

Trauma-Informed Networks of Care

California ACEs Aware Initiative

ACEs Aware Mission



To change and save lives by helping providers understand the importance of screening for Adverse Childhood Experiences and training providers to respond with trauma-informed care to mitigate the health impacts of toxic stress.



Presenters

Shannon Thyne, MD

Director of Pediatrics, Los Angeles County Department of Health Services

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Senior Program Officer, Neighborhood Development, Central Valley Community Foundation

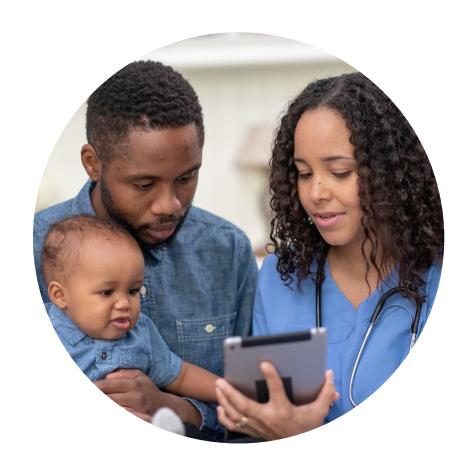
Ivonne Der Torosian, MPA

Vice President, Community Health and Well-Being, Saint Agnes Medical Center

Amy Parks, DSW, LCSW, CLEC

Coordinator of Developmental and Behavioral Pediatrics, Community Pediatrics, Adolescent Medicine, & Child Advocacy; Director Pediatric Healthy Steps, Department of Pediatrics, UCSF Fresno Medical Education Program

Agenda



- Define and provide guidance on key elements of a Trauma-Informed Network of Care to respond to ACEs and toxic stress
- 2. Present strategies to establish a robust and effective system to respond to ACEs and mitigate the toxic stress response
- 3. Share learnings from Fresno County on building a Network of Care
- 4. Answer audience questions



Key Elements of a Trauma-Informed Network of Care

Shannon Thyne, MD

ACEs Aware: Building Trauma-Informed Network of Care



What are Adverse Childhood Experiences?



Physical, emotional, or sexual

NEGLECT

Physical or emotional

HOUSEHOLD CHALLENGES

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



Physical



Emotional



Sexual



Physical



Emotional



Mental Illness



Intimate Partner Violence



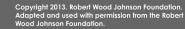
Parental Separation or Divorce



Incarceration



Substance Use





The Toxic Stress Response Defined



"Prolonged activation of the stress response systems that can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years..."

 National Academies of Sciences, Engineering, and Medicine

Source: National Academies of Sciences, Engineering, and Medicine. Vibrant and healthy kids: *Aligning science, practice, and policy to advance health equity*. Washington, DC: National Academies Press, 2019.; Nelson CA, Bhutta ZA, Burke Harris N, Danese A, Samara M. Adversity in childhood is linked to mental and physical health throughout life. *BMJ (Clinical Research Edition)* 2020; 371: m3048.

Trauma-Informed Network of Care



A **Trauma-Informed Network of Care** is a group of interdisciplinary health, education, and human service professionals and community members and organizations that support adults, children, and families by providing access to evidence-based "buffering" resources and supports that help to prevent, treat, and heal the harmful consequences of toxic stress.

Evidence-Based Buffering Resources



From the California Surgeon General's Playbook at <u>COVID19.CA.gov</u>

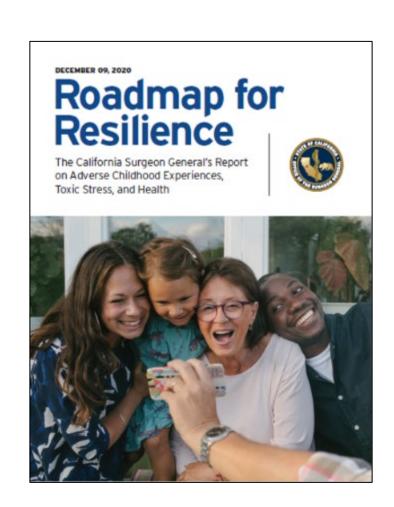


Where do you begin?

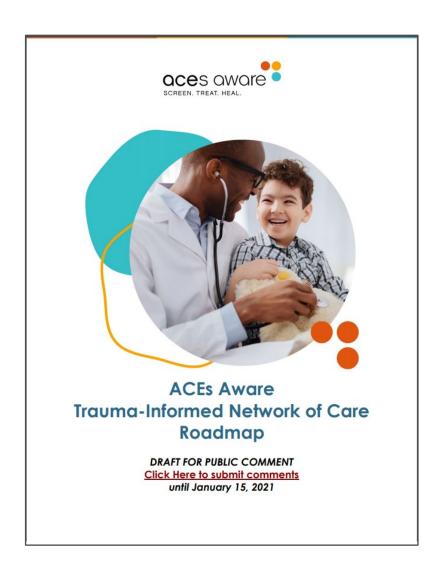
Highlights from the California Surgeon General's Report

The report includes:

- Clear articulation of how the science of toxic stress shows up within the population it supports
- The role of each sector in addressing/combating ACEs and toxic stress
- Robust list of specific Primary, Secondary and Tertiary prevention strategies that can be implemented
- Case studies of programs that highlight strong use of cross-sector integration and all three prevention strategies



Trauma-Informed Network of Care Roadmap



The **Network of Care Roadmap** provides practical steps that health care providers, clinics, community-based organizations, and social service agencies can take within their own communities to grow cross-sector Networks of Care that support providers, individuals, and families in preventing and addressing the impact of ACEs and toxic stress on health.

Case Study: Building Trauma-Informed Network of Care in LA County

Who We Are

 ACEs-LA is a collaboration between LA County stakeholders, the Department of Health Services, and the state to build community resilience.

Our Mission

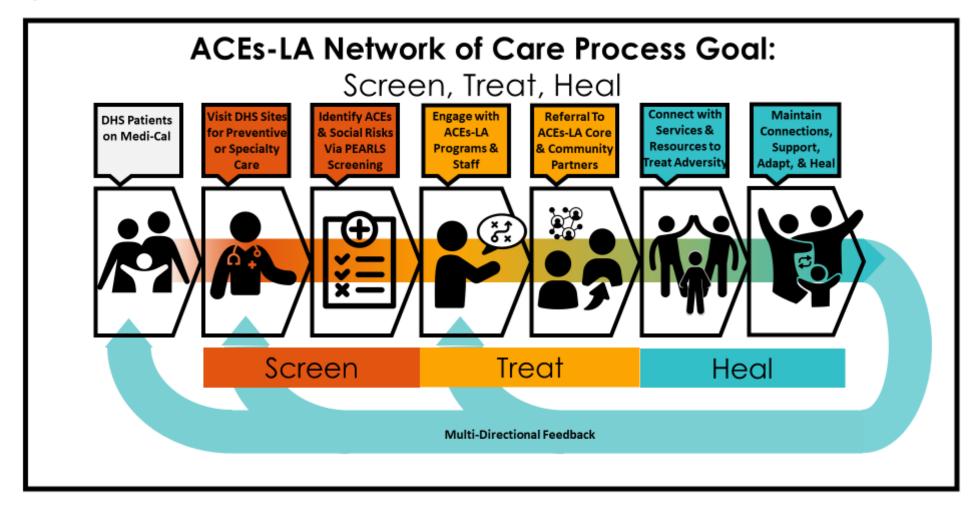
 Through screening, treating, and healing, we aim to improve the health of LA County's adults, children, and families, build creative connections, and inspire resilience.

Our Vision

 We strive to cultivate successful, healing connections that empower individuals and communities to achieve health and wellbeing.



Getting Ready





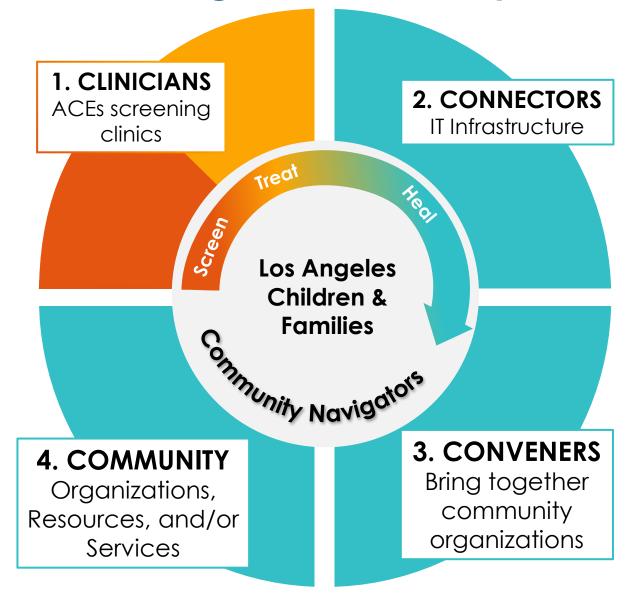
Key Elements of Our Network of Care

- Clinicians
- Connectors
- Conveners
- Community

... with community navigators as the "glue" and our children and families at the center of our efforts.



ACEs-LA NoC Organization Components – 4Cs





How can you do this in your setting?



- 1. Know where you are.
- 2. Know where you want to go.
- 3. Stick the gum and paper clips together.
- 4. Don't lose sight of where you want to go.
- 5. Be flexible.

Case Study: Fresno County Network of Care



Artie PadillaSenior Program Officer, Neighborhood Development, Central Valley Community Foundation



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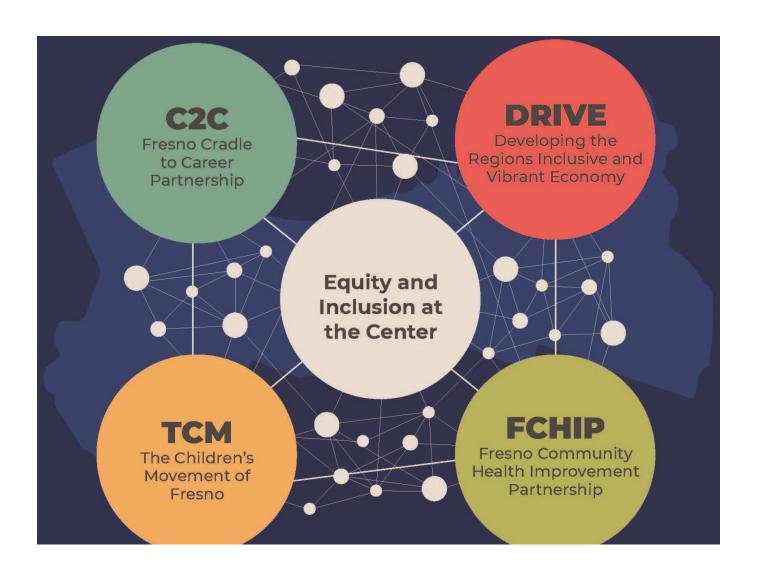


About Fresno County

- Diverse population of 1 million people
- 5th largest city in California
- 2nd highest concentration of poverty in the U.S.
- 3rd largest school district in California



Network of Network



- Anchored in Racial Equity
- o Trauma-Informed
- Focused on Transformative
 Community Engagement



Includes:

- 65 Community-Based Organizations
- 4 of the Largest Hospitals in the Region
- o 7 School Districts
- City and County Departments
- Works under the FCHIP initiative

FCHIP Leadership Team **Network of Care** Leadership Committee IT & Medi-Cal Sustainable Community **Training Policy** Communication Data **Education Funding Providers** Trauma & Resilience Network



Saint Agnes Medical Center

- Not-for-profit hospital; 436 acute care beds
- Located in Fresno County serving a 4county region (Fresno, Madera, Tulare, Kings)
- Member of the nation's largest
 Catholic Health system (Trinity Health)
- Graduate Medical Education and Physician Residency programs
- Active members of numerous local coalitions and workgroups



Case Study #1 Background

Pre-launch

- 68-year-old woman experiencing multiple ED visits related to mental illness issues
- Patient referred to CHW for resource assistance

Assessment for Social Care Needs

- Using a care coordination pathway, the CHW:
 - Assessed current health needs
 - Provided medication reconciliation
 - Assessed for health care, social services, and buffering resources such as: food security, mental health, and support network
 - Created a plan for post-visit treatment
- These services directly impact the toxic stress buffering domains of: balanced nutrition, menta health care, and supportive relationships



Patient connected with a primary care provider who referred patient: o Behavioral health Cardiologist Health Neurologist o Patient connected to dentist, vision care Medications were regulated and pharmacy connection made Transportation resource connection made through Medi-Cal Patient connected to food resource and food stamps Social Security funds restored Social Patient's dog was certified as comfort companion Helped to stabilize patient housing in a permanent senior apartment with her pet

Post-launch

- ACE Score assessed: 9
- Patient is now developing healthy relationships with her neighbors, is active with her pet, and will reconnect with family in March
- o Patient has not been in the Emergency Room for more than one year



UCSF Fresno

- Branch of UCSF School of Medicine
- Largest academic physician-training program between Sacramento and Los Angeles
- Partnerships:
 - Community Regional Medical Center: The only Level 1 Trauma Center between Sacramento and Los Angeles
 - Fresno VA
 - University Centers for Excellence
 - Family Heath Care Network

UCSF Fresno + Trauma and Resilience Network

- ☐ Goal 1: Provide link between providers and community resources.
- ☐ Goal 2: Train providers on how to access community resources.
- ☐ Goal 3: Collaborate with CBOs in order to train practicing physicians and resident physicians in the clinical response to ACEs.





Case Study #2 - Background

- 3-year-old female
- ACE score: High Risk (score of 4+ with associated health conditions)
- Lives with mom and two siblings under 2
- Diagnosed with asthma at 18 months
- Missed her last few appointments with pulmonologist for asthma follow up and has difficulty getting to the pharmacy to pick up prescriptions
- At pediatrician for her 3-year Well Child Check

Check-in for appointment

Enter exam room with MA

PCP enters

- Verify information
- Receive screening forms
- Wait to be called back to exam room
- Child weighed/ measured
- Medical Assistant takes screening forms and leaves room

- History/physical
- Reviews screens
- Introduces de-identified
 PEARLS
- Caregiver completes
 PEARLS while PCP enters
 data in Electronic Health
 Record
- PCP reviews PEARLS

Clinical Response

Follow Up Appointment

- PCP discusses resilience and buffering resources
- Provide family with hard copy of "Stress Busters" circle chart
- Discuss potential referrals
- Give agency info for family to self refer or make an electronic referral
- Schedule follow-up
- Have Healthy Steps Specialist come into exam room and meet with family for further assessment
 - Discuss further handouts and referrals;
 - help family contact agencies;schedule follow up

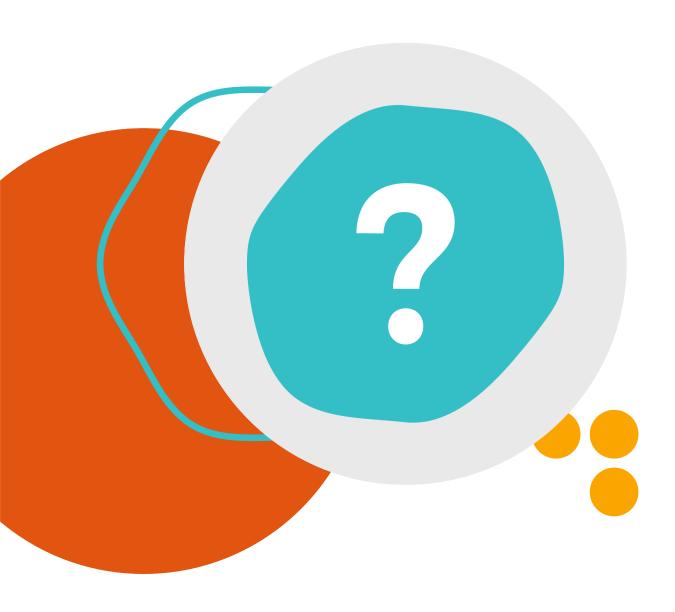
- PCP schedules a follow up appointment to ensure linkage 1-2 months (video)
- *Healthy Steps Specialist will follow up with family* and provide disposition to PCP





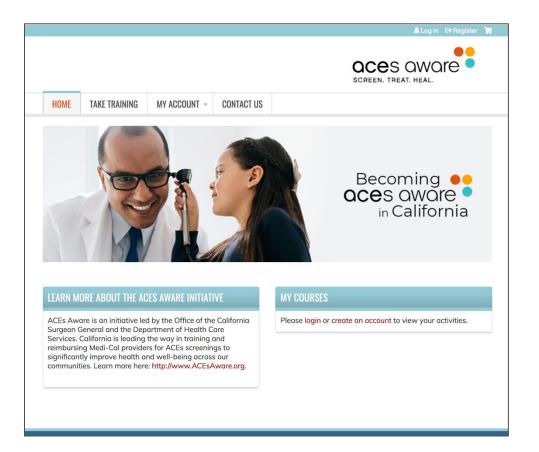






Audience Questions & Answers

ACEs Aware Provider Training



- 1. Get trained at www.ACEsAware.org/training
- Free, 2-hour online course that offers CME and MOC credits
- 2. Self-attest to completing the training at www.Medi-Cal.ca.gov/TSTA/TSTAattest.aspx
- List of Medi-Cal provider types eligible to receive payment at <u>www.ACEsAware.org/eligible-providers/</u>
- 3. Be part of the ACEs Aware Provider Directory at www.acesaware.org/provider-directory



Treat (

Screen

Heal About

GET TRAINED

Q





Resources By Top

The ACE resources below are organ resource more quickly. Select a top corresponding resources.

COVID-19 & Stress **Educational Events** Provider Toolkit **ACEs Aware Grants**

right

ACE Resources

Visit Advanced Search to filter the resources and search by keyword.

Resources by Type

Clinical Resources for Adult Providers

Clinical Resources for Pediatric Providers

Organizational Toolkits

Patient/Family Education Handouts

Policy, Research and **Advocacy Briefs**

Resources by Topic

Resilience-Building Interventions

Science of Toxic Stress

Screening & Clinical Response

Self-Care Tools

Trauma-Informed Systems

Upcoming Webinars

Register for Webinars and Find Webinar Recordings at:

www.ACEsAware.org/educational-events





Questions?





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