



Addressing Trauma in Pediatric Primary Care: Insights from the Field

October 24, 2019 | 1:00 PM to 4:00 PM
Funder Network on Trauma & Resilience

Meeting Notes

Speakers

- Lishaun Francis, Associate Director, Children Now
- Dayna Long, Co-Director, Center for Child and Community Health, UCSF Benioff Children's Hospitals
- Jessica Moore, Associate Clinical Director, Petaluma Health Center
- Megan O'Brien, Senior Program Manager, Center for Care Innovation
- Rajni Dronamraju (Moderator), Associate Director, Charitable Giving, Genentech

ACEs Screening Update: How Did We Get Here

- ACE's screening tool was developed with Nadine Burke Harris and includes upstream prevention and incorporates pediatric abuse, neglect, and household dysfunction.
 - Through research and the development of this tool, a scientific advisory committee was created and they were a part of creating AB340.
 - Advocates were able to use language from this research, to fight for policy changes.
 - Throughout the research of different screening tools, PEARLS was identified as the preferred screening tool for children.
 - The Governor agreed to fund the screening legislation with tobacco tax dollars, however this fund is dwindling as people are smoking less.
 - Advocates will need to ask for more funding not only to do the screening, but to also train providers on how to screen.
- The state contracted Harbage Consulting to run ACE's Aware, an online portal for training. The website will encompass the second phase of provider engagement and will hold all the touchpoints that can wrap around a family that's experienced traumatic events.

Panel Discussion

- In order to create a culture at clinics that are supportive of these screenings, need to ensure that there are trainings not only for providers, but for the whole staff. There's also a need to help staff manage their own symptoms of stress



when dealing with patient family situations.

- Center for Care Innovations asked clinics to operationalize a clinic wide training and worked with Trauma Transformed to modify their train the trainer model. Lessons learned include:
 - Leadership buy-in is critical.
 - Important who the trainer is and the type of reputation they have with staff.
 - Important that message is spread through-out the whole staff.
- Implementation considerations
 - ACEs screenings gives clinicians the information they need, but also need support and capacity to use the data in a meaningful way.
 - Clinicians and policy makers need to define the agenda for what comes after screenings, to ensure implementation is the best thing for kids and families.
 - Government has barriers to making legislative changes in step with current science and research findings. The reason the state moved forward with the ACEs screening was because there was a source of funding for it and it didn't come from the general fund.
- The legislation only mandates children be screened, but in the Resilient Beginnings Collaborative, parents are getting screened with their children and it has been a powerful intervention.
- There is a lot of interest in screening teens. Research for the screening tool was focused on young children, but PEARLS study included screening for 12 years and up. This information will be sent to the state.
- Jerry Brown approved \$10M seed money for All Children Thrive initiative. The initiatives asks cities to adopt anti-trauma plans that will make their cities better for kids.
 - Trying to push a broader conversation about trauma in a city (safe spaces, transportation, walking to school, etc.). How can cities build environments that are safe for their children?
- In an ideal world, organizational transformational work comes before implementing screenings, this is not always feasible, but it should be done alongside implementing screening.
 - Have to deal with issues of race, power, and privilege in order to overcome resistance to doing the screening.



- The role funders can play in addressing these issues:
 - Ensure science is driving the policy by supporting coordinated networks of investigators.
 - Fund multi-state trials of tools to figure out who the tool is most useful for etc., and form learning communities across the state.
 - Train providers and medical assistants on how to intervene in a visit when certain behaviors come up, that can influence parents.
 - Elevate the practice of medical assistants and navigators, so that the right dose of resource can be used in the right place.
 - Fund the coordination between advocates and providers.
 - Think creatively about pairing CBO's with FQHC's. Community partners are strapped, should think about funding them directly so that they can come to the table.
 - Idea for funders to support young mothers/families of color/ to create support networks. Doesn't take a lot of money to do community building work.
 - Need to support the programs in the community that support families (solutions that are working), so they have the capacity to serve the whole community.
 - Need sustainable funding for solutions, funding currently is available for a short time and then dries up.