Welcome!

California ACEs Learning and Quality Improvement Collaborative (CALQIC)
Virtual Learning Session
May 20, 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.
Agenda

- Grounding Exercise
- Program Reminders
- Building a Network of Care
- Panel Conversation
- Breakout Group Reflections
- Debrief, Closing & Next Steps
Today’s Session
Phase 1: Building a Foundation

July-December 2020

- Solidify your project team.
- Identify strengths and opportunities related to ACEs screening and response.
- Understand the current state of ACEs screening and response.
- Develop a roadmap to guide your work over the next 10 months.
Phase 1: Building a Foundation

Baseline assessment

Data Report Dashboard

Baseline Workflow
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.
Phase 2: Testing & Implementing ACEs Screening & Response
January-July 2021
Today’s Session Goals

1. You will have the opportunity to learn about what being part of a network of care looks like and opportunities to build internal and external support for patients and families during and after ACEs screening.

2. You will hear from CALQIC team members about their experiences screening and linking patients and families to resources and services.

3. You will have the opportunity to reflect on what’s working and what’s needed in your organizations when it comes to serving patients and families.
Faculty

Dr. Alicia Lieberman
Irving B. Harris Endowed Chair in Infant Mental Health; Professor and Vice Chair for Academic Affairs at the UCSF, Department of Psychiatry; Director of the Child Trauma Research Program.

Dr. Dayna Long;
Pediatrician and Director, Center for Child and Community Health, UCSF Benioff Children’s Hospital Oakland; Co-Investigator, PEARLS Study, Bay Area Research Consortium.
## Panel Conversation

<table>
<thead>
<tr>
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What we know about response is limited, but growing

- 71% of clinics reporting screening numbers are also able to report on response
- As more clinics begin screening, more are reporting on response
  - 100% of adult patients warranting follow up received a response
  - 84% of pediatric patients warranting follow up received a response
- Most patients received an in-visit conversation about ACEs

<table>
<thead>
<tr>
<th>Types of follow up and response provided to patients with a positive screen</th>
<th>Pediatrics (n=329)</th>
<th>Adults (n=141)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-visit conversation about ACEs, trauma, toxic stress, strengths, &amp; resilience</td>
<td>80%</td>
<td>95%</td>
</tr>
<tr>
<td>Literature or other “take away” resources</td>
<td>33%</td>
<td>54%</td>
</tr>
<tr>
<td>Already receiving services, no new services offered</td>
<td>4%</td>
<td>13%</td>
</tr>
<tr>
<td>Offered internal referral, declined</td>
<td>8%</td>
<td>1%</td>
</tr>
<tr>
<td>Offered internal referral, NOT declined</td>
<td>37%</td>
<td>31%</td>
</tr>
<tr>
<td>Offered external referral, declined</td>
<td>6%</td>
<td>0%</td>
</tr>
<tr>
<td>Offered external referral, NOT declined</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>No response offered/documented</td>
<td>16%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: Q1 2021 clinical data reporting
What we know about response is limited, but growing

Most common types of referrals mentioned in workflows

<table>
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<th>Pediatrics (n=28 clinics)</th>
<th>Adults (n= 12 clinics)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Internal</strong> – Internal Behavioral Health (14), Resource/ACES coordinator (4); 4 indicated TBD</td>
<td><strong>Internal</strong> – Internal Behavioral Health (9), TBD (3), Psychiatrist (1)</td>
</tr>
<tr>
<td><strong>External</strong> – Housing (9), Food (9), Health insurance (4); 7 indicated TBD</td>
<td><strong>External</strong> – TBD (7)</td>
</tr>
<tr>
<td><strong>Unspecified</strong> – Parenting classes/intervention (5), MH referral (3), Reach out and Read (3)</td>
<td></td>
</tr>
</tbody>
</table>

Providers are most often identified as the person coordinating referrals

- 19/28 clinics with Pediatrics workflows and 7/12 clinics with Adult workflows (65% clinics screening) named providers
- When not the provider – wellness navigator, resource coordinator or similar was reported

Source: Q1 2021 screening workflows; Organizational interviews, February 2021
ACEs Aware Networks of Care

• In January 2021, ACEs Aware announced $30.8 million in grant funding had been awarded to 35 organizations across California to build and strengthen robust “networks of care” to respond to ACEs and toxic stress with community-based health and social supports.

• Many of our CALQIC teams are a part of the $3 million implementation grants:
  • Santa Barbara
  • La Clinica
  • LA County
  • UCSF Fresno
  • Santa Rosa

• Several others are partners in the $300K planning grants:
  • La Clinica
  • SCIHP
  • NEVHC
Building a Network of Care
Dr. Alicia Lieberman
Primary Care Based Response to ACES Screening Using Relational Health Framework and Care Coordination.

Dr. Dayna Long
Co-Director, Center for Child and Community Health (CCCH)
UCSF Benioff Children’s Hospital Oakland
“My responsibilities as an individual amount to a series of micro revolutionary acts of love.”

- Jacques Ibula, Social Entrepreneur
Learning Objectives

1. Discuss what is the response to ACES screening that are viable in Primary Care?
2. Explore what are the layers of the response?
What is Our Role

- Learn the science & assess for toxic stress physiology & symptomology
- Provide trauma-informed care
- Help families understand the role of toxic stress in their health condition and educate on stress busters
- Help families identify their strengths & coping strategies
- Address health concerns & manage chronic conditions
Resilience is Based in Biology

The ability to withstand or recover from stressors, and results from a combination of intrinsic factors and extrinsic factors (like safe, stable, and nurturing relationships with family members and others) as well as pre-disposing biological susceptibility.

Of note, with scientific advances in the understanding of the impact of stress on neuro-endocrine-immune and genetic regulatory health, we must advance our understanding of resilience as also having neuro-endocrine-immune and genetic regulatory domains.

Buffering: Safe, Stable and Nurturing

Safety, stability, and nurturing are three critical qualities of relationships and environments that make a difference for children as they grow and develop. They can be defined as follows:

- **Safety**: The extent to which a child is free from fear and secure from physical or psychological harm within their social and physical environment.

- **Stability**: The degree of predictability and consistency in a child’s social, emotional, and physical environment.

- **Nurturing**: The extent to which children’s physical, emotional, and developmental needs are sensitively and consistently met.

Source: Essentials for Childhood Creating Safe, Stable, Nurturing Relationships and Environments for All Children, National Center for Injury Prevention and Control, Division of Violence Prevention, CDC March 2019
Why We Respond?

“Talking about trauma opens the door to healing. People want to be seen, known and understood. Sometimes we take the longer short road.”

-Dr. Alicia Lieberman,
Director, Child Trauma Research Program
Professor of Psychiatry, UCSF Weill Institute for Neurosciences
Early relational health, although a new term, does not designate a new field nor a series of new discoveries. In fact, early relational health builds upon decades of research from the fields of child development, infant mental health and neurodevelopment that has established the centrality of relationships between caregivers and very young children for future health, development and social-emotional wellbeing.”

Frameworks Institute, 2020

“Early relationships matter. How we talk about it matters as well.”

“Early relationships shape the health and wellbeing of both the child and the caregiver.”
Response Overview

Clinical response to identification of ACEs and increased risk of toxic stress should include:

1. Applying principles of trauma-informed care, including establishing trust, safety, and collaborative decision-making

2. Supplementing usual care for ACE-Associated Health Conditions by providing patient education on toxic stress and offering strategies to regulate the stress response (these 7 evidence-based interventions will be covered later)

3. Validating of existing strengths and protective factors

4. Referrals to patient resources or interventions, such as educational materials, social work, school agencies, care coordination or patient navigation, and community health workers

5. Follow up as necessary, using the presenting ACE-Associated Health Condition(s) as indicators of treatment progress

For information on the clinical response to ACEs and toxic stress, visit ACESAware.org/assessment and treatment
Layers of Response

1. Anticipatory Guidance
2. Care Coordination
3. Clinical Staff Support
Focus: Buffers and Protective Factors

Caregiver Support

Social connections

Knowledge of parenting and child development

Addressing Unmet Basic Needs

Social and emotional resilience of children

Education

NOTE
- Note caregiver-child relationship and strengths
- Offer Science
- Tools
- Empowerment
Evidence Based Strategies for Toxic Stress Regulation

Source: ACEs Aware
Response:
What is a Trauma Informed Network of Care?

“A group of interdisciplinary health, education, and human service professionals and community members and organizations that support adults, children, and families by providing access to evidence based “buffering” resources and supports that help to prevent, treat, and heal the harmful consequences of toxic stress.”

Who is in your Network?

- Primary Care Providers
- Behavioral Health Providers
- Schools
- Early Intervention Services
- Community Based Interventions
- Social Services
- Local and County Government
- Tribal Organizations
- Faith Based Organizations
- Legal/Justice System
- Parks and Recreation
Community Health Workers and Unmet Basic Needs

- Food insecurity
- Housing Instability
- Activities
- Utilities
- Legal Concerns
- Child Care
- Internet/devices
Staff Tools

- Centering
- Connecting
- Collaborating

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“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”
-- Naomi Rachel Remen
“Being able to cry at work is an act of revolution”
-Leanna Lewis MSW Administrative Program Director UCSF Program in Medical Education for the Urban Underserved UC Berkeley Joint Medical Program.
Reflection:

1. How does relational health support your response to ACES?
2. How do you support your Network of Care?
3. How are you supporting your implementation team and staff?
Thank You

Dayna Long, MD, FAAP
Primary Care Attending
Co-Director, Center for Child and Community Health,
UCSF Benioff Children’s Hospitals
Clinical Consultant, ACEs Aware Initiative
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# Panel Conversation

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**Institutions**
- Petaluma Health Center
- NEVHC
- Santa Barbara Neighborhood Clinics
- Santa Rosa Community Health
Breakout Group Reflections
Break Out Reflection

1. What from the session resonated with you or did you have questions about?

2. How is your organization thinking about ACEs response? What’s working well?

3. What challenges have you encountered?
Feedback & Closing
Break Out Reflection

• [1 minute] Take the next minute to gather your thoughts & reflect on key takeaways

• [2 minute] In the Jamboard, share your 2-3 takeaways

• [1 minute] Take the next minute to read your peers comments in the Jamboard
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
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!

For questions contact:

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