



# Ravenswood Family Health Center

# Your RBC Journey: *Where did you start, and where are you now?*



**Oe**

## *Office Environment*

1. Develop and Foster a Trauma and Resilience-Informed Environment

- **Formal and informal trainings** on trauma, secondary trauma, and resilience, organizational culture.
- Focus on **mindful** meetings, interactions, and relationships.

**Cr**

## *Community Relationships*

2. Build Relationships with Communities to Support Families

- Continuing to **map out county resources** in regards to public health programs and mental health services.

**Fe**

## *Family Engagement*

3. Engage with Families in Their Own Care

- Starting and spreading **Centering Parenting** program.

## As

### *Assess Health*

4. Assess Whole Family Health and Resilience

- New Social Screen: added **formal screening of parental depression / anxiety**, parent-child attachment, and hopes for the future.

## Ad

### *Address Health*

5. Address Whole Family Health and Resilience

- Actively **helping parents** struggling with depression or anxiety **connect to mental health resources**.

## Co

### *Coordinate*

6. Coordinate Services and Supports for Families

- Looking into creating a **community health worker** role to fill this gap.





# Key Supports

## Modifiable Resilience Factors to Childhood Adversity for Clinical Pediatric Practice

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Montefiore

Convinced team to focus on **screening for and supporting parents with depression and anxiety as an avenue to halt the generational cycle of ACEs.**

<https://pediatrics.aappublications.org/content/pediatrics/139/5/e20162569.full.pdf>

Ken's support was key to guiding, reflecting, and encouraging our work.

Also, Ken's presentation to our executive team was inspiring to see their interest in this framework.

Amazing examples of trauma transformed organizations. Inspirational. Focus on parent-child attachment, resiliency, secondary-trauma, and organizational change.



# Impact on our patients, staff, or organization

*“What are your dreams for your child?”*

Recent **provider feedback** showing **heartfelt appreciation** for this question that concludes our social screen. Multiple providers have shared that this question provides them with a brief, but much needed, moment before walking into routine well child checks to **connect** with their parents and **reflect** on universal hopes and dreams we have for all of our children.

# Top 3 Takeaways:

## What were your top three lessons learned in RBC?

1

It's not about the screening tool. It's about our relationship with our families. Always remember that.

2

Strive to move beyond disclosure driven practices and towards universal education.

3

To sustain work, TIC must be addressed frequently, with the support of leadership, and with a cultural shift in thinking.



# Future: What's Next?



## Spreading

- Better develop and integrate **universal education tools** into daily primary care practice.
- Work to integrate ACEs and resiliency topics into **Centering Parenting groups**.
- Train BA level staff in **Behavioral Health to screen for trauma** and connect families to resources more efficiently.

## Sustaining

- **Need for case managers / behavioral coaches** to work closely with each medical department in order to support this work. To do so, need to secure funds to hire additional staff.
- Ongoing booster trainings for the organization.

