



Thursday, October 14, 2021; 12:00pm PT

# California Quality Collaborative

Accelerating Integrated Care:  
Increase Adverse Childhood  
Experiences (ACEs) Screening



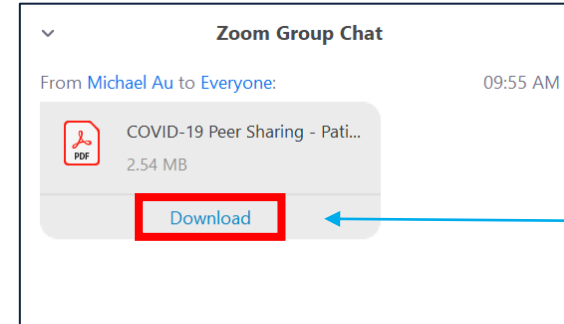
California Quality  
Collaborative

# Tech Tips – Zoom Meetings

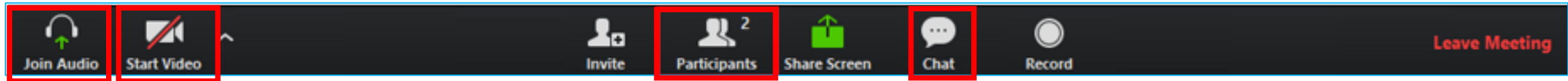
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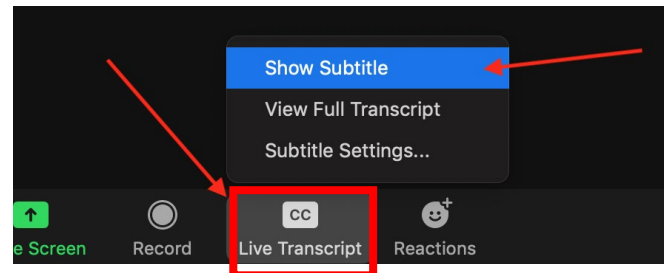
Click to join or mute audio

All attendees have video off upon entry

Click to see who else has joined

Ask questions and insert comments

Recording & deck will be shared with attendees



Request live closed captioning or view full meeting transcript

# Poll: Who's in the (virtual) room?

## From where are you dialing?

- Northern California
- Southern California
- Other West Coast
- East Coast
- Midwest
- Southwest

## What type of organization do you represent?

- Provider/Practice
- Health Plan
- IPA/Medical Group
- FQHC
- Purchaser
- Government Agency
- Technical Assistance Org
- Research Agency
- Other [Chat in]





## Advancing the quality and efficiency of the outpatient health care delivery system by creating scalable, measurable improvement.

Launched in 2007, CQC is a **multi-stakeholder health care improvement program** of PBGH for **statewide alignment** and **technical assistance**.

**Identifies and spreads best practices** across outpatient delivery system in California

**Trains 2,000 individuals** from 250 organizations each year

CQC's track record includes **20% relative improvement** in clinical outcomes and **10:1 ROI**

## Sponsors (most major plans in CA)



Visit CQC's site for additional information and resources [pbgh.org/program/california-quality-collaborative/](http://pbgh.org/program/california-quality-collaborative/)

# Today's Speakers



**Crystal Eubanks**  
Senior Director, Care  
Redesign, PBGH



**Deirdre Bernard-  
Pearl, MD**  
Medical Director at Santa  
Rosa Community Health,  
Pediatric and Teen  
Campuses



**Sandra Newman**  
Network  
Development  
Executive for Concert  
Health



**Tanya Marin-Lopez**  
Community Health and  
Wellness Coordinator for  
the Los Angeles  
Department of Health  
Services

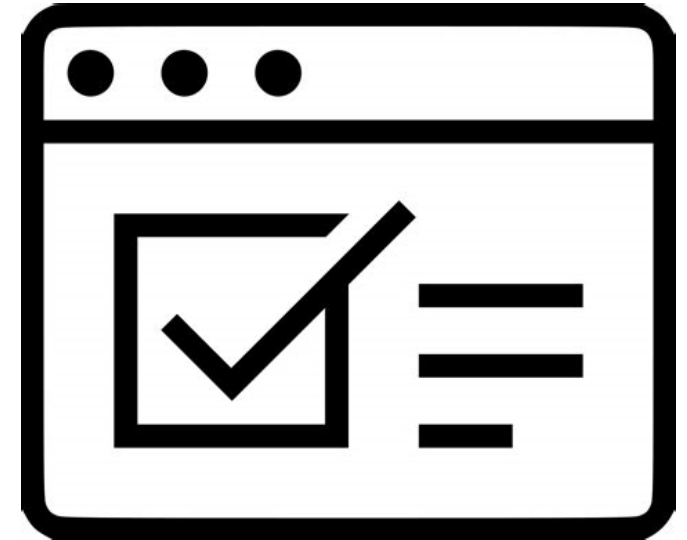


**Jamie Ruiz**  
Community Health  
and Wellness  
Coordinator for the  
Los Angeles  
Department of  
Health Services

# Poll

## Where is your organization in its journey implementing ACE screening and care?

- Starting to learn and gather information
- Contemplating a plan
- Preparing to pilot
- Piloting
- Implementing org-wide



# Our Agenda

## Today, we'll:



Review importance of ACE screening for patients, providers and payers



Hear practical advice and lessons learned from leading health care organizations optimizing ACE screening



Share challenges and questions related to ACE screening at your organization



Identify a next step you can apply at your own organization

# ACE Screening is critical to improving health outcomes

ACEs specifically refers to 10 categories of adversities in three domains:

## Abuse

- physical, emotional or sexual abuse

## Neglect

- physical or emotional neglect

## Household challenges

- growing up in a household with incarceration, mental illness, substance misuse or dependence, absence due to parental separation or divorce or intimate partner violence

### ACEs linked to negative health outcomes

- Exposure to ACEs has been linked to more than 40 negative health conditions, including poor mental health, substance use disorder, adverse health behaviors, chronic physical disease and shortened life span.

### ACE management mitigates future harm

- The landmark ACE study found a direct correlation between ACEs and future health complications. Studies reveal that early identification and management of ACEs can mitigate harmful effects.

### Care teams can make an impact now

- Care teams can take steps beyond screening, including activities to treat symptoms associated with ACEs and achieve healing.





# CQC Toolkit: **Implement Adverse Childhood Experiences (ACE) Screening in Primary Care**

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**AUTHORS**

Sandra Newman  
and Crystal Eubanks

California Quality Collaborative,  
a program of Purchaser Business  
Group on Health

**OCTOBER 2021**



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# Toolkit - Overview

Guide for primary care providers working to implement screening for adverse childhood experiences (ACEs) into their practice.

- **Goal:** Offer a framework for thinking through steps to implement routine screening, provide tools and resources, and provide context that is essential to effective implementation
- **Design:** Strategies and change concepts that support the design and implementation of ACEs screening into primary care.
  - Foundational resources + topic specific
  - Change category ---> Change ideas ---> Resources



Training



Blog Post



Video



Report



Tool



Webinar



Journal Article



Presentation

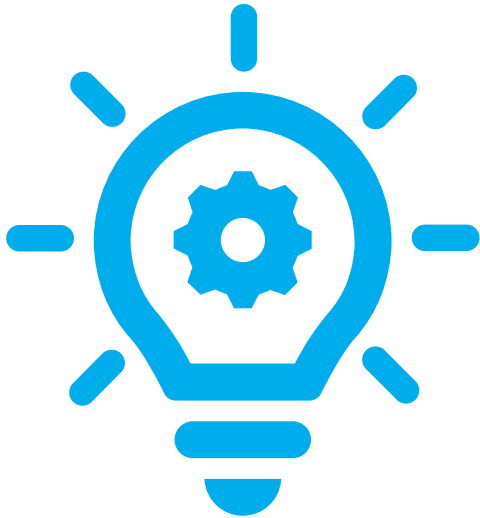


Web Page



Template

# Toolkit – Strategies



**01** **Plan** – Education, training, engagement

**02** **Screen** – Tools, communication

**03** **Treat** – Therapeutic alliance

**04** **Heal** – Techniques, connection, coping

**05** **Manage** – Resilience, growth

# Toolkit – Highlights

## Recommendations from experienced organizations

- Plan the introduction of screening tools, making sure all staff understand the content of the tools, why they're being use, and the goal of conducting the screening
- Case-based training can be helpful for both clinicians and staff
- Short videos for education/engagement:
  - [What is Trauma-Informed Care?](#) (Center for Health Care Strategies)
  - [Invisible Scars: America's Childhood Trauma Crisis](#) (PBS)



# Toolkit – Deep Dive

## STRATEGY: PLAN

Change Category:  
Physical Environment

Change Ideas:

- Use trauma-informed interior design elements to redesign the physician environment of primary care practices
- Adapt physical setting to reflect a trauma-informed perspective

## RESOURCES

- Trauma-Informed Design for Health Care blog post
- Trauma-Informed Environmental Scan
- Setting the Stage for ACEs Screening and Trauma-Informed Care in Small Practices: The Physical Environment & the Front Desk

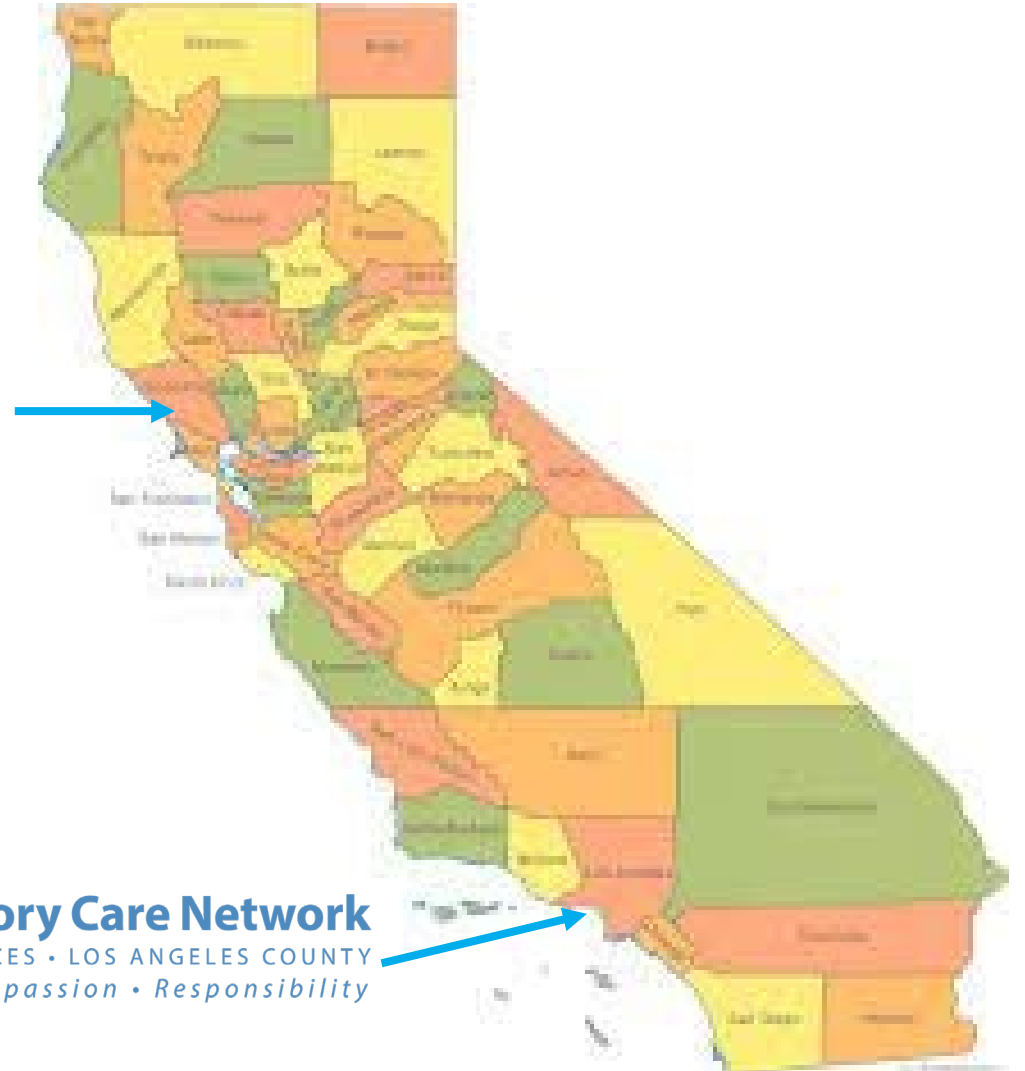
## SUGGESTIONS

- Distinguish between circulation and resting spaces
- Seating design – spacing between chairs, age appropriate, offer alternatives to face-to-face seating
- Help patients feel like they have control over the environment (e.g., lighting)
- Connection with natural world – plants
- Private space for patients in distress

# Toolkit – Bright Spots

## Two approaches to ACEs implementation:

- Large FQHC system in Northern California, rolling implementation across sites
- County-based system, using a centralized team to roll out to ambulatory care network





# ACEs LA

screen. treat. heal.

ACEs LA is a collaborative effort between LA County stakeholders, DHS, and the state to build community resilience.

We work to ensure that our programs and partnerships have meaningful impact through collaborative expert evaluations.

## Our Vision

Through screening, treating, and healing, we aim to improve the health and well being of LA County adults, children, and families, build creative connections, and inspire resilience.

## Our Mission

To cultivate successful, healing connections that empower individuals and communities to achieve health and well being.



# Where we started: the California ACEs Learning and Quality Improvement Collaborative (CALQIC)



- State grant-funded learning collaborative launched in 2019
- Funds clinics and organizations working to improve knowledge, screening, and treatment of toxic stress and ACEs
- Members include clinics and organizations across California that have received grants through a partnership of ACEs Aware and the Center for Care Innovation (CCI)
- CALQIC funds ACEs-LA's DHS ACEs screening and response implementation. **The group of DHS clinics that ACEs-LA supports to initiate and maintain ACEs screening is CALQIC-LA.**
- In return, ACEs-LA and CALQIC-LA participate in:
  - Virtual learning sessions with other CALQIC clinic participants and coaches
  - Quarterly quantitative data reporting
  - Qualitative data collection and reporting (Phase 1 clinics only)
  - Support and capacity building with CALQIC Coach Chris Bradley





ACEs-LA oversees screening and treatment activities of DHS clinical sites and specialty clinics, as well as the development of IT infrastructure to support documentation in the Electronic Medical Record system for DHS, data analytics to track screening, strengthening referral pathways and partnerships with community stakeholders focused on addressing ACEs and toxic stress.



**Shannon Thyne, MD**  
ACEs-LA Co-Director,  
Network of Care Co-PI



**Amy Shekarchi, MD**  
ACEs-LA  
Co-Director



**Adam Schickedanz, MD**  
Network of Care Co-PI



**Nina Thompson**  
ACEs-LA Data and  
Project Manager



**Jamie Ruiz**  
Community Health &  
Wellness Coordinator  
North LA County



**Tanya Marin-Lopez**  
Community Health &  
Wellness Coordinator  
South LA County



**Xochi Flores**  
Lead Community  
Navigator

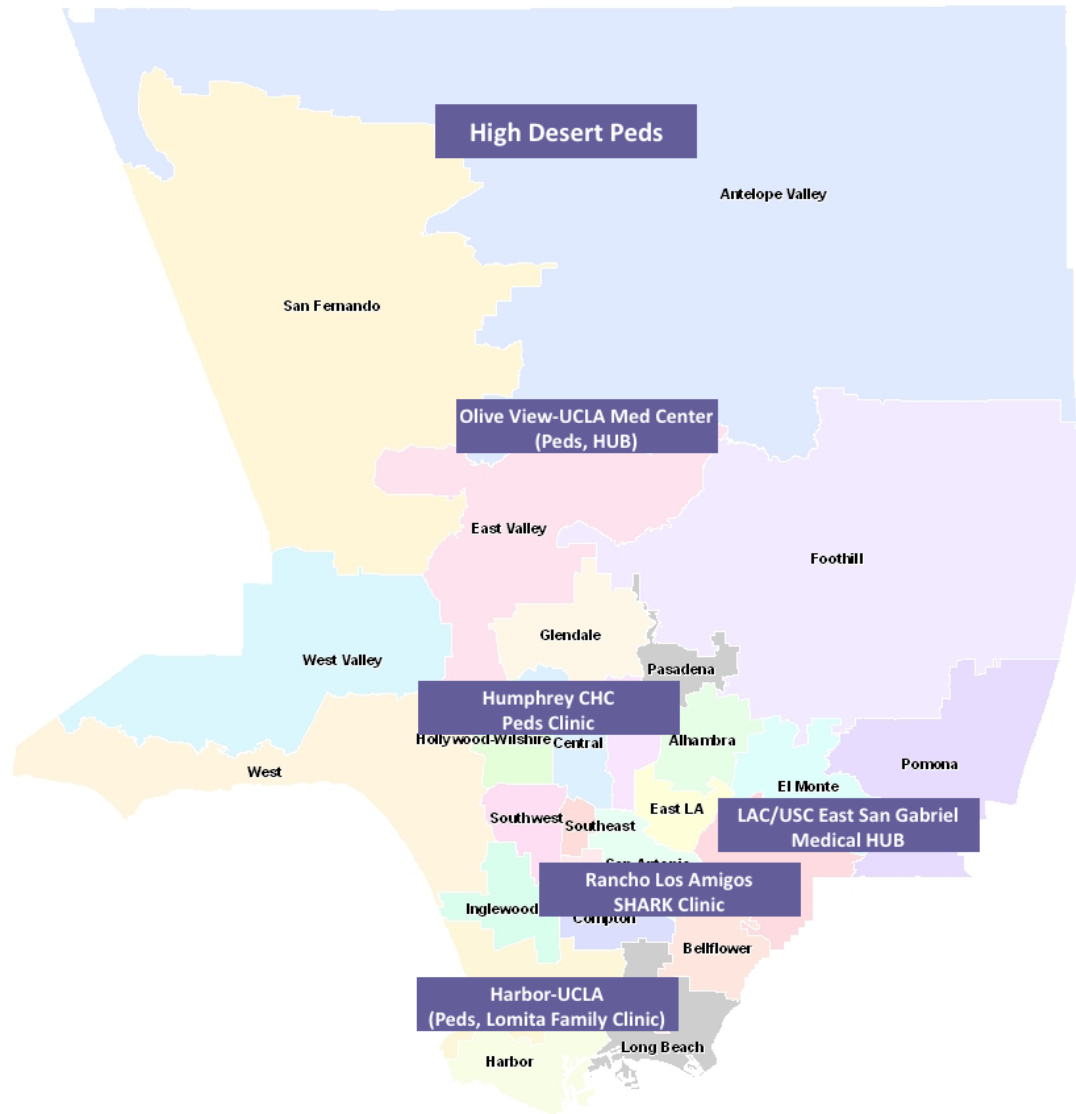


**Josh Parsons**  
Lead Tech  
Community  
Navigator



**Nikki Morales**  
Community  
Navigator

# WHICH DHS CLINICS ARE PART OF CALQIC?



DHS initiated ACEs screening through CALQIC at 5 clinical sites in March 2020

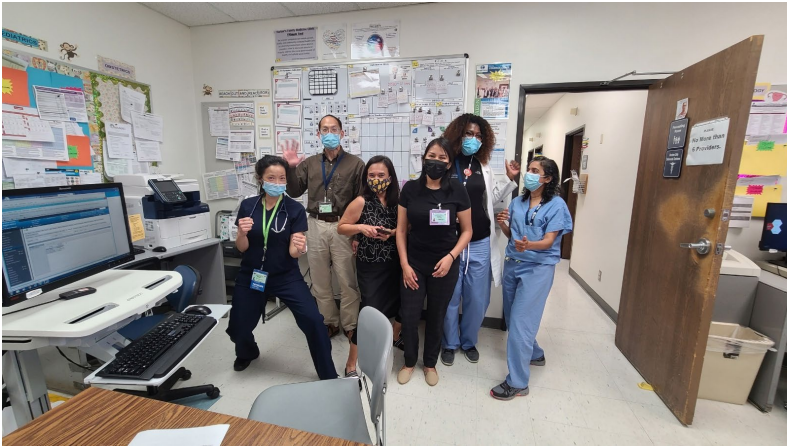
- East San Gabriel Hub
- High Desert Regional Health Center Pediatrics
- H.H. Humphrey CHC
- Olive View-UCLA Hub
- Olive View-UCLA Pediatrics

In 2021, other DHS clinics heard about CALQIC's work and wanted to start screening too with support from the CALQIC-LA/ACEs-LA clinic leads

- Lomita Family Medicine Clinic
- Harbor-UCLA Pediatrics
- LAC/USC Pediatrics
- Hudson CHC

# What do DHS clinics that work with ACEs-LA do?

- Receive coaching from ACEs-LA Community Health and Wellness Coordinator on ACEs screening and responses, and wellness/burnout prevention for staff involved in screening
- Host shadowing by Community Navigators to learn referral pathways to needed services; CNs then facilitate streamlining of existing referral pathways and build new linkages to services of utmost need for patients and families
- Contribute to collection and review of data and metrics reported to CALQIC.
- Receive funds for trauma-informed related activities for patients and/or staff.
- Contribute to the development of best practices for trauma informed ACEs screening and response using the TRIADs framework and other CALQIC and Network of Care initiatives
- Participate in CALQIC and Network of Care meetings and activities



# Responding to Screening: Building a Network of Care in our Clinics and Community



- TICs trainings
- Implementation of ACEs/PEARLS screens for adults
- Recruitment of champions in new clinics
- SHARK Program launch – hired mental health consultant; new pediatric practices for primary care for kids with high ACEs along with specialty consultation
- Expansion of One Degree interface with clinics to promote referrals
- RISE/BHI expansion/integration
- MLP in DHS



# Accomplishments



Screened over 8,000 pts and 2,500 referrals to support services within DHCS and CBOs

300 staff trained through ACEs Aware

Providing clinics participate in CALQIC-LA, a forum to exchange ideas, problem solve, support each other's ACEs screening and response efforts

Screening opens conversation: enhanced relationship between provider and patient, when it works, it adds a layer

Enhancing response efforts with Network of Care (NoC)

Identification and partnership with key CBOs to enhance referrals through One Degree Pro accounts

Our Lunch and Learn webinar series was very successful - we were able to host experts from within DHS and outside (with guidance from CALQIC) and they were very well attended by all levels of staff at CALQIC-LA clinics and other DHS clinics.

# Challenges



Fragmented System

Integration of ACEs screens in our ORCHID EHR continues to be a work in progress.

Working on creating a way for more automated integration of screening into visits

COVID-19 Burnout

Creating universal learning materials that supported staff at all levels (i.e. providers and ancillary staff)

# Lessons Learned



Need clinic buy in and to understand the program goals

TIC training and ID champions at each clinic to get the program going

Working closely and understanding that clinics operate differently, getting to know the staff, letting clinics make decisions for their teams.

Identifying and connecting with systems involved in response

Marker on updated documents

# ACE Screening: Tips from Santa Rosa Community Health

Deirdre Bernard-Pearl, MD

October 14, 2021



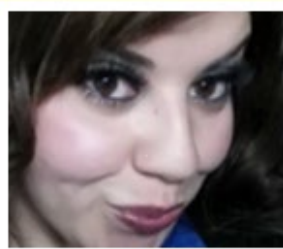




**Amanda Anne Abud, LMFT**  
Mental Health  
Manager/Behavioral Health  
Clinician



**Sidney Gonzalez**  
Clinic Supervisor Dutton  
Campus



**Teresita Madrigal**  
Clinic Supervisor Vista Campus



**Dr. Deidre Bernard Pearl, MD**  
Pearl Pediatrics Medical  
Director



**Elisabeth Chicoine**  
Director of Quality



**Michael Mabanglo, PhD, LCSW**  
Director of Integrated  
Behavioral and Mental Health



**Carol McHale**  
Director, EHR Optimization



**Annemarie Brown**  
Senior Director,  
Communications and  
Development



**Carin Hewitt**  
Project Management



**Dr. Carla Longchamp, MD**  
Dutton Medical Director



**Dr. Christine Martin, MD**  
Pediatrician



**Dr. Brandon Cortez, MD**  
Family Medicine



**Virginia "Vicky" Tinico**  
POP Health Data Analyst



**Dr. Mark Sloan, MD**  
Pediatrician, Faculty SRFMR



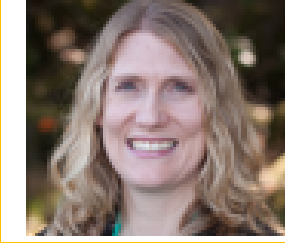
**Dr. Danny Toub, MD**  
Vista Faculty, SRFMR



**Suzanne Dedmore, FNP**  
Vista, Clinician Lead



**Belen Aguayo, MA**  
Vista, Supervisor



**Dr. Erin Lund, MD**  
Family and Addiction  
Medicine



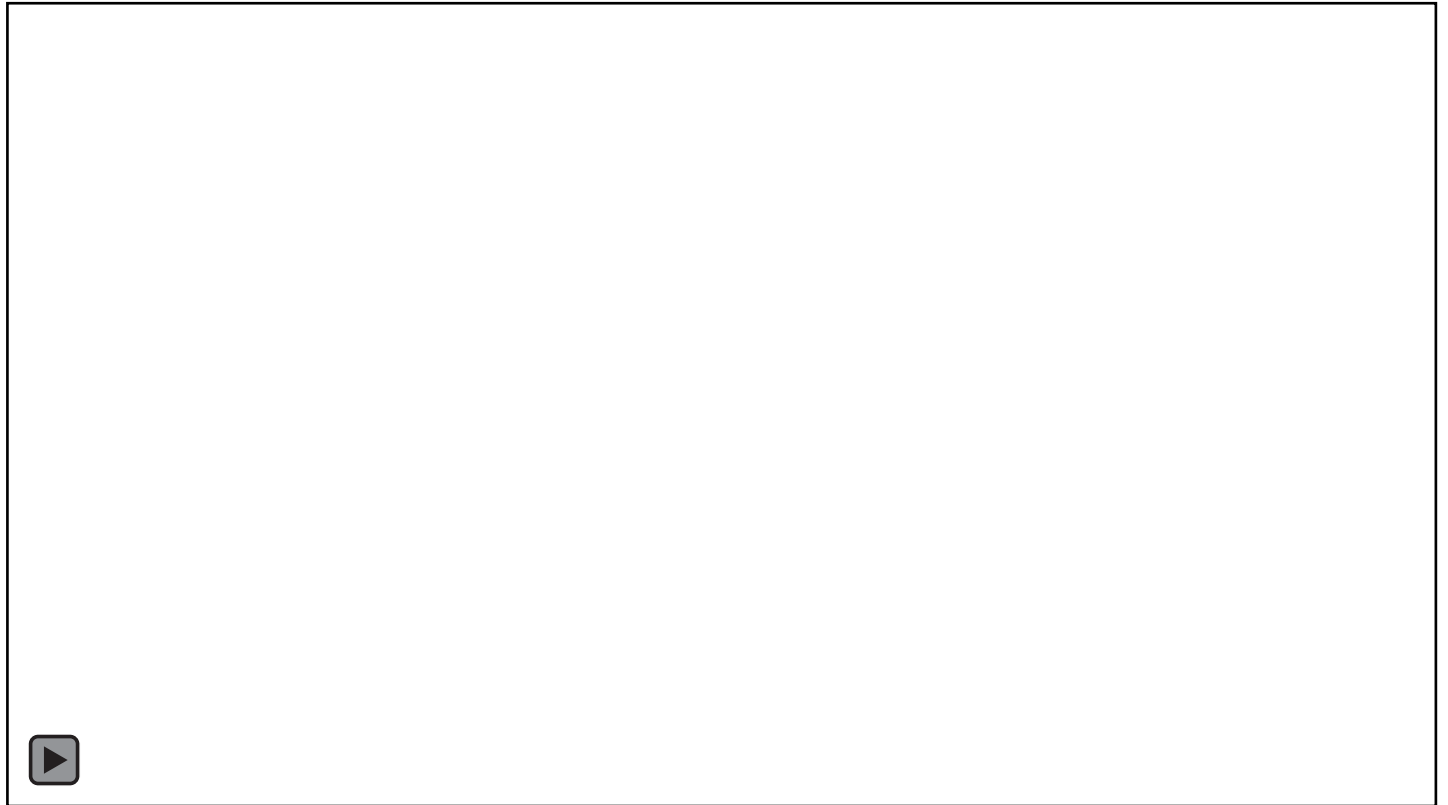
# SRCH ACEs Workgroup





Santa Rosa  
COMMUNITY  
HEALTH

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**We ask everyone.**



Please don't be surprised when we ask you about problems or trauma in your family.

**Understanding your life events  
is a part of giving you good care.**

Remember that trauma takes many forms -- not just accidents or broken bones.



All of us. For all of you.  
a california health center

**Les preguntamos a todos.**



Por favor, no se sorprenda cuando le preguntamos a usted acerca de problemas o traumas en su familia.

**Parte de darle buena atención es  
entender los eventos de su vida.**

Recuerde que el trauma toma muchas formas, no sólo los accidentes o fracturas de huesos.



All of us. For all of you.  
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# How Can We Help?

No  
Blame

Help patients understand that what happened to them is not their fault

Safety

Make sure they are safe at home

Hope

Offer hope – toxic stress can be treated and healed

Offer  
Help

- Groups: Mindfulness, Yoga, Seeking Safety
- Hotlines
- MH/BH Referral

*Tip:*

*Asking a patient if they might be interested in help or a referral is very different from telling them what they should do*



# What happened to you does not define you

Explore healing strategies and get  
support

VISIT [NUMBERSTORY.ORG](https://NUMBERSTORY.ORG)



## Q & A

- **Deirdre Bernard-Pearl, MD** Medical Director at Santa Rosa Community Health, Pediatric and Teen Campuses
  - [deirdreb@srhealth.org](mailto:deirdreb@srhealth.org)
- **Tanya Marin-Lopez** Community Health and Wellness Coordinator for the Los Angeles Department of Health Services
  - [Tmarin-lopez@lacounty.gov](mailto:Tmarin-lopez@lacounty.gov)
- **Sandra Newman** Network Development Executive for Concert Health
  - [sandynewman@concerthealth.io](mailto:sandynewman@concerthealth.io)
- **Jamie Ruiz** Community Health and Wellness Coordinator for the Los Angeles Department of Health Services
  - [JRuiz3@lacounty.gov](mailto:JRuiz3@lacounty.gov)

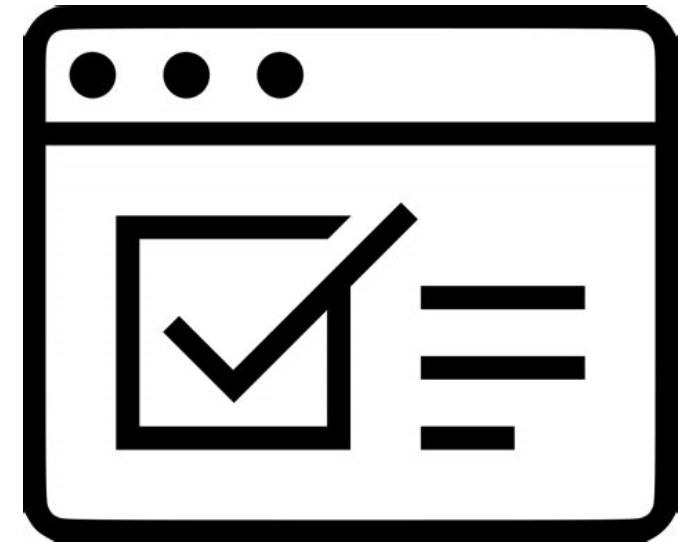
# Takeaways & closing thoughts

1. ACE screening improves care and health outcomes
2. Implementing ACE screening and healing requires the whole care team
3. In parallel to screening, teams must define a solid approach to responding to patients after screening
4. *What's yours? Add into chat....*

# Poll: Webinar feedback

## The content of this webinar was helpful

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree





# Thank you!



This toolkit was produced with grant funding support from the California ACEs Aware initiative, a first-in-the-nation effort to screen children and adults for ACEs in primary care, and to treat the impacts of toxic stress with trauma-informed care. The bold goal of this initiative is to reduce ACEs and toxic stress by half in one generation. For more information, visit the [ACES Aware website](#).

# Stay Connected to CQC



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