



Petaluma
HealthCenter



Training-Implementing-Sustaining



- Trained all staff on assessing and addressing ACES
- All providers attested to ACES Aware training
- Screening adults and children for ACES at physicals and wellness exams
- Hosted virtual parenting support groups
- Launched a multi-disciplinary DEI group with foundational learning
- Integrated training into onboarding and orientation for all new hires

Top 3 Takeaways



Group training is a great place to start, but individual support with time, modeling, feedback, and attention is needed to fully implement in a meaningful way.



Orienting parents and patients to available services at the time of screening can increase self-referral and underscore the reasons for screening. Even if patients or parents under-report, they may choose to access services.



Engaging with patients about ACEs isn't as scary as many of us thought. Patients were living with ACEs when they came in. For some, understanding the impact can be the missing piece that helps them to better understand their lives and challenges.

Our Vision & What Comes Next



- Engage teams at least two times a year as a group to revisit the “why” of screening and **report out on outcomes** of our efforts.
- Push for increased **in-person BH integration** and a return of warm handoffs.
- Continue sharing ACEs and toxic stress training at **orientation for all new hires**.
- Create a road map for **expanding our care gap** for ACEs screening with care teams engagement.
- **Expand community partnerships** by engaging with Sonoma Connect efforts at the county level.
- Establish a “**Smile**” **committee** focused on staff wellness.
- Engage consultant to support the formation of our **DEI committee** and take action on the results of our climate survey.



Eisner Health

What we are most proud of...



Attitude

Willingness

Top 3 Takeaways



- It takes a village.
- Each person plays an important role in the ACE screening process.



- Preparation before roll-out was key.



- Identifying and meeting immediate needs with concrete supports.

Our Vision & What Comes Next



Vision

Trauma-informed approach will be the norm. Including:

- Nurturing a culture that includes both compassion for staff and patients who have struggles going on.
- Continuing to be kind but firm in setting boundaries and keeping staff and patients safe.
- Offering concrete supports to help staff and patients who are in need.

What's next?

- Expanding ages
- Expanding to other clinics
- Expanding supports available
- Being patient and responding to the unknowns of the ongoing pandemic



Family Medicine & Pediatric Residency Training Programs

[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.

- Incorporated ACE Science and Screening into residency training curriculum
- Training and Implementation Collaboration between departments
- Began our pilot during a time of crisis
- Establishing networks with community based organizations and community resources

[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.



TRIADS



Community Resources



Collaboration is key



[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?

- Expand pilot
- Expand ACE Science and Screening training to other departments
- Expand ACE screening to other Family Medicine sites