


**Becoming a Trauma-Informed Health Center:
Healing Ourselves, Our Communities,
and Our Organizations**

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Our Journey: 2012

The **American Academy of Pediatrics (AAP)** Policy Statement:

“Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science into Lifelong Health.”

- Lead Author by Dr. Jack P. Shonkoff,
Harvard Center for the Developing Child







Our Journey: 2013

In 2013 TCC was awarded a grant from the **Everychild Foundation** to launch the **Everychild Bright Beginnings Initiative (EBBI)**






Everychild Bright Beginnings Program


Step One Capacity Building & Training in Trauma Informed Care <ul style="list-style-type: none"> • EBBI Advisory Council • EBBI Staff • Clinic Leadership • All Clinic Staff • All Staff with Patient Contact 	Step Two Identify Target Population <ul style="list-style-type: none"> • Prenatal Patients • New Moms, Dads and Caregivers • Children zero to four (0-4) years of age • Caregivers of zero to four (0-4) years of age 	Step Three Screening <ul style="list-style-type: none"> For the Child <ul style="list-style-type: none"> • PEDS • MCHAT • Sensitive and Probing Questions For Parents/Prenatal Family/Pregnancy <ul style="list-style-type: none"> • Sensitive and Probing Questions • Edinburg Postnatal Depression Scale 	Step Four Assessment and Stratification <ul style="list-style-type: none"> High Risk <ul style="list-style-type: none"> • Intake Interview & Assessment which includes Patient Health Questionnaire (PHQ9) for depression, and the Generalized Anxiety Disorder Assessment (GAD7) • Referrals & Linkage Medium Risk <ul style="list-style-type: none"> • Intake Interview & Assessment • Referrals & Linkage Low Risk <ul style="list-style-type: none"> • Resources • Referrals & Linkage 	Step Five Patient Care Plan Interventions <ul style="list-style-type: none"> Based on Intervention Level <ul style="list-style-type: none"> • Multidisciplinary Case Consultation • Case Management • Medical Legal Partnership • Home Visits • Advocacy • Resources Classes <ul style="list-style-type: none"> • Breastfeeding • Cooking classes • IPV Support Group • Individual Therapy • Infant Massage • Parenting & Attachment • Postpartum Depression • Project Fatherhood • Storyline • Walking groups
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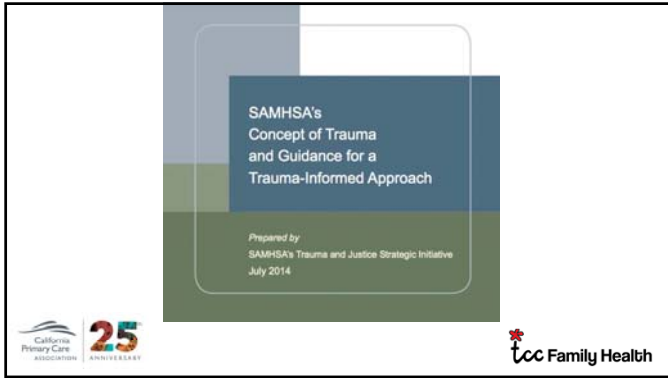
Our Journey: 2014

Transformation of its care model to screen for and address trauma and protective factor in young families. **National Council of Behavioral Health (NCBH)** training using **SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach**

- Strengthened and grew our EBBI advisory committee








A Trauma Informed Organization



A program, organization or system that:

- Realizes** the widespread impact of trauma and understands potential paths for recovery
- Recognizes** the signs and symptoms of trauma in those involved with the system
- Resists** re-traumatization
- Responds** by fully integrating knowledge about trauma into policies, procedures, practices, and settings



Seven Domains of Trauma Informed Care

- Domain 1:** Early Screening & Comprehension Assessment of Trauma
- Domain 2:** Consumer Driven Care & Services
- Domain 3:** Trauma Informed, Educated & Responsive Workforce
- Domain 4:** Provision of Trauma-Informed, Evidence-Based and Emerging Best Practices
- Domain 5:** Create a Safe and Secure Environment
- Domain 6:** Engage in Community Outreach and Partnership Building
- Domain 7:** Ongoing Performance Improvement

Workforce Development and Best Practices

- First health center in Los Angeles County to obtain **Trauma Informed Care Practices Certification** from the **National Council of Behavioral Health (NCBH)**.
- Participated in the **Johns Hopkins University Pediatric Integrated Care Collaborative (PICC)**,
- Advisory consultant for **Resilient Beginning Initiative**
- And **4CA Steering Committee Member**



Workforce Development and Best Practices

Two-day **NCBH** Training with Cheryl Sharp, MSW, ALWF and Karen Johnson, MSW, LCSW

- Training with leadership
- Training with all staff
- Meeting with Everychild Bright Beginnings Initiative (EBBI) Advisory Group
- Post training check-in with all sites



Workforce Development and Best Practices

Ongoing training to staff

- Integration of 2-hour TIA training into new hire orientation
- Bi-Monthly All Staff Training Updates and e-learning
- Caring for Yourself When Caring for Others- TCC developed training
- Stress reduction education/ classes/ book (Stress Free For Good)



Workforce Development and Best Practices

Clinical Provider Training

- Ongoing CME for providers (i.e., Dr. Richard Mollica, Psychiatrist, Author of Healing Field)
- **American Academy of Pediatrics (AAP) Toolkit**
 - Paid provider staff for time to review
- Motivational Interviewing and Peri-Partum depression training for MD/ NP



Workforce Development and Best Practices

- Clinical Provider Training
 - Recognition of signs and symptoms of trauma

Child's Response to Trauma: Misunderstood Causes in Young Children		
Response	More Common in	Misunderstood Cause
<ul style="list-style-type: none"> • Detachment • Numbing • Compliance • Fantasy 	<ul style="list-style-type: none"> • Females • Children with ongoing trauma/pain • Children unable to defend themselves 	<ul style="list-style-type: none"> • Depression • ADHD inattentive type • Developmental Delay



Workforce Development and Best Practices

- Clinical Provider Training
 - Recognition of signs and symptoms of trauma

Child's Response to Trauma: Misunderstood Causes in Older Children		
Response	More Common in	Misunderstood Cause
<ul style="list-style-type: none"> • Hypervigilance • Aggression • Anxiety • Exaggerated Response 	<ul style="list-style-type: none"> • Males • Witness to Violence • People able to fight or flee 	<ul style="list-style-type: none"> • ADHD • ODD • Conduct disorder • Bipolar disorder • Anger management difficulties



Workforce Development and Best Practices

- Clinical Provider Training
 - Recognition of signs and symptoms of trauma

Child's Response to Trauma: Bodily Functions		
Symptom(s)	Function	Central Cause
<ul style="list-style-type: none"> • Difficulty falling asleep • Difficulty staying asleep • Nightmares 	Sleeping	Stimulation of reticular activating system
<ul style="list-style-type: none"> • Rapid eating • Lack of satiety • Food hoarding • Loss of appetite • Other eating disorders 	Eating	Inhibition of satiety center, anxiety
<ul style="list-style-type: none"> • Constipation • Enuresis • Enuresis 	Toileting	Increased sympathetic tone, increased catecholamines



Keep in Mind

- Trauma Informed Approach is a culture shift
- Staff...
 - Often have their own traumatic histories, including cultural and historical trauma
 - May seek to avoid re-experiencing their own emotions
 - May respond personally to others' emotional states
 - May perceive behavior as personal threat or provocation rather than as re-enactment
 - May perceive client's simultaneous need for and fear of closeness as a trigger of their own loss, rejection, and anger



Building Resiliency

- The key is to not try to avoid stress altogether, but to manage the stress in our lives in such a way that we avoid the negative consequences of stress
- Accept the fact that there will be certain levels of stress in your life, and work to manage it in a way that you avoid or minimize the negative consequences of the stress

(Daniel, 2007)



Safe and Secure Environments

- Physical Safety
 - Implemented friendly, engaged security staff
- Personal and Emotional Safety
 - Ongoing training with staff regarding interactions that promote personal and emotional safety
- Environmental Setting
 - Tea & coffee
 - Renovations at acquired & existing sites



Patient Voice, Choice and Collaboration

- Recognition of relationship between staff morale/satisfaction and patient satisfaction
- Recognition that screening of patients sometimes triggers secondary or vicarious trauma in staff
- Addressing issues through an equity and cultural lens in both patients and workforce
- Policies & procedures respect patient voice, choice, and collaboration



Early Screening and Comprehensive: Assessment

- What Screening Tools & How to Implement
- How to help staff engage & open that conversation
- Role of trust & relationship



Early Screening and Comprehensive: Assessment

Challenges Faced Implementing the screenings and TIA

- Patient discomfort with surveys and questions
- Staff vicarious trauma and triggering of staff
- Potential triggering of staff and/or patients by questioning and/or questionnaire
- Staff discomfort with answers



Taking the Trauma-Informed Approach to Workforce Beyond our Doors



Changing the lens of the community:

Instead of asking "What's wrong with you?" ask "What happened to you?" or "What is right with you?"



Taking the Trauma-Informed Approach Beyond our Doors

• Build on existing relationships and create new relationships

- City Agencies
- School District
- Law Enforcement
- Department of Child & Family Services
- Health Department
- Parks and Recreation
- Community Physicians
- Hospitals
- Community-Based Organizations
- Faith-Based Organizations
- Mental Health Providers
- Public Officials



Taking the Trauma-Informed Approach Beyond our Doors

• Goal: Trauma-Informed and Resilient City and Beyond

- Safe Long Beach Violence Prevention Plan integrated importance of Trauma Informed Approach
 - U.S. Dept. of Justice (DOJ) Funded City of Long Beach for a Trauma Informed Training Program:
 - TCC's leadership was selected along with Trauma Recovery Center to do the training.
 - Those included : Public Health Staff, Legal Aid Providers, City Prosecutor, Parks & Rec Staff, Mental Health Providers, City Commissioner
- ~ 1500 trained in the city



Taking the Trauma-Informed Approach Beyond our Doors

- The Trauma and Resiliency Informed Task Force was created and absorbed the Everychild Bright Beginning Advisory Board
 - Strategic Plan Created
 - Implementation of transforming city agencies to TIA has begun



Innovation II Partners

Flourishing Families LB



Flourishing Families LB

Strategy One (Zero to 5 Years Focus)



- Build trauma resilient families targeting children ages birth to 5 years and their caregiver who have experienced trauma and/or are at risk for trauma.



Flourishing Families LB

Strategy Seven (Intergenerational Focus)

- Provide culturally competent non-traditional self-help activities for families with multiple generations experiencing trauma targeting the Latino, African American, and Cambodian communities.



Flourishing Families LB CELEBRATE FAMILIES FESTIVAL



Lessons Learned

- It is a journey - You are never finished
- Leadership must be on board including Human Resources
- Make sure you have appropriate resources for your staff and patients
- Screening is extremely important but is the beginning not the end
- Appropriate responses must be taught and practiced
- Resources must be identified and available



Lessons Learned

- Recognize and respect the strengths of our staff and those we serve
- We can enhance protective factors and resiliency and promote healing
- Your ACE score is not your destiny
- Healing takes many forms
- We all can make a difference!
- **Do not underestimate the importance of trusted, caring relationships**





Adversity is not destiny

Love over violence



Acknowledgements/Resources 





DEDICATED TO THE HEALTH OF ALL CHILDREN™

Thank you.

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Families, DBA, TCC Family Health





Adverse Childhood Experiences, Trauma Informed Care, and the ACEs Aware Movement

Karen E. Mark, MD, PhD
Medical Director, DHCS
October 18, 2019



Overview

- o Medi-Cal & Social Determinants of Health
- o What are Adverse Childhood Experiences?
 - o Science of Trauma & Toxic Stress
 - o Why It Matters?
- o California Leads with ACEs Aware
- o How Providers Can Participate: 4 Steps

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Medi-Cal & Social Determinants of Health









DHCS is working with partners to implement a range of initiatives that address social determinants of health and improve care coordination:

- o Whole Person Care Pilots
- o Health Homes Program
- o California Advancing and Innovating Medi-Cal (CalAIM)
- o ACEs Aware


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What are Adverse Childhood Experiences?

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
 Physical	 Physical	 Mental Illness	 Incarcerated Relative
 Emotional	 Emotional	 Mother treated violently	 Substance Abuse
 Sexual		 Divorce	


Source: Center for Youth Wellness, ACE-Q User Guide for Health Professionals, <http://centerforyouthwellness.org/wp-content/uploads/2018/06/CYW-ACE-Q-User-Guide-copy.pdf> 4



Science of Trauma & Toxic Stress

- o Cumulative adversity cause of many harmful, persistent and expensive health challenges
- o Stress response, high levels of adrenaline and cortisol, responsible for feelings associated with being terrified
- o Severe, intense or prolonged adversity may lead to overactivity of a child's stress response
- o Experience of ACEs without buffering protections of trusted caregivers and safe, stable environments can lead to toxic stress response, which can impact genes, brain function, immune and inflammatory systems, growth and development

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Why It Matters

People with four or more ACEs are:

- o 30 times more likely to commit suicide;
- o 11 times more likely to develop Alzheimer's;
- o 3 times more likely to have chronic lower respiratory disease;
- o 2 – 2 ½ times more likely to have a stroke, cancer, or heart disease; and
- o 1 ½ times more likely to have diabetes

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California Leads with ACEs Aware

- o California is leading the nation to address the public health crisis brought on by ACEs
- o \$29 supplemental payment to providers for screening Medi-Cal patients for ACEs
- o Robust provider education and engagement plan
- o Encouraging trauma-informed care and incorporating ACEs scores into clinical guidelines

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How Providers Can Participate



Not a Medi-Cal Provider?

The \$29 supplemental payment for ACE screenings is funded by Proposition 56 and is only available to Medi-Cal providers. If you are interested in becoming a Medi-Cal provider, visit https://files.medi-cal.ca.gov/pubsdoco/prov_enroll.asp to learn more.

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Step 1: Provider Training to Conduct ACEs Screenings

- o DHCS and OSG will offer provider training on trauma and providing trauma-informed care beginning in late fall of 2019 on www.ACEsAware.org.
- o The training will be a 2-hour online training and will offer CME and MOC credit.
- o Training will include information on:
 - o DHCS' policies and requirements for providers
 - o How to screen for ACEs using PEARLS and ACEs tool
 - o Science of trauma
 - o How to implement trauma-informed care

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Supporting and Engaging Providers

- Information, materials, and training opportunities will be posted on www.ACEsAware.org
- Lesson learned & best practices
- Learning & Quality Improvement (LQI) Collaborative

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Step 2: Screen for ACEs with Screening Tools

- **For Children & Adolescents:** PEARLS (Pediatric ACEs and Related Life-Events Screener)
 - PEARLS for children ages 0-12, to be completed by a caregiver
 - PEARLS for teenagers 13-19, to be completed by a caregiver
 - PEARLS for teenagers 13-19, self-reported
- **For Adults:** ACEs assessment tool
 - One version for adults ages 18 and older.


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Frequency

- **Members under 21**
 - May receive periodic rescreening as determined appropriate and medically necessary, not more often than once per year, per provider, per Managed Care Plan.
- **Members 21 and over**
 - May be screened once in their adult lifetime up to age 65, per provider, per Managed Care Plan.


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Step 3: Attest to Completing Training

Supplemental Payment Effective Date	January 1, 2020
Attest to Completing Training By	July 1, 2020
Target Population	Children and adults up to age 65
Provider Types	All
Rate	\$29
Healthcare Procedure Coding System (HCPCS) Codes	<ul style="list-style-type: none"> • G9919 (high-risk, patient score of 4 or greater) • G9920 (low-risk, patient score of 0 to 3)


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Step 4: Get Reimbursed By Medi-Cal

- All Medi-Cal Providers can submit for reimbursement.
- The following entities may also be reimbursed:
 - Federally Qualified Health Center (FQHC)
 - Rural Health Clinic (RHC)
 - Indian Health Service (HIS)

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ACEs Aware Long Term Goals

- Screen: for ACEs
- Treat: Sequelae of ACEs
- Heal: Reduce adverse health outcomes
- Prevent: Reduce ACEs in subsequent generations

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Questions?

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