RBC Program Team

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Webinar Reminders

1. Everyone is unmuted.
   - Press *6 to mute yourself and *6 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, and Framing (5 min)
- Question 1 Peer Sharing + Q&A (25 min)
- Reminder: Other Resources (2 min)
- Question 2 Discussion (20 min)
- Upcoming Program Activities (5 min)
- Closing & Evaluation (2 min)
A reminder of where we started: The PICC Framework

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

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

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

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

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

**Co**
Coordinate
6. Coordinate Services and Supports for Families
**ADDRESS Health: Goals and Strategies for Addressing Trauma-Related Health Issues**

**Goal 1:** Help families become **aware** of the links between trauma/stress and health.

**Goal 2:** Help families **develop plans** for needed care or monitoring.

**Goal 3:** Provide **brief services** within the practice.

**Goal 4:** Coordinate referrals to specialty trauma care and co-manage ongoing treatment.

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[https://picc.jhu.edu/assets/element-vi--addressing-trauma-related-health-issues.pdf](https://picc.jhu.edu/assets/element-vi--addressing-trauma-related-health-issues.pdf)
If children and youth screen positive for ACES or if trauma is identified during a visit, what do you do?
If children and youth screen positive for ACES or if trauma is identified during a visit, what do you do?

- We added some options on the bottom of the ACE-Q that parents can select, “Help is available! Check any of the options below and we will connect you with services.”
  - ✓ Positive Parenting Classes
  - ✓ 1:1 Parent Support and Coaching
  - ✓ Help with food, housing, or other resources
  - ✓ My family is currently receiving services
  - ✓ Not interested at this time

- This gives us an idea about a family’s level of readiness to engage with supportive services

- Internally we have patient navigators and behavioral health providers. We are connected to parent educators in the community and have brought parenting classes in-house.
If children and youth screen positive for ACES or if trauma is identified during a visit, what do you do?

- We first implemented ACES in our behavioral health department where a licensed clinician can address the identified trauma directly and create a treatment plan tailored to healing that trauma if patient identifies that as a treatment goal.

- If further resources are needed referrals are given to patient and their caregivers. Some examples of this include:
  - Parenting classes
  - Heartmath (biofeedback)
  - EMDR
  - Parent Child Interaction
  - Positive Parenting, etc.
If children and youth screen positive for ACES or if trauma is identified during a visit, what do you do?

If trauma is identified in a clinic visit…

1) Our providers always express empathy first and foremost. They will then start to assess if there are immediate physical or emotional symptoms currently being experienced from the trauma in order to determine urgency of referral needs.

2) Our providers will offer counseling services to help support the patient/family. We will work with either our internal behavioral health team or refer directly to County mental health services.
The Journey To Resilience
BCHO FQHC
If children and youth screen positive for ACES or if trauma is identified during a visit, what do you do?

Regardless if ACEs are identified or not….. providers:

1. Thank family for participating in screening
2. Explain why screening is important using the ACEs Connection Handout. Provide Futures without Violence cards (x2)
3. Refer to FIND Desk for social needs
4. Refer to BHI for current or ongoing mental health needs
ACES Connection

**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.

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

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.

- **Reduce the ability to respond, learn, or figure things out, which can result in problems in school.**
- **Lowers tolerance for stress, which can result in behaviors such as fighting, checking out or defiance.**
- **InCREASES difficulty in making friends and maintaining relationships.**
- **InCREASES problems with learning and memory, which can be permanent.**
- ** Increases stress hormones which affects the body’s ability to fight infections.**
- **May cause lasting health problems.**

A **Survival Mode Response to toxic stress increases a child’s heart rate, blood pressure, insulating and muscle stress.** If the threat lasts it locked off line. **Self-protection is that priority. In other words; “I can’t hear you! I can’t respond to you! I am just trying to be safe”**

Futures without Violence Cards

**Connected Parents, Connected Kids**

*You Are a Good Parent*

As a caregiver of children, you want the best for your kids. For kids to get the best from you it helps:

- **To be in a good place yourself**
- **To have tools and ideas that support your wellbeing**
- **To have a backup plan for bad days**

Health care providers are discovering strategies and tools that support caregivers and kids, too. Scan the code above to see a cool video with more information.
If children and youth screen positive for ACES or if trauma is identified during a visit, what do you do?

- If our ACEs screener is positive (score >=1), our providers are encouraged to:
  - Say “thank you for filling this out, we appreciate your honesty as it helps us better understand the experiences that your child has been through and better care for your family. Would you like to tell me more about what happened?”

- Regardless of whether or not the patient wants to talk about what happened, we offer various services for support:
  - Provide information on effects of trauma and ways to promote resilience
  - Meeting with the care navigator to address basic needs and connect to services (i.e. Parenting classes, nutrition classes, stress management classes, etc., or to outside community programs)
  - Warm hand off or referral to internal Behavioral Health services
Lifelong Medical Care

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www.lifelongmedical.org
If children and youth screen positive for ACES or if trauma is identified during a visit, what do you do?

- Provider expresses gratitude for patient/family trusting in provider to disclose. Provider then explains how these are difficult circumstances beyond the patient’s control and they are not to blame. Provider explains how we plan to work together to get them the help they need.

- When adversity identified, providers have some knowledge of available internal and/or external resources. Also providers ensure there is follow-up plan in place.

- Warm handoff from provider to Behavioral Health Community Health Worker and/or Referral Specialist depending on the particular issue at-hand.

- BH CHW then follow-ups on the referrals and communicates with both patient-family and provider
• If children and youth screen positive for ACES or if trauma is identified during a visit, what do you do?
More Ideas: Newsletter Roundup

http://newsletter.careinnovations.org/t/j-189995E7C934DD3A2540EF23F30FEDED

RESOURCE HIGHLIGHT: ADDRESSING TRAUMA

Lessons from other Organizations

The first three organizations listed below shared on the recent ACEsConnection Webinar: Integrating ACEs science in pediatrics: Early adopters share lessons from the field. Providers from the three organizations below reflected on their lessons learned implementing trauma informed care for other pediatrics and family clinics to use. CCI's takeaways are below, or read the blog post for a recap.

Santa Rosa Community Health learned...

- "...that applying the medical model to screening doesn't work: instead, they needed to shift their approach to ask patients and caregivers what they want or need.
- "...that even if patients decline interventions or referrals, the process of screening, listening and validating can be healing in itself."

Linda Loma University's Three Tier Response...

- "...is a workflow LLU developed to co-locate the presence of ACEs with symptoms.
- "...includes actions like motivational interviewing, counseling, and offering resources. (Click on image for details)
- "Tier 1—counseling—"...is where primary care training related to ACEs should be focused because this is where the greatest possibility for impact lies."

Programmatic Resources

Project DULCE: Family at the Center This video introduces Project DULCE, a universal approach to embedding strengths-based, family-centered child health care within the network of available community supports during the critical first six months of life. A site-based DULCE specialist develops relationships with families and helps bridge the efforts of pediatrics, legal, and early childhood providers. The Children's Clinic in Long Beach offers Project DULCE.

Help Me Grow Help Me Grow strengthens the networks by maintaining a current, county-based directory of available services and connecting service providers to each other to create an interconnected system. Families benefit as Help Me Grow listens to them, links them to services, and provides ongoing support.

Centering Parenting brings 0-3 parents, partners, support people and their same-age infants together in community with their healthcare providers and other parents who are experiencing similar things at the same time. Each Centering Parenting visit begins with individual well-child health assessments, immunizations and developmental screenings that follow nationally recognized guidelines.

HealthySteps is an evidence-based, interdisciplinary pediatric primary care program that promotes positive parenting and healthy development for babies and toddlers. In this model, a child development specialist becomes an integrated member of the primary care team. Montefiore and ZSFH both use the HealthySteps model. A map of all HealthySteps sites is available here.

More Ideas

Fostering Social and Emotional Health through Pediatric Primary Care: Common Threads to Transform Everyday Practice and Systems shares 14 common practices used by innovative pediatric primary care clinics implementing evidence-supported programs (including DULCE, Centering, and HealthySteps) to promote resilience in young children. The full report provides recommendations for actions to advance pediatric primary care towards the support of the social and emotional development of young children. Read the executive summary here. See the "Other Resources" section at the end of the newsletter for the upcoming related webinar series.

The Johns Hopkins PCG Toolkit: Address Trauma offers change ideas and solutions that are working to help you get started in your practice today. Learn more.
What other programs, processes or referral resources are you curious or want to learn more about?
Training + Supporting Staff

• We would love an update on the State’s roll-out of the PEARLS, specifically in regards to training providers. We are waiting to train our providers in anticipation of a possible state-mandated or suggested training protocol, and want to ensure our clinics will be in compliance. (MCC)

• What training programs are available for support staff and providers to give them tools to model and reinforce positive behaviors that build resilience and minimize trauma in the office setting? (Petaluma)

• Training for front line support staff. (WCHC)

• How do we help the providers feel more comfortable with screening? (BCHO)
Referrals to Specialty Services/Care

• Child-based trauma treatment. E.g. Trauma-Focused CBT (WCHC)

• We continue to be interested in the Healthy Steps Model, and are curious how sites that use this model have been able to implement it in a manner that is financially sustainable. (MCC)

• How to work with limited mental health resources in the community and at the same time, convince our present mental health resource of their collaboration? (BCHO)
Resources to help families become aware of the links between trauma/stress and health

• What are your favorite video resources for families? Are you incorporating any of these into the visit or simply giving the information for parents to access at home? (Petaluma)

• Sesame Street in Communities has so many resources, but we’re having trouble identifying how to best use them. Have others been successful? (Petaluma)

• Is anyone using the Attachment Vitamins framework? (Petaluma)
Tracking Referrals and ACES

• How to document ACES in patient’s chart? (WCHC)

• Does anyone have information about any tracking tools or templates for ACES scores and resource referrals? (BCHO)

• EPIC EHR capacity for (LifeLong):
  • PEARLS de-identified screening tool
  • Data tracking and collection
  • Referral tracking and completion
Upcoming Activities + Events

Reminder: Coaching with Ken

December 13: Santa Rosa Site Visit
- Leads, please register your teams by Nov 26
- When/Where: 9:30am-5pm, Santa Rosa, CA

January 2020: Next Evaluation Data Report to CCHE

February 27: Final In-Person Convening
December 13: Santa Rosa

Content Preview:
• CEO leadership support of TIC/ACES
• Panel of cross-functional staff: reception, security guard, care team, child therapists
• Direct observation of care
• Experiential exercises
• Resilience collaborative project at SRCH: using meditation techniques to reduce PTSD and trauma in the community

Each team can bring up to 2 team members.

Read About Santa Rosa’s Journey:
ACEsConnection: Santa Rosa is Trauma-Informed From Head to Toe
ACEsConnection: How Do These Pediatricians Do ACEs Screening? Early Adopters Tell All.
February 27: Final In-Person Convening

When/Where:
• Thurs, Feb 27, ~9am-5pm (followed by an optional happy hour)
• Oakland, CA

Content Preview:
• Peer sharing
• Deep dive breakouts led by guest faculty

Please bring 4-6 team members!
Thank you!

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