Our Desired Future
Arriving to the Clinic
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
• 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

Key Insights about our Current State
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

“People don’t leave jobs, They leave toxic work cultures.”

Dr Amina Aitsi-Selmi
“Worst-case Scenario”

Challenges or Consequences if We Don’t Implement Change
Arriving to the Clinic
Ask for Specific Support
## Our Ask for Specific Support / What We Need

<table>
<thead>
<tr>
<th>Clinic Community Organizer: Dedicating a staff member to organize staff community-building activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Presence of leadership staff at all-staff events</td>
</tr>
<tr>
<td>• Periodic clinic newsletter for staff to disseminate announcements/updates</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trauma training (ex: Trauma-transformed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Formalized orientation for new hires that includes trauma-informed training</td>
</tr>
<tr>
<td>• Yearly trauma-informed training for employees to be completed on work time.</td>
</tr>
<tr>
<td>• Bonuses and/or reimbursement for employees who complete additional outside training (ex: DV, suicide)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Navigator: Staff member to support patients in requests beyond scope of practice for providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Researching resources and referrals for patients</td>
</tr>
<tr>
<td>• Creating a clinic resource online (OneDrive, Google Drive)</td>
</tr>
<tr>
<td>• Could be cost effective as intern (Dominican University?)</td>
</tr>
<tr>
<td>• Reduces load for both front-end and mid-end staff and provides better care to patients</td>
</tr>
</tbody>
</table>
Thank you for your time!

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Universal Screening for Adverse Childhood Experiences (ACEs)

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November 4, 2021
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
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.

<table>
<thead>
<tr>
<th>Leading Causes of Death in the U.S., 2017</th>
<th>Odds Ratios for ≥ 4 ACEs (relative to no ACEs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>2.1</td>
</tr>
<tr>
<td>Cancer</td>
<td>2.3</td>
</tr>
<tr>
<td>Accidents (unintentional injuries)</td>
<td>2.6</td>
</tr>
<tr>
<td>Chronic lower respiratory disease</td>
<td>3.1</td>
</tr>
<tr>
<td>Stroke</td>
<td>2.0</td>
</tr>
<tr>
<td>Alzheimer’s or dementia</td>
<td>11.2</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.4</td>
</tr>
<tr>
<td>Influenza and pneumonia</td>
<td>Risk Unknown</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>1.7</td>
</tr>
<tr>
<td>Suicide (attempts)</td>
<td>37.5</td>
</tr>
</tbody>
</table>

Source of causes of death: CDC, 2017; Sources of odds ratios: Hughes et al., 2017 for 1, 2, 4, 7, 10; Petruccelli 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

<table>
<thead>
<tr>
<th>Symptom or Health Condition</th>
<th>For ≥ 1 ACEs (compared to 0)</th>
<th>Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma26,23</td>
<td>4</td>
<td>1.7 - 2.8</td>
</tr>
<tr>
<td>Allergies33</td>
<td>4</td>
<td>2.5</td>
</tr>
<tr>
<td>Dermatitis and eczema19</td>
<td>3*</td>
<td>2.0</td>
</tr>
<tr>
<td>Urticaria28</td>
<td>3*</td>
<td>2.2</td>
</tr>
<tr>
<td>Increased incidence of chronic disease, impaired management23</td>
<td>3</td>
<td>2.3</td>
</tr>
<tr>
<td>Any unexplained somatic symptoms19 (eg, nausea/vomiting, dizziness, constipation, headaches)</td>
<td>3</td>
<td>9.3</td>
</tr>
<tr>
<td>Headaches18</td>
<td>4</td>
<td>3.0</td>
</tr>
<tr>
<td>Enuresis; encopresis4</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Overweight and obesity2</td>
<td>4</td>
<td>2.0</td>
</tr>
<tr>
<td>Failure to thrive; poor growth; psychosocial dwarfism2,21</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Poor dental health15,22</td>
<td>4</td>
<td>2.8</td>
</tr>
<tr>
<td>Increased infections27 (viral, URIs, LRTIs and pneumonia, AOM, UTIs, conjunctivitis, intestinal)</td>
<td>3*</td>
<td>1.4 - 2.4</td>
</tr>
<tr>
<td>Later menarche24 (≥ 14 years)</td>
<td>2*</td>
<td>2.3</td>
</tr>
<tr>
<td>Sleep disturbances5,31</td>
<td>5**</td>
<td>PR 3.1</td>
</tr>
<tr>
<td>Developmental delay26</td>
<td>3</td>
<td>1.9</td>
</tr>
<tr>
<td>Learning and/or behavior problems3</td>
<td>4</td>
<td>32.6</td>
</tr>
<tr>
<td>Repeating a grade13</td>
<td>4</td>
<td>2.8</td>
</tr>
<tr>
<td>Not completing homework15</td>
<td>4</td>
<td>4.0</td>
</tr>
<tr>
<td>High school absenteeism27</td>
<td>4</td>
<td>7.2</td>
</tr>
<tr>
<td>Graduating from high school29</td>
<td>4</td>
<td>0.4</td>
</tr>
<tr>
<td>Aggression; physical fighting28</td>
<td>For each additional ACE</td>
<td>1.9</td>
</tr>
<tr>
<td>Depression29</td>
<td>4</td>
<td>3.9</td>
</tr>
<tr>
<td>ADHD4</td>
<td>4</td>
<td>5.0</td>
</tr>
<tr>
<td>Any of: ADHD, depression, anxiety, conduct/behavior disorder26</td>
<td>3</td>
<td>4.5</td>
</tr>
<tr>
<td>Suicidal ideation28</td>
<td>For each additional ACE</td>
<td>1.9</td>
</tr>
<tr>
<td>Suicide attempts28</td>
<td>For each additional ACE</td>
<td>1.9 - 2.1</td>
</tr>
<tr>
<td>Self-harm28</td>
<td>For each additional ACE</td>
<td>1.8</td>
</tr>
<tr>
<td>First use of alcohol at &lt; 14 years7</td>
<td>4</td>
<td>6.2</td>
</tr>
<tr>
<td>First use of illicit drugs at &lt; 14 years15</td>
<td>5</td>
<td>9.1</td>
</tr>
<tr>
<td>Early sexual debut21 (&lt;15-17 y)</td>
<td>4</td>
<td>3.7</td>
</tr>
<tr>
<td>Teenage pregnancy21</td>
<td>4</td>
<td>4.2</td>
</tr>
</tbody>
</table>
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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November 4, 2021
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.
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.
THANK YOU