LAUNCH Young Child Wellness Council (YCWC)

March 11, 2015

MEETING NOTES

YCWC Attendees: Sherri Alderman, Helen Bellanca, Abby Bush, Elizabeth Carroll, Amy Chandler, Erin Fairchild, Barbara Ferre, Katherin Flower, Maxine Fookson, Beth Gebstadt, Ron Lagergren, Jeanne Lemieux, Meg McElroy, Paula Zaninovich, Debby Kernan, Chong Lee

Working Group (staff & contractors): Bill Baney, Callie Lambarth and Beth Green (PSU) Peg King (OPS), Raina Davis , Jamie Colvard (Zero to Three, LAUNCH resource assistance), and Elana Emlen (LAUNCH)

START training module on ACEs and Trauma Informed Care

Peg King from the Oregon Pediatric Society described the START modules, which are trainings offered to primary care practices. LAUNCH supports the trainings for developmental screening and Integrating Behavioral Health into Primary Care. The YCWC is getting a look at the new module (that LAUNCH will also support) about ACEs and Trauma Informed Care.

Dr. Terri Pettersen explained that this is usually a 2-hour training for all staff in a medical clinic. She walked everyone through the training. These minutes will not cover the content of the presentation (it's too much!). In sum, it covered the history of the Adverse Childhood Experiences Study (ACEs), epigenetics, population attributable risk, historical trauma, and the message that *ACEs is not destiny. Healing is possible and desirable*. Simply asking adults the question (how did that affect you later in life?) has reduced primary care visits 35%, ER visits 11% and hospitalization 3%.

At the Children's Clinic (Terri's practice), they are trying to create a healthier cycle. What's predictable is preventable. They use ACE screening in their Medical Home Practice – 28 clinicians at 2 sites, 20% OHP. It's a paper screen at 4-month appointment. This is one of the less complicated visits. They use "ACE plus 4" and also the Resilience Questionnaire from Resiliency Trumps Aces (not a validated instrument.) There was a question about confidentiality. The clinic gets permission from the parent and enter information in a confidential field in the Electronic Health Record. Only the clinician can see it, and the information is not transferred with the patient record. It only says "mom" or "dad". They use the same box for the Edinburgh score (maternal depression). The Care Coordinator has a list of resources. Data shows acknowledging is therapeutic, and most of these conversations take less than 5 minutes. They did 494 screens in the first year. Public and Private insurance yields approximately the same number of high ACE scores. When asked, most parents want parenting classes and support groups.

Question about how much they talked with the parents about their ACEs. They didn't talk so much about the implications on the parent's health, but focused on the baby. They refer back, asking if they've talked with their primary care or OB-GYN provider.

Also, talked about the need for diapers – lack of diapers is the #1 predictor of maternal depression. Is anyone interested in starting a diaper bank? And there was discussion about languages and interpreters. Terri said they translated the material into Spanish. Comment on a need for research with a cultural lens.

Providers who used the screen reported that there were tears of gratitude. She shared a list of screening tools and billing codes.

The training transitioned to what is required in order to provide Trauma Informed Care (TIC). Radical acceptance, cultural sensitivity. Every person in the office makes a difference. Mine field or place of refuge. She shared a list of intervention goals.

The Family Policy Council in Washington has data. (Here is a link that might be useful: http://www.aceinterface.com/Laura_Porter.html)

Comments/questions from the YCWC

- Callie asked if they are measuring what is different as a result of this training. Teri talked about survey on uptake. Children's Clinic asks partners *what did you think was going to happen?* And there is a questionnaire about the Questionnaire. Peg added that this first year it is about knowledge and intent to change process.
- Jamie asked if they'll give the practices ideas for the first 3 things they can do. Teri said they are putting the training out there and can individualize it a bit. Barb suggested this training be made available for dental clinics too.
- Maxine suggested that the providers in the public clinics be trained. Maybe there can be a focus group through Health Department providers to see if there are things that need to be added to the training.
- Elana asked if this works as two separate presentations in one training, and Barb added that the TIC would be more helpful for dental practices than ACEs. Can they be separated out?
- Helen was interested in what came first, and added that there is a tendency to move away from using the word "trauma" because it makes people think of war. Its only when asking the history of trauma that people realize the prevalence of trauma over time. Teri responded that they did screening first and then the trauma training.
- Erin said that even if a practice isn't ready to screen, becoming Trauma Informed (TI) is universally supportive. Becoming a TI organization is so complex, if we wait for organization to be TI, we'll never act. Universal education and screening.