



Welcome to the Inaugural CBO Convening



OCTOBER 25, 2023



AGENDA

- Introduction: Nina Thompson
- Speaker: Shannon Thyne, MD
- Breakout Rooms: Coordinated Trauma-Informed Care
- Speaker: Monique Holguin, LCSW, PhD
& Noel Lopez, MURP
- Speaker: Rachel Gilgoff, MD
- Closing Remarks: Adam Schickedanz, MD, PhD



Nina Thompson

**iLab Director & ACEs-LA
Data & Project Manager**



A Co-Principal Investigator at UCAAN. She is a Vice-Chair in the Department of Pediatrics, Chief of Pediatrics at Olive View-UCLA Medical Center, and Director of Pediatrics for the LA County Department of Health Services. Dr. Thyne earned a B.A. in Psychology from Yale College and a M.D. from Brown University. She completed her residency at the University of California, San Francisco and served as a Pediatric Chief Resident at San Francisco General Hospital. Her clinical and academic areas of focus include asthma, foster care, childhood adversity/resilience, and behavioral health.

Shannon Thyne, MD

- California's ACEs Aware Network of Care Initiative
- UCAAN
- ACEs-LA's Network of Care
- Introduction of Trauma Informed Care in clinical practice



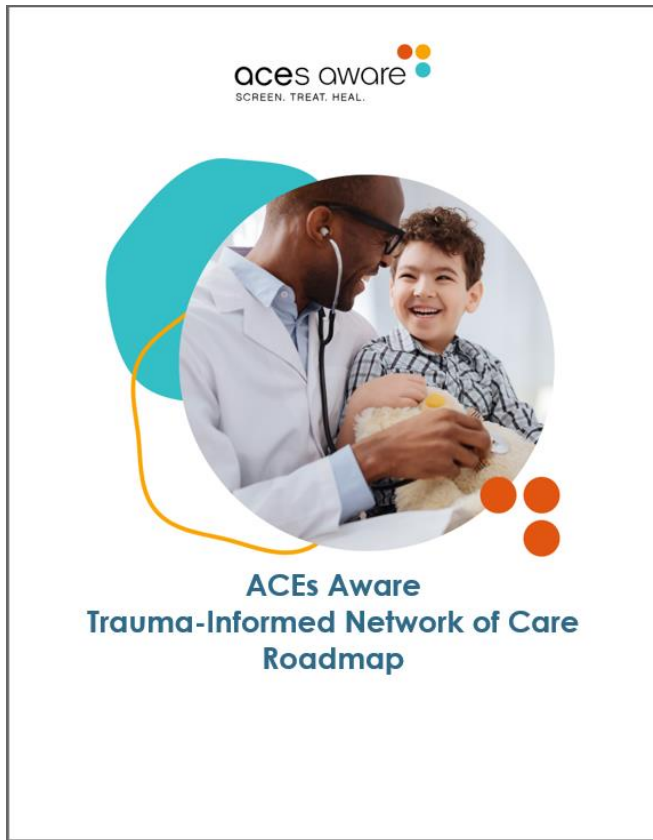
The ACEs Aware initiative is the first-in-the nation to screen patients for Adverse Childhood Experiences (ACEs) to help improve and save lives.



In October 2021, the California Department of Health Care Services (DHCS) contracted with the UCLA/UCSF ACEs Aware Family Resilience Network (UCAAN) to implement the ACEs Aware initiative, with oversight provided by DHCS and the Office of the California Surgeon General (CA-OSG).



Trauma-Informed Network of Care



- A group of interdisciplinary health, education, community members, and organizations and human service professionals,
- Supports families by providing access to evidence-based “buffering” resources and supports
- Helps to prevent, treat, and heal the harmful consequences of toxic stress.



Network of Care “Milestones” for Providers and Communities

- Build and commit to **cross-sector partnerships** by establishing an accountability structure and leadership
- Understand and **document all available resources** such as community based, health care, and social services
- Establish **referral and response workflows** across sectors to maintain accountability
- Leverage **technology** to facilitate connections
- **Evaluate, refine, and improve** Network of Care activities.



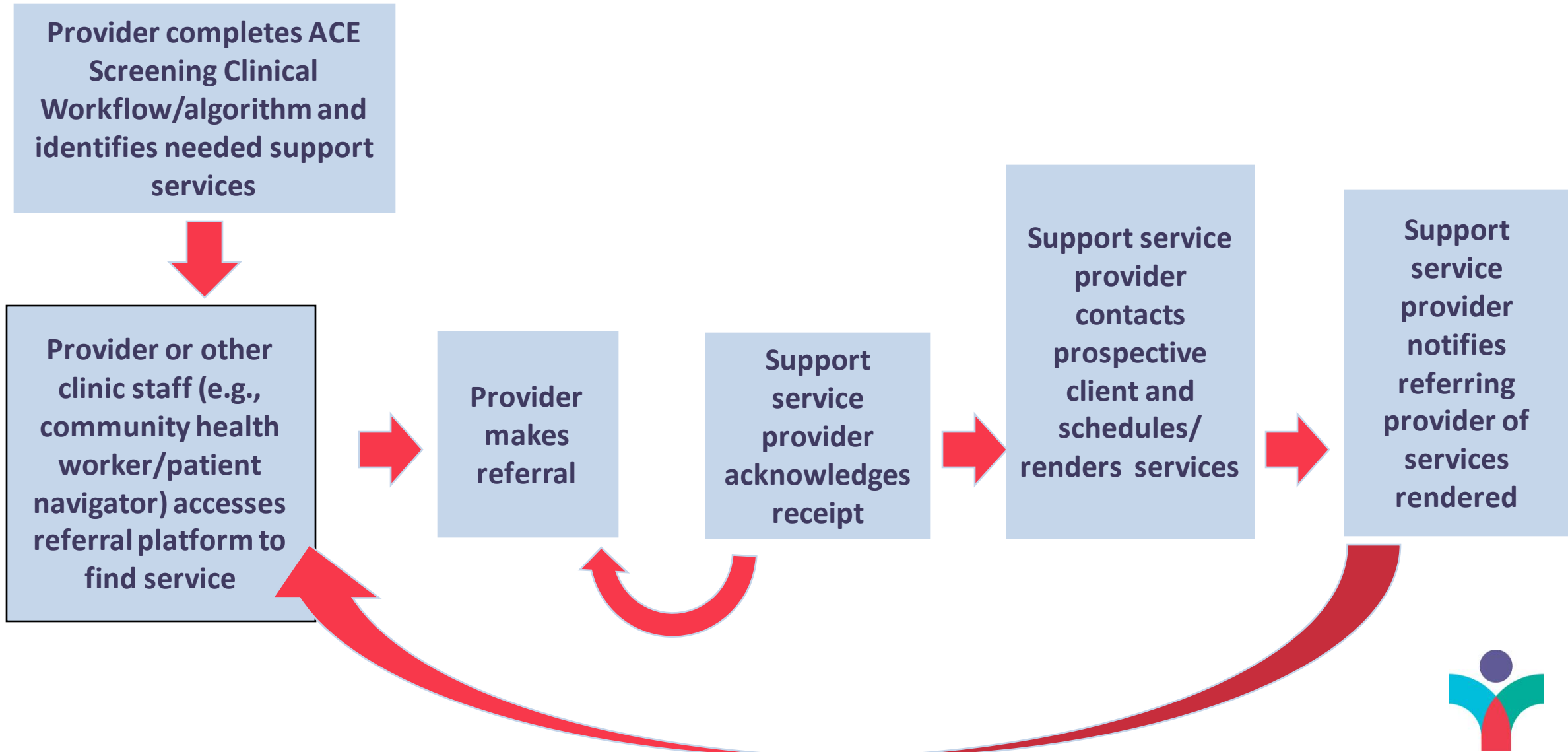
ACEs Aware Network of Care Implementation Grants

Meant for communities that demonstrate a significant level of collaboration and coordination across Medi-Cal providers and sectors.

- Fully functional, Trauma-informed Network of Care in place
- Shared accountability and governance structure established
- Clinical and community interventions to interrupt the toxic stress response routinely utilized.
- Strong community-provider relationships exist with feedback loops.
- Bi-directional IT platform utilized.



Workflow for Referrals within the Network of Care





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

Over 34,000 ACE screens have been completed across 15 DHS Pediatric and Family Medicine Clinics since early 2020.



NON-CLR REFERRALS

Referral Data Current Through:

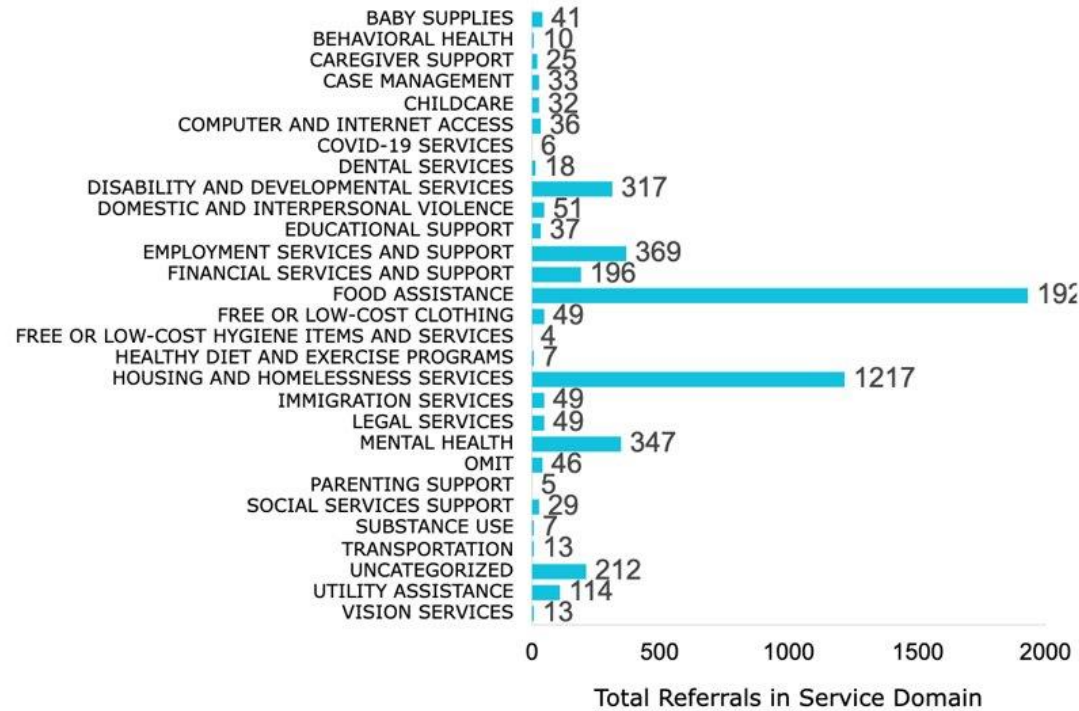
4/30/2023

CLR REFERRALS

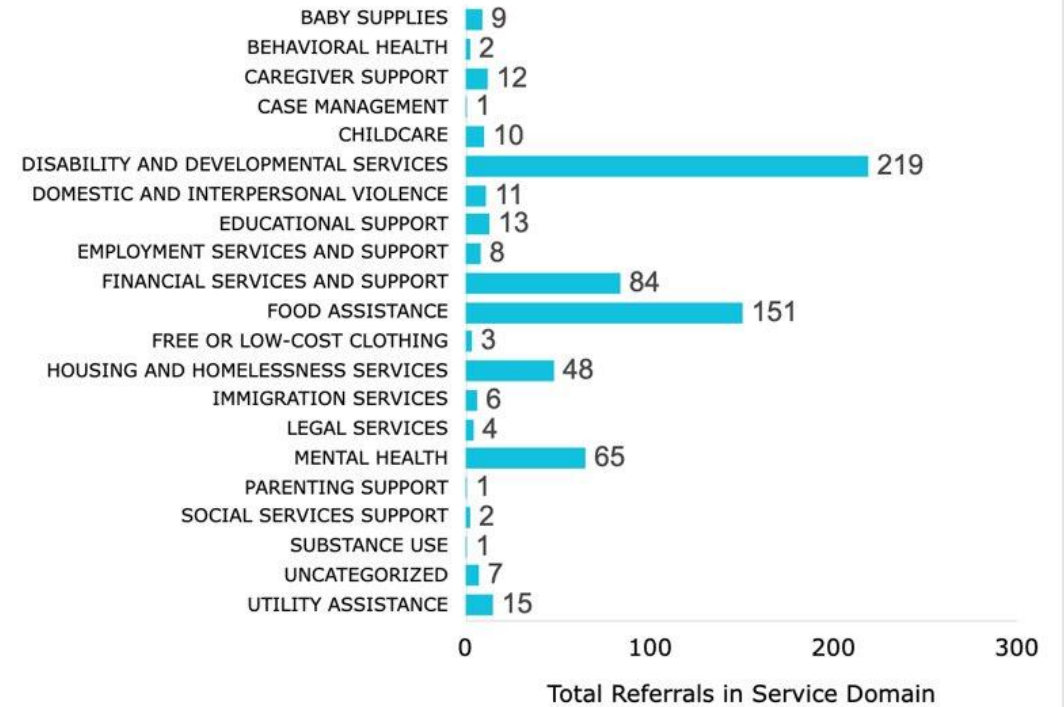
Totals in this column include only referrals made to CBOs on One Degree that are not within the ACEs-LA Network of Care.

Totals in this column include only referrals made to CBOs on One Degree that are within the ACEs-LA Network of Care.

1D Referrals by Service Domain (NON-CLR)



1D Referrals by Service Domain (CLR Only)





Three years and counting....

- 37 CBO partnerships
- A fully functional Closed Loop referral system in One Degree
- Expansion from 5 Pediatric clinics to 15 Pediatric and Family Medicine clinics across DHS
- Capacity for internal and external referrals and the ability to track whether those services were utilized/delivered

Improved patient care for our families!

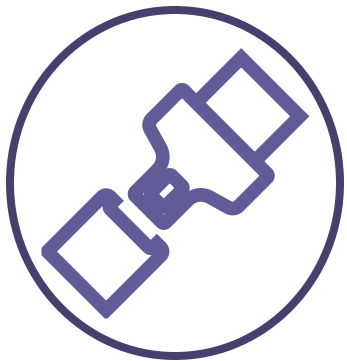
ACEs LA

NETWORK OF CARE



Trauma-Informed Care

- “Trauma-informed care recognizes and responds to the signs, symptoms, and risks of trauma to better support the health needs of patients who have experienced Adverse Childhood Experiences (ACEs) and toxic stress.”
- Important to utilize when screening for ACEs and helpful in all situations



Safety



Trust/
Transparency



Peer
Support



Collaboration



Empowerment,
Voice and Choice



Cultural, Historical
and Gender Issues

The Four R's

1. **Realizing** the prevalence of trauma
2. **Recognizing** how trauma affects everyone
3. **Responding** to trauma by putting knowledge into practice
4. **Resisting re-traumatization** by creating a safe space for patients

Reminders

1. All people can change and grow
2. Relationships are foundational to healing
3. All contact with other people have the potential for both healing and harm



THANK YOU

**for joining us today.
We appreciate all you do for
our patients, their families,
and our communities.**



Shannon Thyne
UCAAN Co-PI & ACEs-LA
Network of Care Co-PI



Amy Shekarchi
iLab PI & ACEs-LA
Co-Director



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Nikki Morales
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Josh Parsons
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Data Management & IT Lead



Jamie Ruiz
ACES-LA Community Navigator
& iLab Billing Expert



Julie Ruedaflores
ACES-LA Community Navigator
& CBO Engagement Lead



Denise Graves
iLab & ACEs-LA
Administrator



BREAKOUT SESSION 25 Minutes

Room 1

What are some examples of a TIC approach, in your work place?

Providing a nurturing and positive support to ensure that the resources needed are appropriate for the individual needs

Just allowing them to speak freely. Not taking notes, which allows them to feel that we are having open dialogue and not like it's an interview or to get info.

We have workshops for our families on Triple P

Inclus language

provide services in preferred languages

All clinical and case management services are provided through a trauma-informed lens. Provide multiple EBPs that are all trauma-informed with families.

Family friendly lobby in all clinics with focus on wellness and trauma-informed trained staff to greet them.

We use TIC at UFC by going into coaching meeting without assumptions, with an open heart, and ready to listen.

We have a dedicated TIC (or Compassion Informed) Committee that meets weekly with reps from different programs to keep discussions and to send out reels agencywide.

All Inclusive

establish trust and honor confidentiality

Daily emails now going agency-wide to highlight one activity from the Toxic Stress Wheel with tips/ideas. Actually, on sleep hygiene currently!

Being mindful and supportive to the individuals needs, providing the tools and resources to support change. Creating a safe and nurturing space.

investing in the office "look and feel" to make it comfortable, safe, and inviting

have service hours that work for clients/patients

Creating processing and collective debrief space for staff/coaches

We support our families

Creating a welcoming space, calm areas, etc.

Resource linkage to address underlying needs

offering a safe, protected space for staff to come together when macro events happen in the city/country/world

be okay with people who aren't yet ready to change

Meeting youth where they are, understanding why there may be resistance at times, navigating positive and trusting rapport building.

offer opportunities to empower youth

leveraging a strengths-based approach

"preparing for a coaching meeting" intentionally to separate day to day from mtg, and being fully present

promote positive experiences

providing services in preferred language

Room 2

What are some examples of a TIC approach, in your work place?

Staff that know how to be welcoming

We have a full-time Family Engagement Specialist that is our front line case manager that uses the ACES questionnaire with our families.

Create a collaborative environment on all programming and goal setting

Cultural Competency

Self-care/compassion

Peer Support / Sharing Groups

Asking about ACEs at designated visits in a confidential, supportive manner and having a potential response for positive screens.

We are focusing currently on self-care for the staff and promoting well-being before being able to help others in the community.

Integration and Education on traditional healing methods

Have added mental health services as a benefit for all employees.

Check-ins with team members

Listening! Allowing client to guide conversation

Being curious not judgmental - asking questions, checking in with where the patient is at

I put up soothing nature pictures and bring in plants into the office

Switching to how we approach things "what happened to you" versus "what is wrong with you." Therefore, responding in a kind and compassionate manner.

We have "safe spaces" in each of our ECE classrooms.

Consider behavior as a form of communication - a stress response, in survival mode - it is NOT about the youth being lazy, lack of motivation, or manipulation

Acknowledgement and affirmation of lived experiences

We use trauma informed approach to empower our Scholars to feel a sense of control. During coaching sessions we provide emotional safety.

Cultural humility

Offer choices for participation.

Grounding exercises

Room 3

What are some examples of a TIC approach, in your work place?

Being mindful of referrals. Training could help with this

being transparent about the CLR process with clients and team -- helps build trust

being mindful of first impressions -- self assessment (voice and choice), letting us know what they need

Using motivational interviewing skills to augment TI practices (and avoid retraumatizing individuals.

peer support amongst clinics and CBOs -- better collaboration and patient care coordination

Intentional communication tailored to the understanding & backgrounds of patients/clients/caregivers with the goal of ensuring their experience builds trust

sharing understanding across programs -- engaging in conversations like this

Providing navigation support when parents/caregivers are overwhelmed.

being aware of cultural differences, language barriers, the trauma that comes with homelessness

ending on a strengths-based notes when meeting with clients and families -- being open to find help for yourself and family

language and practice

Room 4

What are some examples of a TIC approach, in your work place?

Realize trauma is common and impacts all of us. Safe stable nurturing relationships help to heal from trauma

Front desk staff - warm interactions

active, compassionate listening

Responding
with
compassion

Trauma is not who you are, but what happened to you

Trauma Informed Supervision and support of the teams supporting the communities is important too.

Trust is key!

Listening skills



Chief Operating Officer of Haven Neighborhood Services, he plays a crucial role in leading programming, development, and operations at the organization. With a Bachelor of Arts in Social Work from CSULA and a Master of Urban and Regional Planning degree focused on Community Economic Development and Housing from UCLA, Noel is on a mission to provide high-quality services to economically underserved LMI neighborhoods. He firmly believes in the collective social responsibility to elevate the quality of life for vulnerable populations. Furthermore, Noel takes immense pride in representing the Poverty Sector in the San Fernando Valley as a Community Action Board commissioner for the City of Los Angeles' Community Investment for Families Department (CIFD).

Noel Lopez, MURP



Monique Holguin, LCSW, PhD is a Health Sciences Assistant Clinical Professor in the Department of Pediatrics with David Geffen School of Medicine at UCLA and the co-director of the Medical-Financial Partnership at Harbor-UCLA. Her clinical and research agenda is centered on improving health care delivery by implementing and evaluating integrated health care practices and population health interventions to achieve health equity for individuals, families, and communities at disproportionate risk of socioeconomic burden and health consequences.

Monique Holguin, LCSW, PhD



**Strengthening the Clinic-Community Relationship
and Patient Care: *Medical-Financial Partnership and
Haven Neighborhood Services***

*ACEs-LA Network of Care CBO Convening
October 25, 2023*



**MEDICAL FINANCIAL
PARTNERSHIP**



Objectives



1. Acknowledge the historic roadblocks to clinic-community referral partnerships



2. Identify the benefits of the Closed Loop Referral (CLR) system from a clinic and community perspective through one patient/family story



3. Define the specific opportunities to apply core TIC principles in the CLR process to optimize patient/family care



4. Highlight achievable steps to continue our shared commitment to support family and community resilience and address childhood adversity and trauma

Historic Referral Barriers:



Complex, non-standardized referral pathways



Ambiguous processes and eligibility criteria



The absence of up-to-date, accurate centralized service information



Referral responsibility on parents and caregivers

Historic Referral Barriers:

- Reactive, crisis-oriented referral approaches
- Duplication and interruption of service referrals
- Delays in timely and appropriate referrals
- Staffing capacity and staff turnover
- Re-traumatization to patients and families



Benefits of the Closed-Loop Referral Partnership

Comprehensive Care Approach

Removing silos and fragmentation

Enhance Resource Optimization

Return on Investment – a real time saver!

Improves communication and care coordination

Benefits of the Closed-Loop Referral Partnership

Promotes TIC core principles, Resilience and Protective factors

Shared accountability = Shared Investment!

Using Data to Drive Solutions

Fostering clinic-community relations

Shared learnings, shared resources, and shared appreciation



One Family's Story



Future Directions: *Continuing Our Shared Commitment*



Sustain strong cross-sector partnerships through ongoing shared learning that leverages all members' backgrounds, skills, and expertise to identify what an ideal CLR and clinic-community partnership can look like



Prioritize shared goals and clear benchmarks to continue our CLR success. Acknowledge current challenges, competing priorities, and identify opportunities to support aligned clinic and CBO priorities



Provide guidance on key CLR processes, including best TIC practices, care communication standards on capacity, access, and quality of referrals from DHS clinics to CBOs

Thank You!





Board-certified general pediatrician, child abuse pediatrician, and integrative medicine specialist, who brings a multidisciplinary approach to ACEs, toxic stress, healing, and well-being. She has been a co-investigator of the Pediatric ACEs Screening and Resilience Study, the Medical Director of the Clinical Innovations and Research Team within Center for Youth Wellness, and co-founder of the National Committee on Asthma and Toxic Stress. She is currently an advisor with the California ACEs Aware Initiative and is dedicated to addressing health issues resulting from child abuse and toxic stress.

Rachel Gilgoff, MD

"Stress Busters"

Responding to ACEs and Toxic Stress

ACEs LA Network of Care - CBO Convening
October 25, 2023

Rachel Gilgoff, MD

Senior Clinical and Science Advisor

ACEs Aware Initiative & UCLA UCSF ACEs Aware and Family Resilience
Network

The Stress Busters

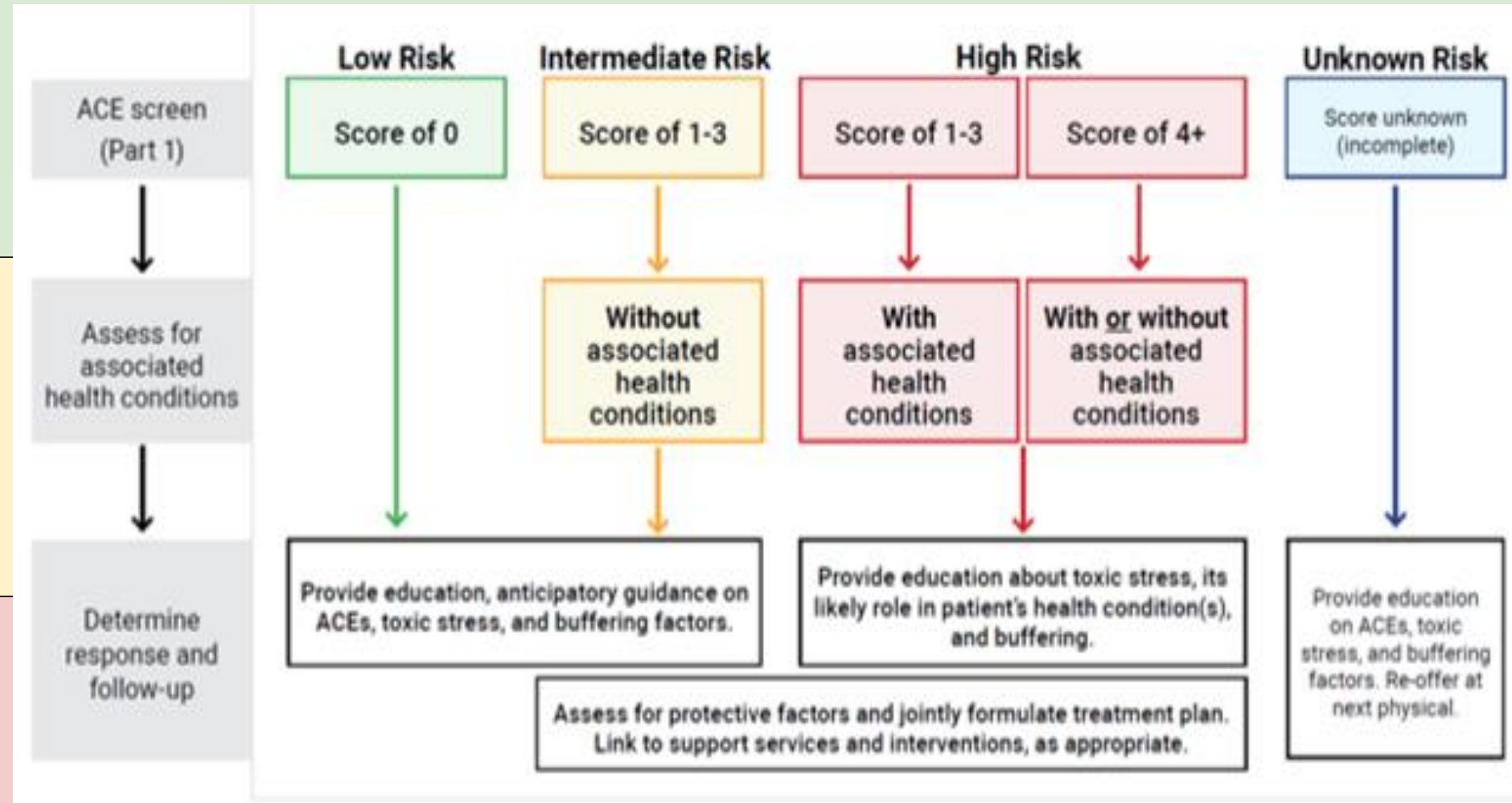


A Toxic Stress Action Plan!

Low Risk

Intermediate Risk

High Risk

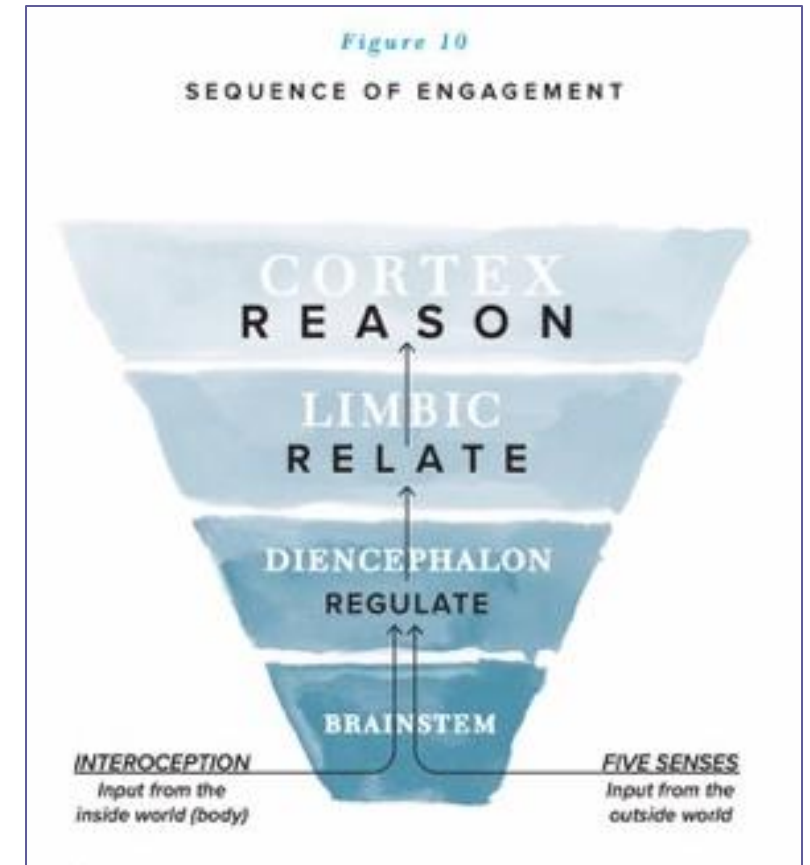


Healthy Relationships

- Anticipatory guidance:
 - We live longer!
 - Hugs are protective!
 - Talk Read Sing and Reach Out and Read
 - Encourage “time in” – with your children, friends and relatives!
 - Universal home visiting
 - Group clinic visit model
- Connect with community programs and resources on One Degree
 - Support groups
 - Parenting programs: Triple P, Video Interaction Project, Incredible Years
- Mental health, Family Therapy, and targeted dyadic interventions:
 - Attachment and Biobehavioral Catch-up (ABC), Child-Parent Psychotherapy (CPP), and Parent-Child Interaction Therapy (PCIT)

Regulate Relate Reason

1. First, **regulate** ourselves and co-regulate the other person. Help them feel safe and calm, reducing their stress responses.
2. Then **relate** to their emotions. Help them feel understood and connected.
3. Once the other person feels safe and understood, engage them to process what happened through **reason**.



Sleep

- Anticipatory guidance:
 - Sleep disturbances are common.
 - Healthy sleep can improve neurological, endocrine, metabolic and immune regulation
 - Sleep hygiene
- Additional support: night light, weighted blanket, relaxation techniques, journaling, or conversations with a trusted adult/friend to address specific worries.
- Meditation, yoga, exercise during the day
- Medications
- Sleep Study and referral to sleep speciality
- Referral to mental health for cognitive-behavioral therapies.

Nutrition

- Anticipatory guidance:
 - Stress can INCREASE or DECREASE appetite
 - Stress can increase cravings for high-fat and high-sugar foods
 - Western diet associated with increased inflammation
 - Anti-inflammatory diet: fruit, vegetables, fish, whole grains
- Consider Omega-3 Fatty Acid supplementation
- Trauma-informed weight loss programs
- Tie into other domains - eat with family and friends, physical activity, mindful eating
- Nutritionist or Dietician support
- Referral to needed specialist (anorexia clinics, obesity clinics, Cardiology, Endocrinology, GI, etc.)

Physical Activity

- Anticipatory guidance:
 - Physical activity - improved memory, attention, cognition, mental health, immune function
 - May help promote the positive stress response, metabolize increased energy associated with anxiety or stress, and increase resilience factors
- Brief physical activity breaks to release excess energy
- Moderate-intensity aerobic activity, for longer durations, three times or more a week
- Activities that combine physical activity with self-regulation skills and breathing techniques, such as martial arts and yoga, may also be beneficial
- Low mood and stress have been identified as barriers to exercising; professional support may help patients overcome these barriers.

Mindfulness and Mind-Body Interventions

- Anticipatory guidance:
 - Nonjudgmental, moment-to-moment awareness that involves attention, intention, and a kind attitude
 - Can support trauma healing and regulation of stress
 - Improved cardiovascular and immune health
- Online and downloadable apps
- Other mind-body practices: including tai chi, yoga, acupuncture, breathing techniques, and massage therapy
- Mindfulness-based stress reduction (MBSR)

Nature

- Anticipatory guidance:
 - Parks, local green spaces, playgrounds, and even indoor plants.
 - Decreases diabetes, depression, heart rate, blood pressure, and mortality
 - Calms the stress response system and increases healthy behaviors such as physical activity, mindfulness, and relational health
 - Lunch and Learn: <https://youtu.be/waIUfpAe9Lw>
- Park Prescriptions! Parkrx.org
- Encourage green space.
- Providers can recognize that there may be cultural, community, and policy barriers to equal access to nature. Access to nature is a social justice health issue.
- Referral to ecotherapy or adventure-based treatment programs.

Mental Health

- Anticipatory guidance:
 - Mental health providers can help patients build skills and capacities for resilience, directly address trauma-related symptoms, provide a safe, supportive, and trusting clinical relationship
 - Behavioral and mental health programs may improve physical health and neuro-endocrine-immune-metabolic dysregulation
- Address barriers to mental health services (access, engagement, stigma)
- Consider: multidisciplinary teams, integrated behavioral and mental healthcare, care coordination, and medical home models
- Linguistic and cultural congruence between provider and patient is critical
- Referral to Developmental and Behavioral Pediatrics, Mental Health, Neurofeedback
- Medications

Trauma Therapies

- ❖ [Child-Parent Psychotherapy](#) (ages birth to 6 years): Dyadic intervention for young children and their caregivers that supports family strengths and relationships.
- ❖ [Parent-Child Interaction Therapy](#) (2 to 12 years): Dyadic parent training treatment that emphasizes improving the quality of the parent-child relationship and pattern of parent-child interactions.
- ❖ [Attachment & Biobehavioral Catch-up \(ABC\)](#) (Birth to middle school): A strengths-based, focused, brief (10, 1-hour weekly sessions) dyadic, home-visiting program.
- ❖ [Trauma-Focused Cognitive Behavioral Therapy \(TF-CBT\)](#) (verbal children and adults): A structured, short-term treatment model for children and adults who have experienced trauma.
- ❖ [Eye Movement Desensitization Reprocessing \(EMDR\)](#) (adolescents and adults): EMDR is focused on helping clients resolve unprocessed traumatic memories.
- ❖ [Family Systems Therapy](#) (verbal children and adults): Supports resolving family conflict or issues.
- ❖ [Cognitive Processing Therapy](#) (adolescents and adults): A type of cognitive behavioral therapy, generally 12 sessions, that helps modify maladaptive thinking related to their trauma.
- ❖ [Prolonged Exposure Therapy](#) (adolescents and adults): A cognitive behavioral therapy approach that helps clients gradually approach their memories, feelings and situations of trauma.
- ❖ [Somatic Therapy](#) (all ages): An approach that focuses on how emotions and stress appear in the body and tools to regulate the autonomic nervous system.
- ❖ [Biofeedback and Neurofeedback](#) (young children to adults): A type of therapy that allows the client to see their physiology in real-time (e.g. heart rate, coherence, brain wave patterns) to learn strategies to control their physiology.

Stress Buster Resources

- Becoming ACEs Aware in California Training: <https://training.acesaware.org>
- ACEs Aware Stress Busters Resource Page: www.acesaware.org/managstress
- Wellness Corner by the VTA and PACEs Connection: <https://vtaplus.org/continuing-education-and-support/wellness-corner/>
- Stress Busters online curriculum coming soon
- OSG Videos: “What are ACEs” and “How to Manage Stress” <https://osg.ca.gov/aces-toxic-stress/>
- SAFE Spaces: Free, on-line training for educators <https://osg.ca.gov/safespaces/>

STRESS BUSTERS

7 Ways to Manage Stress





Prevent/Address ACEs & Other Stressors (External Events and Environment)

- Provide public education about ACEs, other stressors, and toxic stress prevention
- Address current safety and unmet social needs
- Prevent and interrupt ACEs and other risk factors for toxic stress, including racism and discrimination
- Collaborate across sectors: health care, public health, early childhood, education, social services, justice, and others
- Advocate for proactive public policies and reform deleterious ones
- Implement trauma-informed care principles



Treat Toxic Stress Physiology (Internal Biology)

- Address neurologic, endocrine, immune, metabolic, and genetic disruptions
- Provide patient education about toxic stress and strategies to regulate the stress response: supportive relationships, quality sleep, balanced nutrition, physical activity, mindfulness practices, and mental health
- Train providers on clinical interventions
- Engage researchers to further develop biomarkers and therapeutic interventions



Improved health

- ✓ Physical
- ✓ Mental
- ✓ Emotional
- ✓ Developmental
- ✓ Cognitive
- ✓ Relational
- ✓ Behavioral

Gilgoff R, Schwartz T, Owen M, Bhushan D, Burke Harris N. Opportunities to Treat Toxic Stress. *Pediatrics*. 2023 Jan 1;151(1):e2021055591.

Thank you





A general pediatrician and health services researcher in the Department of Pediatrics at the University of California Los Angeles who works clinically at Olive View-UCLA. His work focuses on developing new models of care delivery to address childhood adversity and families' social and economic determinants of health, especially in pediatric primary care. He is serving as the Co-Director for the Resilience Bridge Medical-Financial Partnership at Harbor-UCLA.

Adam Schickedanz, MD, PhD

Closing Thoughts & Thanks

Key Themes Today

- Closed Loop Referral – Required by DHCS for CA health care in 2024
- Networks of Care – Essential for any effective referral processes
- Strong Relationships – Foundation of resilient families, communities
- Authentic Partnerships – Build strong relationships through trust

Thank you for attending



Thank you for attending

