Reuniting the Clinic

Marin City Health and Wellness Center

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November 4, 2021

Our Desired Future

Arriving to the Clinic


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Challenges, Insights, and Benefits of Change

The Challenge: Why It's Not Happening Now

After a period of uncertainty and instability there is thankfully now funding, staff, and patients for the clinic, however, there is a need for increased community and trauma-informed culture at our health center.

- Lack of dedicated champion to spearhead changes
- Limited time and energy to work on making these changes.
- Competing priorities
- Limited staff
- Lack of trauma-informed training

Key Insights about our Current State

- Patients can be hesitant to reach out for help given the disparities in care provided to people of color (Nelson, 2002)
- Staff members who are native to Marin City are not only instrumental to day-to-day operations, but also link our community to this clinic.
- Many patients' willingness to receive care at MCHWC depends on strong relationships with a staff member.
- There must be intense pressure on clinic staff who are native to Marin City.
- There has been a history of turnover in senior leadership team and subsequent loss of other staff
- Lack of trauma-informed training and high staff turnover may lead to non-clinical staff being less aware of best practices around trauma

Benefits/Value of Achieving Desired Vision

- Greater staff retention and happiness due to job satisfaction
- Fewer mistakes, confusion, and miscommunication
- Better care for patients and increased confidence in organization
- Greater patient satisfaction

“Worst-case Scenario”

Challenges or Consequences if We Don't Implement Change

Arriving to the Clinic


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Ask for Specific Support

Our Ask for Specific Support / What We Need

Clinic Community Organizer: Dedicating a staff member to organize staff community-building activities

- Presence of leadership staff at all-staff events
- Periodic clinic newsletter for staff to disseminate announcements/updates

Trauma training (ex: Trauma-transformed)

- Formalized orientation for new hires that includes trauma-informed training
- Yearly trauma-informed training for employees to be completed on work time.
- Bonuses and/or reimbursement for employees who complete additional outside training (ex: DV, suicide)

Health Navigator: Staff member to support patients in requests beyond scope of practice for providers

- Researching resources and referrals for patients
- Creating a clinic resource online (OneDrive, Google Drive)
- Could be cost effective as intern (Dominican University?)
- Reduces load for both front-end and mid-end staff and provides better care to patients

Thank you for your time!

Marin City Health and Wellness Center

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Universal Screening for Adverse Childhood Experiences (ACEs)

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November 4, 2021

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MEDICAL CENTER
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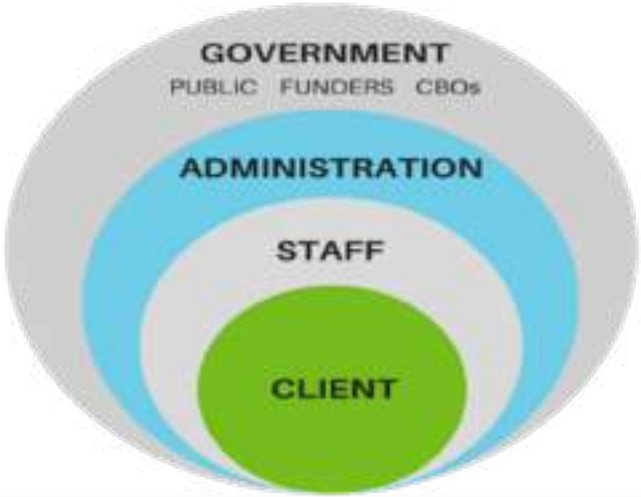


TRAUMA-ORGANIZED

- Reactive
- Reliving/Retelling
- Avoiding/Numbing
- Fragmented
- Us Vs. Them
- Inequity
- Authoritarian Leadership

TRAUMA-INFORMED

- Understanding of the Nature and Impact of Trauma and Recovery
- Shared Language
- Recognizing Socio-Cultural Trauma and Structural Oppression

HEALING ORGANIZATION

- Reflective
- Making Meaning Out of the Past
- Growth and Prevention-Oriented
- Collaborative
- Equity and Accountability
- Relational Leadership

TRAUMA INDUCING TO TRAUMA REDUCING

trauma TRANSFORMED

Shared Language

- Cultivate a healing centered workplace and approach to care through training related to:
  - Toxic Stress
  - Resilience
  - Trauma Informed systems

- Senior leaders participate in trauma-informed systems trainings

- Promote use of mindfulness and self care among staff

- Implement Reflective Supervision

Incentivize Wellness

- Encourage and incentivize self-care activities like counseling, meditation, exercise, and healthy eating.

- Offer Mind Body Skills Group to staff and support space for participation during work hours.


ACEs are tools for...
population health
individual risk

ACEs Dramatically Increase Risk for at least 9 of the 10 Leading Causes of Death in U.S.

	Leading Causes of Death in the U.S., 2017	Odds Ratios for ≥ 4 ACEs (relative to no ACEs)
1	**Heart disease**	2.1
2	**Cancer**	2.3
3	**Accidents** (unintentional injuries)	2.6
4	**Chronic lower respiratory disease**	3.1
5	**Stroke**	2.0
6	**Alzheimer's** or dementia	11.2
7	**Diabetes**	1.4
8	**Influenza and pneumonia**	Risk Unknown
9	**Kidney disease**	1.7
10	**Suicide** (attempts)	37.5

Source of causes of death: CDC, 2017; Sources of odds ratios: Hughes et al., 2017 for 1, 2, 4, 7, 10; Petrucelli et al., 2019 for 3 (injuries with fracture), 5; Center for Youth Wellness, 2014 for 6 (Alzheimer's or dementia); Center for Youth Wellness, 2014 and Merrick et al., 2019 for 9.

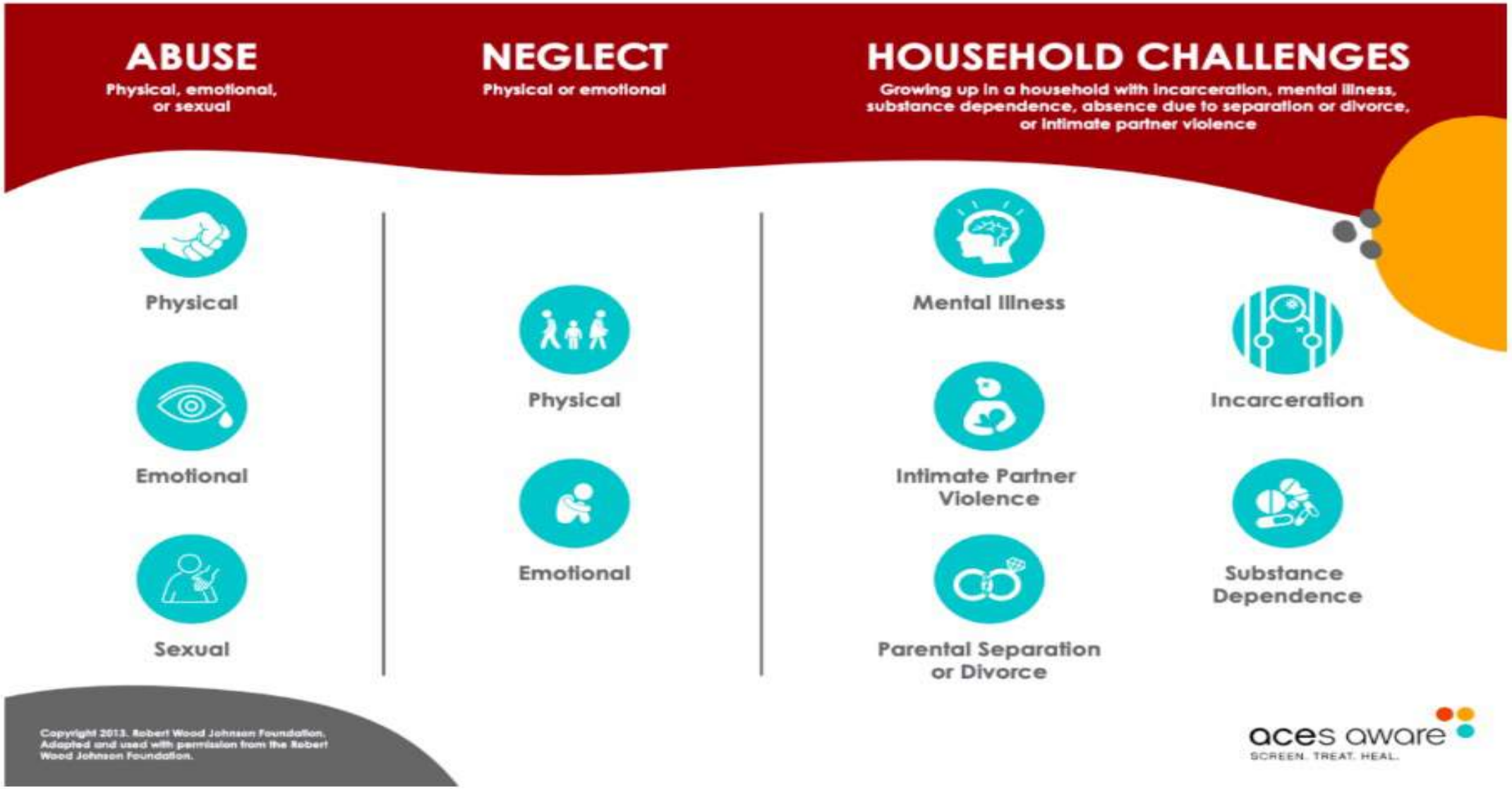
ACE-Associated Health Conditions – Pediatrics

For more details, see the ACE Screening Workflows, Risk Assessment and Treatment Algorithms, and ACE-Associated Health Conditions at acesaware.org/aahcs

*Odds ratio represents at least one ACE, but also includes other adversities
**Prevalence ratio represents at least one ACE, but also includes other adversities

Symptom or Health Condition	For ≥ X ACEs (compared to 0)	Odds Ratio
Asthma[26, 33]	4	1.7 - 2.8
Allergies[33]	4	2.5
Dermatitis and eczema[39]	3*	2.0
Urticaria[39]	3*	2.2
Increased incidence of chronic disease, impaired management[25]	3	2.3
Any unexplained somatic symptoms[25] (eg, nausea/vomiting, dizziness, constipation, headaches)	3	9.3
Headaches[33]	4	3.0
Enuresis; encopresis[5]	–	–
Overweight and obesity[3]	4	2.0
Failure to thrive; poor growth; psychosocial dwarfism[5, 2, 41]	–	–
Poor dental health[16, 22]	4	2.8
Increased infections[39] (viral, URIs, LRTIs and pneumonia, AOM, UTIs, conjunctivitis, intestinal)	3*	1.4 - 2.4
Later menarche[40] (≥ 14 years)	2*	2.3
Sleep disturbances[5, 31]	5**	PR 3.1
Developmental delay[30]	3	1.9
Learning and/or behavior problems[3]	4	32.6
Repeating a grade[15]	4	2.8
Not completing homework[15]	4	4.0
High school absenteeism[33]	4	7.2
Graduating from high school[29]	4	0.4
Aggression; physical fighting[28]	For each additional ACE	1.9
Depression[29]	4	3.9
ADHD[42]	4	5.0
Any of: ADHD, depression, anxiety, conduct/behavior disorder[30]	3	4.5
Suicidal ideation[28]	For each additional ACE	1.9
Suicide attempts[28]		1.9 - 2.1
Self-harm[28]		1.8
First use of alcohol at < 14 years[7]	4	6.2
First use of illicit drugs at < 14 years[10]	5	9.1
Early sexual debut[21] (<15-17 y)	4	3.7
Teenage pregnancy[21]	4	4.2

Our Desired Future: Screen, Treat, Heal



The Challenge: Why It's Not Happening Now

- We wanted to first build a **Trauma Informed organizational foundation** and practice compassionate resilience to maintain staff well-being while caring for patients to be able to combat compassion fatigue, burnout, secondary traumatic stress, vicarious trauma, and related concerns.

- Time constraints – Need to develop workflows and team based approach (hoping to add Community Health Worker to each clinic site)

- Needing more Staff Education

Benefits/Value of Implementing ACES Screening:

- Improves the efficacy and efficiency of health care
- Better supports individual and family health and well-being
- Reduces long-term health costs.

Consequences if We Don't Move Forward with This Work

Adverse Childhood Experiences

The #1 Chronic Health Epidemic

in the United States

"The impact of ACEs can now only be ignored as a matter of conscious choice. With this information comes the responsibility to use it."

-Anda and Brown, CDC

Our Ask for Specific Support / What We Need from Our Audience to Make it Happen

- **Step 1: Get Trained & Attest to Completing Training.**

Take a free 2-hour, online training for 2 CME credits and self-attest to completing the training.

- Step 2: Talk with your care teams about the importance of ACEs and the impact protective factors / interventions can have on health outcomes

- Step 3: Begin Screening for ACEs and Respond with Evidence-Based Interventions

Thank you for your time!

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Improving Health Together

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COMMUNITY Medical Centers

CMC California Street Pediatric Center - A Look Towards our Future

- Opened 2/14/2019 as CMC, California Street Pediatrics.
- Providing services to approximately 10,000 patients and their families.
- Providing integrated pediatric care including primary care, behavioral health, adolescent substance use disorder services, dental, case management and specialties.
- Initial site to develop and implement ACEsaware Trauma Informed services and screening.
- In 2021 completed over 2,500 ACE/PEARLS screening with linkage to integrated services.

The Challenge: Why It's Not Happening Now

- Although CMC has made many strides towards developing a Trauma-Informed Environment in the last 5 years. The lack of resources to plan, develop and hire staff continues to be the primary challenge.

- Current impact of staff and care team shortages. Staff shortages are presently impacting our staff's wellness and bandwidth for additional projects.

- The need to further develop an environment that supports and embraces inclusivity and equity for our staff and patients.

Key Insights about our Current State

- Positive history in developing and implementing small scale trauma informed efforts including specific population projects (diabetes/ACEs, staff training and current screening, linkage and treatment in 2 large pediatric centers.

- Challenges with staff and resource shortages.

- Current care team at Vacaville center has completed initial Trauma Informed training (ACESaware). Development of screening, linkage and treatment workflows.

- Extensive buy-in by administration and efforts to prioritize Trauma Informed, Inclusivity and Equity as important agency strategic goals.

Improving Health Together

RBN Year 2 Plan: Areas of Focus

- Full implementation of clinical workflows with a focus on screening, engagement and services for patients and families.
- Full implementation of staff Trauma Informed Training.
- Full implementation of staff Wellness Program.

Benefits/Value of Achieving Desired Vision

- Vacaville Center and eventually a systemic expansion in developing a trauma informed system.

- Development of clinical and treatment procedures/workflows facilitate engagement, screening, linkage and services for patients in the community.

- Develop and improve staff wellness, retention and overall purpose.

Challenges or Consequences if We Don't Move Forward with This Work

- Continued staff turn over which will impact moral and productivity. Disengaged staff which will not be able to effectively engage, screened, provide services.

- Impact on long term services and outcomes.

- Impact of limited outreach and connection to the community.

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Our Ask for Specific Support / What We Need from Our Audience to Make it Happen

- Sense of shared purpose.
- All staff is important in working towards becoming Trauma Informed.
- Can we create time to be trained with Trauma Informed information.
- Can leadership move towards training and function as relational leaders.

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THANK YOU