



# Trauma Informed Care at Bay Area Community Health (BACH)

Our RBN Team:

Dr Suksham Puri, Dr Shesh Seshadri,  
Katherine Haley, Angelica Higuera,  
Jocelyne Rodriguez, and Christalyne Duarte

# Our Vision

- Making pediatric care at BACH culturally sensitive and racially equitable taking into account ethnicity and cultural backgrounds of all patients.
- Taking time and addressing toxic stress and ACES in a prompt and effective manner as well as making appropriate referrals.
- Providing parent education to prevent adverse childhood experiences (anticipatory guidance).



# Our Accomplishments

- Completed ACES training and implementation to all pediatric staff at BACH (including and not limited to providers, front office and MA's).
- In the process of increasing analytics and creating an ACES dashboard to run reports on completed referrals.
- At BACH in the last 12 months we have completed 5531 screens in the Pediatric population, of these 54% had at least 1 positive ACE and 5-6% had 4 or more ACES.
- Staff Support: Resiliency training in Pediatric clinics by Dovetail learning, and screening of the documentary on Resilience for our Staff.

# Our Challenges and Opportunities

- Continued need for training around ACES and trauma for all staff in order to address patient needs from a trauma informed perspective.
- More emphasis on hiring bilingual staff with cultural sensitivity training at all levels
- Limited agency resources; for example: BH providers and BH coordinators, data tracking and analytics, closing referral loops, limited relationships with Community based organizations.



# ACES - Prevention and Treatment



## RBN Year 2 Plan:

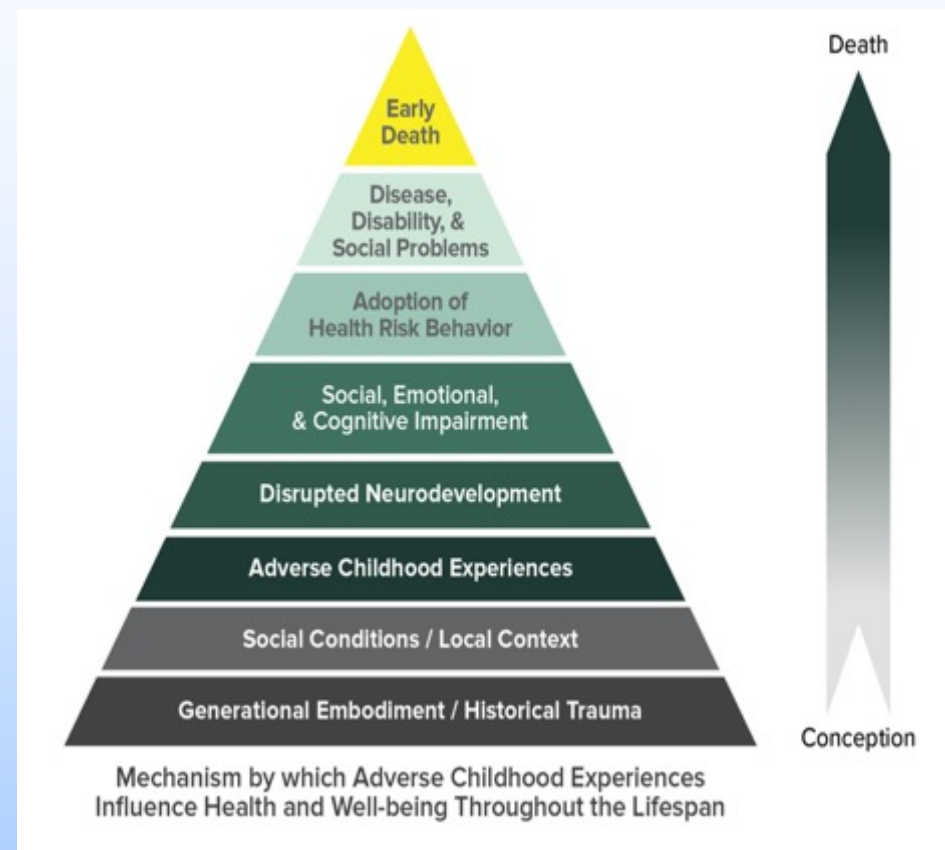
- Continue to work towards making BACH culture trauma informed by on-going ACES and resiliency training for all the staff.
- Expand screening to select adults, with an emphasis on pregnant women.
- Strengthen our referral and CBO network.



# Impacts if Toxic Stress is Ignored in the Healthcare Setting

- Children who repeatedly and chronically experience adversity can suffer from TOXIC STRESS
- Root cause of 9 out of the 10 leading causes of death in the U.S.

ACEs related illness accounts for an estimated \$748 Billion in Financial costs. Recent estimate showed that ACEs cost the state of CA 112.5 billion annually and may cost over 1.2 trillion in the next 10 years.



# Moving Forward, What is Needed?

- A Robust Integrated Behavioral Health Team, consistently available  
Hire 2 Behavioral Health Providers for 0-17 years age group by 2022-23.  
A Care Coordinator to support each primary care clinic.
- ACEs education, training and involvement of new staff and the entire agency Staff.
  1. Training as part of HR Orientation
  2. Twice a year agency-wide meeting focusing on ACES work
  3. Pediatric staff and clinic huddles to discuss ACEs related cases.
- IT/ IS support to work with OCHIN in completing ACEs dashboards.
- Online referrals to Community based organizations, using Unite us a web based platform.



# Thank you for your time!



- Dr Suksham Puri
- Angelica Higuera
- Katherine Haley, LCSW
- Dr Shesh Seshadri
- Jocelyne Rodriguez
- Christalyne Duarte

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## Our Journey to Trauma and Resilience Informed Care



Dr. Helen Lu

Pediatric Team Leader



Lisa Lee

Licensed Clinical Social Worker



Jenny Li

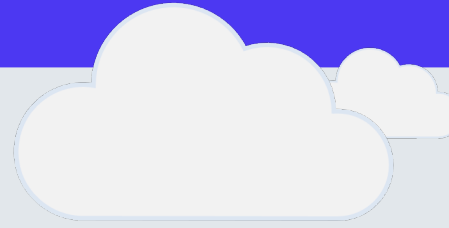
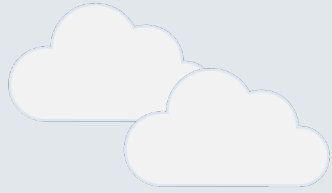
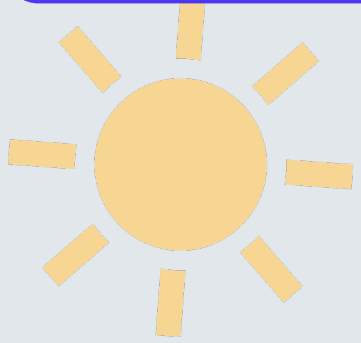
Registered Nurse, Team Leader



Sylvia La

Project Coordinator

# NEMS' Story and Desired Future



NOW

- Educating staff on ACEs screening and trauma and resilience informed care.
- Use ACEs screening tools to identify trauma, abuse and other factors to develop trauma-informed clinical practices.
- Automated ACEs screening in NextGen (EHR system).

NEXT

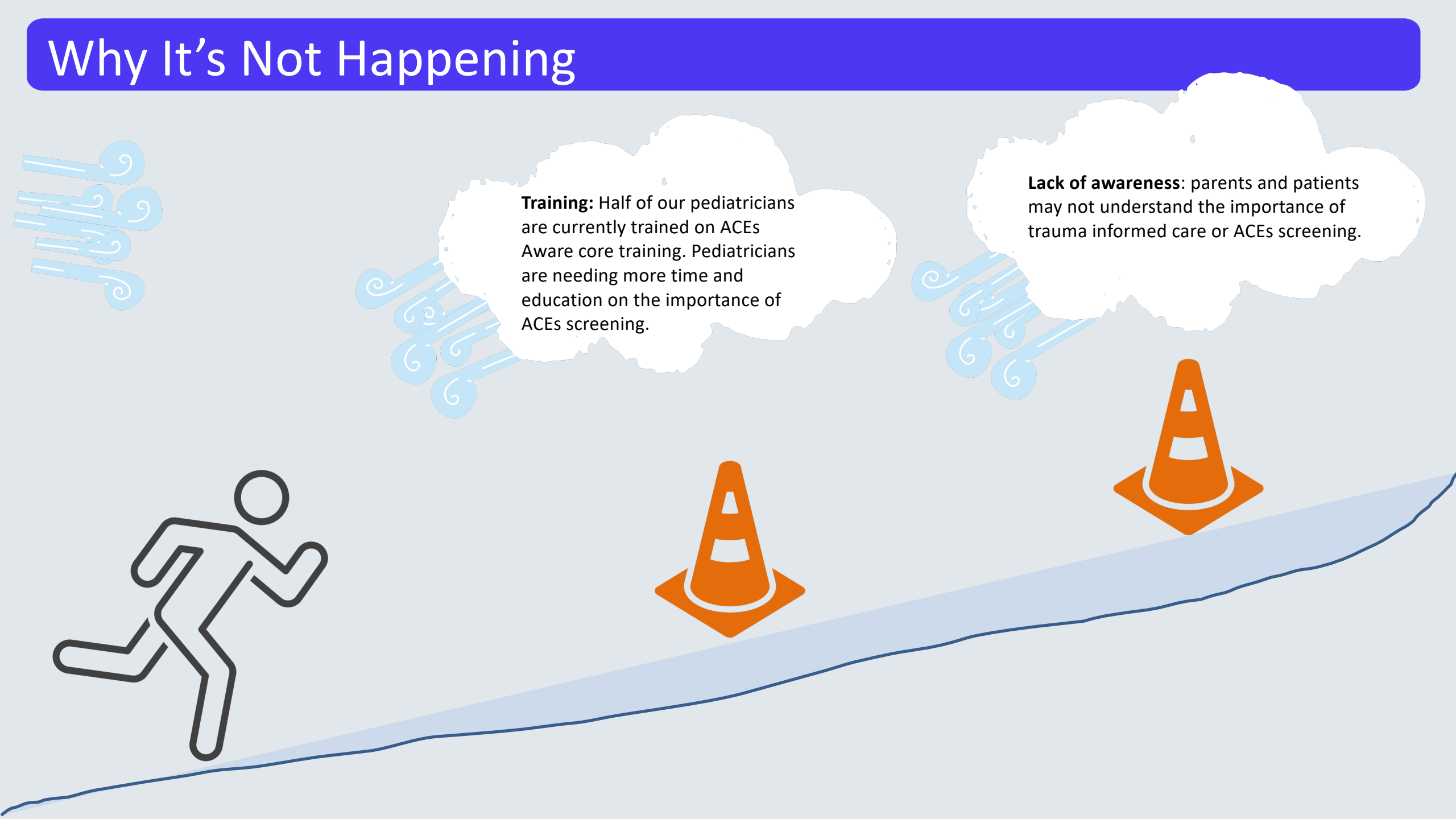
- Screen all pediatric patients (0-19 y/o) at Stockton clinic. By end of year 2, we hope to have screened 50% of the pediatric population at Stockton.
- Continue to educate and train staff on and trauma and resilience informed care. We hope to roll out more training to staff at all NEMS clinic.

VISION

- Break down cultural barriers and stigmas in trauma and resilience-informed care for Asian populations through education and by fostering long-term patient-provider relationships.
- Implement ACEs screening at all NEMS clinics.



# Why It's Not Happening



**Training:** Half of our pediatricians are currently trained on ACEs Aware core training. Pediatricians are needing more time and education on the importance of ACEs screening.

**Lack of awareness:** parents and patients may not understand the importance of trauma informed care or ACEs screening.

# Key Insights About Our Current State



Importance of ACEs screening and identifying trauma, abuse, neglect and other factors that impact our patients' health to help mitigate risk for future illnesses.

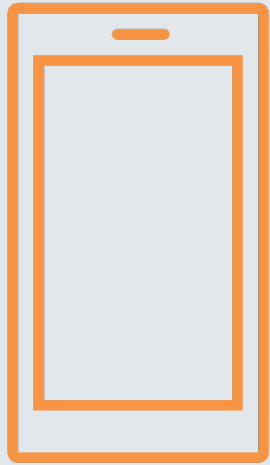


Trauma informed care is about treating patients and families with dignity and respect.



Low-risk score patients can still experience trauma. Patients may under report on screening because of cultural background or perspectives.

# Year 2 Plan: Educate, Engage and Expand



Educate and engage providers and patients about trauma and resilience informed care.



Set up effective referral process for patients who score high-risk on ACEs screening to behavioral health team for appropriate follow-up.



Expand ACEs screening to all NEMS clinics.

## Benefits/Value of Our Vision



We can screen for ACEs and intervene early, respond with trauma informed care, and improve the health and well-being of individuals and families.



Increase awareness and education around trauma and resources for staff and patients.



We can continue to highlight and promote the importance of mental health at NEMS.

## Challenges If We Don't Move this Forward



It will increase the risk of health issues in adulthood.



Cultural barriers and stigma will continue to prevent patients from getting the help they need.



Unable to connect high risk patients to appropriate resources and care.



## Support Needed Moving Forward



We need more time for staff to complete ACEs Aware training and complete attestation.



We need additional behavioral health team members to support patients identified as high risk.



We need to highlight and inform providers about trauma and resilience-informed care at leadership meetings.



# Thank you for your time!



Dr. Helen Lu, Lisa Lee, Jenny Li, and Sylvia La

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# Storytelling Pitch

School Health Clinics of Santa Clara County

# Our Story

- Need improved health in our community :
- Noted excess BMIs , increasing suicidality, and minimal continuity of mental health care.
- We want to decrease trauma and the effects of trauma. Especially decreasing BMIs and suicidality, and increase continuity of mental health care in our patient families.
- Create a more hopeful and less stressful environment .



# Challenge

- Identify trauma and ACEs.
- ACEs not buffered and we discovered the need to integrate BH into SHC





# Steps

- Formed a team
  - Team survey -TIC capability assessed
  - Staff Survey for Stress
  - Journey mapping
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- Found out ACES screening and treatment is doable within a CCBHC
  - Staff training: child abuse recognition /reporting and use of CAC; suicidality risk assessment and safety planning; Meditation training/experience



# Plan For Change

- Agreed on 3 changes to move our work forward using our journey map
- Self care-meditation before meetings and huddles
- Communication including organizing EMR site and work across hierarchy of the team
- Safety-physical-plants and painting and pivoted to add
- No Hit Zone for safety
- Reflective supervision to further support providers- don't just say do "self care"- SHC deeply cares .





# Benefits

- Share our story with other clinics and providers
- Improve physical and mental health of our patients, staff and community
- Increased safety
- Better patient and family outcomes
- New skills and training for staff and providers.
- Enhanced communication with schools



# Risk

- No staff, if not supported. Lack of trust and engagement
- Increased and unaddressed suicidality and child abuse
- Increased BMIs and associated morbidity
- Decreased human capital





# What Support is needed?

- Protected time to do reflective supervision
- Meditation to begin huddles and meetings
- EMR enhancement
- No Hit zone implementation





Thank You!!!!



## Questions

Please email Yeshe Mengesha at  
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