


MADE POSSIBLE BY
Genentech
A Member of the Roche Group

A young boy on the left and a woman on the right are shown from the chest up, clapping their hands. The boy is looking upwards with an open mouth, and the woman is looking towards him. The background is a plain, light-colored wall.

RESILIENT BEGINNINGS COLLABORATIVE

November 1, 2018
Session #2

Our Program Team



Veenu Aulakh,
Program Director



Megan O'Brien,
Program Manager



Angela Liu,
Program Coordinator

I like

I wish

I wonder

I liked -
The organization of
material presented

I liked how
the material was
presented and the
information was
easy to understand

I liked the
way the material
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the individual attendees
backgrounds - work

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regarding

I wish we
could have more
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know each other
across sites

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UCSF
CIR

Today's Agenda

- Welcome & Overview
- Creating & Sustaining Trauma and Resilience Informed Work Environments
- Key Perspectives, Strategies, & Tools for Assessing & Identifying Trauma & Resilience
- Assessing & Identifying Trauma & Resilience: Break Out Groups
- Evaluation Updates: Sharing & Discussing Results from the Baseline Assessment
- Team Time
- Looking Forward: Early Partnership Success Stories

Team Sharing

Trauma-Informed Care Training

- Petaluma Health Center
- LifeLong Medical Care
- Ravenswood Family Health Center

Identifying & Assessing for Trauma and Resilience

- Marin Community Clinics
- UCSF Benioff Children's Hospital
- San Mateo Medical Center

Partnership Work

- West County Health Centers

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Potential Topic Areas

- | | | | |
|---|--|---|-----|
| 1 | What comes next after a positive screen? | 4 | ??? |
| 2 | Getting buy-in from frontline staff and providers | 5 | ??? |
| 3 | Working to engage families in the assessment process | 6 | ??? |

Housekeeping



Bathroom



WiFi



Take
Breaks!

Working Together



With our Community

Collaboration

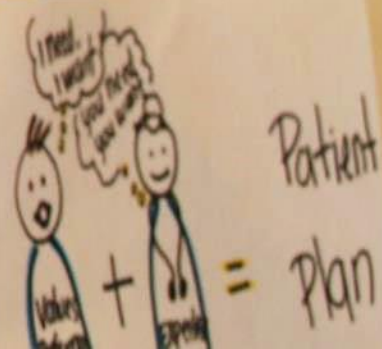


Walk a mile in my shoes



Special Welcome!

Identity...



Building On Resilience





"The ability to **use adversity to its advantage** allows bristlecones to evolve into living monuments of time."



Resilience & Adversity Activity

1. Reflect on a difficult or challenging time in your life. It could be big or small. You won't be asked to share the specific example you are reflecting on.
2. Consider: *Out of what time, what adaptive strategies have you incorporated into your life that have benefitted you?*
3. Jot down your thoughts on a post-it note.



Resilience & Adversity Activity

1. Find someone you don't know well. Introduce yourself. Share your adaptive strategies.
2. Remember you don't have to share the difficult/challenging time you were thinking of if you don't want to.
3. Thank the person who shared with you.
4. Find one more person & repeat the process.



Reminder

While we are talking about trauma, we are also talking about resilience.



Q1
2018

Q2
2018

Q3
2018

Q4
2018

Q1
2019

Q2
2019

Q3
2019

Q4
2019

Q1
2020

Q2
2020

In-Person Opportunities



Session #1
June 12, 2018
(half day)



Session #2
Nov. 2018



Site Visits
Jan-April
2019



Session #3
May 2019



Session #4
Nov. 2019

Remote Support



Webinar #1
July 2018



Webinar #2
Oct. 2018



Webinar #3
Jan. 2019



Webinar #4
April 2019



Webinar #5
July 2019



Webinar #6
Oct. 2019



Webinar #7
Jan. 2020



Webinar #8
April 2020



Coaching Calls

Key Phases & Program Activities



Release
RFA
(3/28/18)
Info
Webinar
(4/4/18)



Announce
Cohort
(5/25/18)



Access to Technical
Assistance

Phase #1: Build team, Collect baseline data, Complete org-wide TIC training, Develop action plan.
(June-Nov 2018)

Phase #2: Co-design with partners & patients; Test & implement elements;
(Dec. 2018-Nov. 2019)

Phase #3: Document workflows & protocols; Reinforce partnerships; Build resources; Spread lessons
(Nov. 2019-May 2020)



Final
evaluation
activities

Phases

Phase 1: Deepen Trauma-Informed Organizational Practices

- Identify project team
- Identify TA needs
- Work with evaluator to define metrics
- Participate in organization-wide TIC training

Phase 2: Test and Implement Care Delivery Changes

- Develop action plan
- Identify community partners
- Co-design strategies with partners, patients, and families

Phase 3: Sustain and Spread

- Document workflows and protocols
- Reinforce and sustain partnerships
- Build referrals
- Spread lessons learned

Phase 2: Test & Implement Care Delivery Changes



Develop a plan to identify the activities and approaches for implementation and how CCI technical assistance resources would support success

Begin testing and implementing the core elements

Identify **community partners** with expertise in early childhood interventions and aligned with goals of addressing trauma

Co-design strategies with community partners and patient advisory groups to ensure referral resources and coordination efforts meet needs

Where We're At

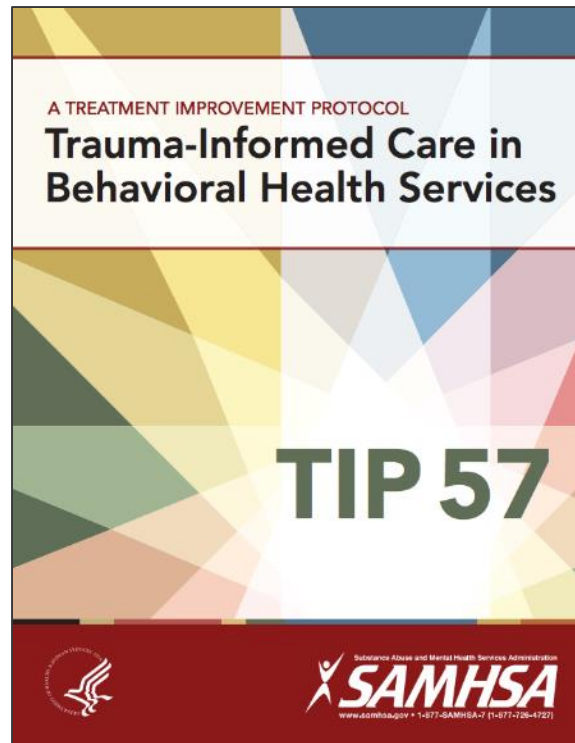
- We are early. There **isn't a roadmap or recipe book** for doing this work.
- BUT there's a lot we can learn from others, including folks in this room.
- We know that there are a set of **core ingredients** to doing this work. But they need to be adapted to fit your environment.



Key Resources

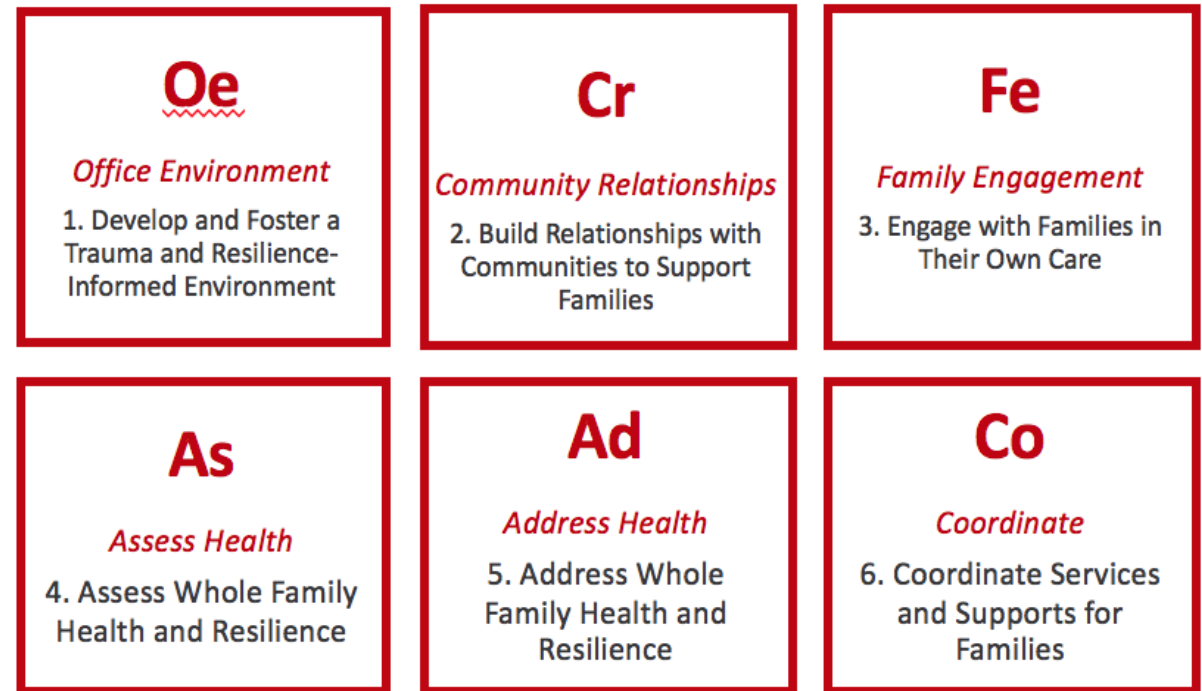
SAMSHA Toolkit

<https://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf>



PICC Framework

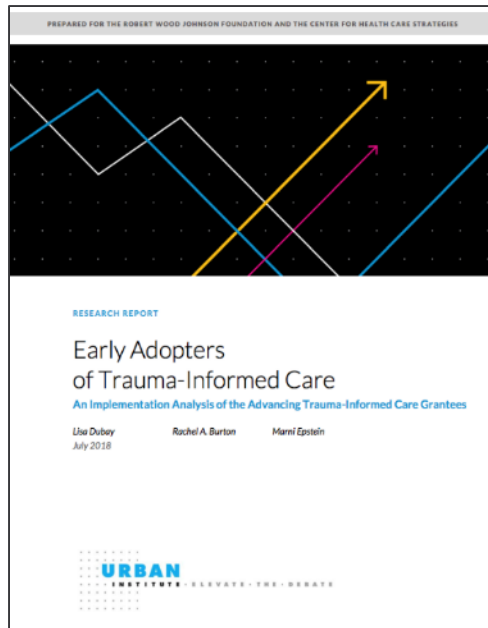
<https://picc.jhu.edu/the-toolkit.html>



Key Resources

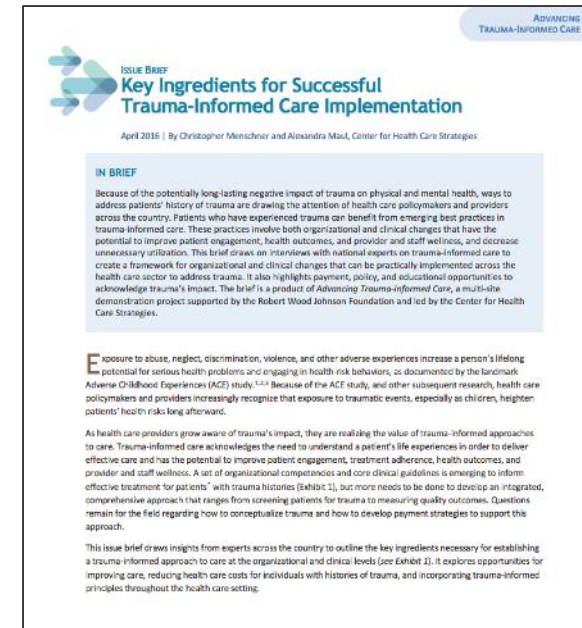
CHCS: Lessons from their national collaborative

<https://www.chcs.org/topics/trauma-informed-care/>



CHCS: Key Ingredients for TIC

<https://www.chcs.org/media/ATC-whitepaper-040616-rev.pdf>



<https://www.careinnovations.org/rbc-portal/>

Site Visits



1-2 visits to
exemplar
organizations

- Intended to **inspire** teams and provide **guidance** for work in the program
- Location pending; 1 will most likely occur in Southern California & the other on the East Coast
- Expect to send up to 2 team members per site visit
- Will occur in first quarter of 2019



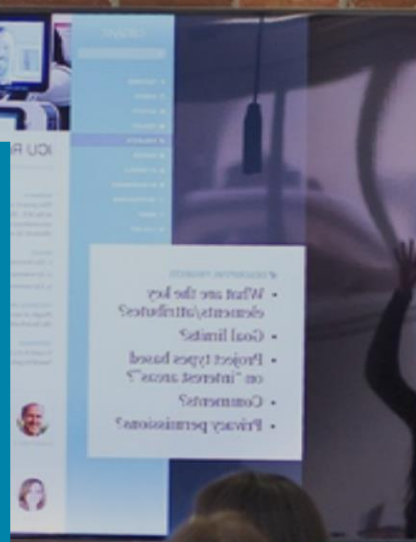
Meet Your Coach!



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CENTER FOR CARE
INNOVATIONS

Questions?



A photograph of a man carrying a young child on his shoulders. They are standing on a sandy beach with the ocean in the background. The man is looking down at the child with a smile. The child is wearing a dark jacket and looking towards the right. The image has a warm, slightly desaturated color palette. A horizontal line is positioned above the text on the left side.

PICC Element #1: Creating & Sustaining Trauma and Resilience Informed Work Environments

Office environment



Oe

Office Environment

1. Develop and Foster a Trauma and Resilience-Informed Environment

Team Presentations:

What worked, what didn't, and what's next?



What was your training plan and approach?

- 200 employees
- Initial plan was four 2-hour sessions held on two separate days = 50 employees per session
- Sessions occurred on a morning set aside once a month for clinic-wide meetings
- Coordinated closely with our Staff Development Director and Trauma Transformed
- After first round of trainings (2 sessions), we changed the logistics for the remaining 2 sessions.
 - Combined remaining groups into one large 100 person session
 - Allowed for a break time half-way through sessions
 - Provided coffee / snacks



What worked well?

- Staff Development Director was able to quickly schedule sessions and coordinate logistics with Trauma Transformed
- As requested, we separated groups into a diverse mix of employees
- Good attendance
- Some employees voiced appreciation that this topic was considered important enough to be presented to entire clinic



What could have gone better or differently?

- First round of trainings – presenter did not click with employees. New presenter was used for second round of trainings.
- First round of training – too much material for length of session. Improved second round.
- Would have liked more emphasis on organizational trauma and it's ultimate impact on patient care.
- Key executives did not attend trainings



What advice or tips do you have for teams that haven't completed the training?

- Need to emphasize the “why” of the training – both at the beginning and the end
- Work closely with Trauma Transformed to reach the message you are hoping to portray
- Allow time for breaks, coffee, nourishment



What are your plans or next steps now that the training is complete?

- Re-train pediatric and behavioral health teams internally
 - Focus on importance of resiliency
 - Focus on organizational trauma and its ultimate impact on patient care
 - Introduce our pilot project
- Work with RBC/TT to create an executive level training that focuses on organizational trauma

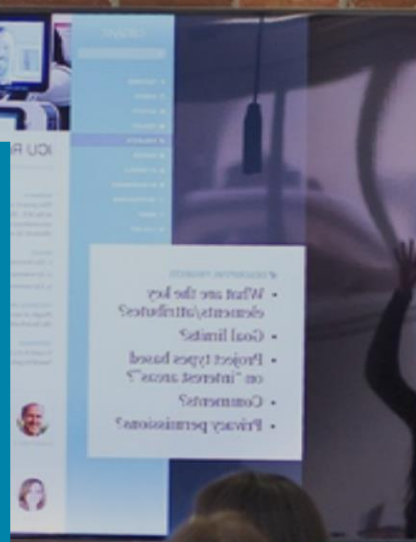




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Questions?





Petaluma Health Center

Alaina Cantor
Tiffany Jimenez
Jessica Moore

Training Plan

- All-staff 3- hour training
- 2 large groups – 250 people & 150 people
- Halloween celebration after
- Logistics & prep-work
 - Flyer to staff with 3 Talking points
 - Invitations, announcements about what & why

A.C.E.

(Adverse Childhood Experiences)
All Staff Training

Petaluma
HealthCenter

COSTUMES ENCOURAGED!



- Recognize toxic stress
- Understand the impact of early trauma
- Learn tools to build resilience
- Make PHC a healing place



LOCATION: SALLY TOMATOES

What went well

- ◉ Coordination with Presenters
 - ◉ Logistics
 - ◉ Slides review
 - ◉ What we want: Tools, connecting to fires
- ◉ All staff trained at the same time
- ◉ Videos / vignettes

What could have gone better/differently?

- More bathrooms, stagger breaks
- Orientation for presenters to our services & culture
- Chance for us to review a few evaluations
- Not enough time to elicit additional input from staff
- More role play / practice with tools

Advice for other teams

- Coordinate with Presenters
- Think carefully about logistics – place, agenda, introductions, food, facilities, travel time, seating arrangement (we mixed it up)
- Combine with something fun!

Next Steps

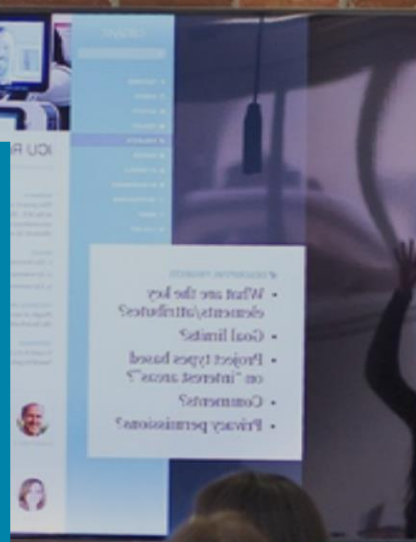
- More practice with skills, Role Play
- Outreach to each department – how can leadership support making this a reality?
- Elicit feedback from staff / reminders about PEARLS in the team room, common work areas
- EAP – find out more info, can we bring some services on site?
- Pair check ins
 - how do you feel (one word)?
 - One success this week?
- ACE Screening – how & timeline



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Questions?



Team Presentations:

What worked, what didn't, and what's next?



Pre-Trauma Informed Care All-Staff Training RB 101

Dear LifeLong employee,

Over the next several months, we are asking all staff to attend and participate in a Resilient Beginnings 101 training to support our involvement in the Resilient Beginnings Collaborative. You will soon receive announcements from your direct supervisors and/or Angie Adams from LMC HR Department on Health Stream registration logistics.

What is the Resilient Beginnings Collaborative?

Our organization is excited to partner with the Resilient Beginnings Collaborative, which was derived from a partnership with Genentech Charitable Giving and the Center for Care Innovations (CCI). The Resilient Beginnings Collaborative is a learning program dedicated to addressing childhood adversity in pediatric safety net care settings. It has been created in order to strengthen organizational capacity and to prevent and mitigate the effects of trauma in young children and the workforce that interact with these young children.

What is the Resilient Beginnings 101 training?

The 2-hour Resilient Beginnings 101 is a foundational training on how trauma and stress impact individuals and the organizations that we work within, and how we can heal from the impact of trauma and build resilience on individual and organizational levels. This training will be part didactic, part inter-active and every participant will walk away with tools and takeaways.

All staff throughout our organization will attend this training over the next 2 months. Though the project focusses on families of children 0-5 years of age, all are invited to participate in the larger organizational change process through the Resilient Beginnings Collaborative. After the training, we will partner with Johns Hopkins University and pediatric safety net clinic coaches toward building more organizational resilience and trauma-informed practices. We are appreciative of your partnership in this collective transformation.

If you have questions about this training or would like more information about the Resilient Beginnings Collaborative, we encourage you to speak with your supervisor or a member of the RBC Core Team (Dr. Omoniyi Omotoso, LCSW Gillian Fynn and LCSW Anne Rockwood).

Thank you for all you do,

[Director's name and/or names of executive leadership staff e.g. Marty Lynch]

RESILIENT BEGINNINGS 101

SAVE THE DATE  OCTOBER 29, 2018



GOALS FOR RESILIENT BEGINNINGS TRAINING:

- Build on existing LifeLong initiatives to build resiliency, and embed trauma-informed and healing-centered practices that will support and strengthen families, communities, and ourselves.
- To develop a shared understanding and language about early adversity, stress, and trauma.
- To learn guiding principles and practical tools to support building cultures of resilience in our organizations and communities.

Location: CHCN: 101 Callan Avenue, San Leandro, CA 4th floor

Time/Date: October 29, 2018, 8:30am – 11:00am

Parking:

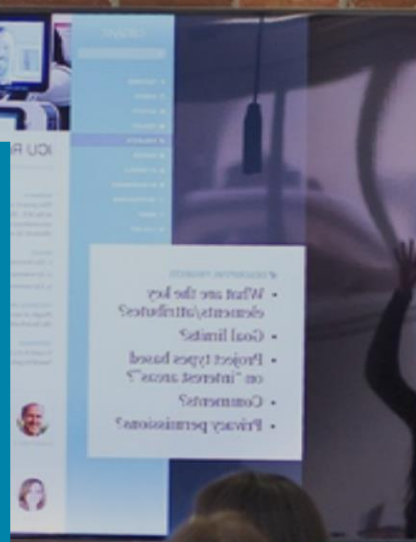
No longer free 2-hour parking on the first floor. You must pay for parking. Park on the 4th floor & use credit/debit to pay for your spot: \$2.50 You'll need to know your license plate for the machine.



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INNOVATIONS

Questions?





Trauma-Informed Care Workforce Development

Elisa Nicholas, MD, MSPH, FAAAP

Chief Executive Officer

Resilient Beginnings Collaborative Convening

November 01, 2018

Everychild Bright Beginnings Program

Step One

Capacity Building & Training in Trauma Informed Care

- EBBI Advisory Council
- EBBI Staff
- Clinic Leadership
- All Clinic Staff
- All Staff with Patient Contact

Step Two

Identify Target Population

- Prenatal Patients
- New Moms, Dads and Caregivers
- Children zero to four (0-4) years of age
- Caregivers of zero to four (0-4) years of age

Step Three

Screening

For the Child

- PEDS
- MCHAT
- Sensitive and Probing Questions

For Parents/Prenatal

- Family/Pregnancy Wellbeing Survey
- Sensitive and Probing Questions
- Edinburg Postnatal Depression Scale

Step Four

Assessment and Stratification

High Risk

- Intake Interview & Assessment which includes Patient Health Questionnaire (PHQ9) for depression, and the Generalized Anxiety Disorder Assessment (GAD7)
- Referrals & Linkage

Medium Risk

- Intake Interview & Assessment
- Referrals & Linkage

Low Risk

- Resources
- Referrals & Linkage

Step Five

Patient Care Plan Interventions

Based on Intervention Level

- Multidisciplinary Case Consultation
- Case Management,
- Medical Legal Partnership
- Home Visits
- Advocacy
- Resources

Classes

- Breastfeeding
- Cooking classes
- IPV Support Group
- Individual Therapy
- Infant Massage
- Parenting & Attachment
- Postpartum Depression
- Project Fatherhood
- Storytime
- Walking groups



EBBI was made possible by a generous contribution from the Everychild Foundation



The Children's Clinic
"Serving Children & Their Families"



Workforce Development and Best Practices

- National Council for Behavioral Health (NCBH) Learning Collaborative Participation
- Two-day NCBH Training—Cheryl Sharp, MSW, ALWF and Karen Johnson, MSW, LCSW
 - Training with leadership
 - Training with all staff
 - Meeting with Everychild Bright Beginnings Initiative (EBBI) Advisory Group
 - Post training check-in with all sites
- Ongoing training to new staff
 - Integration of 2-hour training into new hire orientation
 - Motivational interviewing and peri-partum depression training for MD/NP

Workforce Development and Best Practices

- Clinical Provider Training
 - Recognition of signs and symptoms of trauma

Child's Response to Trauma: Misunderstood Causes in Young Children		
Response	More Common in	Misunderstood Cause
<ul style="list-style-type: none">• Detachment• Numbing• Compliance• Fantasy	<ul style="list-style-type: none">• Females• Children with ongoing trauma/pain• Children unable to defend themselves	<ul style="list-style-type: none">• Depression• ADHD inattentive type• Developmental Delay

Content source: The American Academy of Pediatrics Trauma Toolkit: The Medical Home Approach to Identifying and Responding to Exposure to Trauma

Workforce Development and Best Practices

- Clinical Provider Training
 - Recognition of signs and symptoms of trauma

Child's Response to Trauma: Misunderstood Causes in Older Children		
Response	More Common in	Misunderstood Cause
<ul style="list-style-type: none">• Hypervigilance• Aggression• Anxiety• Exaggerated Response	<ul style="list-style-type: none">• Males• Witness to Violence• People able to fight or flee	<ul style="list-style-type: none">• ADHD• ODD• Conduct disorder• Bipolar disorder• Anger management difficulties

Content source: The American Academy of Pediatrics Trauma Toolkit: The Medical Home Approach to Identifying and Responding to Exposure to Trauma

Workforce Development and Best Practices

- Clinical Provider Training
 - Recognition of signs and symptoms of trauma

Child's Response to Trauma: Bodily Functions		
Symptom(s)	Function	Central Cause
<ul style="list-style-type: none">• Difficulty falling asleep• Difficulty staying asleep• Nightmares	Sleeping	Stimulation of reticular activating system
<ul style="list-style-type: none">• Rapid eating• Lack of satiety• Food hoarding• Loss of appetite• Other eating disorders	Eating	Inhibition of satiety center, anxiety
<ul style="list-style-type: none">• Constipation• Encopresis• Enuresis	Toileting	Increased sympathetic tone, increased catecholamines

Content source: The American Academy of Pediatrics Trauma Toolkit: The Medical Home Approach to Identifying and Responding to Exposure to Trauma



Workforce Development and Best Practices

- American Academy of Pediatrics (AAP) Toolkit
 - Paid provider staff for time to review
 - Topics Include
 - Adverse Childhood Experiences and the Lifelong Consequences of Trauma
 - Addressing Adverse Childhood Experiences and Other Types of Trauma in the Primary Care Setting
 - The Medical Home Approach to Identifying and Responding to Exposure to Trauma
 - Bring Out the Best in Your Children
 - When Things Aren't Perfect: Caring for Yourself and Your Children
 - Protecting Physician Wellness: Working With Children Affected by Traumatic Events
- Continuing Medical Education (CME) (i.e. psychiatrists)
 - “The Healing Fields” Symposium on Trauma, Healing and Resiliency featuring psychiatrist **Dr. Richard Mollica**, Director of the Harvard Program in Refugee Trauma



Safe and Secure Environments

- Physical Safety
 - Implemented friendly, engaged security staff
- Personal and Emotional Safety
 - Ongoing training with staff regarding interactions that promote personal and emotional safety
- Environmental Setting
 - Tea & coffee
 - Renovations at acquired & existing sites



Patient Voice, Choice and Collaboration

- Recognition of relationship between staff morale/satisfaction and patient satisfaction
 - Employee Satisfaction Advocacy Team (ESAT)
 - Staff and patient satisfaction surveys that have integrated assessment of a trauma informed approach
 - Patient voice through consumer board member and EBBI advisory board members
- Recognition that screening of patients sometimes triggers secondary or vicarious trauma in staff
- Addressing issues through an equity and cultural lens in both patients and workforce
 - Special Populations in Long Beach
- Policy & procedures respect patient voice, choice, and collaboration



Early Screening and Comprehensive

Assessment

- What Screening Tools & How to Implement
- SCREENING IS NOT THE END ALL, BUT IS A MEANS TO OPEN THE CONVERSATION
- How to help staff engage & open that conversation
- Role of trust & relationship



Early Screening and Comprehensive

Assessment

- Challenges Faced Implementing a Trauma-Informed Approach
 - System—who, what, when, where?
 - Vicarious trauma
 - Staff discomfort with answers
 - Different personality types or styles of staff
 - Patient discomfort with surveys and questions
 - Potential triggering of staff and/or patients by questioning and/or questionnaire



Continuing the Journey: A Trauma-Informed Workforce

- Onboarding: 2-hour training
- All staff ongoing training at bimonthly meetings and e-learning
- Role of videos/presentation
- Stress reduction education/classes/books (Stress Free for Good)
- Supervision/Management Training
- Physician/Resident Education
- Policy & Procedure Revision
- Confirmed that EAP uses Trauma-Informed therapists
- Employee Health Insurance covers mental health



Taking the Trauma-Informed Approach to Workforce Beyond our Doors

- Changing the lens of the community
 - Instead of asking “What’s wrong with you?” ask “What happened to you?”
- Touching those who work with children and families
 - City Agencies
 - School District
 - Law Enforcement
 - Department of Child & Family Services
 - Health Department
 - Community Physicians
 - Community-Based Organizations
 - Faith-Based Organizations
- MHSA – LACDMH Innovation 2 Grant
- **Goal: Trauma-Informed and Resilient City and Beyond**



Adversity is not destiny

Love over violence

Acknowledgements



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™





The Children's Clinic

"Serving Children & Their Families"

Elisa Nicholas, MD, MSPH

Chief Executive Officer

(562) 264-3551

enicholas@thechildrensclinic.org



BREAK: 10 minutes

A photograph of a man carrying a young child on his shoulders. They are standing on a sandy beach with the ocean in the background. The man is looking down at the child with a smile. The child is wearing a dark jacket and looking towards the right. The image has a warm, slightly desaturated color palette. A horizontal line is positioned above the text on the left side.

PICC Element #2: Key Perspectives, Strategies, & Tools for Assessing & Identifying Trauma & Resilience

Assessing and Identifying Trauma and Resilience: Tools and Strategies from the PICC Collaborative



Pediatric Integrated Care Collaborative (PICC)
***Improving Primary Care's Capacity to Provide Whole Family Care in the Context of
Community***

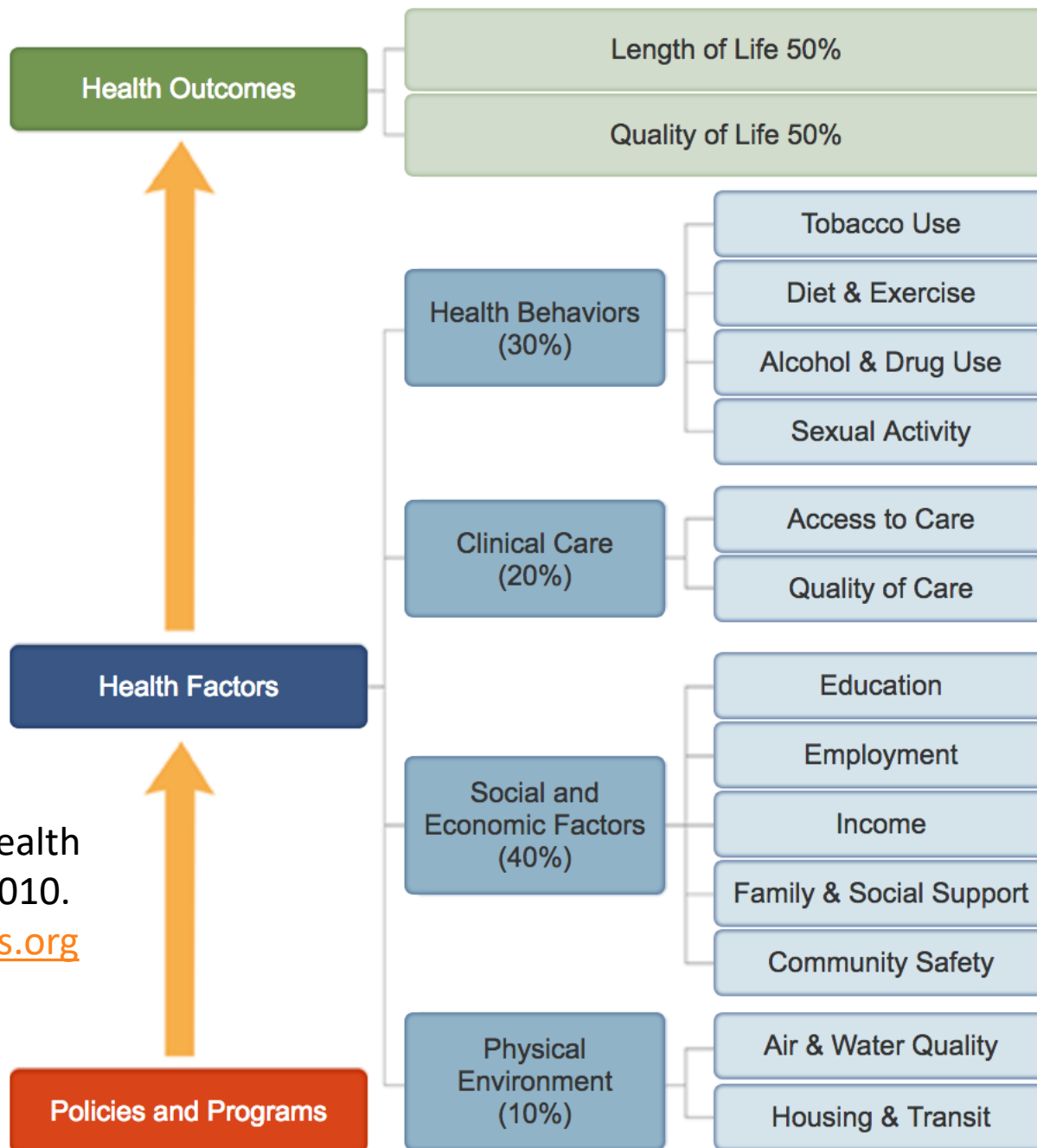
Trauma-Informed Integrated Care



Pediatric Integrated Care Collaborative (PICC)
Improving Primary Care's Capacity to Provide Whole Family Care in the Context of Community

Weighted contributions
to summary health
outcomes

Booske BC, et al. County Health
Rankings Working Paper, 2010.
www.countyhealthrankings.org



No ideal “screener”

- Integrates range of primary care concerns
- High enough positive predictive value
- Helps differentiate possible conditions
- Accounts for disagreement among observers
- Valid across cultures/languages/literacy issues



But screening is helpful

- Systematizes process
- May create a value that can be tracked over time
- May be of use in assessing coverage of population
- Signposts site's openness to discuss subject
- Give people time to prepare, process, before visit



Goal 1. Understand Families' Assets and Risks	A. Partner with families to understand their family and community context
	B. Use appropriate and effective tools that examine risks, needs, and protective factors
Goal 2. Engage Families Using Information Learned	A. Use results to engage and partner with all families



Thoughts?

- While trauma informed care offers an important lens to support young people who have been harmed and emotionally injured, it also has its limitations. I first became aware of the limitations of the term “trauma informed care” during a healing circle I was leading with a group of African American young men. All of them had experienced some form of trauma ranging from sexual abuse, violence, homelessness, abandonment or all the above. During one of our sessions, I explained the impact of stress and trauma on brain development and how trauma can influence emotional health. As I was explaining, one of the young men in the group named Marcus abruptly stopped me and said, “I am more than what happened to me, I’m not just my trauma”. I was puzzled at first, but it didn’t take me long to really contemplate what he was saying.
- The term “trauma informed care” didn’t encompass the totality of his experience and focused only on his harm, injury and trauma. For Marcus, the term “trauma informed care” was akin to saying, you are the worst thing that ever happened to you. For me, I realized the term slipped into the murky water of deficit based, rather than asset driven strategies to support young people who have been harmed. Without careful consideration of the terms we use, we can create blind spots in our efforts to support young people.
- <https://medium.com/@ginwright/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>

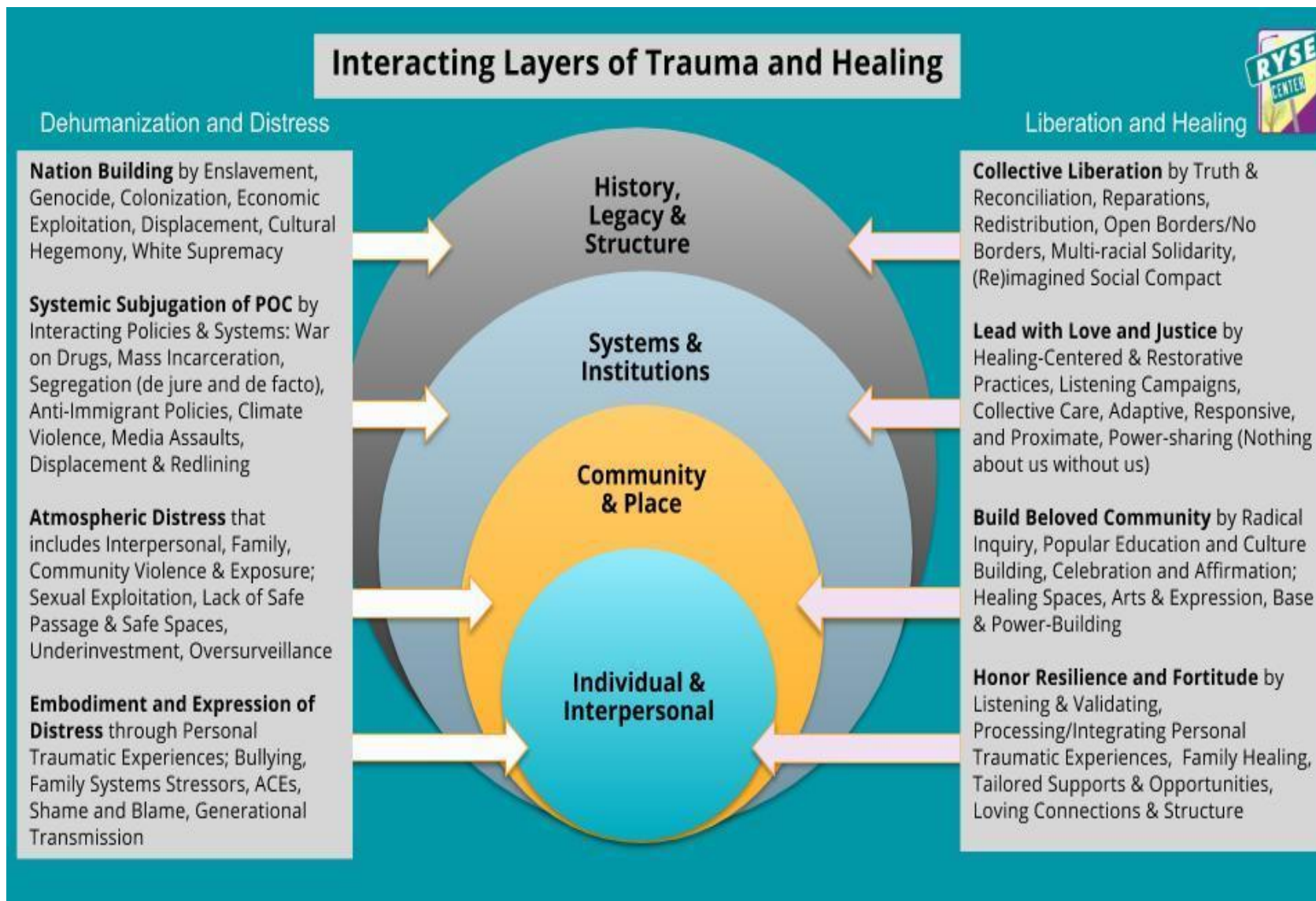


Examples from PICC



Element 4. Assess Whole Family Health and Resilience

- Prepare families for screening questions ahead of time (must be more than handing families a checklist with “loaded” questions)
- Identify and screen for social determinants of health in primary care
- Develop universal trauma-informed screening processes (e.g., questions asked by nurse when rooming; completing questionnaire in waiting room, etc.)
- Be prepared for reactions and responses (consider what and when questions might be triggering)
- Use the conversations around screens as an in-office intervention
- Use warm, real-time “hand-offs” and processes to respond to what families identify (e.g., social workers, Health Leads, food security access)
- Think broadly about the intersections between trauma-informed care, social determinants of health, racial justice, and equity





An Example of a Tool: Adapted SEEK

 **Menominee Tribal Clinic** 
Parent Screening Questionnaire

Dear Parent or Caregiver: Being a parent is not always easy. We want to help families keep their kids safe. The questions below are about problems that affect many families. If there is a problem we'll try to help. We want to help you be the best parent you can be. Attached is some information you may find helpful.

Please answer the questions about your child being seen today for a check up. This is voluntary. You don't have to answer any questions you prefer not to.

Today's Date: ____/____/____ Child's Name: _____
Child's Date of Birth: ____/____/____

PLEASE CHECK

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need the number for Poison Control?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need a smoke detector in your home?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does anyone smoke tobacco in the home or the car?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the last year, did you worry that your food would run out before you got money or Food Share to buy more?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you often feel your child is difficult to take care of?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you sometimes feel frustrated with your child?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish you had more help with your child?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you often feel under extreme stress?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past month, have you felt down, depressed or hopeless?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past month, have you felt little interest or pleasure in things you used to enjoy?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past year, have you been afraid of your partner?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past year, have you or anyone in the home had a problem with drugs or alcohol?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past year, have you felt the need to cut back on drinking or drug use?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past year, has your child lost someone close to them?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past year, did anyone close to you have a serious injury, illness, or accident?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any other problems you'd like help with today?

Please share some strengths your family uses to deal with difficult times:

Adapted from: University of Maryland School of Medicine

*Preamble
may be the
most
important
part!!!*



Pediatric Integrated Care Collaborative (PICC)
Improving Primary Care's Capacity to Provide Whole Family Care in the Context of Community

Screening Related to Health Leads












JOHNS HOPKINS CHILDREN'S CENTER Health Leads Date: _____

Health Leads connects Harriet Lane Clinic patients to available resources in the clinic or community

Guardian name: _____ Phone: _____

Child's name: _____ Child's DOB: _____

Address: _____ City: _____ Zip: _____

Would you like help with any of the following?			
	Finding food (Food pantries)	Yes	No
	Finding housing search resources and emergency shelters	Yes	No
	Paying utility bills (gas, electric, water, phone)	Yes	No
	Finding job resources or job training programs	Yes	No
	Finding health insurance or healthcare providers	Yes	No
	Finding adult education classes (GED, ESL, vocational schools)	Yes	No
	Applying for public benefits (Food stamps, TCA, WIC, SSI/SSDI)	Yes	No
	Finding childcare or daycare programs	Yes	No
	Finding safety information or other supplies (childproofing, clothing, diapers)	Yes	No
	Finding legal resources	Yes	No
	Finding transportation to clinic appointments	Yes	No

Clinic: ☐ Continuity ☐ Acute ☐ IPC ☐ Adolescent ☐ Specialty

Referring provider: _____

Notes: _____

Patient Sticker or MRN: _____

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Pediatric Integrated Care Collaborative (PICC)
Improving Primary Care's Capacity to Provide Whole Family Care in the Context of Community





ACEs Screening in Pediatrics – Tips & Lessons Learned

Challenges to Universal ACEs Screening

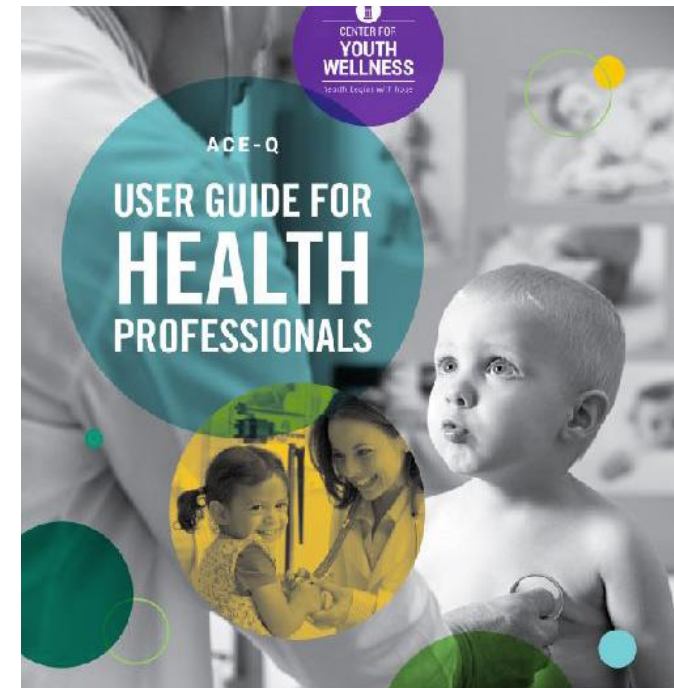
- Lack of time
- Lack of provider comfort and fear of incorrect information
- Perceived negative patient reaction
- Concerns regarding strength of referral system
- Fear of clinic liability and increases in cases of mandated reporting
- Questions about tools and scientific foundation
- Perception that ACEs pertain to only certain populations
- Perception that ACEs are outside physician core function

Easing Physician Anxiety

- ACE Screening is one tool to gauge risk and determine follow-up
 - Not all problems are going to be solved at one appointment!
- Often, the resources for intervention already exist at the clinic, they may just need to be re-organized
 - Look outside traditional behavioral/mental health for resources
- ACEs Screening enhances standard care by providing physicians with additional information, a tool for patient education and a way to identify and assist children who may have otherwise been missed

Making screening a reality in your practice

- Implement a Performance Improvement Project
- Get buy-in at all levels of the practice
- Incorporate into annual well-child visits
- Start with a pilot population
 - Starting with a smaller targeted population can help to get buy-in
- Bring EHR/IT team into the discussion early



Documentation in Patient Record

- Needs methodical planning of documentation with reporting and data analysis in mind
- Bring IT build representatives and report builders to the table during planning discussions
- Consider target population in discussions for report planning (visit type, age)



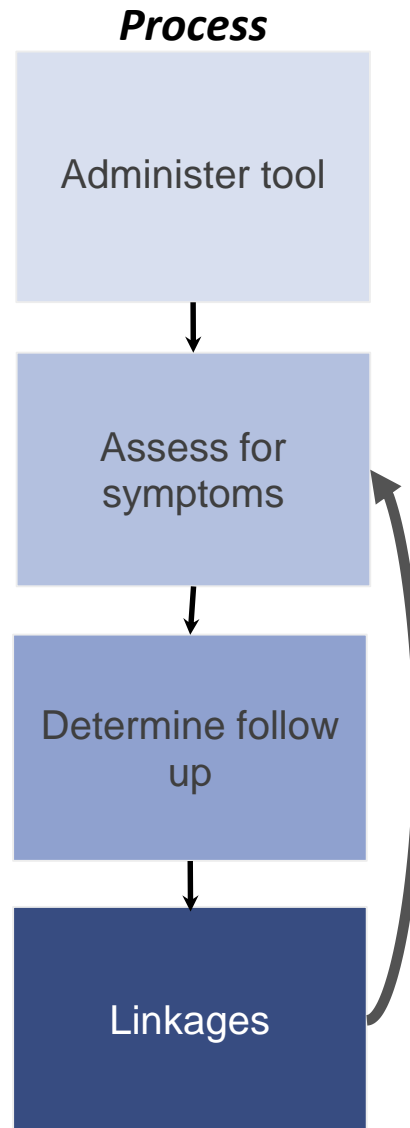
Outcome and Performance Measures

(1) % of patients screened	
Numerator	The number of patients in a given month that were screened using an ACE questionnaire
Denominator	The number of patients in a given month that were eligible* for the ACE questionnaire (write out what definitions for eligible patients)
(2) % patients with positive ACE score	
Numerator	The number of patients screened in a given month with a positive* ACE questionnaire score (write out definition for positive)
Denominator	The number of patients in a given month that were screened using an ACE questionnaire
(3) % patients positive ACE score patients that have appropriate referral	
Numerator	The number of patients referred to additional services/resources related to positive ACE screen
Denominator	The number of patients screened in a given month with a positive ACE questionnaire

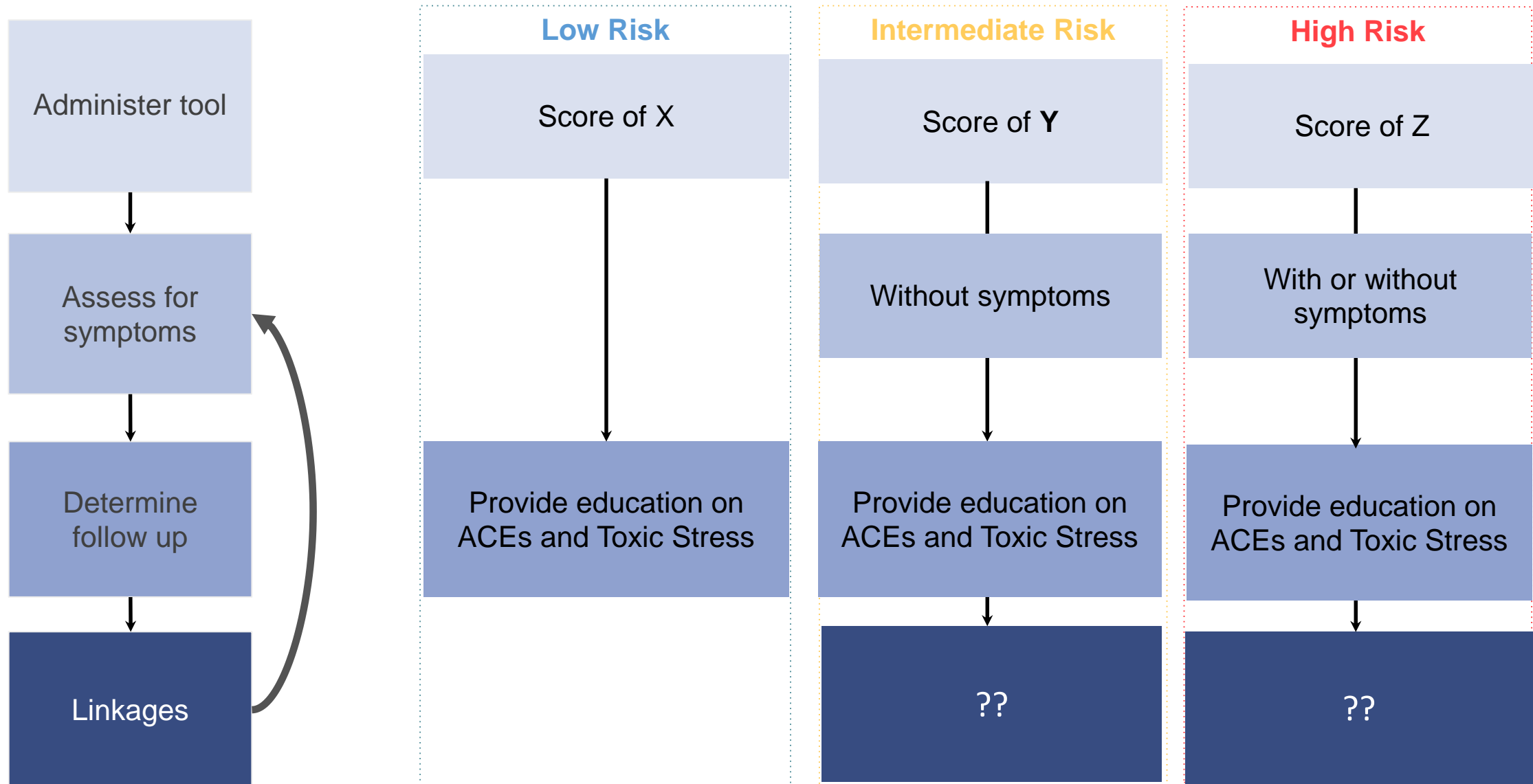
ACEs Screening Protocol Development

- Clear rationale for ACEs screening
- Population and screening intervals selected
- Identify screening tool to be utilized
- Outline scoring algorithm
- Develop education and intervention plan

Ex: Screening workflow



Ex: Scoring Algorithm



Clinical Symptoms

Inflammatory Responses

- Frequent asthma exacerbations
- Frequent eczema flaring
- Frequent colds
- Frequent infections such as ear infections or pneumonia

Endocrine System Responses

- Diabetes
- Difficulty keeping weight on
- Frequent abdominal pain
- Obesity
- Poor growth
- Constipation
- Weight gain or loss
- Difficult/irregular menses
- Early or late onset of menses/puberty

Neurological System Responses

- New onset, or recent increase in anxiety
- New onset, or recent increase in depression
- Enuresis/Encopresis
- Behavior problems- impulsivity, oppositional defiance
- Frequent headaches/migraines
- Inconsolable crying
- Difficulty sleeping or nightmares
- Disassociation/apathy
- Regular Drug, alcohol, tobacco use
- Risky sexual behavior- frequent sexual activity, multiple partners, lack of use of condoms/contraception
- Self-Harm –cutting, suicidal Ideation/attempt
- School problems- school avoidance, frequent absence, poor/failing grades
- Learning problems- increase in ADD, ADHD symptoms

Referrals & Interventions – 3 Tiers

- Clinical Response
 - Early detection through screening
 - Patient Education
 - Anticipatory Guidance
 - Screen = intervention = increased rapport
 - Clinical management & considerations using an ACEs lens
- 6 Domains of Intervention (sleep, nutrition, exercise, mindfulness, mental health, and healthy relationships)
 - Prompt therapeutic interventions & enhancing protective family factors
- Additional intervention supports
 - Modifiable factors (housing, food, etc)
 - Parenting support

Anticipatory Guidance & Patient Education

- Anticipatory guidance, specific to the age of the patient, includes information about the benefits of healthy lifestyles and practices that promote wellness, coping with a chronic disease, or prevention
- Anticipatory guidance topics can be used as prompts to ask open-ended questions so that the parent and physician can have a timely, relevant, and appropriate discussion that meets everyone's needs. The following Anticipatory Guidance handouts are available on the NPPC website:
 - Building Resilience
 - Nutrition and Exercise
 - What is ACEs Screening?
 - Toxic Stress
 - Self-Regulation



Adverse Childhood Experiences (ACEs)

Did you know that Adverse Childhood Experiences can be harmful to your child's health?:

- Adverse Childhood Experiences (ACEs) can cause harm to a child's developing brain and body, influence behavior and learning, and lead to overall health problems.
- These long term changes, in the absence of a supportive caregiver, are called **toxic stress**.
- Everyone is built differently. Some need more support than others.

Adverse Childhood Experiences as Identified in the ACEs study are listed below:

- Parental separation or divorce
- Incarcerated household member
- Domestic violence
- Living with someone who is chronically depressed, institutionalized, or suicidal
- Alcohol/drug abuser in the home
- Sexual abuse
- Emotional abuse
- Physical abuse
- Physical neglect
- Emotional neglect

In addition we believe these things can lead to toxic stress:

- Life threatening illness/injury
- Guardian death
- Community violence
- Homelessness, foster care/CPS involvement

Health begins with hope!

People can cope with challenging events in their lives by creating a circle of wellness that includes caring support systems, exercise, good nutrition and regular medical care.

CENTER FOR YOUTH WELLNESS

Clinical Office:
3450 Third Street, Bldg 2, Suite 201,
San Francisco, CA 94124

P: 415.684.9520
F: 415.920.1725
centerforyouthwellness.org
nppcaces.org

NPPC
National Pediatric Practice Community



Toxic Stress



Positive Stress:

Brief increases in heart rate, mild elevations in stress hormone levels.



Tolerable Stress

Serious, temporary stress responses, buffered by supportive relationships



Toxic Stress:

Prolonged activation of stress response systems in the absence of protective relationships
Serious, temporary stress responses, buffered by supportive relationships.



How stress affects the human body

- Headaches, feelings of despair, lack of energy, sadness, nervousness, anger, irritability, trouble sleeping, mental health problems (such as panic attacks, anxiety disorders and depression), behavior younger than age
- Acne and other skin problems
- Faster heartbeat, rise in blood pressure, heart attack and heart disease
- Blood sugar increases, higher cholesterol, increased risk of diabetes
- Muscle aches and tension, increased risk of reduced bone density



- Grinding teeth, tension in jaw, increased or decreased eating
- Stress hormones increase, increased inflammation, lowered ability to fight or recover from illness, frequent colds
- Increased risk of asthma and flare ups
- Diarrhea, constipation, nausea, stomach pain, heart burn, other digestive problems
- Irregular or more painful periods, reduced or increased sexual desire, bedwetting
- Weight gain & obesity

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NPPC
National Pediatric Practice Community

What's Toxic Stress?



Questions?

Thank you!

Rachel Gilgoff, MD, CCTP, FAAP

rgilgoff@centerforyouthwellness.org

Team Presentations:

How are you identifying trauma and resilience, including tools used, challenges encountered, and recommendations for others?



Resilient Beginnings and Collaborative: Identifying and assessing for trauma resilience

Dayna Long, MD and Larissa J. Estes, DrPH
UCSF Benioff Children's Hospital Oakland
Department of Community Health and Engagement

Resilient Beginnings Collaborative Convening
November 1st, 2018

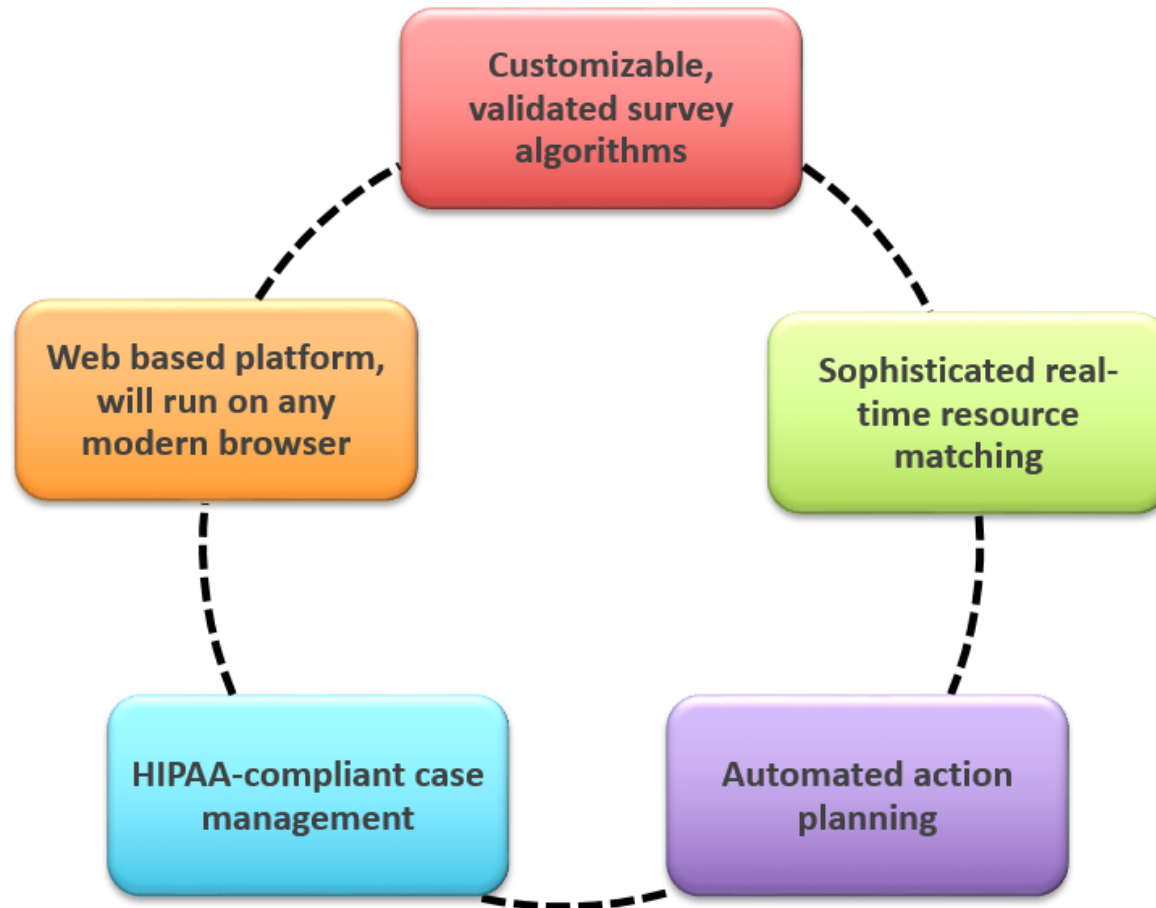


Center for Community
Health and Engagement



A cloud based innovative solution that empowers patients, care teams and their communities to collaboratively address social determinants of health

FIND*connect* FEATURES



FINDconnect GOALS

To make connecting with resources for social and environmental determinants of health incredibly easy and effective for all

Suite of Tools

- **Opportunity Assessment**
- **Action Plan creation and delivery**
- **Knowledge Base**
- **Case Management**

Automation provides

- **Scalability**
- **Outcome tracking**
- **Program quality and evaluation**

Training & Education

- **Integrating into clinic flow**
- **User guide**
- **Cultural humility when addressing SDOH**

FINDconnect Screening

Opportunities Assessment

- Research Enrollment

- Resiliency Screening

- Issues that concern parent and family – housing, food, med-legal, activities, etc.

Child Development (ASQ, MCHAT)

Adult Mental Health

- PHQ2 and PHQ9

- GAD7

- ACE Screen

Child Mental Health

- Pediatric Symptom Check List (by age groups)

- ACE Screen

Action Plan

After completing the needs assessment survey, the caregiver is presented with a custom tailored action plan that lists resource recommendations based on their three priority needs identified. The detailed information provides an easy to follow guide for caregivers to immediately act upon once leaving the FIND desk.

Action Plan

Food

HEAD START/EARLY HEAD START

WHO TO CONTACT

NOTES FROM THE NAVIGATOR

N/A

TELEPHONE

INSTRUCTIONS FOR YOU REGARDING THIS REFERRAL

510-629-6300

E-MAIL

info@alamedafs.org



When you have visited this referral, please let us know. Text **D59715** to **(510) 250-3240**

FARMER'S MARKETS - CONTRA COSTA COUNTY

WHO TO CONTACT

NOTES FROM THE NAVIGATOR

Matthew Slattengren

TELEPHONE

INSTRUCTIONS FOR YOU REGARDING THIS REFERRAL

925-646-5250

E-MAIL

matt.slattengren@ag.cccounty.us



When you have visited this referral, please let us know. Text **N64815** to **(510) 250-3240**

ACTIVE AND HEALTHY FAMILIES CLINIC'S KIDS SUMMER PROGRAM

WHO TO CONTACT

NOTES FROM THE NAVIGATOR

Lourdes Juarez, CPNP

TELEPHONE

INSTRUCTIONS FOR YOU REGARDING THIS REFERRAL

510-428-3885 ext. 2052

E-MAIL

ljarez@mail.cho.org



Active & Healthy Families Summer Program 2016.PDF



When you have visited this referral, please let us know. Text **V62246** to **(510) 250-3240**

What's Working?

- Standard of care in primary care clinic
- Support enrollment into research studies associated with ACEs, SDoH
- Regular updates to resource database
- Data collection and geo-mapping
- Care coordination
- Increased patient satisfaction
- Reduced stress and burden among clinic staff

Opportunities for Growth

- Available resource across BCHO
- EHR Integration in progress
- Conversations with other clinics (local/national) for expansion outside BCHO
- Expanding to shared knowledge base
- Community facing portal is under-utilized → Orgs can access resources in system, maintain, and get utilization data on referrals
- Patient facing portal (Caregiver) is under-utilized

Lessons Learned

- Know your contracts
- Utilize internal IT support
- Cultural shift takes time

RBC BCHO TEAM

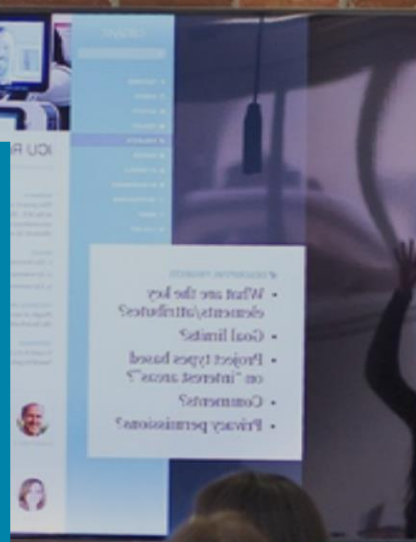
- Maoya Alqassari
- Mindy Benson
- Karen Daley
- Larissa Estes
- Lourdes Juarez
- Dayna Long
- Shelly Nakaishi
- Saun-Toy Trotter



CCI

CENTER FOR CARE
INNOVATIONS

Questions?



Team Presentations:

How are you identifying trauma and resilience, including tools used, challenges encountered, and recommendations for others?

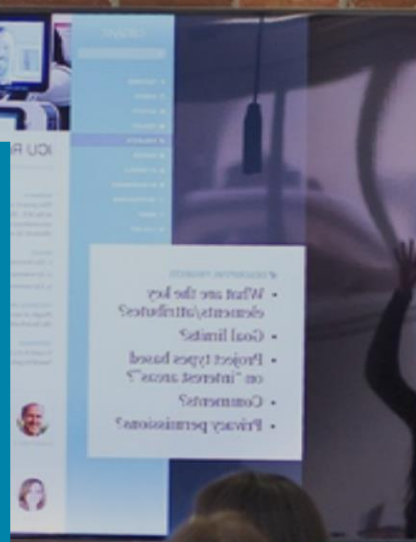




CCI

CENTER FOR CARE
INNOVATIONS

Questions?



Assessing for Trauma in our Early Childhood Population





Marin Community Clinics Pilot Site

National Pediatric Practice Community on Adverse Childhood Experiences (NPPC)

An initiative of **CENTER FOR**
YOUTH WELLNESS
health begins with hope

Vision for the Project


- To identify patients at-risk as early as possible, including in utero, in order to intervene early and prevent additional ACEs
- Our goal is to prevent ACE's from occurring before the child is born, and be able to follow families from prenatal care through early childhood to ensure they have the resources they need

Development of ACES Screen

- Pilot project in conjunction with Center for Youth Wellness
- 6 month pilot, April – October 2018
- Developed Screen based on CYW prototype, with modifications to better fit our population
- De-identified, but with clear demarcations to increase clarity while maintaining confidentiality

Marin Community Clinics Pediatric ACES Screen

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child’s doctor in assessing their health and determining guidance.

Please read the questions below. **COUNT** the number of questions you would answer “YES” to and write the **TOTAL NUMBER** in the box 

Please DO NOT mark or indicate which specific questions apply to your child.

*Has your child ever seen or heard adults in the home pushing, hitting, or threatening to hurt each other?
*Has anyone ever touched your child’s private parts in an inappropriate way or hurt your child physically?
*Has anyone insulted, swore at, threatened or otherwise acted in a way that significantly scared or upset your child?
*Does your child have any family members with anxiety, depression, PTSD or other mental health concerns?
*Does your child have any family members who have or have had a problem with alcohol or other drugs?
*Has your child ever been separated from either parent due to parental illness, divorce, incarceration, immigration problems, foster care or other issues?
*Has your child ever went without food, clothing, a place to live, or had no one to protect her/him?

What are ACES?Adverse Childhood Events (ACEs) are stressful or frightening things that happen during childhood, such as abuse, neglect, or severe dysfunctions in the household. We know that people who experience a lot of ACEs may have more problems with their health.

What is resilience?Resilience is the ability to bounce back from stressful situations. Children inherently have some degree of resilience and resilience can also be learned, practiced and improved upon. Some studies have shown that good resilience skills can help people avoid the health problems that come from ACEs exposure.

Why does my pediatrician want to know this information?Knowing what sorts of experiences your child may have been through will help us to know how to support and guide you through your parenting journey.

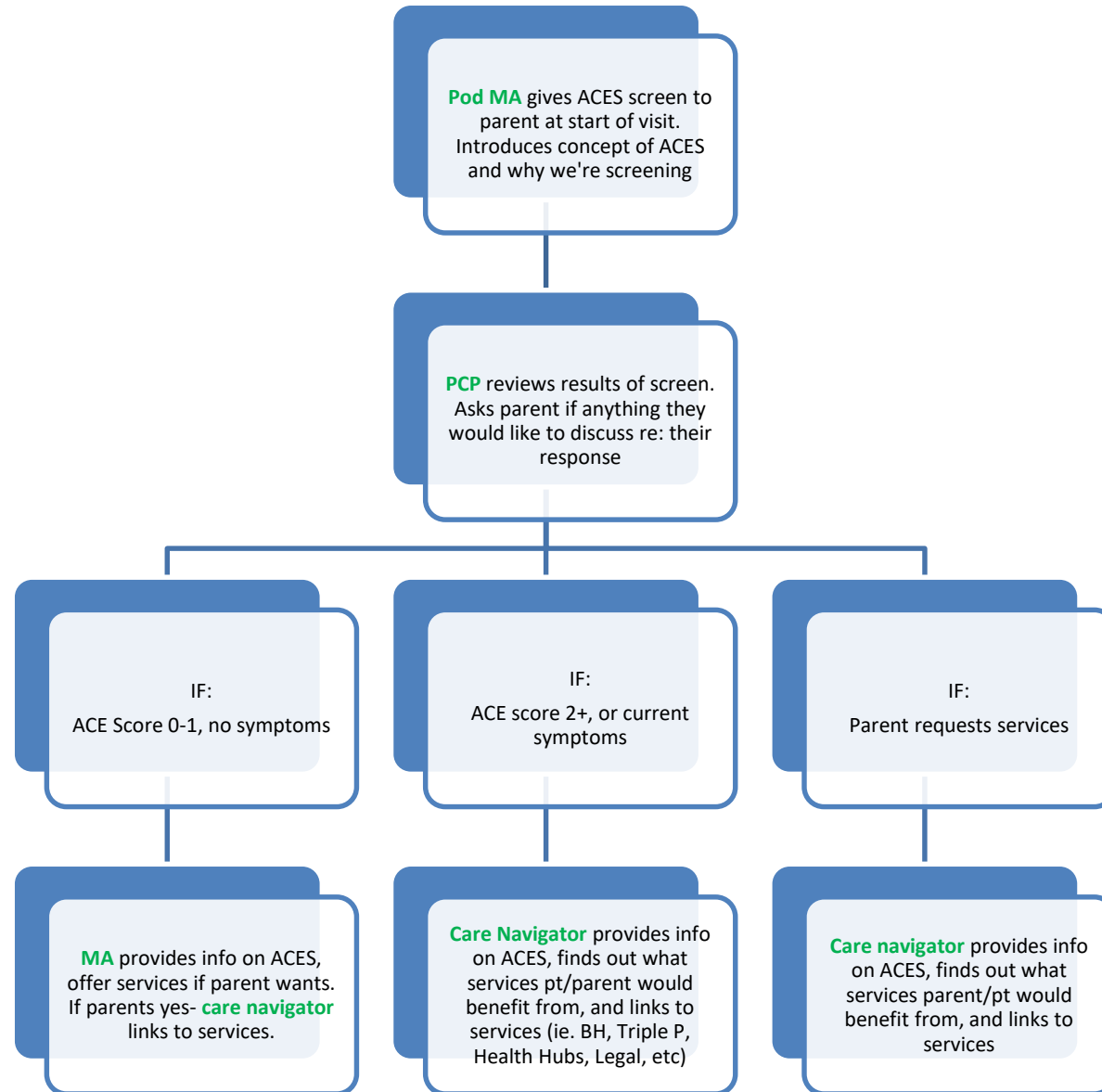
Reviewed By: _____

Date: _____

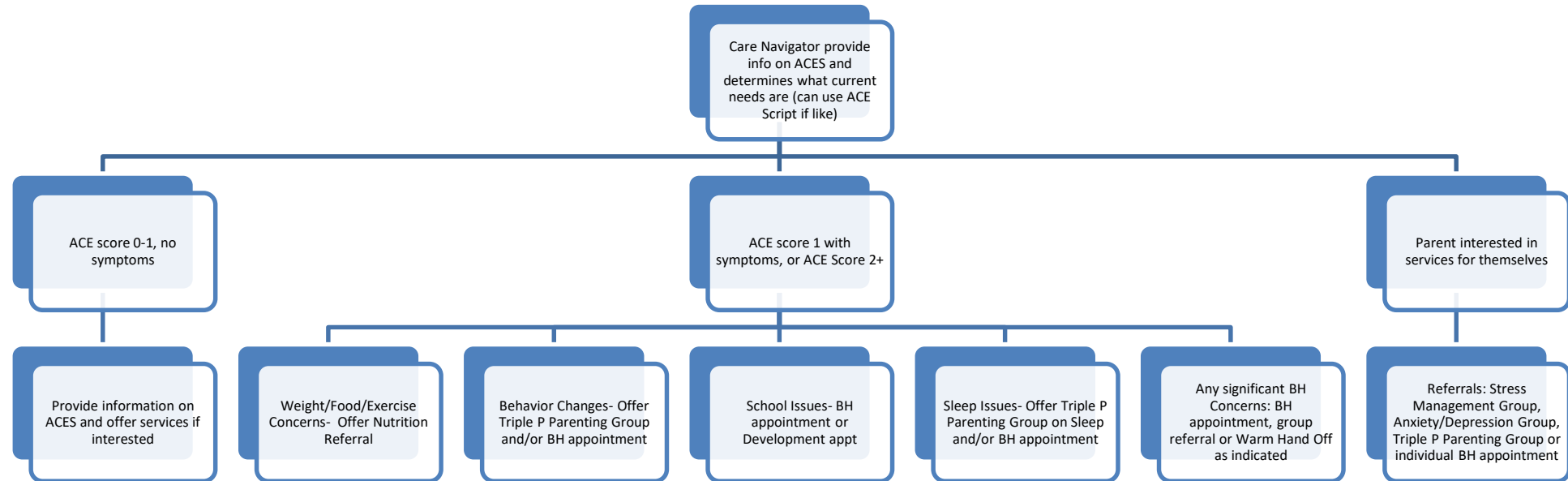
Pilot Focus-Pediatrics

- 9 mos. Well Baby Visit
- 30 mos. Well Child Visit
- All new patient visits under 12 yrs.
- MA administers the screen, PCP reviews screen and discusses with patient/caregiver
- 3 clinics, 9 providers for pediatric screens

ACES Screen Workflow



Care Navigation Referral Flow Chart for ACES Screening



Pilot Focus-OBGYN

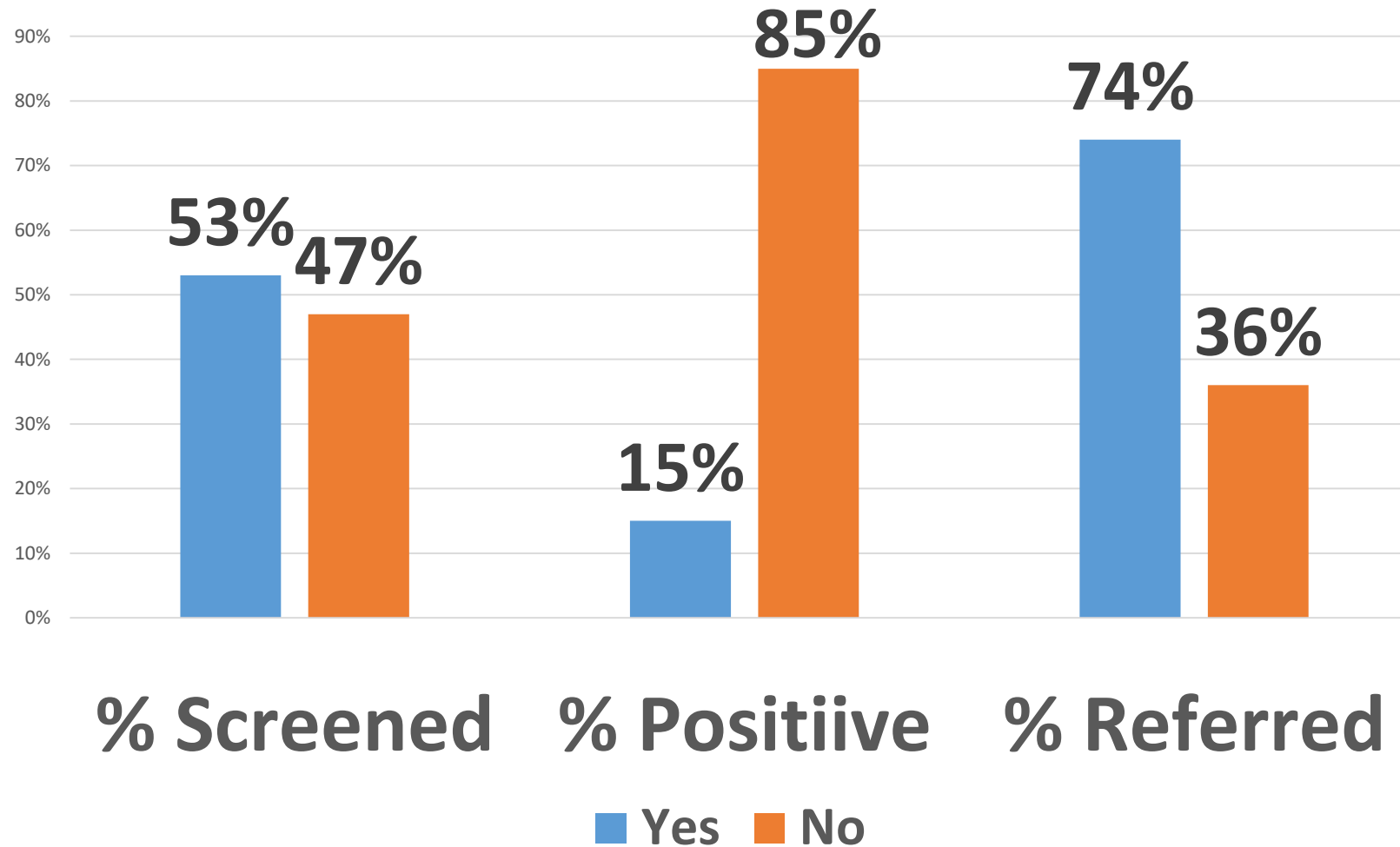
- All High Risk OB patients
- Incorporated into our psychosocial assessment of High Risk OB patients through the CPSP Program
- CPSP Administers screen and discusses results with patient
- 1 clinic, 3 CPSP providers for OB screens

Results

- 149 Pediatric Patients Screened
- 50 Obstetrics Patients Screened
- 19 positive ACES Screens (2+) in pediatrics

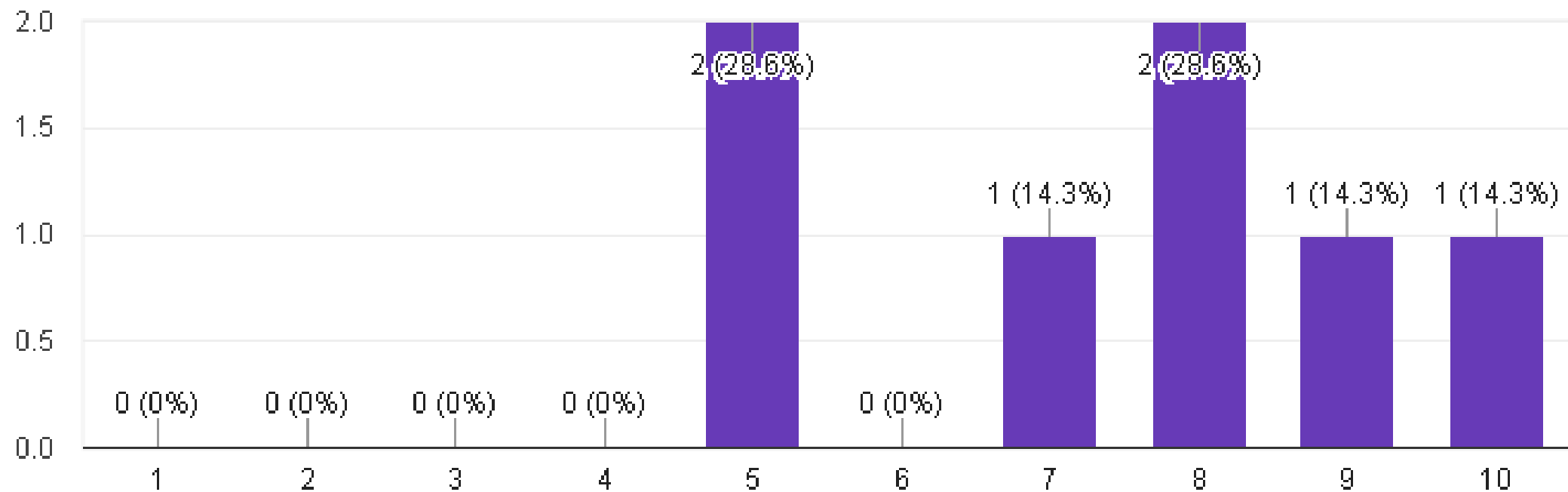
MCC ACEs Screening

Pilot Findings April-September



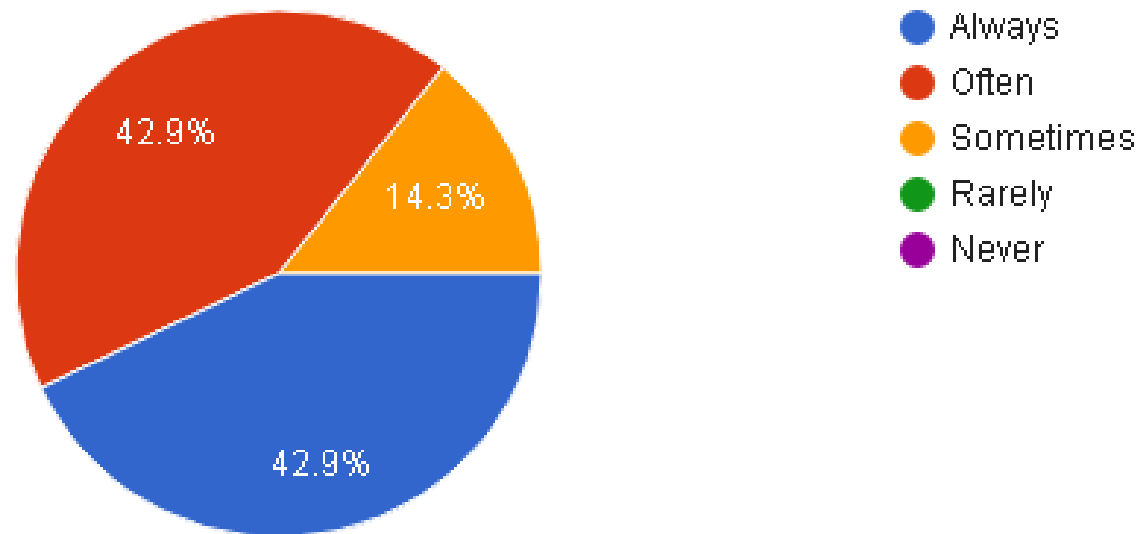
In your opinion, on a scale of 1-10 how USEFUL did you find the ACEs screener? (For example: did you get answers that were surprising or unexpected?)

7 responses



In your opinion, how often were you able to get or find the resources for your patient that you felt you needed after reviewing the ACEs screener? (ex: you were able to contact a patient care navigator for a warm hand-off)

7 responses

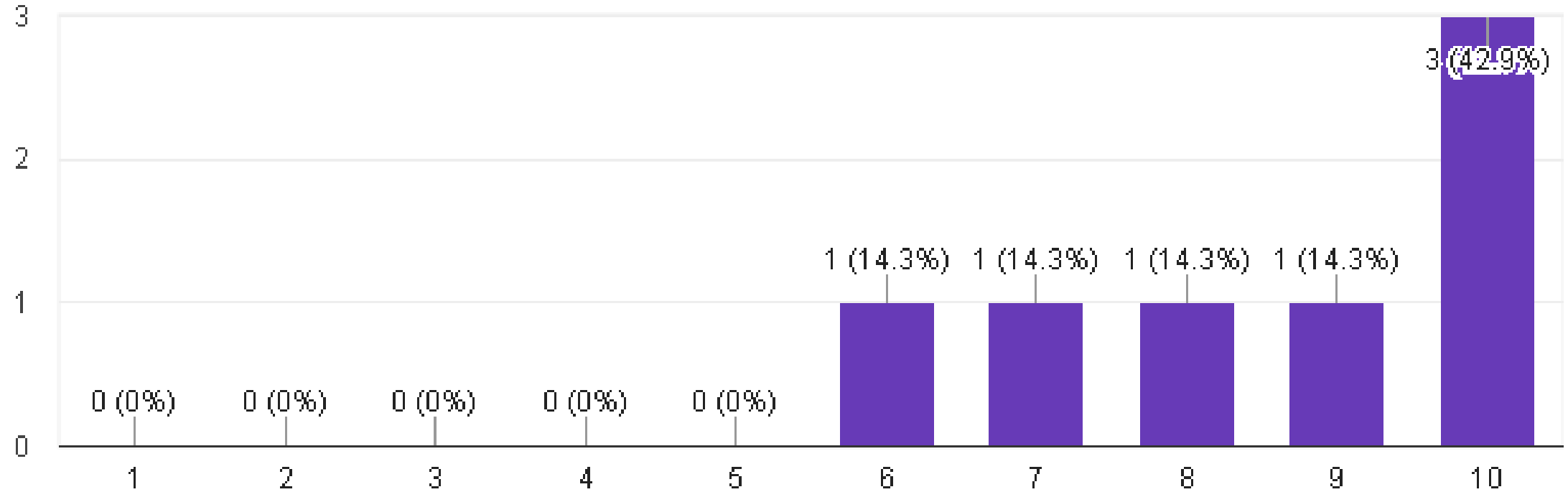


Lessons Learned

- In process of collecting data- preliminary results
- Overall very positive feedback
- Used as a tool to help identify needs of more patients, not a validated measure

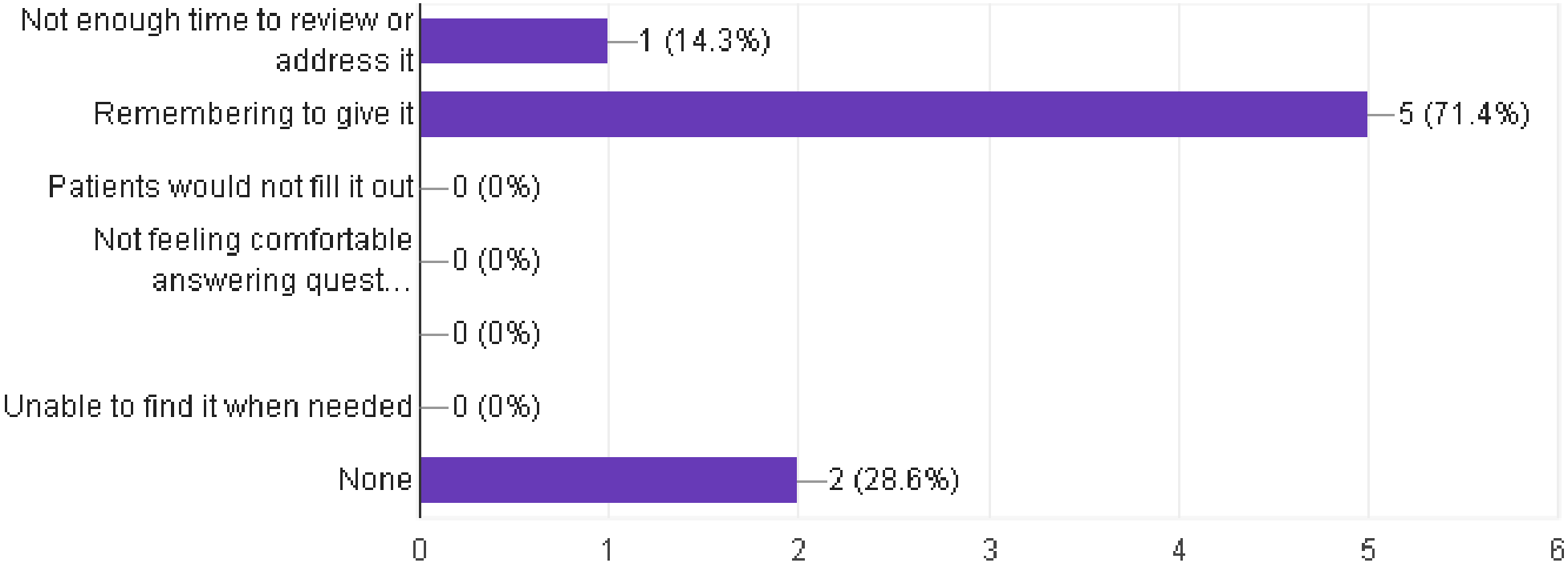
In your opinion, on a scale of 1-10, how EASY was it to screen for ACEs using the current paper screener?

7 responses



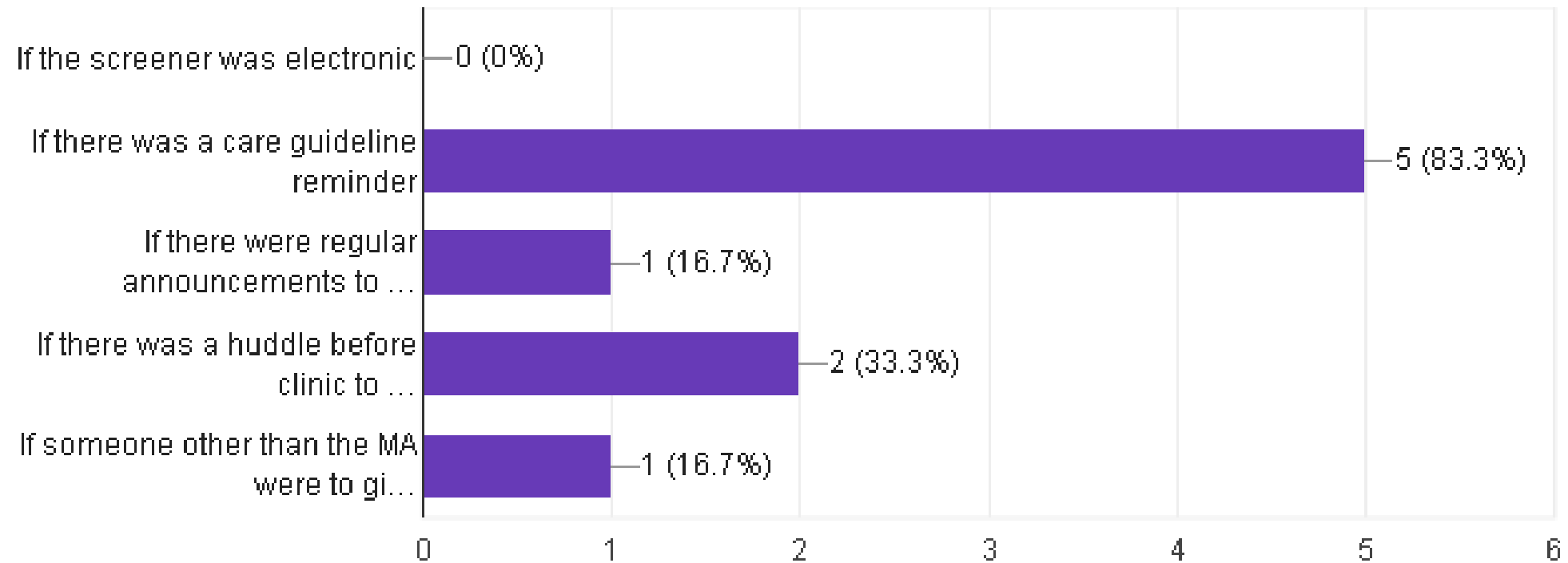
What were the BARRIERS to using the ACEs screener?

7 responses



Which of the following options would make it EASIER to use the ACEs screener?

6 responses



Next Steps

- Plan to bring to scale clinics-wide
- Incorporating into EHR, ideally into a more comprehensive screen of social determinants of health
- Identified need of systemized way of tracking referrals



LUNCH: 45 minutes

Potential Topic Areas

- | | | | |
|---|--|---|-----|
| 1 | What comes next after a positive screen? | 4 | ??? |
| 2 | Getting buy-in from frontline staff and providers | 5 | ??? |
| 3 | Working to engage families in the assessment process | 6 | ??? |

A photograph of a man carrying a young child on his shoulders. They are standing on a sandy beach with the ocean in the background. The man is looking down at the child with a smile. The child is wearing a dark jacket and has their hands on the man's head. The image has a warm, slightly desaturated color palette.

PICC Element #2: Assessing & Identifying Trauma & Resilience Breakout Groups

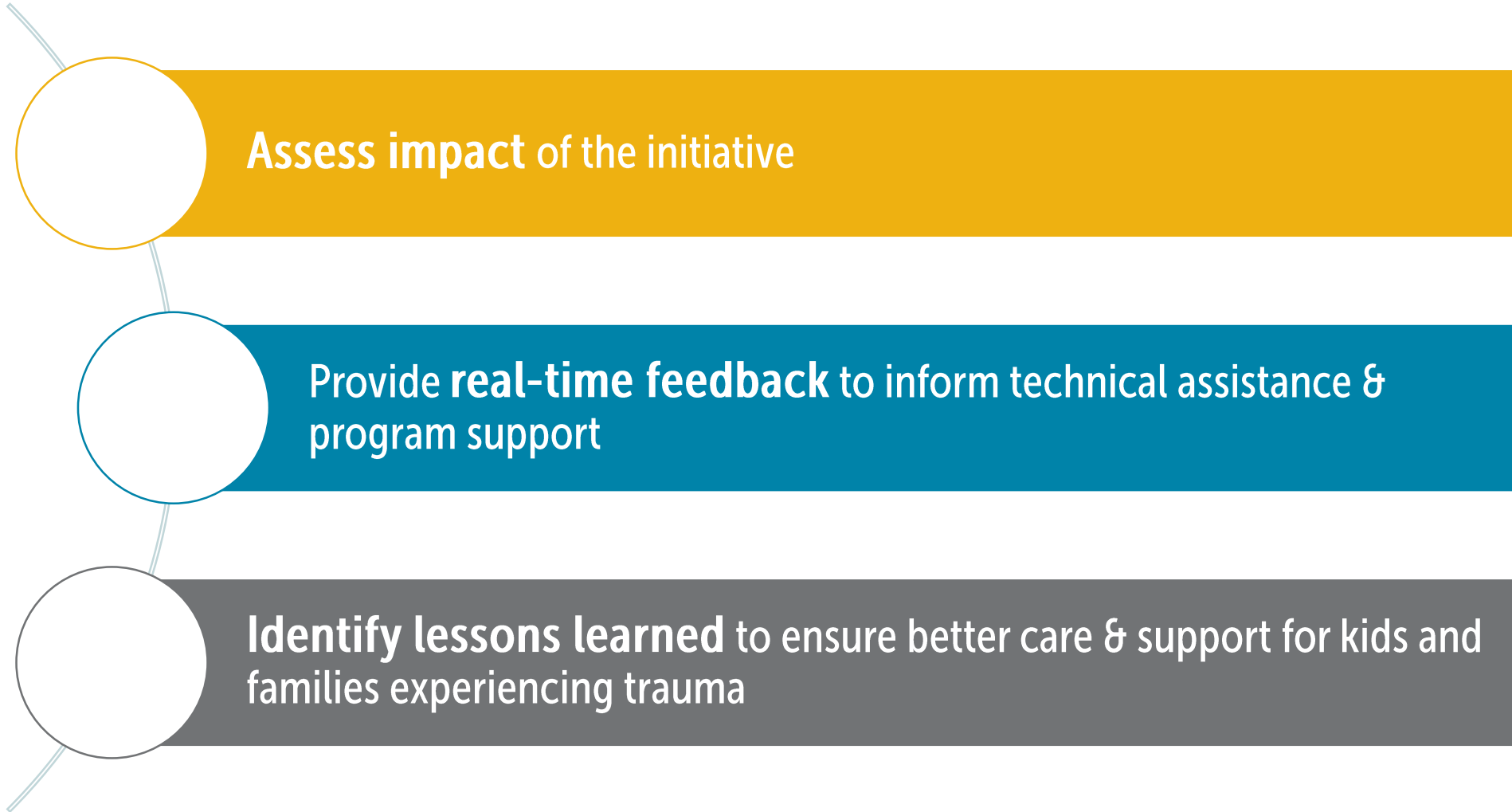
Potential Topic Areas

- | | | | |
|---|--|---|-----|
| 1 | What comes next after a positive screen? | 4 | ??? |
| 2 | Getting buy-in from frontline staff and providers | 5 | ??? |
| 3 | Working to engage families in the assessment process | 6 | ??? |






A photograph of a man carrying a young child on his shoulders. They are standing on a sandy beach with the ocean in the background. The image has a warm, golden-hour color palette. A horizontal line is positioned above the text on the left side.

Evaluation Updates: Sharing & Discussing Results from the Baseline Assessment

Reminder: Evaluation goals












Reminder: Data collection

		Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020
	Baseline & Follow-Up Assessment	★							★
	Phone Interviews	★			★				★
	Organizational Data Reporting Progress Reporting		★		★		★		★
	Web Survey				★				★
	Post-Event Survey	★	★	★	★	★	★	★	★

RBC Organizational Assessment

Assessment Domains

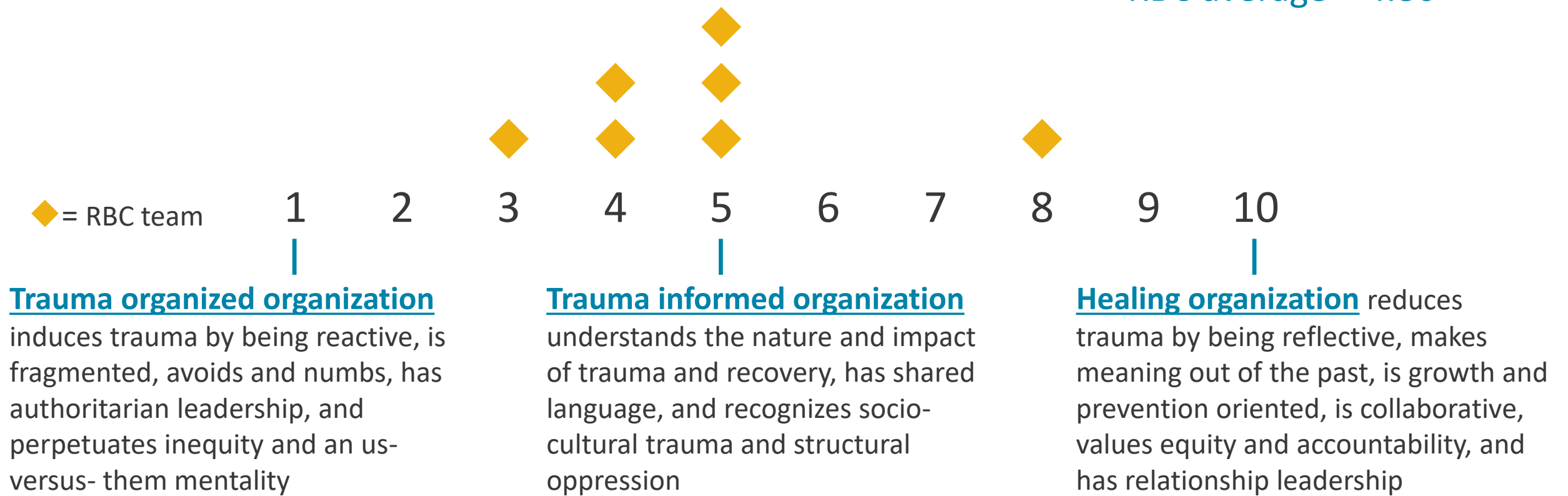
-  **Understanding and confidence** in trauma and resilience informed care
-  **Buy-in and commitment** for trauma and resilience-informed care
-  **Support for staff and providers**
-  Trauma and resilience-informed **office environment**
-  Clinical practices that **assess** childhood adversity
-  Clinical practices that **address** childhood adversity
-  **Patient and family engagement**
-  Systems, practices & partnerships to create **coordinated systems of care**
-  **Learning and improvement** regarding trauma and resilience-informed care

PICC Elements



Assessment Results: Journey to becoming a healing organization

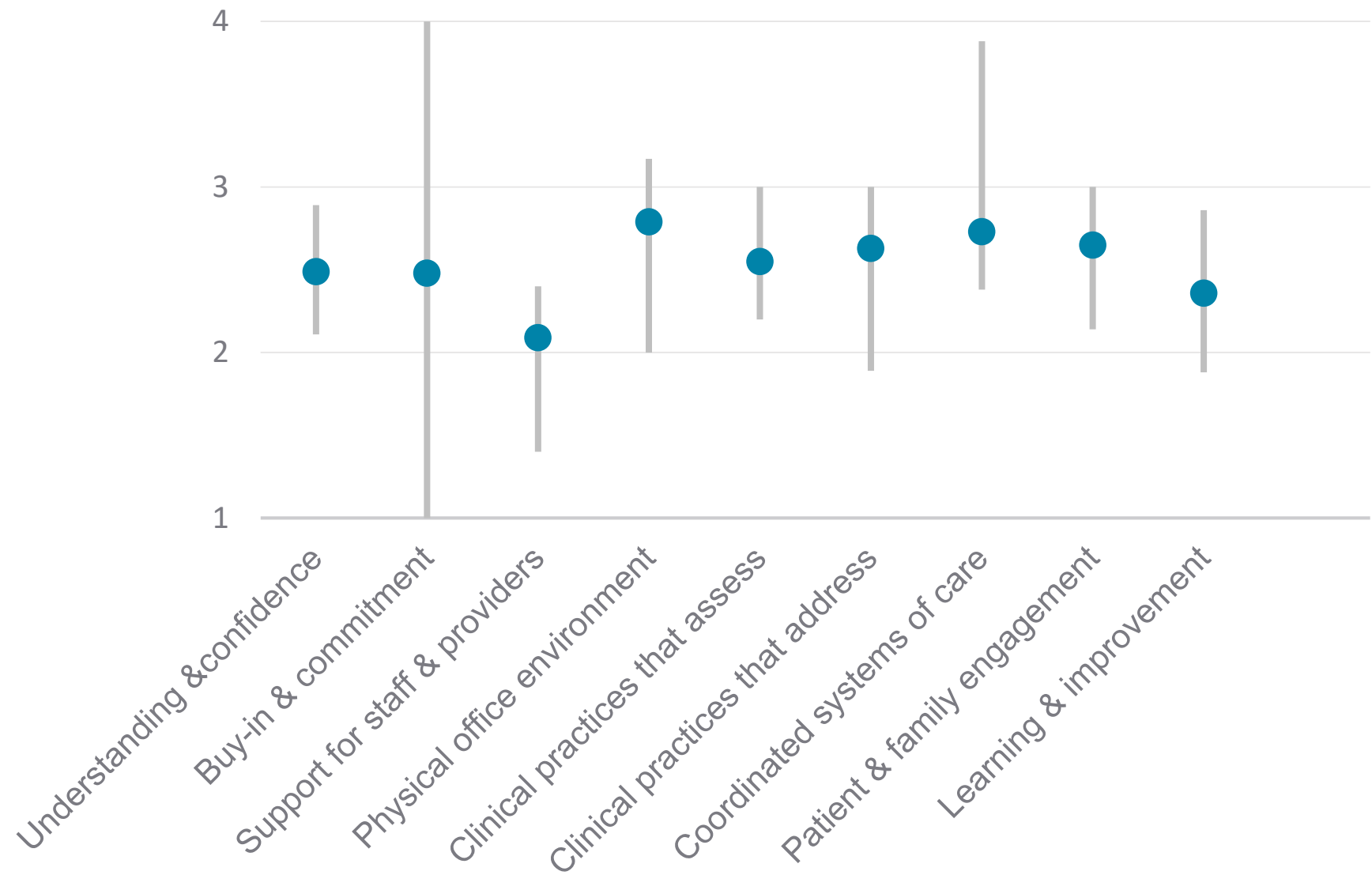
RBC average = 4.86



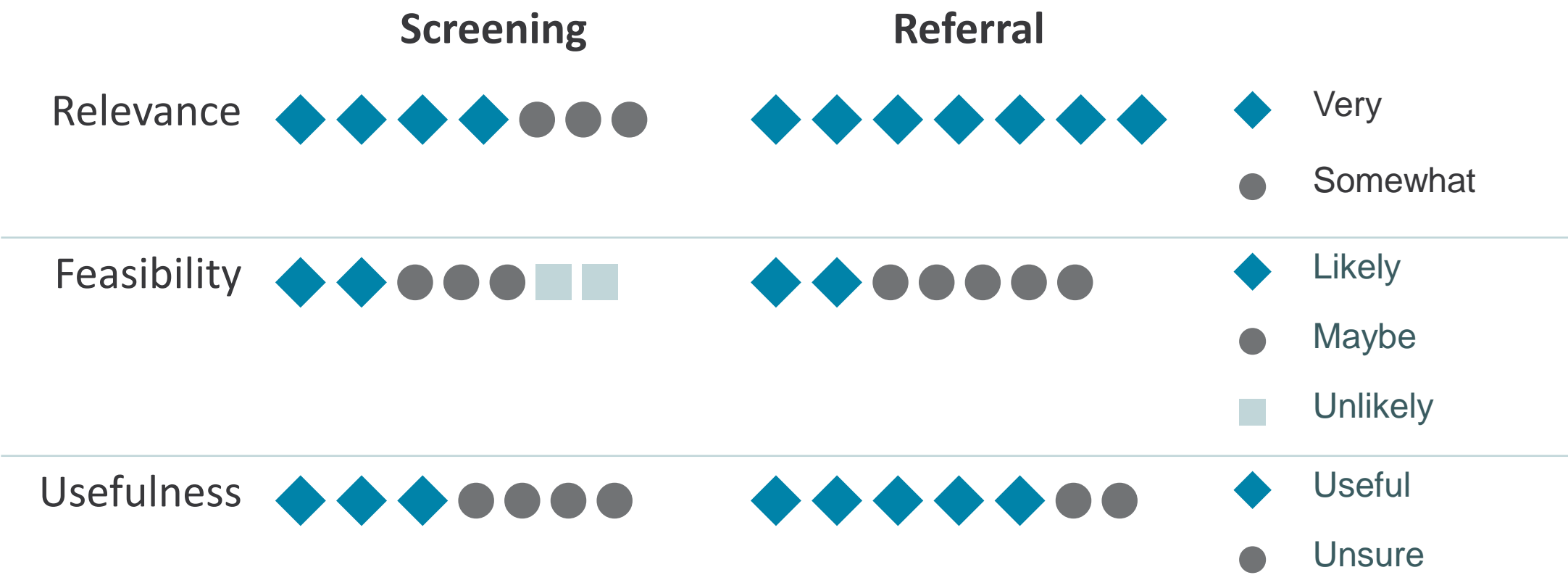
Assessment Results: PICC framework



Assessment Results: Domain ratings



Potential common metrics



Other areas teams are interested in evaluating: Changes in staff knowledge, confidence, involvement; Assessing patient impact & experience; Understanding, familiarity with community resources

Data placemat activity

Goal: Discuss the assessment results as a team to understand current state and identify opportunities

Buy in and commitment

Support for staff and providers

Clinical practices that assess (i.e., screening)

Discussion questions:

- What insights does this provide about your organization?
- What surprised you? What questions does this raise?
- Where do you hope to make progress during RBC?
- What are potential actions or next steps?



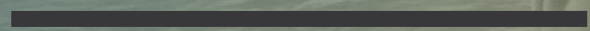
Data placemat report out

**Spokesperson for each team
shares one reflection from the
discussion of the assessment
results**





BREAK: 15 minutes



TEAM TIME

Team Time

Using the results of your baseline assessment & driver diagram, reflect on your team's next steps:

1. What two PICC elements do you want to focus through the end of Q1?
2. What are your top 3-5 ideas for action? ***See the PICC framework for inspiration***

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 in the room when you get stuck.

Team Time Worksheet

ORGANIZATION NAME: _____

Use this worksheet to help plan your next steps. Please write legibly; CCI will be collecting this and emailing your team a scanned copy to you.

TWO CORE ELEMENTS

Circle which two elements you'd like to prioritize your efforts through the end of Q1 2019.

Oe
Office
Environment

Cr
Community
Relationships

Fe
Family
Engagement

As
Assess Health

Ad
Address Health

Co
Coordinate

ELEMENT #1: _____

Ideas for Action	What's your first step?	Completion Date	Who Needs to be Involved?
1.			
2.			
3.			
4.			
5.			

ELEMENT #2: _____

Ideas for Action	What's your first step?	Completion Date	Who Needs to be Involved?
1.			
2.			
3.			
4.			
5.			

What support do you need from CCI or your organization to be successful in making progress on the two elements you've identified by the end of Q1 (March 2019)?

- 1.
- 2.
- 3.

A photograph of a man carrying a young child on his shoulders. They are standing on a sandy beach with the ocean in the background. The man is smiling and looking down at the child. The child is wearing a dark jacket and has their hands on the man's head. The image has a warm, golden-hour lighting. A horizontal line is positioned above the text.

Looking Forward: Early Partnership Success Stories

Community partnerships to address social determinants of health



Cr

*Community
Relationships*

2. Build Relationships with
Communities to Support
Families

Team Presentation:

What are you doing & lessons learned?



**West County
Health Centers**

Caring for our Communities

a california **health**.center



West County
Health Centers

Early Partnership

Health & Education

Our Unique Partnership

- 10 years of collaboration through Health Action and Cradle to Career Committee
- Communication based school boards, relationship with board members
- Employees who have either graduated from or have children at Guerneville School
- Strong sense of community fostered through 40 years of working together
- WCHC is the only healthcare organization out and Guerneville School is the only School District in the lower Russian River Area.






ROOTS Program

- **Addressing Absenteeism**

- GSD has the highest Absenteeism Rates in Sonoma County
- School success has a strong correlation with healthy development.
- Students who miss more than 10% of school for any reason (chronic absenteeism) have less success in school

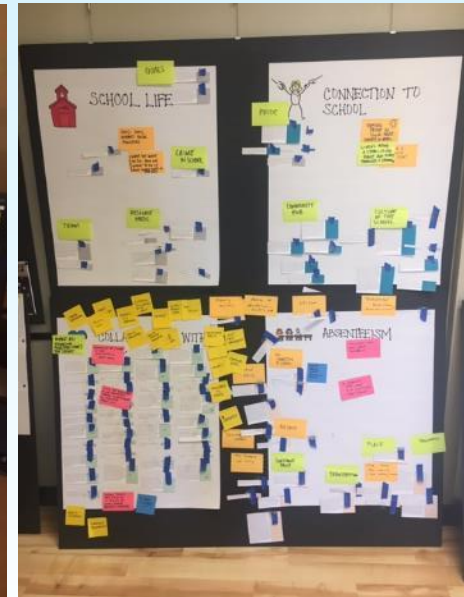
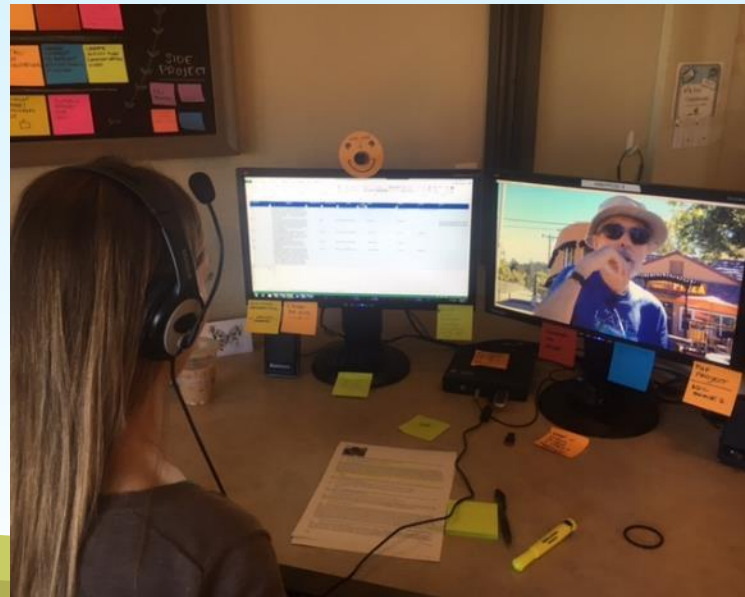
- **Our approach**

- Create successful data sharing and;
 - Use Human Centered Design & Systems Thinking to understand the factors that influence absenteeism and;
 - Create successful solutions together.
- 

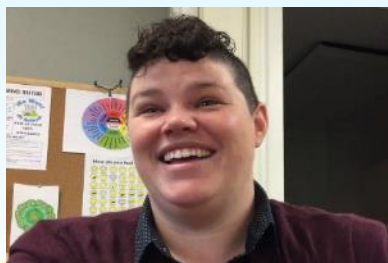


Discovery Kit | Human Centered Design Method

- The Discovery Kit helps us **uncover the narrative** by moving beyond the obvious and helps us understand the underlying needs and causes.
 - Uncover the narrative by coding each interview
 - Use Human Centered Design to translate coded quotes into insights.



What we learned





West County
Health Centers



What we learned – Quotes

“I see panicky kids that sometimes are hoarding food. When we have a party at school some of these kids make an extra plate for their sibling that’s in another class because they know they might not have food that evening.” ~ **Teacher**

“In my 30 years of teaching the thing that makes me the saddest because I am coming up on the end of my career, is, while I’ve seen improvements in some materials and programs the bottom line is that we still don’t have money for things that **really matter**. We don’t have the money for counseling and nursing and health programs. I’ve got a kids that walk in the door in the morning who I’m expecting to learn but the reality is that they might have had a rough morning, they may be homeless or with a foster family and this is their 4th school this year, they probably haven’t had breakfast and is too late for our school breakfast, there is substance abuse in their home and they have so much emotional stuff going on that for me to expect these children to learn is really difficult.” ~ **Teacher**



“For our entire K – 8th grade school we have one counselor that is shared between two other schools. And I just heard that her position will be cut back by 10% this upcoming school year.” ~ **School Administrative Assistant**





RBC Program

- **Discovery Kit Findings**

- Trauma and;
- The need for more behavioral / mental health resources for students and parents.

- **RBC Program**

- As we gained these insights we had just been awarded the RBC grant
- This partnership once again *just made sense*





- **TIC Training for RBC Program**

- We invited Guerneville School Teachers & the Principle to participate in our TIC All Staff Training.
 - We knew from our insights that as a community we needed to build capacity and share a common language around trauma informed care so we can **together**, better serve our patients / students and their families.





Next Steps

- **Student Success Collaborative Workgroup**
 - As a part of this program we have established a monthly meeting with a subset of our core team, CMO and Guerneville School's Superintendent
 - Goal
 - Use human centered design to create and implement strategies and interventions that will support parents and address childhood adversity. (**EXPLORATION PHASE**)
- 
- 
- 
- 



Lessons Learned

- It takes time – Working with another partners timeline can be challenging
- Develop a strategy & vision together early on
- Systemic change is hard work
- Communication and monthly check in meetings are necessary
- Building relationships & trust is important – Discovery Kit gave us this opportunity
- Being part of the community matters – employees graduated GSD and/or have children currently attending GSD



Partnership Inventory Activity

Activity

Get a flip chart paper. With your team, identify:

1. Top 3 partners in this work
2. One partnership you'd like to strengthen or develop
3. One area where there is a gap

You have 10 minutes.

Report Out

Each team shares:

1. 1 top/strong partner
2. 1 gap





WHAT'S NEXT & EVALUATION

Q1
2018

Q2
2018

Q3
2018

Q4
2018

Q1
2019

Q2
2019

Q3
2019

Q4
2019

Q1
2020

Q2
2020

In-Person Opportunities



Session #1
June 12, 2018
(half day)



Session #2
Nov. 2018



Site Visits
Jan-April
2019



Session #3
May 2019



Session #4
Nov. 2019

Remote Support



Webinar #1
July 2018



Webinar #2
Oct. 2018



Webinar #3
Jan. 2019



Webinar #4
April 2019



Webinar #5
July 2019



Webinar #6
Oct. 2019



Webinar #7
Jan. 2020



Webinar #8
April 2020



Coaching Calls

Key Phases & Program Activities



Release
RFA
(3/28/18)
Info
Webinar
(4/4/18)



Announce
Cohort
(5/25/18)



Access to Technical
Assistance

Phase #1: Build team, Collect baseline data, Complete org-wide TIC training, Develop action plan.
(June-Nov 2018)

Phase #2: Co-design with partners & patients; Test & implement elements;
(Dec. 2018-Nov. 2019)

Phase #3: Document workflows & protocols; Reinforce partnerships; Build resources; Spread lessons
(Nov. 2019-May 2020)



Final
evaluation
activities

Communication Tools



Monthly Newsletter



Calendar invites for big events



CCI Program Portal Page

<https://www.careinnovations.org/rbc-portal/>

To-Do's

CCI

- All materials will be posted to network portal
- We will share information about the site visits in late December or early January.

RBC Teams

- Continue to work on your team's action plan. Use it in your November & December coaching calls.
- Send a final copy to Angela by December 15.
- Work with CCHE to start collecting metrics.

Evaluation

Resilient Beginnings Collaborative (RBC)

Convening

Thursday, November 1, 2018

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. On a scale of 1-5, 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

2. 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

3. The meeting was well organized:

☐ Strongly Disagree

☐ Disagree

☐ Agree

☐ 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?

		Not useful	Somewhat useful	Useful	Very useful	N/A – Did not attend
Before Lunch	PICC Element: Creating & Sustaining Trauma and Resilience Informed Work Environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Key Perspectives, Strategies, & Tools for Assessing & Identifying Trauma & Resilience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After Lunch	Assessing & Identifying Trauma & Resilience: Break Out Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evaluation Updates: Sharing & Discussing Results from the Baseline Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Team Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Looking Forward: Early Partnership Success Stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What was the most valuable part of the meeting?

8. Please provide any suggestions for how the meeting could be improved.

Thank you for completing this survey!

Thank you!

For questions contact:

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