



Monday, January 6, 2025, 12 p.m. – 1 p.m.

Screening

BHI-CYCLE Commons



California Quality
Collaborative

Resources

ACEs

- [Stress Busters](#) resource
- For parents/families:
 - [First 5 California Stronger Starts](#)
 - [Your Number Story \(La Historia de tu número\)](#) - Your number is the story of your ACE history...
- For providers:
 - [ACEs Aware](#) - free trainings for providers
 - [Scripts](#) - important for all staff to support in being comfortable

Feedback for Providence

- CHOC Team: We have been doing ACEs here in primary care for a couple of years now. It has had very much ups and downs as far as getting buy in from providers and looking the way we thought it would. We've gone back to the drawing board a good 4 or 5 times.
 - Ongoing repeated education to all our different stakeholders from our front desk staff to our back office and our physicians in general. At this point, we've transitioned to talking more about the Stress Busters component of ACEs screening. So we have taken away some of the previous handouts we used to give out and focus on Stress Busters.
 - When a child or parent indicates a positive screening, provider automatically sends an order social workers in the clinic and they 2 options. If they are very familiar with the child/family and the child has significant signs of resilience, they don't feel that there's any follow up needed, and the other one would be intervention. We would provide general support education and SMART goal with the family picking a particular Stress Buster.
 - Track on a separate spreadsheet. The positives that come in either alerted through our social work, consult order, pool, and or the national registry, and what's entered, I think what we found is the under 12, quite often the parent and the child score are usually drastically different, Usually the adolescent score is much higher than the parent will indicate. Kids over 12 also often have a positive PHQ score as well and psychology team will get involved.

Feedback for Providence

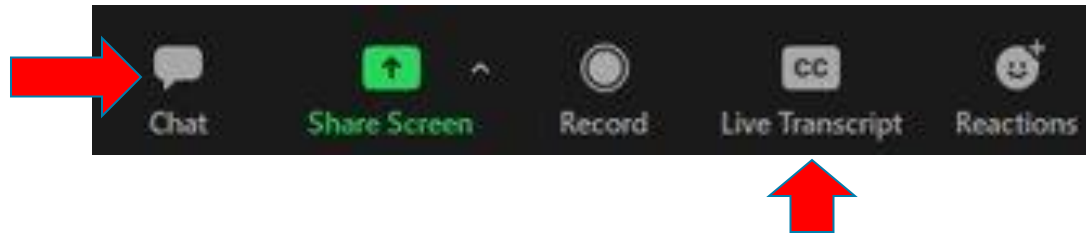
- One of the outcomes we are looking for is around families getting connected to resources to help build up those resiliencies or meet those goals. That's what we've tried to refocus our data on, not how many positive or negatives, but whether the families are getting connected to the supports that we're providing to them.
- Some of our families will express being uncomfortable or feeling that the screener in general is intrusive or uncomfortable to them. However, when they get back to the room and they look at the Stress Busters wheel and those posters. They start asking questions, and it prompts the providers to give a little bit more education and support.
- AltaMed Team: We've been doing ACEs at multiple sites for a very long time, like maybe 2 to 3 years. It is just part of the thing we do now. I'm a pediatrician so it offloads some of the work that I do, that I'm not capable like of doing, which is all of the mental health support connecting to resources. That's how you get provider buy-in.
 - When it comes to training, we thought it was really helpful to have providers look at the screener from their own perspectives. And we have had to really train people on what trauma is because everyone may not view it the same way.
 - I think ultimately what the ACEs screening does is it opens a line of communication between a provider and a medical team about something that I necessarily wouldn't ask about. I talk more about food insecurity now, and feel like I have a resource to send people to than I ever did before.
 - It is so important to have your workflows in place and resources to give patients and families if they do screen positive
 - Letting people know that conversation may be uncomfortable

Feedback for Providence

- Rady Team: It sounds like you guys are off to a good start. Everyone starts with a pilot and then a lot of hiccups so you are absolutely not alone in that. I think context is really important. If you're a program that has a warm, handoff capability, it's very different from a program that doesn't. And either way. I would make sure that you have thought through carefully the difference between a positive aces without mental health symptoms and a positive aces that has an identified mental health challenge. Because that's the approach to those 2 different categories is quite different.
 - Families who don't have like identifiable things going on, you know, insomnia or depression, or whatever it is asking. These questions can be a lot and require some follow up and some ongoing discussion to help the relationship maintain really therapeutic. So, you want to have a plan in place for how you how you handle that. I would recommend having a script or structure of what to do if ACEs are high but other screening is 0.
 - Provider buy in is so important so just taking that time to have that conversation is so important.

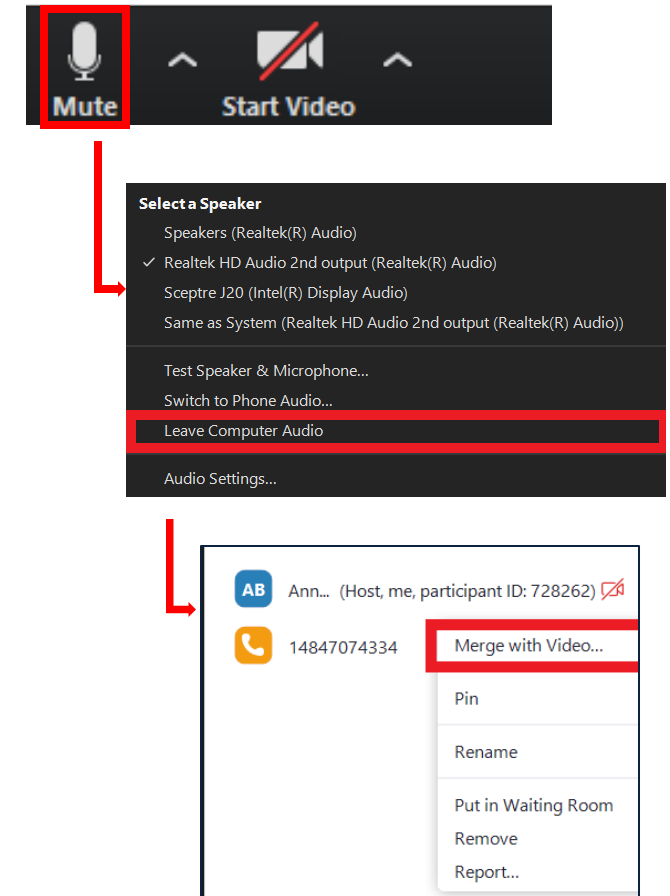
Zoom Tips

- Attendees are automatically **MUTED** upon entry
- Use the **chat box** for questions



- Request closed captioning with 'Live Transcript' button
- Welcome to update name, pronouns and organization in your Zoom name
 - Right click on yourself → Rename
- **Direct message Anna Baer** if you have any technical issues

- If you've dialed in, please link your phone to your video/computer



Hello and Welcome!



Los Angeles



San Diego



Today's Agenda

Today, we'll:



Reflect and share advice
on peer case study:
Screening

*10 - 15 min presentation +
10 min feedback*



Review screening
successful practices

*20 min presentation +
7 min Q&A*



Share improvement area
for your organization's
screening process



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All Teach, All Learn



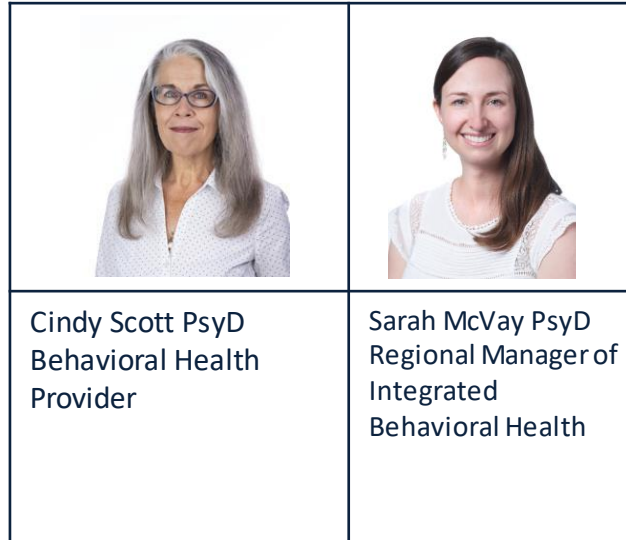
Reminders

- Pose questions
- Offer suggestions
- Recommend solutions

Team Introduction: Providence Doyle Park Pediatrics Santa Rosa

- Providence Medical Group
- Pediatric clinic
- Santa Rosa
- # 1,000
- Epic

- PCBH program, grant funded. BHP started in October 2023.
- One BHP to 10 providers. Two pediatricians are offsite in Petaluma, one is a developmental pediatrician.
- ACEs screening and response during WCCs for ages 12+



What are you trying to solve?

- Providence Doyle Park Pediatrics in Santa Rosa is trying to implement ACEs screening for children ages 12+ during their wellness checks.
- We understand the importance of screening to prevent toxic stress and offer practical tools for patients and their families.
- Barriers: WCC intake packet is not completed in a private place, staff buy-in, resources, time needed to educate families on why we screen and what to do about elevated scores.

What have you tried?

- A pediatrician attempted to provide ACEs screening in the past. She noticed benefits with billing and gratitude from some families. However, staff buy-in, privacy, and communication across the clinic ultimately led to them abandoning the project.
- So far, BHPs have intermittently inquired about ACEs and “planted the seed” about going forward with this work.

What would you like advice on?

- Documentation in Epic for de-identified ACEs/PEARLs?
- Quick resources on how to talk to families about ACEs?
- Training for the whole office(s) on reason for ACEs screening?

All Teach, All Learn



Reminders

- Pose questions
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Rady Children's Hospital Transforming Mental Health

Screening

Measurement-Informed Care



- MIC is when **treatment decisions are based on data** collected in patient-reported outcomes measures, using **validated** measurement tools.
- MIC helps **turn subjective patient experiences** and clinician observations into more **objective data**.
- **Available evidence** from the adult literature clearly supports the benefits of MIC. The literature on MIC in children although less robust, **is positive in supporting the use of MIC in youth**.
- By **routinely collecting data** using standardized and validated measure to guide treatment clinicians can **improve patient outcomes and satisfaction**.

Child Adolesc Psychiatric Clin N Am 29 (2020) 587–599

<https://doi.org/10.1016/j.chc.2020.06.001> childpsych.theclinics.com

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What screening tools do you use?



1. What screening tools do you use? (Multiple choice)

14/14 (100%) answered



Measurement Informed Care (MIC) Tools Actively in Use by Primary Care Mental Health Integration



Measurement Tool	Definition & Purpose	Who	When
GAD-7	Generalized Anxiety Disorder Questionnaire	All clinicians	Every visit, 12+
PHQ-9A	Patient Health Questionnaires, depression screening	All clinicians	Every visit, 12+
PSC-17	Pediatric Symptom Checklist, general mental health screening tool designed for primary care practices that assesses the likelihood of finding any mental health disorder in a patient	All clinicians	Every visit, 4-12 years old
CGI	Clinical Global Impressions, provider reported	IHTs	Every visit, all ages



Measurement Informed Care (MIC) PRN Tools



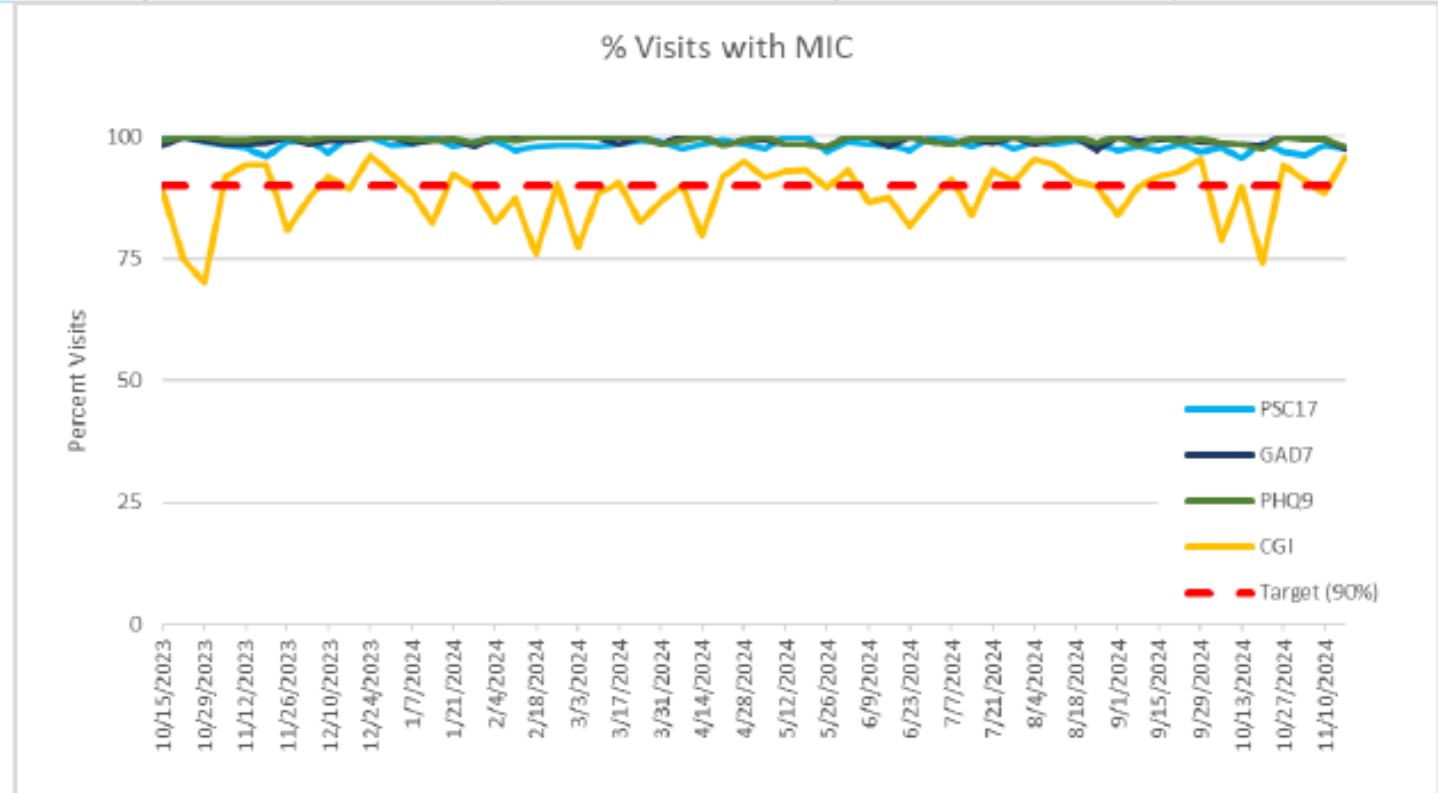
Measurement Tool	Definition & Purpose	Who	When
PEARLS	Pediatric Adverse Childhood Experiences (ACEs) and Related Live-Events Screener	PCPs	BH initial, ADHD initial, 4-5 yo wellcheck, 10-11 yo wellcheck, 14-15 yo wellcheck
SCARED	Screen for Child Anxiety Related Disorders, an anxiety screening	All clinicians	As needed; clinician dependent
NICHQ Vanderbilt	Screen to help providers diagnose attention deficit hyperactivity disorder (ADHD)	All clinicians	As needed; clinician dependent



Target goal is 90% for each measure. For reference, data are presented for the first month (June 15 – July 15) and then for the weekly period November 17– November 23, 2024. Below the table are individual provider results for this period.

Measure	6/15/2022 – 7/15/2022		11/17/2024 – 11/23/2024	
	Number of Eligible	Percent Complete	Number of Eligible	Percent Complete
PSC17	328	93.3	155	97.4
GAD7	565	91.0	182	97.3
PHQ9	565	98.2	182	97.8
CGI	893	88.8	337	95.8

MIC Measurements by Completed Visit



Screening Successful Practices

Phase 1: Planning/Pre-Implementation

- Define your rationale for using each screener (e.g. population health screening, evaluation of clinical care and research, enhancing clinical decision-making and program quality, etc.)
- Determine how your program plans to use the data

Phase 2: Implementation

- Consider ease of use of each tool you choose, and your EMR
- Determine how patient responses will be collected
- Choose the cadence for collecting responses
- Train clinicians/staff on how to use the screening tool/s

Phase 3: Interpretation

- Interpret the data collected
- Display the data in a way that is easy to understand and disseminate to clinicians
- Standardize your screening tool implementation

Phase 4: Continuous Quality Improvement

- Look for long-term trends
- Track data over time for program outcomes and CQI

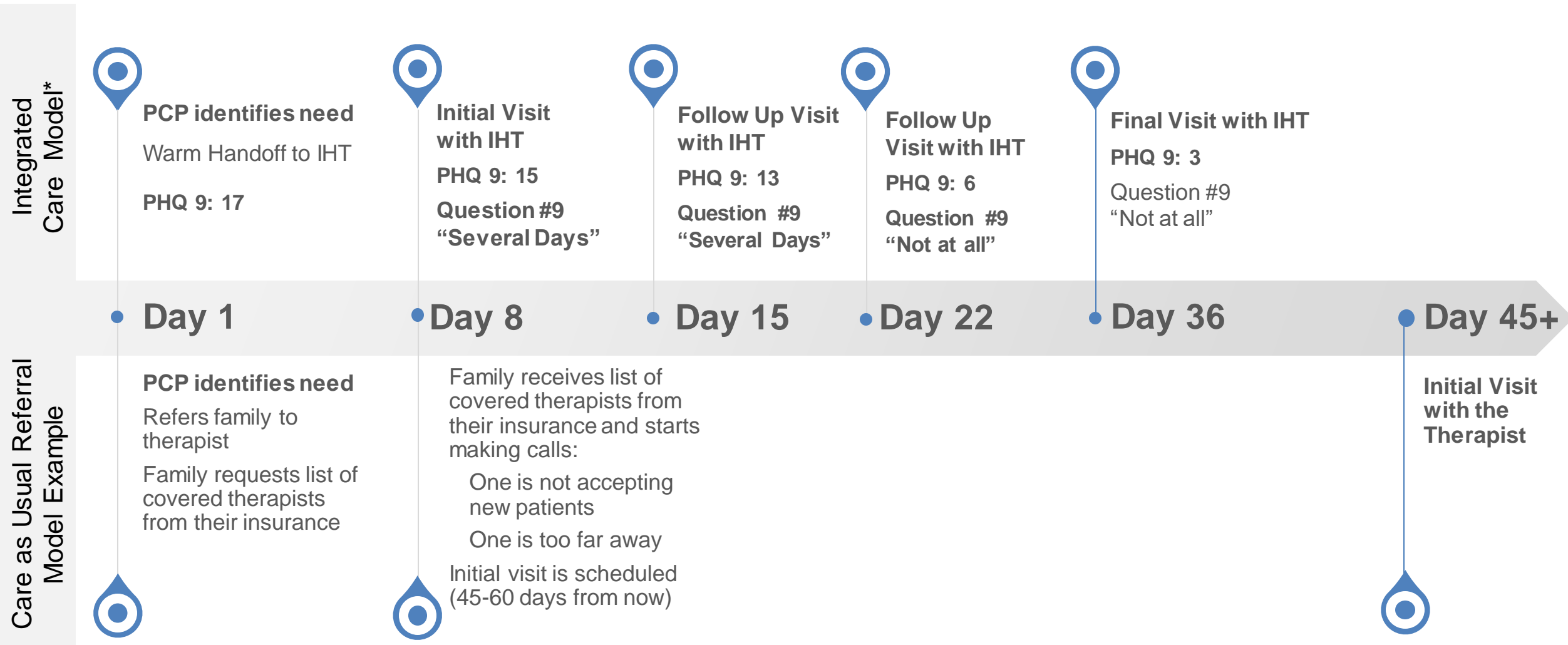


Benefits of MIC

1. Improve treatment interventions
2. Guide service refinements and services needed
3. Address clinician training/education needs



A side-by-side timeline shows an example of the difference between what early intervention can accomplish through primary care integration, as compared to care as usual.



*Based on an actual patient case in primary care mental health integration.

Changes in GAD7 Assessment Category

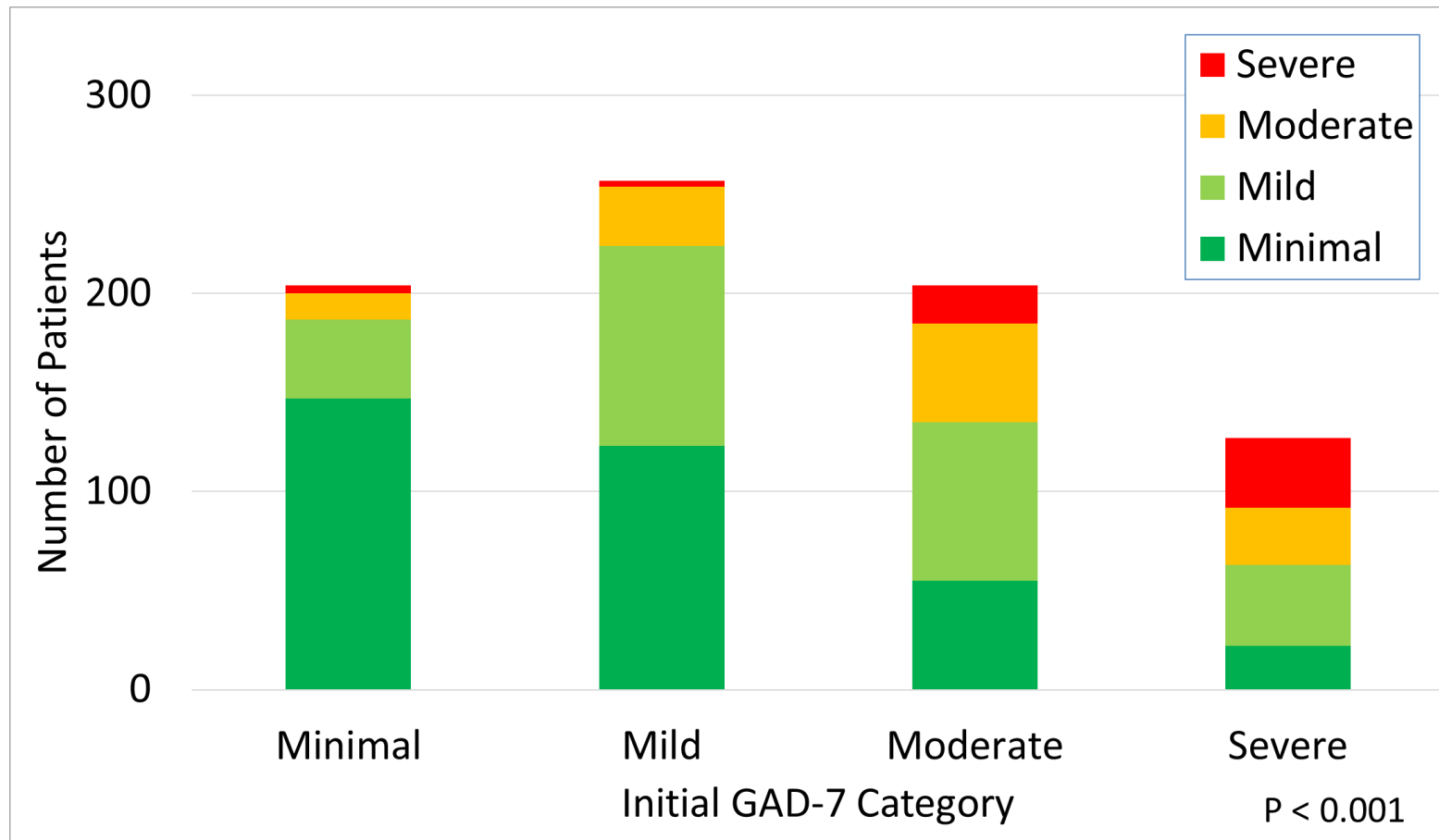


Figure 1. Changes in GAD-7 Category by Initial GAD-7 Assessment Category (n = 792), TMH, RCHSD.

**Patients treated between July 30, 2020 and September 14, 2023*



Changes in PHQ-9 Assessment Category

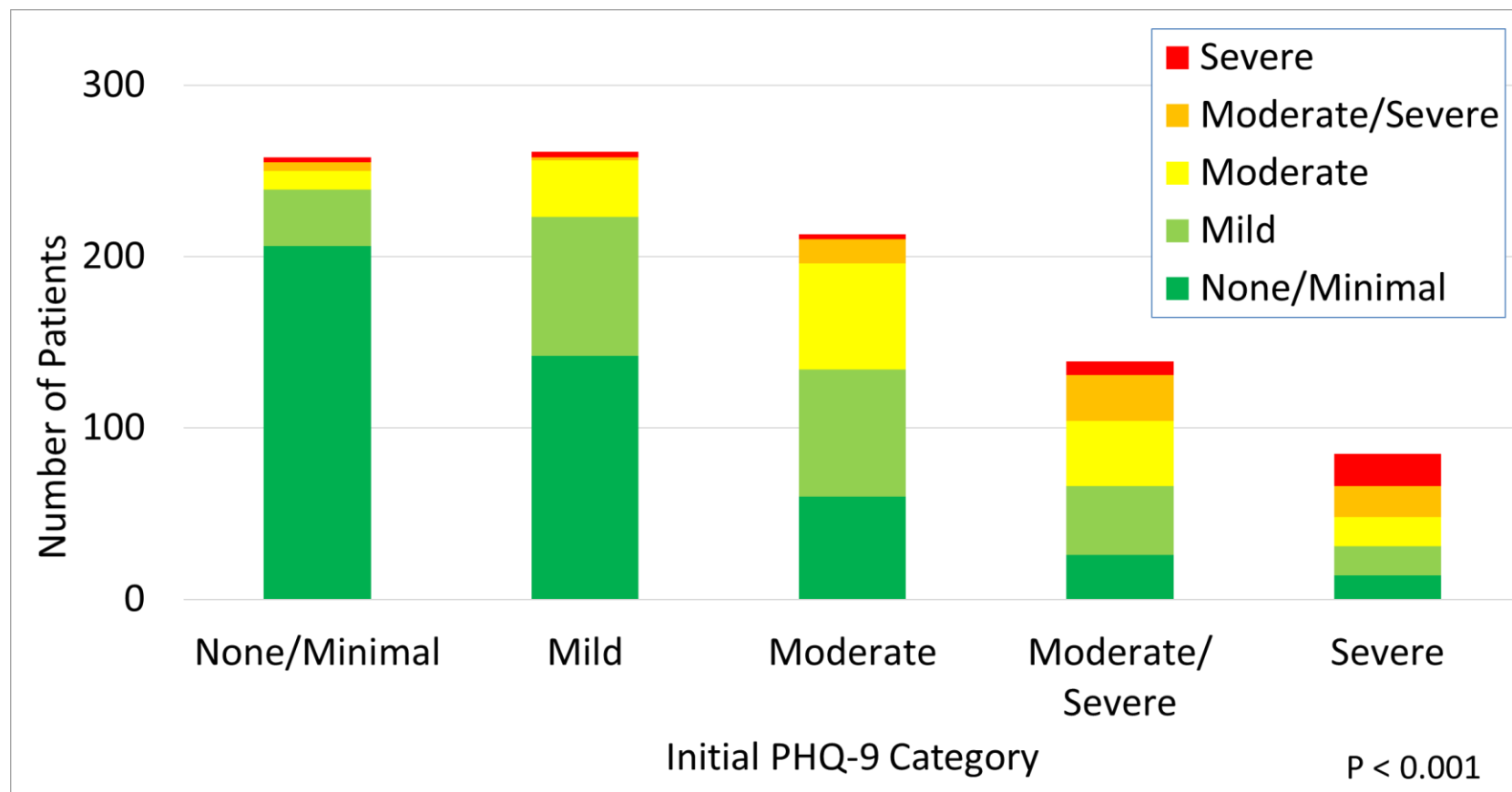
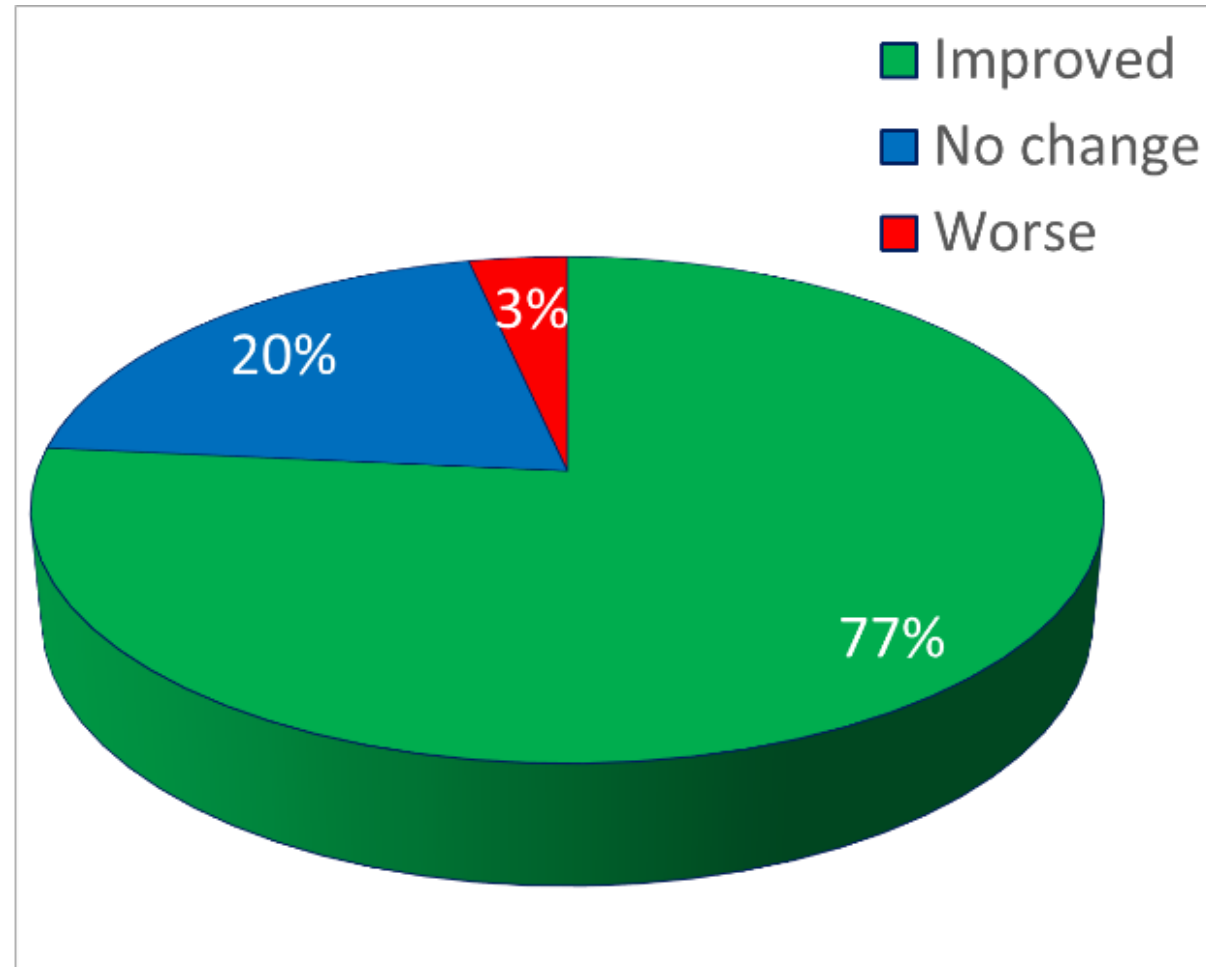


Figure 2. Changes in PHQ-9 Category by Initial PHQ-9 Assessment Category (n = 956), TMH, RCHSD.

**Patients treated between July 30, 2020 and September 14, 2023*



CGI Improvement Score



**Figure 3. Most Recent CGI Improvement Score (n = 1630),
TMH, RCHSD.**

**Patients treated between July 30, 2020 and September 14, 2023*





Questions?



Wrapping Up

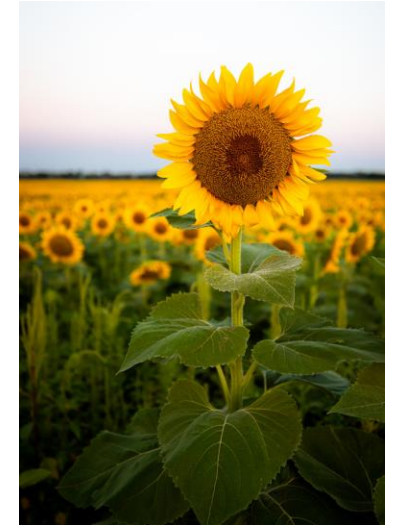
What is one change around screening you might try at your organization?



Feedback please!

1. Today's webinar was useful for me and my work *[select one]*

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree



2. Of the topics we covered today, what was especially helpful? *[select multiple]*

- Reflect and share advice on peer case study: Screening
- Review screening successful practices
- Share improvement area for your organization's screening process

Register Now!

Rady Children's of San Diego Site Visit

- *When:* Friday, March 7, 2025
- *Time:* 10 a.m. to 3:30 p.m. (9:30 breakfast)
- *Registration:* [Register Now!](#) Registration will close January 31st
- *Questions?* Contact [Anna Baer](#)

Rady Children's[®]

The logo graphic consists of several teal-colored geometric shapes, including a large diamond and several smaller triangles, arranged in a dynamic, upward-pointing pattern.

BHI – CYCLE Commons | Program Timeline

Topic

Presenter

Commons Webinar: Screening Mon. 1/6 (12 – 1)	Office Hour: Screening Mon. 1/21, (12 – 12:45)	Commons Webinar: BHI Financing and Sustainability Mon. 2/3 (12 -1)	Commons Webinar: BHI Sustainability Continued and In-Person Preparation Mon. 3/4 (12 – 1)
Providence			LifeLong Medical Care

Topic

Presenter

In Person Site Visit – Rady Children’s, San Diego March 7, 2025	By 4/1: BHI-CYCLE Program Survey	Commons Webinar: Engagement & Equity Mon. 4/7 (12 – 1)	Commons Webinar: Training and Development Mon. 5/5 (12 – 1)	Commons Webinar: Lessons Learned & Closing Mon. 6/2 (12 – 1)
		San Francisco Health Network	AltaMed	

Thank you!