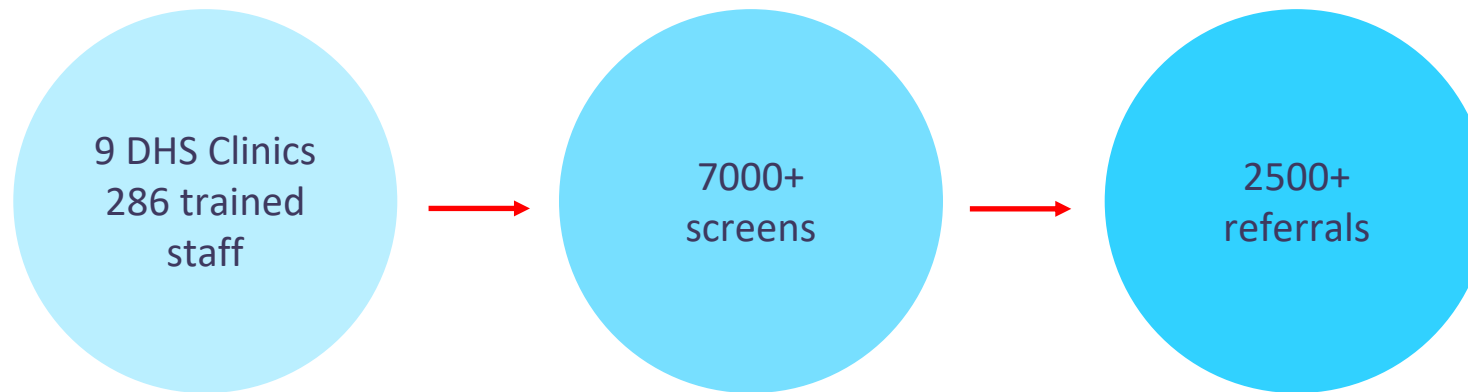
# [What Are You Proud of?]



What is something that you worked on, accomplished, or a challenge you overcame throughout CALQIC that you want to share with your peers? Think about a patient or staff story, a tangible artifact or tool you created (i.e. policy, workflow, videos, etc.), or something visual that you can share.

In the 18 months of the CALQIC initiative, LA has done over **7,000** adversity and social screens in 9 DHS clinics without impact on cycle times. These have resulted in **2,544** referrals to social, mental health, or other supportive services both in DHS and the LA community. **285** clinical staff—including providers, nurses, clerks, and others—have received training in adversity and toxic stress, trauma-informed care, and relational healing.

Our screening and intervention efforts led us to a Network of Care project/grant to help improve support for clinic's responses. The CALQIC-LA leads participate in Network of Care activities, which have identified **over 700** social service providing organizations in 16 service categories across Los Angeles County, collating each organization's services and contact information for DHS clinicians to access and utilize.



# [Top 3 Takeaways]



What are your top 3 takeaways or learnings from CALQIC? These takeaways can be tools or concepts you learned about through CALQIC, or learnings from implementing ACEs screening and response in your clinics.

1. ACEs conversations can be intimidating, but that conversation is part of the treatment and healing process for people. Meeting people where they are comfortable is what matters- whether you're listening to and acknowledging what someone wrote or said, or talking deeply about the story they've shared.
2. ACEs screening opens conversations about life experiences outside the clinic encounter. Clinical teams have shared they appreciate being able to learn about their patients in the context of life experiences, reminding them of the patient's lives outside of the clinic encounters.
3. ACEs screening and Trauma Informed Care strengthen relationships. Clinicians and staff have grown more comfortable in utilizing trauma-informed care principles to strengthen conversations and resilience-building for patients. Patients have shared that they felt relieved to have the opportunity to talk to their providers about their adverse experiences.

Having a  
conversation  
about  
someone's  
ACEs

ACEs screening  
opens  
conversations  
about life  
experiences  
outside the  
clinic encounter

ACEs screening  
& Trauma-  
informed care  
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relationships



# [Our Vision & What Comes Next]

As a team and an organization, what's your vision for your ACEs screening and response work moving forward? What are your next steps to ensure your work continues?

- **Continuing the work of trauma-informed screening and intervention**
  - Vision: Being trauma-informed is important to all parts of care delivery, and screening is an important foundation for clinicians aspiring to "whole person" care. We started in 5 clinics, and grew to 9 clinics. But, there are others who have not yet adopted the workflows to "Self-service" Toolkit
  - Next steps:
    - Create a "self-service" toolkit that new, future clinics can use to start their screening and trauma informed care journey
    - Incorporate knowledge/access of external resources such as TRIADS into DHS workflows/resources
    - Continue as a trauma-informed workgroup, deepening provider understanding of and tools to provide TIC, and collaboration to share best practices and group improvement
- **Expanding on and sustaining the work of treating and healing**
  - Vision: Build a network of care between clinics, the health system, and organizations to streamline referral pathways to/from service organizations to jointly and equitably meet the needs of families impacted by adversity and toxic stress. This includes building clinic staff models that support behavioral health and community involvement in primary care clinics
  - Next steps:
    - The trauma-informed workgroup will join Network of Care grant efforts
    - Advocate within the health system to build care models that sustain networks of care and incorporation of important services into primary care, like behavioral health
- **Supporting other clinics who wants to start their ACES journey**
  - It took a team effort and a lot of peer learning and support. The trauma-informed workgroup hopes to continue being a support for others



An aerial photograph of a winding asphalt road that curves through rolling green hills. The scene is captured during the "golden hour" of sunset or sunrise, with long shadows and a warm, orange-gold light. The hills are covered in dense green grass, and the road is bordered by a simple wooden fence. The overall mood is peaceful and scenic.

# “Our CALQIC Journey”

SANTA BARBARA NEIGHBORHOOD CLINICS



# What Are We Proud of?

We have an integrated approach to ACEs Screening and we all work together on our CALQIC team with representation from all clinics and departments

## SBNC CALQIC TEAM MEETINGS



# What Are We Proud of?

## Ceylan Ozkan, MSN, RN ACEs Screening Templates

ent:

document

documente

1/14/2021

1/11/2021

1/11/2021

1/06/2021

Screening tools

- 24-Hour Migraine Quality of Life Questionnaire (24-Hr-MQOLQ)
- Abbreviated Mental Test (AMT)
- Adverse Childhood Experiences Questionnaire (Adults Only 18+)
- CIWA/COWS
- Clock Drawing Test (CDT)
- Functional Assessment Screening Tool (FAST)
- Gail Risk Model
- General Practitioner Assessment of Cognition (GPCOG)
- Lawton Instrumental Activities of Daily Living (IADL)
- Migraine Specific Quality of Life (MSQOL)
- Migraine Specific Quality of Life Questionnaire (MSQ v.2.1)
- Mini Mental State Exam (MMSE)
- Mini-Cog
- Modified Mini Mental Exam (3MS)
- Montreal Cognitive Assessment (MOCHA)
- Parent ACE Score
- PEARLS
- \*PEARLS SDOH
- RAND Medical Outcomes Study: (SF-20)
- RAND Medical Outcomes Study: (SF-36)
- Six-Item Cognitive Impairment Test (6CIT)
- Six-Item Screener (SIS)

Close

ACEs Screening and Response

ACEs Codes

☒ Patient education

ACEs Patient Education

Patient Education

- ☐ What Are ACEs and Why Do They Matter?
- ☐ How to Reduce the Effects of ACEs and Toxic Stress
- ☐ Lower Toxic Stress (Adult)
- ☐ Lower Toxic Stress (Child)
- ☐ Self-Care Tool for Adults
- ☐ Self-Care Tool Pediatric
- ☐ Parenting with ACEs
- ☐ Promoting Nutrition
- ☐ Good Nutrition
- ☐ Good Sleep
- ☐ Using Mindfulness

OK Cancel

ACEs Screening and Response

ACEs Screening and Response

ACEs Codes

☐ Patient education

Comments:

☐ ACE-Associated Health Conditions

Comments:

☐ Validation of existing strengths and protective factors

Comments:

Plan:

- ☐ High quality and sufficient sleep
- ☐ Balanced nutrition
- ☐ Physical activity
- ☐ Mindfulness and meditation
- ☐ Behavioral health support
- ☐ Time in nature
- ☐ Supportive relationships

Comments:

Referral:

- ☐ Referral placed
- ☐ Referral not placed, receiving services elsewhere
- ☐ Referral declined, patient declines services

Comments:

Send Referral

Save & Close Cancel

Screening Tools

Other Screenings:

Encounter Date	Documented Date	Instrument	Score	Severity/Interpretation	MDD Classification
01/11/2021	01/11/2021	Adverse Childhood Experiences Questionnaire (Adults Only 18+)	6	High risk for toxic stress	





# What Are We Proud of?

Our MAs and how they introduce the screening so that patients are comfortable

**Adverse Childhood Experience Questionnaire for Adults**  
California Surgeon General's Clinical Advisory Committee

**aces aware**  
SCREEN. TREAT. HEAL.

Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

**Instructions:** Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please add up the number of categories of ACEs you experienced prior to your 18th birthday and put the total number at the bottom. (You do not need to indicate which categories apply to you, only the total number of categories that apply.)

Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?
Did you lose a parent through divorce, abandonment, death, or other reason?
Did you live with anyone who was depressed, mentally ill, or attempted suicide?
Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?
Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?
Did you live with anyone who went to jail or prison?
Did a parent or adult in your home ever swear at you, insult you, or put you down?
Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?
Did you feel that no one in your family loved you or thought you were special?
Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?
<b>Your ACE score is the total number of yes responses.</b>

Do you believe that these experiences have affected your health? ☐ Not Much ☐ Some ☐ A Lot

Experiences in childhood are just one part of a person's life story.  
There are many ways to heal throughout one's life.

Please let us know if you have questions about privacy or confidentiality.

# What Are We Proud of?

- The script to introduce the screenings that was created
- Clinic-specific approaches (e.g. laminated screeners)
- Screening schedule for baby well checks

## ACE'S Screening Schedule

We are targeting children ages \*4 or \* 6 or \* 9 months for ACE's Screening.

ACE'S Screening Schedule during Well Baby Checks :

*4 months	5 months	*6 months	7 months	*9 months
*6 months	7 months	*9 months	10 months	
*9 months	10 months			

If not seen at target age they may be screened one month after target age. (Ex: at 5, 7, 10 months)

## Medical Assistant (MA) Script

### *English- MA:*

*"We have some forms that we ask all of our patients to complete so that the doctor understands how your child is doing. The doctor will answer any questions you have about the forms, and I'm here if you need clarification on the instructions. One of the papers is called the "Adverse Childhood Experience Questionnaire". This form asks some personal questions and screens for health risks due to exposure to stress. If you could please, review the statements and write down the number of statements that apply to you (for the parent ACES screen) and those that apply to your child (for the child ACES screen), and not which ones. When you have finished, return all of the forms to me. I will place everything in this folder and give it to the doctor before you and your child go in for your visit"*

### *Spanish-MA:*

*"Tenemos algunos formularios que pedimos a todos nuestros pacientes que completen para que el médico entienda cómo está su hijo/a. El/ La doctor/a puede contestar cualquier pregunta que tenga sobre estos formularios, y yo estoy aquí por si necesita ayuda con las instrucciones. Uno de los formularios se llama "Las Experiencias Adversas de la Infancia". Este formulario hace algunas preguntas personales para revisar riesgos en la salud debido a la exposición de estrés. Si pudiera revisar las declaraciones y anotar el número de declaraciones que se aplican a usted (para el formulario ACES de los padres) y los que aplican para su hijo/a (para el formulario ACES de los hijos) y no anote cuáles. Cuando haya terminado, me devuelve todos los formularios a mí. Colocaré todo en esta carpeta y se lo daré al médico antes de que usted y su hijo/a vean al doctor/a."*



**Dr. Susan Lawton, MD with her Medical Assistant, Mayra Aguirre, reviewing the ACEs screening patient score.**

**Dr. Lawton is the Lead Medical Doctor at the Westside Neighborhood Clinic.**





# What Are We Proud of?

- **Self Care Survey and Support for each staff member to pursue a self care goal**

0% ————— 100%

As part of SBNC's CALQIC initiative to address staff well-being and quality of life at work, we are collaborating with UCSB in developing programming and resources to support you in your work with patients, particularly those who have adverse childhood experiences (ACEs).

Please complete this survey to help us understand the challenges, needs, and preferences of SBNC staff around issues such as stress and well-being, and ways to support your work. The survey is anonymous. The data is going directly to UCSB who will provide the group responses (but not anyone's individual answers) to the SBNC Self-Care Team. Thank you!

# What are you most proud of?



“Being a part of the California ACEs Learning and Quality Improvement Collaborative helped us to implement universal ACEs screening and interventions in our organization. Our team had learnings from some of the best in the field while sharing our experiences. We improved data practices and elevated Self-Care as a priority.”

Nancy Tillie, MBA, Chief Operating Officer/  
Chief Financial Officer



“Our team is so enthusiastic and empathetic, and showed up from day one to do the right thing for the patients and it was so gratifying to see our leadership being engaged, involved and supportive.”

Ceylan Ozkan, MSN, RN Manager



“I am very proud that SBNC is one of the first pioneers in the Santa Barbara community in addressing adverse childhood experiences and have created other collaborations with other agencies in our community.”

Deise Capristo, LCSW



Dr. Charles C. Fenzi, MD  
*Chief Executive Officer & Chief Medical Officer*



Emily Maynard, PhD  
*Psychologist*

## Patient Story

“At our Bridge Clinic, I saw a 43-year old male patient that was interested in receiving help with his cocaine and alcohol use. I went through the ACEs screening tool with the patient. His score was a 6. I asked follow-up questions based on his answers on the test. At that time, I had also brought in our clinic’s psychologist, Dr. Emily Maynard, PhD, from our Behavioral Health Department. It was then that we discovered that the patient had started using cocaine at the age of 7. The patient shared that his uncle was involved in creating child pornography and had started giving him cocaine at the age of 7 so that he could ‘perform’ during the filming. The patient has been using cocaine ever since. The patient is now receiving psychotherapy and psychopharmacology treatment. He continues to see Dr. Maynard on a regular basis.”

- Dr. Charles Fenzi, MD



# Top 3 Takeaways



The importance of training at all levels:

- Organization-wide training on ACEs and trauma-informed care
- Individual clinic training with role plays
- Re-training and reinforcement



The importance of creating EHR templates that allow us to capture the data on ACEs response.

The importance of early data analysis so that we can



The importance of representation from all sectors as we planned our ACEs screening and response  
(Providers, nurses, administration, behavioral health, human resources)

# Our Vision & What Comes Next

“This is why this work is important to us:

It is part of who we are. We care for the whole person and we are interested in understanding the impact of past experiences on their physical, emotional and psychological health. We are interested in intervening with a strengths-based approach to support our patients.

We will continue to meet regularly to study our efforts, successes and challenges.”

Dr. Andria Ruth, MD



# Our Vision & What Comes Next





# Our CALQIC Journey

## Final Virtual Learning Session

PRESENTED BY Drs. Heyman Oo and Caren Schmidt

Touching Lives Through Health™





Caren Schmidt, PsyD,  
Associate Director  
Behavioral Health



Heyman Oo, MD MPH,  
Assoc. Site Medical  
Director



Melanie Thompson,  
DO, Associate CMO



Reshem Agarwal, MD,  
Pediatrician



Erinn Lance, CNM,  
Lead Midwife



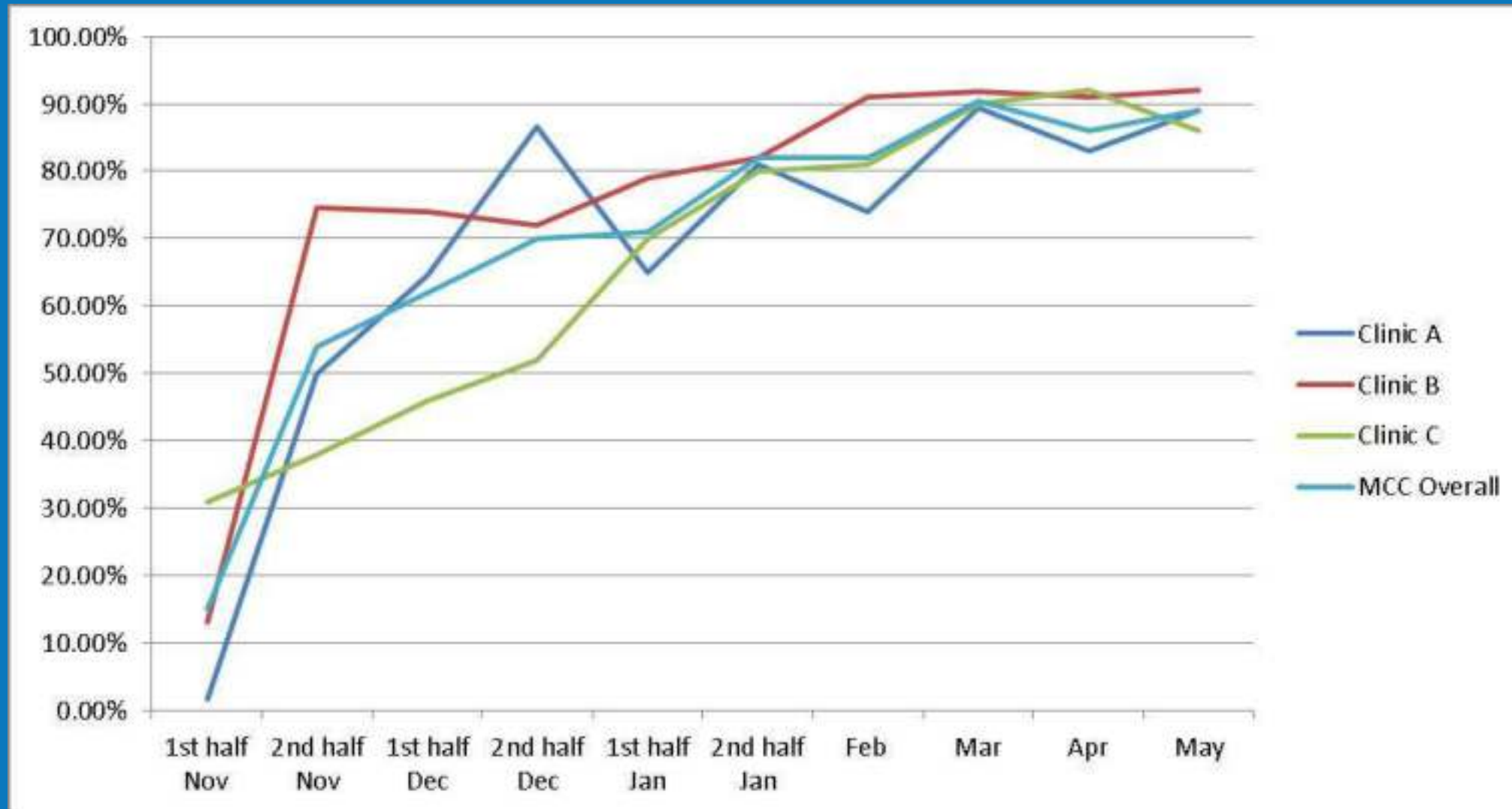
Esme Cullen, MD MPH,  
Assoc. Site Medical  
Director

# What we are most proud of...our people





# What we are proud of...our process



# Top 3 Takeaways



Including the voices and ideas from front line staff in an authentic way allowed us to create better processes



Identifying and supporting clinic site champions allowed for questions to be answered in real-time and feedback to be gathered about what worked and what needed improvement



Frequent data collection and feedback was KEY to our success in increasing adoption of a new workflow

# Our Vision & Next Steps

As a team and an organization, what's your vision for your ACEs screening and response work moving forward? What are your next steps to ensure your work continues?

- ❖ Expanding to adult ACEs screening → continue with internal team meetings to move this forward
- ❖ Continue to push organization to consider & implement trauma-informed and healing culture changes



**Thank you  
for joining us today!**

