



LA County Department of Health Services



- LA County Safety Net Clinics
- 7 clinics at 5 unique locations
- EHR system: Cerner (ORCHID)
- Diverse population, geography, climates, disease prevalence



Our Team



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ACEs-LA
Co-Director



Amy Shekarchi, MD
ACEs-LA
Co-Director



Nina Thompson
ACEs-LA Data and
Project Manager



Jamie Ruiz
Community Health &
Wellness Coordinator
North LA County



Tanya Marin-Lopez
Community Health &
Wellness Coordinator
South LA County

CALQIC-LA Clinic Leadership Team



- East San Gabriel Valley HUB
 - Nancy Yap, NP
 - Jorge Fuentes, MD
- Harbor-UCLA Peds
 - Laura Figueroa-Philips, MD
 - Eric Fein, MD, MPH
 - Maggie Kozman, MD
- High Desert Regional Health Center Peds
 - Indu Kannan, MD
 - Lisa Gantz, MD
- High Desert Regional Health Center HUB
 - Joseph Rojas, MD, MPH
- Hubert Humphrey Comprehensive Health Center
 - Raymond Perry, MD
 - Darcy Benedict, MD
 - David Richards, MD
- Olive View-UCLA Peds
 - Amy Shekarchi, MD, MPH
- Olive View-UCLA HUB
 - Margherita Toscano, NP
 - Joseph Rojas, MD, MPH

How we pivoted in 2020

- Provided site-specific flexibility in screening workflows
- Continually trying different ways to conduct screening, i.e. asking resilience questions before PEARLS questions
- Adapted to challenges of COVID by:
 - Trauma-informed care and ACEs screening training moved from on-site to webinars
 - Implementing telehealth screening where face-to-face screening was not possible
 - QI efforts moved from on-site to virtual
 - Coaching by wellness coordinators became virtual, with slow increase to face-to-face
 - Trying to focus on staff wellness
- Feedback from RAND staff interviews highlighted challenges in training program; we are now offering refreshers and Lunch and Learn Webinars to supplement initial training and increase focus on screening staff wellness activities
- Delays in automated EHR data pull required innovative “manual” ways to collect screening data (but finally resolved in 2021)

Fall 2020 Capacity Assessment: What We Learned

- **We learned/were surprised by:** variability in clinic workflows correlated with similar screening outcomes, responses to positive screens varied across sites founded in an inequity of resources at the different sites.
- **Team strengths:** problem solving, idea and information sharing
- **Areas for improvement:** Equalizing responses and resources

CALQIC AIMS and SUB-AIMS



- Increase availability of ACEs screening to pregnant women and adults by October 31, 2021.

(1 adult, 1 pediatric, 1 prenatal clinic)

Interventions to achieve the aim:

- Assign wellness coordinators to specific county clinics to coach initiation of and ongoing screening.
- Schedule routine meetings with clinics to check on progress.
- Coordinate and host learning sessions

- Improve screening uptake in primary care by increasing absolute screening by 20% from current level by October 31, 2021.

Interventions to achieve the aim:

- Monthly check-ins by coaching to work through screening barriers and encourage continued screening
- Data manager to review successful charting and billing
- Participate in regular secondary trauma and case-based discussions
- PDSA cycles for missed opportunities in charting and billing

- Enhance the ability of existing LA County resources to participate in networks of care for patients after ACEs screening by October 31, 2021. (Qualitative metrics will be utilized for this aim.)

Interventions to achieve the aim:

- Asset mapping
- Assistance with building a clinic's response network and/or handouts
- Coordinate "lunch and learn" sessions to introduce CBOs to clinics

What are we testing?

- Changing the order of the questions in the paper screening tool to focus more on resilience
- Beginning to screen adult patients

What have we learned?

- The score is just a number
- Referrals are not always required - the strengths - focused discussion is more important

Impact, Results & Stories to Date

Q3 & Q4

of CALQIC-LA staff ACEs-Aware trained: **43**

of LACHS staff ACEs-Aware trained: **98**

Total eligible patients: **5831**

Total patients screened: **1928**

Total patients screened via telehealth: **107**

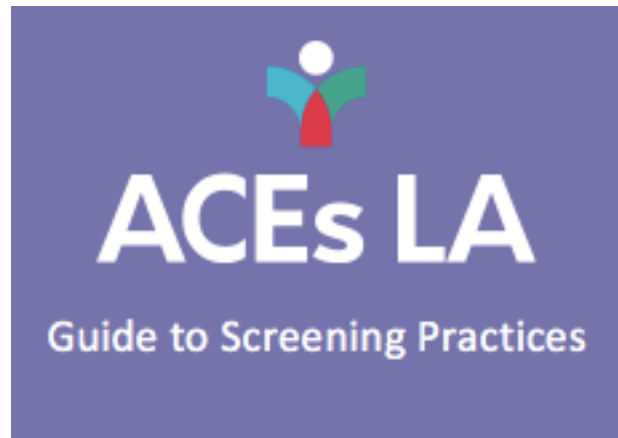
Story:

During a team meeting, the Olive View-UCLA staff (clerks, nurses, providers) were asked if given the choice, would they want to stop or continue ACEs screening. Unanimously, they said continue. The most commonly shared reason was, “It helps us better understand our patients and all they’ve been through.”

Key Tools and Resources

Screening Guidelines

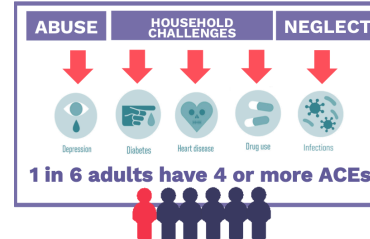
Patient Handouts in English and Spanish



You can lower your risk of toxic stress and negative outcomes from ACEs.

What are ACEs and effects of ACEs?

Adverse Childhood Experiences (ACEs) happen to people before their 18th birthday. They include exposure to abuse, neglect, and household challenges like mental illness, divorce, or substance abuse.



ACEs cause toxic stress for your body. These traumas increase the risk for smoking, alcoholism, suicide attempts, cancer, drug use, infections, diabetes, obesity, lung problems, broken bones, stroke, heart disease, depression, and other serious health conditions.

Adapted from the RWJF, CDC, ACE Connection, and the Office of the California Surgeon General

Talk to your health provider and try these steps:

- Mental Health Care**
 - Be open with your feelings
 - Care for yourself so you can care for others
- Balanced Nutrition**
 - Eat 5 servings of fruit and vegetables each day
 - Drink water
- Mindfulness Practices**
 - Take breaks and time to relax from work and school
- Physical Activity**
 - Exercise for 1 hour each day
- Quality Sleep**
 - Sleep 7-9 hours each night
 - Stop TV or phone use before bed
- Supportive Relationships**
 - Be there for friends & family
 - Give compliments & praise for others' efforts

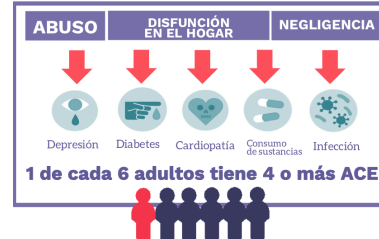
SCAN THE SQUARE WITH YOUR PHONE CAMERA



Puede reducir el riesgo de estrés tóxico y los efectos negativos de las ACE.

¿Qué son las ACE y cuáles son sus efectos?

Las Experiencias adversas de la niñez (ACEs por sus siglas en inglés) suceden a las personas antes de cumplir los 18 años. Estas incluyen el estar expuesto al abuso, negligencia, y las dificultades del hogar tal como afecciones mentales, divorcio, o abuso de sustancias.



Las ACEs ocasionan estrés tóxico en su cuerpo. Estos traumas aumentan el riesgo de fumar, el alcoholismo, intento de suicidio, cáncer, uso de drogas, infecciones, diabetes, obesidad, problemas pulmonares, fracturas de hueso, embolia, enfermedad cardíaca, depresión, y otros graves problemas de salud.

Adaptado de RWJF, CDC, ACE Connection y la Oficina del Cirujano General de California

Hable con su proveedor → proveedor de salud y pruebe estos pasos.

- Cuidado de la salud mental**
 - Sea abierto con sus sentimientos
 - Cuide para que pueda cuidar a los demás
- Alimentación equilibrada**
 - Coma 5 porciones de frutas y verduras al día.
 - Beba agua
- Prácticas de autoconciencia**
 - Tome descansos y tiempo para relajarse del trabajo y la escuela.
- Actividad física**
 - Haga ejercicio durante 1 hora cada día → Haga ejercicio por 1 hora cada día
- Sueño de calidad**
 - Duerma de 7 a 9 horas cada noche.
 - Deje de usar la televisión o el teléfono antes de acostarse
- Relaciones de apoyo**
 - Apoye a sus amigos y familiares
 - Elogie y felicite los esfuerzos de los demás.

ESCANEE EL CUADRADO CON LA CÁMARA DE SU TELÉFONO



Current Challenges and Barriers

- **We would like to learn from the other teams**
 - Creative ways to offer patients/families meaningful responses to screening
 - Who should be responsible for patient referrals & follow up? (social work vs. PMD vs. medical caseworkers)
 - Bring in experts or peers from other CALQIC clinics to be on our monthly Lunch and Learn webinars on Trauma-Informed care and ACEs screening and management.
 - Gather ideas from other clinics on overcoming staff burnout and secondary trauma
- **We need the following support**
 - Coalescing feedback and data to identify patterns that can inform testable changes in practice.

CALQIC Next Steps

- Continue to develop and enhance Trauma-Informed Care training across the LA County HS organization
- Onboard 3 additional clinics to perform ACEs screening and include in our clinic leadership team
- Continue to enhance and improve our Screening Guidelines
- Develop and disseminate a Screening Dashboard for all our participating clinics
- Work with the Network of Care Community Navigators to develop equitable and robust response framework for ACEs and toxic stress



Santa Barbara Neighborhood Clinics

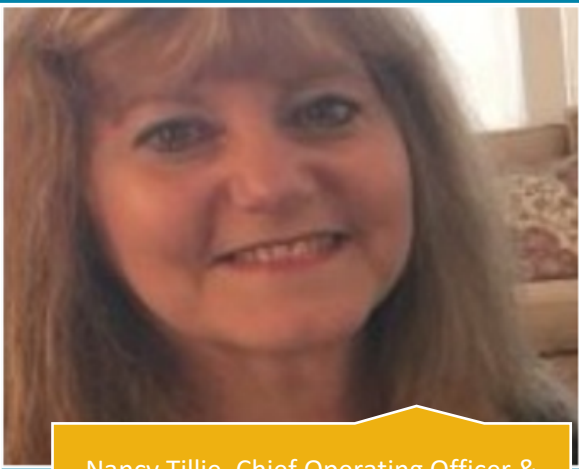
Quality Affordable Healthcare



Who We Are

- Locations in Santa Barbara, Goleta and Isla Vista
- Our current patient base consists primarily of low-income, medically underserved, uninsured, working individuals, families, the unemployed and those who are homeless
- 8 clinic sites for Primary Healthcare, Dental, Behavioral Health, including Substance Use Disorder Prevention/Treatment and Enabling Services
- EHR: NextGen
- Important things to know:
 - The mission of Santa Barbara Neighborhood Clinics is to provide high quality, comprehensive, affordable healthcare to all people, regardless of ability to pay, in an environment that fosters respect, compassion and dignity
 - Fully Integrated Behavioral Health is a priority
 - The Department of Psychology at UCSB is partnering us with students as interns to support our work





Nancy Tillie, Chief Operating Officer & Chief Financial Officer, Grant Manager & Project Lead



Dr. Andria Ruth, Pediatrician, Medical Director/Physician Champion/PeRC



Dr. Steven Busselen, Medical Doctor, MAT Waivered Lead Clinician Isla Vista Neighborhood Clinic



Dr. Susan Lawton, Medical Doctor, Lead Clinician Westside Neighborhood Clinic/Associate Medical Doctor



Vanessa Atyabi, Family Nurse Practitioner, Eastside Neighborhood Clinic Representative/Doctorate in Nursing



Deise Capristo, Licensed Clinic Social Worker, Behavioral Health/Therapeutic Intervention Representative



Ceylan Ozkan, Registered Nurse, Care Management/EHR IT Lead



Ama Atiedu, MS, MSOD, Cottage Center for Population Health, Program and Evaluation Manager/Pediatric Resiliency Collaborative Co-Chair



Our CALQIC Team

COVID-19 ACEs Screening and Response Work



- We are able to screen and make referrals through telehealth, (the Majority of Behavioral Health visits still being conducted virtually)
 - Many providers have found that patients are more open to questions, particularly because this year has been so hard
 - Talking about emotional health and how they are experiencing the effects of the pandemic is a good lead in to discussing ACEs
 - This year has emphasized the need to have a robust integrated behavioral health system in place, with continued concerns about access
- We had protocols in place for screening infants and toddlers and referring them to a strengths-based parenting intervention but recruitment of new patients was halted by the IRB. Study services continued virtually for patients.



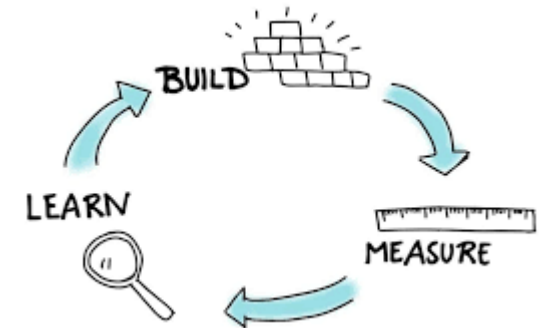
COVID-19 Adjustments



- Transitioned to **Telehealth** in four(4) days
 - seeing most patients virtually (exceptions for emergency and urgent needs, vaccine administration)
- Established **triaging protocols** for all visitors to clinics
- COVID Testing schedule established late in the day to permit patients requiring a visit with chronic disease or Well Child Care to come earlier in the day: reduction of potential exposures
- COVID testing positivity rate ranged up to 38 % at the height of the pandemic, indicating a higher risk for infection than the general population
- Our patient population has experienced additional racial injustices as a result of the pandemic
 - On example is that we have cared for immigrant workers who are exposed to COVID without protections and forced to continue working in spite of a COVID positive diagnosis
 - Lack protections around employment, housing and other supports
- This year, uncertainty is heightened, which impacts ourselves and our patient population
 - Still evolving and responding to these needs
 - Pivot has provided the necessary time for reflection

Fall 2020 Capacity Assessment: Lessons Learned

- In completing the assessment, we were surprised by:
 - Disparity in ratings; there were responses at both ends of the spectrum for various baseline characteristics demonstrating the need for *communication, education, solicitation for feedback, and inviting collaboration for response*
- Our team's area(s) of strength:
 - Experience; establishment of a *Screening/Intervention Program* for Infants and their parents since 2017 in the Primary Care Setting
 - Worked through organization-wide *Trauma Informed Care training*
- Our team's area(s) for development:
 - We need to step into the adolescent and adult *screening & therapeutic interventions*
- How did the assessment results impact your work in CALQIC?
 - *Intentional feedback loops* on areas for improvement
 - Prioritized and *held all-staff training on trauma informed care*
 - Acquired and shared *patient education materials* and tools for Adolescents and Adults who were screened in the Primary Care Setting



CALQIC Aims & Sub-Aims

By October 31, 2021



1

ACEs screening and response will occur at all 4 Medi-Cal Clinics and the Bridge Clinic

4

75% of the patients referred to Asthma Mitigation Program will have ACEs screening and response

2

100% of Medi-Cal and Behavioral Health providers will have completed at least one ACEs screening and response in their patients; verified by charges billed

5

75% of patients screened will receive education about ACEs screening and Toxic Stress

3

50% of adults and children presenting for Periodic Health Assessments or Well Child Exams will have ACEs screening and response

6

50% of patients with an ACE score of 4 or more or 1-3 with associated health conditions will receive a referral



Top 3 Innovations



- **IT Enhancements :**

- Thoughtful design and implementation of our workflows which include an Electronic Health Record built with
- ACE Screen, score and code generated
- Template for physicians to document ACE Screening & Response including patient education, ACE-Associated Health Conditions, Validation of existing strengths and protective factors, and Referrals which include Health Promotion/Wellness Navigation, Behavioral Health as well as the 7 evidence-based strategies for toxic stress mitigation
- Addition of the item “ACE Screening due” to our Huddle Reports & Patient Care summaries that the medical teams use as they plan their visits for the day
- New Referral “Teams” designated within the electronic health record workflow for
- ACEs Behavioral Health Response Team & ACEs Health Promotion Response Team

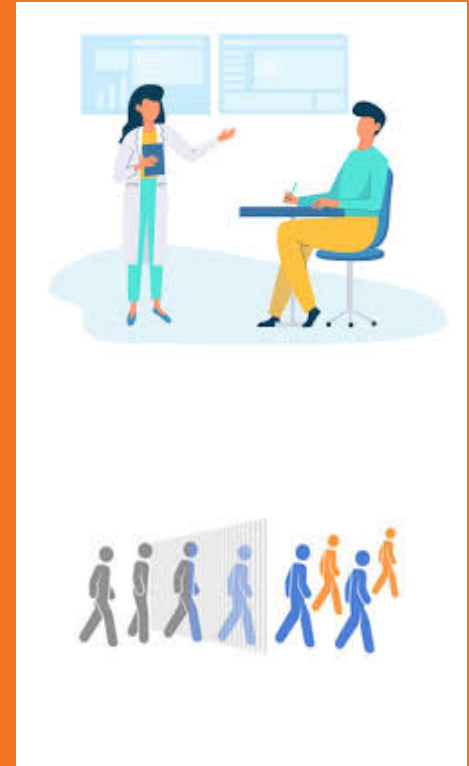
Top 3 Innovations

- Staff Support and Training
 - ACEs and Resilience, Trauma-Informed Care, and Clinical Workflows
 - Individual clinic training with scripts for ACEs screening and response, role playing and practice
 - Individual coaching available from key staff placed a resources in the clinics during the first week of implementation
- Clinic Cultural Sensitivity
 - “Champions” at each site who are clinicians that are part of the CALQIC team and committed to the process, are key to support & coaching clinicians in implementation
 - We have been sensitive to the culture of each clinic during implementation, allowing them to personalize the flow & procedures



Testing

- **Universal screening** (focusing on adult physicians and well child exams) implemented by February 1, 2021
 - We will be evaluating the uptake of screening, the delivery of patient education, and the uptake of referrals as part of our QI Team
 - We will review the screening details monthly at our QI meeting and the education & referral data quarterly
 - Opportunities will be identified and “best practices” shared from sites/teams that have experienced success
 - Challenges will also be discussed





Impact, Results, and Successes



- Adult patient screening occurred after reporting period; Pediatric patients screened, 49, Over 70% were LatinX and a little over 50% identified race as white. Data T X # of staff trained, 17.
- **Screening, discussion & referral** have aided in the mutual connection that we feel with our patients
- One provider noted that it *“helps to identify for our patients how their past connects to their present, how it affects their health, and how we can work together to impact their health”*
- For our infants and toddlers, we are able to connect families to a **strengths-based parenting intervention** that focuses on topics such as supporting your child’s development, mindfulness and stress reduction
- For one patient, the ACE screening was an opportunity to open the door to having a conversation about current health issues related to substance use
 - Provider was able to assist patient in enrolling in counseling & treatment that same week

Key Tools & Resources



1. The ACEs Screening and Response template will be accessible from the [blue](#) sub navigation buttons in the eSOAR.



2. The [ACEs Codes](#) allows you to access code related to ACEs screening and toxic stress.

This button will bring you to a second pop up template. Here you will use the gray box to select the diagnoses list: **ACEs Screening Codes**.

Adult Assessment Female	IM	Adult	Female
Adult Assessment Female	UC	Adult	Female
BH Assessment	BH	All	All
CHM Assessment	CHM	All	All
Copy for FamPact Assessment	FP	All	All
Custom Assessment	All	All	All
Derm Assessment	DERM	All	All
ENT Assessment	Audiology	All	All
ENT Assessment	ENT	All	All
FamPact Assessment	FP	Adult	Fer
FamPact Assessment Female	FP	Adult	Fer
General Assessment	GP	All	All

3. The remainder of the template consists of checkboxes and comment boxes for each section. The **Patient Education** checkbox is required. Every patient screened for ACEs should be educated on ACEs and toxic stress.

The codes will function similarly to FamPACT Codes. You click on the assessment group. This page will include the most common diagnoses by assessment groups containing related assessment

If this box is not checked, the template will alert you and will not save. The remaining check boxes and comments boxes are optional.

Key Tools & Resources

When the Patient Education checkbox is checked, it will pop up another template to select educational handouts that were given to the patient.

ACEs Screening and Response

ACEs Codes

☒ Patient education

ACEs Patient Education

X

Patient Education

☐ What Are ACEs and Why Do They Matter?
☐ How to Reduce the Effects of ACEs and Toxic Stress
☐ Lower Toxic Stress (Adult)
☐ Lower Toxic Stress (Child)
☐ Self-Care Tool for Adults
☐ Self-Care Tool Pediatric
☐ Parenting with ACEs
☐ Promoting Nutrition
☐ Good Nutrition
☐ Good Sleep
☐ Using Mindfulness

OK

Cancel

4. If a referral is made, the referral template will also automatically pop up for easier access. The [Send Referral](#) link will also bring you to the referral template.

Referral:

☐ Referral placed
☐ Referral not placed, receiving services elsewhere
☐ Referral declined, patient declines services

Comments:

[Send Referral](#)

Save & Close

Cancel

When placing a referral to Health Promotion Services or Behavioral Health in response to ACEs screening, you will select **HPS- ACEs Response Team** or **BH- ACEs Response Team** as the provider.

SB 19 Referrals Order

Assessments

My Plan

A/P Details

Lab

Diagnostics

Referrals

Office Procedures

Consent Orders

Insurance name: City Of Grants COBG

Policy #:

☐ Specialty/physician name/side
☐ Obstetrics
☐ Therapies/Rehabilitation
☐ DME

Specialty:

Provider name: Address Detail Locations

☐ Internal referral

Authorization required: ☐ No ☐ Yes

Add Assessment

Add Common assessment

1

2

Code

Description

3

4

Code

Description

☐ Consult ☐ Evaluate and treat ☐ Follow-up and treat ☐ Assume care ☐ eConsult ☐ Diagnostic testing ☐ Surgery

Clinical indications:

Reason for referral:

Time limit:

Time/rate:

5. When documentation of both the score (by MA) and the response is complete, the information will appear in the Master IM below the Assessment and Plan.

Screening Tools					
Other Screenings:					
Encounter Date	Documented Date	Instrument	Score	Severity/Interpretation	MDD Classification
01/11/2021	01/11/2021	Adverse Childhood Experiences Questionnaire (Adults Only 18+)	6	High risk for toxic stress	

ACEs Screening and Response:

Patient education completed

Handouts provided:

- What Are ACEs and Why Do They Matter?
- How to Reduce the Effects of ACEs and Toxic Stress
- Lower Toxic Stress (Adult)
- Lower Toxic Stress (Child)
- Self-Care Tool for Adults
- Self-Care Tool Pediatric
- Parenting with ACEs
- Promoting Nutrition
- Good Nutrition
- Good Sleep
- Using Mindfulness

Comments: education provided

ACE-Associated Health Conditions

uncontrolled DM and depression

Validation of existing strengths and protective factors

Comments: strong support system

Plan:

- High quality and sufficient sleep
- Balanced Nutrition
- Physical activity
- Mindfulness and meditation
- Behavioral health support
- Time in nature
- Supportive relationships

Comments: will start yoga

Referral:

Referral placed

Comments: BH

CENTER FOR CARE INNOVATIONS | 25



Challenges

- COVID-19 has disrupted in-person screening and therapeutic interventions
- Capacity for handling Behavioral Health referrals from the screening of all patients and uncovering needs for therapeutic interventions
- Finding the time to be able to appropriately address these issues
- Ability to support our staff and how to make this part of our operations going forward (which is one of our CALQIC aims)

Next Steps

Our organization continues to develop in adapting a trauma-informed environment within our organization. We provide trauma-informed care to patients but we are exploring how we can ensure that we approach and support staff in a trauma-informed manner. We are hoping to use the TRIADS model to continue with internal cultural changes.



Marin
Community
Clinics

Who We Are

- FQHC serving a largely young Latinx/indigenous/immigrant population in an older, Whiter, richer county
- Location: San Rafael & Novato, Marin County
- # of Clinic Sites: 6 total, 3 serving pediatrics
- EHR system: Next Gen
- ?4 years on the TIC journey



Marin
Community
Clinics

Touching Lives Through Health™

Our CALQIC Team



Caren Schmidt, PsyD,
Associate Director
Behavioral Health



Heyman Oo, MD MPH,
Assoc. Site Medical
Director



Melanie Thompson, DO,
Regional Medical
Director



Reshem Agarwal, MD,
Pediatrician



Erinn Lance, CNM, Lead
Midwife



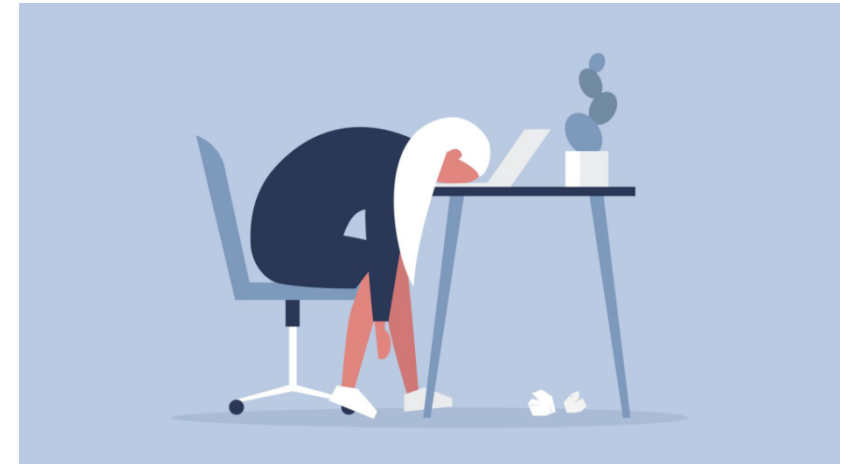
Micki Baron, MD,
Lead OB



Esme Cullen, MD MPH,
Assoc. Site Medical Director

How We Pivoted in 2020

- We went from 0% telehealth to almost 100% telehealth overnight and now have settled to about 60-70% telehealth for our patient visits
- We had an in-person screening workflow that originally only needed to be expanded to all sites and instead, we had to transition, develop and train care teams in a completely new phone-based workflow
- So much change and we're tired. There is so much primary care need and new service demands (e.g. COVID COVID COVID) so we have been stretched. Also with fires & furloughs, we felt the trauma as an organization



Fall 2020 Capacity Assessment

- Our MCC average score was highest/strongest for “screening & assessment” and lowest/needed most development for “response”
- We think this makes a lot of sense given that we had a lot of foundation for workflows, but we needed to invest more in staff comfort and capacity to respond to patients and colleagues’ trauma
- We devoted a significant amount of time on the response piece with our MA’s and are trying to find ways to re-visit this regularly within the larger organization

Goals, Aim & Sub-aims

We aim to implement a universal screening protocol for ACEs+Resilience for 1)all pediatric and OB patients that will address screening and response to trauma in the primary care setting as well as 2) develop and pilot a clinically useful screening criteria for other adult populations.

- 1 Train and attest 100% of eligible clinicians through ACES Aware
- 2 All participating sites will be screening for ACEs using PEARLS for pediatrics and/or an appropriate tool for adults.
- 3 Report screening data by participating sites
- 4 Able to report screening data by race/ethnicity
- 5 Screen at least 80% of the patients in target/eligible population
- 6 Relational healing/equity: Patient Experience and Staff Experience

Goals, Aim & Sub-aims



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1

Train and attest 100% of eligible clinicians through ACES Aware

4

Able to report screening data by race/ethnicity

2

All participating sites will be screening for ACEs using PEARLS for pediatrics and/or an appropriate tool for adults.

5

Screen at least 80% of the patients in target/eligible population

3

Report screening data by participating sites

6

Relational healing/equity: Patient Experience and Staff Experience

Our ideas for **Change**

Screening

- OB: Universally screen all OB patients in their 2nd trimester
- Pedi: Universally screen all pediatric patients at their annual well visit
- Adult: Start screening for adult patients at specific visit types

Relational health/equity

- Patient Experience: develop patient feedback surveys to capture and address patient experience with screening
- Organizational/Staff Experience: Executive leadership committed to equity in resourcing for staff including, but not limited to WFH policies and professional development opportunities.

Our Plans for CHANGE

Screening

- OB: Start screening and incrementally increase screening rate goals monthly, rewarding team members as they meet the goals specifically for their contributions.
- Adult: Pilot different screening workflows at different sites including a “Urgent Care” workflow vs a universal “Primary Care In-person visit” workflow vs a “New Patient” phone workflow
- Pedi: Continue 1x1 training with MAs to help them gain comfort with screener over telephone, continue “missed opportunities” reporting back of screening rates by provider and clinic site on a monthly basis to help encourage screening efforts and highlight achievements; periodic prizes for top MA/provider teams or clinic sites with high screening rates

Our Plans for CHANGE

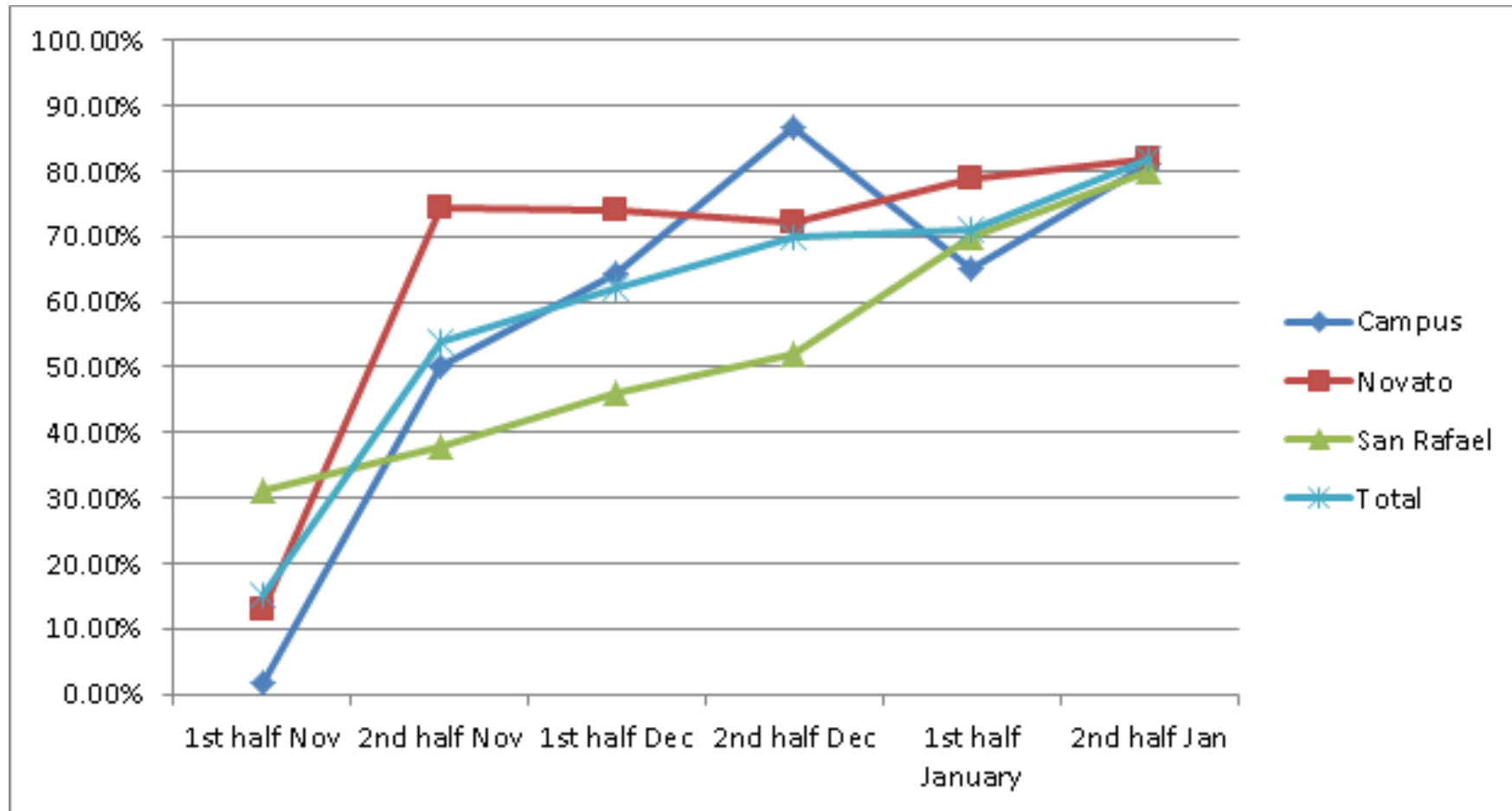
Relational health/equity

- **Patient Experience:**
 - Awaiting a new IT platform (Luma) to be able to pilot feedback surveys
- **Equitable Resourcing for Staff:**
 - Work from Home equity: pilot with different sites and staff groups to ensure feasibility and success
 - Professional Development equity: ensuring that every lead/supervisor role has appropriate training and investment in capacity building opportunities

Impact, Results & Stories to Date



Pediatric Screening Rates for Eligible Patients by Site



Impact, Results & Stories to Date

“When I talk to parents about their child’s experiences, they start telling me all sorts of stuff about their own childhood. It’s given me useful insights into the family and we can start that conversation in a way that feels safe for them.”

—Family Practice MD

“I feel that it’s a useful screening. [The] questions can be a bit strong, but for patients who answer yes to the questions, you can tell they feel grateful when we follow up and ask, ‘What can we do to help you?’. Just by letting them know we have resources that they might not necessarily need at this moment, but are available to them, feels good. I feel it connects you to the family and their needs.”

— Medical Assistant

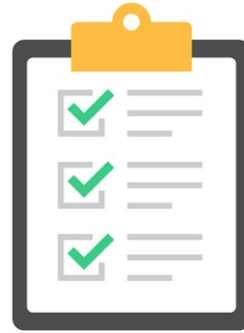
“I explained to the patient that this was a new screening we were doing and the patient opened up about the things that had happened in her life. We had a nice conversation and even though she didn’t need any resources in that moment., I think ultimately she felt more cared for because we asked. I was surprised to be reminded that the act of screening and showing care was enough.”

- Midwife

Key Tools & Resources



Resilience
Screener



Coaching
checklist



Screening
Template for
NextGen

Current Challenges or Barriers

1

We're Tired.

2

Time & Competing Priorities.

