



All of us for all of you...

Our Mission

Santa Rosa Community Health serves our diverse community by providing excellent, culturally responsive, comprehensive primary care that is accessible to all people. We care for the whole person with compassion and respect. We cultivate a safe, supportive learning environment where employees can do their best work in a way that embraces diversity. We advocate for health care as a human right because it is fundamental to social justice.





More about us

- We serve over 42,000 adults and children each year via our eight health centers located in greater Santa Rosa, California
- Many of our patients struggle with numerous socio-economic and cultural barriers to health care, including transportation, language, addiction, and homelessness
- We began formally adopting trauma informed care and ACEs screening into our work in 2015 and consider ourselves ongoing learners





Our CALQIC Team



Dr. Deidre Bernard Pearl, MDPearl Pediatrics Medical

Director



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Michael Mabanglo, PhD, LCSW

Director of Integrated
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Dr. Carla Longchamp, MDDutton Medical Director



Dr. Christine Martin, MDPediatrician



Dr. Brandon Cortez, MDFamily Medicine





Our CALQIC Team



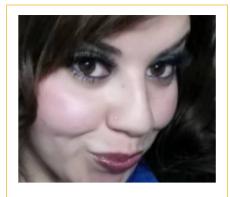
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Current State: ACEs Screening & Response Our Strengths

- We have successfully standardized ACE screening as a regular part of the culture at our Roseland Pediatrics and Elsie Allen Campuses.
- The framework and practice of ACE screenings has also expanded across our agency as we train staff and implement screening at our other campuses.
- Awareness, expertise, and interest in the impact of trauma on health and trauma-informed care practices are noticeably expanding across Sonoma County and we have developed a rich network of partnerships with other local organizations.
- Dr. Bernard-Pearl has championed the implementation of ACEs at our pediatrics campus and her expertise will be greatly utilized as we expand screening to other sites.
- We are a data driven organization which has proven useful in disseminating the results of our efforts.



Current State: ACEs Screening & Response Our Challenges

- Multiple local wildfires occurring over the past three years have created financial and operational strains on our organization. The result is less staff to do the previsit planning that supports the ACEs screening process. The COVID-19 pandemic has also contributed to stretching staff resources.
- We have been screening for ACEs using a modified version of the CDC 10question tool and intend as part of this project to transition to the PEARLS tool at all sites. This will require additional staff time and focus.
- As part of this initiative, we will seek to incorporate the PEARLS tool into our EHR system, eClinicalWorks. We anticipate possible barriers given the backlog at eClinicalWorks to create customized forms.
- Area of greatest uncertainty: We want to understand how screenings, TIC, referrals, and that trusted provider/patient interaction can be delivered through telehealth. Everyone is anticipating moving in and out of the current shelter-in-place, pandemic response for the next 6-12 months so the role of telehealth must be taken seriously. And, of course, all the current conditions themselves can be traumatizing, so the work is critical.



Our Team Has Been Wondering . . .

• We would like to learn from the other teams:

How they are implementing screenings, TIC, referrals, and maintaining/developing a positive and trusting provider/patient interaction through telehealth.



Advice & Guidance For Other Teams

Our team can share two key lessons learned along the way. They are:

- 1. This is deep work that can trigger personal experiences. ALL staff need to be informed, trained, and supported to deliver Trauma Informed Care (TIC) and conduct ACEs screenings.
- 2. By extension, it takes more than one training. It takes ongoing professional development. The ideal trauma-informed organization really looks inward and internalizes TIC as a way of organizing all operating systems for patients and for staff.



