

NPPC Pilot Site Clinic Profile:

# Santa Barbara Neighborhood Clinics Goleta Neighborhood Clinic

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September 2019

## NPPC Overview

The National Pediatric Practice Community (NPPC) on Adverse Childhood Experiences (ACEs) is a program of the Center for Youth Wellness (CYW) to support health care professionals in applying ACEs and toxic stress science to pediatric practice and shaping the field of trauma-informed medicine. The NPPC pilot program launched in 2017 to support integrating ACEs screening in pediatric clinical settings by providing training, technical assistance, and practice coaching to a small group of medical practices. The pilot included an intensive six-month period where organizations tested and refined screening implementation. For an additional six months, NPPC helped sites embed and spread their screening practices as appropriate, including supporting clinical systems for ongoing data tracking and monitoring.

Acknowledging that screening for ACEs is not yet standard practice in pediatric clinics in the United States, the NPPC pilot program was framed as a quality improvement endeavor using a plan-do-check-adjust (PDCA) framework with coaching and systems in place to monitor, reflect on, and formally document their experience and learning.

## Pilot Site: Goleta Neighborhood Clinic in Santa Barbara, California

**Organization:** Federally qualified health center serving 21,000 medically underserved patients annually at 4 medical and two dental clinics

**Description:** Staff consists of 3 medical doctors, 3 nurse practitioners, 3 medical assistants, 1 wellness navigator, 2 clinical social workers.

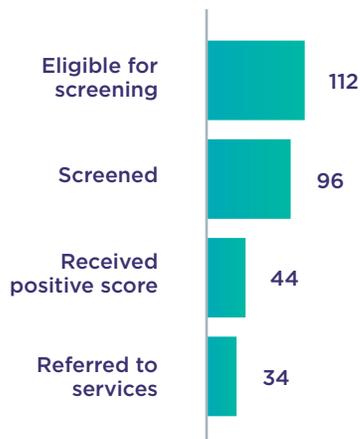
Santa Barbara Neighborhood Clinics (SBNC) believed trauma was prevalent in their population and became interested in screening to improve patient care, support behavioral health integration, and strengthen local referral partnerships. SBNC is part of the Santa Barbara Resiliency Project, a multi-sector collaboration supported by a local funder that includes a community-based research study with the University of California Santa Barbara and a mental health agency called Child Abuse Listening and Mediation (CALM).

The study is evaluating the acceptability and feasibility of screening infants and parents for ACEs within pediatric settings and assessing the effectiveness of clinic and home-based parenting interventions at improving parental attunement, decreasing parenting stress, and promoting child development. One clinician commented, “The climate was ripe for ACEs screening because of the Santa Barbara resilience group’s goals around universal screening in medical practices and how the recent local natural disasters raised people’s awareness of mental health.”



## Screening activities & outcomes

- Training** 93 staff were trained by NPPC on the science of ACEs
- Ages screened:** **Infants:** at 4, 6, or 9 months then annually at well-child visits.  
**Caregivers:** at child’s 4-month visit.
- Tool:** **Infants:** ACE-Q core 10 questions + 7 suggested supplemental questions + 1 question about experience with natural disasters.  
**Caregivers:** tailored teen self-report version of the same ACE-Q as above. Used Spanish and English versions of both tool.
- “Positive” score:** Infants 1+ ACEs. Caregivers: 2+ ACEs. Did not formally track symptoms.
- Workflow:** Medical assistants (MA) explained the screener and gave it to patients to complete on paper in the exam room. The MA tallied and communicated the score to the provider prior to the visit.
- Follow up:** Providers connected patients with a positive score to the wellness navigator to assess referral needs, explain the research study, and enroll those who were interested.
- Screening results:**
- 86% of eligible patients were screened
  - 46% screened received a positive score
  - 77% of patients with a positive score were referred to services



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*Screening enables me to learn more about the individual experience of the child and their family and meet them where they are and improve the quality of the whole person care that we can provide*

**Santa Barbara Neighborhood Clinic Provider**

SBNC reported several other important outcomes from NPPC pilot participation. These outcomes included increased provider knowledge and comfort regarding ACEs screening. They enhanced understanding of patients, which aided in symptom interpretation and treatment and expanded the scope of the conversation with patients, setting the tone around whole person care. For example, the process of discussing ACEs with parents led providers to realize that post-partum mood disorders were more common than they had previously known. As a result, they began screening relevant patients more systematically and connecting them to appropriate services.

Additionally, Santa Barbara Neighborhood Clinics strengthened data capture in its electronic health record (NextGen), by creating a shortcut in their well-child visit intake documentation process to a custom-built section about ACEs. Participating in the pilot also had a positive impact on public relations and funding for the site. New donors have become engaged, the organization has received media attention, and staff members believe the community has an expanded view of what the clinic does and how innovative they are. Providers reported that families appreciated being asked about their experiences and in some cases have become better advocates for their children, requesting more referrals for all family members.

During the 6-month pilot, **Santa Barbara Neighborhood Clinics expanded the scope of their project from one provider at the Goleta clinic to eight providers at four of their clinics.** Clinic leaders were also considering expanding screening to include older ages and are planning on training all staff on self-care, acknowledging that talking about trauma with patients can be triggering. The organization is also positioned to disseminate promising practices to other pediatric providers in Santa Barbara once the team concludes the research study and identifies the most successful interventions.

## Lessons learned

There is no one-size-fits-all approach for screening implementation, and practices will need to make a variety of key decisions at various stages in the process. Four key lessons learned for Santa Barbara Neighborhood Clinics are detailed below.

**1** **Santa Barbara Neighborhood Clinics was involved in a research study, which strengthened their pilot by bringing additional resources and increased visibility to the work.**

The study gave the multi-sector collaborative team a year to plan and build a strong partnership, which helped things run smoothly once the pilot began. Clinic staff found patients were often interested in being part of the study (which involved random assignment to various types of intervention), motivated by the feeling that they were helping others. The pilot team also reported that clinic staff were concerned about “messing up” the study if they implemented the protocol incorrectly. This meant there was an increased need for training and reassurance at the beginning of the process. A number of other local health care providers approached Santa Barbara Neighborhood Clinics about following their model, aided by the legitimacy that the study lent to their efforts.

**2** **Senior leaders' commitment to ACEs screening was a key contributor to the success and spread of the pilot project.**

Prior to the pilot, Santa Barbara Neighborhood Clinics sent some of its leaders to the CYW conference on ACEs, where they learned more about ACEs and started to plan for screening. Clinic leaders drove the implementation of screening at the Goleta site and set the project up for success by encouraging the engagement of key staff, including the technical support needed to build out data capturing and reporting capabilities in the electronic health record (NextGen) from the beginning. Leaders also led the process of rolling out ACEs screening to three other clinic sites. This involved identifying provider champions at each site and adapting the process to be relevant to sites' contexts (e.g., unique work flows, differing patient populations, varying levels of staff and provider knowledge, skills, and comfort).

*“Having senior leaders engaged is important. Our Chief Operations Officer is unique in that she's the person writing our grants and clearing people's calendars when necessary to focus on this project.”*

**Santa Barbara Neighborhood Clinic Provider**

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### Trainings helped generate buy-in for the pilot by increasing staff members' knowledge of ACEs and related topics across the organization.

Before the pilot began, the organization held trainings for 150 of their staff and providers about protective factors, implicit bias, and resilience. At the beginning of the pilot, all staff and providers from the four clinics that implemented screening were invited to NPPC's training on the science of ACEs and the new screening process. Leaders took an inclusive approach to the training saying, "From billing to clinic staff, everyone was invited because they all have to understand what we are doing and be trauma informed.... Everyone in our organization is an ambassador for this initiative." Staff from CALM, the intervention partner on the research study, were available to support providers and medical assistants who were initially uncomfortable with talking about trauma with patients, coaching them through the process the first few times to build confidence.

*“Face-to-face meetings work the best, time during an all-staff meeting gives an issue special importance. People have been very open about sharing their own life experiences, but this is not the kind of work that you can do fast.”*

Santa Barbara Neighborhood Clinic Provider

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### Employing a quality improvement approach and conducting plan-do-check-adjust (PDCA) cycles helped resolve workflow challenges.

SBNC conducted quality improvement cycles each week in the beginning of the pilot, which helped them integrate or strengthen new or innovative ideas, such as pre-visit planning, a PCMH huddle and a pocket-sized script for MAs to help them explain the screening process to patients. The staff found this increased their screening implementation rates. They also discovered that the screen added time to some visits, so they worked to complete screenings during the "down time" that families already had in the clinic while waiting for their appointments. Senior leadership reported the written PDSA to be a benefit that they could take away from the pilot because it was useful in Quality Improvement Activities. The staff closest to the work needed to practice and provide feedback, and the site reported that being part of the pilot provided the necessary time and technical assistance to guide them through the process.

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