



Santa Rosa
COMMUNITY
HEALTH

All of us for all of you...

Who We Are

- 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 EHR is eClinicalWorks



Our CALQIC Team



Dr. Deidre Bernard Pearl, MD
Pediatrics Medical Director



Elisabeth Chicoine
Director of Quality



Michael Mabanglo, PhD, LCSW
Director of Integrated
Behavioral and Mental Health



Dr. Carla Longchamp, MD
Dutton Medical Director



Dr. Christine Martin, MD
Pediatrician



Dr. Brandon Cortez, MD
Family Medicine



Our CALQIC Team



Dr. Mark Sloan, MD
Director of Pediatrics



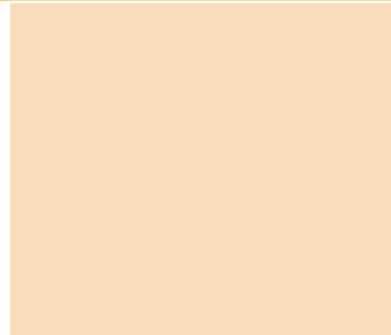
Dr. Danny Toub, MD
Family Medicine



Suzanne Dedmore, RN
Vista Lead Clinician



Amanda Anne Abud, LMFT
Mental Health
Manager/Behavioral Health
Clinician

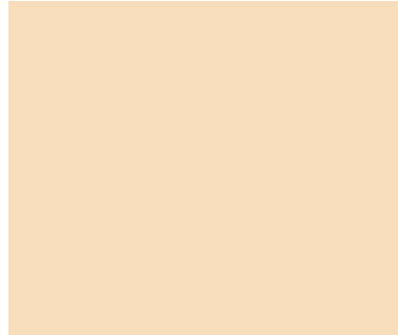


Jackie Leon
Vista Senior Clinical Operations
Manager



Belen Aguayo
Vista Clinic Supervisor

Our CALQIC Team



Angelique Sinnott
Vista MA



Teresita Madrigal
Clinic Supervisor Vista Campus



Carol McHale
Director of EHR Optimization



Virginia "Vicky" Tinico
POP Health Data Analyst



Annemarie Brown
Senior Director,
Communications and
Development



Carin Hewitt
Project Management



How We Pivoted in 2020

- Care teams had to adapt all workflows for patient care
- Patients coming to in person visits are checked in via the parking lot
- MH/BH services provided exclusively via telehealth
- Primary care services provided via telehealth as much as possible
- Fires, COVID and racial injustices highlighted the importance of focusing on trauma for both patients and staff
- Competing priorities made implementation of ACE screening slower than anticipated-we hoped to be pilot testing at all three participating campuses by now versus beginning to pilot at one campus.
- Workflows and EHR optimization delayed due to the need to explore technology options for telehealth

Fall 2020 Capacity Assessment: What We Learned

- We solidified a common understanding about the importance of addressing individual patient trauma-related risk as they relate to health issues.
- We see an opportunity for clinic leadership to assess and/or invite regular feedback from staff on compassion fatigue, secondary traumatic stress, and burnout.
- This project provides the opportunity for teams to enhance supports for patients and families by identifying and integrating their personal community resources and supports into care planning.
- The team could enhance information sharing with patients about current and past trauma (ACEs) and toxic stress and how they impact health and behavior.
- We already have clearly established electronic health record documentation and reporting practices and processes related to ACEs screening and response although refinement is needed to create consistency. Telehealth options are limited.
- There is opportunity to create a warm hand-off for referrals to community-based specialists and to enhance follow up support to assess whether referrals were successful.

Santa Rosa Community Health

CALQIC Aims & Sub-Aims



AIM: Enhance Trauma Informed culture at SRCH's clinics and programs and embed ACE screening and response into our everyday work in order to improve health outcomes for our patients.

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 50% of the patients in target/eligible population

3

Report screening data by participating sites

6

We will integrate process communication into all workflows

Our top changes/ideas to achieve our aims

- Create organization wide centralized list for tracking Provider completion of training
- Develop a one-page document for Human Resources to provide to new providers upon hire
- Develop documentation and patient education materials for screening
- Maintain ongoing communication between clinic leadership and population health department
- Refine workflow for Pearls Tool and Adult Screening tool (in person and virtual)
- Develop training plan for Providers, MA's, MR's and other identified staff
- Brainstorm with MR's areas where their job duties are incompatible with trauma informed practices
- Develop plan for training staff with a particular focus on MR's

What we plan to test and what we've learned

What we plan to test...

- ACE screening with one Provider and one MA at the Dutton campus as a starting point
- Pilot testing phone screening for ACEs at the Vista Campus
- Piloting an integrated care model at the Lombardi clinic
- Residency program focused on response to positive screening

What we've learned...

- This project is not just about screening. It provides the opportunity to reflect on how to create an environment where trauma informed language and response is practiced throughout. It takes time to get it right.
- This work requires education and support for staff at all levels in the clinic. Coordinated communication is essential.
- Resources for patients need to focus on resilience and be readily available. Referrals need to be tracked to evaluate impact.

[Impact, Results & Stories to Date]

A focus on education and support:

- Providers-93 Providers (75% of providers in participating clinics) have completed the 2-hour ACEs Training
- Elizabeth Morrison as a coach and presenter on empathy-based communication
- Focused on train the trainer approach and creating sustainable education solutions

A dedicated workgroup:

- 18 members including leadership, Providers, BH/MH Clinicians, other members of the care team, and individuals from POP health and the residency program work together to implement the project

Residency program involvement:

- The residency program has chosen ACEs and trauma informed care as their project. They have identified the need for enhanced response to positive screens.

Integration of related grants:

- SRCH has a Resilient Beginnings Network grant and a Behavioral Health Integration grant. The leads of these grants are uniting efforts to form common messaging and share resources.

Key Tools & Resources



Quickly and easily create custom forms, feed data into digital documents, and collect eSignatures to streamline your workflow automation.



Luma Health's powerful engagement engine is simple for patients and flexible for clinics and health systems. Improve access and communication at every step of the healthcare journey.



eClinicalWorks ensures every aspect of patient care is under control, from scheduling and check-in through documentation, labs, prescribing, billing, and follow-up.

Current Challenges or Barriers

- 1 Time and competing priorities (COVID Response-Vaccine Roll Out)
- 2 Telehealth creates new challenges

CALQIC Next Steps

- Continue to work with our coach Elizabeth Morrison to build on education and support plans for all staff
- Finalize the workflow to implement the ACEs Adult screening tool and the PEARLS screening tool for children.
- Develop workflow and method for sharing patient education materials in a virtual world
- Enhance mechanisms to track number of patients screened for ACE (children and adults)
- Develop workflow for a positive response to ACE and the deliver of depression/anxiety/PC-PTSD screenings and referral for positive responses
- Refine structured data fields in EHR for tracking response to screen
- Roll out Adult ACE Screening and child/adolescent PEARLS Screening



La Clínica de La Raza

Who We Are

- Founded in 1971
- 91,000 patients served in 2019
- 35 service sites in 3 counties (Alameda, Contra Costa, Solano)
- Transitioned to EPIC on April 28, 2020
- 3 sites have Patient-Centered Medical Home (PCMH) Recognition--Monument, North Vallejo, & Vallejo
- Agency has a Wellness Champion & Social Determinants of Health Committee



Our CALQI C Team



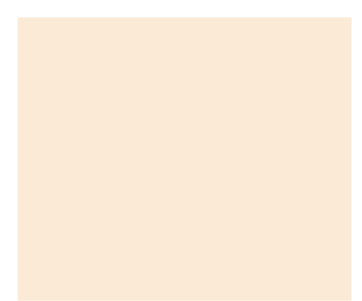
Sara Johnson, OB/GYN,
Monument Medical



Anastasia Coutinho,
Family
Physician, Monument
Medical



Elizabeth Gomez,
Medical Assistant,
Monument Medical



Liseth Archila-Evangelia, Clinical
Health Educator, Monument
Medical



Sean Williams, Pediatrician,
Oakley Medical



Barbara
Botelho, Pediatrician,
Pittsburg Medical



Isabel Morales,
Community Health
Education, Promotora



Chika Akera, AMD,
Monument Medical



How La Clínica Pivoted in 2020

- Telehealth
- For our CALQIC project, we pivoted to a wider lens. We realized beyond ACEs screening, we needed to create a trauma-informed process, address organizational culture, and focus on provider and staff wellness.
- We focused our energy on learning about trauma-informed systems, and building microcosms of trauma-informed culture within our workplace.
- We realized the importance of a broad stakeholder and team-member engagement, and brought in team members representing different departments and levels of patient interaction—I.e., call center staff, medical assistants, and community health workers

Fall 2020 Capacity Assessment: What We Learned



- We learned we had many opportunities to grow---and that different sites were in different places with respect to the work
- We learned about gaps in our trauma-informed systems pieces
- We learned how much of site functioning is embedded in organizational culture



CALQIC Aims & Sub-Aims

Overall CALQIC AIM: Screen for ACEs and respond clinically in at least 60% of prenatal patients entering care and at least 60% of pediatric patients at each Contra Costa site by October 31, 2021.

1

100% of staff will complete Dovetail Resiliency training by April 30, 2021.

2

100% of staff will receive trauma-informed care (TIC) training by July 31, 2021.

3

100% of eligible providers in Contra Costa County will be ACEs Aware certified (trained and attested) by July 31, 2021.

4

ACEs screen will occur in 60% of all initial prenatal visits at Monument and 60% of 1-, 11-, and 16- year-old well child care (WCC) visits at Monument, Pittsburg, and Oakley by October 31, 2021.

5

A clinical response to ACEs will be incorporated into 60% of clinical health education, community health education, and behavioral health CPSP visits for all pregnant patients screened for ACEs by July 31, 2021

6

Create a CALQIC team that has a trauma-informed foundation and culture by July 31, 2021.

Top changes/Ideas to Achieve our Aims

- Cultivating resilience—trying different strategies, including conversations, established screeners, and our own screener
- Trauma-informed organization—mindfulness activities at meetings, using TIC principles to re-work policies like no-show policies



Our Plan for Testing Changes

- Piloting prenatal screening
- Testing various formats of staff engagement
- Incorporating staff feedback regularly into meetings
- Using data to facilitate transparency and collaboration
- Different strategies for inter-department collaboration (interdisciplinary rounds, EHR)

Impact, Results & Stories to Date

- Liseth—has been realizing firsthand the impact of ACEs on our patients.
- Chika—increased awareness of conversations and interactions; awareness of frustrating pace at LC (a belief we have had), trauma of speed of movement of things during COVID; this work has put a framework around that process. We can change really quickly, but learning about what needs to be aligned to make that happen (i.e., reimbursement).
- Liz—it's an eye-opener, made me think differently, including about our own personal life; makes you appreciate people and to be kind—we don't know what people go through.
- Sean—goes through periods of feeling inspired.

Key Tools & Resources

1) Epic dot phrase for interdisciplinary communication about SDOH and resilience

2) Partnering letter in response to no-shows

3) Resilience screen based on psychology interventions that promote resilience

Current Challenges or Barriers

- 1 Large organizations are hard to change.
- 2 We need more people to do the work and make our clinic function well.

CALQIC Next Steps

- Large-scale roll-out of prenatal screening and newly developed group classes
- Developing more clinical response via partnerships and existing programs
- Onboarding new Prenatal Coordinator to support our trauma-informed processes
- Completing staff trauma-informed care training
- Getting our data reporting up to speed so we can use EHR



Northeast Valley Health Corporation
a californiah⁺center

Who We Are

- NEVHC is a large Federally Qualified Health Center with 17 health centers and 13 WIC sites in the San Fernando and Santa Clarita Valleys. Five of those sites are special populations including School Base Clinics, Health Care for the Homeless Program and a HIV clinic.
- NEVHC currently has 9 pediatric health centers.
- EHR system: NextGen



Our CALQIC Team



Debra Rosen, RN, MPH,
Director of Quality and
Health Education, Team Lead



Gina Johnson, MD, Medical
Director of Pediatrics,
Medical Provider Champion



Alexandra Zamora, Program
Manager of Public Health



Carolina Aguilar, Program
Coordinator



Jasmine Galindo, Program
Manager Quality
Improvement, Data Lead



Lupe Ortega, Workflow
Coordinator

How We Pivoted in 2020

How has ACEs screening and response work changed?

- Screening rates have **increased**, now implementing at 3 health centers
- Creating an implementation schedule to ensure we meet goals
- Meeting with sites Clinic Admin and provider champion to introduce ACE Screening and its importance to achieve optimal buy-in
- Utilizing ACEs Aware approved Supplemental Training

What were you doing before versus now?

- Implementing ACEs Screenings at 1 health center
- Providing refresher trainings while waiting for approval of ACEs Aware Supplemental Training

What we had planned to do but needed to adapt/abandon?

- Abandoned the training of staff at Pacoima HC

How has COVID, fires, racial injustices, and other traumas of 2020 impacted your work?

- COVID has impacted our organization greatly
 - Normal visit volume decreased significantly
 - Reduction of staff

Fall 2020 Capacity Assessment: What We Learned

- Surprised by: Canoga Park Health Center reported the lowest scores in all assessment domains among the four sites.
- Areas of Strength:
 - Integrated team healthcare and BH resources integrated into our primary care delivery.
 - Practices in place for establishing safe and private patient interactions .
 - Our care teams support patients and families in providing them information on community resources .
 - Clear roles, responsibilities, and workflows in place related to screening and assessment processes.
 - Established electronic health record documentation and reporting practices and processes.
 - NEVHC systemically screens or assesses for current symptoms of distress .
- Our team's area for development:
 - NEVHC is moving toward becoming a trauma informed care organization to better serve our patients.
 - Training of staff and providers on trauma and resilience and implications of care .
- How will the results of assessment impact our work in CALQIC?
 - Tailored training and support during the implementation of ACEs Screenings based on clinics needs.

CALQIC Aims & Sub-Aims



CALQIC Aim- By October 2021, NEVHC will have had 19 providers attest to the completion of the Core ACEs Aware Training and will implement ACEs screening for at least 50% of pediatric patients during their well-child visits (at 2 weeks, 15 months, and yearly from 2-5 years of age), at four NEVHC health centers (Maclay, Newhall, Canoga Park, and Sun Valley).

1

Train and attest 100% of eligible clinicians through ACES Aware.

4

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 50% of the patients in target/eligible population.

3

Report screening data by participating sites.

6

By October 2021, assess the implementation of the algorithm across language groups by tracking referrals based on the appropriate CPT codes to determine if we are referring all patients equally.

Changes/ideas to achieve Aims

- Test screening workflow and customize for each site, if necessary.
- Consistently gather data to ensure patients are being screened and referred appropriately
- Create **alert** in patient appointment details to notify staff that a screening is due.
- Offer on-site support when requested and as needed by each site.

What are you testing or what is your plan for testing changes? What have you learned?

Plan for testing:

1. Test Screening Workflow

- We will request staff feedback on screening workflow and make adjustments accordingly.
- Compare screening rates to evaluate the workflow

2. Gather screening and referral data

- Review monthly screening rates to identify areas of strength and/or challenges
- Review referrals to ensure patients are referred appropriately.

3. Creating alerts in EPM (patient appointment details)

- Obtaining staff feedback to evaluate the effectiveness of creating alerts to help identify patients due for a screening
- Gather screening data to **verify** screening rates are increasing

Impact, Results & Stories to Date

- Screening for ACEs enhances our ability to relate to our patients in a trauma informed manner, recognizing some of the barriers they face in accessing health care, keeping their appointments, and engaging in the health behaviors that will result in lifelong wellness. Preventing ACEs, engaging in early identification of patients who have experienced them, and building resilience will make a significant impact on a range of critical health problems.
- Routine screening offers the opportunity to identify individuals at high risk of toxic stress and offer anticipatory guidance to build resilience. In addition, NEVHC pediatric providers are in the unique position of interacting with children and their families at regular intervals to allow patients to develop a trusting relationship which often facilitates the disclosure of ACEs. Our providers can also assess relevant risk factors and protective factors prior to implementing their prevention efforts; and we can help build resilience for the entire family to face the unavoidable events.

Quarter 4

Patient race	# of eligible patients (see above)	# of patients screened using PEARLS	# of patients with a PEARLS Part 1 score of 4 or more
	Column B	Column C	Column D
American Indian/Alaska Native	0	0	0
Asian	0	1	0
Black/African American	2	2	1
Native Hawaiian/Other Pacific Islander	0	0	0
White	56	51	0
More than one race	0	0	0
No data or declined to state	1	2	0
Total	59	56	1
Patient ethnicity			
Hispanic or Latino/a	57	46	0
Non-Hispanic or Latino/a	2	5	1
No data or declined to state	0	5	0
Total	59	56	1
<i>CHECK: Does the ethnicity total equal the race total?</i>	YES	YES	YES

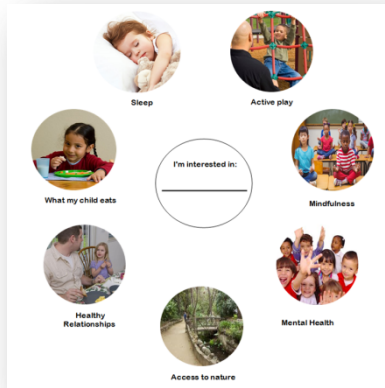
Dovetail Learning



Experiential journey into the heart of resilience, starting with the premise that resilience is innate in each of us.

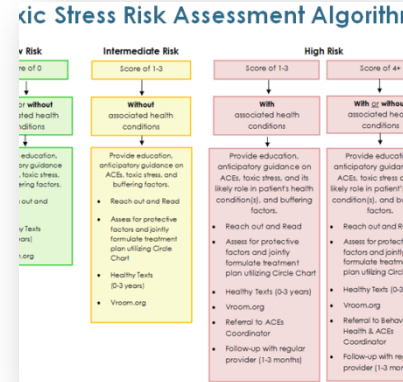
- 15 NEVHC staff members participating in 12 Session Coaches training
- Noticing our Patterns
- Practicing our Skills
- Supports our work and in turn support our patients, colleagues and families.

Key Tools & Resources



ACEs Intervention Circle Chart

Allows the provider and the parent/caregiver to select a co-created goal(s) from the 7 Evidence-based strategies for Toxic Stress Regulation based on the caregivers preferences. Activities are age appropriate and help the caregivers work with their child to boost their health and development.



ACEs and Toxic Stress Risk Assessment Algorithm-Pediatrics



This clinical algorithm provides guidance to clinicians about using the score on the PEARLS, assessing for ACE associated Health conditions, and using the physical exam and clinical assessment to develop the appropriate response.

The ACE Screening- Script Provider is a document from Northeast Valley Health Corporation, a California Health Center. It is titled "ACEs Screening- Script Provider" and "Introducing the ACEs screening results:". It contains a script for providers to use when introducing the ACEs screening results to parents. The script includes a thank you for filling out the form, a statement about the child's experience with Adverse Childhood Experiences (ACEs), and a statement about the importance of the screening. It also includes a section for "Low Risk (Score of 0)" with a statement about the child's health and development.

ACE Screening- Script Provider

Recommended scripts for Front Desk registration staff, MAs and Providers. Theses scripts help staff to introduce the screener to caregivers and start the conversation about ACEs and toxic stress.

Current Challenges or Barriers

-  1 Due to covid-19, our trainings are now facilitated via zoom which can often make it challenging to engage staff and conduct in-person activities.
-  2 Staff shortages have made it challenging to train everyone in a timely manner. In addition, we are seeing a lot of staff turnover, resulting in the need to frequently train new staff.

CALQIC Next Steps

- Follow the implementation and training schedule we've created to ensure that our goals are met and that all 4 sites are implementing ACEs screening by October 31st, 2021.
- Continue to review and revise the workflow at each individual clinic to meet their specific needs.
- Evaluate screening rates and referrals and continue to identify referral resources to better serve our patients.
- Offer on-site support regularly.