RBC Program Team

Veenu Aulakh, Program Director

Megan O’Brien, Program Manager

Angela Liu, Program Coordinator

Ken Epstein, RBC Program Coach
Today’s Faculty

Dr. Dana E. Crawford, Montefiore Medical Group
Dr. Alicia Lieberman, UCSF
Dr. Larry Wissow, Seattle Children’s Hospital
Housekeeping

Bathroom

WiFi

Take Breaks!
Program Portal Page: Convening Materials

Includes:

• Links to the agenda
• Soft copies of slides & storyboards

RBC Approach

• Strengthen **organizational capacity** to prevent and mitigate the effects of trauma in young children,

• Enable organizations to **further test, develop, and strengthen their role** in addressing trauma and promoting resilience; and

• **Spread lessons learnings** beyond the Bay Area
Our North Star

**Oe**  
*Office Environment*  
1. Develop and Foster a Trauma and Resilience-Informed Environment

**Cr**  
*Community Relationships*  
2. Build Relationships with Communities to Support Families

**Fe**  
*Family Engagement*  
3. Engage with Families in Their Own Care

**As**  
*Assess Health*  
4. Assess Whole Family Health and Resilience

**Ad**  
*Address Health*  
5. Address Whole Family Health and Resilience

**Co**  
*Coordinate*  
6. Coordinate Services and Supports for Families
At the Beginning...

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<thead>
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<th>Category</th>
<th>Score</th>
<th>Status</th>
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<tbody>
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<td>Office Environment</td>
<td>7</td>
<td>Working on it but need support</td>
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<tr>
<td>Community Relationships</td>
<td>1</td>
<td>Working on it and making progress</td>
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<tr>
<td>Family Engagement</td>
<td>3</td>
<td>Well-established and regularly monitor</td>
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<tr>
<td>Assess Health</td>
<td>3</td>
<td></td>
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<tr>
<td>Address Health</td>
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<tr>
<td>Coordinate</td>
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Our RBC Destination

Office Environment:
Training Staff in TIC
(June-December 2018)

Assessing for Trauma:
Tools and Strategies for Understanding Trauma & Resilience
(Fall 2018-Spring 2019)

Other PICC Elements: Focusing on other key elements of this work (family engagement, coordination & collaboration, addressing trauma, and prevention)
(Summer 2019-Summer 2020)
Key Changes

Oe

*Office Environment*

3 teams have been working to change physical spaces

All teams have focused on providing training/education to staff (over 1,000 staff trained!!)

Teams are working on next level of training (i.e. coping skills, self care)

At least one team administered a staff satisfaction survey
Key Changes

As

Assess Health

7 teams that did **foundational work** to advance their screening practice,

6 teams **implemented screening** in at least a small-scale pilot, and

5 teams that reported progress **integrating templates into their EHR**.
Key Changes

Ad

Address Health

Most teams reported leveraging internal behavioral health resources as the first follow-up step in response to a “positive” screen.

Several teams were starting to offer programs like Centering Parenting and Triple P Parenting, or providing universal education using FWV cards.
Wins to Date

**Petaluma**: 10 providers volunteered for screening pilot & PHC screened over 100 kids in first 3 months, which is 5% of peds patients, ages 0-5 years.

**MCC**: Built out a form for EHR to track screening and follow-up (e.g., collects screen score and has a checklist of actions the provider of care team took).

**Ravenswood**: Referrals are up 25%; and working to spread Centering Parenting program.

**West County**: Partnered with the Guerneville School District & invited representatives from the school to participate in the T2 trainings to build a shared language.
Wins to Date

**LifeLong:** Sustained work throughout major transitions including leadership turnover AND an EHR upgrade

**BCHO:** Working to expand screening efforts beyond the PEARLS study to all primary care pediatric patients & implemented scripts for CHWs

**San Mateo:** Strengthened cross-sector relationships between providers; for example, started responding to referrals within 24 to 48 hours (versus 12 days) and have increased families’ engagement in home visiting services from 31% to 41%
Sharing Lessons Learned

**MCC (8/8):** Marin Community Clinics in California screen babies for ACEs, provide support in effort to prevent trauma

**Ravenswood (10/19):** Building Community Health

**San Mateo (11/19):** How collaboration helps clinic in San Mateo County, CA, tackle ACEs in children

**LifeLong (12/19):** Lesson learned integrating ACEs science into health clinics: Staff first, THEN patients

**Petaluma (1/20):** Petaluma Health Center reaches out to Spanish speakers
Celebrate!
Today’s Agenda

• Welcome, Overview, & Introductions

• Deepening & Continuing to Build a Culture of Trauma-Informed Care and Address Bias, Prejudice, and Racism: Lessons from Montefiore Medical Center

• The Consultancy: Peer-to-Peer Problem-Solving in 15 Minutes or Less

• Lunch with Storyboard Gallery

• Sustaining the Work, What’s Next, & Team Time

• RBC Impact Spotlight

• Celebratory Happy Hour
Warm Up

Reflect on your own about what helps you feel connected or even about the last time you felt really connected.

Find two people that you don’t know well. Share your name, role, and whatever reflections you feel most comfortable sharing regarding the prompt.

“The antidote to trauma is connection. In an area with a very steep cost of living, at a time when we feel more and more politically divided, where fear is a common state of being for so many of our neighbors, where the technology being developed all around us is adding to our sense of isolation, Resilient Beginnings Collaborative is an effort to rebuild relationships. It’s incredibly powerful.”

-Dr. Sandy Escobar, Ravenswood
Deepening & Continuing to Build a Culture of Trauma-Informed Care and Address Bias, Prejudice, and Racism: Lessons from Montefiore Medical Center
BREAK
15 minutes
RBC Impact Spotlight: RAVENSWOOD
“What are your dreams for your child?”

Recent provider feedback showing heartfelt appreciation for this question that concludes our social screen. Multiple providers have shared that this question provides them with a brief, but much needed, moment before walking into routine well child checks to connect with their parents and reflect on universal hopes and dreams we have for all of our children.
RBC Impact Spotlight: PETALUMA
Impact on our patients, staff, or organization

• Gave ACE screening to mom of 3 children who have been my patients for years. She opened up to me that she had recently left their father who had been physically abusive towards her. I was able to offer individual therapy to the mom and children and also offer the PPP parenting classes, which she was very excited about engaging in. She was actively engaging in trying to provide a safe, secure, reliable home for her children and really appreciated the resources to support her in that.
Grandparents raising their grandchild completed ACE-Q for the child. The mother had lost custody through CPS due to drug abuse and neglect. Taking the ACEs screener opened their eyes to realizing how much trauma their granddaughter had experienced already. They felt sad and worried about the possible long-term health consequences for her and also very motivated to do anything they could to mitigate the long term risks of her high ACEs score.

They decided to start her in individual therapy after she had told friends at school that her parents were dead and that was why she was being raised by her grandparents.
Peer-to-Peer Problem Solving Sessions
Consultancy Roles

**SHARER**
Brings challenge to group, receives and listens to feedback from group

**GROUP “CONSULTANTS”**
Listens to challenge, asks questions, and generates ideas

**FACILITATOR:**
Timekeeper, Idea Summarizer
Consultancy Rounds

3 minutes: SHARER describes their challenge

10 minutes: GROUP asks clarifying questions and brainstorms ideas

2 minutes: FACILITATOR summarizes ideas generated

~15 minutes per round

Repeat with next SHARER
Find your group facilitator!

Veenu Aulakh
She, her, hers
Center for Care Innovations

Table: 1
Consultancy: D
Debrief (5 min)

What ideas was your group most excited about?
LUNCH
60 minutes
RBC Impact Spotlight: SAN MATEO
Impact on our patients, staff, or organization

“What I didn’t anticipate was the impact it would have on me. When I feel like I am part of a team working to help children and families with ACEs, it is a lot easier to keep trying to do work that is inherently painful.”

Dr. Elizabeth Grady, SMMC SSF Pediatrician
RBC Impact Spotlight: UCSF Benioff Children’s Hospital of Oakland
Impact on our patients, staff, or organization
RBC Impact Spotlight: WEST COUNTY
Impact on our patients, staff, or organization

- **WCHC** has engaged with RBC and local efforts to support *recovery* and *resilience* following the catastrophic floods and fires of the past two years. Tools for self-care are offered to staff through an 8 week *Mind/Body Skills Building*. Many front line and call center staff have participated and received additional ongoing training and debriefing to deal with difficult situations. Staff report *less triggering, greater empathy*, an ability to truly *“listen”* to patients and to provide *support* to colleagues following stressful events and interactions. One call center staff reported, following an intense encounter with a suicidal patient, “I’m good! I took a walk and used my tools and I’m ready to go!”

- Despite staff fears that patients would be triggered by screening, patients have voiced positive support for this work and addressing trauma as it is a vital part of *WCHC* is medical care.
Sustaining the Work, What’s Next, & Team Time
Challenges

1. Lack of Leadership Support
2. Implementing TIC Practices Across Clinics
3. Staff Capacity /Time – TIC Project Management
4. Ongoing Training Support
5. Spreading Screening
6. Data Capture
Initiative Objectives

- Opportunity to foster an integrated understanding of the links between adversity and physical and emotional symptoms

- “What happened to you” replaces “What’s wrong with you”

- Model “speaking the unspeakable”: Primary providers as empathic listeners

- Model an attitude of hope and support: Adversity is not destiny
  - Frame behavior as adaptation to stressful conditions
  - Highlight areas of strength
  - Encourage engagement with health-promoting activities

- Promote provider self-perception as patient’s ally in encouraging open disclosure as a means to improve treatment plan and increase compliance
ACE Screening in Context: Building a Benevolent Frame to Contain Adversity

Adapted from Lieberman, Ghosh Ippen, & Van Horn, 2015
Sustainability lessons from PICC

Larry Wissow, MD MPH

Seattle Children’s Hospital/University of Washington
Long term follow-up of 20 PICC teams

<table>
<thead>
<tr>
<th>PICC Toolkit - Domains and Metrics</th>
<th>Implementing Before BSC/LC</th>
<th>Implementing just after BSC/LC</th>
<th>Continued to expand after BSC/LC</th>
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<tbody>
<tr>
<td>Co-management</td>
<td>70%</td>
<td>95%</td>
<td>70%</td>
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<tr>
<td>Training/Policy-trauma informed-office</td>
<td>40%</td>
<td>90%</td>
<td>35%</td>
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<tr>
<td>Resilience interventions</td>
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<td>88%</td>
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<tr>
<td>Trauma Screening</td>
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<td>Tracking MH-referrals</td>
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<td>35%</td>
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<tr>
<td>Tracking PH-Outcomes</td>
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<td>50%</td>
<td>10%</td>
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<tr>
<td>Tracking MH-Outcomes</td>
<td>26%</td>
<td>50%</td>
<td>21%</td>
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<td>Involving Families</td>
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<td>42%</td>
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<tr>
<td>Providing Mental Health Services</td>
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<td>100%</td>
<td>59%</td>
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<tr>
<td>Category</td>
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<td>------------------------</td>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>Leadership</td>
<td>• Who has the top-level commitment for this change?</td>
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<td></td>
<td>• What is his/her role on (or connection to) our team?</td>
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<tr>
<td>Agency Fit and Capacity</td>
<td>• How is this aligned with other priorities and plans for our team / office / community? What is the overall timeframe for implementing and spreading this work? What do we need to have in place from an 'infrastructure' standpoint?</td>
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<tr>
<td>Documentation</td>
<td>• How will this practice be documented, managed, and monitored to ensure that it occurs consistently and with the desired intent?</td>
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<tr>
<td>Data</td>
<td>• What do our metrics show in terms of improvements? What other quantitative or qualitative data do we have? How can we use stories to make the case for spreading this?</td>
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<tr>
<td>Expectations</td>
<td>• Who will have primary ownership and responsibility for managing the implementation and spread of this practice / process?</td>
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<tr>
<td>Engagement</td>
<td>• Who are the key champions and messengers in implementing and spreading this work? Who are the audiences we will need to reach? What messages will we use to reach them? How will we reach them?</td>
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<tr>
<td>Replacement</td>
<td>• In what way is this 'new way' of doing work (the process) better or easier than the old or usual way? What will be eliminated to avoid duplication?</td>
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<tr>
<td>Staffing</td>
<td>• What staff do we need to do this work? How will staff be prepared to do this work? Trained? Coached? Supervised? Supported?</td>
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Abridged version

• Aligns with leadership’s/organization’s goal
• Cross-disciplinary/cross staffing buy-in to vision
• Some “institutionalized” components that develop a life of their own
• Mechanisms to keep it fresh/updated
• Visible through process or outcome measures
• Stable funding/business plan (not necessarily profitable or cost neutral)
• Plan for turnover of champions and staff
Team Time: Sustaining the Work, Commitments & Strategies

• **Goal:** reflect on what you heard today and make some commitments and strategies to sustain your work.

• Take the next **40 minutes** in your teams and use the **sustainability worksheet** to help you assess what additional work needs to be done.

• Each team will be asked to share out one idea at the end of our time together.

**TIPS:**

• Start small. Don’t feel like you need to accomplish everything all at once.

• Prioritize your ideas & be realistic about what is possible. Build on what you are already doing.

• Utilize the faculty or other core documents when you get stuck.
BREAK
10 minutes
Other Emerging Opportunities

Rajni Dronamraju, Associate Director, Charitable Giving, Genentech

Eddy Machtinger, MD, Director of the Women’s HIV Program (WHP), and Director of the Center to Advance Trauma-informed Health Care (CTHC), UCSF
RBC Impact Spotlight: MCC
Impact on our patients, staff, or organization

RBC Success Story: Teenage mother of two young children referred to our Pedi Complex Care Nurse Case manager. Prior to referral, patient was missing many OB and Pedi appointments and only sporadic care. After referral, increased trust in healthcare system, learned to arrange transportation, connected older child to GGRC for SLP services, and Mom back on track to graduate.

*not real patient photo*
RBC Impact Spotlight: LIFELONG
Impact on our patients, staff, or organization

Increased staff engagement & Trauma-Informed Care capacity building. Staff now approaching RBC Core Team on how to discuss witnessed trauma in the office, how to connect families to resources, and adoption of new language (i.e. “vaccines” instead of “shots”).
Other Upcoming Activities

**Communications**
- Listserv
- Newsletter

**Coaching**
- By the end of May, please schedule at least one last session with Ken (preferably on site)

**Evaluation Activities**
- Baseline Assessment (March)
- Participant Survey (March)
- Final Data Reporting (April 15)
- Final Interviews (May)

**End of Grant**
- Submit budget reconciliation to CCI by end of May
- Receive 2nd installment of grant
# Upcoming Evaluation Data Collection

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<th>Activity</th>
<th>Timing</th>
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<tr>
<td>Participant survey (web-based)</td>
<td>Complete by Friday March 27</td>
</tr>
<tr>
<td>RBC organizational assessment (follow up)</td>
<td>Complete by Friday March 27</td>
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<tr>
<td>Quarterly data reporting</td>
<td>Due April 15</td>
</tr>
<tr>
<td>Phone interviews</td>
<td>May</td>
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<tr>
<td>Convening post-event survey</td>
<td>Today! Please complete before you leave.</td>
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Resilient Beginnings Collaborative (RBC) Convening
Thursday, February 27, 2020

Thank you for completing the following survey. Your responses are confidential and will be analyzed collectively with other participant responses. Aggregate data are used to provide the RBC support team with feedback regarding the quality of the meeting and collective benefit to the participants.

1. I am a [ ] RBC clinic team member [ ] Other partner
2. Please select the number below that best represents your overall experience with today’s meeting.
   [ ] 1= Poor [ ] 2= Fair [ ] 3= Good [ ] 4= Very Good [ ] 5= Excellent
3. Please select the number below that best represents your response to the statement: The meeting today was a valuable use of my time.
   [ ] 1= Strongly Disagree [ ] 2= Disagree [ ] 3= Neutral [ ] 4= Agree [ ] 5= Strongly Agree
4. The level of participant interaction/engagement in the meeting was: [ ] Not enough [ ] About right [ ] Too much
5. I made connections today with other teams that will strengthen my organization’s RBC efforts:
   [ ] Strongly Disagree [ ] Disagree [ ] Agree [ ] Strongly Agree [ ] N/A (not a team member)
6. To what extent did you find the sessions useful?

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<th>Not useful</th>
<th>Somewhat useful</th>
<th>Useful</th>
<th>Very useful</th>
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<tr>
<td>Lessons from Montefiore Medical Center</td>
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<td>Peer-to-Peer problem solving in 15 minutes or less</td>
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<td>Lunch with Storyboard Gallery</td>
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<td>Sustainability: Drs. Wisow, Epstein, &amp; Lieberman</td>
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<tr>
<td>Team Time: What’s next for your work</td>
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<tr>
<td>Impact Spotlights with RBC teams</td>
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7. What was the most valuable part of the meeting?

Thank you for completing this survey!
Celebration & Networking Reception

Feel free to stay until 5:00pm
Thank you!

For questions contact:

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Center for Care Innovations  
mobrien@careinnovations.org

Angela Liu  
Senior Program Coordinator  
Center for Care Innovations  
angela@careinnovations.org