



Santa Rosa
COMMUNITY
HEALTH

All of us for all of you...

We Are Proud of:

- ❖ The dedicated people who came together to implement this project amidst the enormous challenges brought about by the COVID-19 pandemic.
- ❖ Our efforts to develop structured data fields, workflows and dashboards.
- ❖ Our overall focus on creating a trauma informed workplace.
- ❖ Our increasing awareness of the importance of supporting the whole patient.



“We are getting to know our patients more deeply as a result of screening ~ we are developing trust and deepening relationships. We are not doing harm.”

Our dedicated workgroup...

SRCH's 15-member workgroup on ACEs brought together staff across 4 clinical sites, including medical and mental/behavioral health, clinic supervisors, EHR lead, data analyst, quality director, and residency faculty. This multi-disciplinary, cross-site workgroup, worked collaboratively to create workflows and metrics, and to plan/execute ACE screening roll-outs. All of this amidst the enormous challenges brought about by the COVID-19 Pandemic.



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Director of Quality



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Family & Addiction Medicine



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Dutton Medical Director



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Vista Lead Clinician



Carol McHale
Director of EHR Optimization



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Pop. Health Data Analyst



Belen Aguayo
Vista Clinic Supervisor



Annemarie Brown
SR Director, Communications & Development



Free-form
Structured

ACES
Default ▼
Default for All ▼
Clear All

Name	Value	Notes
Intervention / Self Manage		

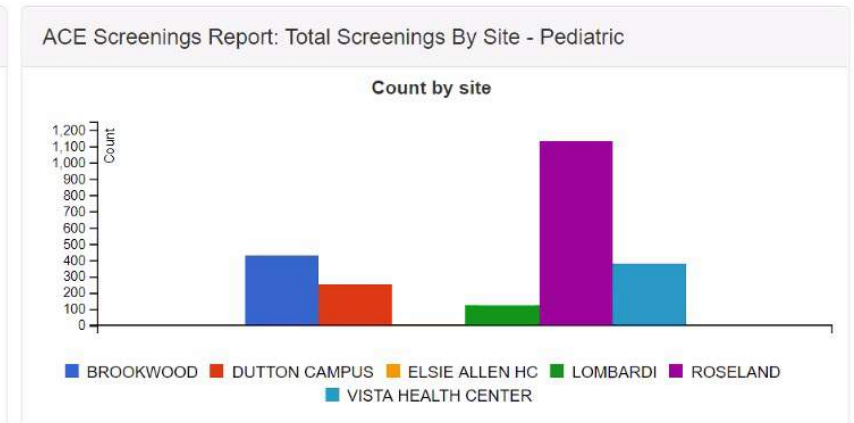
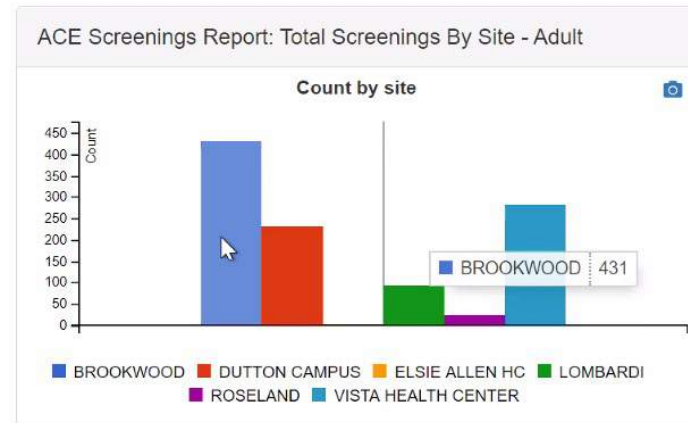
- Amplified patient/family's pro social coping, values, strengths
- Acknowledged/Validated patients responses, feelings, thought
- Normalized responses (i.e. any parent/person would have resp
- _____
- Referred to MH/BH (SRCH)
- Referred to outside agency
- Referred to SRCH Group
- Initiated self care plan with patient
- Already receiving appropriate services
- Internal SRCH services/referral declined

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Structured data fields, workflows and dashboards...

The structured data fields we built into our EHR were a key accomplishment that helps prompt clinicians in how best to respond to an ACE Screen, while incorporating the trauma-informed principles of collaborative treatment planning and the role of empathy and validation. They also allow us to track this data over time.



A focus on creating a trauma informed workplace...

CALQIC provided the opportunity to reflect on how to create a work environment where trauma informed language and response is practiced throughout. This meant the approach to the work was mindful of the fact that staff have also experienced ACEs. The result was an intentionally slow implementation process that provided time for those implementing ACEs screening to become comfortable. It also included changing workplace habits by practicing and modeling stress reducing activities in meetings, taking additional time to listen to all staff about their experience and in some cases delaying implementation to protect staff who were already feeling the strain of the workload and simultaneously managing the impacts of COVID-19.

Grounding Exercise

A close-up photograph of a wooden spoon stirring water. The spoon is positioned diagonally from the upper right towards the center. The water is a deep blue-green color and is covered in numerous concentric ripples that spread outwards from the point where the spoon is moving. The lighting is soft, creating a calm and serene atmosphere.

Our Top 3 Takeaways:

1.



Trauma-informed care principles apply not only to how we interact with patients but also to how we treat each other and even ourselves with compassion and self-compassion.



2.



Training front desk staff in trauma-informed care is a key building block for a clinic to become trauma-informed.



3.



This work is a roadmap for everything we do. This isn't a one-time activity. This is a culture change that requires a long-term view and ongoing support and presence.



Our Vision & What Comes Next



“This is not a one-time activity. This is a culture shift.”

- ❖ Now that we have trained and implemented ACE Screening at two of the family medicine campuses, we look forward to implementing at the third campus when they are ready.
- ❖ Now that we have validated metrics for tracking ACEs Screening and Response, we look forward to sharing data with clinical teams regularly.
- ❖ We look forward to leveraging the Resilient Beginnings Network grant and other local and state grants that will continue our efforts to enhance a trauma informed culture. This includes training staff and supporting families using strength and resiliency-based approaches that attempt to mitigate the impact of trauma and racism. It also includes strengthening referral relationships/options and developing resources and navigational support for community referral.
- ❖ Our resident QI project will seek ways to improve provider responses to positive ACE screens. Residents are helping us revamp workflows, include more universal patient education on ACEs and resilience building techniques (through a handout) and will be working this next month to help us organize and revamp our resiliency resources.
- ❖ SRCH has included goals toward trauma informed care and the expansion of ACEs (and other screening with linkages to services) as part of their new Strategic Plan. This will provide opportunities for ongoing discussion between clinic and leadership staff and targeted annual goals to help achieve identified outcomes. We also have a strategic priority for “joy at work” so we can continue to focus on taking care of staff and ourselves.



La Clínica de La Raza

What Makes Us PROUD

- Created a multidisciplinary CALQIC team consisting of Physicians, a Medical Assistant, a Promotora, a Clinical Health Educator, and a Prenatal Supervisor.
- Prioritized staff and provider resiliency training first to establish a foundation for our TIC work.
- Fostered empathic relationships amongst team members and other staff and providers in our clinics and practiced relational healing exercises in order to promote a relationship-based culture.



Our Top 3 Takeaways



Healing occurs in relationships. It is important to create a foundation for resilience, empathic communication, and relational healing amongst staff and providers first before introducing and practicing these concepts with patients.



Introducing resiliency screening prior to ACEs screening allows patients to first acknowledge and understand their inherent strengths and assets, as well as empowers them to believe they can overcome what has happened to them. Emphasizing resilience at every interaction with a patient is critical.



Every member of the healthcare team plays a critical role in the creation of a trauma-informed care organization and is a valuable asset. Everyone's voices and personal experiences matter. We can better show up for our patients when we can show up for ourselves and our colleagues.

Our Vision & What Comes Next



Our vision is to unite our racial justice, environmental justice, trauma-informed care, and wellness efforts across our organization to create alignment amongst each of these efforts' goals. We aim to discuss with staff and providers how these efforts are all interconnected, as well as how they are embedded in our organization's roots and history and embody our agency's mission, so we can create long-lasting systemic change. We aim to foster a relationship-based, life-course, intergenerational, and holistic view of health that is captured in our organization's culture and approach to both staff wellness and patient care.

Next Steps: 1) Continue to lay the foundation for TIC and continue to develop, improve, and expand ACEs screening and response workflows throughout our agency. 2) Expand networks of care through our current ACEs grants; and 3) Continue to create opportunities for interdisciplinary collaboration.





"Caring for our community's health."

**Northeast Valley
Health Corporation**
a *californiahealth* center

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Northeast Valley Health Corporation

Our Team



Debra Rosen, RN, MPH,
Director of Quality and Health
Education, Team Lead



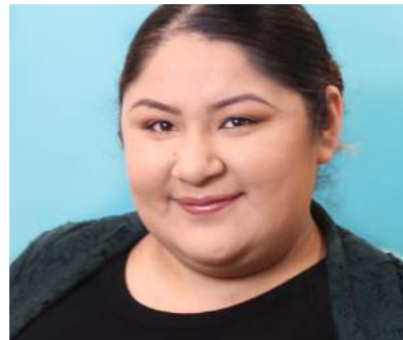
Gina Johnson, MD, Medical
Director of Pediatrics,
Medical Provider Champion



Alexandra Zamora, Program
Manager of Public Health



Carolina Aguilar, Program
Coordinator



Jasmine Galindo, Program
Manager Quality
Improvement, Data Lead



Lupe Ortega, Workflow
Coordinator

[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.

Provider Mae Ubaldo, NP shares:

“In the past few months, we have been seeing many immigrant families come through our doors for their physicals. From what I understand, it is not always an easy journey and can be treacherous at times or possibly result in separation from other family members. I had a single mother with three of her children present to our clinic. Only one child was less than 5 years, and we conducted the ACEs screener. I forget exactly how much he had but it was definitely more than 1. The mom also endorsed how she was concerned for his behavior, that he may have ADHD or autism because he was hyperactive, had difficulty focusing, and would grow increasingly agitated/aggravated. Although her other two children did not have an ACEs screener, her older son had similar symptoms, she was concerned for his behavior, his poor attitude/adjustment, and night time bedwetting. But his behavior had only started when they moved from their country to the US. They were living in a shelter and had no family or friends here in the US. With further investigation, mom became tearful and told us that not only were they traumatized by the move, but at one point mom was separated from her kids for a few days (during which mom was sexually assaulted, but the kids did not know where she was or what happened to her), their father also abandoned the family for another woman.

If we had not screened one child for the adverse childhood events, or asked about past or present stressors, I don't think the mom would have disclosed any of that information to us. It allowed her to open up to us about the events that have and can continue to negatively impact her life and the lives of her children. Without ACEs, I can see how we can miss so opportunities to help our patients and families who may suffer in silence. If we fail to identify and address ACEs, we're ultimately failing the community we serve by placing them at greater risk for poor outcomes that affect the individual and those they interact with in the present and into their futures.

I referred all of her children to specialty mental health. Thankfully they were assigned a social worker to assist them with housing. I believe the ACEs Coordinator also reached out to them to provide them with community resources beneficial to their situation. The mom was very grateful for the visit and the resources/services provided. Even though they may have come into the country on their own, they know that we are here to help.”

[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.



Dovetail Learning has empowered our team with resiliency skills that we are able to use to combat our personal daily stressors and also apply them to our work environment.



Maintaining Communication with providers, staff and administration- periodically checking in to evaluate the screening workflow, obtain feedback from clinical staff and identify new staff in need of training.



NEVHC hosted 4 medical students from the Primary Care Leadership Program. The scholars conducted a retrospective review of pediatric patients (ages 0-5) to study the relationship between ACEs and chronic childhood illness.



[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?

NEVHCs vision for ACEs screening and response work is to spread pediatric ACEs screenings to all 9 pediatric health centers within NEVHC and expand our age ranges to include adults and adolescents.

We recently began screening a small subset of adult patients at the Sun Valley HC (21-64 years, with one provider, diagnosis of chronic pain) and plan to expand to all the adult and adolescent population we serve.

NEVHC is in the process of becoming a more trauma informed organization and have begun to develop a plan to train all current/new staff on how to respond to our patients in a trauma informed manner. This includes utilizing resiliency skills and offering resiliency training as part of the staff onboarding process.

Next steps to ensure work continues

Continue to utilize One Degree by developing a folder specific for pediatric resources (Food pantries/ applying for CalFresh, parks near you/trails, mental health resources, mindfulness apps/activities).

Include in Clinical Dashboards to keep clinic administration aware of quarterly screening rates and missed opportunity reports.

Ensure patients that are due for screener are being captured on our i2i Patient Visit Summary sheet (used by care team during scrubbing to identify what patient is due for, screeners, vaccines, etc.)