Who We Are

- San Mateo County
  - San Mateo Medical Center (SMMC)
    - at South San Francisco Health Center (1 of 7)
  - Family Health Services (FHS)
  - Behavioral Health and Rehabilitation Services (BHRS)

- Population served
  - recent immigrants as well as long time residents
  - Pediatric, adult medicine

- 5 Clinic Sites throughout the county
  - Daly City
  - South San Francisco
  - Half Moon Bay (Coastside)
  - San Mateo
  - Redwood City (Fair Oaks)
PICC Element Selected - Coordination

• New added workflows in the electronic system
• Allows the medical providers to refer clients faster
• Allow for referral communications among providers to loop back
• Efforts to enhance collaboration between health providers
• Workflows ready in late May 2019
Tangible Components of Collaboration

• Worked with IT to facilitate real time referrals from Pediatric Clinic to Family Health Services
• IT collaboration to allow Family Health Services and Behavioral Health & Rehab Services staff to view pediatric progress notes in eCW
• Training for additional BHRS Staff on eCW
Lessons Learned

• How much information NFP provides to families or how little time pediatricians have for each visit, explaining why we need to be able to make and track referrals directly from eCW (EMR) - home visit go and see

• The lengthy process it takes for simple systems changes to be implemented in County settings

• Taking 7 months to develop the improvement work mentioned 2 slides back

• Trauma Informed Care needs to be a systems/culture change, a system we operate from

• *If we could go back and do one thing different, it would be*....

• Have systems in place that involve more key players like IT in the process from the beginning stages
Gratitude

What’s one thing you’re grateful to have learned from another team over the past year?

• Experience and data from focus groups shared by CHO team in webinars
• Grateful for site visits to The Children’s Clinic in Long Beach and learn how trauma informed systems work for communities
• We are more aware of each others daily work functions and purposes
• Communication has improved amongst the providers
• We share similar vicarious traumas
• Opportunity to share our challenges and know we are not alone
Next Steps

• *In an ideal world one year from now, our coordination would...*
  • All team members would be able to communicate easily in real time
  • We should have more clinics participating in trauma informed care and have offered trainings to all staff
  • Like to see health providers take better self-care & better communicate our needs in order to better serve the community

• *In an ideal world 3-5 years for now, our coordination would...*
  • Be standard across all the County pediatric clinics
  • Have developed and fostered a trauma and resilience informed environment across San Mateo County Health
  • Technology will allow for a smoother more user friendly manner of collecting data, communicating, assessing and treating
Discussion Questions (1 min)

- Challenges with information sharing and rules about mental health confidentiality, when CPS is involved, foster children etc.
  - How are other teams handling this, what are different ways to approach the issue?
- How to create a trauma informed environment when staff have the pressure to perform at certain percentage levels?
- Busy, fast paced clinic environment gets in the way of attending to each others questions or collaboration, what are some suggestions for this?
- Executive management could benefit from site visits/home visits to see the daily work of health providers in the community