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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 down. The background is a plain, light-colored wall. The image has a soft, slightly desaturated color palette.

RESILIENT BEGINNINGS COLLABORATIVE

April 11, 2019

Virtual Sharing Session on Assessment & Screening Approach

RBC Program Team



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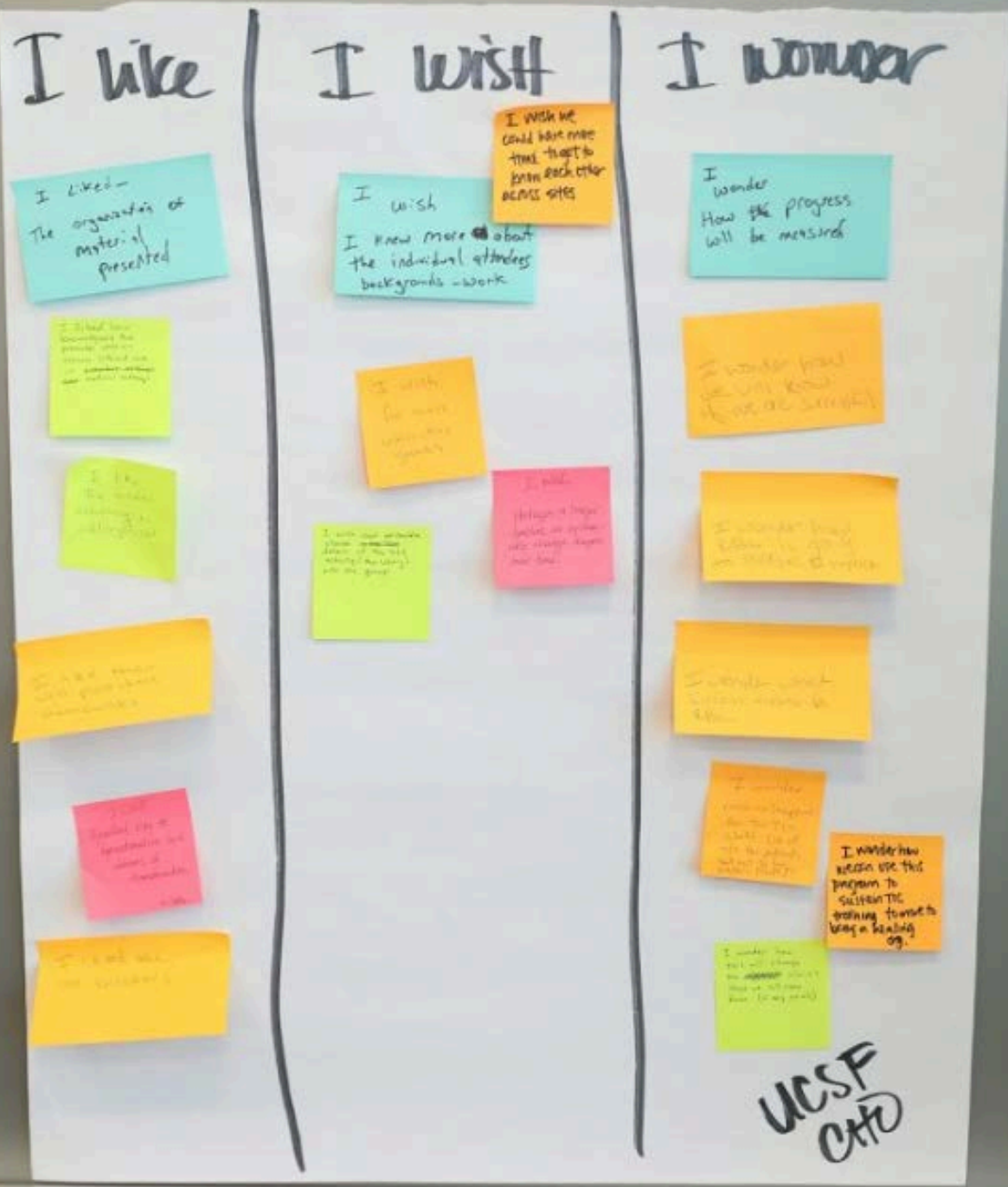
Webinar Reminders

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.



Today's Agenda

- Welcome & Housekeeping (3 minutes)
- Peer Sharing:
 - USCF CHO's Approach to Screening & Assessment (12 minutes)
 - San Mateo's Approach to Screening & Assessment (12 minutes)
- Q &A (25 minutes)
- Reminders about the May 1 Session (5 minutes)
- Closing & Evaluations (1 minute)

The image shows the exterior of the UCSF Benioff Children's Hospital Oakland. The building features a light-colored brick facade with large, colorful glass windows in shades of blue, purple, and teal. Above the entrance, there is a sign with the UCSF logo and the text "Benioff Children's Hospital Oakland" and "5220 Claremont Avenue". Above the sign is a colorful graphic of five stylized figures holding hands. Two modern light fixtures are mounted on the wall above the sign. A green hedge runs along the base of the building. In the foreground, there is a brown brick wall and a small structure with a dark, pointed roof.

UCSF Benioff Children's Hospital
Oakland
5220 Claremont Avenue

UCSF Benioff Children's Hospital Oakland

Who We Are

- Oakland, CA
- Population Served
- 4 Clinic Sites
 - Claremont Primary Care
 - Teen Clinic
 - Castlemont and McClymonds
- EPIC system and FINDConnect



PEdiatric ACEs Screening and ResiLiency Study (PEARLS)

- Reviewed traditional ACEs questionnaire and other tools
- Categorized questions and linked data
- Added questions on determinants of health
- Validated questionnaire through pilot study
- Engaged stakeholders-staff and families.



Your Approach to Screening

- Beginning-little/no context for screen
 - January 2019-16 patients screened
 - Total Endorsed ACE Score:6, Total SDOH Score: 2
- Developed cover sheet, resources available, medical context of toxic stress
 - February 2019-22 patients screened
 - Total Endorsed ACE Score:37, Total SDOH Score: 15
- Where are you still experiencing challenges?
 - Collecting screen/referral data

STRESS & EARLY BRAIN GROWTH Understanding Adverse Childhood Experiences (ACEs)

What are ACEs?

ACEs are serious childhood traumas -- a list is shown below -- that result in toxic stress that can harm a child's brain. This toxic stress may prevent a child from learning, from playing in a healthy way with other children, and can result in long-term health problems.

Adverse Childhood Experiences can include:

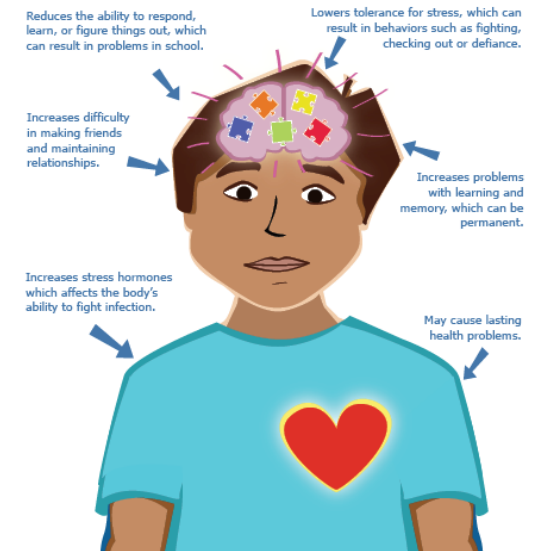
1. Emotional abuse
2. Physical abuse
3. Sexual abuse
4. Emotional neglect
5. Physical neglect
6. Mother treated violently
7. Household substance abuse
8. Household mental illness
9. Parental separation or divorce
10. Incarcerated household member
11. Bullying (by another child or adult)
12. Witnessing violence outside the home
13. Witness a brother or sister being abused
14. Racism, sexism, or any other form of discrimination
15. Being homeless
16. Natural disasters and war

Exposure to childhood ACEs can increase the risk of:

- Adolescent pregnancy
- Alcoholism and alcohol abuse
- Depression
- Illicit drug use
- Heart disease
- Liver disease
- Multiple sexual partners
- Intimate partner violence
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies

How do ACEs affect health?

Through stress. Frequent or prolonged exposure to ACEs can create toxic stress which can damage the developing brain of a child and affect overall health.



A Survival Mode Response to toxic stress increases a child's heart rate, blood pressure, breathing and muscle tension. Their thinking brain is knocked off-line. Self-protection is their priority. In other words:
"I can't hear you! I can't respond to you! I am just trying to be safe!"

Learnings from Implementation

- Capacity to manage patients and families with high ACE scores
- Behavioral Health Integration as an approach...
 - The importance of having at the ready, an evidence-based set of interventions to share with families.
 - A coordinated, trauma-conscious team of Providers linked together to triage each family.
 - A vision that our efforts can and will mitigate the long-term effects of toxic, transgenerational stress.



Next Steps (1 min)

- Training Primary Care and Behavioral Health staff
- PEARLS Tool selected for reimbursement beginning July 1st (CPT code 96160)
- AB 741 (Asm. Kaira) Training on using PEARLS tool
- PEARLS study at BCHO N = 555





SAN MATEO MEDICAL CENTER

San Mateo County Health
San Mateo Medical Center

Who We Are (1 min)

- San Mateo County
 - San Mateo Medical Center (SMMC)
 - *at South San Francisco Health Center*
 - Family Health Services (FHS)
 - Behavioral Health and Rehabilitation Services (BHRS)
- Population served
 - recent immigrants as well as long time residents
 - Pediatric, adult medicine
- 5 Clinic Sites through out the county
 - Daly City
 - South San Francisco
 - Half Moon Bay (Coastside)
 - San Mateo
 - Redwood City (Fair Oaks)
- EMR system is eCW



Pathway to Screening/Assessment (2 min)

- Over years providers heard about trauma and recognized its impact on health
- SSF Health Center started screening over 3 years ago
- Developed the screening questions adapter from the AAP Trauma Toolbox for Primary Care
 - Added questions to the Staying Healthy Assessment already in use
 - Professional Development Project -Department of Primary Care at SMMC
 - Considers using de-identified screen CYW/ACEs but expanded SHA as it was already in use
- Other options considered
 - De-identified screenings
 - Considered using de-identified screen CYW/ACEs but expanded SHA as it was already in use
 - Asking general questions: ie. Has anything scary or upsetting happened to you or a family member?

Your Approach to Screening (4 min)

- What's working?
 - Questions are well received by patients
 - Has opened discussions about trauma
 - Offers opportunity for ways to promote healing
 - Able to spread screening to other pediatric clinics of SMMC
 - Benefits of RBC participation: motivated better understanding of how other sectors in Health operate
 - i.e Behavioral Health, Home Visiting, Family Health
 - Improved, increased and streamlined collaboration between sectors
- Where are you still experiencing challenges?
 - How to cope with being "a safety net clinic"-staff transition, patient stressors
 - Still working in getting all referrals on same EMR system about referrals-eCW updates
 - Have not done any additional staff training beyond Trauma 101

Learnings from Implementation (4 min)

- What are the ah-ha's you gathered during the process thus far?
 - Montefiore's Webinar
 - Parental ACEs as **key** determinant of impact of Healthy Steps Program on children's ASQ-SE at 3 years
 - Parental Trauma was the missing piece of the puzzle
 - Reviewing our data on patients with positive trauma screening for "types of issues/patters"
- What early advice would you give to another clinic that are earlier in their journey?
 - Consider/plan on screening for Parental ACEs at the same time as screening to ACEs
 - Ideal to Integrate ACEs screenings with developmental screenings

Next Steps (1 min)

- What are your next steps from here on out?
 - Learning more about implementation of de-identified ACEs screenings for parents and patients
 - Learn to present ACEs screenings for both parents and children as the best practice/standard
 - Continue to strengthen collaboration with all of our Health services like Family Health and Behavioral Health and Recovery Services
 - Explore ways to make any/all modalities of trauma therapy available more accessible to the families we serve

Open Q & A (30 min)

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May 15th Updates

May 15th Session & Agenda

When/Where:

- Wednesday, May 15 from 8:30-3:45pm (with optional faculty time until 4:30pm)
- Genentech Campus
- You should bring 4-6 teams members

Agenda

- Changes within the PICC Framework
- Learning From the Experiences of Others
- Team Pair Share
- Futures Without Violence
- Team Time
- Optional: Faculty Office Hours

May 15 Asks

- ☐ **Register your team in by Next Monday, April 15**

Link to register: careinnovations.org/rbc-portal/may-15-convening/

- ☐ **Team Pre-work**

1. Create a 10 minute storyboard & send any slides or materials to **Angela by 5/10**
2. Get started on your Year 2 Action Plan

We'll be sending your team lead pre-work templates after registration closes!

Other upcoming events



First Evaluation Report Due

April 15

Email Lisa Schafer with any questions.



Futures Without Violence Webinar

April 24, 12-1pm

Montefiore

Montefiore Medical Center Site Visit

June 13

Bronx, New York



Thank you!

For questions contact:

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