



Borrego Community Health Foundation



Borrego Health Core CALQIC Team



Dr. Brenda Figueroa,
Chair of Pediatrics



Dr. Jorge Cervantes,
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/Adult Medicine Chair



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Lucy Aceves, HealthySteps
Program Lead, CALQIC
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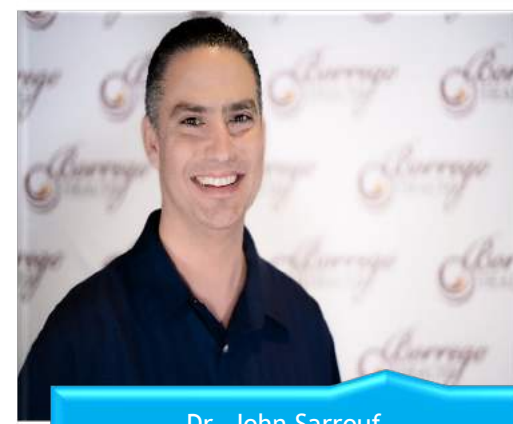
Borrego Health CALQIC Champion Providers



Dr. Setareh Jones,
Champion Provider
Centro Medico El Cajon



Dr. Sheetal Luthra,
Champion Provider
Arlanza Family Health Center



Dr. John Sarrouf,
Champion Provider
Centro Medico Cathedral City

Started from the bottom...

January 2021 began screening patients ages 6, 12 and/or 24 months old

- 1 champion team El Cajon
- PEARLS Screening, giving parents choice of using identified vs de-identified
- Resistance across the board from staff and patients
- High staff turnover & staff burnout
- High no show rates for in person visits
- Lack of trust from caregivers to answer questions openly
- Lack of local resources and language barriers



Now We're Here!!!

September 2021 screening patients 6mos-5 years old

- 3 champion teams El Cajon (San Diego County), Cathedral City and Arlanza (Riverside County)
- Screening for ACEs using the identified PEARLS screening tool
- Engagement from both staff and patients
- Incorporate Reach out and Read Program and give books during Well Child screening visits
- Chosen by NIMH in collaboration with USC to continue studying implementation strategies for ACEs screening in an FQHC system for the next 2 years in order to expanded through all BCHF locations

Ability to create/test our charter/deliverables and determined that our workflows, templates and patient population response was successful and positive

- Pilot Charter, Templates in EMR, Staff Workflow, Step-by-Step, Date Tracker and Dashboards



Top 3 Takeaways

Patience is not passive; on the contrary, it is active; it is concentrated strength.

Edward Bulwer-Lytton, 1st Baron Lytton

Nothing went as planned, however as a group, we learned that with a little patience and cooperation from the team, we were able to meet our goal.

Success is a constant process of overcoming obstacles.

"I'm as proud of many of the things we haven't done as the things we have done. Innovation is saying no to a thousand things." *Steve Jobs* –

We faced many challenges during this project, however we learned to pivot as a team and made the impossible... possible.



Coming together as a group and using our individual strengths helped us succeed.

Teamwork, collaborations, connections and growth helped us strategize and think outside the box.

Our Vision & What Comes Next

Continue implementation project, in collaboration with USC and NIMH, over the next two years using these key concepts

- Adoption: Decision to use a new program, depending on knowledge, awareness of an unmet need, and attempt to address the perceived need
- Innovation: A new idea, practice, policy or product Implementation: Use of the program to a 'fair trial point' -- long enough to allow evaluation
- Expand to other ages within pediatrics ages 6-20 Years old
- Expand in OB targeting pregnant patients & all adult population 21-64 Years old
- Grow efforts of HealthySteps program and Logic model including the impact on ACEs and toxic stress in order to create better outcomes for the families we serve.



"Magali (HealthySteps Specialist) has been very helpful and has always been there for me. I feel confident to ask her any questions I have. The resources she has sent me have been extremely helpful, especially with feedings, and introducing the sippy cup. I have been in other clinics in the past, and I have not received this kind of support anywhere else." Arlanza

You have
Questions
We have
Answers





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- **Resilience** and **perseverance** became themes for the team throughout this process.
- ALL of our medical and behavioral health providers are ACE trained.
- We provided trainings to all staff on TIC and ACEs trauma/response.
 - “Lunch and discuss” with Alicia and Chris.
- Our providers became increasingly skilled at reviewing and discussing the ACE score with patients, thus providing support and resources as needed. They educated the patients as to the purpose of the assessment and identified resiliency strategies as well.
- Implemented the ACE screening protocol for 3 specific cohort groups starting March 1, 2021.
 - Met our goal to screen at least 20% of the target population
 - Increased screening from 2% of total patient population to 8%



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Challenges

- Staff discomfort in “asking the difficult questions” became an opportunity to develop and adjust our workflow
- We created a workflow that allowed the Medical Social Worker to administer the screening and the PCP to review the results.

TAKE-AWAYS



EDUCATION is imperative

Through staff trainings, we were able to provide patients with a more trauma informed approach to healthcare. This in turn provided information/education to patients about their own experiences and resilience has brought about the opportunity for self awareness.



FOLLOW UP resources are key.

Providing resources for patients has been helpful for patients, as well and in developing a strong connection between patients and providers, both medical and behavioral health.



CLEAR WORKFLOW

We found that developing, and being flexible to adjust, a clear and concise workflow has made it more efficient and effective in providing the ACE screening to patients.

What Comes Next

- ❖ Include TIC training in onboarding of new staff and board members
- ❖ Continue educating and training staff
- ❖ Work with local schools and Family Resource Centers to provide screening to more of the community



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Jenan Madbak
Clinic Director
North Park



Janelle Kelso
Clinic Director
El Cajon



Kimberly Kelley
Mental Health
Liaison
El Cajon



Dr. Khawla Suleiman
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Medical Leadership



Family Health Centers of San Diego



Shefali Sinha
Business Intelligence
Analyst
Data Evaluation



Dr. Wendy Pavlovich
Director of Training
Pediatrician



Dominique Giambalvo
Family Support
Specialist



Sara Duran
Former Associate Director
for Special Populations



Tony de los Santos
Former Clinic
Director North Park

We Are Proud!



Creating a NEW Normal

- Added ACEs Aware training to ALL new clinicians and residents training program orientation
- Dedicated time to train all frontline staff on TIC and impact of ACEs on children's health
- Working together to learn TIC and resilience-oriented practices and concepts and apply them in practice (including meetings)
- Devoted experts and multicultural team
- Positive feedback from caregivers about screening program

Tools

- Scripting for medical assistants – translated to Arabic to improve introduction of PEARLS screening for this population and in the process of translating to Spanish
- Built an efficient integrated EHR workflow process into the WCC visits, order-set and documentation
- Educational information in multiple languages to support people from different culture

A screenshot of an Electronic Health Record (EHR) interface. At the top right, there are buttons for "Collapse", "Create Orders", and a user profile icon, along with the text "Language: ENGLISH". The interface is divided into several sections: "LAB" with a "FUTURE:" field and a "DAYS" dropdown; "CONSULT" with a list of checkboxes for "Developmental Screening (PDS)", "Housing", "Family Support Specialist", "Food Resources", "Insurance Assistance", "Mental Health", and "Nutrition Health Education"; "PATIENT & PROVIDER EDUCATION/RESOURCES" with a list of checkboxes for various educational materials in multiple languages (English, Spanish, Arabic, Vietnamese, Amharic, Chinese, Dari); and "TEMPLATES/SMART PHRASES/PROCEDURES" with checkboxes for "Note: ACE Smart Phrases", "ACEs - Incomplete", "ACEs - Completed Low Risk", "ACEs - Completed Intermediate Risk", and "ACEs - Completed High Risk".

Top 3 Takeaways



This process can't be rushed!

Creating a culture that is trauma informed takes time and investment from all stake holders (upper-level management to frontline patient services)



Site Champions!

Starting screenings with a smaller scope and leadership of content experts/champions is vital for successful implementation



Risk for toxic stress assessment doesn't always match the score!

An ACE Score Section 1 alone doesn't not determine the amount of trauma - must consider Section 2 (SDoH, immigration and refugee experiences) or underreporting and create flexibility in referral algorithms

What Comes Next for FHCSO

Advocating for **value-based payment** and measures so that Medi-Cal providers can do this work!

Quantify the **impact (in financial terms)** of trauma informed care and ACEs on clinical quality

Normalization of PEARLs screening in well child visits – families expect this as regular part of their children's health care

- Expansion of the screening to other sites and age groups
- Building more support services to support identified families

Increased awareness, guidance and practice of **resilience skills** and promotion of positive experiences, for ALL (including clinical care teams!)