

Welcome!

California ACEs Learning and Quality Improvement Collaborative (CALQIC)

Midpoint Virtual Peer Learning Session

March 16, 2021



While we're waiting, please:

Find your organization and add the number to the front of your name

1 Borrego Community Health Foundation	2 Eisner Pediatric and Family Medical Center	3 Family Health Centers of San Diego	4 Harmony Health Medical Clinic and Family Resource Center
5 La Clinica de La Raza Inc.	6 LA County Department of Health Services	7 Long Valley Health Center	8 Los Angeles Christian Health Centers
9 Marin Community Clinics	10 Northeast Valley Health Corporation	11 Petaluma Health Center	12 Santa Barbara Neighborhood Clinics
13 Santa Rosa Community Health	14 Sonoma County Indian Health Project	15 The Regents of the University of San Francisco - Fresno	n/a If you're a guest, no need to rename yourself.

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



Housekeeping Reminders



Audio

Link your audio to video if you called in via phone



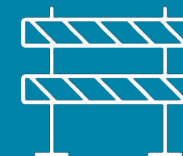
Name

Add your organization & team number in front of your name



Chat Box

Please chat in your questions



Tech Issue

Private chat Jaclyn Lau for assistance



Session Goals

- 1 You will have the opportunity to connect with other CALQIC teams and support staff.
- 2 You will hear about the CALQIC midpoint evaluation reflections, and celebrate the accomplishments across the cohort.
- 3 You will learn about their peers work, lessons learned, opportunities, and next steps with regards to implementing ACEs screening and response.

"We need to remember that **self-care is essential to remain effective**...and we also need to remember that there's a crack in everything and that mistakes can be repaired. That **we are all learning together.**"

-Dr. Alicia Lieberman





Agenda



Cohort Speed Meeting



Evaluation Reflections



Cohort Storyboard Breakouts



Break



Conversation Cafes



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

Program Reminders



Program Structure



15-month learning collaborative that will build on existing organization-led initiatives & interventions so that clinics can further **test, develop & strengthen** their role as a place to screen for ACEs, treat trauma & promote resilience.

Phase 1

Building a Foundation for ACEs
Screening & Response

Phase 2

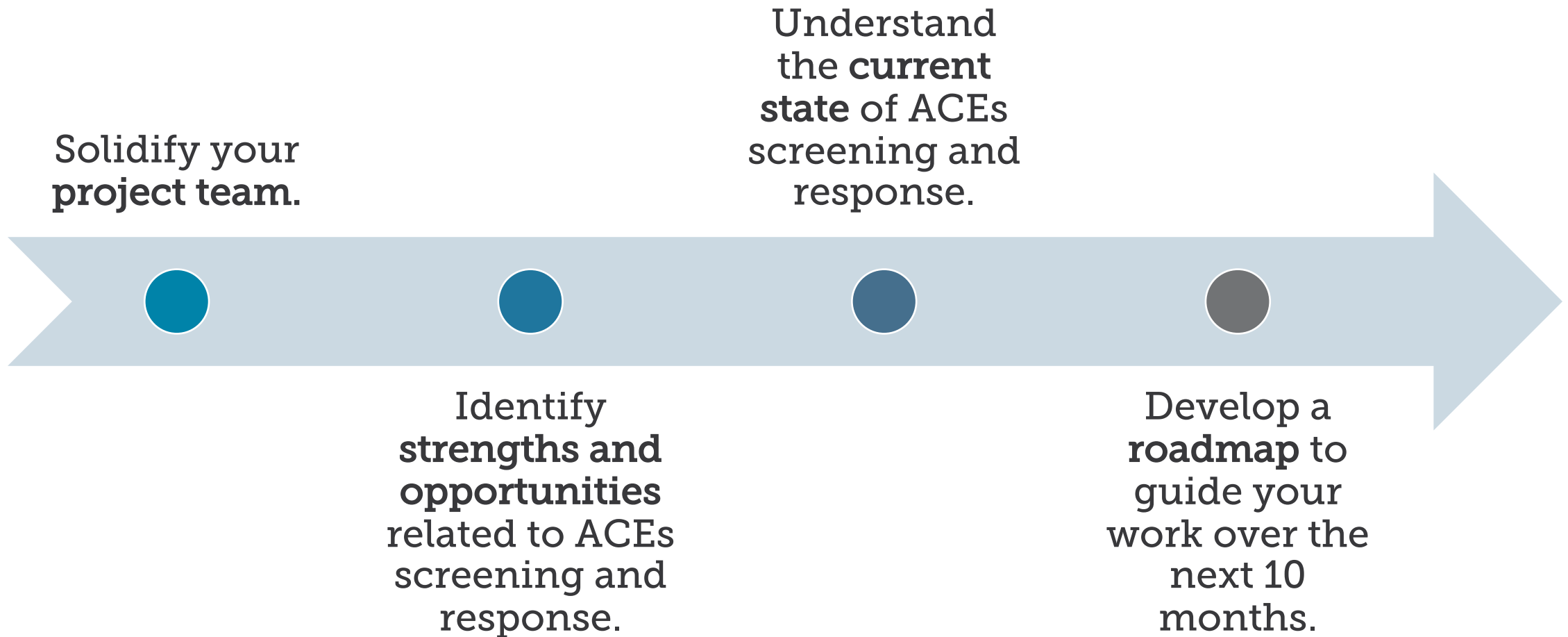
Test & Implement ACEs
Screening & Response

Phase 3

Spread & Sustain

Phase 1: Building a Foundation

July-December 2020



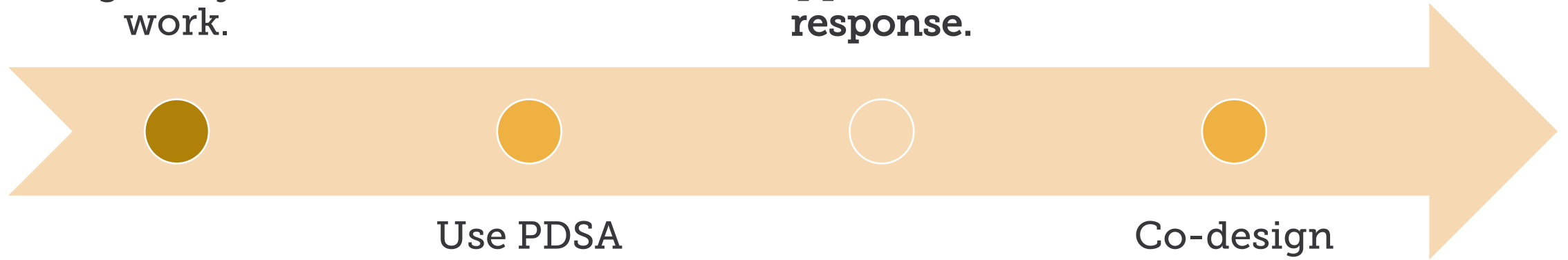
Phase 2: Testing & Implementing ACEs Screening & Response



January-July 2021

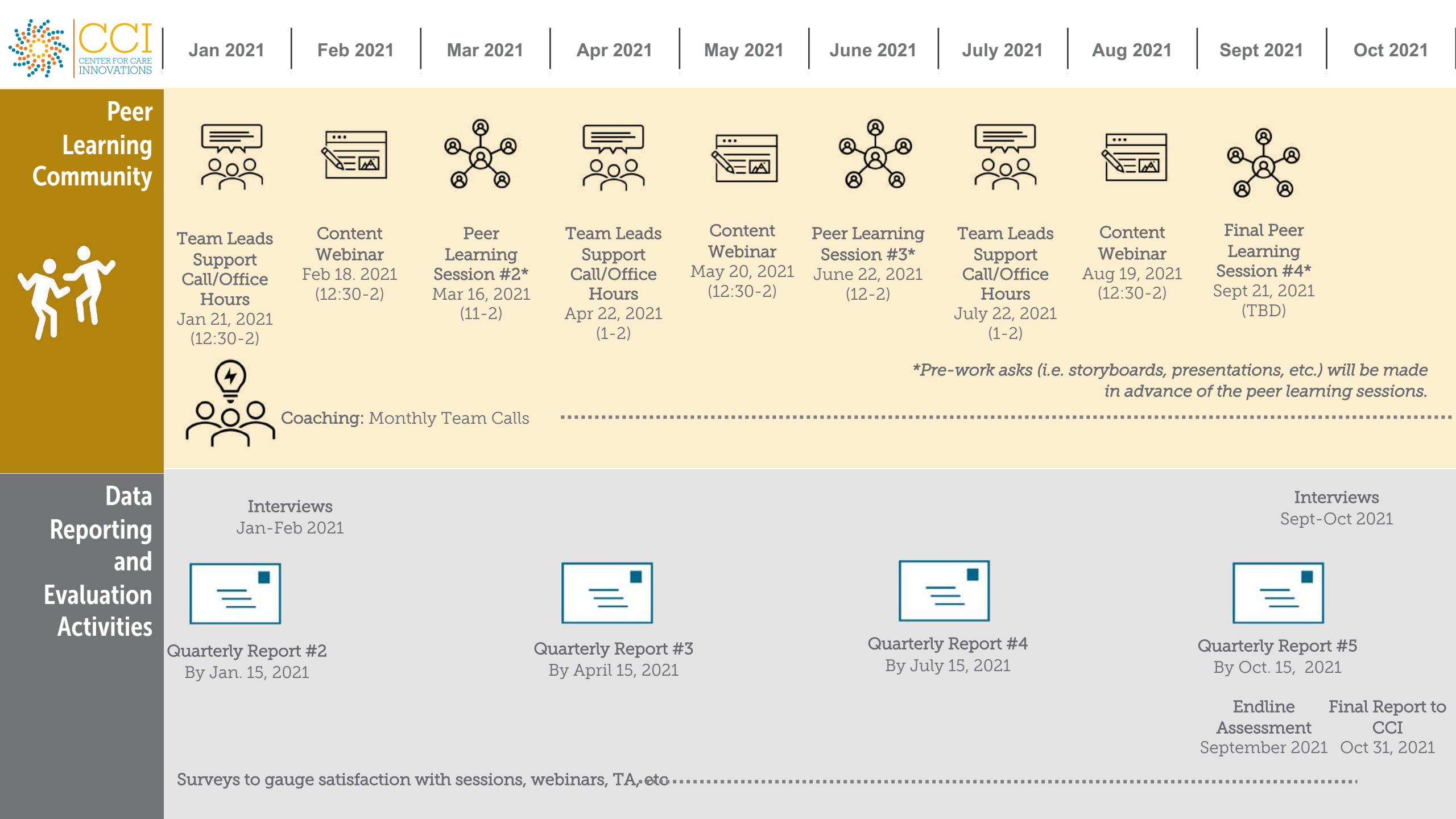
Using your
roadmap &
quarterly data
to guide your
work.

Build or
strengthen
internal and
external
resources to
support ACEs
response.



Use PDSA
cycles to test &
implement the
core changes.

Co-design
strategies with
patients and
community
partners.



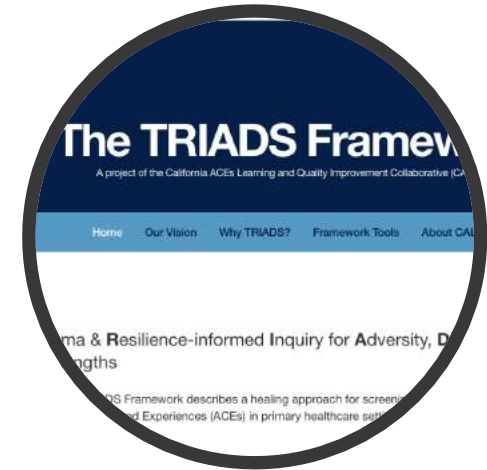
Additional Support Reminders



CALQIC Listserv
calqic@googlegroups.com



Karissa
Luckett
QI/Data/EHR
Consultant
Support



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

Karissa Luckett: ACEs Implementation Consultant

I have provided training, coaching and technical assistance on ACEs screening implementation, data capture in Electronic Health/Medical Records and analysis, Trauma-Informed Care (TIC) TIC Organizations, and population health program planning and research. I am a Nurse and a Social Worker and have over 25 years over clinical experience.

I'm an expert in:

- ACE screening implementation best practices training(s)
- Performance Improvement project development and evaluation
- Scaling models of healthcare/behavioral health change to fit an organization's mission and culture

I've worked for:

- The Joint Commission
- The Center for Youth Wellness
- Children's Population Health Division
- Slidell Parish Counseling and Adjudication Program

I have training in:

- Trauma-Informed Care
- Disease Management/Population Health
- LEAN/Healthcare Quality
- Just Culture



More about me:

www.lucketthealthcareconsulting.com

Find a time to meet with me here:

<https://calendly.com/karissaluckett/calqic-coaching-consult>

You can also reach me:

Cell 469-600-6939

karissaluckett@gmail.com



CALQIC UCSF Leadership



Anda Kuo
MD, UCSF Co-Director

“We are continually faced with a series of great opportunities brilliantly disguised as insoluble problems.” - John W Gardner

“While we might feel small, separate, and all alone, our people have never been more tightly tethered. The question’s not if we will weather this unknown, but how we will weather the unknown together.”- The Miracle of Morning, Amanda Gorman

Photo by Ana Elsner





Playing in the Sandbox Together


CALQIC Learning Collaborative Library

Browse CALQIC-Clinic created tools by topic below. To upload or update tools, email CALQIC Content Team Lead sarah.ismail@ucsf.edu


Implementation Guides / Trainings

TITLE	LAST MODIFIED
 ACES-LA's Screening Guidelines for LA County DHS 3:13 pm Renyea Colvin	
 CALQIC_NEVHC_ACEs-Provider-Training.pdf 3:55 pm Renyea Colvin	

Screening Documents

TITLE	LAST MODIFIED
 MCC Resiliency Screen_Combined.docx Feb 18 Renyea Colvin	

Patient Resources

TITLE	LAST MODIFIED
 ACEs-LA ACEs Pamphlet 112020 English.pdf	

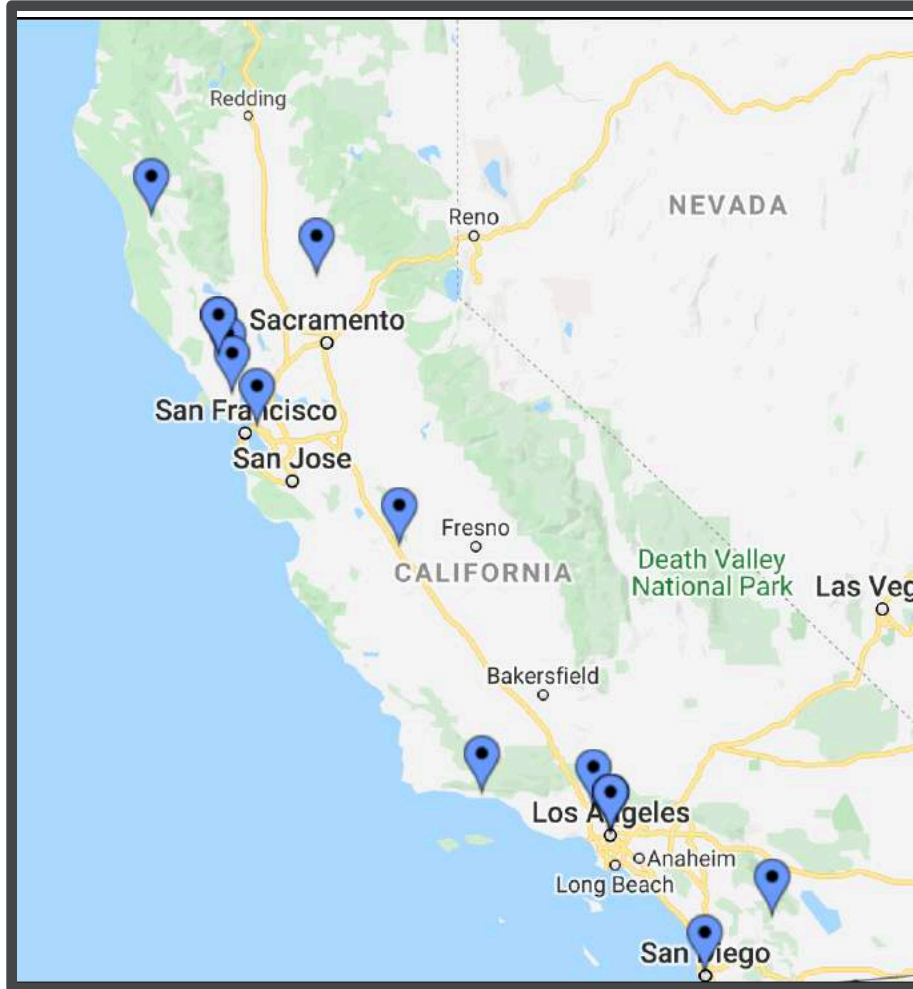
Health Care Team Resources

Access: TRIADS <https://cthc.ucsf.edu/triads/> [CALQIC Clinic-created Tools / Resources](#)
Questions: Sarah.Ismail@ucsf.edu

Cohort Speed Meeting



CALQIC Cohort



1. Borrego Community Health Foundation
2. Eisner Pediatric and Family Medical Center
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13. Santa Rosa Community Health
14. Sonoma County Indian Health Project
15. The Regents of the University of California San Francisco at Fresno

Speed Meeting Activity Question

Round #1:

In a post-COVID world, in your personal life, what is one change you'd like to *adopt* and one change you'd like to *abandon*?



Speed Meeting Activity Question

Round #2:

In a post-COVID world, in your organization, what is one change you'd like to see *adopted* and one change you'd like to see *abandoned*?



Evaluation Reflections



Reflections from the evaluation

The Center for Community Health and Evaluation (CCHE)



Maggie Jones,
Director



Lisa Schafer,
Senior Evaluation &
Learning Consultant



Monika Sanchez,
Evaluation & Learning
Associate



Creagh Miller,
Evaluation & Learning
Associate

A photograph of a dense forest. Tall, slender trees with moss-covered trunks stand in the background. The forest floor is covered in a thick layer of green moss and ferns. The lighting is soft, creating a serene atmosphere.

Gratitude & acknowledgement

- Thank you for your engagement in the evaluation activities to-date!
- All organizations are making progress, while managing significant challenges
- Teams are acknowledging the trauma and stress of the pandemic both at work and at home – and the impact that has on this work
- Teams are actively engaging in & learning from the learning collaborative

Evaluation strategy



**Clinical Data
Reporting**



**Clinic Capacity
Assessments**



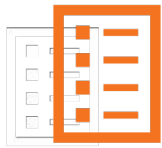
**Program Participant
Interviews**



**Coaching logs &
Interviews**



**Learning
Collaborative
Activities**

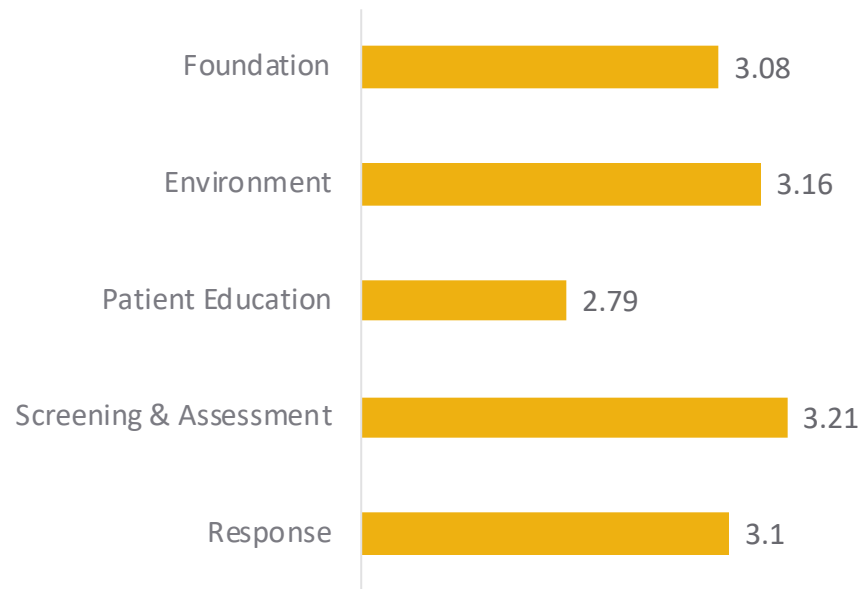


Clinic capacity assessment (baseline)

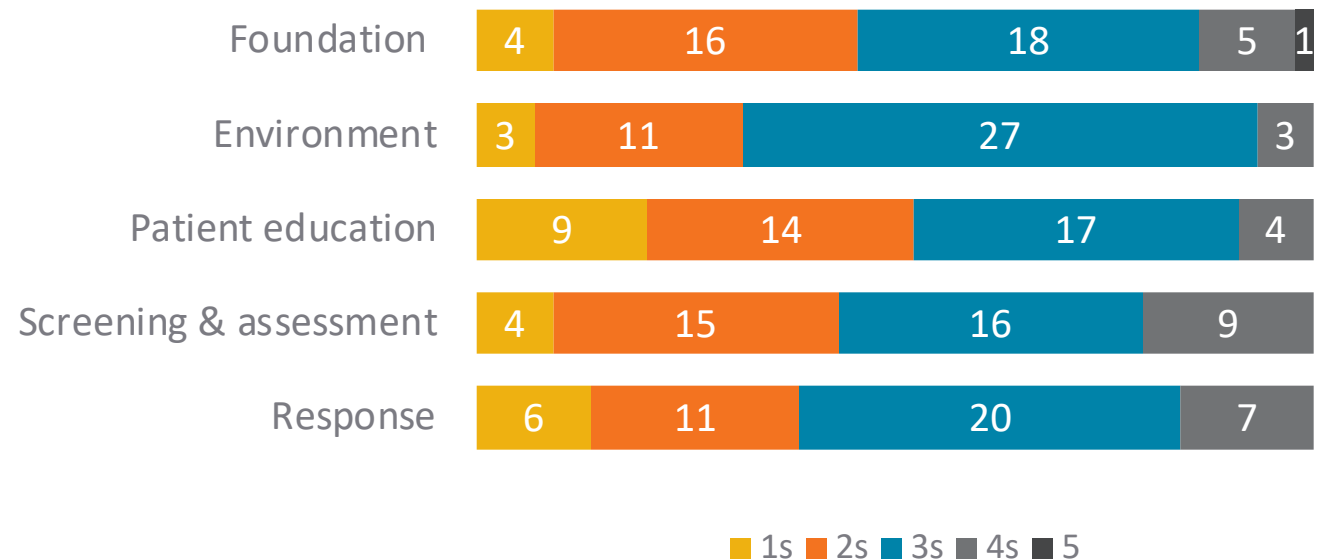


The **CALQIC cohort** includes clinics both early on and further in their journeys towards ACEs screening and response. Most items have some clinic team ratings of 5 (item “in place or usually happens”) as well as clinic team ratings of 1 (item “not in place or doesn’t happen”). Item averages generally fall in the 2s or 3s (“sometimes/somewhat” or slightly below) indicating that many are generally earlier or mid-way in the process. **Organizations tended to have some variation across their clinic sites.**

Cohort’s average score for each of the 5 domains (averaging around 3 on a 5-point scale, n=44)



Distribution of # of clinics’ average score for each domain (n=44 clinics)





Clinic data reporting: ability to report data



All 15 CALQIC organizations and 48/49 clinics submitted Q4 clinical data for at least one measure

Measure 1 (providers)	Measure 2 + 3 (screening*)	Measure 4 (response)
<i>% of Medi-Cal PCPs trained and able to bill for ACEs screening</i>	<i>% of patients screened for ACEs % of patients at high risk for ACE associated health conditions</i>	<i>% of patients with a positive screen receiving response</i>
<ul style="list-style-type: none">• 48 clinics submitted data• 1 clinic unable to report	<ul style="list-style-type: none">• 18 clinics screening and submitted screening data• 4 clinics screening and did not submit screening data• 27 clinics not yet screening• Increase of 2 clinics screening since Q3 2020	<ul style="list-style-type: none">• 6 orgs/12 clinics submitted response data in Q4• Increase from 4 orgs/9 clinics in Q3 2020

*pediatrics or adults

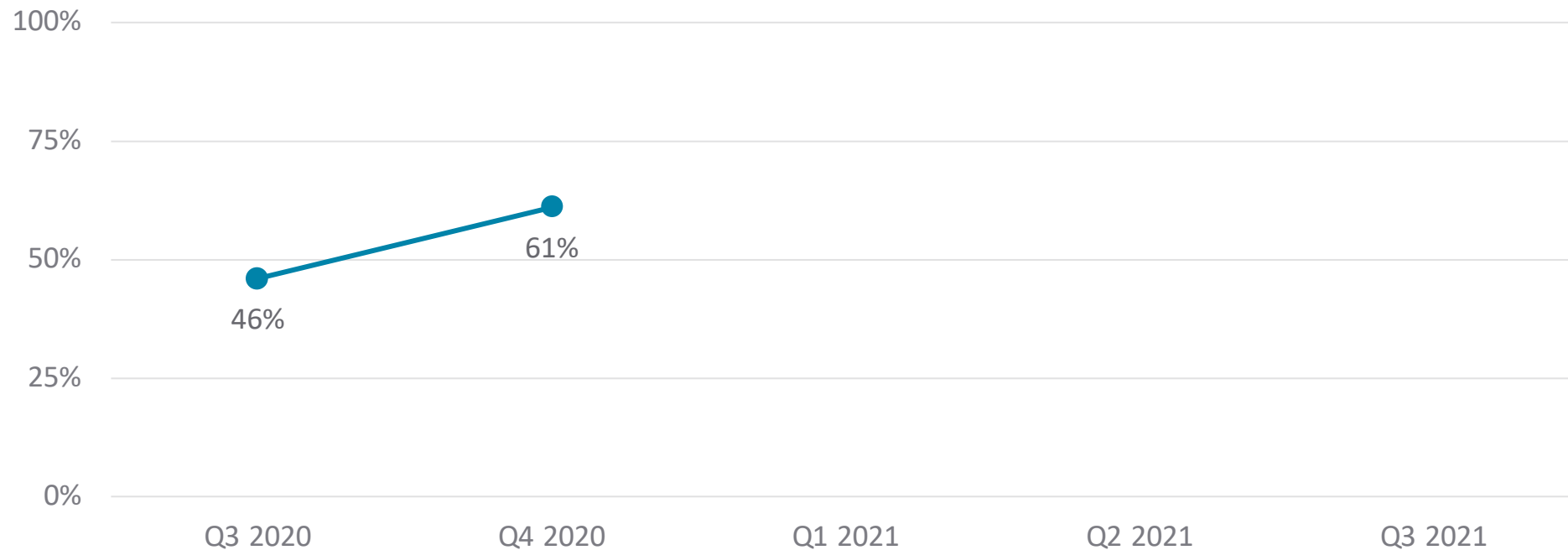


Clinic data reporting: % Medi-Cal PCPs trained (measure 1)



of Medi-Cal PCPs trained divided by # of Medi-Cal PCPs

Key takeaway: On average, CALQIC organizations increased the proportion of PCPs at trained and eligible to bill for ACEs screening: from **46%** in Q3 to **61%** in Q4, with 48/49 clinic sites reporting in Q4.



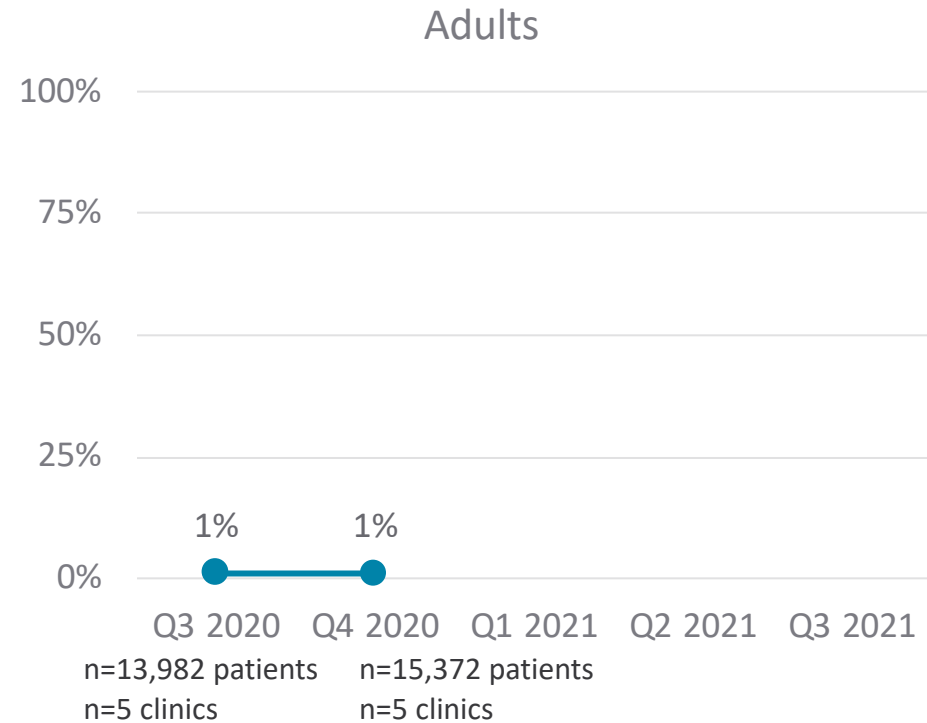
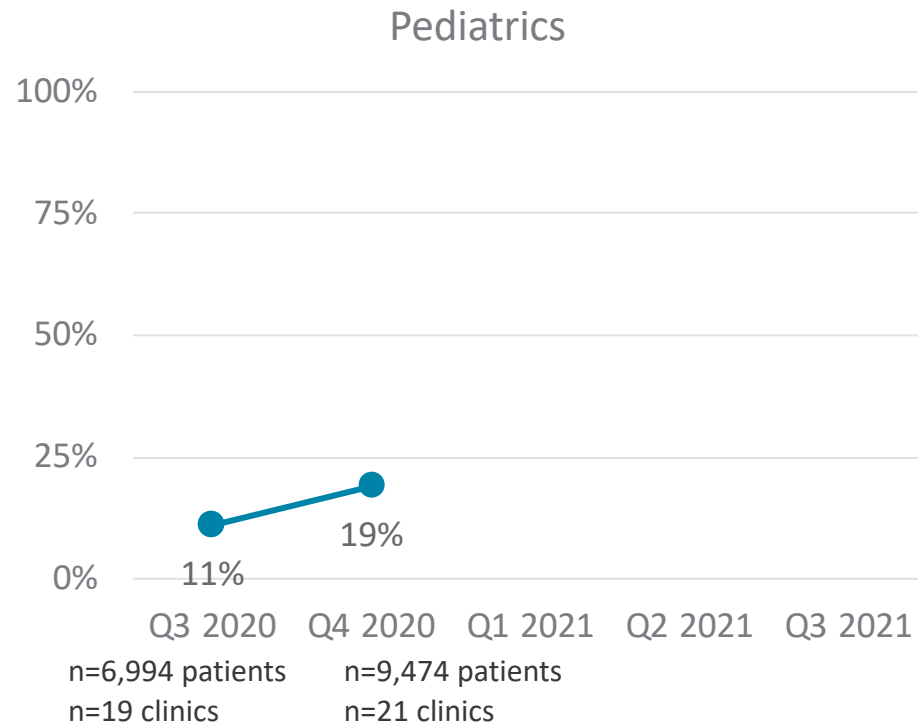


Clinic data reporting: % patients screened (measure 2)



*# of patients screened divided by # of eligible patients**

Key takeaway: On average, CALQIC organizations increased the proportion of pediatric patients screened for ACEs: from **11%** in Q3 to **19%** in Q4. The screening rate for adults held steady at **1%**.





Organizational interviews: early insights

Teams overall report commitment & progress advancing ACEs screening & response, as well as satisfaction with participation in CALQIC.

Progress

- Significant work underway to establish the basis for ACEs screening & response including:
 - Advancing a trauma-informed organizational culture
 - Building buy-in & engagement across clinic roles
 - Developing, refining scripts & workflows
 - Training & supporting providers & staff
 - Building out EHR templates and data infrastructure
 - Strengthening referral networks
- Several screening pilots launched during Q1
- Success applying CALQIC coaching resources & support into their practice

Challenges

- Primarily co-occurring environmental challenges and competing priorities including:
 - COVID-19 pandemic—general trauma & stress, provider/staff burnout and illness, constant changes in practice, vaccination efforts
 - Lack of time for team meetings and training
 - Staffing transitions—e.g., turnover, role changes
- Adding “one more thing” to care teams’ responsibilities is challenging right now; although people generally understand & believe in the “why”
- Introducing & discussing screening with patients in a way that increases trust & normalizes ACEs

Cohort Storyboard Breakouts





Find your team name and add the number to the front of your name

1 Borrego Community Health Foundation

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15 The Regents of the University of San Francisco - Fresno

n/a If you're a guest, no need to rename yourself.

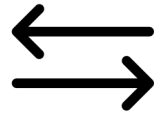
If you called in, please be sure to link your video with your phone.

Activity Goals & Tips

The intention of the storyboard sessions is **share** about your teams work as well as lessons learned and **hear** about what other teams have been working on.



Your team will be placed into a breakout room with **two other teams**, as well as a facilitator and a notetaker.



Your teams' slides have been uploaded to a google doc and your facilitator will share their screen and your slides. Your team will have about **10 minutes to share**.



You'll have the opportunity to **ask questions** after each presentation.



Turn your webcam on so you can associate names to faces and connect with others in the cohort.

Cohort Breakouts

Breakout Group #A

Facilitated by: Megan
Notetaker: Genesis

- LA County Department of Health Services
- Santa Barbara Neighborhood Clinics
- Marin Community Clinics

Breakout Group #B

Facilitated by: Chris
Notetaker: Nikki

- Borrego Community Health Foundation
- Long Valley Health Center
- Family Health Centers of San Diego

Breakout Group #C

Facilitated by: Jackie
Notetaker: Sarah

- Harmony Health Medical Clinic & Family Resource Center
- Sonoma County Indian Health Project
- LA Christian

Breakout Group #D

Facilitated by: Leena
Notetaker: Anda

- Santa Rosa Community Health
- La Clinica del la Raza
- Northeast Valley Health Corporation

Breakout Group #E

Facilitated by: Elizabeth
Notetaker: Tammy

- Petaluma Health Center
- UCSF Fresno
- Eisner Pediatric and Family Medical Center

Break



Conversation Cafe



Conversation Café



Objectives for this session

Your task for the next **30 minutes** will be to connect with your peers, share lessons and lay the groundwork for new strategies to emerge around the challenge you select as a group:

1. Adequately training staff
 - *Given shortages, turnover, training via Zoom, competing priorities*
2. The multiple distractions/interruptions of COVID on ACEs screening implementation
 - *Including new challenges & opportunities created by telehealth, vaccine rollout, staff burnout, managing constant change, etc*
3. Introducing and discussing screening with patients in a way that increases trust & normalizes ACEs



Conversation Cafe

Instructions



Say Hi & Select the topic of your choice

1. Adequately training staff (given shortages, turnover, training via Zoom, competing priorities)
2. The multiple distractions/interruptions of COVID on ACEs screening implementation (including new challenges & opportunities created by telehealth, vaccine rollout, staff burnout, managing constant change, etc)
3. Introducing and discussing screening with patients in a way that increases trust & normalizes ACEs

[5 minutes]



Round 1: One-by-one each person shares their perspective on the topic for 1 minute

[5-7 minutes]



Round 2: Elaborate on what was said in the first round or pose questions. Continue one-by-one for about 1 minute each.

[5-7 minutes]



Round 3: Open Discussion

[15 minutes]

Debrief: Conversation Café

- 1 Take the next minute to gather your thoughts & reflect on your key takeaways
- 2 In the chat box, tell us:
 - What topic you discussed
 - Share 2-3 takeaways
- 3 Take the next minute to read your peers comments in the chat



Feedback & Closing





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

Important Dates & Timelines

**Quarterly
Data Due**

April 15

**Team Leads
Office
Hours**

April 22

**Content
Webinar**

May 20

**Peer
Sharing
Session**

June 22

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!

For questions contact:



Megan O'Brien

(she/her/hers)

Director

mobrien@careinnovations.org



Nikki Navarrete

(she/her/hers)

Senior Program Coordinator

nikki@careinnovations.org



Jackie Nuila

(she/her/hers)

Program Manager

jacqueline@careinnovations.org

