



RBC Program Team



Veenu Aulakh, Program Director



Megan O'Brien, Program Manager



Angela Liu, Program Coordinator



Ken Epstein, **RBC Program** Coach



Today's Faculty







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

Over 1,000 staff trained in TIC

Teams are making big changes: piloting screening tools,

leadership engagement, supporting staff beyond TIC training, developing partnerships.

Teams started collecting & reporting data on screening & referrals





Our Areas of Focus: Six PICC Elements

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

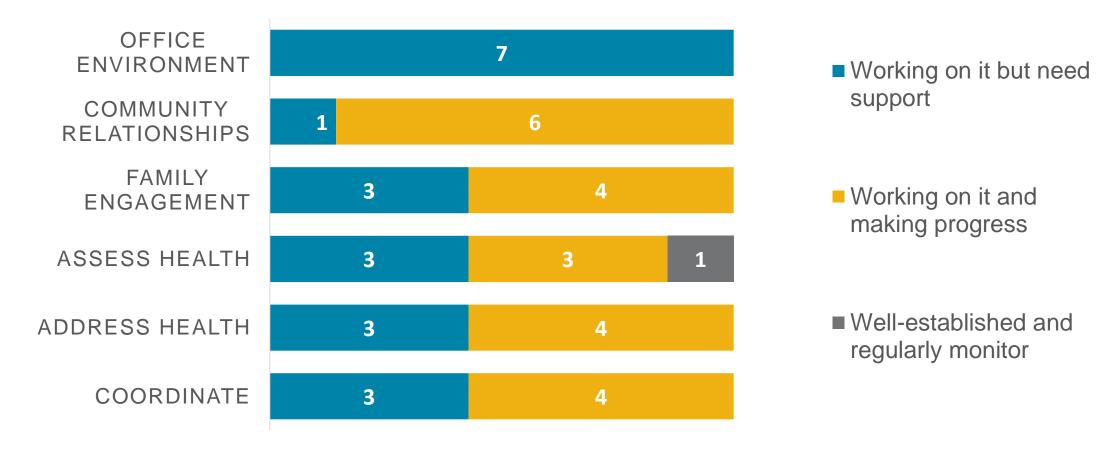
Co

Coordinate

6. Coordinate Services and Supports for Families



Assessment Results: PICC framework



Center for Community Health and Evaluation | www.cche.org

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

- There are still a lot of **challenges** & **unknowns** about this work.
- There's a lot we can learn from others, including **folks in this** room.
- Top challenges include: (1)
 leadership support & buy-in, (2)
 finding time, (3) implementing
 screening, (4) staff burnout and
 vicarious trauma
- We know that there are a set of core ingredients to doing this work. But they need to be adapted to fit your environment.

A lot changing in the greater political landscape.

We're learning more each day, and have more opportunities to sustain θ spread this work with support from the state.

What We Know

Reimbursement	Reimbursement for screening Medi-Cal patients goes into effect July 1, 2019. \$29/screen			
	ICD Code: 96160			
	The Governor's budget earmarks \$60 million over 3 years.			
Implementation details	1)H('S through all plan letters to Managed ('arg ()rganizations I)H('S is also planning to host			
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!



Reminders to Get Us Through the Day



We have a lot to get to today!



Step up & Step Back



Yoda/Vibes Watcher



Year 1 Midpoint Survey

Resilient Beginnings Collaborative (RBC)

Mid-program participant survey - May 15, 2019

Please complete this survey individually to provide information to the evaluation related to your participation in the RBC program. Information from this survey provides mid-point quantitative data to the evaluation and will inform Year 2 of RBC. 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.

Thank you!

Respondent information

- Please indicate your organization:
 (This allows us to combine your feedback with other responses from your team for analysis.)
- 2. Which of the following best describes how long you have been involved with RBC? (select one)
 - ☐ I've been a member since the Kick-off meeting (June 2018)
 - ☐ I joined after the kick-off, but was on the team for the second in-person meeting (Nov. 2018)
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Survey continues on the next page -----

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 by the end of lunch.



What Support is Helpful in Year 2?

- Additional **leadership meetings** from Trauma
 Transformed and/or Dr. Ken
 Epstein
- Additional resources and/or trainings from Futures
 Without Violence
- Ongoing monthly coaching from Dr. Ken Epstein
- Peer site visits at other RBC teams' organizations
- Support visits to your organization from Dr. Larry Wissow and/or other identified faculty
- Additional **staff training** from Trauma Transformed



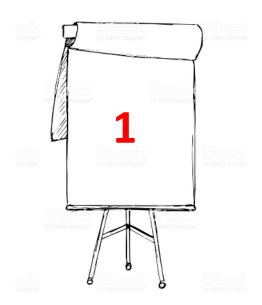
Other Ideas?



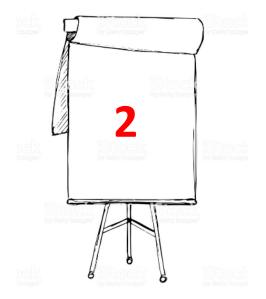


Flip Charts

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?

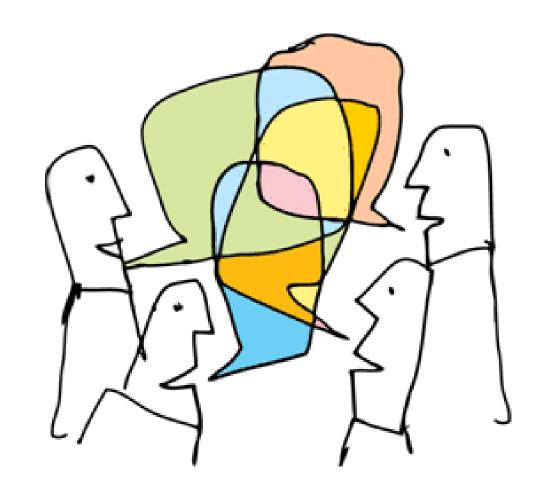




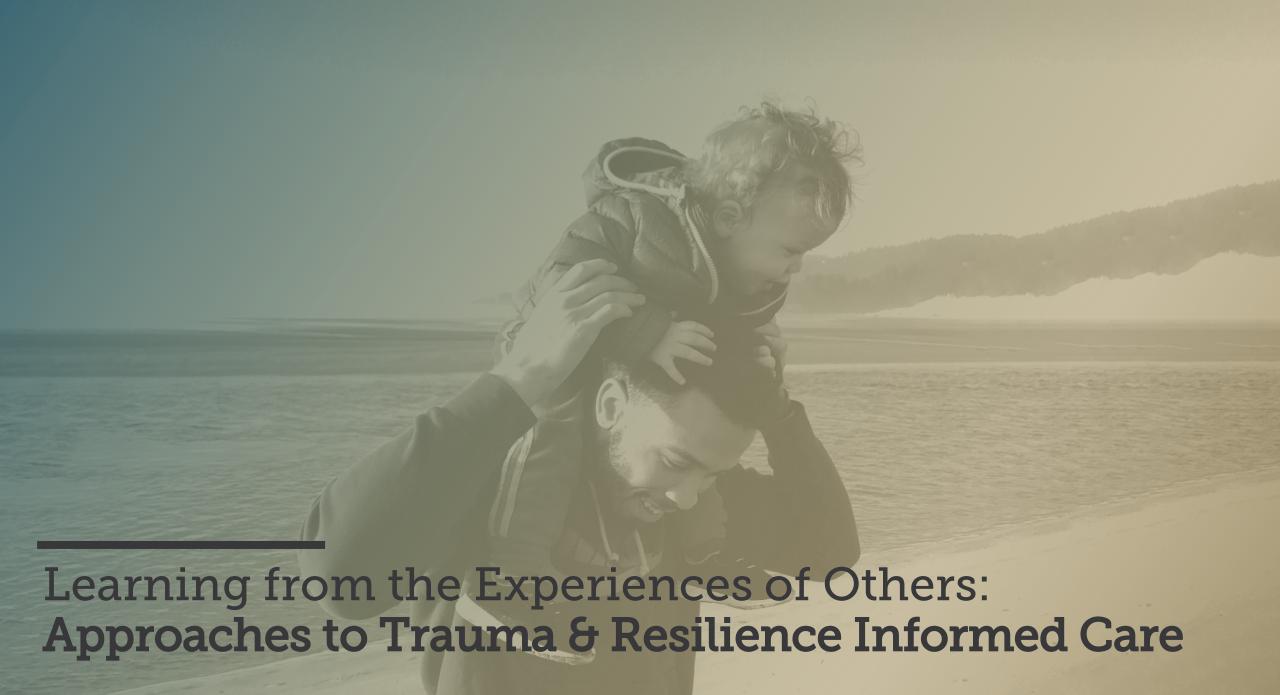
Warm Up

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?











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 353,5

353,552 Services 23,720 New Patients

Number of Employees: 758

Provider Staff:

Psychologists - 50 Primary Care Physicians - 37 NP/PA (Primary Care) - 50

Community Workers - 41

Cardiologist - 1

Nephrologist - 1

Pharmacists - 12

Dentist - 2

Psychiatrists - 7

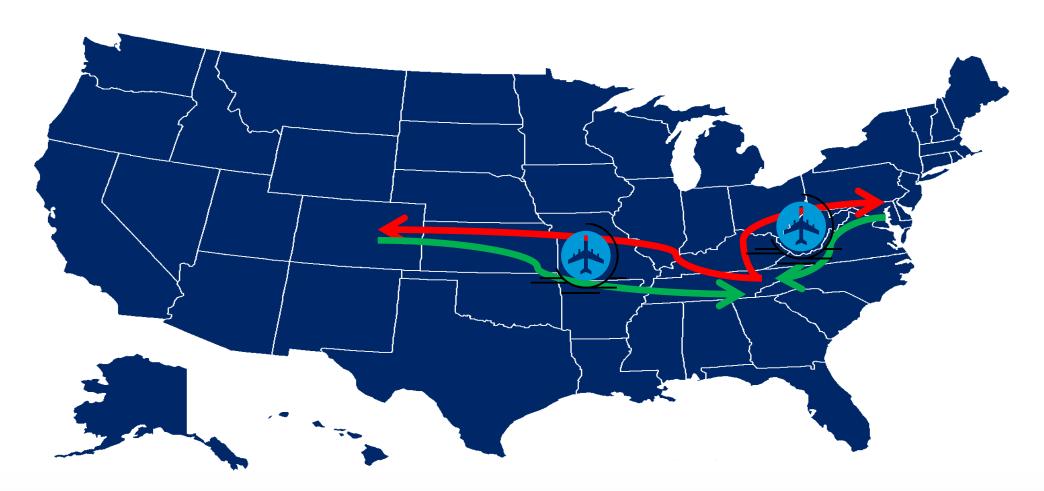
NP (Psych) - 10

LCSWs - 62





Our Journey





Primary Behavioral Health
INTEGRATED CARE
Training Academy

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

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

2

3

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

1

3

4

5

5



CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

To be completed by Parent/Caregiver							
oday's Date:							
hild's Name:	Date of birth:						
our Name:	Relationship to Child:						
esults from this questionnaire w	ul life events that can affect their health and wellbeing. The vill assist your child's doctor in assessing their health and						
l etermining guidance. Please read	d the statements below. Count the number of statements that						

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box.

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

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

- 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

2) Of the statements in Section 2,	, HOW MANY apply to	your child? Write the	total number in the box.

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





- 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





- 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."





- 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



- 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





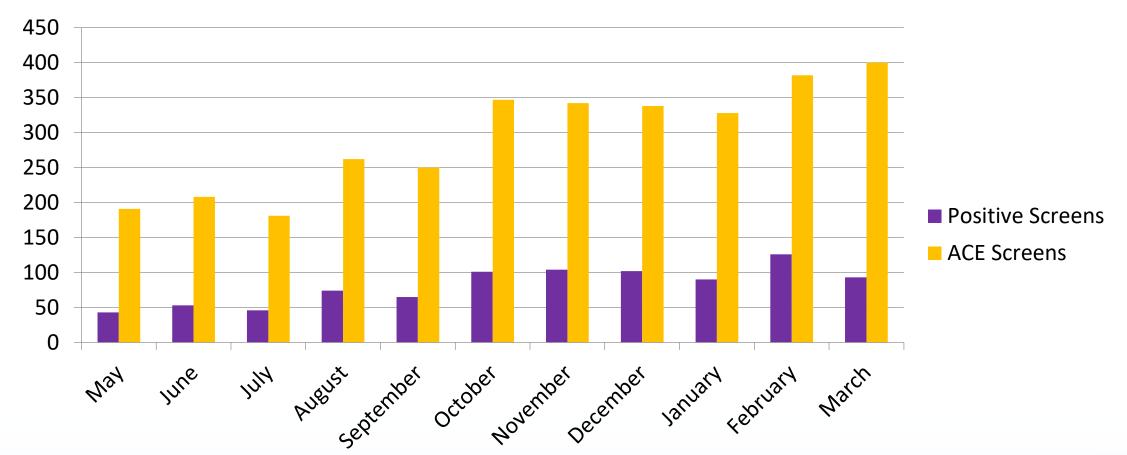
Work Flow

- 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

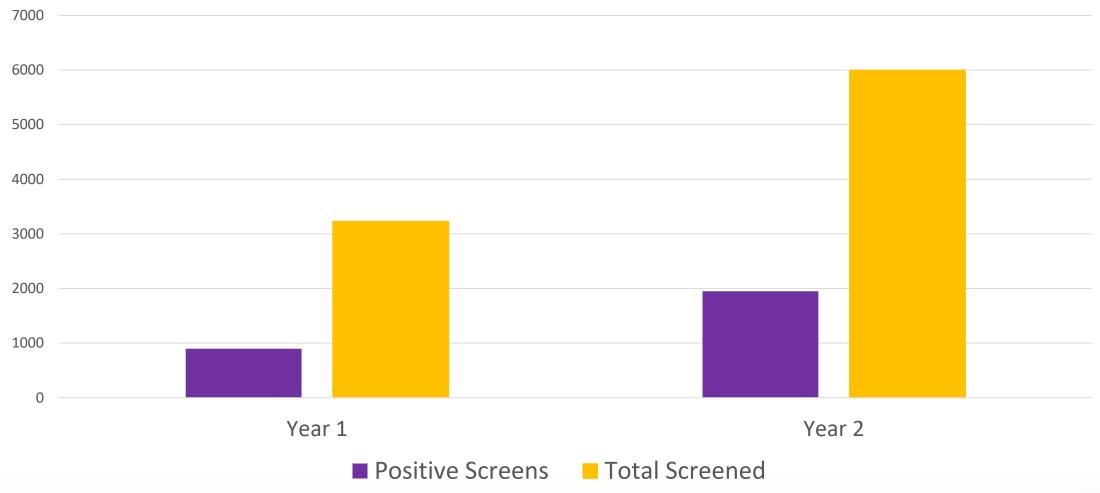






© Cherokee Health Systems 2018

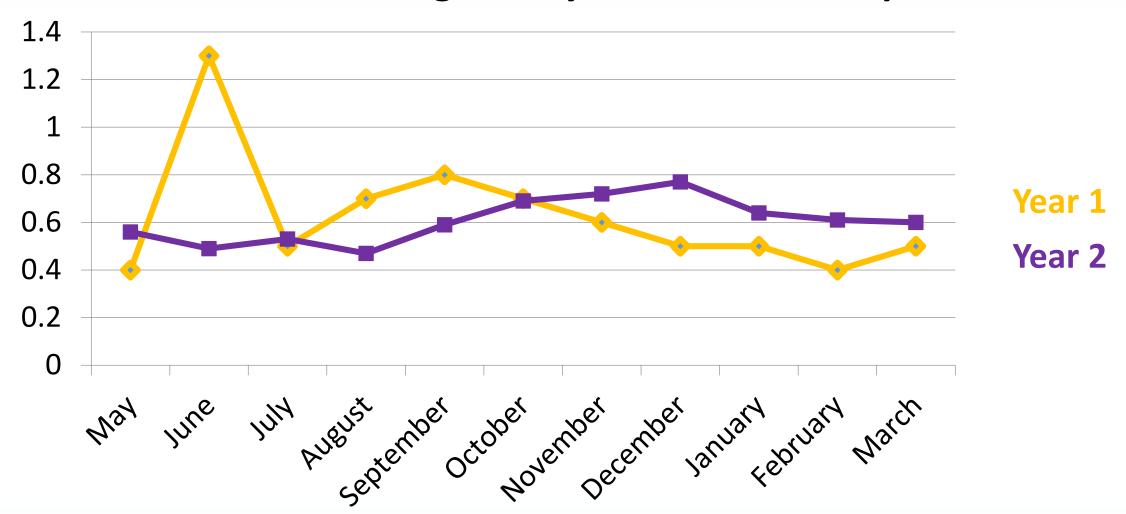
Continued Increase







Average Delay to BHC Follow-Up







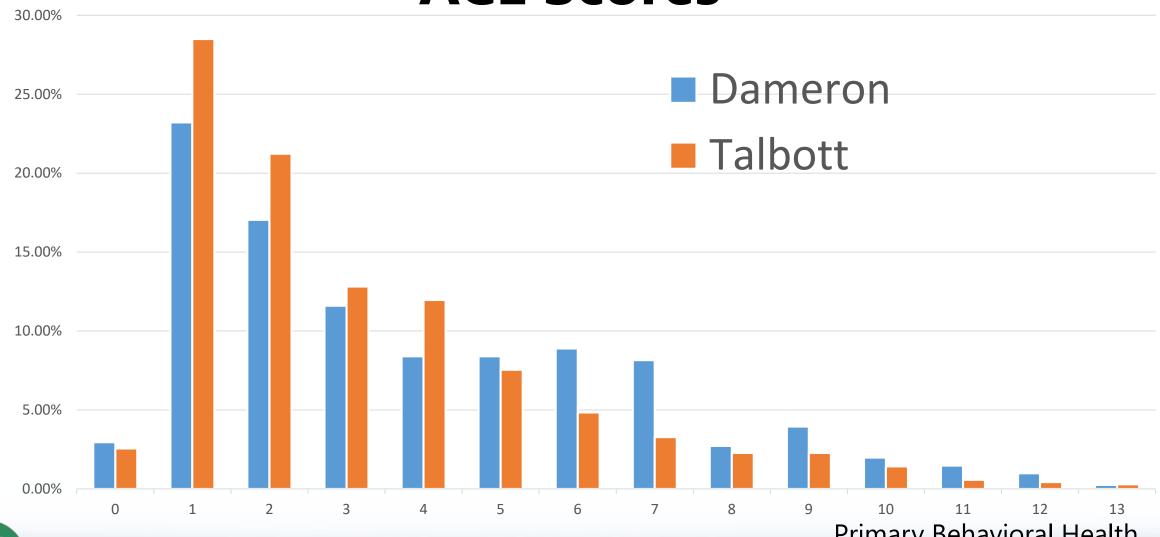
What do we do with the information?

- 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 Therap
- Refer to Children's Services as indicated
- Connect to Community Health Coordinators to help address environmental stressors





ACE Scores





Primary Behavioral Health
INTEGRATED CARE
Training Academy

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





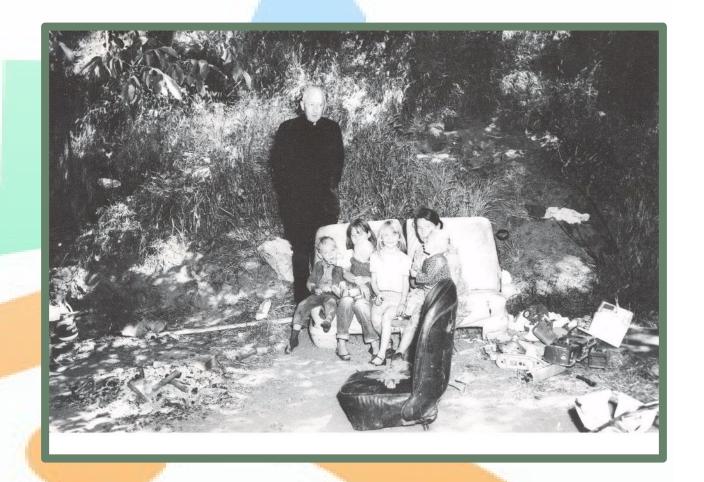
TRAUMA-INFORMED SERVICES

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

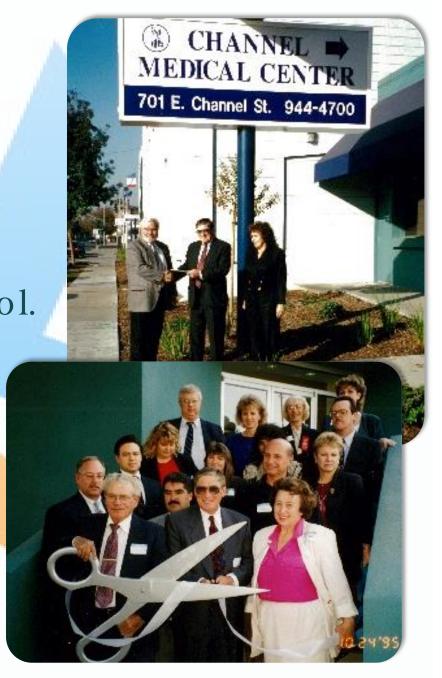
(M. Kirkpatrick)

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

- Vaca ville
- Hammer Lane
- Mariposa in South Stockton.
- Operating budget grew to \$25M
- Staff to <u>350</u>

2011:

• GLEASON HOUSE (Before and after)



2013:

• EHR: Electronic Health Records (NextGen)

2014 to 2018:

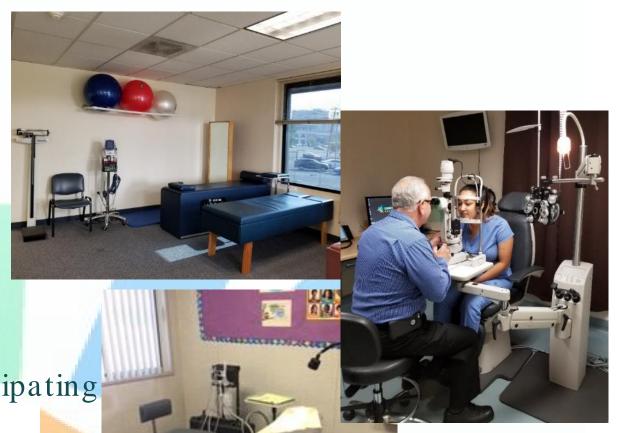
New Services

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

2015: New Logo







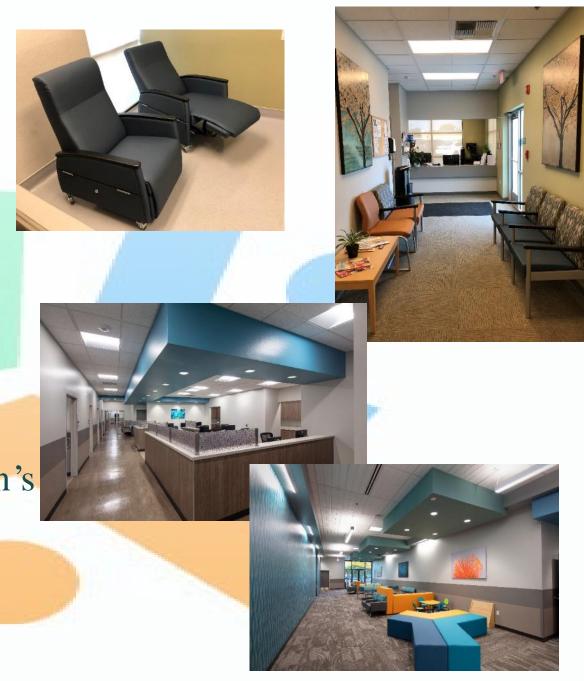
2018

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 assess 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 sited 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

Health Indicator	Number of Individuals Screened	Number of Individuals meeting Criteria/Cutoff	Percentage of Individuals meeting Criteria/Cutoff
Blood Glucose	80	77	96%
Blood Pressure	12	10	83%
ВМІ	19	12	63%
Hospitalization/ER	4	0	0%

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.

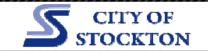
South Stockton Promise Zone

- 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

Data Dashboard



Updated 9/23/16





South Stockton Promise Zone (SSPZ) Organizational Structure

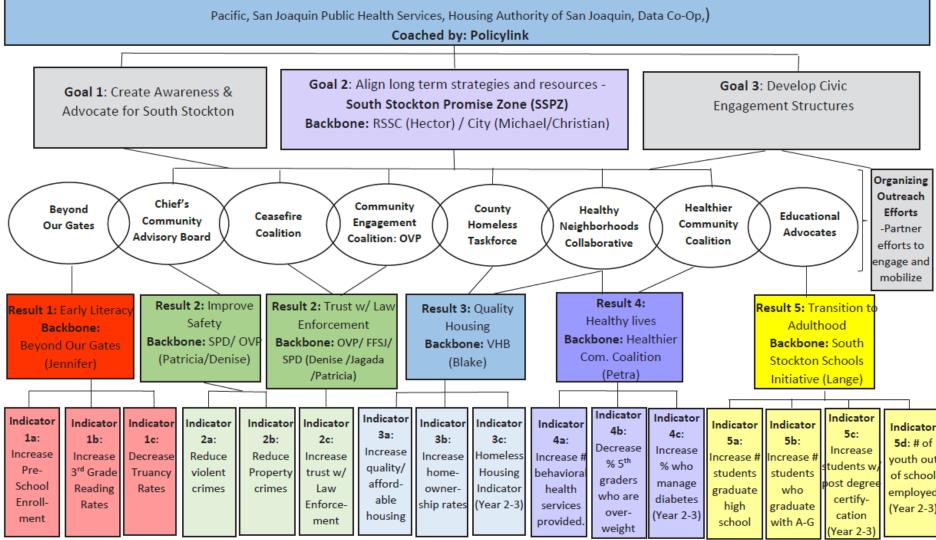
Updated 9/23/16



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



Small Groups (35-40 minutes)



CHS (Caleb):

Larry



CHS (Emily):

Ken



CMC:

Veenu







Round 1 (30 minutes)



Larry: MCC & UCSF **CHO**



Ken: Petaluma, LifeLong, & Ravenswood



Veenu: SMMC & **WCHC**

Round 2 (30 minutes)



Larry: **WCHC &** Ravenswood



Ken: SMMC, UCSF-CHO, & LifeLong



Veenu: MCC & **Petaluma**



Reminder: Year 1 Midpoint Survey

Resilient Beginnings Collaborative (RBC)

Mid-program participant survey - May 15, 2019

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Survey continues on the next page ----->

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 by the end of lunch.







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

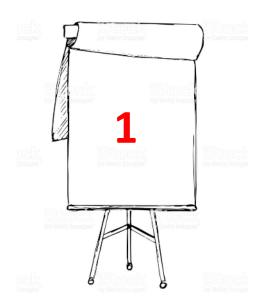
TIPS:

- 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?







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/

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 Colla		•	C) Conv	ening	
	Wednesday	, May 15, 2	019			
othe	ik you for completing the following survey. Your respor r participant responses. Aggregate data are used to pr ity of the meeting and collective benefit to the particip	ovide the RB				
1. [Please select the number below that best represents y	our overall e	xperience wit	h today's m	eeting.	
	1= Poor 2= Fair 3= Good	4= Very Go	ood	5= Excellen	t	
	Please select the number below that best represents y valuable use of my time.	our response	to the stater	ment: The m	neeting toda	y was a
	1= Strongly Disagree 2= Disagree 3= N	leutral 🗌	4= Agree	5= Strong	ly Agree	
3. 1	The level of participant interaction/engagement in the	meeting was	s: Not end	ough 🗌 Al	bout right [Too mud
4.	I made connections today with other teams that will s	trengthen my	y organizatior	n's RBC effo	rts:	
	Strongly Disagree Disagree Agree	Strongly	Agree	N/A (not a t	team memb	er)
5.	To what extent did you find the sessions useful?	Not useful	Somewhat useful	Useful	Very useful	N/A – Did not attend
Before Lunch	Learning from Others: Cherokee Health Systems (TN) & Community Medical Centers (CA)					
fore	Team Pair Share/Storyboards					
Be	Children Now: CA Policy on Trauma Screening					
£	Futures Without Violence: Curriculum & Training					
After Lunch	Connections to the PICC Framework with Dr. Larry Wissow					
Aft	Team Time: Year 2 Action Planning					
6.	What was the most valuable part of the meeting?	Please provide any suggestions for how the meeting could be improved.				



Optional Office Hours

- Please join us in connecting with with 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



