

Welcome!

California ACEs Learning and Quality Improvement Collaborative
(CALQIC)

Virtual Learning Session
June 22, 2021



While we're waiting,
please:

Rename yourself



1

Click the
Participants icon



2

Hover over your
name & click
Rename



3

Add your name,
pronouns and
organization's name



4

Click OK

If you called in, please be sure to link your video with your phone.

Today's Session Goals



1

Hear the stories, experiences, and learnings from CALQIC's Patient Community Advisory Board related to ACEs screening and response

2

Hear insights from patients and Caregivers who have completed ACES Screening in LA County

3

Share and learn from other CALQIC teams what's worked and what hasn't in terms of patient and family engagement in your own ACEs work

Agenda



Grounding



PCAB Lessons Learned



What Families Have to Say



Panel Conversation



Breakout Reflections



Debrief, Closing & Next Steps





Grounding Exercise

"When
pain is met
with caring
presence, something
magical happens.
The pain eases. It
opens and unfolds
like a bud in spring."
- Oren Jay Sofer



Lessons Learned from the CALQIC Patient Community Advisory Board



Marguerita Lightfoot



Roberto Vargas

Resiliency Questions provide an opportunity to highlight what is going well; counterbalance to ACEs

'Sandwich' the resilience/strengths-based questions before and after the ACEs screen; Consider beginning and ending on a positive note.

Patients requested that they receive the screener before the visit so they have time to think about their responses.

Empathic interviewing and engagement by providers is very important

Soothing body language and tone of voice.

Acknowledgement patient/ caregiver strengths.

Acknowledgement / de-personalization of universal challenges (pandemic is tough for ALL of us; the work of parenting is hard on ALL parents).

Acknowledge unique challenges of patient, if possible.



Balance needs of child and caregiver in screening

Don't miss opportunities for referral and treatment for caregiver, rather than exclusively focusing on needs of their child, and vice versa.



Language accessibility is important

Interpretation and translation takes time and resources and is worth it.

Community can be built between people who don't speak the same language, if interpretation is provided.



Hear from the PCAB members directly

*Cristina Perez, Madonna Feather-Cruz,
Monique Sonoquie, Nicole Hutchings*



What has been your experience serving as a member of the PCAB?

Cristina: Me gusta mucho poder participar. Tengo experiencia en recibir asesoramiento de estas clínicas. Poder dar retroalimentación personalizada es gratificante. (I really like being able to participate. I have experience from getting counseling from these clinics. Being able to give personalized feedback is rewarding.)

Madonna: Making connections and collaborating with other California residents who utilize clinics.

What has been your experience serving as a member of the PCAB?

Monique: It has been inclusive. I'm not the only Native American on the call and that's awesome.

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Nicole: It's good that CALQIC has implemented our feedback that we have given on CALQIC scenario videos and brochures



What can California health providers/clinicians do to make the screening experience better?

Nicole: The first contact (Medical Assistant) for the patient should be **warm, inviting, knowledgeable** about the importance of the ACEs screener, and recognize when a patient is distressed from the ACEs screening.

Madonna: When giving the screen, health care staff should make the patient or parent (caregiver) **feel safe** so that the patient or parent (caregiver) is more willing to **honestly answer** the questions and so that they can get the **help they need**.

What can California health providers/clinicians do to make the screening experience better?

Cristina: A veces, las personas latinas tienen miedo cuando tratan problemas de salud mental y las pruebas de detección de ACE eliminan el estigma que sufren. (Sometimes Latino people have fear when talking about mental health issues and this – ACEs screening – breaks down this stigma for them.)

Monique: Provide patients with brochures/videos that discuss what ACEs are as well as community resources. When screening children, ask if anyone in your family has been affected by ACEs. Then go down the list of family members; clients will then understand that if they have been affected their child can be too.

Thank you!



*The **RAND Corporation** is facilitating the CALQIC evaluation. This preliminary RAND report focuses on **evaluation activities completed in a subset of Los Angeles County pediatric clinics as an effort to improve the quality of ACES screening.***





Peggy Chen

What Families Have To Say

Insights from Patients and
Caregivers who have completed
ACES Screening



MAY 2021 | RAND EVAL TEAM

WHAT **FAMILIES** HAVE TO SAY

Insights from Patients and Caregivers
Who Have Completed ACEs Screening

INTRODUCTION

"ACEs Aware" is a new initiative, led by the California State Surgeon General, to achieve statewide screening of adverse childhood experiences (ACEs) and mitigate the effects of toxic stress among families. In 2020, the California Department of Health Care Services (DHCS) and the Office of the California Surgeon General funded the California ACEs Learning and Quality Improvement Collaborative (CALQIC) to accomplish two objectives:

1. Train California primary health care clinics seeing adult and child Medi-Cal beneficiaries to implement screening for ACEs
2. Evaluate efforts to improve the quality of ACEs screening in participating practices.

The RAND Corporation, one of several partnering organizations, is facilitating the CALQIC evaluation. This preliminary RAND report focuses on evaluation activities completed in a subset of Los Angeles County pediatric clinics under the second of the above CALQIC objectives.

While the RAND evaluation includes a variety of quantitative and qualitative analyses, this report presents initial findings from one-on-one interviews with adolescents and caregivers in Los Angeles county who completed the ACEs screener for themselves (adolescents) or their children (caregivers) as part of a pediatric visit. We chose one-on-one interviews rather than focus groups for assessing patients' experiences because of the potential for discussing sensitive topics and the need to maintain individual patient privacy.

In total, we spoke with 76 individuals about the experience—including their thoughts, feelings, and opinions about participating in the screening, as well as the perceived positive and negative effects. These interviews were conducted relatively early in the implementation of ACEs screening and represent a snapshot during this moment in time. We plan to interview a new group of patients and caregivers six months later during ACEs screening implementation, assessing what has changed.



THE ROLE OF ACES SCREENING

To identify patients with
childhood adversities, and
to connect them with
resources.

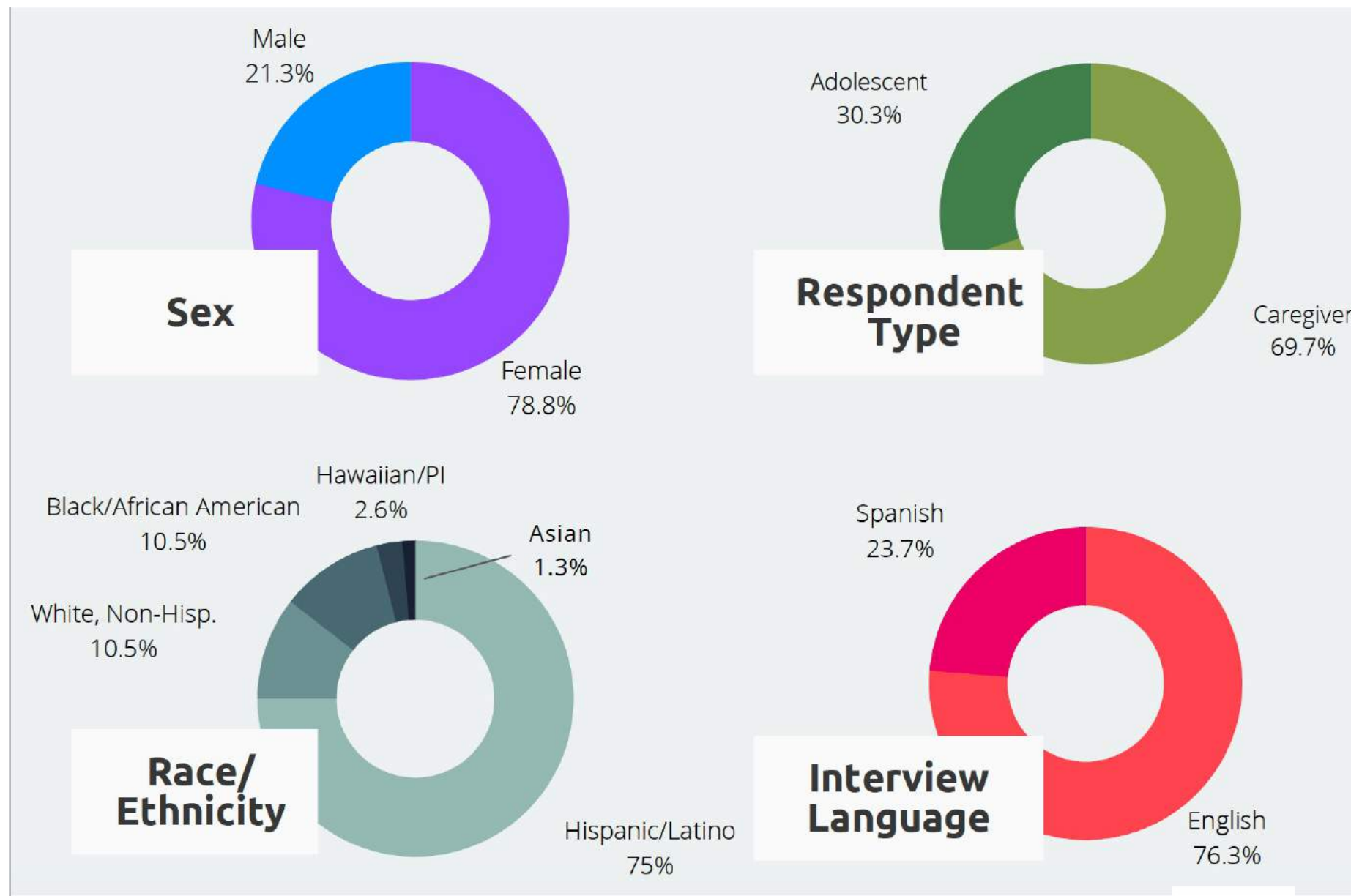


University of California
San Francisco



- Interviewed 76 patients and caregivers screened at 5 LA county pediatric clinics participating in CALQIC

- Aim: understand patient experiences, identify areas for quality improvement



Qualitative analysis of themes - 3 categories:



Implementation Issues

Acceptability of Screening

Effects of Screening



Some respondents had difficulty completing the ACEs screener or found doing so to be burdensome

- Equity issue: English and Spanish speakers had different kinds of difficulties

"When you're taking a foster child... you just don't have all the information you wish you had, you know?"

-Caregiver, Clinic #4

"In some questions I felt confused or that I didn't understand exactly what the question was. Sometimes I would look at them twice and not understand well what it was that was being asked."

-Caregiver, Clinic #3, translated from Spanish



Many respondents did not receive an introduction to or explanation of the purpose of ACEs screening prior to completing the screener

"I was just like, 'What the hell is this? Why are they asking me these questions?' It kind of made me feel like —are there signs of abuse or something? I was like, 'I don't hit my kids or nothing.' So I was just kind of a little weirded out about it..."

-Caregiver, Clinic #5

"If the person that's handing you all these forms had said, 'Okay, fill all this out, one's a survey,' you know... where you know you're filling out a survey and this is who it's for and why..."

-Caregiver, Clinic #4



Many respondents reported that their provider did not discuss their ACEs screening results with them

"I feel like they should be able to like go over it more... to look at the answers and discuss it... My son's in a good household, but there might be other households that aren't as fortunate... If it was a different case the doctor... might have been able to go over it more and kind of make sure the child's in a safe spot..."

-Caregiver, Clinic #5

Most respondents felt that ACEs screening was an acceptable activity

- Many identified **potential benefits** of ACEs screening - e.g., as a way for providers to better understand patients' lives and offer support

"Yes, well I think that it's part of a child's development, so the doctors need to know if their lives are in danger or not. Or it depends on how they are growing or not."

-Caregiver, translated from Spanish, Clinic #3

Most respondents did not feel that their background (race, ethnicity, immigration status, etc.) affected their experience with ACEs screening

- Clinic staff treated patients of all backgrounds with respect
- Language concordance helped Spanish-speaking caregivers comfortable

"Everybody was nice and they were all different... they treat you with respect and I know the doctor was a different race than I was and the nurse was a different race than me and the doctor, so, I mean, it just seems like that was never an issue. I mean, at least I felt treated with respect, you know? And they showed the same interest like they would anybody else."

-Caregiver, Clinic #4



Reactions to ACEs screening were complex and nuanced

- Many reported positive reactions (e.g., feeling more confident, relieved)
- Some reported negative emotions (e.g., stress, sadness) or behaviors
- Some –especially adolescents – had both positive and negative feelings
- None reported lasting adverse effects

"[Talking about ACEs] is a little complicated, because it involves another person. But, I think that the best thing is to talk about it to keep moving on... [it made me feel] a little sad. But at the same time happy that there will be a solution."

-Caregiver, translated from Spanish, Clinic #3

"[Discussing ACEs] helped me let go of some things and realize that I'm a strong person. I went through all of that stuff and I'm still alive. There's people who wouldn't have made it. I just look at myself like I'm strong, like, I made it, and it helps. But there's some situations where I don't want to talk about it because I'll get super teary."

-Adolescent, Clinic #4



Respondents appreciated the opportunity to discuss their strengths as part of screening

"I just said he's smart and he's really helpful. I felt like kind of happy because all those papers don't ask like what you would say your child's strengths are."

-Caregiver, Clinic #3

"It was nice because no matter what has happened in childhood, not everything is bad. And to keep thinking of those negative things in the past, instead look at the good things you can be and educate our children in this time."

-Caregiver, translated from Spanish, Clinic #5



ACEs screening had a positive or neutral effect on relationship with the clinic and/or provider

- Many reported no effect on relationship
- Some said that it improved relationship, e.g., helped build trust
- None said it worsened relationship, and all would come back

ACEs screening had a positive or neutral effect on relationship with the clinic and/or provider

"[ACEs screening] made me feel a little more comfortable talking with my doctors... I was more afraid of going to the doctor, but... because of how my doctor was really nice and everything, it got me more comfortable with actually talking with more doctors..."

-Adolescent, Clinic #1

"I felt relieved because I know that as a mother I am not alone, and I know I have the support of doctors who can help me physically and mentally [...] I did feel like I have their support and in any moment I can talk to them and explain what is happening."

-Caregiver, translated from Spanish, Clinic #5



What we learned from talking to patients

- Overall, ACEs screening was well-received by patients and their families
- At the same time, respondents—particularly adolescents—sometimes had complex and sometimes conflicting feelings about ACEs screening
 - But no evidence of lasting adverse effects
- Patients and caregivers appreciated the opportunity to discuss their strengths as part of ACEs screening
- Screening had a positive or neutral affect on relationship with clinic and/or provider



Recommendations for quality improvement

- Provide patients with a brief verbal explanation of the purpose of ACEs screening
- Review the Spanish translation to ensure comprehension by a broad range of Spanish speakers
- Training and resources to ensure providers address ACEs and strengths during the visit





Panel Conversation- LA County Team



Dr. Amy Shekarchi



Dr. Lisa Gantz



Breakout Groups





Break Out Reflections

- 1 What thoughts are coming up for you regarding patient and family engagement?
- 2 What has worked for your organization regarding this topic? What hasn't? Why?
- 3 What questions do you have for other CALQIC teams about patient and family engagement?



Feedback & Closing



Final Reflections



- Take a few moments to share your ideas on this [Jamboard](#) about little things we can do to engage patients and families
- On the [second page](#), share any questions or concerns you have about patient and family engagement



Poll

Experience

On a scale of 1-5, please select the number below that best represents your overall **experience** with today's session:

(Single Choice)

5 - Excellent

4 - Very Good

3 - Good

2 - Fair

1 - Poor

Use of Time

Please select the number below that best represents your response to the statement: **Today's session was a valuable use of my time.**

(Single Choice)










5 - Excellent

4 - Very Good

3 - Good

2 - Fair

1 - Poor

		July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021
Peer Learning Community			 ACEs Implementation Office Hours: Spreading & Sustaining August 19, 2021 (1-2pm)	 Final Virtual Learning Session Sept 21, 2021 (TBD)		
	 Coaching Calls 					
Data Reporting		 Quarterly Report #4 By July 15, 2021			 Quarterly Report #5 By Oct. 15, 2021	
Evaluation Activities				 Endline Assessment September 2021	 Interviews Sept.-October 2021	 Final Report & Budget to CCI November 1, 2021



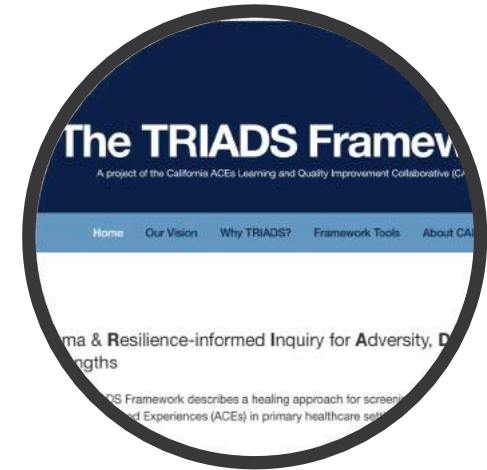
Additional Support Reminders



CALQIC Listserv
calqic@googlegroups.com



Karissa
Luckett
QI/Data/EHR
Consultant
Support



TRIADS Framework
<https://cthc.ucsf.edu/triads/>

Program Portal

- ☐ Upcoming Events & Activities
- ☐ Who's in the Program & CALQIC Community
- ☐ Information on Evaluation & Data Reporting
- ☐ Archive of virtual events
- ☐ TRIADS Framework & Tools



www.careinnovations.org/calqic-portal

Thank you

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