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 |

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

If you’re a guest, no need to rename yourself.
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

The pain happens. It's when pain is met with caring presence, something magical happens.

Pain is not like a cut in spider web. It tunnels through, and

We blend, and unfold like a bud in spring.
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

1. Solidify your project team.
2. Identify strengths and opportunities related to ACEs screening and response.
3. Understand the current state of ACEs screening and response.
4. Develop a roadmap to guide your work over the next 10 months.
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.
**Peer Learning Community**

**Coaching:** Monthly Team Calls

**Team Leads Support Call/Office Hours**
- Jan 21, 2021 (12:30-2)

**Content Webinar**
- Feb 18, 2021 (12:30-2)

**Peer Learning Session #2**
- Mar 16, 2021 (11-2)

**Team Leads Support Call/Office Hours**
- Apr 22, 2021 (12:30-2)

**Content Webinar**
- May 20, 2021 (12:30-2)

**Peer Learning Session #3**
- June 22, 2021 (12-2)

**Team Leads Support Call/Office Hours**
- July 22, 2021 (1-2)

**Content Webinar**
- Aug 19, 2021 (12:30-2)

**Final Peer Learning Session #4**
- Sept 21, 2021 (TBD)

*Pre-work asks (i.e. storyboards, presentations, etc.) will be made in advance of the peer learning sessions.*

**Data Reporting and Evaluation Activities**

**Interviews**
- Jan-Feb 2021
- Sept-Oct 2021

**Quarterly Report #2**
- By Jan. 15, 2021

**Quarterly Report #3**
- By April 15, 2021

**Quarterly Report #4**
- By July 15, 2021

**Quarterly Report #5**
- By Oct. 15, 2021

**Endline Assessment**
- September 2021

**Final Report to CCI**
- Oct 31, 2021

**Surveys to gauge satisfaction with sessions, webinars, TA, etc.**
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.

<table>
<thead>
<tr>
<th>I’m an expert in:</th>
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<tbody>
<tr>
<td>• ACE screening implementation best practices training(s)</td>
</tr>
<tr>
<td>• Performance Improvement project development and evaluation</td>
</tr>
<tr>
<td>• Scaling models of healthcare/behavioral health change to fit an organization's mission and culture</td>
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<table>
<thead>
<tr>
<th>I’ve worked for:</th>
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<tbody>
<tr>
<td>• The Joint Commission</td>
</tr>
<tr>
<td>• The Center for Youth Wellness</td>
</tr>
<tr>
<td>• Children’s Population Health Division</td>
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<tr>
<td>• Slidell Parish Counseling and Adjudication Program</td>
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<table>
<thead>
<tr>
<th>I have training in:</th>
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<tbody>
<tr>
<td>• Trauma-Informed Care</td>
</tr>
<tr>
<td>• Disease Management/Population Health</td>
</tr>
<tr>
<td>• LEAN/Healthcare Quality</td>
</tr>
<tr>
<td>• Just Culture</td>
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More about me: [www.lucketthealthcareconsulting.com](http://www.lucketthealthcareconsulting.com)

Find a time to meet with me here: [https://calendly.com/karissaluckett/calgic-coaching-consult](https://calendly.com/karissaluckett/calgic-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

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
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 California San Francisco at Fresno
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?
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
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
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)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Average Score</th>
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<tbody>
<tr>
<td>Foundation</td>
<td>3.08</td>
</tr>
<tr>
<td>Environment</td>
<td>3.16</td>
</tr>
<tr>
<td>Patient Education</td>
<td>2.79</td>
</tr>
<tr>
<td>Screening &amp; Assessment</td>
<td>3.21</td>
</tr>
<tr>
<td>Response</td>
<td>3.1</td>
</tr>
</tbody>
</table>

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

- Foundation: 4 16 18 5 1
- Environment: 3 11 27 3
- Patient Education: 9 14 17 4
- Screening & Assessment: 4 15 16 9
- Response: 6 11 20 7
Clinic data reporting: ability to report data

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

<table>
<thead>
<tr>
<th>Measure 1 (providers)</th>
<th>Measure 2 + 3 (screening*)</th>
<th>Measure 4 (response)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Medi-Cal PCPs trained and able to bill for ACEs screening</td>
<td>% of patients screened for ACEs</td>
<td>% of patients with a positive screen receiving response</td>
</tr>
<tr>
<td>% of patients at high risk for ACE associated health conditions</td>
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</tr>
</tbody>
</table>

• 48 clinics submitted data
• 1 clinic unable to report

• 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

• 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%**.

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![Pediatrics graph](chart)

- **Q3 2020:** 11%
- **Q4 2020:** 19%
- **Q1 2021:**
- **Q2 2021:**
- **Q3 2021:**

**Pediatrics data:**
- **n=6,994 patients**
- **n=19 clinics**

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![Adults graph](chart)

- **Q3 2020:** 1%
- **Q4 2020:** 1%
- **Q1 2021:**
- **Q2 2021:**
- **Q3 2021:**

**Adults data:**
- **n=13,982 patients**
- **n=5 clinics**
Organizational interviews: early insights

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

<table>
<thead>
<tr>
<th>Progress</th>
<th>Challenges</th>
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<tr>
<td>• Significant work underway to establish the basis for ACEs screening &amp; response including:</td>
<td>• Primarily co-occurring environmental challenges and competing priorities including:</td>
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<tr>
<td>• Advancing a trauma-informed organizational culture</td>
<td>• COVID-19 pandemic—general trauma &amp; stress, provider/staff burnout and illness, constant changes in practice, vaccination efforts</td>
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<tr>
<td>• Building buy-in &amp; engagement across clinic roles</td>
<td>• Lack of time for team meetings and training</td>
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<td>• Developing, refining scripts &amp; workflows</td>
<td>• Staffing transitions—e.g., turnover, role changes</td>
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<td>• Training &amp; supporting providers &amp; staff</td>
<td>• Adding “one more thing” to care teams’ responsibilities is challenging right now; although people generally understand &amp; believe in the “why”</td>
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<tr>
<td>• Building out EHR templates and data infrastructure</td>
<td>• Introducing &amp; discussing screening with patients in a way that increases trust &amp; normalizes ACEs</td>
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<td>• Strengthening referral networks</td>
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<td>• Several screening pilots launched during Q1</td>
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<tr>
<td>• Success applying CALQIC coaching resources &amp; support into their practice</td>
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Cohort Storyboard
Breakouts
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<tr>
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If you're a guest, no need to rename yourself.
Activity Goals & Tips

The intention of the storyboard sessions is to 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
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

*Activity sourced from Liberating Structures*
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