

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 towards the woman with an open-mouthed smile. The woman has curly hair and is looking towards the boy. The background is a plain, light-colored wall. The image has a light blue tint.

**RESILIENT  
BEGINNINGS  
COLLABORATIVE**  
October 12, 2018

**Becoming Trauma-Informed & Screening for ACEs: Learning from Montefiore Medical Center**



# Our Program Team



**Veenu Aulakh,**  
Program Director



**Megan O'Brien,**  
Program Manager



**Angela Liu,**  
Program Coordinator



# Webinar Reminders

1. Everyone is unmuted.

- Press \*6 to mute yourself and \*7 to unmute.

2. Remember to chat in questions!

3. Webinar is being recorded and will be posted on RBC Portal and sent out via the next newsletter.

# I like

I liked -  
The organization of  
material presented

I liked how  
structured the  
program was in  
terms of time and  
content - very  
well organized

I like  
the focus  
on the  
individual

I liked how  
well presented  
the information was

I liked  
the use of  
visuals and  
audio

I liked how  
the speakers  
presented

# I wish

I wish  
I knew more about  
the individual attendees  
backgrounds - work

I wish  
for more  
interactive  
sessions

I wish  
that attendees  
could share  
their own  
experiences  
with the group

I wish  
there was a  
larger  
network of  
attendees  
to connect  
with

I wish we  
could have more  
time together to  
know each other  
across sites

# I wonder

I wonder  
How the progress  
will be measured

I wonder how  
we will know  
if we're successful

I wonder how  
often we will  
be meeting & updates

I wonder which  
success metrics to  
use

I wonder  
how we can  
measure  
the impact  
of the program  
on the attendees

I wonder how  
often we can  
use this  
program to  
sustain the  
workings towards  
being a healing  
org.

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UCSF  
CMTD

# Today's Agenda

- Welcome & Housekeeping
- RBC Round Robin
  - "What are you planning to do after your TIC training to continue moving your organization on the path to becoming trauma-informed?"*
- Dr. Miguelina German, Montefiore Medical Center in New York
- Q & A
- Reminders about the November 1 Session

# Dr. Miguelina German

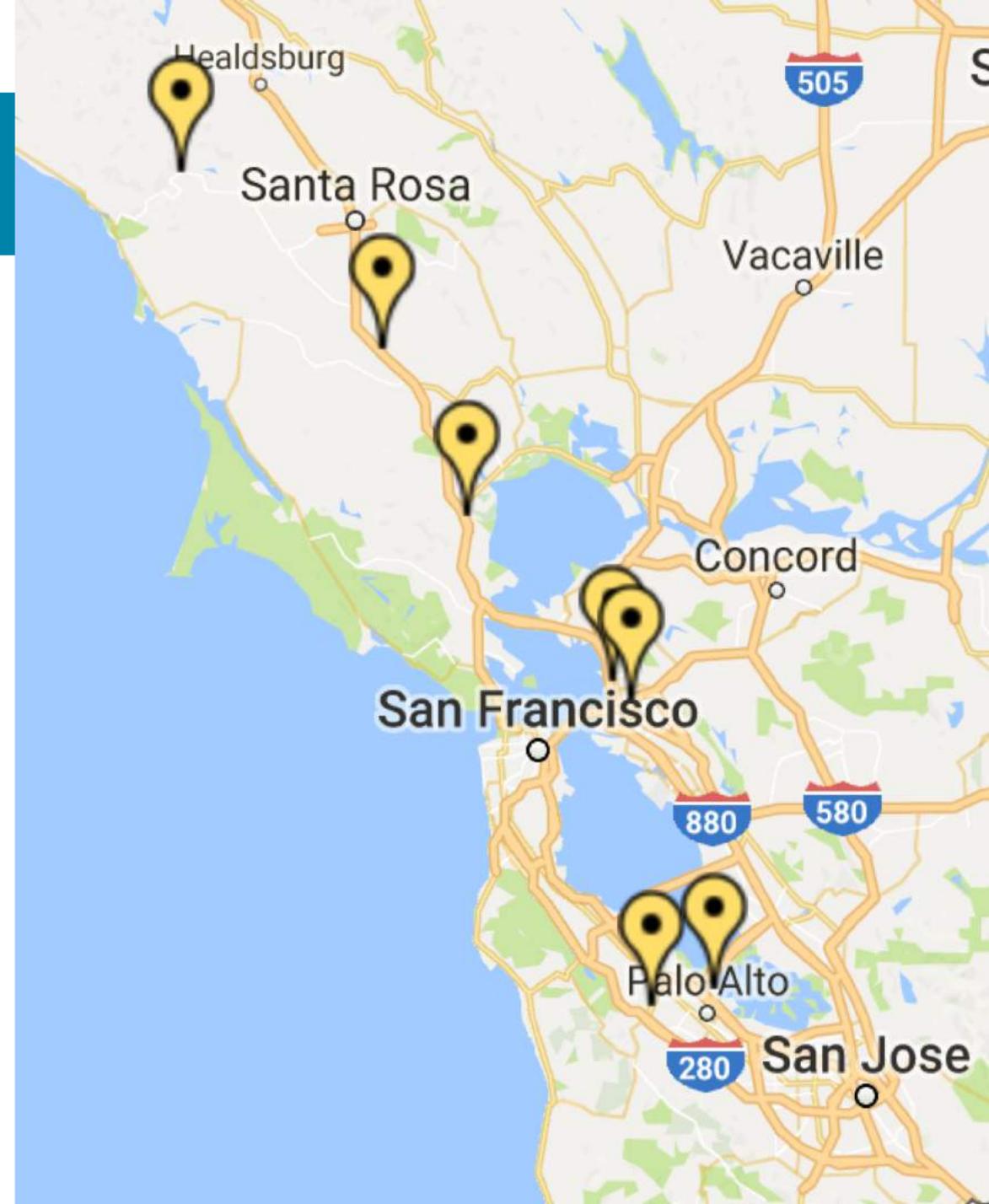
- Assistant Director, Pediatric Behavioral Health Integration Program, at Montefiore Medical Center in New York.
- Things to know about Montefiore:
  - Largest health care provider in the **Bronx**
  - Recognized for their work becoming a **trauma-informed care organization** & screening for **ACES**
  - Participated in the **CHCS collaborative**
  - Operated first **Healthy Steps Program**



# Round Robin

1. UCSF Benioff Children's Hospital Oakland
2. San Mateo County Health System
3. Marin Community Clinics
4. LifeLong Medical Care
5. Ravenswood Family Health Center
6. Petaluma Health Center Inc.
7. West County Health Centers

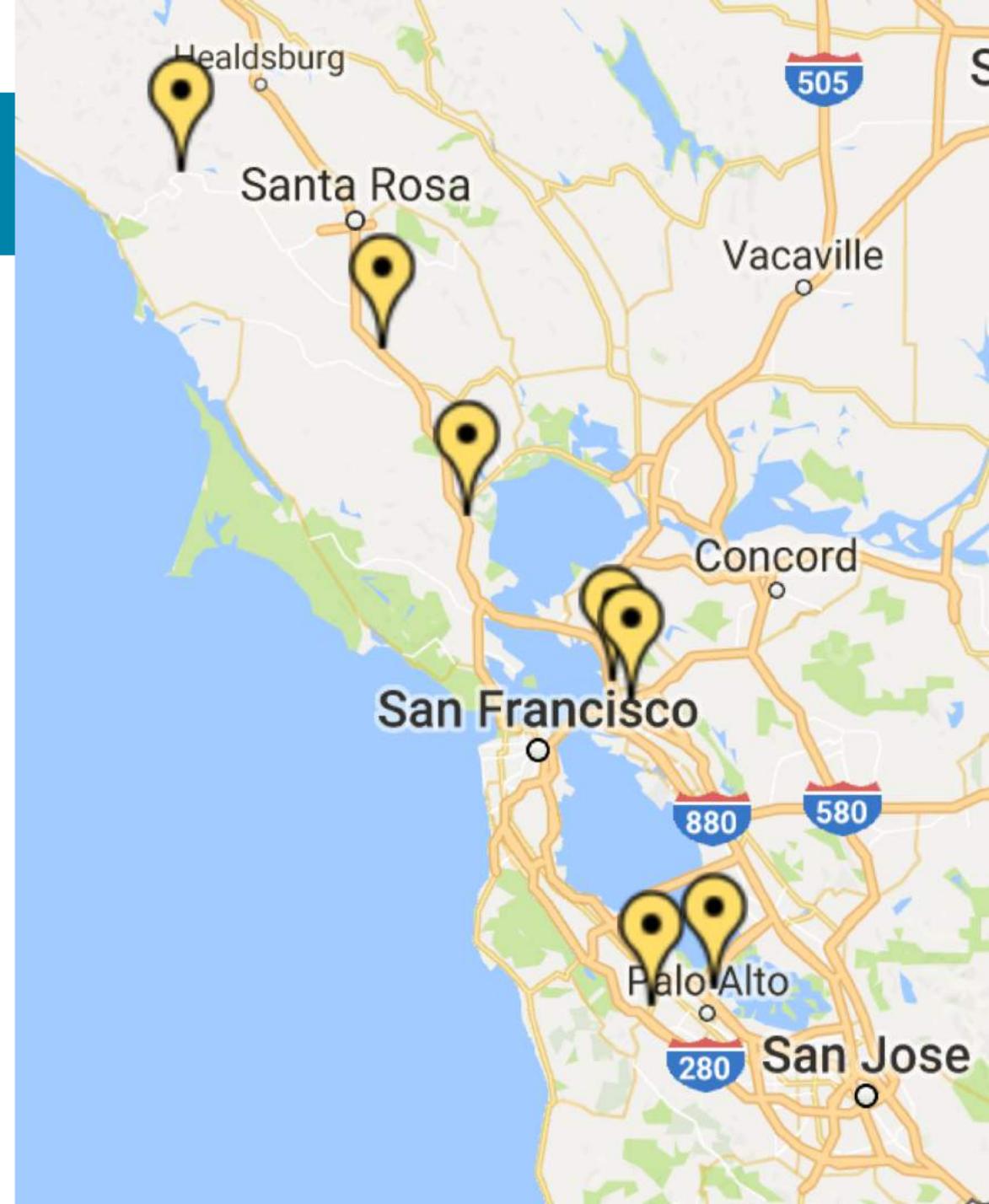
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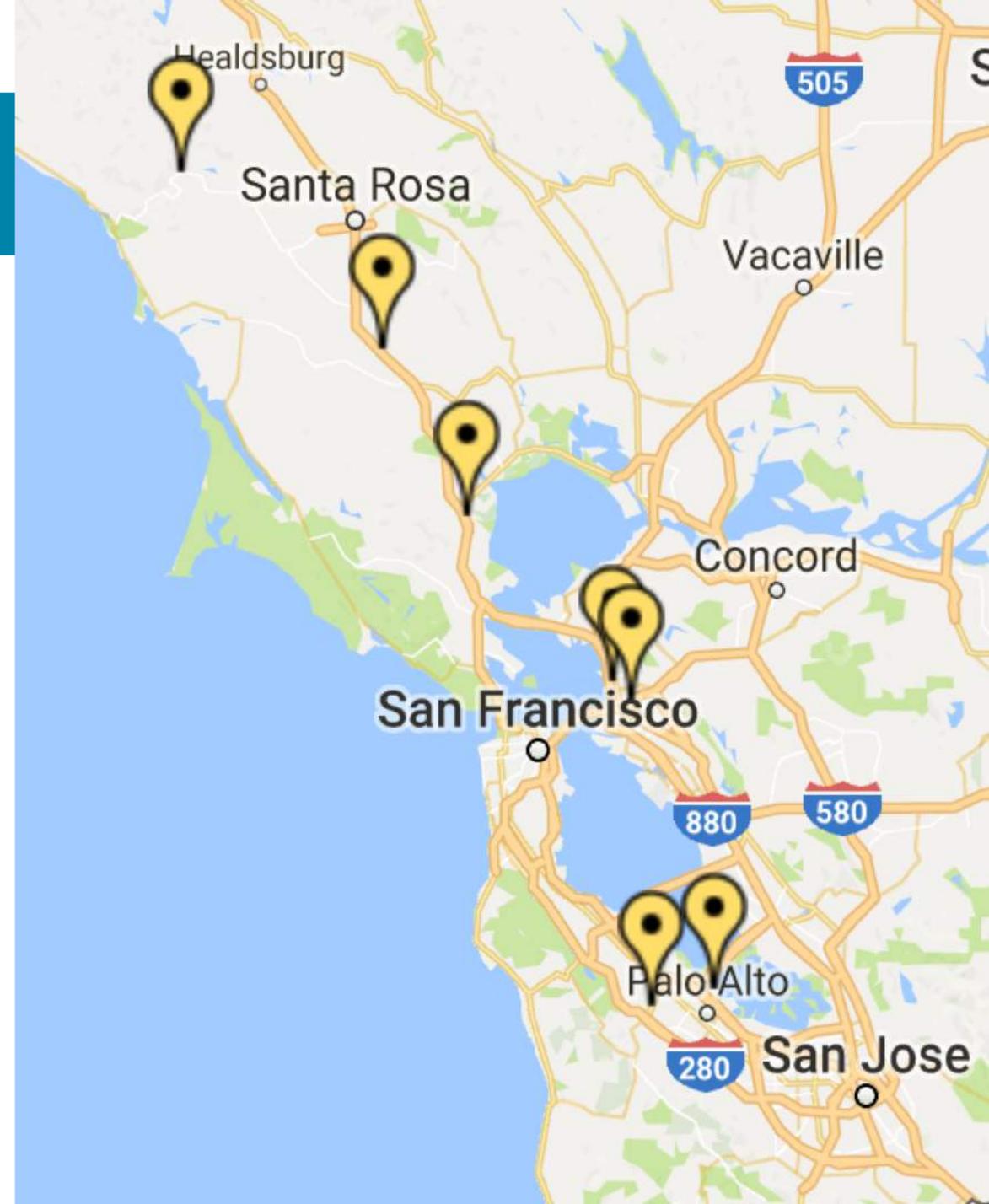
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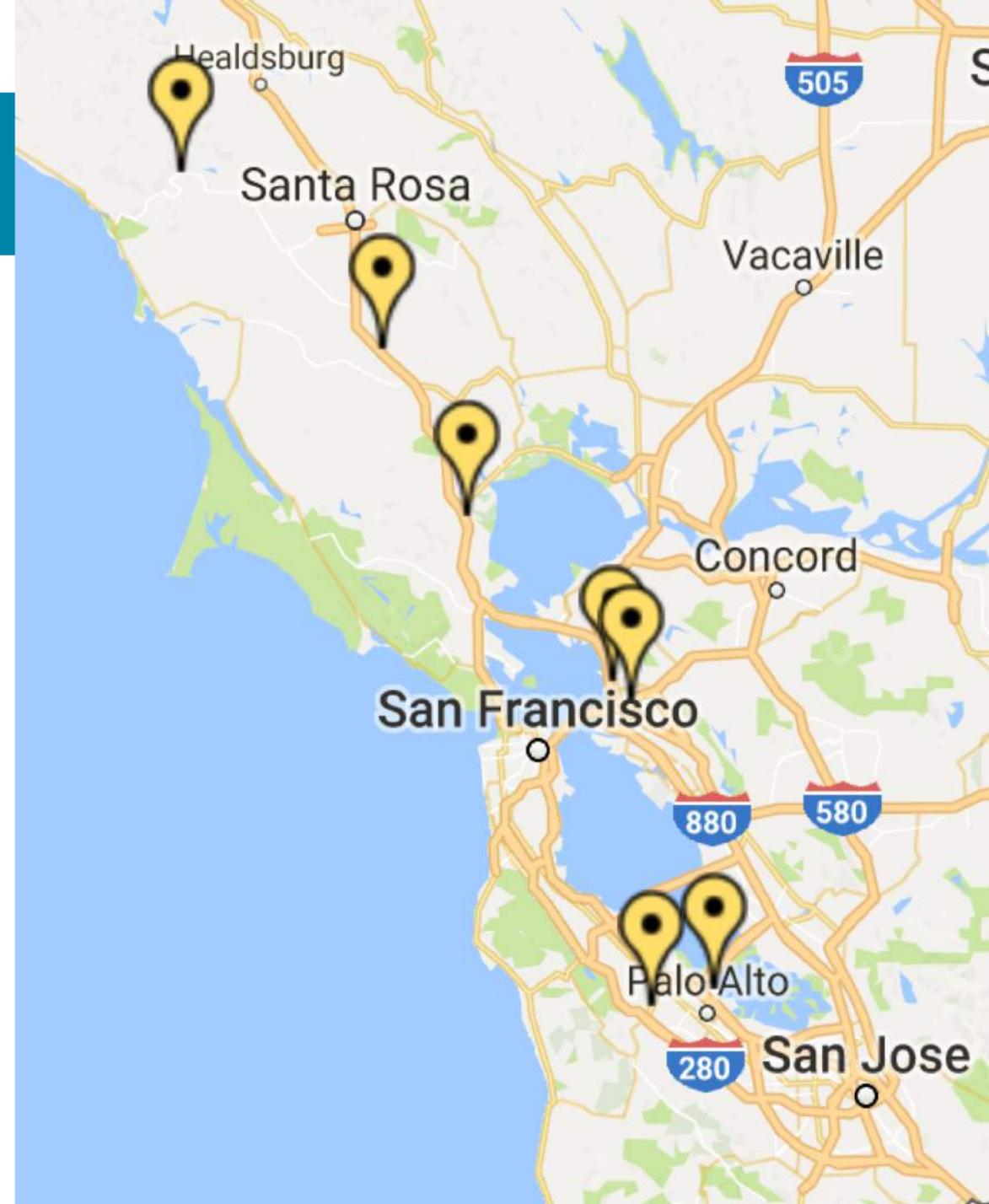
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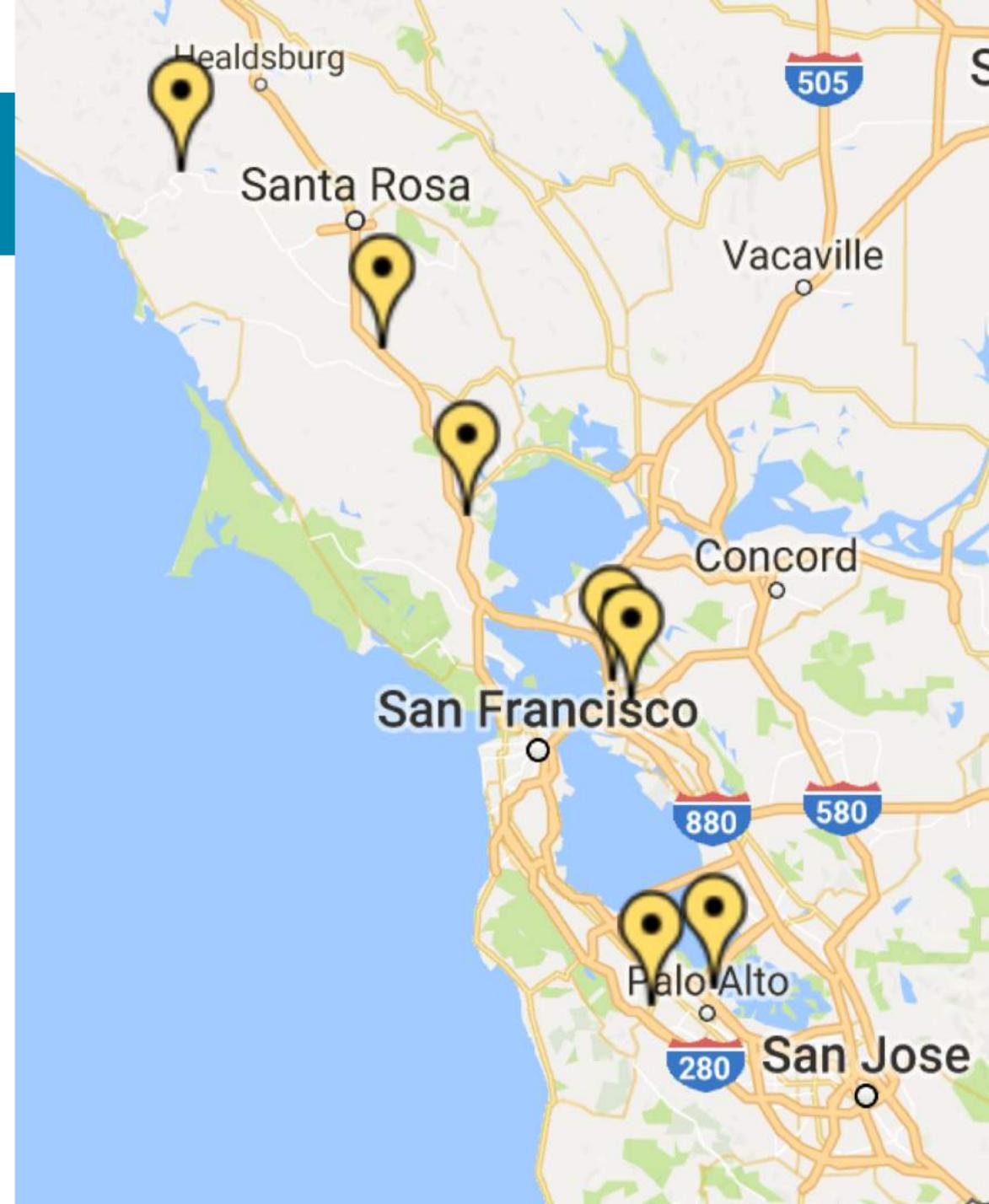
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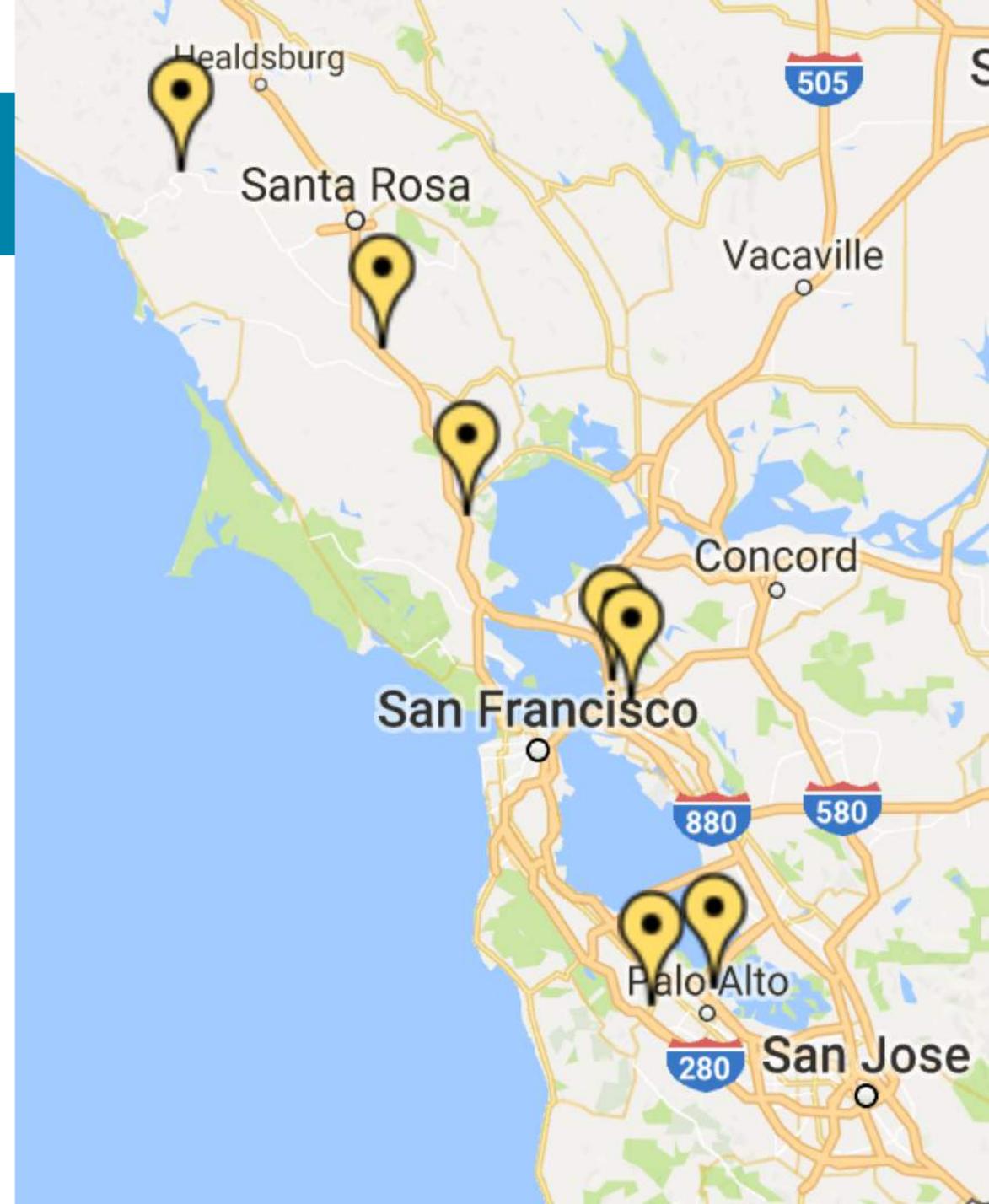
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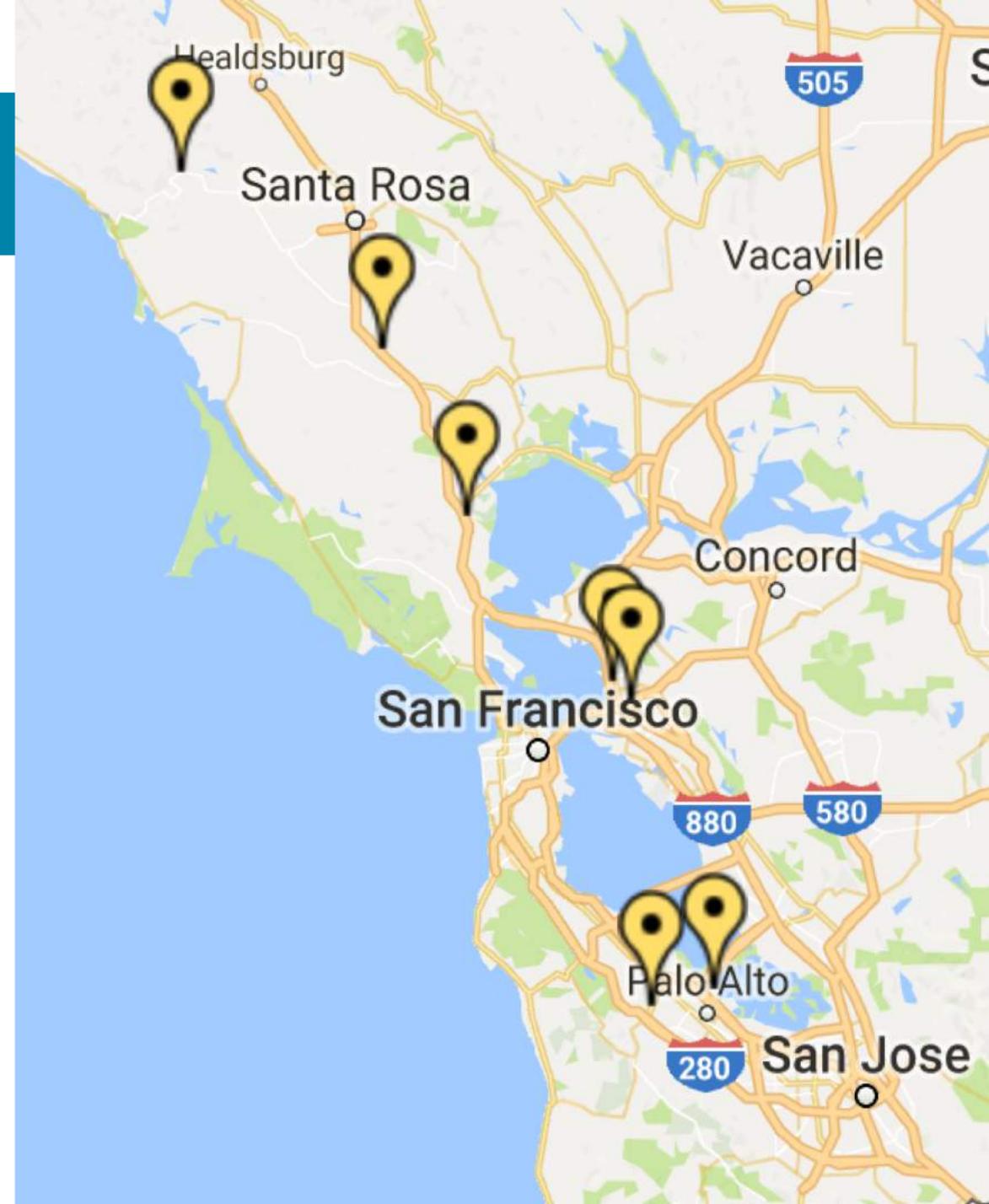
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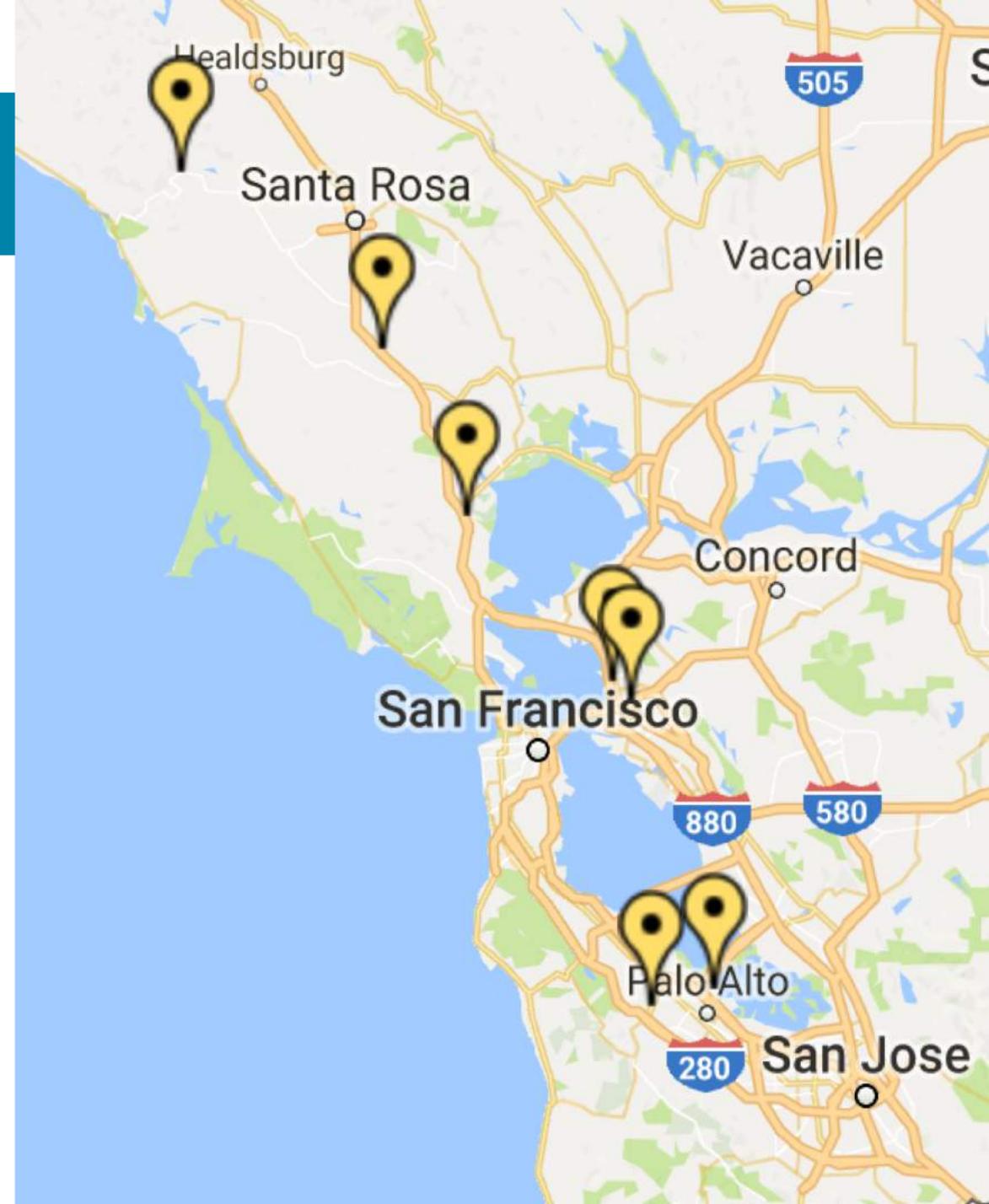
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**"What are you planning to do after your TIC training to continue moving your organization on the path to becoming trauma-informed?"**





**Montefiore**  
THE UNIVERSITY HOSPITAL

 **EINSTEIN**  
Albert Einstein College of Medicine  
OF YESHIVA UNIVERSITY

# Getting Buy-In with Trauma Informed Care & Screening for Adverse Childhood Experiences (ACEs)

**Miguelina German, PhD**  
Assistant Director,  
Pediatric Behavioral Health Services

# Disclosures

I have no disclosures.

# Learning Objectives

1. Describe strategies to create buy-in from leadership and “boots on the ground” staff in implementing a trauma-informed care program.
2. Describe approach used to set up a universal ACEs screenings in primary care practices that treat children and discuss challenges/lessons learned.

# What is Trauma Informed Care (TIC)?

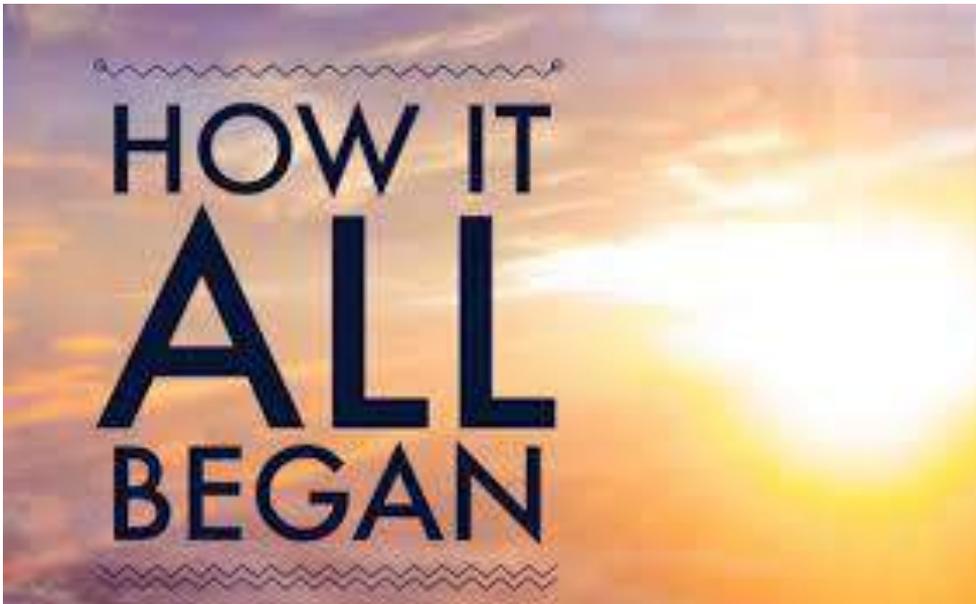
Trauma-informed care approaches in healthcare:

- Acknowledge the role of chronic stress and trauma on both patients and the workforce;
- Develop trainings and interventions to help the entire workforce shift the question from:
  - “*What is wrong with you?*”  
to
  - **“What happened to you?”**



# Montefiore's TIC Origin Story

- Patients have trauma
- Staff have trauma
- Witnessing challenging interactions between patients and staff



# Montefiore's 3 part plan to implement TIC in primary care

- 1) Educating clinic staff
  - Understanding Stress and Trauma
  - Manifestations of Trauma at the Individual Patient and Organizational Levels
  - Burnout, secondary traumatization, and compassion fatigue
  
- 2) Setting up a trauma screening program using ACEs
  
- 3) Taking care of your clinic staff

**Goal**  
**To change attitudes and behavioral responses to trauma**  
**1000+ staff**  
**20 practices**  
**300,000 patients**

**Leadership**

**Buy-in and support from the top**

**Behavioral Health Team**

**TIC trainings**

**Trauma treatment**

**Critical Incident Response Team**

**Workforce**  
(PCPs, nurses, front desk staff)

**Received psychoeducation about trauma**

**Encouraged to pursue wellness, Burnout prevention**

**Patient Experience**

**Assessed trauma via ACEs screening**

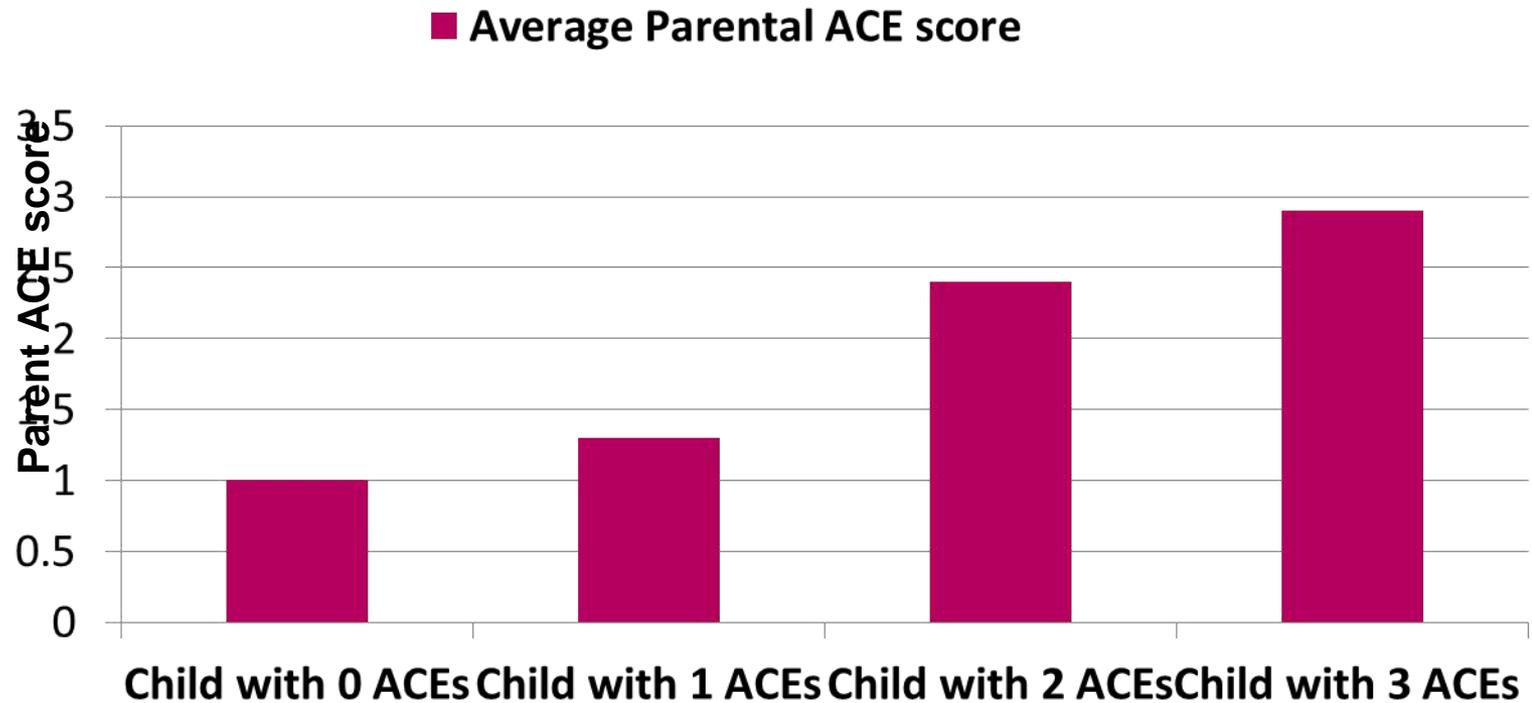
**Assessed patient experience of Montefiore's TIC environment**

**Participated in Patient Advisory Committee**

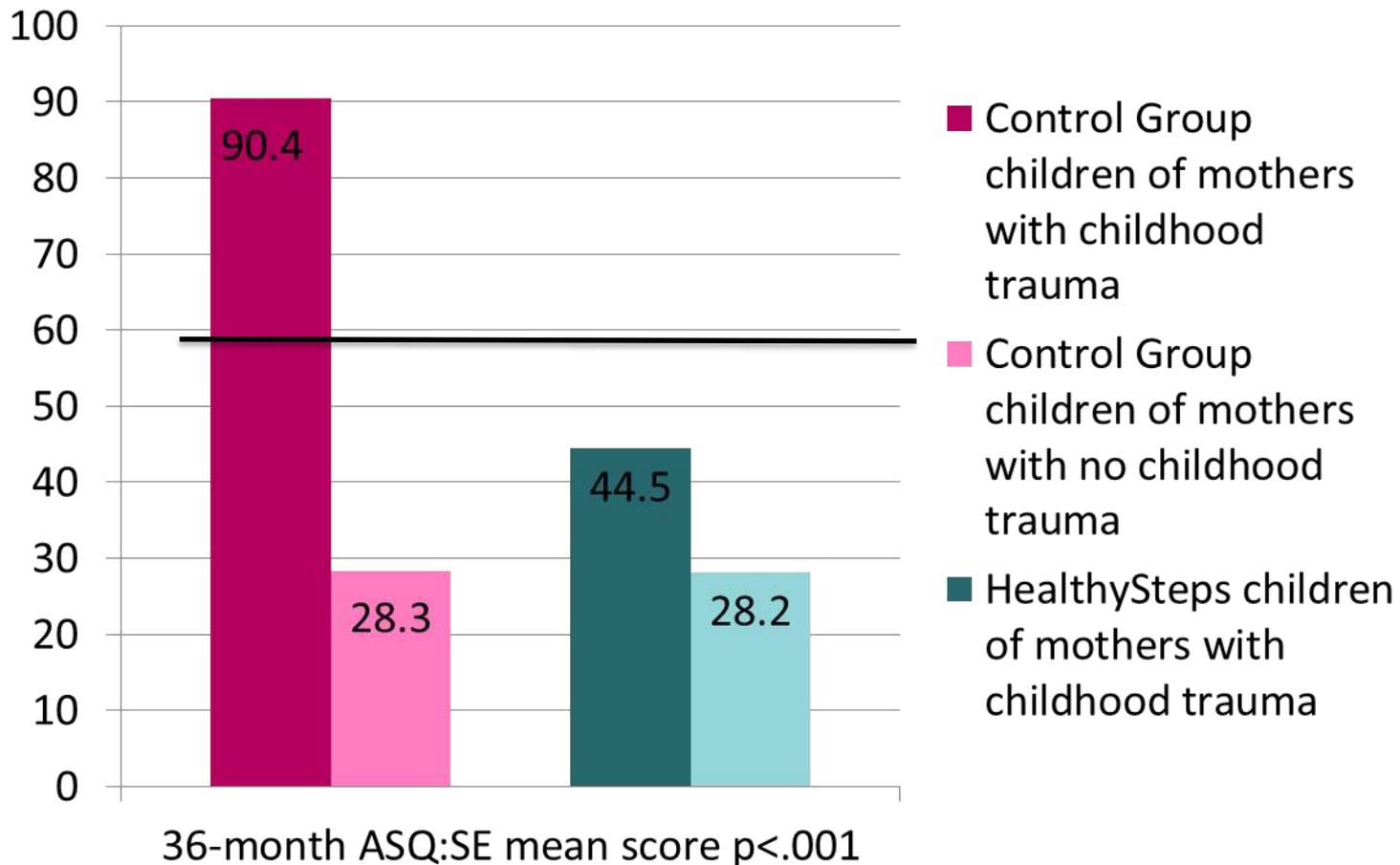
# Essential strategies to create buy-in from leadership (C-suite)

- **Align trauma screening with institution priorities.**
  - For example, screening with ACEs helped some of our primary care sites meet a requirement for a higher level of PCMH certification.
- **Show them the data.**
  - We conducted a research study which showed the utility of the ACEs in identifying which children/parents benefited the most from our HealthySteps program, a behavioral health program in primary care pediatrics.

# Relationship Between Child ACEs & Parent ACEs



# Maternal ACEs moderates the Impact of HealthySteps Intervention on children's ASQ:SE scores



# Over 50+ studies on ACEs link to Health-Risk Behaviors in Adulthood

- Greater exposure to adverse experiences in childhood leads to greater risk for serious health problems and health-risk behaviors as adults...



## His ACE score is 4.

Without intervention, he is twice as likely to develop heart disease or cancer as an adult.



## #FightingACEs

Strengthening child RESILIENCE and creating an ACEs Aware Community so he can have a fighting chance.

# Essential strategies to create buy-in from leadership at the practice level

- **Identify leadership concerns and plan to address.**
  - Typical concern: “Where are we going to send these patients for treatment?”
  - Potential Solution: Identify and develop strong relationships with behavioral health specialists (in house or community)
- **Develop a multidisciplinary team for implementation, and identify champions for every role**
  - PCP, nurse, front desk staff, patient champions

# Essential strategies to create buy-in from leadership at the practice level

- **Obtain patient testimonials**
  - 2 patients from our Patient Advisory Committee agreed to make a short video advocating for ACEs screening in primary care
- **Use quality improvement techniques**
  - Start small (if proposing ACEs screening, start with 1 nurse, 1 front desk staff, 1 PCP for 1 day/1 week)
  - Conduct small tests to identify what works well and what needs improvement (Plan-Do-Study-Act)

# Creating buy-in from the “boots on the ground” staff

- Conduct role-specific trainings.
- Use the role-specific trainings to help you identify and confirm champions from each role.
- Provide multiple opportunities to learn the educational content.
- Use humor when teaching the educational content.
- Acknowledge that a significant portion of your staff likely have trauma histories of their own.
- Prepare staff the topics may be triggering.

Setting up a Universal ACEs screening  
protocol in primary care practices  
treating children

# What is an Adverse Childhood Experience / ACE?

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. Contact sexual abuse
4. An alcohol and/or drug abuser in the household
5. An incarcerated household member
6. Family member who is chronically depressed, mentally ill, institutionalized, or suicidal
7. Mother is treated violently
8. One or no parents
9. Physical neglect
10. Emotional neglect

# Universal ACEs screening

- We have 300,000 patients in our system.
- How can we feasibly screen so many patients in a universal way?
- We decided to involve our whole clinic team (front desk staff, nursing, PCP) and not have the behavioral health specialists do it.
- QUESTION: Can this work?

# Questions for practice leadership to think about....

1. Why is screening for ACEs in primary care important?
2. What would help you feel more comfortable in your role in conducting ACEs screening?
3. What questions do you have about managing patient reactions re: ACEs screening?

# Typical barriers to trauma screening in healthcare

- Typical barriers to trauma screening
  - Anxiety about patients who score positive and disclose details about their trauma (Pandora's box)
  - Screening will increase PCP visit time
  - Patients will be “traumatized” when screened
  - Concerns that trauma screening will result in needing to call Child Protective Services
  - Screening fatigue

# Tips to address these barriers

- Pandora's box
  - Screen by asking patients to report the total number (not the specific experiences)
  - Having behavioral health referrals available
- Increased PCP visit time
  - Uncovering something that is related to patient's health may help with “high utilizers”
- Patients will be “re-traumatized”
  - Research has indicated that this is a MYTH

# Tips to address these barriers

- Child Protective Services
  - Screening does not replace clinical best practice
- Fatigue
  - Build in wellness and burnout prevention activities and incentives

# ACEs and trauma

- ACEs synonymous with trauma
  - Shorthand, quick way to describe trauma
  - An ACEs of 4+ = higher risk of negative adult outcomes
- ACEs is not meant to sanitize the horror of trauma
- **We do not ask for the specific ACE**

# How to use the ACEs in practice

- To screen
  - helps identify parent-child dyads most at risk
- To monitor
  - helps track children's exposure to trauma over their childhood
- To intervene
  - clinical intervention



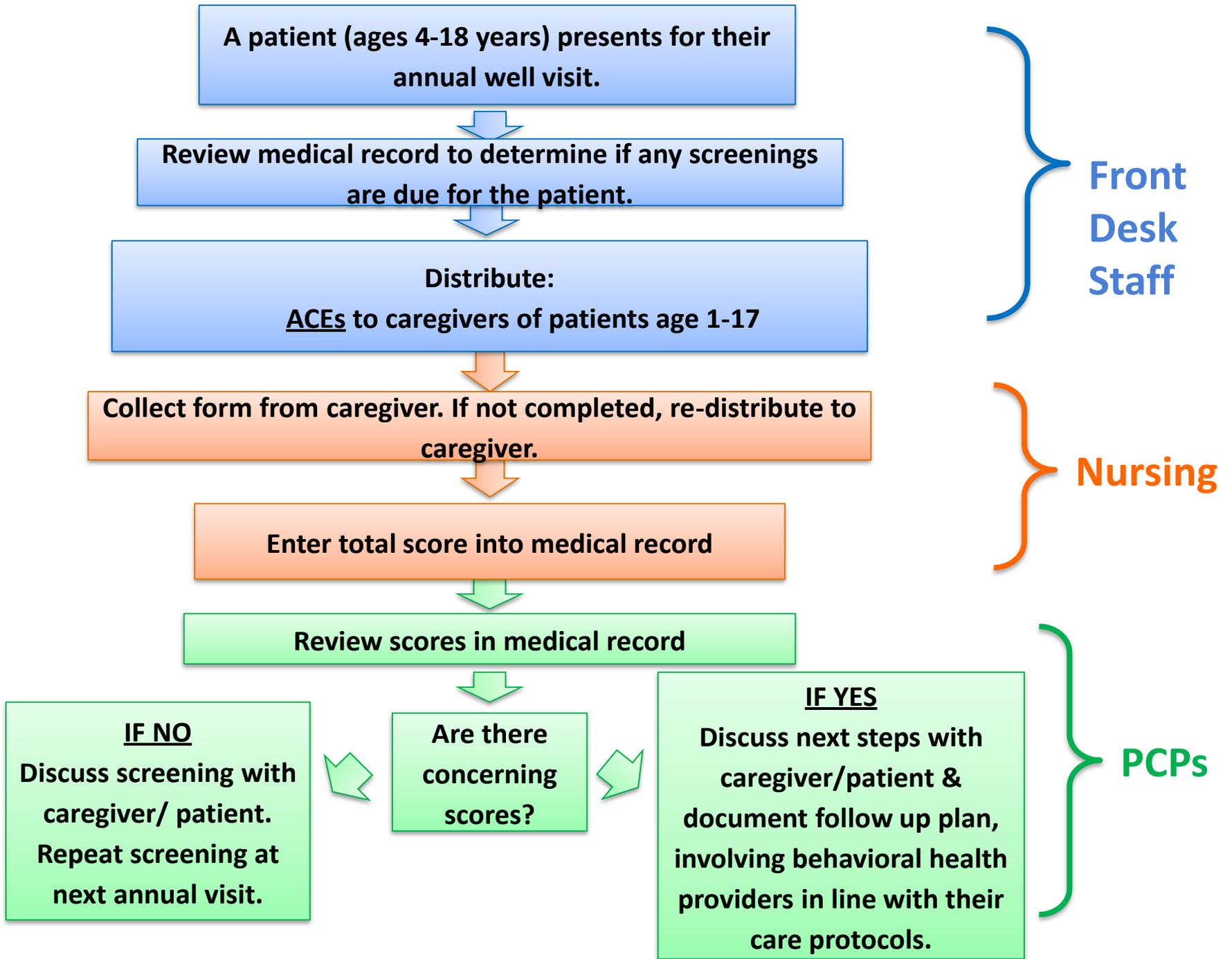
# Working with trauma is triggering



# Counting your personal ACEs

- Research shows more than 60% of helping professionals have trauma history of their own, which may be why they chose this field of work.





# ACEs screening at Montefiore

- Infant ACEs protocol
- Parents fill out one ACEs form for themselves and one for their child
- Parent and Baby ACEs are documented in the child's medical record

**40% of children enrolled in HealthySteps @ Montefiore have a parent with an ACE score of 4 or more**

For patients: infant version - ENGLISH

# Montefiore



PEDIATRIC CARE • SUPPORTING • PARENTING  
A Program of ZERO TO THREE

**Congratulations on the birth of your baby!**

Dear Parent,

At Montefiore we care about your child's health, both physical and emotional, and we want to make sure that your child receives the best quality of care.

Studies have shown that the more stressful events you experience as a kid the more likely you are to have long-term physical health problems as an adult such as diabetes, high blood pressure, heart disease, etc. As the number of the stressful events you were exposed to increases, your child's risk for these health problems increases as well. At Montefiore, we have the opportunity to identify these risks so that we can help prevent or lower the risk for health problems for your child.

That's why it's so important to answer this questionnaire honestly, even though these are personal questions. We would like you to answer the following questions based on your life experiences before the age of 18 and then answer the same questions for your child.

Your answers will be kept confidential. Please feel free to ask any questions.

Thank you,

The Montefiore Medical Group Team

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Please read the questions below. We want to know the TOTAL number of times you answer YES, but we don't need to know which questions you answered YES to. Each time you answer YES, place a line through one of the circles below. When the questionnaire is complete, count up the number of circles you have crossed out.

**While YOU were growing up, during your first 18 years of life:**

1. Were your parents ever separated or divorced?
2. Was anyone you lived with depressed or mentally ill, or did they attempt suicide?
3. Did you live with anyone who was a problem drinker, alcoholic or used street drugs?
4. Did anyone you lived with go to prison?
5. Was your mother or step-mother pushed, grabbed, slapped, kicked, bitten, hit with a fist or something hard, had something thrown at her, repeatedly hit for at least a few minutes, or ever threatened or hurt by a knife or a gun?
6. While you were growing up, did you sometimes not have enough to eat, wear dirty clothes, not have anyone take you to the doctor, or were your parents too drunk or high to take care of you?
7. Did a parent or adult in your home swear at you, insult you, or put you down or act in a way that made you afraid you might be physically hurt?
8. Did a parent or other adult in your home push, grab, slap, or throw something at you, or ever hit you so hard that you had marks or were injured?
9. Did a parent, adult, or someone at least 5 years older than you ever touch you sexually or try to make you touch them sexually?
10. While you were growing up, did you feel as if there was NO ONE who made you feel special or loved, or that your family was NOT a source of strength, support and protection for you?



Total Number of Parent "YES" Answers Here: \_\_\_\_\_

Please read the questions below. We want to know the TOTAL number of times you answer YES, but we don't need to know which questions you answered YES to. Each time you answer YES, place a line through one of the circles below. When the questionnaire is complete, count up the number of circles you have crossed out.

**Since your CHILD was born:**

1. Have you and your partner separated or divorced?
2. Has your child lived with anyone who was depressed or mentally ill, or who attempted suicide?
3. Has your child lived with anyone who was a problem drinker or used street drugs?
4. Has your child lived with anyone who has been to prison?
5. Has your child ever witnessed anyone in the home (parents or adults) push, grab, slap, or throw things at each other and/or witnessed anyone kick, bite, hit with a fist, or hit each other with something hard, or ever witness people threatening each other with a weapon, such as a knife or a gun?
6. Since your child was born, have there been times when your child has not had enough to eat, has not had anyone take him/her to the doctor, or have any of his/her caregivers been too drunk or high to take care of him/her?
7. Since your child was born, has a parent or other adult in your home sworn at, insulted, or put your child down or acted in a way that made your child afraid that he/she might be physically hurt?
8. Did a parent or other adult in your home push, grab, slap, or throw something at your child, or ever hit him/her so hard that she /he had marks or was injured?
9. Did a parent, adult, or someone at least 5 years older than your child ever touch your child sexually or try to make your child touch them sexually?
10. Since your child was born, do you feel as if there has NOT been anyone in his/her family who makes him/her feel special, or that you or his other caregivers have NOT been able to be a source of strength, support or protection for your child?



Total Number of Child "YES" Answers Here: \_\_\_\_\_

# What to say when...

## A patient asks why they're getting the ACEs screen

- “Studies have shown that what happens to us when we were children can affect our health as adults. It is optional to complete.”
- “This is a new questionnaire that we’re giving to all of our patients to help us better understand your health better. Even if we’ve known you for a long time, this is a new effort to get to know you better.”
- “Montefiore cares about your physical and emotional health and this is another one of the ways that we can get to know your whole health.”

# What to say when...

## **A patient is distressed (agitated or sad)**

- “I am sorry that reading them upset you. I understand these questions are very personal.”
- “This is completely optional, and you do not have to fill this out.”
- “Would you feel more comfortable talking to your doctor about this?”

# What to do if the patient becomes disruptive...

## ***If the patient continues to cry or they are disrupting the waiting room:***

- If patient is not in a private area already, ask a co-worker (PSR, Nurse, Site Manager) if they can help you find a private area for the patient to calm down

# What to say when...

## A patient discloses individual ACEs or specific details

- “Thank you for sharing that with me. We have resources that have been helpful for people who’ve gone through similar situations. Would you be interested in talking to them?”
- “I’m so sorry that happened to you. We have resources that have been helpful for people who’ve gone through similar situations. Would you be interested in talking to them?”
- “It sounds like you’ve gone through a lot. We have resources that have been helpful for people who’ve gone through similar situations. Would you be interested in talking to them?”

# What to say when...

## Discussing a potential referral to BHIP

- “As your doctor I would really like for us to work together to make sure all of your needs are being met.”
- “We have resources that have been helpful for people who’ve gone through similar situations. Would you be interested in talking to them?”
- “I understand that it can be very difficult to share this information with someone. Do you feel that what happened to you has caused stress with relationships, work, or your health? If so, I would like to connect you with someone who can help.”



EN MONTEFIORE, NOS IMPORTA  
SU SALUD EMOCIONAL Y FÍSICA.  
LE PREGUNTAMOS A **TODOS...**

sobre el estrés y el trauma porque sabemos  
que las experiencias estresantes pueden afectar  
la salud y el bienestar de los niños.

Entender su experiencia y de su hijo nos ayuda  
a proveer a su hijo la mejor atención. Pregúntele  
a su médico acerca del programa BHIP, para  
conectarse con ayuda, hoy.



AT MONTEFIORE, WE CARE ABOUT  
YOUR EMOTIONAL AND PHYSICAL  
HEALTH, **THAT'S WHY WE ASK**  
**EVERYONE...**

about exposure to stress and trauma because we know  
that some life events can have an impact on the health  
and wellbeing of your child.

Understanding what you and your child have experienced  
is part of giving your child the BEST care. Ask your doctor  
about BHIP, a program that will connect you with help, today.



The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.

-- Naomi Rachel Remen

# ACEs screening: July 2017-June 2018

Total # of children screened in Year 1:  
estimated 60,000

| <b>Infant (&lt; 1 year) ACES Completed</b> | <b>Parents (of children &lt; 1 year) ACES Completed</b> | <b>Child (1-5 years) ACES Completed</b> | <b>Children (5 years and older)</b> |
|--|---|---|-------------------------------------|
| <b>6741</b>                                | <b>7018</b>   | <b>16245</b>                            | <b>30,000</b>                       |

# Lessons Learned: TIC & ACEs

1. Have to start small, conduct PDSAs and then ramp up.
2. Understand the EMR experience of each type of provider.
3. Have everyone do their own ACEs to engage their avoidance and discomfort, so when patients are uncomfortable they know how to navigate it.
4. Not reasonable to expect staff to provide TIC, if staff are not taken care of when subjected to chronic stress/trauma
5. Sustainability
  - Develop training for new staff to on-board
  - Measurement

**Dr. Rahil Briggs** – Founder of the Trauma-Informed Care Program at MMG  
**Dr. Dana E. Crawford** – Program Director (Current)  
**Dr. Miguelina German** – Trainer/Program Director (Past)  
**Dr. Kathleen Dumpert** – Trainer/Content Expert  
**Ms. Jayxa Alonzo Lopez**– Project Manager  
**Dr. Alissa Mallow** – Content Expert

## **Steering Committee & Patient Advisory Committee**

- **Darlene O'Keefe**, Nurse, Astor
- **Eve Karkowsky**, Medical Director, Obstetrics & Gynecology, CFCC
- **Katie Dumpert**, Psychologist, Pediatric BHIP
- **Michael Rinke**, Medical Director of Pediatric Quality
- **Michelle Blackmore**, Project Director, CMMI BHIP
- **Namita Azad**, Transformation Manager, MMG
- **Nathalie Pierre**, Nurse, CFCC
- **Nicole Brown**, Pediatrician, FCC/ACES researcher
- **Nixon Pena**, PSR, FCC
- **Sarah Ricketts**, Medical Director, Behavioral Health Integration and Rehabilitation
- **Tamika Ayers**, Adult Patient, West Farms & Parent of Pediatric Patients, West Farms
- **Valerie T. Ward**, Assistant Director of Social Work, MMG
- **April Rivera**, Patient, *MAP*
- **Bernadine “Joey” Barnett**, Patient, *WFFP*
- **Maira Montero**, Patient, *CHCC*
- **Shoshanna Green**, Patient, *Wakefield*
- **Tamika Ayers**, Patient, *WFFP*
- **Tiffany Rodriguez**, Patient, *FCC*



Robert Wood Johnson Foundation



# November 1<sup>st</sup> Updates

# November 1<sup>st</sup> Session & Agenda

## When/Where:

- Thursday, November 1 from 9am-5pm
- East Bay Community Foundation in DT Oakland
- **You should bring 4 teams members**

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**Creating & Sustaining Trauma & Resilience Informed Work Environments**

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**Perspectives & Tools for Assessing & Identifying Trauma & Resilience**

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**Evaluation Updates**

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**Team Time**

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**Early Partnership Success Stories**

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# Asks

Register your team in EventBrite by October 18

- Here's the link to register: <https://www.careinnovations.org/rbc-nov-1-registration/>

Pre-work: Create a 10 minute sharing presentation & send any slides or materials to Angela by 10/26

## Trauma-Informed Care Training

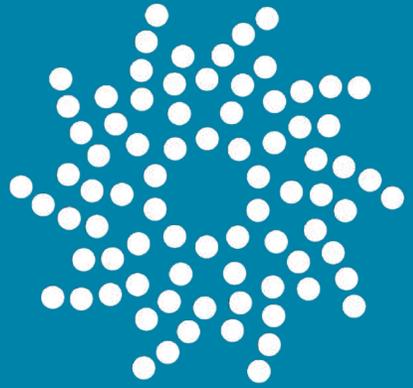
- Petaluma Health Center
- LifeLong Medical Care
- Ravenswood Family Health Center

## Identifying & Assessing for Trauma and Resilience

- Marin Community Clinics
- BCHO
- SMMC

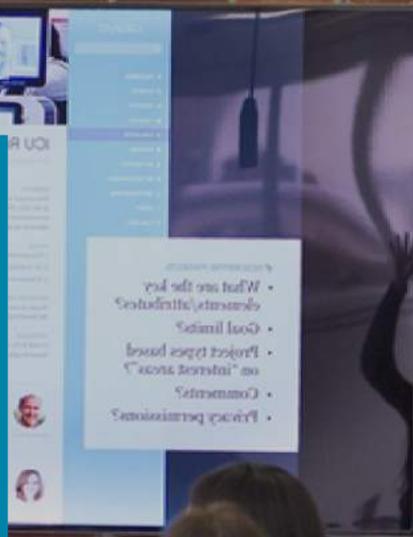
## Partnership Work

- West County Health Center



# CCI

CENTER FOR CARE  
INNOVATIONS



## Questions?



# Thank you!



*For questions contact:*

**Megan O'Brien**  
Value-Based Care Program Manager  
Center for Care Innovations  
[mobrien@careinnovations.org](mailto:mobrien@careinnovations.org)

**Angela Liu**  
Program Coordinator  
Center for Care Innovations  
[angela@careinnovations.org](mailto:angela@careinnovations.org)