ACEs Aware Webinar: Network of Care Webinar Transcript

January 27, 2021

Sam Mills: Hello, and welcome to today's ACEs Aware webinar on Trauma-Informed Networks of Care. This is our 10th educational webinar in a series designed to provide practical information on screening for ACEs and providing trauma-informed care. Your feedback is highly valued, so please continue to share your thoughts with us after each event. My name is Sam Mills and I'm with the Aurrera Health Group and we are proud to support the ACEs Aware initiative.

Sam Mills: Before we introduce our speakers today, we are excited to announce our press release and announcement of our Network of Care Planning and Implementation Grantee Awards. For more information, please check out the link that was just shared in the chat. I also want to cover a couple of items that we've updated based on your feedback, as it relates to questions and handouts.

Sam Mills: Many thanks to those who submitted questions in advance. Those questions will be covered by our speakers during our presentation today and also during our question and answer section at the end of this broadcast. Attendees and the chat function are muted, but please submit any questions via the Q&A icon at the bottom of the screen. Our ACEs aware team will respond to you directly, and will also be sharing resources in the chat. Right now in the chat you'll find a link to today's slides in case you'd like to follow along. And finally, if you run into any technical difficulties and get disconnected or have issues with your device, we will be posting a recording and transcript later this afternoon at ACEsAware.org.

Sam Mills: Now let's go ahead and get started. The mission of ACEs Aware is to change and save lives by helping providers understand the importance of screening for adverse childhood experiences. And by training providers to respond with evidence based interventions and trauma informed care to mitigate the health impacts of toxic stress. Today we'll hear from four speakers with a lot of knowledge and establishing a trauma informed network of care.

Sam Mills: First we'll hear from Dr. Shannon Thyne, Director of Pediatrics at Los Angeles County Department of Health Services. Then we'll hear from a Trauma-Informed Network of Care team from Fresno County, which includes Artie Padilla, Senior Program Officer for Neighborhood Development at the Central Valley Community Foundation. Followed by Yvonne Del Torosian, Vice President of Community Health and Wellbeing at St. Agnes Medical Center, and Amy Parks, who wears many hats and who leads the trauma informed care, training and implementation at UCSF Fresno Pediatrics.

Sam Mills: On today's webinar Dr. Thyne will discuss and provide guidance on key elements of a trauma informed care network. To respond to ACEs and toxic stress, and all of our speakers will share strategies to establish a robust and effective system to respond to ACEs and mitigate the toxic stress response. The Fresno team will also share learnings from their work and building a network of care, including a few case studies and will leave time at the end to answer audience questions, but that said I'm excited to hand it over to Dr. Shannon Thyne.

Dr. Shannon Thyne: Good afternoon, everyone. It's really nice to be here it's wonderful to see so many of you on the webinar and, like you, I'm eager to learn from this group as we build networks of care in our communities. Most of you are familiar with ACEs aware, but I thought I'd start with a little bit of background. ACEs Aware has the goal of reducing ACEs and toxic stress by half in one generation, this is an ambitious goal, but one that is so important for us to work toward our children and families deserve this.

Dr. Shannon Thyne: To help get us there, ACEs aware is focused on three areas, the first is raising awareness of screening and response and many of you are already doing this. The second is implementing practice change to incorporate the screening and response into our medical visits, and finally ACEs Aware aims to support the development of a network of care that will support ACEs response beyond the clinical encounter. Next slide. So let's start at the beginning, with a little refresher.

Dr. Shannon Thyne: ACEs, or adverse childhood experiences, refer to events that may have occurred before an individual's 18th birthday, and these are events that may affect their current health and future health. ACEs fall into three categories abuse which can be physical, emotional or sexual neglect, which can be physical or emotional, and household challenges such as growing up with household incarceration exposure to mental illness or substance dependence parental separation or divorce or intimate partner violence.

Dr. Shannon Thyne: It is important to remember that this is not an exhaustive list, there may be other traumatic or traumatic events or toxic stress experience in childhood, such as losing a sibling a car accident or in another city significant event that has the potential to impact health. So what happens when we experience toxic stress, such as those described in the ACEs screen well what we know about stress is that prolonged activation of the stress response can disrupt brain development and increase the risk for stress related disease.

Dr. Shannon Thyne: Toxic stress is not good, but not all stress is bad and we experience stress in different ways, adapting as we grow up some of these adaptations are healthy and some are not so healthy. The physiologic stress response can be described as positive stress tolerable stress and toxic stress positive stress is a brief activation of the stress response with things that we all experience increased heart rate blood pressure and hormone levels, when we have a stressful situation upon us. For those in supportive environments positive stress can be managed helping a kid make it through the first day at a new school or giving a speech at a high school graduation. Many people experience and tolerate these really well.

Dr. Shannon Thyne: These positive responses are cultivated through buffering effects of caring adults or other interventions that allow children and adults to reestablish homeostasis or balance and recover from the activation of the stress response tolerable stress is a time limited stress response that results from short term activation of the stress response. But it lasts a little bit longer it includes things like a big move or death of a family member and again those with well-established buffering supports are able to regain balance. Toxic stress is the constant activation of the stress response in the absence of caring stable relationships, especially during sensitive periods of early development.

Dr. Shannon Thyne: This prolonged activation can be toxic to brain architecture and other developing organ systems and this activation can also lead to long term changes in the brain and body. Without buffering and nurturing strategies, the stress response doesn't turn itself off normally, and this can contribute to long term health consequences. We can't change everything about the environment experience before a child's 18th birthday, but the ACEs aware approach aims to help provide tools to medical providers families and communities so that we can work together to buffer the stressful experiences that will occur for everyone, as we consider building a trauma informed network of care, our goal is to help minimize the stress response to toxic stress and trauma informed network of care can help.

Dr. Shannon Thyne: So what is a trauma informed network of care? It's okay if you have to ask this question at some point, most all of us have, and that may be partly why you're here it's probably what you would generally assume it to be, but it also has some specifics and I think the specifics, are key. A trauma informed network of care is a collective is a group of interdisciplinary health, education, and human service providers who partner with Community members and Community organizations to support children, adults and families in responding to adversity, the network provides evidence based buffering, evidence based buffering, and resources to prevent treat and heal the harm caused by toxic stress. Engaging in and building a trauma informed network of care is not the same as being trauma informed, it is important to be trauma informed but building and trauma informed network of care is an active process of bringing together a team to support healing. Next slide.

Dr. Shannon Thyne: As we build a network of care, there are some important buffering responses to consider including. The seven pillars, the pillars set forth by ACEs aware include supportive relationships with caregivers and children and other family members, as well as peers, high quality insufficient sleep, which, as a pediatrician I would tell you I would put at the very top of everything, balanced nutrition, regular physical activity, mindfulness, meditation, access to nature, which is one of our newest additions, and mental health care, which includes psychotherapy or psychiatric care and substance use disorder treatment when it's needed. So, with all of this in mind, where do we begin, it can seem overwhelming, many people are reluctant to screen because they feel they have nowhere to turn.

Dr. Shannon Thyne: I get it it's scary but not asking about childhood adversity, does not mean that it's not happening. I tell this to team members every day, I tell this to people considering whether or not to screen, it is so important to remember that just because you don't ask something doesn't mean it isn't happening. But there's a balance, we need to screen, but we also need to be able to address what we learn. I often use this example to help people understand my position on a screening and response. And mind you I'm a doctor, so this is a doctor reference but providing screening without a framework for response is like offering a mammogram without having access to a surgeon, when one is needed, we have to have both.

Dr. Shannon Thyne: So how do we begin? Let's take a deep breath and remember that there's plenty that can be done in the context of a healthcare visit education around buffering resources. Maybe you practice deep breathing discuss sleep hygiene or help a family member identify the nearest public park for

recreation. One of my colleagues uses the mindful minute at the start of every visit and she models centering and calm to her patients. As you move from readiness to practice change to building a network of care it's important to remember not to let perfect be the enemy of good. So, again let's take a deep breath and jump into the pond but don't do this without a framework and here's where we can provide some tools to make the pond water a little less murky.

Dr. Shannon Thyne: First there's some great resources to check out, including the recently released Surgeon General's Report that includes information around costs cross sector collaboration. It describes how coordination requires shared language shared metrics role, clarity, and clear lines of accountability. It's also a great resource on the science of toxic stress and how different sectors can play roles in addressing toxic stress, and finally it outlines prevention strategies using case studies and examples which is really important, as we move into the real world. Another great resource is the ACEs aware Network of Care Roadmap.

Dr. Shannon Thyne: The Roadmap shares actionable steps and milestones for both providers and community based organizations and it serves as a cookbook for communities as they grow cross sector networks of care and work at community levels to address the impact of ACEs and toxic stress. As I move to the next part of my presentation, I want to give a little detail on how the team that I work with has embarked on this journey and then I will introduce colleagues who are doing the same. I have the honor of being part of an amazing team in the LA County Department of Health Services working across partner clinics and the safety net USC and UCLA affiliated teaching hospitals to implement a screening treatment and response. It says LA as a collaboration between county stakeholders health services and the state to build community resilience.

Dr. Shannon Thyne: Our mission is to improve the health of children, adults and families and to build creative connections that inspire resilience and our vision is to cultivate healing connections that empower communities to achieve health and wellbeing. We started screening in LA through the Department of Health Services clinics in early 2020 and we have sent work to build out our network of care, the schematic details our process goals for screening treatment and healing. As we began to build a framework we focused on the safety net population in our system. Where we now screen for ACEs using the PEARLS tool which includes other related life events beyond the original ACEs.

Dr. Shannon Thyne: And then we engage our onsite clinical team and treatment and response, this might include reaching out to a social worker, or other in-house resources that we have to give to our patients and their families. For patients who screen positive or who are otherwise identified as needing more than our in-office supports we partner across the community to support healing when this goes well, we have multi directional feedback between the patient and family and those providing support. In our network of care we developed what we call the four C's - the four elements that build our network and help pull it together, these include our clinicians connectors convenience and community.

Dr. Shannon Thyne: I'll explain those in a moment, but I think a really key part of this is the community navigators who are patient and community facing who serve as the glue and help our children and families connect with the services they need. So back to the four C's, we start with the clinicians and the primary care visit this is where the screening and treatment start. Connectors helped us to get children and families to the support they need. Our major connector is the One Degree platform. I think of One Degree as a Yelp for healthcare and social supports: it's an open access IT platform where we can have a family, where a provider can work with a family to identify virtual or geographically convenient resources in their area of need. And in this system, we then allow the patients and families to connect via this portal and then bi-directionally communicate back between the provider and the system.

Dr. Shannon Thyne: I recently identified a specialized childcare program close to home for one of my patients who was having tantrums and can benefit from pandemic-safe intervention program there are many community resources that can be accessed through these connector portals. I'm sure you have heard of others, and some of them will come up later, but they're often run through health plans and partnering with health plans and gaining access to portals like this can be very beneficial. Next, we have our conveners who help us connect and support community organizations in our network These include, First Five, some early adopter clinics, and a few high functioning community programs.

Dr. Shannon Thyne: All of our conveners are focused on helping to engage clinical providers and community agencies, helping them to join our network of care by signing on to use the one degree platform. These containers are also committed to sharing experience with service delivery and community implementation programs so that newly added community organizations don't need to fully reinvent the wheel. Containers are committed to

building a network where engaged patients and families successfully close the loop between the clinical visit and support services.

Dr. Shannon Thyne: And then, finally, we have our community, this includes the many CBOs that support our patients already. We are not kidding ourselves into thinking that treatment and healing is not already going on, it's absolutely going on, we just need to do it together. We would love to have all of our community based organizations accessing our IT portal and working in our robust network of care, but we know that not all programs are ready yet. Our community navigators' patients and can be owners are working with One Degree to support bringing many of our CBOs into the network through participation in the platform and through other team building activities you'll hear more about this when the next presenter is take the stage. So you may not use the four C's but you probably have some idea about how your organization can partner across systems of care and community organizations to build a network in your community.

Dr. Shannon Thyne: So here are a few closing thoughts for me on this process. First, take stock of where you are. Get organized, you may need to wing it a bit, but you should do a readiness assessment. Use the Surgeon General's Report. Look at the CALQIC training courses that are currently available from the Center for Youth Wellness website. Put a toolkit into place. Second, know where you want to go. Figure out where you fit into the Network of Care Roadmap, this is a stage process and it's important to take time to plan. At the same time, please know that it won't be perfect. I'm all about gum and paperclips, or if you know my family, there's always something in the bottom of my purse that can solve any problem.

Dr. Shannon Thyne: I feel a little bit like this and, in this situation, we need to be creative and solving problems as they come. We've all learned this in the past 15 months with a pandemic life is full of surprises, but we have all become more flexible and this process will require flexibility too. Four, stay the course don't lose sight of where you want to go, we were all thrown a big loop in LA when we moved to mostly virtual visits, but we figured out how to keep screening. And we figured out how to really enhance our relationship with the online platform, so that we could use a feasible tool during the pandemic.

Dr. Shannon Thyne: We need that surgeon, to help us fix what we found in that mammogram, but we also need the other things that come with healing so remember that there are many, many components to this network, and you will figure out in your community what you need. And finally, as in everything, be

flexible and have fun. Thanks so much for your time on this and I'm thrilled to introduce our next presenter from Fresno county, Artie Padilla and his team will work to present some more concrete examples of how to build a network of care.

Artie Padilla: Thank you, Dr. Thyne, appreciate that great information yeah so my colleagues in Fresno. and I are going to be sharing a little bit about where we're at with a network of care so. Okay, and so just to give you a little bit of context about Fresno county, you know, we have about a million people in Fresno county we're centered right in the middle of the state, as most of you know, in the Central Valley. Fresno is the fifth largest city in California, very diverse, one of the most diverse cities in the country, actually, you know within Fresno, Fresno Unified is the third largest school district in California and, unfortunately, we have the second highest concentrated poverty in the nation, second only to Bakersfield, but we also, you know, have amazing assets that I'm going to be sharing about too. Okay.

Artie Padilla: So one of the things that really has helped Fresno in our work is are these networks, so you'll see these four major anchoring initiatives we call us the network of networks. Cradle to Careers, one of our anchoring educational networks. The Children's Movement is focused on children and policy issues that address children's health. FCHIP is a health equity anchored network and then drive is one of our newer ones is kind of focus on racial equity with the focus of economic upward mobility, so a little bit of an economic development initiative now all three of these networks are intertwined. We connect with each other. I'm, thankfully I'm on the leadership team of all of them.

Artie Padilla: So we are constantly communicating because we see all of our work as holistically serving our city, we know that a person isn't just about the economy or just about the kids or just about their job or just about their home it's all of that combined. So we're looking at things holistically with equity and inclusion at the center as you see, from that graph we're also anchored in being trauma informed over time, we're on the front end of that and also focus on transformative community engagement and what that means is we are constantly wanting to connect with the community, the very community that we serve ourselves as Dr. Thyne was briefly asserting in her talk as well okay so.

Artie Padilla: Within FCHIP, one of those four initiatives sprouted out three years ago, our Fresno County Trauma Resilience Network. This is something that I helped create, you know, because after reading the ACEs study, you know,

and doing work for about 15 years in our neighborhoods of Fresno. I saw the manifestations of trauma. Reading that study, things started to become clearer for me and the beginning phase of me continuing to be more educated about the impact of toxic stress trauma, especially when you're a child and how that affects you growing up.

Artie Padilla: So I started collecting folks to get their other CBO leaders, colleagues, and we just started having conversations about the ACEs study learning what are you reading, what are you learning, that has grown over the last three and a half years. We have been putting on little mini conferences and just to try to educate other CBOs, other institutional organizational staff, city staff, county staff, our residents, and we have gotten to the place where you see some of these bullet points kind of where we're at with some of our folks engaged this, this has been a slow work. It takes a lot of bridge builders to bring in folks because we're all busy, right, but we all had a heart to start seeing a change in our community, and how can we adapt our practices, our programs, out in the neighborhoods to be more resilient focused to address the toxic stress that's going on in the community okay.

Artie Padilla: So this kind of gives you this is a work in progress, this is not in cement, so probably never will be, you look at the top of this chart and you see our FCHIP leadership team. As I mentioned earlier, our network falls under the umbrella of FCHIP, we have our network of care leadership committee that we're actually developing that right now. You know, we really started shifting a little bit to this network of care focus after last year when the Surgeon General started mentioning this and, you know, it was a natural transition for our trauma and resilience network to take that next step into a network of care network so we're looking at those seven focus areas, and I mean that we could be adding more to that are adapting some of these but you will see on the bottom, the trauma and resilience network, all of these folks that that make up our think tank will feed into the seven areas, and if it becomes eight or nine, it'll always feed into that and then those leaders of those subgroups become that network of care leadership committee.

Artie Padilla: And then that feeds into our FCHIP leadership team, so we are looking at how to make this structure almost like a governance, in a sense. So that we have some fluidity and how things work, but as I said, we're very much on the front end of this and there's a lot of work to do in that. So that gives you a little bit of just initial context of where we're at in Fresno and I will say that when Dr. Thyne mentioned that connectors, the convener, the community, you know, those are all we're already embedded in our

network of networks, so it was easy for us to kind of build off of that and start to work on our network of care so we're really blessed in that area.

Artie Padilla: And I know in some of the questions that we had gotten earlier on that we're addressing, I'll probably chime in on some of that in more detail later on. But I'd love to hand it off to my colleague Ivonne Der Torosian from St. Agnes and to give a little bit more context from her perspective of in the health world.

Ivonne Der Torosian: Thanks Artie, so good afternoon everybody I'm Ivonne Der Torosian, I'm Vice President for Community Health and Wellbeing here at St. Agnes Medical Center in Fresno. And my responsibility is really to be the liaison between the hospital healthcare system and the communities that we serve really to address disparities in in that community. So, St. Agnes, just to give you a little bit of a background is a Catholic health care ministry.

Ivonne Der Torosian: We are a not-for-profit hospital with 436 acute care beds we're located in Fresno but serve the four county regions of Fresno, Madera, Kings ancillary counties. We do have, as of 2017, a graduate medical education program which now includes internal medicine family medicine and emergency medicine residency students. We use this residency programs really to prototype a lot of the programs that we want to get started, one of them being the ACEs Aware work that we just engaged in last year. So to, just agree with Dr. Thyne that don't let the perfection get in the way of moving forward, we have started to build on this network of care okay next slide.

Ivonne Der Torosian: One of the things that I do want to emphasize is that you start from where you are. We have been building upon a process that started a few years ago, before we engaged in the ACEs work, and so the case study that I'll present to you today will show a pre- and post- of when we were involved in the ACEs Aware work. So today, I wanted to share a case of one of our clients who was referred to our health hub. Our health hub is managed through community health and wellbeing. It does employ community health workers, and they are responsible for connecting patients with medical and social care resources, and so this case study follows one of our patients that was referred, she's 68 years old, she experienced multiple emergency department visits, primarily related to mental health, mental illness issues. Go ahead and next slide.

Ivonne Der Torosian: So upon referral to our Community Health Hub, our Community Health Workers assessed her for health and social needs. They provided medication reconciliation and also assessed for buffering resources such as food security, mental health, and the existence of supportive networks, so

you'll see that in the stress buster wheel that you'll see on the screen, our goal as a team is really to impact toxic stress. And so, through our Community Health Workers, they did create a plan in partnership with the patient to provide a lot of these services. The buffering domains for this patient that we addressed had to do with balanced nutrition, mental health care, and supportive relationships.

Ivonne Der Torosian: There are different tools that you'll hear throughout this presentation related to how do we refer and how do we connect our patients to different resources and in Fresno, so currently St. Agnes is using a platform called findhelp.org. That helps us expand our reach into the community through this platform. But one of the things that you want to keep in mind is that there are other platforms, and one of the other platforms, that we'll be using also within our Central Valley is Unite Us. And both platforms are bidirectional, so that, when we are providing referrals out to Community-Based Organizations. We get feedback from them to close the loop on those linkages. The platform can be used from the provider's office and/or through Community Health Workers, which is what we're doing here at the St. Agnes Medical Center.

Ivonne Der Torosian: So what typically happens is a patient is assessed for social determinants of health, this is pre-ACEs work, social determinants of health, and then the provider Knows, looks at that assessment, and refers it over to the hub we're now beginning to incorporate ACEs screenings and we'll incorporate those in the platforms that we're using as well, so that's a work in progress. And to Artie's point, we just keep developing and building upon what we're doing right now. So what you'll see in the next slide is that the successful linkages that we did perform for this patient, we were able to connect her to behavioral health resources, a neurologist, a cardiologist. We were able to connect her to primary care, or dentist, vision care, and we were able to through medication assessments and advocacy from our Community Health Worker to really regulate her medications and connect her to pharmacies that could deliver to her home.

Ivonne Der Torosian: And we're part of the medical system, we were also able to connect our patient with resources such as housing, food stamps. We're working on connecting her to her family, we were able to get, the patient's, her pet certified as a support companion, so that when we connected her to housing and her permanent senior apartment they were able to accept her path. in that process. So you'll see that a lot of the linkages made on behalf of the patient really addressed the patient's physiological manifestations of toxic stress through the house connections. And also, we were able to

provide buffering interventions against toxic stress through the social connections.

Ivonne Der Torosian: One of the things that I do want to emphasize regarding providing these linkages, and notice that I'm not calling them referrals because it's more than just providing the patients with a number to call, we really do want to walk side-by-side with the patient and provide them linkages, a warm handoff, to Community Based Organizations social resources and their medical providers, so that when the patient goes to these their appointments, the Community Based Organization, or any of the resources that we're connecting them to, already know: A) her history, B) some of the struggles that she's experiencing, and know that she is a patient that we want to handle with care. So when we're providing these linkages it's not enough to work with a platform that provides closed loop and you'll hear that a lot, closed loop will mean that, as we refer them, the referred agency tells us, yes, we received a referral.

Ivonne Der Torosian: That's not enough, we want to make sure that all of these linkages are successful and match the patient's needs. So we want to make sure that not only did they receive the referral, but that a call was made and then an appointment was kept and that services were provided. So that's from the Community Based Organizations, we also want to make sure that we're providing ongoing coordination and navigation with the patient, and that we're connecting back with the patient to say were those referrals, did you get what you needed from them, do you feel like those are the services that helped you. And I'll tell you that when we first started working with this patient and you saw that we connected her with senior apartment, permanent senior apartment.

Ivonne Der Torosian: And the patient had once referred to several room and boards before we got her to senior apartment living. And it had we not connected back with her, we would never have known that the first room and board that we connected her to really wasn't providing the services that she needed. So, then, we were able to provide her to another room and board and continue to work with the patient, in order for us to be able to provide her with a permanent housing opportunity. So really when we're looking at all of these linkages we want to make sure that they are successful and appropriate matches for all of our patients.

Ivonne Der Torosian: And so you'll see that she is getting ready to connect with her family in March and she has not visited the emergency room for over a year, which, for her is a huge success because she has built trust with her medical

provider and she's built trust with some of the other social services that we've been able to connect her with. I will now turn it over to Amy Parks, so that she can talk to you a little bit about what is happening in our organization, thank you.

Amy Parks: Thanks Yvonne, and thanks Artie, and thanks Dr. Thyne and I'm going to give you a little perspective, a different perspective, more from a pediatric. Health care setting and one that doesn't have as many resources built in, as Ivonne's does. First UCSF Fresno, just a little background, so you know who we are, is a branch campus of UCSF School of Medicine and we're actually the largest academic physician training program between Sacramento and LA we have really key partnerships in in Fresno, one with Community Regional Medical Center, which is part of the Community Medical Center system, which is the only level one trauma center, again, between Sacramento and LA and we also have partnerships with the VA, the University Centers for Excellence, and Family Health Care Network is our outpatient medical clinics that house all of our outpatient clinics. Okay.

Amy Parks: So, again a little background how UCSF Fresno became a part of the Trauma and Resilience Network and, one, I became a part of it because I needed to help our providers or medical providers find the community resources in Fresno for their patients, and I also helped to train our medical providers on how to access those community resources and how to collaborate with our CBOs. This has become, I'll say this again in a minute, but it's become really important during COVID to have this partnership and this relationship with this network. Okay.

Amy Parks: Okay, so first I think it's important to just note our clinic has gone through a lot of changes, not unlike many clinics throughout the state. But one thing was for sure that we knew the prevalence of ACEs, we knew how ACEs can physically manifest in the body and we knew we needed to do something about it, I feel very lucky that in my department I have a lot of support from the top, to the bottom, I have several physician champions that have helped me push this cause. So that has been a blessing in and of itself. Also, our clinic has a lot of screening forums and a lot of forums for parents to fill out when they come in for their well child checks, even for their sick appointments.

Amy Parks: So when we thought about implementing an ACEs screening, we were very intentional about how we rolled out our ACEs screening: what our clinic flow was going to look like what our clinical response was going to be. And going back to what Dr. Thyne had mentioned earlier about perfection, we

were held up in that perfection. And finally, we put all that aside put all of our, you know, expectations aside, so we just need, we just need to start, so we started screening at the one, three and five well child visit and again being intentional we didn't want to overburden our clinic staff, so what we did, what we chose for our clinic was to have our medical providers do the PEARL screening in their exam room and I'm going to show you what that looks like in just a minute.

Amy Parks: And our medical provider, is the one with a little bit of help from some other folks, are the ones that that do the linkages and that do the warm handoff, and not do the follow up. And we, this is a phase process, we are looking at how this can be sustainable, we know there's a lot more we need to learn, and a lot more that little tweaks here and there, that we need to do. Okay. So I'm going to present to you a three-year-old little girl who came in for her three-year well child visit she has two other siblings who are one and two, and she's very high risk with a score of five and she was also diagnosed with asthma. About 18 months earlier, she had missed many of her appointments with her pulmonologist and actually has been hospitalized several times, and mom has said that she has a hard time getting to the pharmacy to get her prescriptions. Okay.

Amy Parks: So, our – these first – the first two steps in this clinic visit probably aren't, you know, any different from any other clinic, primary care clinic. So they check in for their appointment, they get their forms, they fill them out, the MA brings them back. So when the PCP enters, when our physician enters and does the history and physical reviews, the screens, this is where our provider, at the one, three, or five, gives the PEARLS screen, and then once it's completed the physician goes over it, and this is an opportunity. Okay. This is an opportunity, next slide.

Amy Parks: To really have a discussion with the family, with the mom, with the patient about resilience and buffering resources. What we have done in our clinic is we use the stress busters circle chart that has been presented a few times today, we have found that it is really helpful, it is something that is easy to implement as something concrete that you can give to the family, to go home with. I love that it really helps to illustrate a lot of the things that families are already doing, I love that it points out, and really I think, highlights the resilience that they already have the buffering supports that they already have and, for me, I look at it, as this is the hope that we give our families when they're faced with their ACE score and thinking "oh my gosh what is this mean, that stress busters chart", and the resiliency that we help them see the buffering supports, that we help them identify, is

what helps them know that their ACE score is not their destiny right, so this is where the trauma and resilience network, our network of care in Fresno is really valuable, is really integral to our patients successes helping our providers to know what other resources are in our community that are appropriate for their patient helping to again going back to how this has kind of become really more valuable more important, this relationship. During COVID, there have been a lot of pivots there have been a lot of changes in the services that agencies provide.

Amy Parks: We have found that it was basic necessities that our families were needing food. Yes, okay, where the food distribution centers, where can we send our families, they can't go pick it up, who can deliver it to them, right? So there's a lot of relationships that we needed to have in that community to connect us to those resources, to connect us to those who knew what was happening, what was changing, how we can help our families in our clinic. We have a healthy steps program but our providers do this too without the Healthy Steps Specialist. And for a follow up appointment our provider can schedule the follow up with the family, they can come in, we can do a telehealth visit, The Healthy Steps Specialist can do that follow up with them, very much like what Ivonne was talking about, we need to make sure that they were connected to whatever resource it was that they were needing.

Amy Parks: And so, just to close the loop, so to speak, on our case study, by no means is our work done with this patient and her family, but I'm happy to say that she has not been hospitalized and about a year. For her asthma, her mom has been able to get her prescriptions and has been able to get her to her pathology appointments and other appointments. And I really think that it was that the stress busters chart that was shared with her that really helped her. You could see a change in her that, almost like she was like "I can do this, I have assets, I have strengths, I can do this" and it empowered her to be an advocate for herself and for her child.

Amy Parks: And I also think that it's the relationship that was built with the provider and then, again like Ivonne said, it was the relationship that she built with those resources that we helped to connect her to that helped her you know keeps helping her along the way. And I'll leave you with this: sometimes it takes more than one encounter, right? To link a family to a resource. It it's very much relationship-based, we need to have that trust, right, that's one of the tenants of trauma informed care, and if you haven't started this screening process know that you don't have to have all of these things in place.

Amy Parks: And again I'm going to reiterate that it's important to remember that it doesn't need to be perfect to start you just need to start where you are with what you have. And it's all about relationships, who are the people in the community who can help me, so just start with one, one connection and then it builds, it builds from there. Thank you.

Artie Padilla: And I believe this is a – This is a drawing that a young lady Ava in second grade drew for us and to just to show you these next series. Just showing you that we're building this bridge, you can go to the next slide we're building this bridge between the medical providers and network of care that are anchored in those four foundations. You can go to the next slide.

Artie Padilla: And you know we want that bridge to just for the families to go back and forth. So it's a permanent bridge, so that's what we're building with our network of care here in Fresno county. And there is Ava looking she's looking afar to see what we need to keep working on so she gives us our orders. Right. Q&A time.

Sam Mills: Oh alright, so thank you, thank you Artie, Ivonne, Amy, and Dr. Thyne for kicking us off, so many thanks to Ava for her artwork as well, and now we'll try to get as many questions as we can today. As always, please feel free to email info@ACEsAware.org if we don't get to your question.

Sam Mills: First we'll get started with some questions submitted by audience members at registration, our first question is from Connie and she asks: "How do we partner with the county from the provider perspective?" Let's go to Dr. Thyne for this question.

Dr. Shannon Thyne: I think I understand the question. So how do we partner with the county from the provider perspective? If you work in a county organization, where I would start is by having some facility with the roadmap and the toolkit and have something concrete to present to the leadership in your county for how you think you could start on this journey. That would be kind of having the bigger picture vision, but I also think it would be important to think about what you could do, even if it wasn't a broad county system program and what you could do in an individual practice to serve as a foundational exploration of this journey. and go from there. So sometimes people say, "Oh well, the higher ups or the larger entity won't, let us do that" and I just hope that people won't make that a barrier to starting small and using that as a demonstration for what could happen next.

Sam Mills: Thank you, Dr. Thyne. Next we'll go to Artie and with a similar question from Valerie asking: ”How can nonprofit partners bring awareness and resources to those individuals who may have ACEs?”

Artie Padilla: Yeah so that actually is the very reason why we actually launched our network. We wanted to one bring our CBOs together, then we started bringing in that, like, behavioral health, public health, the hospitals, who started building these linkages so that the CBO networks were blending in with the networks for the institutions, so that actually serve that purpose to build that connectivity. And you know we're leveraging those other networks that I mentioned earlier in my presentation. So like I said, none of this stuff is done in isolation, we are all working together for one cause.

Sam Mills: Thank you Artie, and so I know for our next question Ivonne actually covered this in one of her slides, and I know many of you talked about this, but the question that we have is: “What platforms are you using or do you recommend people use as they go about becoming a network of care?”

Ivonne Der Torosian: So, Sam, thank you for your questions, the one that we're using is findhelp.org it's also known as an AuntBertha.com. And we started working with the team there to start incorporating ACEs and the PEARLS assessment, so that when patients are referred to our Community Health Workers, we can input that information and then connect them to trauma informed care partners. So you do want to know who your trauma informed care partners are in your community, but another part of our team is also working with Unite Us.

Ivonne Der Torosian: And so there are different platforms which are the best that's hard to say, I think the best is the one that works for you and your community, and so the one that you can build in your community partners. Don't forget too that you have 211, they're a great resource Aunt Bertha, and I believe, Unite Us pull in information from 211 so that's another local resource that you have. So don't get bogged down on “we don't have a platform”, use the resources that you already have at your hands, and we use the relationships that you've already built in your community with your Community Based Organizations and your providers.

Sam Mills: Great, anyone else? Dr. Thyne, did you want to chime in on that one?

Dr. Shannon Thyne: Just again to reiterate for like the 20th time: don't let perfect be the enemy of good, here we have we have seen places where people are arguing about which platform to use. That I don't think there's any one that's perfect and I think 211 is a great suggestion, because it's ubiquitous, but I

also think just pick one because whatever you pick is not going to be perfect, but neither is the other one and just start using a resource and get familiar with it, and whatever you build up within your system will become better because you're participating in it.

Sam Mills: Thank you for that good reminder for everyone. Our next question is for both Amy and Ivonne and it's from Swati asking: “What resources do you need or do you recommend having in place at a primary care setting to follow up once an ACE screening is positive?”

Amy Parks: So I'll reiterate again, like Dr. Thyne, for the 20th time that I, I really believe in the stress busters chart I think that if you can only have one resource that would be it. You can use that before you screen, you can use it after you screen. 211 is an amazing resource also and just to let you know, before I was a part of this network of care, it was like flying blind, so it was trying to find the resources for our patients, so it really started with identifying one resource. Right. So Initially it was we have one agency, who I call like our “early intervention hub” here in Fresno county, and so I would go to them all the time and then that kind of led me to two other resources. 211 is always one I use and then now there, there really are a lot of resources on ACEs aware on the website that are downloadable and easy to access. So just to keep it simple I would start there and then expand out as your as your patients need.

Ivonne Der Torosian: Yeah and you know I talked a lot about Community Health Workers. That’s the resource that we've been using when we have a referral from our providers, because we know that the provider has limited time in their office. And the barrier has been, well, “we don't have enough time, we don't know who to connect them to, we don't know all the resources so for us.” Our resource has been the Community Health Worker link to the providers and that's the connecting piece to Community Based Organizations, but if you don't have Community Health Workers and you're not ready to go there, really just make sure that your providers, at the very least, have a list of trauma informed care Community Based Organizations that they can work with make a quick phone call or have somebody make a quick phone call to connect the patients to that in lieu of a Community Health Worker that can go that could be a gem for our providers, because then they don't feel like they are flying blind and that there’s no help out there, they don't want to do a screening and then find out that there's a resource needed, and they don't have that resource at their fingertips.

Sam Mills: Wonderful. Well that does wrap up our Q and A portion and thank you to our audience members who submitted questions. And thank you to all of our incredible speakers today for sharing their time and expertise. As we start to wrap up today, I do want to highlight and encourage attendees to take the free “Becoming ACEs Aware” training that covers the science of ACEs and toxic stress and screen for ACEs and how to submit their attestation after completing the training, and to sign up and be part of the ACEs Aware provider directory.

Sam Mills: More information, links to our training site, attestation form, and the provider directory are all available ACEsAware.org We've covered a lot of great resources today, but I also want to remind and encourage you to check out our resource page at ACEsAware.org, It covers a wide range of topics, including screening and clinical response, resilience-building interventions, and much more. We will continue using your feedback to inform and plan future webinar topics, so please be sure to complete the webinar evaluation you'll receive later today in your email inbox.

Sam Mills: As we end today's webinar I want to thank our great speakers for generously sharing their expertise time and experience with us. Also, I want to thank all of you for attending, and providing great feedback to help generate the content of these webinars. A recording of this webinar will be available, and emailed to all attendees, and posted on the ACEs Aware website later today, please be sure to check it out, and please share with any colleagues or others in your network who may be interested. Thank you again and take good care.