
SAN MATEO MEDICAL CENTER
COUNTY OF SAN MATEO
FOUNDED 1856
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COUNTY HEALTH
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Our RBC Journey: *Where did we start, and where are we now?*

Oe

Office Environment

1. Developed and foster a Trauma and Resilience-Informed

Held Trauma Informed Care Training for more than 80 Staff

- Trauma Informed 101 to SSF Clinic, WIC, BHRS
- Futures With Out Violence to all HV Staff
- PEARLS Screening and Vicarious Trauma Training for SSF Clinic Staff

Cr

Community Relationships

2. Build Relationships with Communities to Support Families

HV Program provided Sr Community Worker to administer PEARLS Screening linking families to community partners

- Patients were more open to completing the screening and accepting referrals to home visiting, BHRS, Star Vista, Golden Gate Regional

Fe

Family Engagement

3. Engage with Families in Their Own Care

Screenings were done in Spanish and literature explaining health and wellness were provided using MI methods

- Screenings were done in Spanish when needed, patients participated in deciding what services they could use, all done using MI methods

As

Assess Health

4. Assess Whole Family Health and Resilience

Piloted PEARLS Screening with Senior Community worker who administered tool using trauma informed language

- administered tool in room
- read questions outload
- patients given hand outs on toxic stress and effects on health
- given hand outs on resiliency
- Engagement rate jumped from 31% to 49% with Home Visiting

Ad

Address Health

5. Address Whole Family Health and Resilience

Implemented EMR pathway to give and receive referrals for Home visiting and Mental Health Services

- Referrals to Home Visiting / BHRS where assigned with in 24-48 hours
- Providers used eCW for communication and confirmation of linking families to services

Co

Coordinate

6. Coordinate Services and Supports for Families

Through our EMR, Home Visiting Programs received and committed to assigning cases within 24-48 hours of referral and assess for other needs

- Once referral was received, case manager was assigned and families were contacted right away increasing the chances of engagement
- Increased communication on engagement success to the provider through EMR

Key Supports

Dr. Elizabeth Grady has been a powerful voice for Trauma Informed Care specifically in her clinic and advocating for a systems change. Dr. Grady is passionate about ACES and screening and has also brought forward the unknows of the provider experience with vicarious trauma for our agency, starting an important discourse.

Trish Erwin has been instrumental in working closely with upper management in the implementation of the PEARLS screening in the clinic as well as pushing forward for changes in our EMR system. She is our bridge and voice up the chain of command, advocating strongly for a Trauma Informed culture through out our department. She is one of the key people working on the Spread of the pilot.

Gladys Fabiano-Sharp was the first staff to deliver the PEARLS screening and has been a key person in assisting to create and develop the process. She has been the face of the screenings, supporting our families from completing the screenings to connecting them to services. She welcomed the new challenge with dedication, passion and commitment.

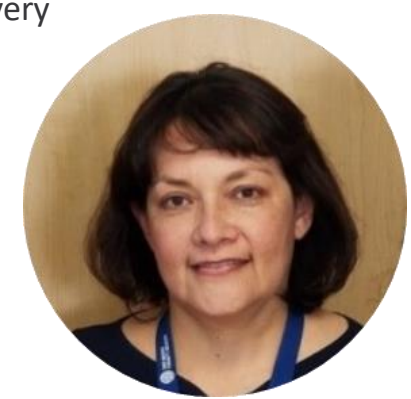
Our SMC RBC TEAM

Ivette Huerta, MFT
Mental Health Program Specialist
Behavioral Health & Recovery Services

Brighton Ncube
Director of Ambulatory Services San Mateo County

Noelle Bruton, LMFT
Supervising Mental Health Clinician
Behavioral Health and Recovery Services

Susana Flores, RN
Sr. Public Health Nurse
Home Visiting Programs



Ana Klanjac, IBCLC
Breastfeeding Services Supervisor
WIC Program

Impact on our patients, staff, or organization

"What I didn't anticipate was the impact it would have on me. When I feel like I am part of a team working to help children and families with ACEs, it is a lot easier to keep trying to do work that is inherently painful."

Dr. Elizabeth Grady, SMMC SSF Pediatrician

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Top 3 Takeaways:
What were our top three lessons learned in RBC?

1. Supportive relationships are the key to healing from ACEs. Connecting patients with FHS home visitors in person in the clinic helped build trust in services offered.

2. Building two-way referral pathways between FHS, BHRS and the pediatric clinic into the pediatric EMR increased collaboration and improved patient engagement.

3. Collaboration reduced provider isolation and vicarious trauma.

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Future: What's Next?

Spreading

- Training MAs to screen
- Identifying resources for screening in other clinics
- Monthly communication with medical center and BHRS on learnings
- Working with BHRS to explore providing co-location of services in clinics
- Cont to work on EMR system to implement screenings and gather data

Sustaining

- MA training through out the Health Department
- Developing a tentative training model for all levels of clinic staff
- Setting tools for a Trauma Informed culture like working with our Wellness Champions to identify wellness spaces
- Modifying RN, provider and FHS Community worker Standard of Work around screenings

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