2015 Community Benefit Report

SUBMITTED TO THE STATE OF CALIFORNIA JUNE 15, 2016
UCSF Benioff Children’s Hospital Oakland (Children’s) is a private, public-benefit not-for-profit 501(c)(3) medical center. We offer children and their families outstanding medical, surgical, and mental health services, spanning the health care spectrum from primary to quaternary care. In addition to clinical care, Children’s is also a leading pediatric research and teaching institution and a strong advocate for children.

In 2015, we created the Center for Community Health and Engagement (CCHE, p. 54). Through CCHE, we are demonstrating how a children’s hospital can reach beyond the traditional medical model to address the social determinants of health that contribute to the overall health and success of children. CCHE ensures that Children’s maintains and grows its commitment to the ideals of health promotion, prevention strategies, health equity, cultural humility, and population health.

Among other things, CCHE is responsible for conducting our community health needs assessments and writing and publishing our community benefit reports, starting with this 2015 report. CCHE will also strengthen our existing programs by providing technical assistance, incubating new community benefit programs, and advocating for children.

I am so proud of our service to the community and honored to be in this position.

Respectfully,

Bertram H. Lubin, MD
President & Chief Executive Officer
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 2015, a total of 74,095 patients made 10,176 inpatient visits and 253,038 outpatient visits to Children’s facilities, including 49,976 visits to Children’s Emergency Department and 26,963 visits to its primary care clinics. 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 2015, CHORI had more than 250 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
On January 1, 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, 2016, the Children’s Board comprised 19 directors. The Children’s 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.
The Affordable Care Act 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 2013 that can be found at: www.childrenshospitaloakland.org/main/community-benefit-reports.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 2015 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 2015 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**
President & Chief Executive Officer;  
Assistant Dean

**Doreen Moreno**
Manager, Government and Community Relations

The report was co-authored by Adam Davis; Erin Peterson, MPH; and UC Berkeley student Michelle An. It was designed by Erika Sandstrom of Children’s Marketing Communications department. Editing was provided by Moira Hess. 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 2015 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 2013. The analysis was done by Valley Vision, 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 more than 166 members of the hospital service area, expert interviews with 31 key informants, and 23 focus group interviews with 290 community members collectively. In addition, a community health assets assessment collected data on more than 600 assets within the hospital’s service area. The secondary data that was used included health outcome data, socio-demographic data, and behavioral and environmental data at the ZIP code or census tract level.

The priority health needs that were identified for Children’s were, in order:
1. Lack of access to quality primary health care services
2. Lack of access to mental health services
3. Lack of access to affordable, healthy food; abundance of fast food; food insecurity
4. Safety as a health issue
5. Poverty as a health issue
6. Lack of access to dental care services
7. Pollution as a health issue
8. Lack of safe places to be active
9. Lack of affordable substance abuse treatment and prevention programs
10. Lack of access to safe, reliable transportation

Our community benefits programs address nearly all of these identified needs. The full CHNA report is found at www.childrenshospitaloakland.org/main/community-benefit-reports.aspx.

The hospital’s next community health needs assessment will be published in summer of 2016.
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 2015 were for patients who received government-sponsored health insurance. The unpaid cost incurred by Children’s to provide services to these patients in 2015 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 2015, Children’s provided a level of charity care that is significantly higher than any other children’s hospital in California. See page 59 for details.
Primary Care Clinic (Community-Based Programs)

Children’s Primary Care Clinic sees over 30,000 visits each year—more children than any other primary care provider 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, chronic disease management, and immunizations. We have special clinics designated for foster care children and their families, children and families facing homelessness, new immigrant children, and children with asthma. In addition, the Primary Care Clinic provides health education, 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

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### SPECIALIZED CLINICS

**Continuity Clinic**—Children who are discharged from the hospital but do not have a primary care provider can continue to receive follow-up and primary care at the Continuity Clinic.

**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 2015, 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 is held weekly. It 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 2015.

**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.

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### 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, vaccine development, and social inequities in health care and toxic stress abatement. In addition, the clinic participates in formal evaluation studies of public health interventions.

The Center for Asthma Education, Management, and Research (CAEMR) is involved in several clinical and translational research studies intended to improve the understanding of and quality of life among children with asthma. CAEMR 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. CAEMR is currently participating in two Asthma Net studies: One 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 2015, 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)—CAP is an advocacy curriculum 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 first-hand 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—from safety to child development. They also attend lectures throughout the community about parenting techniques and community resources. They make home visits with the Alameda Public Health department to get a better understanding of children’s home environments and how they affect their health. 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 two school-based health centers and a Teen Clinic. The school-based health centers—Youth Uprising/Castlemont Health Center at Castlemont High School and the Chappell Hayes Health Center at McClymonds High School—are operated in partnership with the Oakland Unified School District and the Alameda County Health Services Agency.

The two school-based health centers and the Teen Clinic serve students ages 11 to 24 from the high schools as well as young people from the general community. The school health centers provide safe and convenient places for students to receive integrated, comprehensive medical and mental health services. In 2015, the three clinics had a total of 4,873 medical visits.

Our specially trained teams look at all aspects of an adolescent’s life to help address the many medical and mental health issues the adolescent could be facing. Both sites are integrated into full-service youth and family centers that promote youth development and serve as national models for adolescent health care.

Contact: Robbyn Striggs-Brown

The two school-based health centers and Teen Clinic 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 school-based health centers have medical services, mental health therapists, and a psychiatrist; they are the hubs for teachers, parents, and students to coordinate therapy, care, and support.

The 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 division is also developing a collaboration with Youth Alive, a local organization, to provide trauma screening to patients at the Teen Clinic site.
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 Newcomer 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.
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 3,800 children and youth received health care services at the JJC medical clinic in 2015; 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. Additional contracted staff includes an optometrist, a radiology technician, and a chiropractor. Other doctors, such as OB-GYNs, work with the program on an on-call basis. 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 | Supervising Physician: Javay Ross, 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
- Chiropractic services
- Optometry: screening, diagnosis, prescription, and allocation of eyewear on site
- Care via telemedicine for services not available at JJC
- Assistance with transition for community reentry
La Clínica Dental

La Clínica de La Raza, Inc. (La Clínica) is a nonprofit federally qualified health center (FQHC) with over 45 years of experience providing comprehensive clinical and community health services. La Clínica is committed to improving the quality of life of the diverse communities it serves by providing culturally appropriate, high-quality, accessible health care for all. Founded by students and volunteers in 1971 with one storefront site in Oakland, 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 (SHCN). 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 2015, La Clínica Children’s served 5,782 patients, with a total of 13,226 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 draw from 192 ZIP codes across predominately 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**

Children’s provides immediate, highly specialized pediatric emergency services at its Trauma Center. A trauma team is available at Children’s every hour of every day of the year. The trauma team comprises pediatric specialists in Emergency Medicine, Trauma Surgery, Anesthesiology, Critical Care, Neurosurgery, Orthopaedics, and Diagnostic Imaging. Children’s Division of Pediatric Rehabilitation initiates treatment in the acute care phase of injury and continues both as inpatient and outpatient care to support maximum recovery and function for the trauma patient. 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 1 Trauma Centers in California. In 2015, there were 625 children that required activation of the Children’s trauma team. There were an additional 188 patients followed by the trauma team, resulting in a total 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. 40).

**GENTLE HANDS PROGRAM (IN THE INTENSIVE CARE NURSERY)**

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 on both local and national levels. 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 2015, 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.

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.

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.

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. The ultimate goal is to identify the associations between caregiver and child trauma that could inform future child maltreatment prevention and treatment programs. 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.
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.

**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.

**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 2014, 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 from age 0 to 21 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. Services are culturally informed and family-friendly. To reduce barriers to service delivery, they often occur in the caregiver’s home or another location within the community.

In addition, the CVC is responsible for running the 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 living with their birth parents 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. Clinicians take a family-centered approach, integrating individual and family therapy with advocacy and case management. Most services are provided at the family’s home or at the youth’s school. Since 2003, the CATS program also has provided clinical training for social work and psychology students from Bay Area graduate schools.

Preschool and School-Age Services, Assessment, Guidance and Education Program (PASSAGE)—The PASSAGE Program is a collaborative effort with the Department of Children and Family Services, serving 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 longstanding 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. With specific expertise on the impact of trauma on young children, 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 2015. 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 innovative services to increase access to mental health services for children and youth who came to Children’s Primary Care and Adolescent Medical Clinics. Multidisciplinary BHI clinicians are available at clinic appointments to screen for mental health needs. When emotional and behavioral concerns are identified, the BHI clinician is able to collaborate with the primary care medical provider to assure integration of services. In addition, we provide brief therapy and medication interventions during the clinic appointment as well as facilitate and support further treatment, either through follow-up appointments or through referrals to community resources.

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 the long-term health and wellness of 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. Program staff also offers mental health consultation for educators and parents on nutrition, self-care, healthy lifestyles, conflict resolution, reproductive health, and substance abuse prevention. These topics are also highlighted in an annual health fair organized by the program.

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

Part of the CVC’s mission is to conduct research on the vulnerable populations it serves. 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 and raise children who may be affected by complex trauma.
- **Medically Fragile Infant Training**—This monthly training program is provided to professionals in Alameda County.
- **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.
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, and exposure to toxic stress and trauma. EIS services are family-centered, relationship-based, and trauma-informed. A multidisciplinary staff delivers these services at homes, school sites, community-based locations, and our 3rd Street site. Each year, more than 700 families utilize EIS, and many more children are reached through 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 the approximately 225 infants per year who who are graduates of the Neonatal Intensive Care Unit and have complex medical conditions and/or 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. The program also collaborates with the Unity Council Early Head Start program and provides a group for medically fragile infants and young children receiving Early Head Start services.

- **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.

- **Intensive Care Nursery Developmental Support Program**—This program provides developmental intervention and support, including kangaroo care holding and breastfeeding interventions, which are provided to parents with newborns in Children’s Neonatal Intensive Care Unit. The program serves more than 200 newborn children and their families each year.

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 System 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.

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 Family Support Professionals, such as Family Partners, Navigators, and Advocates who provide support to families and work to create family-driven services within their agencies. Additionally, the Reflective Facilitators in Training Program supports a culturally and ethnically diverse group of 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 Training Series— Funded by a Title IV-E grant, 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.

Stulsaft Project—This grant-funded project allows two Alameda County Early Head Start programs to receive ongoing teacher training on the impact of trauma on development and responsive teaching practices to support vulnerable children in their care.
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 2,875 outpatient visits for diabetes in 2015. 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/after-school 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.
EDUCATION AND OUTREACH

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 staffed 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. An educational conference for Northern California school nurses was held in September 2015 with great attendance. 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. Sickle cell disease disproportionately affects persons of African descent, while thalassemia disproportionately affects persons of Asian descent. Children’s Comprehensive Center for Hemoglobinopathies, one of the largest such centers in the world, treats about 600 children and adults with sickle cell disease and thalassemia each year, provides education to families and other medical providers, serves as a local and international resource, and conducts research and advocacy to improve the survival and quality of life of people with these conditions. Children’s provides reference laboratory services for the State of California and led a national effort to add screening for hemoglobinopathies into newborn screening programs throughout the U.S. The Comprehensive Center for Hemoglobinopathies has been at the national and international forefront of understanding transfusion therapy, iron overload, and the use of sibling cord blood and stem cell transplantation 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 multidisciplinary team consisting of physicians, nurse practitioners, psychologists, and social workers provides comprehensive care in a medical home model. Medical therapy includes hydroxyurea, transfusions, red cell exchange transfusions, chelation, 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 for people with sickle cell disease. NCCSCC has received federal funding from the Health Resources and Services Administration to partner with the Center for Inherited Blood Disorders to expand these efforts to the western region of the United States for the next three years.

Northern California Comprehensive Thalassemia Center (NCCTC)—Multidisciplinary staff offers medical care, education, counseling, and psychosocial services for children and adults who have or who are at risk of having thalassemia, and their families. Comprehensive care includes transfusions, chelation therapy, and bone marrow transplants. NCCTC provides care not only to patients in Northern California, but also to patients referred here from across the United States and internationally. NCCTC has also been awarded HRSA/CDC funding to lead a collaboration of centers in the western United States with the mission to expand access and standard care to patients with thalassemia.

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 who live further away may stay at the BMT House, located one block from the hospital.
EDUCATION AND OUTREACH

Professional Education

- **Hemoglobinopathy Reference Laboratory**—The Hemoglobinopathy Reference Lab is California’s reference laboratory for diagnosing hemoglobin disorders as well as a national resource to support the diagnosis and treatment of hemoglobin disorders. It provides clinical and diagnostic support to 33 state newborn screening programs. Thousands of newborns are screened for hemoglobin-related disorders, and many affected families are counseled and directed for comprehensive care. The lab also serves as the National Institutes of Health Hemoglobinopathy Disease Collaborative Genotype–Phenotype Database to aid in the identification and screening of clinically relevant hemoglobin variants. Additionally, lab employees often give educational seminars for fellow sickle cell counselors within California.

- **International Advanced Workshop on Sickle Cell Disease**—In 2015, Children’s again hosted this conference, which brought together hematologists from all over the world and premier sickle cell experts from the U.S. to engage in discourse on research, care, and new treatments and therapies.

- **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 six western continental states as well as Alaska, Hawaii, and Guam in Oakland for a three-day workshop. The group discussed site needs, standards of care, project goals, and timelines.

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 per year.

- **Blood Donation and Sickle Cell Awareness Days**—Children’s cosponsors sickle cell awareness events and blood drives attended by hundreds of community members. Typically sponsoring four blood drives annually, Children’s devotes one drive to thalassemia awareness, and another to encourage testing for the sickle cell trait. The thalassemia program hosts an annual blood drive for World Thalassemia Day, which took place this past year on May 7, 2015. The thalassemia program also collaborates with the community, local businesses, and UC Berkeley to plan blood drives and raise awareness of thalassemia.

- **UC Berkeley Internship Program**—The UC Berkeley Internship Program began in 2012. The interns focused on outreach to middle schools, high schools, and Asian and Indian communities, as well as organization of blood drives for thalassemia. The UC Berkeley Decal on thalassemia is a student-run class that was held in the fall of 2015. Approximately 15 students enrolled in the class and were taught about thalassemia from a variety of angles and using many different resources.

- **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.

- **Italian Catholic Federation (ICF) Convention**—The 83rd annual ICF Convention was held in La Quinta, California, over Labor Day weekend. The “Live to Give” Blood Drive was held August 28, and it was the fourth annual drive to honor thalassemia. Twenty-six people came to donate blood, and the Desert Blood Services collected 23 units. On August 30, the ICF once again chose Cooley’s anemia (thalassemia) as its national charity.

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

- **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.

Infusion Day — In 2015, an educational day was created to teach infusion techniques for self-infusion and for parents to infuse factor in their child. This event was staffed by nurses to help the families and contained a variety of stations to learn and practice techniques, with the aid of videos, fake arms, and other devices.

Children’s Oncology Patient Holiday Party — Coordinated by the Hematology/Oncology department to provide gifts, goods, and entertainment for oncology patients and their families in December.

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. For many years, Children’s has been at the forefront of research, using stem-cell therapies that have cured patients with sickle cell disease. 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 new trials will be opening that will also be available to patients with sickle cell disease.

Additionally, success at our research institute has helped Children’s implement the use of medical devices both for additional research and to help clinicians better diagnose and treat rare blood conditions. 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), established in 1986, offers comprehensive care to children, youth, and their families who are living with or exposed to HIV/AIDS. Because 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—Patients coming to the HIV/AIDS clinic receive care from a multidisciplinary team of health care providers. The clinic places emphasis on adherence to medications, in order to suppress the patient’s HIV to undetectable blood levels. Currently, 86 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. Since 2001, 65 teens and young adults have graduated into special youth programs or local adult HIV care. 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 United States. However, other countries impacted by HIV/AIDS continue to struggle with this pandemic. Therefore, families who immigrate to the U.S. for whom HIV may be a new or preexisting diagnosis are seen. Some families seeking international adoption who may be open to considering a child with HIV infection are also seen. The PHAP offers pre- and post-adoption services for families considering adopting 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 living with or impacted by HIV/AIDS in Alameda and Contra Costa counties. PHAP is the only one of the eight agencies in the collaborative that is funded to provide comprehensive HIV care for infants, children, and youth with HIV and to see women with HIV who are pregnant to help them avoid perinatal transmission. Our ultimate goal is to optimize retention in care, and viral load suppression, and to ensure that those who need to get prophylaxis to prevent pneumocystis pneumonia (a common but severe pneumonia that hits people with HIV who have advanced and poorly controlled disease).

In 2015, 50 patients were served at Children’s through the Family Care Network.

Hope Clinic—Through collaborations with programs in the FCN, it is possible to identify pregnant women infected with HIV, provide them with care during their pregnancies, and ensure that their babies get proper treatment and care during and immediately after delivery. Infants born to mothers with HIV are closely monitored for the disease over 4 to 6 months by Hope Clinic staff until they have been fully evaluated and the possibility of HIV infection can be excluded. None of the 475 infants who have been seen by the Hope Clinic since 1996 have been infected by HIV.
Sexual Assault and Needle Stick Exposures—We provide preventive services, support services, and education for child victims of sexual assault and victims of needle sticks who are at risk of acquiring HIV (and hepatitis B and C, syphilis, gonorrhea, and chlamydia). Approximately 8 to 10 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 162 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 Centers for Disease Control to offer universal, opt-out HIV testing as part of routine medical visits for all patients 13 to 64 years of age. The routine testing expansion is made possible by Gilead Sciences. FOCUS is designed to develop replicable model partnerships that embody best practices in HIV screening and linkage to care across America. The program has 94 partnerships in 11 regions across the United States that are heavily affected by HIV, including the Oakland area. The partnerships aim to make routine HIV screening for adults and adolescents a standard of medical care in order to reduce the number of undiagnosed individuals with HIV, decrease the number of those who are diagnosed late, and ensure strong linkage to care. At Children’s, opt-out testing has been implemented in seven sites where youth are seen: the Teen Clinic, two school-based clinics, Primary Care, the Juvenile Justice Center, the Emergency Department, and inpatient clinics. Since starting expanded testing in 2014, Children’s Hospital has identified five newly infected youth. These youth have been linked to young adult care in the community.

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.

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 including doctors, nurses, social workers, and public health/governmental representatives from Côte d’Ivoire, Thailand, Nigeria, and Tanzania have participated in this program.

PHAP hosts an annual holiday party and facilitates other social events for patients and families to network. 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 that will help them with HIV as they grow up.
Psychology Oncology Program

Children’s Psychology Oncology Program consists of a specialized team of psychologists and neuropsychologists. The team is specifically trained to provide compassionate care and address the special emotional needs of children with cancer and of their families. This is the only psychological support program of its kind in the 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 as needed.

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 2015, Children’s partnered with Alta Bates Summit Medical Center to create a transition program for young adult patients to obtain care with a medical oncologist and adult multidisciplinary team. In 2015, Children’s and the survivorship team at UCSF Benioff Children’s Hospitals, San Francisco have been hard at work to build the infrastructure for a joint Survivors of Childhood Cancer Center.
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 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.

**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.

**CAMP DE LOS NIÑOS (DIABETES)**

This 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.

**CAMP CREATING CONFIDENT PEOPLE (CHILD ABUSE AND VIOLENCE EXPOSURE)**

For one week each summer, the Center for Child Protection hosts Camp Creating Confident People, a day camp for children that have been affected by child abuse and exposure to violence. Through group psychotherapy, expressive arts, and interactive activities, children learn resiliency and safety skills.
Healthy Eating Active Living (HEAL): A Program to Prevent and Treat Childhood Obesity

Childhood obesity is a serious problem in Alameda and Contra Costa counties, where at least one-fourth of 5th through 9th graders are overweight. Children’s supports heal, a program based in the Pediatric Medical Multispecialty Group, which provides treatment and counseling 2- to 18-year-olds with obesity and the complications associated with being obese or overweight, including diabetes, heart disease, and high blood pressure. The clinical team includes physicians, a pediatric nurse practitioner, a dietitian, an exercise specialist, a lipid research consultant, and a psychologist. Approximately 300 new patients entered the program in 2015.

Project Coordinator: Lourdes Juarez, CPNP, MSN, RN | Co-Directors: Lydia Tinajero-Deck, MD; June Tester, MD, MPH

DIRECT SERVICES

HEAL is a year-long program that involves six to eight one-hour visits to the clinic. During each visit, patients receive individualized treatment and counseling with a physician and one of the staff's specialists. The program aims to promote healthy habits in children. Sessions focus on topics such as mental health, nutrition, and physical activity. HEAL is offered in Oakland and Walnut Creek.

RESEARCH

Dr. June Tester conducts research on how the environment impacts a child’s risk for obesity. She has been the principal investigator for a project examining the role of playgrounds in physical activity and community social capital, as well as for a project studying the feasibility of using mobile food vending to increase access to healthy food in at-risk populations. She is currently conducting a study about concurrent obesity and food insecurity.

From 2011 to 2013, the HEAL team participated in Focus on a Fitter Future, a consortium of more than 20 pediatric obesity programs in children’s hospitals nationwide. Participation in this research-oriented collaboration has enabled the team not only to be at the forefront of current clinical best practices, but also to be connected to current research endeavors, such as common measurement tools for obesity clinics nationwide. Currently, the team participates in an extension of that working group called the Children’s Hospital Association and the AAP Institute for Healthy Weight Expert Exchange.

The HEAL Program also works with research scientists at Children’s Hospital Oakland Research Institute’s Center for Nutrition and Metabolism and its Center for the Prevention of Obesity, Cardiovascular Disease and Diabetes.

EDUCATION AND OUTREACH

HEAL reaches many young people in the community through collaborations with:

- **Girls on the Run**—A local nonprofit that aims to increase girls’ opportunities for exercise and peer support. In 2015, there were three 10-week sessions where five HEAL girls participated in running around Lake Merritt, culminating with a 5K run.

- **YMCA of Downtown Oakland’s Teen Fit Program**—HEAL physicians refer adolescents to the YMCA to participate in a summer program, where they are then linked with a personal trainer.

- **Endurance**—Endurance is a community-based organization that offers biking and running experiences. In 2015, a total of three bike trips, two running trips, and two swimming events were conducted, with each event accommodating 8 to 12 children from HEAL.

- **Dancin Power**—A nonprofit that originated at UCSF Benioff Children’s Hospital Oakland, Dancin Power held dance sessions at HEAL patient orientations in 2015, with typically 15 patients at each session.

- **Phat Beets Produce**—This program is a nonprofit organization that runs a community garden and a farmers market. Every summer, HEAL patients intern in the garden to learn about gardening and food justice. Additionally, HEAL distributes community supported agriculture boxes to patients attending orientations to the program.
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, and San Ramon. 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 12 local high schools as well as for all of the Oakland Athletic League football games and sports championship games. The Center 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 general seminars. Each year, our specialists participate in more than 25 seminars 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. Undergoing surgery, having diagnostic testing, or receiving a new life-limiting diagnosis at the hospital are a common but overwhelming occurrence. The multiple programs within Child Life work to minimize the stress and negative impact these experiences bring to our patients. Child Life Services ensures that patients’ emotional, social, cognitive, and developmental needs are cared for during their visits to our clinic or stays in the hospital.

Manager: Sara Devaney, MS, CCLS

ARTIST-IN-RESIDENCE PROGRAM

The Artist-in-Residence Program at Children’s offers creative arts programs and projects each week in our hospital classroom, teen lounge, oncology playroom, and infusion center. Our artists work with patients in groups or individualized bedside art sessions. Through these projects and art groups, patients are encouraged to socialize with peers and contribute to their hospital community through art. The program began in 2002, and the program has served more than 15,000 patients and families.

FAMILY RESOURCE & INFORMATION CENTER (FRIC)

The goal of the Family Resource & Information Center is to meet the needs of families and caregivers of our patients. FRIC’s bilingual staff members meet and welcome each newly admitted patient and family. The Center serves as a place for parents to take care of themselves, whether that means enjoying a cup of coffee, relaxing in the massage chair, or conversing with other parents. Weekly support groups allow parents to meet one another, play games, knit, and do other activities together. Often, the connections made between families lend the greatest support to those facing the challenges that illness and injury bring. Resources available to families include business center amenities, hot beverages, snacks, toiletries, laundry care, and reading materials.

HOSPITAL SCHOOL PROGRAM

The Oakland Unified School District Hospital School Program provides academic support for our patients. Four general education teachers provide both bedside and classroom support for patients enrolled in grades K–12. In addition, one special education teacher teaches students ages 3–22 who have Individual Education Plans. The school program is open Monday–Friday and follows the district’s school year calendar. The program also provides a variety of enrichment activities such as art sessions, weekly origami workshops, dance, and interactive science projects. In 2015, the program spent over 5,000 hours with children.

JARED KURTIN MUSIC THERAPY PROGRAM

UCSF Benioff Children’s Hospital Oakland is a leader in creative medical treatment options and has the first established pediatric music therapy program in the Bay Area. The Jared Kurtin Music Therapy Program is a clinical and evidence-based program for hospitalized infants, children, and their families. Research shows that in a medical setting music therapy can 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.
Certified child life specialists provide therapeutic interventions to prepare children for procedures, engage patients and families in diagnosis education, and introduce supportive tips and comfort measures to master hospitalization, illness, and injury. These interventions help minimize stress and increase coping to support patients now and in the future as they face challenging life events.

Child life specialists provide therapeutic programs in our playrooms and teen lounge, and facilitate special events. This year, we were able to facilitate over 60 special events, which were filled with community groups, local sports teams, and nonprofit organizations bringing fun-filled activities inside the hospital for all to enjoy. A few highlights include a Pixar short film and artists’ visit, Salesforce Valentine’s party, Miss America visit, Santa visit, Raiders visit, and Project Sunshine parties.
Family Information & Navigation Desk (FIND)

The environment in which a child eats, sleeps, plays, and goes to school significantly impacts health. The mission of FIND is to reduce health inequities by partnering with families to address social determinants of health such as food insecurity, housing instability, access to green space, and quality of child care. This partnership model extends to health care providers, community-based organizations, volunteers, policy makers, and academic institutions. FIND is firmly committed to developing culturally responsive, evidence-based best practices.

**Project Coordinator:** Christine Schudel, MSW, MPH  |  **Founder and Medical Director:** Dayna Long, MD

**DIRECT SERVICES**

The FIND program screens for social and environmental issues during medical visits. The innovative on-site “navigation desk” is staffed by highly trained community workers/navigators 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. FIND promotes culturally responsive, evidence-based best practices for addressing social and environmental needs in a health care setting.

**EDUCATION AND OUTREACH**

FIND maintains an active collaboration with many community organizations such as the Alameda County Community Food Bank, East Bay Regional Park District, Family Resource Network, Bananas, CoachArt, East Bay Community Law Center, and YMCA. These collaborations serve as the backbone of the program’s ongoing effort to link children and families with the services they need. Children’s is a founding member of the Bay Area Regional Help Desk Consortium, a regional consortium that aims to support the development and sustainability of help desks across the wider Bay Area.

**RESEARCH**

A rigorous evaluation of FIND was crucial to demonstrating the impact on the health care delivery system and patient-centered outcomes. As a result of a randomized, controlled clinical trial, we demonstrated that not only can we resolve at least one unmet basic need, but FIND also improves child health outcomes.
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.

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

DIRECT SERVICES

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
During a nine-month period, the Medical Social Services department hosts approximately 10 to 12 second-year social work master’s degree students. The interns integrate what they learn in school with actual clinical practice. The department has a long history of affiliations with several Bay Area 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 Worker 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 100 families in need to receive turkeys and trimmings for Thanksgiving 2015. 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.
RESEARCH

Currently, the Medical Social Services department—in collaboration with two hospital programs (the Center for Child Protection and the Center for Child Development) and key research faculty from UC Berkeley School of Social Welfare—is supervising a two-year research project involving interns from UC Berkeley School of Social Welfare. This research focuses on the effectiveness of critical debriefing practices after a patient loss for the trauma response teams in the Emergency Department, the Pediatric Intensive Care Unit, the Neonatal Intensive Care Unit, and the Hematology/Oncology Unit. This two-year research project includes a comprehensive needs assessment with a recommended debriefing model in year one, and an implementation of the recommended debriefing model and evaluation of the model’s effectiveness in year two.

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

Contact: Marsha Luster, MSW
Palliative Care

In 2015, 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.

**Program Coordinator:** Claire Vesely, RN  |  **Medical Director:** Vivienne Newman, MD

Palliative care aims to reduce pain and other distressing symptoms for the child; focuses on the physical, emotional, social, and spiritual needs of the child and family; 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 2015, the team saw approximately eight new families per month and continued to provide ongoing care and support to patients and families previously referred. Fifty-seven children died at the hospital in 2015 and a further 11 known to Palliative Care died at their preferred location. The number of deaths in the Intensive Care Units decreased by 23 percent and occurred instead in the Reflection Room. A research study was completed to evaluate staff’s perspectives on this change in practice of an alternate location for end-of-life care. It is hoped the results will be published and presented at a national conference in 2016.

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 fourth annual Day of Remembrance in December. The palliative care team also provides ongoing education about pediatric palliative care locally, nationally, and internationally. In 2015, 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, more than 9,000 children die in the U.S. as a result of injury. More than 225,000 children are hospitalized annually, 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 their child safe from window falls, burns, choking, dog bites, drowning, gun-related injuries, poisonings, and other causes of 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 smart phone application along with educational handouts.

- **Safe Sleep Environment Crib Program**—This program educates NICU parents on how to help prevent Sudden Unexpected Infant Death (SUID) due to environmental factors, such as overlay and suffocation, 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. Safe Sleep is now a hospital-wide program in which a safe sleep environment is modeled for families for all children (with medical clearance) up to 1 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. IPP also conducts car seat checks and distributes car seats and bicycle helmets at health and safety events. Helmets are given to all patients who do not have an appropriate helmet. 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-Z-ON 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 and organizations 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 reinjury. YA provides trauma-informed case management and mental health services to support the family beginning in the hospital and continuing to the community.

- **Website**—The Kohl’s Injury Prevention Program website is www.preventingchildrensinjuries.org. Child passenger safety information, including car seat installation videos in English and Spanish and educational resources for download, are available for staff and families.
Health Education for Patients, Families, and the Public

Children’s staff members offer their expertise to the public—including patients and their families, foster parents, students, and professionals who work with children.

DIVISION OF AUDIOLOGY

The audiology department utilizes a cochlear implant educator, researcher, and outreach liaison for the cochlear implant program, and it provides support groups for cochlear implant patients, their families, and families of children considering implantation. In 2015, the Audiology department served over 7,500 patients in Oakland, Walnut Creek, and Brentwood. A Hearing Aid Program was established within the department that allowed the dispensation of amplification devices directly to Children’s hearing-impaired population. The State of California recognized UCSF Benioff Children’s Hospital Oakland Cochlear Implant Program to be one of the top research and clinical facilities in the nation, with high implantation success rate and high quality of service. The Cochlear Implant team followed and assessed approximately 500 patients and provided implantation to approximately 50 patients in 2015.

CENTER FOR THE VULNERABLE CHILD (CVC)

The CVC (p. 18) offers a monthly training specifically geared towards foster parents and adoptive parents of Children’s patients. Many of these trainings are trauma-focused and address issues related to child abuse and neglect. Additionally, various CVC programs provide weekly education to caregivers, child welfare workers, attorneys, school officials, and other professionals who work with at-risk children.

The Youth Uprising/CASTlemont Health Clinic and the Chappell Hayes Health Center at McClymonds High School are school health clinics established in partnership with the Oakland Unified School District and Alameda County Center for Healthy Schools and Communities.

These clinics provide trauma and impact-on-learning trainings to school staff and youth development partners. They also provide ongoing mental health consultation to support trauma-informed schools and teacher wellness. An annual health fair, health education event, and mental health consultation training for Alameda County school-based clinical case managers were also facilitated. These programs were awarded a Trauma-Informed Care grant from the California School-Based Health Alliance and Oakland Opportunity Fund.
DIVISION OF ENDOCRINOLOGY AND DIABETES

The Division of Endocrinology and Diabetes hosted an informational table and performed a screening for TrialNet at the Juvenile Diabetes Research Foundation (JDRF) Walk to Cure Diabetes at Heather Farms Park in Walnut Creek. The division also hosted a table in the cafeteria for World Diabetes Day in November. Insulliance, a new mentoring program for children with type 1 diabetes, continues to provide mentors to offer emotional support, resources, and nonmedical advice. Other resources for patients include audio and visual teaching materials to view while hospitalized: “Managing Type 2 Diabetes in Young People” and “Staying in Balance: An Introduction to Type 1 Diabetes for Kids and Their Parents.” The department provides intensive inpatient education and training for patients and families and provides books and resource binders.

The division also continues its involvement with “Becoming a Diabetes Educator” training workshops and gives a yearly lecture/workshop for the Mills College Public Health Master’s Program. In addition, the group participates in the annual Bay Area Diabetes Summit held in March as well as many other Bay Area interagency events supporting education, research, and awareness of diabetes.

HEALTH INFORMATION ON THE WEB

The public can access information on health topics and Children’s resources through the hospital's website and its Facebook, Twitter, and YouTube pages.

MEDICAL SOCIAL SERVICES

Our sickle cell social worker hosts a sickle cell support group monthly to help patients cope with their condition. We prepare patients for the important transition from pediatric to adult care with an annual Sickle Cell Transition Workshop and acknowledge the transition milestone with a “graduation” ceremony. Other services include a lecture titled “A Day in the Life of a Thalassemia Social Worker” and a social work panel for high school students. Thalassemia has a monthly adult patient support group. We have also lectured at UC Berkeley for their DeCal class on Thalassemia. Once a year, we have an international adoption clinic for families who have adopted children with thalassemia. Families come from all over the country for the clinic.

PEDIATRIC HIV/AIDS PROGRAM (PHAP)

Program staff educates foster parents, social workers, and health care professionals about HIV/AIDS.

PRIMARY CARE CLINIC

Primary Care staff provides health education classes and training on a variety of topics to schools and agencies that serve families in Alameda County.

DIVISION OF MENTAL HEALTH AND CHILD DEVELOPMENT

Teens, foster parents, teachers, family court judges, and health care professionals are taught about psychiatric health topics through classes provided by staff.

DIVISION OF PULMONARY MEDICINE

- CPR Training—Pulmonary patients and families are taught CPR prior to being discharged from the hospital.
- Cystic Fibrosis (CF) Family Education Days—CF education (including a Spanish-language session) is provided in Oakland, San Francisco, and Reno for CF families several times annually.

SPORTS MEDICINE CENTER FOR YOUNG ATHLETES

Staff provides education on injury prevention and other sports medicine issues to the public (p. 33).
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.

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

The BMT House provides housing for families who have children receiving a blood and marrow transplant at Children’s and live farther than a 30-minute drive from the hospital.

**Contact:** Cindy Lehmann

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**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, a common kitchen, a living room, and laundry rooms on each of the two floors. 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, or use of the gym, shower, or laundry facilities.

**Contact:** Rachele Patin

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**CANINE COMPANION PROGRAM**

In 2014, Trinity, a two-year-old yellow lab/golden retriever, became our first canine companion. Trinity has been professionally trained and can respond to more than 40 commands—motivating patients with special medical rehabilitation needs. Trinity’s 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.

Trinity has been such a slice of heaven to so many hospitalized children. One child in the ICU who had to be placed on hospice had only one request: to have Trinity in bed with her, which we were able to accommodate. There have also been children who request for her to be available before or after a procedure. She has encouraged children who have never spoken to speak. She eases pain and makes people smile.

**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 across several disciplines.

Graduate Medical Education: James Wright, MD
Nursing Education: Nancy Shibata, RN, MSN | Nursing Education: Mari Ikeda

NURSING EDUCATION

Nursing Students—In 2015, Children’s provided pediatric nursing training to 828 nursing students from 17 schools of nursing throughout the United States. Clinical placements are made in a variety of settings, including inpatient units, preceptorships with advanced practice nurses, administrative nursing preceptorships, and preceptorships 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.

Nurse Training—Children’s also provides regular, ongoing training to certify its own nurses as well as 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 2015 include American Heart Basic Life Support Certification, Pediatric Advanced Life Support Certification, Trauma Nurse Certification Program, Neonatal Resuscitation Program, Recognizing Pediatric Extremis, 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.

MEDICAL STUDENTS

In 2015, Children’s provided month-long training in 12 pediatric specialties for 82 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.

GRADUATE MEDICAL EDUCATION

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 88 pediatric residents and 4 chief residents. As part of their required training, residents spend several months on the CAP rotation—where future pediatricians learn how to advocate for the rights, safety, health, and education of children and their families. During their CAP rotation, residents visit more than 20 community sites. Residents provide health education at some of the sites, and a few residents develop grant-funded projects in their second year of training. In addition, residents join public health nurses for patient home visits, gaining a more complete understanding of a patient’s needs in our community. Residents at Children’s are dedicated to serving a disenfranchised population of at-risk children, and a large percentage of Children’s residents go on to practice in local underserved communities. Forty percent of residents go into fellowship training to become pediatric subspecialists, and many stay at or return to Children’s after subspecialty training.

Visiting Residents—An additional 290 residents from 14 non-Children’s programs rotated through Children’s in 2015. These mostly non-pediatric residents come to Children’s for the pediatric experience in their specialty—which, in 2015, included emergency medicine, general surgery, orthopaedics, anesthesiology, neurosurgery, and radiology.

Specialty Fellows—Children’s had 11 pediatric specialty fellows in 2015 in the areas of critical care medicine, emergency medicine, hematology/oncology, infectious disease, pulmonology, and pediatric surgery.
Education for Professionals in the Community

Children’s provides continuing medical education (CME) and training to both Children’s and community-based medical professionals, and CME credits are available in many cases. In addition to the activities listed below, many divisions at Children’s educate other professionals through the Physician Lecture Series at various community locations.

**MONTEREY CME CONFERENCE: 360° CARE FOR THE 4:30 EMERGENCY**

The CME Committee of UCSF Benioff Children’s Hospital Oakland presented the 45th Annual Fall Conference in November 2015. Approximately 150 pediatricians, nurses, and other allied health professionals attended the conference for a maximum of 14 hours of education.

**RESEARCH SEMINAR PROGRAMS AT CHORI**

As part of our commitment to education, CHORI offers weekly seminars. These provide regular opportunities for educational enrichment for principal investigators, the scientific community, and the public at large. Seminars are held in CHORI’s Little Theatre, which was built in 1923. The historic setting is equipped with state-of-the-art digital equipment for national and international leaders in all areas of scientific research to most effectively present their newest ideas and explorations.

**DIVISION OF AUDIOLOGY**

For many years, Children’s Division of Audiology has assigned a cochlear implant educator, researcher, and outreach liaison to provide education and support to the deaf/hard-of-hearing specialists who follow children with cochlear implants in local school districts. Additionally, other programs and events are often organized to educate local physicians, speech pathologists, audiologists, and the parents of children who are diagnosed with Central Auditory Processing Disorder.

**DIVISION OF GASTROENTEROLOGY**

The gastroenterology staff has organized conferences for suppliers of celiac disease products and also has hosted conferences for patients and their families. Staff participated in Family Day at CHORI last summer. Physicians associated with the division give seminars for prospective foster parents on gastrointestinal problems that may affect their children. The division also hosts clinical experiences for students from the high school to graduate levels. Institutions involved range from local high schools to UC campuses to organizations in Scandinavia and South America.

**DIVISION OF PULMONARY MEDICINE**

The Division of Pulmonary Medicine provides training on lung diseases for professionals who work with children. The division runs an accredited Pediatric Pulmonary Fellowship Program to teach pediatricians who wish to become board-eligible in this field. In addition, the division offers educational days for families of children with cystic fibrosis (CF) annually. The division provides asthma education for patients and their families and care providers.
**NEONATAL INTENSIVE CARE UNIT (NICU)**

The NICU sponsors training in the care of sick newborns for medical providers throughout the region and offers remote consultation. The NICU also has a Fetal Medicine Program that provides consultation for high-risk pregnancies as well as fetal MRIs when needed. This program also works closely with obstetric providers.

**PEDIATRIC INTENSIVE CARE UNIT (PICU)**

The PICU sponsors training in the care of sick newborns for medical providers throughout the region and offers remote consultation.

**COMMUNITY CPR CLASSES**

Children’s offers a low-cost cardiopulmonary resuscitation (CPR) class at the Walnut Creek campus each month. In 2015, 150 people completed the class, which teaches students critical skills needed to respond to and manage a choking or sudden cardiac arrest emergency in the first few minutes until emergency medical services arrive. The course covers infant, child, and adult CPR; choking; and hands-on Automated External Defibrillator (AED) training. Upon completion of this course, students receive an American Heart Association CPR and AED course completion card.
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 health care and biomedical research professions, so that these professions eventually become more representative of California’s diverse population. The long-term goal of CHAMPS is to improve health care access and reduce the health disparities present in our society. CHAMPS partners with local high schools, health academies, universities, medical schools, and residency programs as part of a health professionals 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 a three-year health care and biomedical research internship program. There are four core program components: clinical internships, which let student scholars gain experience working in the health care field; academic enrichment, which provides students with SAT and college preparation and career planning; psychosocial services, which offer case management and counseling for students; and youth leadership development.

In 2015, 28 scholars graduated from CHAMPS. One hundred percent of these scholars graduated from high school, and 98 percent began college in the fall of 2015. Alumni of the program have also returned to support current students through annual alumni panels as well as by providing motivation and college transition support. In 2015, CHAMPS graduates received over hundreds of thousands of dollars’ worth of scholarship funding. The class included one recipient of the Gates Millennium Scholarship, which offers full funding of undergraduate and graduate education and is granted to 1,000 people in the U.S. each year; two recipients of the East Bay College Fund; one recipient of the Cal Opportunity Award, covering full tuition and fees for four years at UC Berkeley; two recipients of the Marcus Foster Education Fund; and one student accepted by Students Rising Above, which provides scholarships and five years of mentorship beginning in the junior year of high school and lasting through college.

### CAREER AND LEADERSHIP DEVELOPMENT PROGRAMS FOR ALUMNI AND MINORITY COLLEGE STUDENTS

To provide support and extend opportunities for CHAMPS alumni and local minority college students interested in the health care field, CHAMPS hosted three intensive Career & Leadership Development Trainings in 2015. The trainings focused on helping the prospective health care professionals to strengthen their networks, utilize social media tools, and hone their resumes, cover letters, personal pitch skills, and financial literacy. For current students and recent graduates, these sorts of skills can impact motivation to continue into the health care professions.

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

CHAMPS, 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. Students also create posters and small informational cards on relevant topics such as nutrition and exercise, healthy relationships, dating violence, and HIV awareness. MEA students provide the technical expertise to support the video production and editing. Together, the students 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 health care employment training as well as other types of 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 reincarceration. Program staff members teach participants life skills and connect them to vocational training, provide field placement, and help them with the employment process.

YOUTH HEALTH EDUCATORS

Students from the three-year Clinical Internships & Health Careers Training Program receive training to become Youth Health Educators. They deliver health lessons to elementary school students—especially on illnesses and conditions that are more prevalent in minority groups—and run the Family Health and Science Festival, which is a fun and educational event for the general public.

BRIDGING THE GAP

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

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 and 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 build direct connections between high school students and students in the next step of their health careers, and they begin connecting 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 by Dr. Bertram Lubin, current president and CEO of UCSF Children’s Hospital Oakland, 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 2015, the program celebrated its 34th year; 47 students participated. Two-thirds of the students performed basic research, and the rest, clinical or behavioral research.

STUDENT SPOTLIGHT: MATEO

Mateo, a recent participant in the CHORI Summer Student Research Program, was raised in a working-class Latino family. He was the first in his family to attend and graduate from college. Although he loved science from a young age, it wasn’t until he was accepted into the CHORI summer internship program that he found his niche and a community of mentors to encourage him. Not only did he thrive during the nine-week summer program, but the lab he worked in invited him to continue his work with them. He is now utilizing this work towards a Master’s degree at UC Berkeley in molecular cell biology, with a plan to pursue a PhD. This fall, he submitted his first manuscript with the group, a first-author publication in the *Infection and Immunity* journal.
Project SEARCH

Project SEARCH at Children’s is an award-winning program that provides internships in the hospital and work opportunities to persons with developmental disabilities. Nationwide, according to the Employment Development Department, the unemployment rate for persons with developmental disabilities is 85 percent, and more than half of the 15 percent of those who are employed earn less than $5,000 per year. Sixty-five graduates of Project SEARCH at Children’s are now employed, earning on average 80 percent above the federal minimum wage. Sixty-five 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 won 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 2015, more than 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: Lilly Krenn | Administrative Contact: Veronica Rodriguez Hall

AREAS WHERE OUR VOLUNTEERS SERVE

Our volunteers serve throughout the main hospital and our off-site clinics. In 2015, 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)
- Clinical Nutrition
- Day Hospital
- Emergency Department and Trauma Services
- Endocrinology
- Family Resource & Information Center
- Gift Shop
- Hospital School Program
- Infection Control
- Family Information & Navigation Desk
- Katie’s Clinic for Rett Syndrome
- Neonatal Intensive Care Unit
- Oncology
- Palliative Care
- Parent Infant Program
- Pediatric Rehabilitation
- Playrooms
- Primary Care Clinic
- Spiritual Care
- Sports Medicine Clinics (Oakland and Walnut Creek)
- Teen Lounge
- Thalassemia Outreach

Volunteers from the following organizations brought unique programs for patients and families to UCSF Benioff Children’s Hospital Oakland in 2015:

- Art for Life
- Coach Art
- Dancin Power
- Insulliance
- Lawrence Hall of Science
- Moment by Moment Photography
- Painted Turtle
- Play-Well TEKnologies
- Project Sunshine
- Threshold Choir
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 2015, 50 high school students contributed over 1,500 hours of service over a period of seven weeks during the summer. In addition, 20 students from College Preparatory School in Oakland and 38 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 2015.

In late 2015, the volunteer office and Children’s Center for Community Health and Engagement started a volunteer intern program to recruit and place students from UC Berkeley and Cal State East Bay into various community benefit programs.

In 2015, volunteers were very involved with our Talk Read Sing campaign and the Reach Out and Read program to improve child literacy. Volunteers distributed thousands of donated books from our book carts and read to children in the waiting rooms of the Primary Care Clinic and the Emergency Department.

Community volunteers also support our patients and families in anticipation of the winter holidays. In December, over 120 volunteers from Salesforce wrapped gifts, sorted thousands of toys, and “adopted out” families for the holidays.
Executive Director: Barbara Staggers, MD, MPH, MA  
Manager: Adam Davis  
Administrative Assistant: Kelli Gingras

**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, 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 56.

**WORKFORCE DEVELOPMENT**

CCHE increases awareness of multicultural approaches in patient care and promotes diversity in the health care workforce. Among other workforce development activities, the CCHE manages the Community Health & Adolescent Mentoring Program for Success (CHAMPS), profiled on page 48.

**RESEARCH**

CCHE facilitates cross-division and cross-campus initiatives, and promotes external partnerships to conduct research that addresses the CCHE mission. Currently, the CCHE is conducting the Adverse Childhood Events (ACEs) Study. Adverse events during childhood have a tremendous impact on mental and physical health over the course of life. 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.
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” is staffed by highly 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.

- **Talk Read Sing and Spread the Word**—These programs address early literacy. Eighty percent of a child’s brain is formed by age 3, and it is influenced in large part by the parents’ words. In the Talk Read Sing and Spread the Word Projects, we work with low-income parents in a co-learning process to develop and test hospital- and clinic-based strategies to increase verbal engagement between the parents and children. The ultimate purpose of our project is to make child literacy a routine part of pediatric care.

- **Staying Healthy in Nature Every day (SHINE)**—In partnership with Children’s Primary Care Clinic and 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 happening in the regional parks around the East Bay and hiking with naturalists.

- **Trauma-Informed Training Program**—This program trains health care professionals throughout the Bay Area to provide trauma-informed care. Trauma-informed care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma-informed care also emphasizes physical, psychological, and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

- **Culture of Humility Training**—On request, the CCHE provides training concerning cultural humility in the health care environment.
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 serve 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 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.

CCHE leadership team members Dr. Dayna Long and Doreen Moreno celebrate the launch of the “Oakland Promise” initiative with Oakland Mayor Libby Schaaf and Staff Assistant Karely Salto-Ordaz at a luncheon reception.
MEMBERSHIP IN ADVOCACY ORGANIZATIONS

Administration executives and the medical staff play an active role in advocating on a local, state, and national level. Advocacy is frequently conducted through nonprofit trade associations and professional organizations such as the California Children’s Hospital Association, the California Hospital Association’s Council of Northern and Central California, the national Children’s Hospital Association, the California Medical Association, and the American Academy of Pediatrics.

Below is a partial listing of some of the advocacy organizations in which Children’s employees have leadership roles:

- Alameda Alliance for Health
- Alameda County Asthma Coalition
- Alameda County Behavioral Health Care Services Early Connections Design Team
- Alameda County Child Abuse Prevention Council’s Multi-Disciplinary Team
- Alameda County Children of Incarcerated Parents Partnership
- Alameda County Community Food Bank
- Alameda County Early Childhood Policy Committee
- Alameda County Health Workforce Pipeline Coalition
- Alameda County Help Me Grow Steering 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
- Berkeley Youth Alternatives
- California Adolescent Health Collaborative
- California Children’s Hospital Association
- California Medical Association
- California Thoracic Society Pediatric Committee
- California Wellness Foundation
- Childhood Injury Prevention Network—Bay Area
- Children’s Regional Integrated Service System
- Coalition of Freestanding Children’s Hospitals
- Ethnic Health Institute
- Family Care Network Leadership Council
- First 5 Commission Alameda County
- Health Careers Connection
- National Association of Pediatric Nurse Practitioners
- Oakland Promise
- Oakland Starting Smart and Strong Initiative
- Oakland Workforce Investment Board
- Pediatric Diabetes Coalition of Alameda County
- Sickle Cell Disease Advisory Committee
- Temescal Telegraph Business Improvement District
- California Institute for Regenerative Medicine
Children’s Global Health Initiative

Children’s provides benefits not only to the local community, but also to the global community through its Children’s Global Health Initiative (CGHI). Serving children in developing countries represents great opportunity for improving health and decreasing mortality. CGHI’s motto is “Treating Locally, Healing Globally.”

Director: Deborah Dean, MD, MPH

CGHI enables Children’s to have an even greater global impact by providing clinical services and training, conducting research, building clinical and research capacity abroad, fostering international partnerships, conducting foreign exchanges of physicians and scholars between those in the U.S. and those in other countries, hosting conferences, and establishing a clearinghouse of research that addresses global health issues.

CGHI works in countries by invitation to train in-country health care workers, provide technology to enhance prevention and treatment of local diseases, and develop research programs that address the diseases these countries encounter every day. In this collective way, CGHI builds sustainable programs that suit the needs of these communities. In turn, Children’s learns from our colleagues in other countries. Examples of health issues CGHI’s researchers and clinicians are working on in other countries include Rift Valley fever; sickle cell disease; behavioral disorders; HIV/AIDS; thalassemia; iron deficiency; lead absorption; meningitis; tuberculosis; pneumonia; trachoma; human cytomegalovirus; diabetes; sexually transmitted infections, including chlamydia and gonorrhea; osteoarthritis; leishmaniasis; glucose intolerance; congenital heart disease; trichiasis; obesity; diabetes; cleft palate; stem cell therapies; prematurity in infants; point-of-care diagnosis; and folate supplementation.

COUNTRIES AND AREAS IN WHICH CHILDREN’S WORKS

- **Africa:** Benin, Ethiopia, Kenya, Lesotho, Mali, Nigeria, Senegal, Uganda, Zambia
- **Americas:** Argentina, Belize, Brazil, Canada, Chile, Cuba, Ecuador, Guatemala, Honduras, Mexico, Peru, United States
- **Asia:** China, India, Japan, Korea, Laos, Nepal, Palestinian Territories, Turkey, Vietnam
- **Europe:** Albania, Austria, Belgium, France, Georgia, Germany, Italy, Netherlands, Portugal, Russia, Spain, Sweden, United Kingdom
- **Pacific:** Australia, Fiji, New Zealand
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 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Care (Free care to uninsured and underinsured patients)</td>
<td>$ 8,355,000</td>
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<tr>
<td>Government-Sponsored Health Care (Unpaid cost of public coverage programs, net of all government funding)</td>
<td>137,389,000</td>
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<tr>
<td>Subsidy to Ensure Physician Coverage for Uninsured/Underinsured Patients</td>
<td>30,303,000</td>
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<tr>
<td>Health Professional Education (Graduate medical education, fellows, nurses)</td>
<td>5,274,000</td>
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<tr>
<td>Subsidized Health Programs (Clinical services provided despite a financial loss to the organization)</td>
<td>5,276,000</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>8,169,000</td>
</tr>
<tr>
<td>Research (Includes research costs not covered by external sponsors)</td>
<td>5,913,000</td>
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<td>Advocacy for Children’s Health Issues</td>
<td>Included in operations</td>
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<td>Subtotal</td>
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<td>Supplemental Revenue</td>
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<td>Less DSH/Supplemental Funding (SB855/SB1255), Including Measure A</td>
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<tr>
<td>Less Net Hospital Provider Fee</td>
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<tr>
<td>Total Charity Care and Community Benefit</td>
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