RBC Program Team

Veenu Aulakh, Program Director

Megan O’Brien, Program Manager

Angela Liu, Program Coordinator

Ken Epstein, RBC Program Coach
Today’s Faculty

COMMUNITY MEDICAL CENTERS

 Cherokee HEALTH SYSTEMS

FUTURES WITHOUT VIOLENCE
Special Welcome

Dr. Larry Wissow, Seattle Children’s Hospital

Becca Grant, Genentech Charitable Giving

Dr. Nadine Burke Harris, CA Surgeon General
Celebrate!
In June 2018, CCI launched the **Resilient Beginnings Collaborative**: a 24-month learning program dedicated to addressing childhood adversity in pediatric safety net care settings.
What We’ve Accomplished

1. Over 1,000 staff trained in TIC
   Teams are making big changes: piloting screening tools, leadership engagement, supporting staff beyond TIC training, developing partnerships.

2. Teams started collecting & reporting data on screening & referrals

Impact the lives of over 60,000 kids ages 0-5
## Our Areas of Focus: Six PICC Elements

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<td>1. Develop and Foster a Trauma and Resilience-Informed Environment</td>
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<td>2. Build Relationships with Communities to Support Families</td>
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<td>3. Engage with Families in Their Own Care</td>
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<td>6. Coordinate Services and Supports for Families</td>
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Assessment Results: PICC framework

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<tr>
<th>Component</th>
<th>Score</th>
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<tr>
<td>Office Environment</td>
<td>7</td>
<td>Working on it but need support</td>
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<tr>
<td>Community Relationships</td>
<td>6</td>
<td>Working on it and making progress</td>
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<td>Family Engagement</td>
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<tr>
<td>Assess Health</td>
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<td>Well-established and regularly monitor</td>
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<td>Address Health</td>
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</tr>
<tr>
<td>Coordinate</td>
<td>4</td>
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Office Environment: Training Staff in TIC (June-December 2018)

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

Action Plan for Year 2: Focusing on other key elements of this work (family engagement, coordination & collaboration, addressing trauma, and prevention) (Summer 2019-Summer 2020)
Program Support & Delivery

- Support for organization-wide TIC Training via Trauma Transformed
- $80K Grants
- Monthly Coaching
- 3 In-Person Convenings
- 4 webinars
- Onsite faculty visits & meetings with org. leadership
- 1 Site Visit to The Children’s Clinic
Where We Are Going

1. There are still a lot of challenges & unknowns about this work.

2. Top challenges include: (1) leadership support & buy-in, (2) finding time, (3) implementing screening, (4) staff burnout and vicarious trauma.

3. A lot changing in the greater political landscape.

4. There’s a lot we can learn from others, including folks in this room.

5. We know that there are a set of core ingredients to doing this work. But they need to be adapted to fit your environment.

6. We’re learning more each day, and have more opportunities to sustain & spread this work with support from the state.
# What We Know

<table>
<thead>
<tr>
<th><strong>Reimbursement</strong></th>
<th>Reimbursement for screening Medi-Cal patients goes into effect July 1, 2019.</th>
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<tr>
<td></td>
<td>$29/screen</td>
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<td>ICD Code: 96160</td>
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<td>The Governor’s budget earmarks $60 million over 3 years.</td>
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| **Implementation details** | These have not been released yet. The official word on the reimbursement process will come from DHCS through all plan letters to Managed Care Organizations. DHCS is also planning to host a webinar to provide more details but no date has been set. |

| **Screening Tools** | The PEARLS is still the only tool for children that will be reimbursable. The development and validation process and initial findings were published in a peer-reviewed article. Since then, CYW and others have been working closely with DHCS to make the PEARLS ADA compliant and translate it into 16 languages including Spanish. |

| **Advocacy** | Joining coalitions like the 4CA initiative is one way that you and your staff can engage in advocacy efforts - 4cakids.org |

| **Training Support** | Governor Newsom’s May budget revision was released on 5.9.19 and it included a revision recognizing the importance of training providers doing screening. It’s unclear how much is included in the budget for training. |
Today’s Agenda

• Welcome, Overview, RBC Milestones, and Screening Q&A

• Learnings from the Experiences of Others

• Team Pair Share

• Futures Without Violence

• Team Time & Year 2 Action Planning

• Optional Faculty & Support Team
Housekeeping

Bathroom

WiFi

Take Breaks!
We have a lot to get to today!

Step up & Step Back

Yoda/Vibes Watcher

Reminders to Get Us Through the Day
Year 1 Midpoint Survey

- It should take less than 10 minutes to complete.
- Please turn it in to Maggie Jones from CCHE or CCI program staff (Megan, Angela or Veenu) by the end of lunch.
What Support is Helpful in Year 2?

1. Additional leadership meetings from Trauma Transformed and/or Dr. Ken Epstein

2. Ongoing monthly coaching from Dr. Ken Epstein

3. Support visits to your organization from Dr. Larry Wissow and/or other identified faculty

4. Additional resources and/or trainings from Futures Without Violence

5. Peer site visits at other RBC teams’ organizations

6. Additional staff training from Trauma Transformed
Other Ideas?
Flip Charts

In Year 2, what other ways can we best leverage the power of this being a Bay Area initiative?

What additional questions do you have about the implications of the new screening reimbursement & training support?
Warm Up

At your tables, introduce yourselves to one another.

1. Share: What’s one thing you are hoping to get out of our day today?

2. Share: What’s one thing you are looking forward to this summer?
Learning from the Experiences of Others: Approaches to Trauma & Resilience Informed Care
Greetings from East Tennessee
Our Mission...

To improve the quality of life for our patients through the blending of primary care and behavioral health.

Together...Enhancing Life
Primary Service Area
Cherokee Health Systems

Last Year:
73,953 patients  353,552 Services  23,720 New Patients

Number of Employees:  758

Provider Staff:
Psychologists - 50  Cardiologist - 1  Psychiatrists - 7
Primary Care Physicians - 37  Nephrologist - 1  NP (Psych) - 10
NP/PA (Primary Care) - 50  Pharmacists - 12  LCSWs - 62
Community Workers - 41  Dentist - 2
Initial Goals

1. Increase **staff knowledge** about impact of trauma, importance of screening, and what staff can do to help foster a trauma informed environment

2. Implement **universal screening for trauma** and linked behavioral health follow-up plan for positive screens

3. Increase **community and patient awareness** of the impact of trauma
Staff Training

• Developed 90 minute training focused on:
  • **Why** we are focused on this now
    • Viewed Dr. Nadine Burke Harris’s Ted Talk
    • Discussed how it related to our patient population
    • Importance of prevention/early intervention
  • **What** we are going to do about it
    • ACE and Trauma Symptom Screen
    • Workflow for when/how to link in BHC
    • Training on validation to de-escalate dysregulated patients and families
  • **How** our plan will be rolled out
    • Each clinic role out led by BHCs in that clinic
Universal Screening

PCL - C

The next questions are about problems and complaints that people sometimes have in response to stressful life experiences. Please indicate how much your child has been bothered by each problem in the past month.

1 = Not at all
2 = A little bit
3 = Moderately
4 = Quite a bit
5 = Extremely

1. How much has your child been bothered by repeated, disturbing memories, thoughts, or images of a stressful experience from the past? Please circle:

   1  2  3  4  5

2. How often has your child felt very upset when something reminded your child of a stressful experience from the past? Please circle:

   1  2  3  4  5

Section 1. At any point since your child was born...

- Your child’s parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child or a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child’s private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child or your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

Section 2. At any point since your child was born...

- Your child was in foster care
- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/his primary caregiver through deportation or immigration
- Your child had a serious medical procedure or life threatening illness
- Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion
Community/Patient Education

• Provided scripts to nursing staff to help with patient education for those patients not screening positive for ACEs

• Engaged partnerships seeking opportunities to share information with other agencies:
  • UT Audiology and Speech Pathology
  • UT Ob/Gyn Residency Program
  • UT Dept of Social Work
  • Knoxville Metro Drug Council
  • Meharry Medical College
  • Emerald Youth Foundation
The Reaction

• PCPs’ Initial Concerns
  • Hesitancy about perceived invasiveness of asking these questions
  • Concerned about the possible increase in time spent per patient

• PCPs’ Current Experience
  • “No impact on my day”
  • Overall view is very positive
The Reaction

• Nurses’ Initial Concerns
  • Thought patients/parents would lie
  • Felt sure patients/parents would complain

• Nurses’ Current Experience
  • Absolutely, there are some complaints
  • Have been very surprised at how honest people have been
    • Nurses mentioned that it seems like people really want help with this issue, and
      never would have known how to ask for it before
    • “Even if you have only 1 person telling the truth for 5 people who don’t, that’s one more person you can help.”
The Reaction

• BHCs’ Initial Concerns
  • Overwhelmed by the likely increase in identified patients who need care
  • Concerned about how families would react
  • Felt responsible for helping nurses and PCPs be comfortable with implementation

• BHCs’ Current Experience
  • There has been a definite increase in patients identified in our clinic
    • We have had to make some adjustments
  • The more you talk about trauma, the more comfortable it feels
  • Overall, families have been either neutral about the screening or willing to discuss their concerns
The Reaction

• Patients and Families
  • Overwhelmingly positive or neutral
  • Many families have said they are glad we are asking these questions
  • When families have had questions, or even seemed defensive, they have responded very well to learning about why we felt the need to ask these questions
Work Flow

• ACE-Q and PCL-C Screeners included in well child check paperwork, provided by front staff

• Typically, nurses review completed screeners
  • Nurses will alert both PCP and BHC score is above 3

• If at all possible, BHC will meet with Pt/family on the same day as the failed screener

• If not possible...
  • BHC will follow-up briefly by phone and schedule if needed
  • PCP will request that Pt schedule back with BHC
Increased Screening in Year 1

![Chart showing increased screening in Year 1]
Average Delay to BHC Follow-Up

Year 1

Year 2
What do we do with the information?

• Psychoeducation
• Behavioral health intake to assess symptoms/functioning
  • Diagnoses – Acute Stress Disorder, PTSD, Disruptive Behavior Disorder
• Recommend and initiate treatment
  • Trauma Focused – Cognitive Behavior Therapy
  • Parent Child Interaction Therapy
• Refer to Children’s Services as indicated
• Connect to Community Health Coordinators to help address environmental stressors
ACE Scores

- Dameron
- Talbott
What we “uncovered”

1. Disruptive Behavior Disorder - NOS
2. Attention-Deficit/Hyperactivity Disorder
3. Posttraumatic Stress Disorder
4. Reaction to Severe Stress Unspecified
5. Anxiety Disorder, Unspecified
TRAUMA-INFORMED SERVICES

COMMUNITY MEDICAL CENTERS
BEHAVIORAL HEALTH INTEGRATED SERVICES
HISTORY OF CMC

• Community volunteers including physicians, nurses, social workers, and community organizers

• Services to farmworkers in 1965 in San Joaquin county

• Grant to the Medical Society 1967 purchased 2 portable trailers
A truck driver from the blood bank moved the trailers from place to place each morning and set them up.

- The volunteers arrived at 5 pm to open.
- Most days there would be a long line of migrant workers waiting for services.
- Medical Records were 3x5 and then 5 x 7 cards

(M. Kirkpatrick)
During the early 1990s...

- Channel Medical Center
- School-based clinic at Martin Luther King Elementary School.

Name change to Community Medical Centers, Inc.
By 2005… More growth

• Vacaville
• Hammer Lane
• Mariposa in South Stockton.
• Operating budget grew to $25M
• Staff to 350

2011:
• GLEASON HOUSE (Before and after)

2013:
• **EHR**: Electronic Health Records (NextGen)
2014 to 2018: New Services

- Integrated Behavioral Health all sites
- Podiatry
- Optometry
- Physical Therapy
- Chiropractic
- Substance Use Treatment
- Virtual Dental Home (VDH), 121 participating sites

2015: New Logo
2018

CMC, Recovery Center
- Comprehensive SUD services
- Medication Assisted Therapy
- Sobering
- Assessment and Counseling

CMC, West Lane
- 20,000 Sq. Feet
- 21 exam rooms
- Peds, IM, Family Practice, Women’s Health, BH
- Specialty coming 2019
2019... and beyond.

CMC, California Street Pediatrics

• Formerly Stockton Pediatrics, Dr. Cesar Pabustan
• 10,000 Medi-Cal Patients
• Opened 2/4/19 as CMC, California Street Pediatrics

CMC, Lodi Cherokee

• 1115 Cherokee, Lodi
• ±1.89 Acres undeveloped land
• Proposed February 2020 opening
CMC Facts:

- 88,000 Patients served in 2018
- 287,000 Patient care visits in 2018
- 19 sites, 3 counties
- 96% of patients are below 200% of Federal Poverty Level
- $75M budget FY 18-19
- Staff: 710
Community Medical Centers
Behavioral Health Services

- Behavioral Health Program is currently providing services at 17 of our current 18 existing centers.

- In comparison to past years, in 2015 we provide more BH encounters than any other year with an increase of 53%.

- The BH Department accounted for 12% of the total unduplicated number of patients receiving services in 2018.

- 72% of patients were assessed with the PHQ9 process.

- Currently screening patients with SBIRT, PRAPARE, ACE, GAD7 and PHQ9.
Community Medical Centers Trauma-Informed National Collaborative.

- One of 14 primary care organizations who will play a significant role in recognizing and responding to the significant impact that traumatic life events have on the health of patients.

- Through the nine-month program, the organizations will create supporting environments, not only for patients with the long lasting effects of trauma, but also for the clinical team members who are dedicated to their care.

- Channel Medical Center, Diabetic Clinic

- Specific Indicators

- Screening, Assessment, Treatment and Support.

- 5 different grants focused on TIC.
Trauma-Informed Collaborative

- 100% of patients were identified as having a serious, chronic, and poorly managed health condition
- 7 sites selected a cohort of patients with uncontrolled diabetes
- 2 sites selected patients with depression
- 1 site selected a cohort of patients with uncontrolled diabetes and depression
- 1 site selected youth patients with obesity
Cohort Data

Total Cohort: 539

Screened for Trauma: 139 (25.3%)
- Negative: 27
- Positive: 109

Screened Positive: 109 (78.4%)

Referred to Treatment: 97 (114.1%)
- Group: 41
- Individual: 74

Assessed Positive for Trauma: 85 (83.3%)

Assessed for Trauma: 102 (93.5%)
- Negative: 19
- Positive: 85
## Health Indicators

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<tr>
<th>Health Indicator</th>
<th>Number of Individuals Screened</th>
<th>Number of Individuals meeting Criteria/Cutoff</th>
<th>Percentage of Individuals meeting Criteria/Cutoff</th>
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<tbody>
<tr>
<td>Blood Glucose</td>
<td>80</td>
<td>77</td>
<td>96%</td>
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<tr>
<td>Blood Pressure</td>
<td>12</td>
<td>10</td>
<td>83%</td>
</tr>
<tr>
<td>BMI</td>
<td>19</td>
<td>12</td>
<td>63%</td>
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<tr>
<td>Hospitalization/ER</td>
<td>4</td>
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### Criteria

- **Blood Glucose**: A1C level at or above 9
- **Blood Pressure**: Blood pressure at or greater than 120/80 mm Hg
- **BMI**: BMI of 24.9 or greater
- **Hospitalization/ER**: Hospitalized at least 1 time during reporting period
California Accountable Communities for Health Initiative

• Through the Healthier Community Coalition, leaders and residents have joined together to create the Healing South Stockton Accountable Community for Health.

• The primary goal is to identify residents suffering from trauma and link them with clinical services and community supports.

• Healing South Stockton partners – including the justice, education, and health sectors - will develop the resources needed to ensure that successful programs are expanded and new evidence-based projects adopted.

• A to-be-formed Healing South Stockton Wellness Fund will ensure sustainability. Further supporting this effort, the Reinvent South Stockton prioritizes policy and systems changes to prevent trauma in the first place. Together, these initiatives will build an environment where children grow up healthy, adults thrive, and everyone lives free from trauma.
California Accountable Communities for Health Initiative

- CACHI Grant Award for $850,000 to address issue pertaining to trauma in South Stockton.

- 3-year period to expand and develop successful trauma prevention and recovery programs in the South Stockton Promise Zone.

- Trauma prevention and recovery was identified as a key community health issue after an analysis of the 2016 Community Health Needs Assessment. This outlines the health priorities identified in San Joaquin County.

- These may include: Trauma and emotional health screening at CMC, a mentorship program for high need foster kids through Child Abuse Prevention Council, Fathers and Families of San Joaquin’s Trauma Recovery Center and training for schools.
The South Stockton Promise Zone (SSPZ) is a public-private-non-profit collaborative initiative which aims to “empower residents to transform their community—to affect the root causes of intergenerational poverty through improvements in safety, education, housing, job creation, economic development, and health.”

SSPZ has 3 major objectives:

1. Create awareness and advocate for the strengths/needs of South Stockton.

2. Align long-term strategies and resources to improve South Stockton.

3. Develop civic engagement structures that will provide South Stockton residents a voice in decision-making.
South Stockton Promise Zone (SSPZ) Organizational Structure

**SSPZ Steering Committee**

City of Stockton / Reinvent South Stockton Coalition (STAND, El Concilio, Visionary Homebuilders, Community Partnership for Families, Dignity Health St. Joseph’s Medical Center, South Stockton Schools Initiative, Community Medical Centers, Fathers and Families of San Joaquin, Beyond Our Gates/University of the Pacific, San Joaquin Public Health Services, Housing Authority of San Joaquin, Data Co-Op.)

Coached by: Policylink

**Goal 1:** Create Awareness & Advocate for South Stockton

**Goal 2:** Align long term strategies and resources - South Stockton Promise Zone (SSPZ)
- Backbone: RSCC (Hector) / City (Michael/Christian)

**Goal 3:** Develop Civic Engagement Structures

**Beyond Our Gates**

**Chief’s Community Advisory Board**

**Ceasefire Coalition**

**Community Engagement Coalition: OVP**

**County Homeless Taskforce**

**Healthy Neighborhoods Collaborative**

**Healthier Communities Coalition**

**Educational Advocates**

*Organizing Outreach Efforts*
- Partner efforts to engage and mobilize

**Result 1:** Early Literacy
- Backbone: Beyond Our Gates (Jennifer)

**Result 2:** Improve Safety
- Backbone: SPD/OVP (Patricia/Denise)

**Result 2:** Trust w/ Law Enforcement
- Backbone: OVP/FFS/SPD (Donlso/Jagada/Patricia)

**Result 3:** Quality Housing
- Backbone: VHB (Blakc)

**Result 4:** Healthy Lives
- Backbone: Healthier Com. Coalition (Petra)

**Result 5:** Transition to Adulthood
- Backbone: South Stockton Schools Initiative (Large)

**Indicator 1a:** Increase Pre-School Enrollment

**Indicator 1b:** Increase 3rd Grade Reading Rates

**Indicator 1c:** Decrease Truancy Rates

**Indicator 2a:** Reduce Violent Crimes

**Indicator 2b:** Reduce Property Crimes

**Indicator 3a:** Increase Quality/Affordable Housing

**Indicator 3b:** Increase Homeownership Rates

**Indicator 3c:** Increase % of Behavioral Health Services Provided

**Indicator 4a:** Decrease % 5th Graders who are Over-weight

**Indicator 4b:** Increase % of Students who Graduate

**Indicator 5a:** Increase % of Youth out of School

**Outcome:** Data Coordination of all Results & Indicators

**Backbone:** Data Co-Op (Missy), Except health, that will be HIE
Small Groups (35-40 minutes)

1. CHS (Caleb): Larry
2. CHS (Emily): Ken
3. CMC: Veenu
Round 1 (30 minutes)

1. Larry: MCC & UCSF CHO
2. Ken: Petaluma, LifeLong, & Ravenswood
3. Veenu: SMMC & WCHC
Round 2 (30 minutes)

Larry: WCHC & Ravenswood

Ken: SMMC, UCSF-CHO, & LifeLong

Veenu: MCC & Petaluma
LUNCH: 45 minutes
Reminder: Year 1 Midpoint Survey

- It should take less than 10 minutes to complete.
- Please turn it in to Maggie Jones from CCHE or CCI program staff (Megan, Angela or Veenu) by the end of lunch.
Futures Without Violence
Team Time

Reflect on Year 2:

1. **High-Level Priorities & Goal Setting**: What 2-3 elements do you want to prioritize?
   - Big Picture
   - Small Wins
   - Sustainability

2. **Priority Element Project Planning**
   - Ideas for Action by quarter

3. **Other Activities**: High Level Milestones & Activities

**TIPS:**

- Start small. Don’t feel like you need to accomplish everything all at once.
- Prioritize your ideas & be realistic about what is possible. Build on what you are already doing.
- Utilize the faculty or other core documents when you get stuck.
Flip Charts

In Year 2, what other ways can we best leverage the power of this being a Bay Area initiative?

What additional questions do you have about the implications of the new screening reimbursement & training support?
What’s Next & Evaluation?
Other Upcoming Events

Montefiore Medical Center Site Visit
• June 13
• Bronx, New York

Monthly Coaching

Next In-Person Session
• January or February 2020
• Oakland, CA
Communication Tools

- Monthly Newsletter
- Calendar invites
- CCI Program Portal Page
  [https://www.careinnovations.org/rbc-portal/](https://www.careinnovations.org/rbc-portal/)
To-Do’s

CCI

- All materials will be posted to network portal.
- We’ll be designing Y2 offerings based on your input and will be sharing more details in the coming months.

RBC Teams

- Continue to work on your team’s action plan.
- Send a final copy to Angela by July 1.
Evaluation

Resilient Beginnings Collaborative (RBC) Convening
Wednesday, May 15, 2019

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. 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 level of participant interaction/engagement in the meeting was:
   - Not enough
   - About right
   - Too much

4. 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)

5. To what extent did you find the sessions useful?

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<tr>
<th>Rating</th>
<th>Not useful</th>
<th>Somewhat useful</th>
<th>Useful</th>
<th>Very useful</th>
<th>N/A - Did not attend</th>
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<tr>
<td>Learning from Others: Cherokee Health Systems (CO) &amp; Community Medical Centers (CA)</td>
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<td>Team Plan Share/Shareboards</td>
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<td>Children Near 16s Policy on Trauma Screening</td>
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<td>Futures Without Violence: Curriculum &amp; Training</td>
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<td>Connections to the RBC Framework with Dr. Lerry Warren</td>
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<td>Team Time: Year 3 Action Planning</td>
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6. What was the most valuable part of the meeting?

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

Thank you for completing this survey!
Optional Office Hours

- Please join us in connecting with the RBC program team, other RBC organizations, and faculty from the day.
- We’ll be available until 4:30pm.
Thank you!

For questions contact:

Megan O’Brien
Senior Program Manager
Center for Care Innovations
mobrien@careinnovations.org

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