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I am delighted to present UCSF Benioff Children’s Hospital Oakland’s 2016 Community Benefit Report, which highlights the important work our hospital did in 2016 to support our community in ways that go beyond our core medical services.

In January, 2017, I humbly began my service as President of UCSF Benioff Children’s Hospitals, taking the reins from Dr. Bert Lubin. Dr. Lubin was in this position for nine years and is now Associate Dean of Children’s Health for UCSF Benioff Children’s Hospitals. Previously, I served as Vice President and Chief Medical Officer at University Hospitals in Cleveland, Ohio.

I started my service during a particularly challenging and uncertain time for the healthcare industry, especially for many children’s hospitals. In order to continue to meet their missions, children’s hospitals must pursue creative solutions. These solutions will often depend on having strong and trusting relationships and partnerships with local stakeholders, such as those advanced by our Center for Community Health and Engagement (CCHE). Among many functions, CCHE seeks to maintain our hospital’s long-term commitment and deep connection to our local community and to pursue innovative strategies to maximize wellness in children. Early in 2017, CCHE and representatives from the other UCSF campuses created the Child Health Equity Institute, a cross-bay network to promote collaboration to promote child health equity.

Our commitment to the legacy and mission of Children’s Hospital is unwavering. I will do everything in my power to maintain the quality of our services and collaborative relationships needed to maintain that legacy over the years to come.

I look forward to getting to know many of our community partners in the months and years ahead.

Michael Anderson, MD MBA FAAP
President, UCSF Benioff Children’s Hospitals & SVP, Children’s Services
Vice Chair for Children’s Health, Department of Pediatrics, UCSF School of Medicine
II. UCSF Benioff Children’s Hospital Oakland

Mission
To protect and advance the health and well-being of children through clinical care, teaching, and research.

Service Area and Scope of Services
UCSF Benioff Children's Hospital Oakland (Children's) offers a broad range of inpatient, outpatient, and community-based services provided by experts in over 30 distinct pediatric subspecialties. Children's has a federally qualified health center and a Level 1 pediatric trauma center designation.

While we serve patients throughout Northern California and other states and countries, approximately 80 percent of our patients live in Alameda or Contra Costa counties. Children's serves as the pediatric safety-net hospital for both of these counties, since neither county's public hospitals have beds designated to accommodate children.

Children’s offers multiple programs and services in the area. It runs the largest pediatric primary care clinic in the Bay Area, two comprehensive school-based clinics, and a clinic at the Alameda County Juvenile Justice Center in San Leandro. In addition to the services provided in Alameda County, Children's operates outpatient pediatric specialty care centers in Brentwood, Larkspur, Pleasanton, and Walnut Creek.

In 2016, a total of 77,520 patients made 9,321 inpatient visits and 257,957 outpatient visits to Children's facilities, including 46,746 visits to Children's Emergency Department. In addition, over 50 languages were spoken this year at Children's.

Children’s Hospital Oakland Research Institute (CHORI) is the division of Children’s dedicated to translating basic and clinical research into health benefits for children. In 2016, CHORI had more than 200 active grants and contracts, including various partnerships with private research organizations, corporations, universities, and federal sponsors. In addition to conducting research that saves lives the world over, CHORI staff participate in other non-research activities that directly benefit our local community.

Governance
In 2014, Children's and UCSF established a formal affiliation. Under the terms of the affiliation, UCSF has representation on Children's Board of Directors (Board), and Children's retains its identity and status as a private, not-for profit 501(c)(3) organization with its own separate license.

As of May 1, 2017, the Children's Board comprised 21 directors. Children's President and Chief Executive Officer and the president of the Children's medical staff are voting members of the Board, as are the UCSF Medical Center CEO and the Dean of UCSF School of Medicine. The Regents of the University of California is the sole corporate member. This means that The Regents of the University of California is the corporate “parent” of Children's.
III. Community Benefit Report Overview

The Affordable Care Act and California state law requires all nonprofit hospitals to complete and submit an annual Community Benefit Report. Although hospitals bring numerous benefits to their local economies, these reports are intended to document the ways Children’s supports the health needs of its community above and beyond the core functions of a hospital. Children’s conducted a community needs assessment in 2016 that can be found at: http://www.childrenshospitaloakland.org/main/publications.aspx.

Definition of a Community Benefit
Although the State of California (via SB 697) provides some general guidance, there is no official definition of a “community benefit.” We have employed the following definition: A community benefit is “a planned, managed, organized, and measured approach to meeting documentable community needs intended to improve access to care, health status, and quality of life.” It is generally accepted that a community benefit should meet one or more of these criteria:

- Responds to public health needs or the needs of a vulnerable or at-risk population
- Improves access to care
- Generates no (or negative) profit margin
- Would likely be discontinued if the decision were made on a purely financial basis

The following are not considered community benefits: programs and activities designed for marketing purposes or fundraising, services that are considered standard-of-care or the “cost of doing business,” in-services for hospital staff, volunteering by employees on their own time, and facility improvements.

Creation of the 2016 Community Benefit Report
The Center for Community Health and Engagement’s Community Benefit Report Oversight Committee spearheaded this report, with input from individuals representing programs and departments throughout the medical center. The 2016 Community Benefit Oversight Committee includes:

**Adam Davis, MPH, MA**
Director of Special Projects; Manager, Center for Community Health and Engagement

**Barbara Staggers, MD, MPH**
Executive Director, Center for Community Health and Engagement

**Bertram Lubin, MD**
Associate Dean of Children’s Health, UCSF

**Sue Greenwald, LCSW**
Director, Community Partnership Programs, Center for Community Health and Engagement

The report was co-authored by Adam Davis and UC Berkeley students Michelle Jen and Jennifer Tian. Financial data was provided by Terry Oertel, MBA, manager of government contracting, and approved by Colleen Reid, controller. Contact Adam Davis at AdDavis@mail.cho.org for questions or more information.

Dissemination of the Community Benefit Report
The 2016 report has been submitted to the Children’s Board of Directors and made available to hospital staff and the general public via Children’s website, the Center for Community Health and Engagement quarterly newsletter, handouts at public events, and mailings to elected officials in our service area. Children’s maintains public awareness of its community services through social media, traditional media, the Center for Community Health and Engagement’s quarterly newsletter and website; Children’s HandPrints, the hospital’s magazine; and Connections, the Foundation’s quarterly newsletter.
Every three years, nonprofit hospitals are required to conduct community health needs assessments (CHNA) and use the results of these to develop community health improvement implementation plans. These assessments are required of virtually all nonprofit hospitals by both state and federal law.

UCSF Benioff Children's Hospital Oakland last published a CHNA in 2016. The analysis was done by a public health research firm. The objective of the CHNA was “to provide necessary information for the UCSF Benioff Children’s Hospital Oakland community health improvement plan; identify communities and specific groups within these communities experiencing health disparities, especially as these disparities relate to chronic disease; and further identify contributing factors that create both barriers and opportunities for these populations to live healthier lives.”

A community-based participatory research orientation was used to conduct the assessment that included both primary and secondary data. Primary data collection included input from 12 hospitals in the Bay Area. Interviews were conducted with 94 community representatives of various organizations and sectors. Additionally 52 key informant interviews were conducted. There were also six focus groups at a variety of community locations with 71 participants. The research firm analyzed over 150 health indicators which also helped inform the process and the chosen priorities.

The priority health needs that were identified for Children's were, in order:
1. Economic Security
2. Healthcare Access and Delivery, including Primary and Subspecialty care
3. Maternal and Child Health
4. Mental Health

Although Children's has community benefit programs that address some of these needs, the Internal Advisory Committee for the Center for Community Health and Engagement will be working on setting priorities and goals under each of these areas to guide direction for Children's over the next 3 years.

The full CHNA report is found at http://www.childrenshospitaloakland.org/main/publications.aspx.
V. Access to Care

Undercompensated and Charity Care

UNDERCOMPENSATED GOVERNMENT-SPONSORED HEALTH CARE

A shortfall is created when Children’s receives payments that are less than the cost of caring for low-income patients covered by government-sponsored health insurance. These unpaid costs count as a community benefit; they include unpaid costs related to Medicaid, State Children’s Health Insurance Program (SCHIP), hospital days, and other services not covered by Medicaid or other means-tested, government-sponsored programs. Approximately 70 percent of all visits to Children’s in 2016 were for patients who received government-sponsored health insurance. The unpaid cost incurred by Children’s to provide services to these patients in 2016 was more than $158 million. When compared to other children’s hospitals in California that have a similar payer mix, Children’s provided double the unreimbursed costs of total means-tested, government-sponsored health insurance.

CHARITY CARE

As part of its commitment to serve the community, Children’s provides free or discounted care, also known as “charity care,” to families who don’t qualify for government-sponsored health insurance and who meet certain eligibility requirements. Our charity care program requires that patients complete an application and provide supporting documentation to verify income. Self-pay patients who present to the Emergency Department are provided a brochure describing our charity care program. We also have a statement on the bill advising parents that they may be eligible for financial assistance. A patient can receive a service at any Children’s location, contact us to request a charity care application, and then qualify for charity. In 2016, Children’s provided a level of charity care that is significantly higher than any other children’s hospital in California. See page 61 for details.
Primary Care Clinic (Community-Based Programs)

Children’s Primary Care Clinic provides over 30,000 visits each year, seeing more children than any other primary care health center in the region. The clinic provides resources to address the basic health care needs of mostly lower-income children from birth to age 19. Services include routine preventative care including immunizations and anticipatory guidance regarding child development as well as chronic disease management. It also has a number special clinics, described below, serving particular at-risk populations. In addition, the Primary Care Clinic participates in translational research, offers social and mental health services, and helps train the next generation of pediatricians through its primary care residency program.

Associate Director: Kelley Meade, MD

SPECIALIZED CLINICS

**Continuity Clinic**—Primary Care for children from birth to 19 years old.

**International Clinic**—The International Clinic delivers the same services as the main Primary Care Clinic, but it is culturally and linguistically tailored to non–English speakers and has interpreters for 31 languages available 24/7. This clinic also serves as a travel clinic with a travel-certified physician. In 2016, there were 400 visits to the International Clinic.

**Encore Medical Clinic**—The Primary Care Clinic, in collaboration with the Center for the Vulnerable Child, provides a medical home for homeless children at the Encore Medical Clinic and for children in foster care at the Family Outreach and Support Clinic.

**Asthma Clinic**—The Asthma Clinic provides specialized care to children with particularly complex cases of asthma. In addition to receiving asthma treatment, families are taught how to manage their child’s asthma at home to prevent acute episodes and emergencies. A multidisciplinary medical team that includes physicians, nurses, and health educators staff the Asthma Clinic. Approximately 500 patients were seen in 2016.

**Foster Care Clinic**—The weekly Foster Care Clinic in conjunction with social services case management provides medical care to children in the foster care system and provides support services to foster care families.

RESEARCH

The Primary Care Clinic serves as a study site for Children’s Pediatric and Clinical Research Center. The clinic participates in clinical and translational research studies that have broad public health importance. Current studies focus on asthma, social inequities in health care and toxic stress abatement. In addition, the clinic participates in formal evaluation studies of public health interventions.

The clinic is one of only nine pediatric sites across the country participating in the National Institutes of Health-sponsored Asthma Net, through which a variety of clinical trials are implemented. One AsthmaNet study is investigating the best add-on therapy for African Americans who are not well controlled on low dose medications, and the other study is investigating the best-step therapy for young children with moderate to severe episodic asthma.
EDUCATION AND OUTREACH

Alameda County Asthma Coalition—CAEMR is an original member of the Alameda County Asthma Coalition, and has participated in the coalition since it was founded in 2002. Annually, CAEMR and the coalition host World Asthma Day at Children’s—an event that incorporates asthma services and education with games and refreshments for the public.

Clinical Effort Against Secondhand Smoke Exposure (CEASE) Program—The CEASE Program encourages parents who expose their children to tobacco smoke to stop smoking by providing them with on-site counseling at the clinic and referrals to the California Smokers’ helpline.

Reach Out and Read—This program gives new, donated books to children between birth and 5 years at their well-child visits. Reach Out and Read is a national program that was created in 1989. It aims to increase literacy rates to improve kindergarten readiness, school achievement, and health outcomes.

Staying Healthy in Nature Every day (SHINE) Nature Prescriptions Program—In partnership with East Bay Regional Parks, SHINE encourages healthy, active living by connecting patients with local opportunities in nature. Programs include a monthly shuttle bus to family-friendly nature events at regional parks around the East Bay as well as hiking with naturalists. In 2016, about 250 people participated in SHINE.

Health Education and Parenting Classes—Health education and parenting classes are also conducted by primary care physicians and residents at various community locations, including Oakland’s preschools and elementary, middle, and high schools. In addition, classes are offered at Oakland and Berkeley Head Start programs, El Grupo parent support group, Juvenile Justice Center, Oakland WIC, Berkeley and Oakland public libraries, and Project Pride.

Safety Products—In conjunction with Children’s Trauma Center and the Alameda County Public Health Department, education and new equipment—including home, bicycle, and car safety equipment—is provided to parents of infants, toddlers, and older children to help protect them against injury and accidents in the home and on the street. Our car seat giveaway and installation program operates on Saturdays and ensures that car seats are properly installed in families’ vehicles.

POLICY AND ADVOCACY

In partnership with local advocacy groups and state and national levels of the American Academy of Pediatrics, pediatricians and pediatric residents from the Primary Care Department advocate for children’s health and well-being issues that are being discussed in legislative venues. We attend the annual California Medical Association and American Academy of Pediatrics legislative day in Sacramento and communicate with legislators and the media via letter-writing, phone calls, and legislative office visits to advocate for children’s issues monthly. Many of our physicians also write regular op-ed pieces and speak to the media about children’s issues.

Community, Advocacy, and Primary Care Program (CAP) is an advocacy rotation for medical residents who are trained as the next generation of doctors to advocate for their patients, particularly the underserved. Through CAP, residents learn about federal programs and the welfare and legal systems. Residents also spend time on-site with many community-based organizations in order to gain a firsthand understanding of their operations and the services they provide. Residents tour the neighborhoods of Oakland to better understand the conditions of children’s neighborhoods, schools, and parks and the available services in these neighborhoods so they can be better doctors. The residents give many talks to children, parents, and teachers about health issues. The residents also travel to Sacramento to meet with legislators and participate in public hearings about issues critical to pediatric health.

Medical–Legal Program—The Primary Care Clinic has partnered with the East Bay Community Law Center since 2006 to provide patients with pro bono legal services on cases related to their health issues. This service has been expanded to other departments within the hospital setting.
Adolescent Medicine: School-Based Health Care Centers and Teen Clinic

The Division of Adolescent Medicine runs three adolescent and young adult clinics: the North Oakland “Teen Clinic” on Telegraph Ave and two community-based, school-affiliated clinics in West Oakland (Chappell Hayes Health Center at McClymonds High School) and East Oakland (the Youth Uprising/ Castlemont Health Center at Castlemont High School). The North Oakland Teen Clinic is run by the UCSF Benioff Children’s Hospital Oakland FQHC, while the school-affiliated clinics are operated in partnership with the Oakland Unified School District and the Alameda County Health Services Agency.

All three clinics serve patients from 11 to 24 years of age and provide safe, convenient settings for youth from the community and the nearby schools to receive comprehensive, integrated medical and mental health services. In 2016, the three clinics had over 4,500 medical visits.

Our specially-trained care teams look at all aspects of an adolescent’s life to help address any medical and mental health conditions. The innovative school-affiliated adolescent clinics serve as national models for full-service, integrated youth and family centers that promote adolescent development and wellness.

Contact: Pam Reed

The three Division of Adolescent Medicine clinics offer a full spectrum of comprehensive adolescent health care, including medical, behavioral, and social services.

### MEDICAL SERVICES

Clinical services at the three adolescent medicine sites include:
- Routine preventative care
- Immunizations
- Sports physicals
- Reproductive health care
- Treatment of sexually transmitted infections
- Travel medicine
- Acute illness management
- Physical and sexual assault treatment
- Nutrition counseling
- Chronic disease management
- Eating disorder management

### BEHAVIORAL HEALTH

Since 2003, all three clinic sites have integrated behavioral health into their clinical care and promote close collaboration between medical providers and mental health providers. The West and East Oakland school-affiliated health centers have medical services, mental health therapists, and a psychiatrist; they are the hubs for teachers, parents, and youth to coordinate therapy, care, and support.

The East Oakland Youth Uprising/Castlemont site is now the highest-volume school-connected mental health site in Alameda County. It has become a national model for the integration of medical and mental health care and has been cited for success at addressing underlying social stressors related to mental health. The Adolescent Medicine Division is also exploring collaborations with other community-based organizations to optimize successful trauma screening to patients at all of our sites.
SOCIAL SERVICES

All three clinic sites are developing protocols for evaluating legal and other psychosocial needs. Each site has an on-site social worker to provide psychosocial support to patients. All sites also have a partnership with group homes in the area and with the Child Protective Services Assessment Center to facilitate urgent or rapid appointments as needed. All sites provide food as needed for patients during their visits. In addition, one or more of the clinics participate in innovative programs such as:

Human Trafficking Project—The Teen Clinic helps to prevent and intervene in human trafficking, which is a major problem in Alameda County. The clinic is beginning a partnership with West Coast Children’s services to pilot their human trafficking screening tool. It collaborates with HEAT Watch and Alameda County District Attorney O’Malley’s office as part of a collaborative effort to identify and support commercially sexually exploited and trafficked youth.

Newcomer Program—Castlemont High School has a Newcomers Program for recent immigrants to the United States—many of whom are unaccompanied minors. The Youth Uprising/Castlemont Health Clinic works with the program to provide medical and mental health services to these youth as well as to help link them to community resources such as legal support.

EDUCATION AND OUTREACH

The Division of Adolescent Medicine:

- Has developed a training and consultation program for school professionals and mental health providers who work with schools, and holds contracts to conduct trainings throughout Alameda County and California.
- Conducts annual health fairs at Castlemont and McClymonds High Schools to promote health and wellness.
- Gives talks on various health subjects to high school students in the classroom.
Behavioral Health Division

Approximately 5,000 children and youth and their families receive behavioral health services at Children’s each year through a mix of local, state and federal funding. Our services include early intervention, outpatient and crisis services that reach existing hospital patients as well as other children and youth with significant behavioral health and developmental needs that are often related to complex medical challenges. Our interdisciplinary staff—psychiatrists, psychologists, nurse practitioners, social workers, marriage and family therapists and family partners—provide evidence informed treatments such as Child-Parent Psychotherapy, Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Dialectical Behavior Therapy (DBT). These services are provided by five clinical teams in multiple settings within and beyond the hospital in primary care clinics, school and other community-based settings. Eligibility for services is determined through a referral, screening and assessment process.

**BEHAVIORAL HEALTH INTERVENTION (BHI)**

Staff are embedded in our primary care clinic and able to provide assessment, short term treatment and medication management to children and youth (0-21) with emerging behavioral health challenges.

**PSYCHIATRIC EMERGENCIES**

Children and youth with psychiatric emergencies are brought to the Children’s Emergency Room where a combination of crisis intervention and stabilization services are provided.

**CENTER FOR THE VULNERABLE CHILD (CVC)**

Children (0-21) who are homeless or at high risk for homelessness and/or have involvement with the child welfare system receive a combination of developmental screening and assessment, treatment and case management services. Additionally, behavioral health services are provided at two school based health centers in Alameda County. See CVC section (p.19) for more information.

**EARLY INTERVENTION SERVICES (EIS)**

Infants and young children and their families (0-6) receive assessment and therapeutic services focused on the caregiver/child relationship. See EIS section (p.21) for more information.

**PSYCHIATRY/CHILD DEVELOPMENT/PSYCHOLOGICAL SERVICES**

Children and youth with developmental and psychological challenges between the ages of 2-21 receive evaluation, psychotherapy, family therapy and medication management.
Juvenile Justice Center Clinic

Children’s Division of Adolescent Medicine is contracted to run a comprehensive on-site medical clinic at the Alameda County Juvenile Justice Center (JJC). The JJC is a 360-bed detention facility that houses juvenile offenders from Alameda County and is part of the Alameda County Probation Department.

Approximately 3,500 children and youth received health care services at the JJC medical clinic in 2016; about three-fourths of these patients are from Oakland. Medical staff at the JJC clinic includes nurses, nurse practitioners, doctors, dentists, licensed vocational nurses, MAs, discharge coordinators, and clerks. Children’s also provides clinical services at Camp Wilmont Sweeney, a facility that serves as a transition housing/placement facility for about six to nine months for JJC inmates before their release to the community.

Youth who need additional specialty care or acute services are brought to Children’s main hospital. Nearly all JJC detainees are released back into their communities after their detention. Children’s aims to ensure they are healthy, as poor health is one of the main barriers to a successful transition back to school or employment.

Clinical and Administrative Director: Shanta Ramdeholl, RN | Dr. Arash Anoshiravani MD

COMPREHENSIVE PRIMARY CARE SERVICES AT JJC AND CAMP WILMONT SWEENEY

- Intake evaluation and 96-hour intake evaluation and physical exam
- Point-of-care testing and blood draws
- Screening, testing, and treatment for sexually transmitted infections
- Care for illness and injury
- Referrals to emergency departments and specialists
- Immunizations
- Medication management
- Radiology
- Dental screening and procedures
- Health education
- Optometry Care Referrals
- Care via telemedicine for services not available at JJC
- Assistance with transition for community reentry
Oral Health: La Clínica Dental

La Clínica de La Raza, Inc. (La Clínica) is a nonprofit federally qualified health center (FQHC) with over 46 years of experience providing comprehensive clinical and community health services. La Clínica now operates 31 service sites throughout Alameda, Contra Costa, and Solano counties—11 of which are dental sites. La Clínica tailors its services to be responsive to the multiple and unique needs of its diverse clientele and communities.

La Clínica Dental at UCSF Benioff Children’s Hospital Oakland (La Clínica Children’s) is the only La Clínica dental site that specializes in serving pediatric patients who are medically compromised and with special health care needs. La Clínica Children’s receives 2,640 referrals per year from other local community health centers, many of which operate their own dental services but are unable to provide dental services to SHCN patients. In 2016, La Clínica Children’s served 5,896 patients, with a total of 14,709 patient visits. About one-quarter of the patient population is best served in Spanish; 92 percent are Medi-Cal recipients; 2 percent are self-pay or uninsured; and 73 percent are under 12 years old. La Clínica Children’s patients come from 192 ZIP codes mainly in Northern California—indicating La Clínica’s importance as a regional provider of dental services to those with SHCN.

Manager: Kelly Hernandez | Associate Dental Director: Francesca Artiga | Chief Dental Officer: Ariane Terlet, DDS

DIRECT SERVICES

Oral exams and X-rays, fluoride and sealant treatments, prophylaxis, simple extractions, restorative services, orthodontics, and rehabilitative services to pediatric patients, specifically patients with SHCN.

EDUCATION AND OUTREACH

Education—La Clínica Children’s bilingual and multicultural staff provides culturally and linguistically appropriate oral health hygiene instruction, education about the importance of prevention and treatment of oral health problems, and other related oral health education to pediatric patients and families. Messages are tailored for patients with SHCN. Pediatric dentists, with support from dental assistants, provide oral hygiene instruction and oral health prevention and treatment along with education after the patient’s appointment. Parents and other caregivers are provided nutritional recommendations, brushing and flossing instructions, and verbal and visual demonstrations to the patient when age-appropriate.

Outreach—La Clínica Children’s site manager provides outreach to local organizations such as Bananas, a nonprofit child care resource and referral agency serving the diverse families in northern Alameda County; and Women, Infants and Children (WIC), a national nutrition education program.
Emergency, Trauma, and Critical Care

TRAUMA CENTER

The trauma team, which includes pediatric specialists in Emergency Medicine, Trauma Surgery, Anesthesiology, Critical Care, Neurosurgery, Orthopaedics, and Diagnostic Imaging, is available at all times. Children’s Trauma Center has been designated a Pediatric Level 1 Trauma Center by the American College of Surgeons (ACS). This designation reflects Children’s high standards and distinguishes it from many other pediatric hospitals. Children’s is one of just four other ACS Pediatric Level I Trauma Centers in California. In 2015, there were a total of 645 children admitted for trauma care. Due to the fact that traumatic brain injury continues to be a leading result of injury to children, the Trauma Center has been supportive in developing additional support (Center for Traumatic Brain Injury and NeuroCritical Care) to improve coordination of care for the brain of an injured child. The Trauma Center also informs and supports community education efforts for injury prevention—including the Kohl’s Injury Prevention Program (p. 42).

NEURODEVELOPMENTAL CARE PROGRAM

Building healthy relationships between parents and newborns depends on the parents’ ability to interpret babies’ subtle messages. Babies in the intensive care nursery can appear so fragile that many parents are hesitant to touch and hold them. The Gentle Hands Program teaches parents how to touch, hold, massage, and bathe their baby—using their infant’s signs of readiness as a guide. Children’s Hospital Oakland’s child development specialists help parents gain confidence to care for their infant by encouraging bonding moments. Research shows us that medically challenged infants who receive touch may feed better, sleep more, have greater weight gain, and go home faster.

U.S. CONSUMER PRODUCT SAFETY COMMISSION, SENTINEL HOSPITAL

Children’s has a special status as U.S. Consumer Product Safety Commission sentinel hospital for identifying dangerous products that may cause injury. This has been a service grant that the Emergency Department has had for approximately 15 years. The Emergency Department reports aggregate, de-personalized data on product-related injuries, to be pooled with that of other sentinel Emergency Departments, in order to determine whether there are trends or clear hazards related to certain toys, equipment, clothing, children’s furniture, and other items to which children have access.
Center for Child Protection

Child abuse and neglect continues to be a pervasive and complex public health problem. The Center for Child Protection (CCP), established at Children’s more than 30 years ago, provides comprehensive medical and mental health services to children and adolescents affected by child abuse and exposure to violence. CCP is home to two of only six child abuse pediatricians in Northern California. As the designated site for forensic medical services in Alameda County, our program provides child victims who enter the medical system numerous avenues to access services from CCP physicians. CCP physicians also provide subspecialty consultation to community physicians on genitourinary-related medical issues. Mental health services include crisis assessment and intervention, trauma-informed psychotherapy services, clinical case management, outreach, and educational workshops. CCP program staff works closely with law enforcement, child welfare, and local district attorney’s offices, often providing case consultation, case testimony, and expert witness assistance. In 2016, CCP served nearly 500 children. No other program provides these services in the East Bay.

Manager: Shelley Hamilton, LCSW | Division Chief and Medical Director: James Crawford-Jakubiak, MD

**DIRECT SERVICES**

**Forensic Examinations**— CCP is the designated site in Alameda County for acute forensic medical services for children under 14, and non-acute services for children under 18. CCP medical staff performs acute forensic examinations when the alleged sexual abuse occurred within 72 hours. Non-acute forensic examinations are performed in CCP’s outpatient clinic by appointment.

**First Responders**— CCP physicians are available 24/7 to provide immediate response to sexual assault cases in the Emergency Department, and CCP’s social worker team serves as first responders to child abuse cases in the Emergency Department until 7 p.m. CCP also provides consultation to families of hospitalized children.

**Trauma-Informed Mental Health Services**— Therapy is provided to children, adolescents, and their families who have been exposed to trauma, including child abuse and witness to violence. Through individual, sibling, group, and/or family therapy, CCP clinical staff works with these clients to minimize difficulties and prevent long-term negative effects. Psychotherapy is provided by CCP staff at several locations throughout Alameda County, including the Alameda County Family Justice Center in downtown Oakland, Oakland’s Fruitvale community, and South Hayward.

**RESEARCH**

CCP participates in clinical research related to child abuse and neglect, and it currently leads two clinical research studies. The Caregiver and Child Trauma Study is a descriptive analysis designed to determine the prevalence of adversity among caregivers of children presenting to CCP. This study will begin to explore the intergenerational transmission of adversity. CCP is also completing the Alameda County Child Abuse Disclosure Study, which aims to better understand how children are disclosing child sexual abuse. Results of the study will enable more focused prevention and early intervention services to children and families.

**Domestic Violence Education and Screening (DOVES)**— DOVES is a pioneering pediatric domestic violence project that provides individual and group psychotherapy to children and their caregivers who have experienced domestic violence as a strategy for the early prevention of child abuse.
**EDUCATION AND OUTREACH**

**Camp Creating Confident People (Camp CCP)**—Camp CCP combines the traditional experience of summer camp with group psychotherapy and support for children exposed to child abuse trauma and/or violence.

**Clinical Case Management**—Case management is provided to children and adolescents who are served in the Emergency Department and Child Abuse Management Clinic following diagnosis or disclosure of abuse. CCP case managers assist families with navigating the criminal justice system, arranging necessary medical follow-up, and obtaining referrals to community resources.

**Education Events**—CCP provided more than 40 educational events to a variety of health care providers, allied professionals, children, and families on a diverse array of topics pertaining to child abuse and neglect. These educational events were held at local, county, state, and international levels. CCP staff also serves on numerous boards and committees that influence national, state, and regional child abuse protocols, policies, and program services.

**Parenting After Trauma (PAT)**—PAT is a 10-week group psychotherapy program targeted to non-offending caregivers caring for children affected by child abuse and violence exposure. The program aims to address adverse childhood experience through education on healthy parenting and effective communication skills. In 2016, the non-offending caregivers for 29 children successfully completed the PAT group psychotherapy program.
Center for the Vulnerable Child

The Center for the Vulnerable Child (CVC) provides services to children up to age 21 years who are living in situations that put them at risk for educational, physical, mental, or social health problems. Patients may be foster or homeless youth, or have a history of abuse, neglect, or exposure to drugs. Each year, approximately 3,000 children and families receive medical care, psychotherapy, and social services from the CVC. In addition, the CVC is responsible for running the hospital’s Federally Qualified Health Center (FQHC) Consumer Advisory Board, composed largely of the parents of children who have used FQHC services. The Consumer Advisory Board is an integral part of the organization, guiding our service delivery and providing ongoing feedback to ensure excellent patient care.

Director: Erica Torres, PsyD

DIRECT SERVICES

Child and Adolescent Therapeutic Services (CATS)—The CATS Program provides comprehensive mental health services to youth as part of the Family Maintenance Program of Alameda County’s Department of Children and Family Services (DCFS). CATS offers services to Children’s patients whose special medical needs and concurrent mental health issues threaten to overwhelm family resources—which places them at risk of DCFS involvement.

Preschool and School-Age Services, Assessment, Guidance and Education Program (PASSAGE)—The PASSAGE Program serves youth with emotional and behavioral issues that have not responded to standard community treatments. Using an innovative combination of trauma-informed, therapeutic collaborative assessment and direct stabilization services, the PASSAGE clinician partners with the youth, his or her family, and existing providers to identify and address obstacles to successful treatment.

Services to Enhance Early Development (SEED)—SEED is a collaboration between the CVC, Alameda County’s DCFS, and Alameda County Public Health to provide specialized services to children aged 0 to 3 who are dependents of the court. The SEED team consists of infant/early childhood mental health practitioners, developmental specialists, family partners, child welfare workers, and parent advocates working together to provide culturally accountable and developmentally sensitive services to this extremely vulnerable population.

Help Me Grow (HMG)—HMG serves young children from birth to age 6 in the Family Reunification Program of Alameda County’s DCFS. Staff from HMG provides initial developmental assessments and consults with child welfare workers and caregivers to identify the mental health, developmental, and relational needs of children. Once needs are identified, staff helps link caregivers to local support and services that best meet the needs of their children.

Encore Medical Clinics (EMC)—EMC outreach workers connect children under 19 years of age who are homeless or living in transitional housing with a medical home. Dental care is also available to EMC patients. There were over 500 visits to the EMC in 2016. EMC is a collaboration between the CVC and Children’s Primary Care Clinic.

Family Outreach and Support Clinic (FOSC)—FOSC provides primary care for children from birth to 12 years of age who are currently in or have been in foster care. FOSC is a collaborative effort between the CVC and Children’s Primary Care Clinic.

Successful Preschool Adjustment and Readiness for Kindergarten (Project SPARK)—Project SPARK promotes successful adjustment to preschool and readiness for kindergarten for children who are living in transitional living situations. SPARK works, both individually and in group settings, with children who are identified by preschool teachers as having behaviors that interfere with school participation and peer relationships. SPARK provides assessments of child behavior, parent–teacher consultation, and one-on-one individualized child intervention to improve social skills.
Behavioral Health Integration (BHI)—The BHI program provides mental health services for patients who get their primary care at Children’s. At their primary care visits, patients are screened for mental health needs. When concerns are identified, the clinician collaborates with the primary care medical provider to assure integration of services. In addition, BHI may provide brief therapy and medication interventions during the primary care appointment, and follows-up with the patient through additional appointments or referrals to community resources.

Pediatric Psychology Program – This program provides services to children who are homeless or at risk of homelessness. The mental health providers are embedded in the primary care clinic specifically designated for this population. They interact with and evaluate patients and provide consultation to medical providers regarding psychological, psychosocial and cultural factors impacting the patient and families participation in treatment. Services range from brief treatment in the clinic to longer term Mental Health intervention using a home based community service model.

School Clinic-Based Behavioral Health Program—The school-based health clinics at McClymonds and Castlemont High Schools integrate medical and behavioral health care to support adolescents and young adults who attend the schools or live in the area. The CVC provides behavioral health services, which include crisis intervention as well as individual, family, and group psychotherapy. In addition, each site’s behavioral health team participates in coordination of service teams in partnership with OUSD staff.

St. Martin De Porres School-Based Services (also called WINNERS)—Provides school-based mental health services to children in kindergarten through 8th grade at the school's two campuses in Oakland. Services include screenings and behavioral assessments, individual counseling, group therapy, case management, parenting education, and faculty/staff consultation and training, as well as consultation to social service agencies that serve the students and their families.

RESEARCH

The CVC is partially funded by a Health Resources and Services Administration grant that supports ongoing research on primary care and mental health services to families experiencing homelessness and/or foster care. The CVC has a strong history of research on service utilization and implementation for homeless families, relationships between foster care and homelessness, and the utilization of the CVC services over time.

EDUCATION AND OUTREACH

The CVC sponsors and facilitates parental support groups and educational seminars throughout the year on a variety of topics relevant to foster and adoptive parents. The CVC also provides training to health care and other professionals who work with vulnerable children:

- **SEED Consultation Project**—Through interactive consultation, child welfare workers, police, and public defenders learn about infant mental health and the needs of young children who are in the welfare system.

- **Foster Parent Support and Education**—This weekly educational program is open to all foster parents in the community seeking education and support as they navigate the foster care system.

- **Practicum Training Programs**—The CVC offers training for graduate students in the fields of counseling, infant development, social work, and psychology. Students are integrated into individual CVC programs, where they receive weekly supervision and attend case conferences, team meetings, seminars, and didactic trainings. Particular attention is paid to the impact of complex trauma on the social, emotional, and neuropsychological development regarding living in multi-stressed settings.

- **Other Training and Consultation**—The mental health program’s at the two school based clinics run by Children’s provide a variety of trainings to school staff and youth development partners. They also provide ongoing mental health consultation to support trauma-informed schools and teacher wellness. The CVC also provides an annual health fair, health education event, and mental health consultation training for Alameda County school-based clinical case managers. These programs were awarded a Trauma-Informed Care grant from the California School-Based Health Alliance and Oakland Opportunity Fund.

- **Training and Workshops** to community providers who serve children and families involved in the Foster Care System.
Early Intervention Services

Early Intervention Services (EIS) provides therapeutic intervention, case management, child development, and family support services for infants and young children (ages 0–6) with emerging developmental, medical, and social–emotional difficulties. EIS services are family-centered, relationship-based, and trauma-informed. A multidisciplinary staff delivers these services at homes, school sites, community-based locations, and at our 3rd Street site. Each year, more than 700 families utilize EIS, and many more children are reached through our training and consultation activities.

Director: Ayannakai Nalo, LCSW

DIRECT SERVICES

Neonatal Follow-Up Programs

- Special Start Home Visiting Program—Special Start offers developmental, medical, and psychosocial case management to approximately 225 infants per year who are graduates of the Neonatal Intensive Care Unit and have complex medical conditions and social risk factors. For up to three years, participants receive weekly to monthly home visits by a coordinated team of nurses, developmental specialists, and mental health specialists. This program also includes two parent support groups for Spanish-speaking families of children with disabilities.

- Neonatal Follow-Up Clinic—This program provides developmental assessment and medical care for California Children’s Services–eligible infants who were in Children's Neonatal Intensive Care Unit. Services include neurodevelopmental pediatric assessment and case management. The clinic serves approximately 450 young children annually.

Parent–Infant Programs (PIP)

- Local Early Access Program (LEAP)—LEAP is designed for infants up to age 3 who have developmental disabilities and who are eligible to receive Part C of the Individuals with Disabilities Education Act services through the Regional Center of the East Bay. Program components include a parent–child play-based intervention group, home visits focused on developmental intervention, and both individual and group parent support. Groups are offered in English and Spanish. Twenty-seven children and their families are in the program at any given time.

- Developmental Playgroups Program—This community-based program provides parent–child playgroups to encourage the healthy development of infants and young children who are at risk for developmental delays. All groups incorporate developmentally rich play activities with parent support and education. Groups predominantly serving a Latino immigrant community are located in Oakland and South Hayward and are delivered in Spanish. These programs serve 80 young children and their families each year.

- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Mental Health Programs—EPSDT Mental Health Programs are designed for children with social–emotional delays or disturbances, and children who have experienced trauma:
  - CARE Early Childhood Mental Health Program—CARE provides home-based therapeutic interventions for children under age 6 who have experienced trauma, or who present with behavioral, emotional, or relational difficulties, and their families. Approximately 125 children are enrolled in this program.
  - Therapeutic Guidance for Infants and Families (TGIF)—The TGIF program provides both group and individual early childhood therapeutic interventions to infants, young children, and their parents who have experienced relationship disruption due to involvement with the Criminal Justice or Child Welfare Systems and who are in the process of family reunification. The program includes a center-based therapeutic playgroup and parent education and support.
FIRST Perinatal Drug Treatment Support Program—The FIRST program provides group and individual early childhood therapeutic intervention to infants, young children, and their parents where drug use and/or incarceration has affected the parent–child relationship. The program includes home-based therapeutic interventions and parent support.

Fussy Baby Program—The Fussy Baby Program provides intervention to parents whose young infants have crying, sleeping, or feeding problems that create stress in the family. Referrals come from local pediatric providers and community-based agencies.

Early Childhood Assessment Services—This is additional services offered to identify areas that might need further intervention and to provide families and providers with information that help support treatment goals.

RESEARCH

EIS has a research program that focuses on the impact of trauma on early childhood mental health, successful early childhood treatment, and issues related to supporting positive outcomes for young children with medical, developmental, and social–emotional delays. Studies include:

- Evaluation of the Effect of a Clinical Intervention on Biomarkers
- Child Trauma Research Program Evaluation of Clinical Services, Biological Sub Study, EIS Site
- The Effectiveness of a Home Visiting Neonatal Follow-Up Program for Severely Medically Fragile Infants at High Social Risk

POLICY AND ADVOCACY

EIS advocates are involved in policymaking regarding issues of infant and early childhood mental health and development at the local and national levels. EIS staff members helped develop the California Training Guidelines and Personnel Competencies for Infant/Family and Early Childhood Mental Health Providers. EIS also has several members in the Infant Development Association of California, an organization cofounded by a former EIS director. The administrative and clinical directors of EIS are currently involved in planning and implementing Alameda County–wide policy initiatives and are members of many local collaborative planning activities.

CONSULTATION AND TRAINING

EIS operates a broad range of consultation and training activities that support agencies working with young children throughout the county, state, and nation.

Irving B. Harris Early Childhood Mental Health Training Program—EIS administers the only infant and early childhood mental health training program in Alameda County. The program expands the knowledge base of providers from a variety of disciplines by building upon their expertise and skills in addressing the social–emotional development and mental health needs of young children. This includes a focus on training designed specifically for professionals who provide support to families. Additionally, the Reflective Facilitators in Training Program supports professionals to increase their capacity for leadership within their agencies. Over 250 professionals have completed the program.

EIS Consultation and Training Team—EIS provides technical assistance and consultation services to numerous community-based and public county agencies and Early Head Start/Head Start programs each year. Our mental health and developmental consultants offer content- and process-based training, in addition to offering embedded site–based case consultation for agency staff and supervisors. EIS also provides groups for practitioners on reflective supervision and facilitates Communidad, a countywide effort to support providers working with Latino immigrant families.

Advanced Practice Issues in Early Childhood Mental Health Training Series—EIS offers an annual training series, free of charge, for Alameda County providers that serve babies and young children involved in the child welfare system.

Foundations of Infant-Family and Early Childhood Mental Health Training Program for First 5 Monterey County—This program provides consultation, mentoring and training to strengthen the capacity of programs and staff in Monterey County to address the social-emotional needs of infants, young children and their families, and to support participants to take on more aspects of training in a variety of programs.
Diabetes Program

The Diabetes Program is staffed by a team of pediatric endocrinologists, certified diabetes educators, nurses, dieticians, social workers, and administrative staff who care for nearly 700 children with diabetes—most of them type 1. There were 4,098 outpatient visits for diabetes in 2016. The team delivers the latest in diabetes care, technology, and education to help control blood sugar, optimize management, and prevent long-term complications.

DIRECT SERVICES

- Telephone Advice—An advice line is available to all families and caregivers of children with diabetes and includes urgent care advice, blood sugar review, insulin dose adjustment, and school/afterschool program consultation. Endocrinologists are available for emergency consults 24 hours a day. Approximately 1,200 phone consultations are given per month with patients, families, school nurses, foster parents, and caregivers.

- Continuous Glucose Monitoring Sensor Clinic—Provides families and endocrinologists detailed information about children’s glucose levels to help optimize diabetes management.

- Insulliance—A group of young adults living with type 1 diabetes act as mentors and are available to meet with children during the diabetes clinic visits. The mentors offer emotional support, resources, and non-medical advice.

- Diabetes Camps—Diabetes Camp team members provide medical support for a variety of programs, including the Diabetes Youth Families camps and programs, Carb DM programs, and Diabetes and Sports Health Camp.

RESEARCH

The Division of Endocrinology and Diabetes is involved with clinical research studies investigating type 1 and type 2 diabetes. The division works collaboratively with Children’s Hospital Oakland Research Institute and other affiliates to provide research opportunities for patients and the community. The Division is a research site for the following studies:

- The TrialNet Natural History Study of the Development of Type 1 Diabetes: The Pathway to Prevention study offers type 1 diabetes risk screening for the relatives of individuals with type 1 diabetes.

- The Oral Insulin for the Prevention of Diabetes in Relatives at Risk for Type 1 Diabetes Mellitus study is a clinical trial to determine whether oral insulin can prevent or delay the onset of type 1 diabetes.

- The division is also involved in early-intervention trials and genetic studies for type 1 and type 2 diabetes and the development of tools for differential diagnosis of type 1 and type 2 diabetes.
The Diabetes Program offers a variety of educational opportunities for patients, families, and other health care providers.

Education for Families

- **Individualized Education**—Educational materials and telephone advice as well as private and group classes are provided in English and Spanish. Interpreters are available for all other languages. Education is tailored to the learner’s needs.

- **Insulin Pump Classes**—Diabetes educators review the risks and benefits of pump therapy and demonstrate pump-specific features. Classes are offered several times a month.

- **Carbohydrate-Counting Classes**—Diabetes educators review basic skills for children and their families as well as reinforce skills for adolescents. Classes are offered several times a month. Advanced classes are offered on an individual basis and are available in both English and Spanish.

- **School and After-School Program Education**—The diabetes team works to ensure that children have access to diabetes care while in school or while participating in school-sponsored activities in collaboration with parents, caregivers, school nurses, the American Diabetes Association, and the Disability Rights Education & Defense Fund.

- **Adolescent Transition Program**—This is a new education program designed to prepare adolescents to transition from pediatric to adult care aided by establishing yearly diabetes care goals.

- **Other Education**—The diabetes team works collaboratively with Carb DM and Diabetes Youth Families on other various educational programs. Diabetes team members also provide information tables at the Juvenile Diabetes Research Foundation (JDRF) Walk to Cure Diabetes and World Diabetes Day.

Education Events

- **Young Adult Transition**—This is a program for young diabetic adults using insulin. An endocrinologist and medical education staff address questions from young adults in their junior year of high school and above.

- **Sweet on Diabetes**—This is a weekend family retreat at Camp Arroyo in Livermore in which education is provided by endocrinologists and medical staff.

- **Campamento**—This is a UCSF Spanish-language event at Camp Jones Gulch in La Honda. CDE provides education and helps staff the event.

- **Spooktacular**—This is a fall family retreat at Camp Jones Gulch in La Honda. An endocrinologist and CDE provide education and staff the event.

Education for Professionals

Diabetes Team members are actively involved in education and outreach to other professionals at Children’s and in the community. The team provides trainings for professionals in the community who work with high-risk adolescents with diabetes—including Alameda County Child Protective Services, Center for the Vulnerable Child, Foster Care Services, Alameda County Assessment Center, Contra Costa County Child Welfare Workers, and individual schools.

The Diabetes Team participates in the interagency Pediatric Diabetes Coalition of Alameda County to develop guidelines for schools caring for children with diabetes. In addition, the team participates in the annual Bay Area Diabetes Summit held in mid-March, as well as many other Bay Area interagency events supporting education, research, and awareness of diabetes.
Hemoglobinopathy Center

Sickle cell disease and thalassemia are inherited conditions affecting hemoglobin, the protein within red blood cells that is required for transporting oxygen. These diseases disproportionately affect minorities of African and Asian descent. Children’s Comprehensive Center for Hemoglobinopathies, one of the largest such centers in the world, treats over 600 children and adults with sickle cell disease and thalassemia each year. As the reference laboratory in California, Children’s led a national effort to add screening for hemoglobinopathies into newborn screening programs. The Comprehensive Center for Hemoglobinopathies has been at the national and international forefront of understanding transfusion therapy, iron overload, and the using novel therapies to cure sickle cell disease and thalassemia.

Administrative Director: Lynne Neumayr, MD | Division Chief: Elliott Vichinsky, MD

DIRECT SERVICES

Northern California Comprehensive Sickle Cell Center (NCCSCC)—Through NCCSCC, a team of physicians, nurse practitioners, nurses, psychologists, and social workers provides comprehensive care in a medical home model. Medical therapy includes pain management and bone marrow transplantation. NCCSCC developed and coordinated the Northern California Network of Care for Sickle Cell Disease, a partnership among local hospitals, clinics, and community agencies to improve access to health care services. NCCSCC has received federal funding from the Health Resources and Services Administration to partner with the Center for Inherited Blood Disorders, and by National Institute of Lung and Blood Disorders as part of the Sickle Cell Disease Implementation Consortium to increase access to primary and specialty care.

Northern California Comprehensive Thalassemia Center (NCCTC)—Multidisciplinary staff offers medical care, education, counseling, and psychosocial services for children and adults locally, nationally, and internationally. Comprehensive care includes transfusions, chelation therapy, and bone marrow transplants. NCCTC has also been awarded HRSA/CDC funding to lead a collaboration of centers in the western United States in expanding access and standardizing care for thalassemia patients.

Housing for Families: The Blood & Marrow Transplantation (BMT) House—For medical reasons, children who receive a blood and marrow transplant must live within a 20-mile radius of the hospital for 100 days after transplantation. Families living further may stay at the BMT House, located one block from the hospital.
EDUCATION AND OUTREACH

Professional Education

- **Hemoglobinopathy Reference Laboratory** — The lab provides clinical and diagnostic support to 33 state newborn screening programs. Thousands of newborns are screened for hemoglobin-related disorders. The lab also serves as the National Institutes of Health Hemoglobinopathy Disease Collaborative Genotype–Phenotype Database aiding in the identification and screening of clinically relevant hemoglobin variants.

- **Cooley’s Anemia National Meeting in San Diego in July 2016** — Children’s specialists were keynote speakers on standards of care for Thalassemia.

- **Combined HRSA Pacific Sickle Cell Collaborative and HRSA Thalassemia Regional Network Meeting** — Funded by two collaborative grants from HRSA—one in sickle cell and one in thalassemia—Children’s hosted physicians and nurses from the grants’ collaborative sites in the western continental states including Alaska, Hawaii, and Guam in Oakland for a three-day workshop.

Community Education, Awareness, and Outreach

- **Thalassemia Outreach Program** — The Thalassemia Outreach Program engages in patient and community outreach, using methods including newsletters, educational handouts in many languages, booklets, videos, and presentations. The program maintains a website (thalassemia.com) with thousands of visitors each year.

- **Blood Donation and Sickle Cell Awareness Days** — Children’s cosponsors sickle cell awareness events and typically sponsors four blood drives annually to promote thalassemia awareness and testing for sickle cell traits.

- **Sickle Cell and Thalassemia Holiday Parties** — Sickle cell and thalassemia outreach teams planned their annual holiday parties for patients and families in December. Hundreds of patients, families, and guests attended this event—which included food, games, and music—to foster community support for affected individuals.

- **Cultural Competency Workshop** — With the aid of researchers at UCSF Benioff Children’s Hospital Oakland, Global Blood Therapeutics hosted a Sickle Cell disease cultural competency workshop. This consisted of presentations on racial discrimination in research and the historical context of Sickle Cell Disease and its associated stigmas. Also included was a patient panel that provided insight into the struggles of sickle cell patients.

- **Bay Area Adult Sickle Cell Support Group** — Children’s and the Sickle Cell Community Advisory Council maintain a support group for adults with sickle cell disease.

- **Public Health, Research, Epidemiology & Surveillance in Hemoglobinopathies (PHRESH)** — Children’s partners with the State of California and Centers for Disease Control in this statewide outreach project to increase awareness of and advocacy for sickle cell disease. The website casicklecell.org has recently had 10,000 hits.

- **Thalassemia Patient Support Group** — The thalassemia social worker regularly meets with four to six patients for a monthly Saturday support group to discuss compliance, morbidity, diet, exercise, and the impact of the disease on their mental health and personal relationships.

RESEARCH

For the past 40 years, the NCCSCC and NCCTC have been leaders in National Institutes of Health–funded multi-center research trials to improve therapeutic options and quality of life of patients with hemoglobinopathies. Currently, there are numerous clinical trials at Children’s for patients with hemoglobinopathies. The NCCTC Transplantation Program is one of the few institutions in the United States to offer gene therapy for patients with thalassemia and sickle cell disease. Both centers also partner with pharmaceutical companies in clinical trials of novel therapeutic agents to treat disease and improve quality of life. As a leader in research, Children’s is one of only four locations in the world that uses a SQUID (superconducting quantum interference device) Ferritometer to noninvasively measure the amount of iron in the bodies of patients with hemoglobinopathies.
Pediatric HIV/AIDS Program

The Children’s Pediatric HIV/AIDS Program (PHAP) offers comprehensive care to children, youth, and their families who are living with or exposed to HIV/AIDS. Since HIV attacks the immune system, it is critical for infected individuals to begin medical treatments with combinations of specific medications early on to improve their quality of life and survival. For most individuals, HIV/AIDS is a chronic condition that can be managed for decades with proper treatment and consistent adherence to medication regimens.

Clinic Coordinator: Teresa Courville, RN, MN | Medical Director: Ann Petru, MD

DIRECT SERVICES

HIV/AIDS Clinic—The clinic places emphasis on retention in care and adherence to medications, in order to suppress the patient’s HIV to undetectable blood levels. In 2016, 50 patients were followed in our clinic, and currently 93 percent of Children’s patients have undetectable blood levels. Children who were born infected are given special assistance in transitioning from pediatric to adult care during their late teen years. Teens and young adults with newly discovered HIV are assisted in obtaining care through local youth programs.

Advances in the prevention of mother-to-child transmission of HIV have dramatically decreased the number of newly infected infants in the US. However, we continue to see new families who immigrate to the U.S. for whom HIV may be a new or preexisting diagnosis. New referrals also come from families seeking international adoption who may be open to considering a child with HIV infection. The PHAP offers pre- and post-adoption services for families considering adoption of a child with HIV.

Family Care Network (FCN)—The network is a Ryan White CARE Act–funded collaborative that coordinates primary medical care, case management, peer advocacy, and legal and mental health services for people impacted by HIV/AIDS in Alameda and Contra Costa counties. PHAP is the only one of the six agencies in the collaborative that is funded to provide comprehensive care for young populations and prevent perinatal transmission in pregnant women.

Hope Clinic—By collaborating with the FCN, the clinic identifies pregnant women infected with HIV to provide them with care during their pregnancies, and ensure that their babies get proper treatment during and immediately after delivery. Infants at risk are closely monitored for 4 to 6 months staff until the possibility of infection is excluded. None of the 490 infants who have been seen by the clinic since 1996 have been HIV positive.

Sexual Assault and Needle Stick Exposures—We provide preventive, support, and education services for child victims of sexual assault and victims of needle exposure at risk of acquiring HIV (and hepatitis B and C, syphilis, gonorrhea, and chlamydia). Approximately 10-20 child victims of sexual abuse and needle stick exposures are seen by PHAP every year—often starting with their initial evaluation in the Emergency Department. We have seen 183 children falling under this criteria since 1997, most of whom were put on a one-month treatment regimen. None of those who came back for follow-up acquired HIV from their exposure.
HIV on the Frontlines of Communities in the United States (FOCUS) — Children’s is one of eight local community health organizations expanding HIV testing to comply with the recommendations from the CDC to offer universal, opt-out HIV testing as part of routine medical visits for all patients 13 to 64 years of age. FOCUS is designed to develop replicable partnership models that embody best practices in HIV screening and linkage to care. At Children’s, opt-out testing has been implemented in seven sites where youth are seen including the Teen Clinic, Primary Care, and inpatient clinics. Since expanding testing in 2014, Children’s Hospital has identified seven newly infected youth who have been linked to young adult care, mostly through the East Bay AIDS Center’s Youth Program at Alta Bates Summit Medical Center in Oakland.

Most striking about these newly diagnosed patients is that a high proportion of them have recently acquired acute HIV infection. They typically have a much higher viral load and are at much greater risk of spreading HIV to unsuspecting partners. Our start-up funding for this program ended at the end of 2016, but we hope to continue the screening with programs in place that will remind physicians to provide the test to patients who meet the criteria.

RESEARCH

PHAP staff and patients have participated in many clinical trials, including those related to drug development, antibiotics, and vaccine trials as well as clinical and immunological response to infection with HIV. In 2016, PHAP participated in a study called the “Treating Infants Early Study”, an observational study of infants with perinatal HIV-infection to initiate combination antiretroviral therapy very early in life to prevent seeding of reservoir sites. This cohort of early-treated HIV-infected infants would be potential candidates for future studies on HIV cures.

EDUCATION AND OUTREACH

PHAP staff work to educate the community, foster parents, teachers, community providers, and patients’ schools about pediatric HIV/AIDS issues through presentations and seminars. The Pediatric HIV/AIDS Program offers a mini-residency program to educate physicians, nurses, and social workers interested in increasing their clinical and psychosocial knowledge about HIV/AIDS. In addition, clinical expertise is shared with medical delegations from countries severely affected by the AIDS epidemic. Medical teams from Côte d’Ivoire, Thailand, Nigeria, and Tanzania have participated in this program.

In addition, there is a close partnership with Camp Sunburst and a number of other HIV-specific camps for children, youth, and their families in Northern and Southern California to enable Children’s patients to attend camps where they meet other children and learn skills and coping mechanisms for growing up with HIV.
Psychology Oncology Program

Children’s Psychology Oncology Program consists of a specialized team of a psychologist and a neuropsychologist. The team is specifically trained to provide compassionate care and address the special emotional needs of children with cancer and their families. This is the only psychological support program of its kind in the San Francisco Bay Area.

Program Coordinator: Dina Hankin, PhD

DIRECT SERVICES

Therapy and Emotional Support—The team provides individual psychotherapy, emotional support, encouragement, and hope to help children, their siblings, and their parents manage the emotional toll of a cancer diagnosis and treatment. Stress management, play therapy, and behavioral modification techniques are also used.

School and Social Reintegration—Not only are pediatric cancer patients’ school attendance and social interaction affected by their condition and treatment; their cognitive development may also be impaired. The Psychology Oncology team provides neuropsychological assessments, school presentations, and individualized advocacy for children who have been out of school or who have cognitive challenges as a result of their treatment.

Teen and Young Adult Cancer Support Group—The Teen and Young Adult Cancer Support Group is a safe place where teens and young adults aged 13 to 21 can connect to find support, resources, and hope while dealing with a cancer diagnosis and survivorship.

Long-Term Follow-Up Program—The team coordinates and provides outreach and psychological services to multidisciplinary clinics for pediatric cancer survivors who have completed treatment two or more years prior. Participation in these clinics allows survivors to receive information and guidance regarding their medical and psychosocial needs as they progress into survivorship and adulthood. In 2016, Children’s and the survivorship team at UCSF Benioff Children’s Hospitals, San Francisco launched the Survivors of Childhood Cancer Program, a joint multidisciplinary clinical, educational, and research program.
Camps for Children with Special Health Care Needs

Camps are an important experience that allows kids to enjoy outdoor activities and make new friends. All throughout the year, Children’s helps to manage several camps for children with special medical or mental health conditions.

**CAMP BREATHE EASY (ASTHMA)**

Located in a beautiful natural setting outside of Livermore, Camp Breathe Easy is a four-day, three-night residential summer camp for underserved children with asthma. Camp Breathe Easy was started and is managed by Children’s staff from our primary care clinic. In addition to the usual camp activities, such as swimming, boating, ropes courses, and sports, Camp Breathe Easy provides asthma education so attendees can learn to better manage their asthma. About 100 children attended Camp Breathe Easy in 2016.

**CAMP HEMOTION (BLEEDING DISORDERS)**

Each summer, Camp Hemotion provides a week-long residential program at Camp Oakhurst, near Yosemite, for 7- to 20-year-olds who have bleeding disorders, or who are carriers of bleeding disorders, and their siblings. Camp Hemotion is the result of a partnership between Children’s and the Hemophilia Foundation of Northern California. Attendees participate in various activities and learn how to better manage their conditions—including training in self-infusion.

**FAMILY CAMP AND B-LEADERS YOUTH RETREAT (HEMOPHILIA/BLEEDING DISORDERS)**

Members of the Hemophilia Treatment Center participate in the planning for and serve as medical staff for two camps. Family Camp is a weekend-long camp held each January at Camp Arroyo for children with bleeding disorders and their families; about 35 to 40 families attend each year. B-Leaders Youth Retreat is open to youth ages 14 to 18 who are affected by a bleeding disorder. This takes place once a year and is a weekend-long retreat. Many attendees at these camps are Children’s patients.

**DIABETES CAMPS**

Our Division of Endocrinology is intimately involved in several camps and retreats for children with diabetes:

- **Camp De Los Ninos**—A one-week residential camp in the Santa Cruz Mountains is for kids 7 to 17 years old. The camp combines traditional camp activities with diabetes education. A Children’s endocrinologist has attended camp as part of the medical staff since 2006. In addition, residents attend to help staff.

- **Sweet on Diabetes**—A weekend family retreat at Camp Arroyo in Livermore at which diabetes education is provided by endocrinologists and medical staff.

- **Campamento**—A UCSF Spanish-language event at Camp Jones Gulch in La Honda. A Children’s diabetes educator provides education and helps staff the event.

- **Spooktacular**—A fall family retreat at Camp Jones Gulch in La Honda for children with diabetes. A Children’s endocrinologist and certified diabetes educator provide education and staffed the event.

- **Camp de los Ninos**—A week-long summer camp for kids with type 1 diabetes in the Santa Cruz mountains. Staffed by Children’s physicians and diabetes educators.

- **Bearskin Meadows Diabetes Camp**—A series of summer camps for kids with type 1 diabetes and their families in Sequoia National Park. Staffed by Children’s endocrinologists and certified diabetes educators.
SICKLE CELL CAMP

Sickle Cell Camp is dedicated to enriching the lives of children with sickle cell disease. Last year, 30 campers attended our program, three-fourths of whom had never been to camp. This camp inspires children to try new things in a comfortable and caring atmosphere. The goal is to help increase our campers’ self-esteem through the development of new skills and by encouraging the values of kindness and charity. Campers meet new friends and learn about their disease in a fun, exciting manner. This safe environment allows kids to spend their summer with positive role models and have the chance to create fun memories with an incredible summer camp experience.
VII. Nutrition and Activity

Food insecurity, both lack of food and poor food quality, was identified in the hospital’s Community Health Needs Assessment (2016) as a significant problem among children living in poverty. Food insecurity, which is more prevalent among our patients than is generally recognized, greatly impacts a child’s physical health and brain development. In a recent survey done at Children’s, 57% of patient families surveyed in our hospital ER stated they did not have enough food to last them through the month. Yet despite this, food insecurity is typically not addressed in health care settings. Children’s recognizes that food insecurity is indeed a major problem and has the following efforts to address it:

**FOOD FOR FAMILIES**

For a number of years, the Center for the Vulnerable Child has been receiving bags of dried foods from the Alameda County Food Bank to distribute to patients in need in Primary Care. For the last year, the Center for Community Health and Engagement has expanded this relationship with the Food Bank to distribute dried foods every month throughout the hospital and outpatient clinics. Over 150 bags per month are distributed to families in need. In the near future the relationship with the food bank will expand to offer free pop up farmers markets.

**FOOD AS MEDICINE**

Food as Medicine is pilot research program conducted in partnership with Alameda County Supervisor Wilma Chan’s office as part of her ALL IN initiative. The targets pre-diabetic children by providing their families with fresh fruits and vegetables along with resources to facilitate their use, such as cooking and nutrition classes and cook books.
Community Farmers Markets and Dover Street Garden

Children’s collaborates with a local nonprofit, Phat Beets Produce, to promote healthy eating in patients and in the community through farmers markets and a youth community garden.

**FARMERS MARKET**

The year-round farmers market is located in front of Children’s Outpatient Center and is open every Tuesday for patients and the general public. The Children’s Hospital Oakland Research Institute hosts another seasonal farmers market serving the Oakland Senior Center. Both markets offer fruit and vegetables grown by local farmers. Weekly fruit and vegetable boxes are available on Tuesday for pickup or delivery for staff of the hospital who would like to support the market and get fresh produce.

**COMMUNITY GARDEN**

The Dover Street Park Youth Garden was developed near Children’s in 2010. The garden is maintained by adolescents who are participating in the HEAL Program. Vegetables grown in the garden are available to patients in the HEAL Program as well as the general North Oakland community.
Sports Medicine Center for Young Athletes

UCSF Benioff Children’s Hospital Oakland’s Sports Medicine Center for Young Athletes is a specially designated facility dedicated to the care, treatment, and education of young athletes. Facilities are located in Oakland, Walnut Creek, San Ramon, and San Francisco. Because growing bones and cartilage—unlike those of a skeletally mature adult—are more susceptible to injuries, young athletes should be managed differently than older athletes. That’s why UCSF Benioff Children’s Hospital Oakland developed a one-of-a-kind resource for sports injury care and prevention, offering young athletes the most current and comprehensive medical care and educational programming available.

**Medical Director:** Nirav Pandya, MD  |  **Clinical Director:** Michelle Cappello, PT, MSPT, SCS

### EDUCATION AND OUTREACH

Our staff serves as athletic trainers at 13 local high schools as well as for all 7 of the Oakland Athletic League football games and sports championship games. The Sports Medicine Center for Young Athletes is the sports medicine resource for the North Coast Section of the California Interscholastic Federation, with whom they contract to provide on-site athletic trainers at all North Coast Section high school championship events. The athletic trainers work with young athletes to manage acute injuries, implement rehabilitation programs, and provide education to prevent sports injuries.

The Sports Medicine Center for Young Athletes does community education and outreach to medical professionals and the general public through annual medical conferences, pro bono monthly community lectures, and health and safety workshops specifically for the young developing athlete. Each year, our specialists participate in more than 30 lectures/workshops across Alameda and Contra Costa counties.
Child Life Services

Child Life Services creates opportunities for infants, children, teens, and young adults to learn, play, and creatively express emotion during treatment or hospitalization. Patients of all ages undergoing surgery, having diagnostic testing, or receiving a life-limiting diagnosis at the hospital are a common but overwhelming occurrence. The multiple programs within Child Life work to (a) minimize the stress and negative impact these experiences bring to our patients (b) ensure that patients’ emotional, social, cognitive, and developmental needs are cared for during their visits to the hospital and (c) increase patients’ coping skills to support patients now and in the future as they face challenging life events.

Manager: Sara Devaney, MS, CCLS

JARED KURTIN MUSIC THERAPY PROGRAM

UCSF Benioff Children’s Hospital Oakland is a leader in creative medical treatment options and is home to a widely recognized and established pediatric medical music therapy program. Established in 2008, the Jared Kurtin Music Therapy Program employs three Board Certified Music Therapists who provide services throughout the hospital for infants, children and families. Music therapy is a clinical and evidence-based modality proven to help alleviate pain; reduce trauma; promote physical rehabilitation; support patients’ coping skills; reduce stress, anxiety, and depression; stabilize heart rate and blood pressure; and support cognitive and communication skills. The music therapy program is a training site for graduate level music therapy students.

HOSPITAL SCHOOL PROGRAM

We partner with the Oakland Unified School District to provide academic support for our inpatient population. Three general education teachers provide both bedside and classroom support for patients enrolled in grades K–12. In addition, one special education teacher teaches students who have Individual Education Plans. Staff is also involved in assisting students with securing home instruction through their regular districts. The school program follows the district’s school year calendar, running all weekdays. The program also provides a variety of enrichment activities such as art sessions, weekly poetry sessions and origami workshops, dance, video-making and interactive science projects. In the 2015-2016 academic year, the program spent over 5,000 hours with children.
FAMILY RESOURCE & INFORMATION CENTER

The Family Resource & Information Center (FRIC) is dedicated to offering supportive services for families and caregivers during their hospital stay. FRIC's bilingual staff members meet with and welcome each newly admitted patient and family in order to facilitate and guide families during their hospital stay. The Center serves as a respite and safe space for parents and caregivers so they can better care for themselves and visiting family members. Our weekly support groups provide parent-to-parent networking, weekly coffee and conversation meet ups, group art workshops, knitting and other wellness activities. Often, the connections made between families lend the greatest support to those facing the challenges that illness and injury might bring. The resources available to families include: business center amenities, computer access, fax, scan, cell phone charging and information on a host of local community services.

THE CHO SHOW

The CHO Show is a live, interactive TV program broadcast into each patient's room through closed-circuit television channel. On the CHO Show, patients and families can participate in games, trivia, tell jokes, and share advice with the entire hospital. Through the CHO show, children who cannot leave their rooms are able to interact with peers. Patients can contribute to existing CHO Show structure, as well as create original segments. Creative contributions can improve concepts of self-worth and give patients an increased sense of control during their hospitalization. Patients who have opportunities to interact with staff members in this unique way can develop better rapport with their medical team. The CHO Show playlist can be found on the hospital YouTube channel: https://www.youtube.com/playlist?list=PLLndO3CwTvJj6Lv1yduB5f3GXUBPO1dvM
Family Information & Navigation Desk (FIND)

Socioeconomic factors and a child’s environment are the largest contributor to health inequities and the most significant predictors of health outcomes across the lifespan and, but these “social determinants of health” are seldom addressed as part of traditional healthcare. The mission of FIND is to begin to address these basic needs—such as food and housing security—within the clinical setting, as a cost-effective way to improve the health of children.

Project Coordinator: Artanesha Jackson, MSW | Founder and Medical Director: Dayna Long, MD

DIRECT SERVICES

- Family Information & Navigation Desk (FIND) — FIND is currently active in the hospital’s high volume primary care clinic, where nearly all patients live in or are close to poverty. As part of routine visits, all families are currently screened for “social needs” that may be impacting the child’s health. This includes, for example, issues related to food security, government services, their physical environment, basic security, and exposure to drugs or violence. Families with identified needs are referred to the dedicated in-clinic FIND desk, which is staffed by highly trained navigators who assist families by connecting them to relevant resources in the community and developing an action plan. FIND maintains a database and relationships with scores of local resources and providers.

- FINDconnect® — FINDconnect® is a web-based software application created by the FIND team to automate various functions of the FIND desk and allow such functions to be scaled to other sites, including outside of clinics (e.g. on home visits).

OUTREACH AND ADVOCACY

Children’s is a founding member of the Bay Area Regional Help Desk Consortium (BARHDC), a regional consortium that aims to promote the development and sustainability of similar help desks across the wider Bay Area.

In 2016, BARHDC won the California Hospital Association’s Ritz E. Heerman Memorial Award for outstanding contribution to improvement of patient care in California. In addition the AHA highlighted BARHDC as an exemplar of a program that improves population health in its Engaging Health Care Volunteers to Pursue the Triple Aim report.

RESEARCH

Through a rigorous external study of programs such a FIND across the region we learned that FIND is highly effective in resolving unmet basic needs of families and improving health outcomes. In 2016, the study was published in Jama Pediatrics. http://jamanetwork.com/journals/jamapediatrics/fullarticle/2548441
Medical Social Services Department

Medical social workers consult with clinicians, community agencies, patients, and their families in both inpatient and outpatient settings. They assess the barriers to medical care for patients and their families who are adjusting to a new diagnosis, chronic condition, or catastrophic injury. On-call medical social workers provide coverage 24/7.

**Project Coordinator:** Marsha Luster, MSW

Services include:
- Supportive counseling
- Crisis assessment and intervention
- Referral for services, including lodging, transportation, and meals
- Information and referral to community resources
- Case management
- Advocacy
- Brief individual therapy, family therapy, and group treatment

**Spiritual Care**

The hospital chaplain provides spiritual care and emotional support to patients, their families, and staff. Many people find that talking with a chaplain can provide comfort, insight, and reinforcement of the spiritual aspects of their lives, especially while experiencing the uncertainty of illness, facing loss, or dealing with trauma. The chaplain provides support to people of all different faith perspectives and traditions, including those who identify as spiritual but not religious and those who do not have a faith or spiritual practice.

Spiritual care services include:
- Direct care to patients and families dealing with illness, trauma, and loss.
- Contact with a patient’s or family’s faith leader and/or faith community as needed.
- Collaboration with the interdisciplinary medical team.
- Advocacy in helping to articulate patients’ and families’ needs.
- Faith-based rituals as needed.

**Contact:** Rev. Gillian Murphy-Stephans

**Interpreter Services**

Children’s offers qualified medical interpreters free of charge 24/7 to our patients and their caregivers who have limited English proficiency or who are deaf or hard of hearing. UCSF Benioff Children’s Hospital Oakland has provided interpreter services in 62 different languages.

**Contact:** Sharon Leno, LCSW
EDUCATION AND OUTREACH

Internships
From August to June, the Medical Social Services Department hosts approximately 10 to 12 graduate students in their senior year of a Master of Social Work degree program. The interns integrate what they learn in school with their clinical practice. The department has a long history of affiliations with six graduate schools of social work.

Fellowship
The Medical Social Services Department offers advanced clinical training and supervision for post-graduates with Master of Social Work degrees in a 12-month Medical Social Work Fellowship Program. The fellows are integral members of the multidisciplinary outpatient medical team, providing family-focused services to children, adolescents, and young adults diagnosed with medical conditions both acute and chronic.

Holiday Donation Program
Medical Social Workers identified 75 families in need to receive Safeway gift cards for turkeys and trimmings for Thanksgiving 2016. During the winter holidays, Medical Social Workers identified families with limited resources and connected them with community agencies, hospital staff, and private donors to receive gifts. With the Holiday Donation Program, approximately 189 children received holiday gifts from generous donors.

POLICY

Medical social workers participate in planning committees and hold executive board positions in these organizations:

- National Association of Perinatal Social Workers
- Society for Social Work Leadership in Health Care
- Hemophilia Foundation of Northern California
- Sickle Cell Community Advisory Committee
- Transgender Patient Care Committee
Palliative Care

Palliative care aims to improve the quality of life as defined by the child and family and focuses on the physical, emotional, social, and spiritual needs of the child and family.

Program Coordinator: Christy Torkildson, RN, PHN, PhD, FPCN | Medical Director: Vivienne Newman, MD | Program Social Worker: Marta Friedman, LCSW, ACHP-SW, JD

In 2016, Children’s continued its Palliative Care Program, which was formally established in 2011. The program consists of a specialized interdisciplinary team—including a doctor, nurse, and social worker—who work together with the child’s health care providers to provide an extra layer of support.

Ideally palliative care begins at the same time as life-prolonging care and curative treatment; and supports the family’s goals for the future. The palliative care team is available for consultations on an inpatient and outpatient basis and can help with advanced care planning, decision-making, care coordination, pain and symptom management, and referrals. The team also provides extended support through expressive therapies, including art and music therapy.

In 2016, the team saw an average daily census of 20 and a total patient census of approximately 300 children in various stages of their disease process. The team continues to provide ongoing care and support to patients and families previously referred. Sixty-five children died at the hospital in 2016 and a further 15 known to Palliative Care died at their preferred location. The number of deaths in the Reflection Room remained consistent. A research study was completed to evaluate staff’s perspectives on this change in practice of an alternate location for end-of-life care. The results were published in the Journal of Palliative Medicine and presented at two different national conferences.

In addition, the palliative care team provides ongoing bereavement support for families who have lost a child with emotional support and counseling, support groups, and bereavement activities. The program held Children’s fifth annual Day of Remembrance in December. The palliative care team also provides ongoing education about pediatric palliative care locally, nationally, and internationally. In 2016, approximately 370 health care professionals received education from our team on various aspects of palliative care.
Kohl’s Injury Prevention Program

The Kohl’s Injury Prevention Program, administered by Trauma Services at Children’s, aims to reduce the number of unintentional injuries and fatalities in children, primarily through education and by providing equipment to promote safety. Each year in the U.S. as a result of injury, more than 9,000 children die, more than 225,000 are hospitalized, and almost 9 million children are treated for their injuries in hospital Emergency Departments. Unintentional child injuries are the leading cause of medical spending for children in the U.S.—totaling $12 billion annually.

Program Coordinator, Trauma Services: Bonnie Lovette, RN, MS, PNP

EDUCATION AND OUTREACH

- **Home Safety Improvement Program**— The program is a collaboration between the Neonatal Follow-Up Program, the Primary Access Clinic, Alameda County Healthy Homes Program, and Trauma Services. The program promotes “active supervision” among parents and provides education to keep children safe from unintentional injury. Parents are also shown a safe sleep environment for their infant. Families receive safety devices such as window guard “super stoppers,” bathtub thermometers, cabinet latches, doorknob covers, outlet protectors, safety gates, smoke and carbon monoxide alarms, toilet locks, stove locks, furniture corner cushions, and cribs.

- **The Prevention of Shaken Baby Syndrome Program (also called PURPLE)**—PURPLE is an evidence-based program used in the NICU through a formal agreement with the National Center on Shaken Baby Syndrome. It is designed to prevent abusive head trauma by educating parents and caregivers about normal infant crying and the dangers of shaking an infant. Each parent receives either a DVD or a smart phone application along with educational handouts.

- **Safe Infant Sleep Environment Program**—This program educates NICU parents on how to help prevent Sudden Unexpected Infant Death (SUID) due to environmental factors, such as overlay, suffocation and entrapment, by creating a safe sleep environment for their infant. Every baby discharged receives a Halo sleep sack, and cribs are provided according to financial need. The Safe Infant Sleep Environment is now a hospital-wide program in which a safe sleep environment is modeled for families for all children (with medical clearance) up to one year of age.

- **Car Seat, Special Needs Car Seat and Vests, and Helmet Program**—To promote safer transportation of infants, our staff provides over 500 families each year with equipment and education about car seat safety. Every baby in Children’s Neonatal Intensive Care Unit must have an appropriate child passenger restraint before being discharged. In 2013, the injury prevention staff started a Car Seat Inspection Station where monthly car seat checks are performed on campus for parents. Families of children who have spica casts may request a Hippo spica car seat or E-ZON vest, on a loan basis. Children with rehabilitation needs receive an assessment for a safe discharge home. A child passenger safety technician certified in special needs determines the type of car seat recommended for the patient. When a parent lacks the resources, a medical car seat or another suitable car seat may be provided through grant funding.

- **Text OUCH to 30644**—OUCH is a texting campaign launched in 2011 that aims to provide helpful safety tips to caregivers of young children. Families who subscribe receive two or more text messages each month in English or Spanish related to health and safety. Many agencies, organizations and pediatrician offices in both Alameda and Contra Costa counties have signed formal memoranda-of-understanding contracts to endorse this innovative method of education. The Contra Costa Board of Supervisors has recommended the OUCH program for all Contra Costa children, and the National Association of Pediatric Nurse Practitioners named it a “Best Practice Tool.”
Youth Alive, Caught in the Crossfire—Children’s has a Memorandum of Understanding (MOU) with the community-based organization Youth Alive (YA). Social workers at Children’s call YA counselors when a victim of violence is admitted to the hospital. The counselors arrive at the hospital within two hours of being contacted to prevent retaliation and re-injury. YA provides trauma-informed case management and mental health services to support the family beginning in the hospital and continuing in the community.

Website—The Kohl’s Injury Prevention Program website is www.preventingchildrens injuries.org. The site features comprehensive current pediatric injury prevention and emergency & disaster information. Child passenger safety information, including car seat installation videos in English and Spanish and educational resources for download, are available for staff and families.

In 2016, the Keeping Safe from Injury booklet on childhood injury prevention information was reproduced in English and Spanish, and is available for download. The Keeping Safe from Injury for Children with Special Needs is also available in PDF on the injury prevention website.
Health Education for Patients, Families, and the Public

As part of treating children with medical conditions and/or preparing children for discharge from the hospital, health education is a standard part of practice at Children’s. Additionally, health information is available on the hospital’s website and its Facebook, Twitter and YouTube pages. In this section, we highlight some of the departments that are providing health education out in the community.

**DIVISION OF AUDIOLOGY**

The Division of Audiology trains parents and patients in the use of Cochlear implants and in the use of hearing aids.

**DIVISION OF ENDOCRINOLOGY AND DIABETES**

The Division of Endocrinology and Diabetes participates in a number of community events such as: Walk to Cure Diabetes and information tables on World Diabetes Day and is involved in the “Becoming a Diabetes Educator” training workshops. They also partner with other agencies to support education, research and awareness of diabetes.

**DIVISION OF GASTROENTEROLOGY**

The Division of Gastroenterology hosts conferences for patients and families and give seminars to prospective foster parents on GI problems that may impact children in their care.

**DIVISION OF PULMONARY MEDICINE**

The Division of Pulmonary Medicine sponsors Cystic Fibrosis Family Education days several times every year.

**MEDICAL SOCIAL SERVICES DEPARTMENT**

The Medical Social Services Department offers a monthly support group for sickle cell patients and hosts an annual Sickle Cell transition workshop to help patients moving from pediatric to adult care. They also host an international clinic for families who have adopted children with thalassemia.
SPORTS MEDICINE FOR YOUNG ATHLETES

Sports Medicine for Young Athletes offers monthly community lectures and health and safety workshops in our surrounding communities. (See Sports Medicine section for more information)

PRIMARY CARE CLINIC

Primary Care Clinic provides health education classes on a variety of topics to preschools and schools as well as other agencies within Alameda County.

KOHL’S INJURY PREVENTION PROGRAM

Kohl’s Injury Prevention Program focuses on educating the community on various issues that impact children’s safety and wellbeing including: shaken baby syndrome, safe infant sleep, car seats and other forms of violence facing children in our community.

DIVISION OF MENTAL HEALTH AND CHILD DEVELOPMENT

Division of Mental Health and Child Development provides trainings for parents and caregivers on a variety of topics related to psychiatric health, as well as developmental and social emotional wellbeing.

PEDIATRIC HIV/AIDS PROGRAM

Pediatric HIV/AIDS Program provides community trainings for foster parents on HIV/AIDS.

HEMOGLOBINOPATHY CENTER

Provides thalassemia outreach programs and sickle cell awareness days.
Other Family Services

An essential part of treatment and care for many of the youth at Children’s is the support services that help young patients’ families adjust to their illnesses.

**BLOOD AND MARROW TRANSPLANTATION (BMT) HOUSE**

The BMT House provides post-transplant housing for families with children who have received a stem cell transplant at Children’s and live farther than a 30-minute drive from the hospital. The house consists of two separate units with a kitchen, living room, dining room, laundry room, bedroom, and bathroom in each unit. The location of the house provides easy access to the hospital and a safe transition after hospital discharge.

**Contact:** Nancy Noonan

**FAMILY HOUSE**

The Family House provides sliding-scale fee lodging and meals for families who live 100 miles away or farther from the hospital. It consists of 16 bedrooms, a playroom, a gym, two common kitchens, two living rooms, two laundry rooms, and a backyard with an outdoor kitchen area. Breakfast is provided daily, and on most days there is also an afternoon meal. Family House is also available to families with children in the hospital who are not staying at Family House but wish to enjoy a home-cooked meal, use of the gym, shower, or laundry facilities.

**Contact:** Rachele Patin, Manager

**CANINE COMPANION PROGRAM**

In 2014, Trinity, a two-year-old yellow lab/golden retriever, became our first and only facility canine companion. Trinity, now 5 years of age, has been professionally trained and can respond to more than 40 commands—motivating patients with special medical needs. She has worked with children in rehab, ICU, oncology, and palliative care. Her contributions to patient care include providing love and attention, increasing patients’ motivation to interact, promoting cognitive and language development, encouraging functional upper body movement (e.g., petting), and distracting and comforting patients during difficult procedures or exercises. She is a joy to patients and staff.

**Contact:** Christine Aguilar, MD
Professional Education at Children’s

Education is part of Children’s mission, and we maintain an array of professional training programs.

Graduate Medical Education: Pamela J. Simms-Mackey, MD,
Nursing Education: Nancy Shibata, RN, MSN | Nursing Education: Mari Ikeda

In 2016, Children's provided pediatric nursing training to 761 nursing students from 19 schools of nursing throughout the US. Clinical placements are made in a variety of settings, with preceptorships with advanced practice nurses, administrative nurses, and in specialty areas such as the Emergency Department, Surgical Services, Ambulatory Services, and the Juvenile Justice Center. Children’s offers two nursing scholarships—the Ava Elliot Scholarship provides nursing school tuition support, and the Ava Elliot Excellence in Nursing Award provides tuition support for continuing education for nursing staff.

In 2016, Children’s provided month-long training in 13 pediatric specialties for 90 medical students from medical schools across the country. Third-year UCSF medical students rotate through Children’s as one of their core pediatric teaching sites, as do second-year UCSF medical students for their introduction to clinical medicine.

Community, Advocacy, and Primary Care (CAP) Rotation for Residents—Children’s Residency Training Program continues to be one of the premier training programs in the western U.S., with 76 pediatric residents and 4 chief residents. As part of training, residents spend several months each year on the CAP rotation—where future pediatricians learn how to advocate for children and their families. During their CAP rotations, residents visit more than 40 community sites. Residents provide health education at some of the sites, and a few residents develop projects in their second or third year of training. In addition, residents join public health nurses for patient home visits, gaining a more complete understanding of patients’ needs. In 2016, the Health Resource and Service Administration recently awarded $1.3 million to expand and enhance our CAP curriculum. Our residents are dedicated to serving at-risk children, and a large percentage of them go on to practice in locally, and many stay at or return to Children's after subspecialty training.

Visiting Residents—An additional 260 residents from 26 non-Children’s programs rotated through Children’s in 2016. These mostly non-pediatric residents come to Children’s for the pediatric experience in their specialty—which, in 2016, included emergency medicine, general surgery, orthopaedics, anesthesiology, neurosurgery, radiology, family practice, dental, urology, as well as from nearby pediatrics programs.

Specialty Fellows—Children’s had 31 pediatric specialty fellows in 2016 in the areas of critical care medicine, emergency medicine, hematology/oncology infectious disease and pulmonary medicine, in programs based at Children’s and visiting fellows in the areas of rheumatology, anesthesia and radiology.
Education for Professionals in the Community

Children’s provides continuing medical education to staff and to community-based professionals (often offering CME and CEU). Below is a listing of some of the strategies utilized to support professional development for physicians, nurses, mental health and other allied health professionals.

**ANNUAL MONTEREY CME CONFERENCE**

In November 2016, Children’s sponsored this annual conference focused on the topic of “It’s All about Prevention.” There were 120 physicians/health care professionals in attendance.

**NURSE TRAINING**

Children’s also provides regular training to certify not only its own nurses but also nurses in the community. This year, the organization implemented an Interdisciplinary Simulation Education Program to support provider training in pediatric and neonatal resuscitation. Classes provided in 2016 include Basic Life Support Certification, Pediatric Advanced Life Support Certification, Trauma Nurse Certification Program, Neonatal Resuscitation Certification, Recognizing Pediatric Extremis, Pediatric Emergency Nurse Updates, Pediatric Hematology Care, Pediatric Chemotherapy Certification, Pediatric Oncology Care, Pediatric Acute Care Skills Day, Perioperative Skills Day, Neonatology Nursing Update, End-of-Life Nursing Education, and Pediatric Intensive Care Nursing Update.

**DIVISION OF ADOLESCENT MEDICINE**

The Division of Adolescent Medicine provides training and consultation to school professionals and mental health professionals on a variety of topics impacting the health and wellbeing of adolescents.

**CENTER FOR CHILD PROTECTION**

The Center for Child Protection provided over 40 educational events on issues related to child abuse and neglect.

**DIVISION OF HEMATOLOGY**

The Division of Hematology hosts an annual advanced workshop on sickle cell disease, an international conference that is a two day workshop and intensive educational and interactive gathering of hematologists around the globe.

**DIABETES PROGRAM**

This team provides training in the community to ensure that those working with high risk adolescents with diabetes. These trainings are offered in locations like schools and in the Child Welfare System.

**DIVISION OF PULMONARY MEDICINE**

The Division of Pulmonary Medicine—Provides training on lung diseases.
<table>
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<tr>
<th><strong>NEONATAL INTENSIVE CARE UNIT</strong></th>
<th><strong>CENTER FOR COMMUNITY HEALTH AND ENGAGEMENT</strong></th>
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<tr>
<td>The NICU sponsors training in the care of sick newborns for medical providers throughout the region and offers remote consultation.</td>
<td>The Center for Community Health and Engagement has sponsored and cosponsored trainings for the medical community on topics related to autism, ADHD and social determinants of health.</td>
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<th><strong>CENTER FOR THE VULNERABLE CHILD</strong></th>
<th><strong>SPORTS MEDICINE FOR ATHLETES</strong></th>
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<td>The CVC provides a variety of professional development trainings throughout the year to Child Welfare Workers and other professionals on issues impacting a child welfare population.</td>
<td>Sports Medicine for Athletes trains medical professionals through annual medical conferences and community lectures. Over 30 lectures and workshops are provided each year.</td>
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<th><strong>EARLY INTERVENTION SERVICES</strong></th>
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<td>EIS administers the only infant and early childhood mental health training program in Alameda County. Additionally, EIS offers an Advanced Practice Training Series in Early Childhood Mental Health. (see EIS section for more information)</td>
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CHAMPS: Community Health & Adolescent Mentoring Program for Success

The Community Health & Adolescent Mentoring Program for Success (CHAMPS) at Children’s offers several educational interventions to help high school students of racial and ethnic minority populations explore healthcare and biomedical research professions. The long-term goal of CHAMPS is to improve healthcare access and reduce the health disparities present in our society. The CHAMPS program partners with local high schools, health academies, universities, medical schools, and residency programs as part of a health professions pipeline.

Cofounder: Barbara Staggers, MD | Administrative Director: Shanta Ramdeholl, RN

CLINICAL INTERNSHIPS AND HEALTH CAREERS TRAINING PROGRAM

Each year, over 100 high school students from the Oakland and Berkeley Unified School Districts participate in this three-year healthcare and biomedical research internship program. There are four core program components: clinical internships to gain experience working in the healthcare field; academic enrichment to prepare for college and career planning; psychosocial services to offer case management and counseling; and youth leadership development.

In 2016, 31 scholars graduated from CHAMPS, all graduated from high school, and 94 percent began college in the fall. Collectively, the Class of 2016 received over $300,000 worth of financial support. Scholarship awards included two East Bay College Fund awards that provide $16,000 for four years; two Cal Opportunity Awards that cover full tuition and fees at UC Berkeley; one full-tuition support at Lawrence University; and one Students Rising Above, which provides scholarships and five years of mentorship from junior year of high school through college.

CAREER AND LEADERSHIP DEVELOPMENT PROGRAMS FOR ALUMNI AND MINORITY COLLEGE STUDENTS

In 2016, CHAMPS provided 31 pre-health alumni and local minority college students with career guidance and professional development through the CHAMPS Summer Career & Leadership Development Trainings. The trainings provide many skills for career development that are not provided in the classroom, such as strategic planning skills to strengthen networking, social media tools, resume and cover letter workshops, personal pitch skills and financial literacy.

CHAMPS also partners with Health Careers Connection (HCC), a national program for college students to intern in public health settings, providing further exposure into unique public health initiatives.
MEDIA DEVELOPMENT AND PEER HEALTH EDUCATION PROGRAM

CHAMPS Program, Media Enterprise Alliance (MEA), and KDOL Studios (OUSD Student Media Production) created a unique partnership where CHAMPS students gain the opportunity to design, create, and direct health awareness videos and public service announcements (PSAs) targeting adolescents. MEA students provide the technical expertise to support the video production and editing skills. Together the students hope to create a small library of short videos and PSAs that can be used in peer education outreach at local middle and high schools.

TRANSITION PATHWAYS AT THE JUVENILE JUSTICE CENTER

JJC Transition Pathways provides healthcare and other employment training for youth who are, or have been, in detention at the Alameda County Juvenile Justice Center in order to lower their risk of recidivism and re-incarceration. Program staff members teach participants life skills and connect them to vocational training, provide field placement, and help them with the employment process.

PEER HEALTH LEADERS

Students from the three-year Clinical Internships & Health Careers Training Program receive training to become Peer Health Leaders. They deliver health lessons to fellow students, focusing on mental health and conditions that are more prevalent in under-resourced communities, developing original presentations to engage their peers.

BRIDGING THE GAP

Since 2013, the CHAMPS Program has collaborated with Samuel Merritt University’s School of Nursing to bring over 100 CHAMPS interns to the Health Sciences Simulation Center, the Anatomy Lab, and the Physical Therapy Simulation Center. Students participate in patient scenarios and make connections with current nursing, occupational health, and physical therapy students and faculty, and receive mentorship and guidance.

CONNECTING THE PIPELINE: CHAMPS STUDENT-TO-STUDENT NETWORK

CHAMPS partners with the Health and Medical Apprenticeship Program at UC Berkeley and the Department of Nursing at CSU East Bay to bring together CHAMPS students with college and nursing students. Nursing students participate in developing a multi-day workshop to engage the high school students in stress management and healthy lifestyles. UC Berkeley students serve as mentors and role models and facilitate college preparatory workshops. These partnerships serve to provide opportunities to connect students to a broader network of future health care professionals.
CHORI Summer Student Research Program

High school and college students interested in pursuing careers in biomedical or clinical research have an opportunity to participate in CHORI’s award-winning Summer Student Research Program.

Administrative Contact: David Sabaria

The CHORI Summer Student Research Program was founded in 1981 as a way to provide mentored opportunities to students to help them explore and gain exposure to research. The program has steadily grown, serving over 1,000 students since its founding year and averaging 40–50 students per year for the past 10 years.

The nine-week summer program involves placement in a research setting under the guidance of a scientific mentor, as well as numerous enrichment activities. The program culminates in a day-long research symposium, at which students present their research findings to the faculty and their peers, mentors, friends, and family.

Roughly 80 percent of all attendees are either low-income, are first in their family to attend college, or are students from racial and ethnic groups traditionally underrepresented in the biomedical sciences.

In 2016, the program celebrated its 35th year with 44 students participating. Forty percent of the students performed basic science or stem cell research, and other 60%, clinical or behavioral research.

STUDENT SPOTLIGHT: MELISSA

Melissa, a participant in the 2016 CHORI Summer Student Research Program, was raised in a working-class Latino family. She is currently a senior at a local Catholic high school in Oakland, CA, and will be the first in her family to attend college. During her summer, Melissa used new software to explore the risk of bone fracture in patients with Thalassemia. The results from her work were so exciting that she submitted an abstract based on her findings to the American Society for Hematology. Her abstract was accepted and she presented her work in San Diego in December 2016. In addition, Melissa attended the Presidential inauguration after winning an essay competition in school. Although Melissa remains undecided about her future, the CHORI summer internship was instrumental in laying a solid foundation of career exploration resources, and providing mentorship as she ventures toward her bright future.
Project SEARCH

Project SEARCH at UCSF Benioff Children’s Hospital is an award-winning program that provides internships in the hospital and work opportunities to persons with developmental disabilities. According to the employment development department, of persons with developmental disabilities, 85% are unemployed, and more than half those who are employed earn less than $5,000 per year. Project SEARCH is improving these outcomes by partnering with employers, such as Children’s Hospital. Over 80 graduates of Project SEARCH at Children’s are now employed, earning on average 80% above the federal minimum wage and 90% percent of these graduates receive health benefits through their employers. Only 15 percent of graduates from Project SEARCH are working in retail or grocery positions, compared with 77 percent of individuals placed into employment through traditionally supported employment programs.

Project SEARCH UCSF Benioff Children’s Hospital has received recognition from the International Project SEARCH every year since the first graduating class of 2009 for the number of graduates receiving employment outcomes – the graduating class of 2015 achieved an employment placement of 80% after one year. Project SEARCH was also awarded the prestigious 2014 hospital Charitable Service award, given to just 10 programs in the entire country each year.
Volunteer Services

Volunteers have served at the heart of UCSF Benioff Children’s Hospital Oakland since its founding over 100 years ago. In 2016, over 800 volunteers served over 40,000 hours supporting our young patients, their families, and our staff. Children’s volunteers reflect the diversity of our community: They range in age from 16 to 90; speak more than 70 different languages; and come from all over the Bay Area.

Volunteers serve for many reasons: to prepare for college or graduate school, to give back to the hospital as grateful patients or family members, and to provide service to our community. Whether providing art activities in our Emergency Department waiting room, staffing our playrooms, reading with a child at bedside, holding our most vulnerable babies, tutoring patients, stocking supplies, or helping to guide our families to their destination, Children’s volunteers make a difference for patients, families, and staff every day.

**Director:** Open | **Administrative Contact:** Veronica Rodriguez Hall

### AREAS WHERE OUR VOLUNTEERS SERVE

Our volunteers serve throughout the main hospital and our off-site clinics. In 2016, UCSF Benioff Children's Hospital Oakland volunteers served in the following areas:

- Artist-in-Residence Program
- Asthma Education
- Cardiology: Healthy Hearts
- Center for Community Health and Engagement
- Children’s Surgery Centers (Oakland and Walnut Creek)
- Day Hospital
- Emergency Department and Trauma Services
- Endocrinology
- Family Resource & Information Center
- Gift Shop
- Hospital School Program
- Family Information & Navigation Desk
- Katie’s Clinic for Rett Syndrome
- Neonatal Intensive Care Unit
- Oncology
- Palliative Care
- Parent Infant Program
- Pediatric Clinical Research
- Pediatric Rehabilitation
- Playrooms
- Primary Care Clinic
- Spiritual Care
- Sports Medicine Clinics (Oakland and Walnut Creek)
- Teen Lounge
- Thalassemia Outreach
The hospital’s Family Advisory Council comprises volunteers who partner with staff to incorporate the principles of family-centered care into all aspects of the patient and family experience. Family Advisory Council volunteers share perspectives with staff and serve as an advisory resource for hospital leadership.

The volunteer office manages a High School Summer Program. In 2016, 40 high school students contributed over 1,500 hours of service over a period of seven weeks during the summer. In addition, 10 students from College Preparatory School in Oakland and 25 high school students from Achieve—a year-round, four-year high school scholarship and academic enrichment program for underserved youth and their families—volunteered at UCSF Benioff Children’s Hospital Oakland in 2016.

The volunteer office continues to support Children’s Center for Community Health and Engagement by providing a platform for them to recruit and place students from UC Berkeley and Cal State East Bay into various community benefit programs.

Community volunteers also support our patients and families in anticipation of the winter holidays. In December, over 75 volunteers from Salesforce wrapped gifts, sorted thousands of toys, and “adopted out” families for the holidays.

Also, volunteers from the following organizations brought unique programs for patients and families to UCSF Benioff Children’s Hospital Oakland in 2016:

- Art for Life
- Dancin Power
- Insulliance
- Moment by Moment Photography
- Painted Turtle
- Project Sunshine
- Threshold Choir

The volunteer office continues to support Children’s Center for Community Health and Engagement by providing a platform for them to recruit and place students from UC Berkeley and Cal State East Bay into various community benefit programs.
Center for Community Health and Engagement (CCHE)

Founded in 2015, the CCHE serves as a hospital resource and a bridge between the hospital and the broader community. CCHE helps strengthen the hospital’s community focus in today’s rapidly changing health care environment, now and into the future.

Executive Director: Barbara Staggers, MD, MPH, MA
Manager: Adam Davis, MPH, MA

CCHE Serves Six Primary Functions

COMMUNITY BENEFITS

CCHE provides support to and highlights the work of our existing community benefits programs, and meets state and federal community benefits reporting requirements.

COMMUNITY RELATIONS AND PARTNERSHIPS

CCHE engages in collaborative efforts and communication strategies between UCSF Benioff Children’s Hospital Oakland and its surrounding communities, and strengthens partnerships with community organizations, advocacy groups, agencies, and educational institutions.

POLICY, ADVOCACY, AND GOVERNMENT RELATIONS

CCHE evaluates legislation and advocates for pediatric health care policy that is aligned with the needs of both our medical center and our community, and facilitates engagement of hospital experts. This work is profiled in detail on page 59.

WORKFORCE DEVELOPMENT

CCHE increases awareness of multicultural approaches in patient care and promotes diversity in the health care workforce.

- Community Health & Adolescent Mentoring Program for Success (CHAMPS)—CCHE manages the Community Health & Adolescent Mentoring Program for Success (CHAMPS), profiled on page 50.

- Regional Collaboration to Expand and Strengthen Stem (RECESS)—Funded by a grant from the National Science Foundation (NSF), RECESS is a two-year pilot project to increase the number of women, Latinos and African Americans in the STEM fields of science, technology, engineering and mathematics. The NSF grant will be used to increase youth interest in and preparation for STEM careers, map multiple on-ramps and pathways to STEM careers, and bring agencies and communities together to achieve a common goal.
RESEARCH

CCHE facilitates cross-division and cross-campus initiatives, and promotes external partnerships to conduct research that addresses the CCHE mission.

- **Pediatric ACEs Screening & Resiliency Study (PEARLS)**—Adverse Childhood Events (ACEs), such as family deaths, divorce, exposure to violence, bullying, and other traumatic events, can lead to chronic, or toxic, stress. Toxic stress can have a tremendous impact on mental and physical health over one’s entire lifetime. The best time to help mitigate their impact is during childhood. However, there are currently no valid ACE screening tools to identify ACEs in children. CCHE is leading an effort to create and validate a screening tool for ACEs in the pediatric setting. This is a crucial step that will facilitate widespread screening for ACEs in clinical pediatric settings. The study will also assess how the ACEs screen correlates with existing behavioral health tools, key physical health indicators, and biomarkers.

- **Social Determinants of Health Adversity and Resilience Factors (SOAR) Study**—Social and psychological stressors play important roles in preterm birth. One natural point for addressing such stressors with women at risk for preterm birth is within the context of pregnancy related care. However, providers have limited time and competing priorities in health care encounters, presenting a challenge as to how to best integrate discussion of SOAR factors into pregnancy related care. SOAR is a qualitative study of providers delivering pregnancy related care in Oakland to: (1) assess providers’ knowledge, attitudes, current practices, capacity, and barriers to screening and addressing SOAR factors; and (2) compile current practice guidelines and standards for screening for SOAR factors. SOAR is funded by a $40,000 pilot research grant from the California Preterm Birth Initiative.

- **Food as Medicine Study**—Food as Medicine is pilot research program conducted in partnership with Alameda County Supervisor Wilma Chan’s office as part of her ALL IN initiative. The targets pre-diabetic children by providing their families with fresh fruits and vegetables along with resources to facilitate their use, such as cooking and nutrition classes and cook books.
HEALTH EQUITY PROGRAMS

CCHE incubates new programs, facilitates cross-division and cross-campus initiatives, and promotes external partnerships. Health equity programs managed by the CCHE include:

- **Family Care Network (FCN)—** Children’s is the lead agency of FCN. FCN manages eight agencies that coordinate primary medical care, case management, peer advocacy, and legal and mental health services for people living with or affected by HIV/AIDS in Alameda and Contra Costa counties.

- **Family Information and Navigation (FIND)—** The environment in which a child eats, sleeps, plays, and goes to school significantly impacts health. The FIND Program screens for social and environmental issues during medical visits. The innovative on-site “navigation desk” in the primary care clinic is staffed by trained community workers who aid families in identifying unmet social needs and then refer them to community-based resources. FIND Navigators follow up with families to ensure that they make community connections.

- **Spread the Word—** Spread the Word helps families to support their children’s school readiness. Through book giveaways, parent education materials and periodic events, we shine a light on the importance of parents/caregivers and children reading, storytelling and engaging in literacy rich activities. A core of volunteers are being trained to read to children in waiting rooms and we are working with a group of parents leaders and pediatricians to design more family friendly literacy tools to be used in clinics throughout the hospital.

- **Center for Nature and Health (CNH)—** Research now proves that being outdoors and in natural settings is therapeutic—it’s good for the body and mind. And it’s generally free. CNH conducts research, advocacy and education to promote the idea of “nature-as-therapy” and that providers should be routinely prescribing “nature” to patients.

- **Trauma-Informed Training Program—** Because of the potentially long-lasting negative impact of trauma on physical and mental health, it is important that health care and community providers move towards trauma informed systems of care. This involves both organizational and clinical changes that have the potential to improve patient engagement, health outcomes, and provider and staff wellness, and decrease unnecessary utilization. Children’s staff are partnering with our community to provide trauma informed care trainings in 7 Bay Area Counties.

- **Culture Humility Training—** Cultural humility is an important skill for all health care professionals working with a diverse group of co-workers and patients. Cultural humility is grounded in the belief that we do not become “competent” around issues related to culture but need to constantly be learning. On request, the CCHE provides training concerning cultural humility in the health care environment.

- **Food Insecurity—** In a recent study, 57% of patient families surveyed in our hospital ER stated they did not have enough food to last them through the month. Additionally, research shows that food that is not healthy can impact brain development and health conditions such as diabetes and obesity. CCHE is providing food bags from the Alameda County Food Bank to various departments throughout the hospital to give to families who are facing food shortage.
Government Relations, Advocacy, and Community Engagement

UCSF Benioff Children’s Hospital Oakland pursues its public policy, advocacy, and community engagement goals through a broad range of programs, services, and activities. Now under the umbrella of the Center for Community Health and Engagement, advocacy strategies and priority issues are developed in a collective leadership approach to address both the needs of our medical center and the needs of our communities. This is accomplished through formal government relations representation with policy makers and community leaders, as well as advocacy and community involvement by hospital staff who serves as representatives of the institution.

LEGISLATIVE VISITS

Children’s advances its advocacy efforts through personal visits with local, state, and federal elected officials and facilitates on-site hospital tours to create greater awareness of the patient centered environment. The Government Relations Director meets regularly with policy makers, key staff, agency department heads and community leaders to discuss issues affecting the hospital and children’s health care. Annually, the Government Relations Director participates in “Legislative Days” with legislators to brief them about key health-related topics and to advocate for effective policy, operational and budgetary decision-making that will advance solutions affecting the hospitals and pediatric health care.

PARTICIPATION IN PUBLIC HEARINGS

Medical and program staff provide their expertise in public meetings before city councils, and county Boards of Supervisors and in California State Assembly and Senate public hearings. Their professional expertise addresses some of the most pressing issues affecting pediatric health care and our communities today.
COMMUNITY ENGAGEMENT AND RELATIONSHIP BUILDING

Children’s administrators, physicians, and staff participate in other government boards and commissions and local community initiatives to support the educational and health care advancement of children and families. One of these key projects is Mayor Libby Schaaf’s “Oakland Promise” cradle-to-career initiative.

Below is a partial listing of some of the other local boards, commissions, and initiatives in which Children’s employees have leadership roles:

- Alameda Alliance for Health
- Alameda County Asthma Coalition
- Alameda County Child Abuse Prevention Council’s Multi-Disciplinary Team
- Alameda County Children of Incarcerated Parents Partnership
- Alameda County Early Childhood Policy Committee
- Alameda County Hepatitis B Free Campaign
- American Academy of Pediatrics Board, California Chapter
- American Board of Pediatrics
- Assemblymember Bonta’s Early Childhood Policy Committee
- Berkeley Mayor’s Health Task Force
- California Adolescent Health Collaborative
- California Children’s Hospital Association
- California Hospital Association’s Council of Northern and Central California
- California Medical Association
- California Thoracic Society Pediatric Committee
- Childhood Injury Prevention Network—Bay Area
- Children’s Regional Integrated Service System
- Coalition of Freestanding Children’s Hospitals
- Family Care Network Leadership Council
- First 5 Commission Alameda County
- Hemophilia Foundation of Northern California
- National Association of Pediatric Nurse Practitioners
- National Association of Perinatal Social Workers
- Pediatric Diabetes Coalition of Alameda County
- Sickle Cell Community Advisory Committee
- Society for Social Work Leadership in Health Care
- Transgender Patient Care Committee
XI. Economic Impact

Our methodology for determining the economic value of the benefit to the community incorporates elements of the reporting requirements for the IRS 990 and the California Hospital Association’s community benefit valuation standards. Children’s policy and methods for calculating the economic valuation are available upon request. Our community benefit valuation is the total net cost of charity care, undercompensated medical care, professional education, community programs and services, and research—after any reimbursement, philanthropic support, or supplemental funding has been subtracted.

The category related to physician costs represents the cost to the hospital required to retain subspecialists who provide care to children covered by Medi-Cal. Several of the other categories capture the underfunded overhead for programs that are otherwise funded by grants or contracts. These grants and contracts provide critical staff whom the hospital would otherwise have to support, but they do not fully cover all of the costs of delivering these services.

<table>
<thead>
<tr>
<th>ECONOMIC VALUE</th>
<th>FY 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Care (Free care to uninsured and underinsured patients)</td>
<td>$8,355,000</td>
</tr>
<tr>
<td>Government-Sponsored Health Care (Unpaid cost of public coverage programs, net of all government funding)</td>
<td>112,890,000</td>
</tr>
<tr>
<td>Subsidy to Ensure Physician Coverage for Uninsured/Underinsured Patients</td>
<td>36,525,000</td>
</tr>
<tr>
<td>Health Professional Education (Graduate medical education, fellows, nurses)</td>
<td>6,164,000</td>
</tr>
<tr>
<td>Subsidized Health Programs (Clinical services provided despite a financial loss to the organization)</td>
<td>8,892,000</td>
</tr>
<tr>
<td>Community Health Services (Activities or programs, subsidized by UCSF Benioff Children’s Hospital Oakland, carried out and supported for the express purpose of improving community health)</td>
<td>8,721,000</td>
</tr>
<tr>
<td>Research (Includes research costs not covered by external sponsors)</td>
<td>1,504,000</td>
</tr>
<tr>
<td>Advocacy for Children’s Health Issues</td>
<td>Included in operations</td>
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<tr>
<td>Subtotal</td>
<td>183,051,000</td>
</tr>
<tr>
<td>Supplemental Revenue</td>
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</tr>
<tr>
<td>Less DSH/Supplementary Funding (SB855/SB1255), Including Measure A</td>
<td>(30,968,000)</td>
</tr>
<tr>
<td>Less Net Hospital Provider Fee</td>
<td>(33,812,000)</td>
</tr>
<tr>
<td>Total Charity Care and Community Benefit</td>
<td>$118,271,000</td>
</tr>
</tbody>
</table>