



2020 Launch of the ACEs Aware Initiative Transcript

February 26, 2020

- Tanya Schwartz: Good afternoon and welcome to the 2020 Launch of the California ACEs Aware Initiative. My name is Tanya Schwartz and I'm with Harbage Consulting. We are very proud to be supporting the Department of Health Care Services, and the Office of the California Surgeon General on this initiative.
- Tanya Schwartz: I'm going to start with some quick housekeeping items and the sound check. If you can hear me okay, can you please click the raise your hand icon on the right-hand panel? All right, it looks like we are good. If we run into any technical difficulties and get disconnected, please dial back into the webinar using the same link and caller number.
- Tanya Schwartz: We'll be with you as soon as we resolve any issues that might come up. We want to let you know that all participants will be muted. But you can submit questions at any time during the presentation, using the chat feature on the GoTo panel on the right-hand side.
- Tanya Schwartz: Finally, this webinar is being recorded and will be available on [acesaware.org](https://www.acesaware.org). Next slide please. We have a great set of speakers lined up today, that I'm excited to introduce. We have Dr. Nadine Burke Harris, the California Surgeon General.
- Tanya Schwartz: Dr. Anna Lee Amarnath, the Medical Program Consultant and Chief of Medi-Cal Managed Care Quality and Oversight at the Department of Health Care Services, Dr. Melissa Merrick, the President and CEO of Prevent Child Abuse America and Dr. Brigid McCaw, a Clinical Advisor to the ACEs Aware Initiative.
- Tanya Schwartz: Next slide please. On today's webinar, we will cover what is happening nationally on ACEs and toxic stress. Provide an overview of the ACEs Aware Initiative, talk about the biology of adversity and the clinical



response, explain the Medi-Cal certification and payment process and share tools and resources to support providers.

Tanya Schwartz: Then we'll conclude with your questions. Next slide please. Our specific objectives for this webinar are to frame how ACEs Aware fits into national efforts, to provide information on ACEs and on the ACEs Aware Initiative, to explain the Biology of Adversity and to share screening tools, Clinical Workflows and Algorithms to address ACEs and toxic stress.

Tanya Schwartz: To familiarize you with ACEs Aware activities, tools and resources that are available to support you and your staff in screening for and responding to ACEs and toxic stress. With that, I will turn it over to Dr. Burke Harris, the California Surgeon General.

Dr. Burke Harris: Thank you so much, Tanya. I just want to welcome everyone, next slide please. Thank you so much for joining us for this burst in a series of webinars on ACEs Aware, to support our providers. Today, as you've heard, we're going to be really framing the ACEs Aware work that we're doing here in California against the national backdrop.

Dr. Burke Harris: The thing I'm most excited about, sharing some of the tools, activities and resources that we've developed for the initiative. To frame the national perspective, is Dr. Melissa Merrick. She is formally the Senior Epidemiologist for the National Center for Injury and Prevention, at the US Centers for Disease Control and Prevention, the CDC.

Dr. Burke Harris: And is now the President and CEO Prevent Child Abuse America, The nation's oldest nonprofit organization, dedicated to the primary prevention of child abuse and neglect. Dr. Merrick has nearly 20 years of clinical research and leadership experience, related to the etiology course and prevention of adverse childhood experiences, child abuse and neglect, Dr. Merrick.

Dr. Melissa Merrick: Thank you, Dr. Burke Harris. I am so thrilled to be with you all today, to give you a little flavor of what's happening at the national level around ACEs and toxic stress. I think really, we can see on this first slide... is that



really, I think we're in the business now, in this next generation of work, of really preventing ACEs and toxic stress before it begins.

Dr. Melissa Merrick: Really, when we look at a public health definition, it's really what we as a society do collectively to assure the conditions in which all people can be healthy. This is a very visionary definition and it takes all of us. We all have a role to play in the prevention of early adversity.

Dr. Melissa Merrick: I'm just so thrilled for your new surgeon general in California. Obviously, Dr. Burke Harris has been such a leader even nationally, and that you all have her there in California to lead this work is just so exciting.

Dr. Melissa Merrick: Next slide. We can see that as we implement a public health approach, so when we're talking about assuring the conditions, we're talking about these roots. What's here on The Pair of ACEs slides, to be adverse community environments. I see this as adverse conditions.

Dr. Melissa Merrick: Maybe as a field, we've really grown to see the leaves of adversity, to see child abuse, child neglect, various forms of household challenges. To understand the prevalence, the burden. We're going to talk a lot about that today, and through your entire ACEs Aware Initiative.

Dr. Melissa Merrick: Also, taking a public health and a prevention approach requires comprehensive strategies, that get at both the root causes to these kinds of... is poverty, discrimination, racism, income inequality, all of those things at the roots. If we change those roots, what are the leaves that we might be able to observe in the next generation?

Dr. Melissa Merrick: Next slide. No matter how you really measure ACEs, we know a couple of things from this very rich literature. We know that ACEs are common. In any sample, you have at least 60% of people that report at least one ACE. For those of us in this work, we know that often ACEs co-occur.

Dr. Melissa Merrick: If you have an ACE score of one, you're about 85% more likely to have additional adversities as well. Not just that they're common, but you see here a summary slide, that across 40+ health outcomes to date, as your



early adversity increases... they're on the horizontal axis, so too does your host for a whole host.

Dr. Melissa Merrick: Or so too does your risk, for a whole host of negative health outcomes like physical health outcomes, obesity, diabetes, obviously mental health outcomes, depression, suicide attempts, health risk behaviors also increase, things like smoking, alcoholism, opioid use and misuse. Early adversity impacts our life opportunities.

Dr. Melissa Merrick: The more adversity we have, the more likely we are to not complete high school, to be unemployed as an adult and to live in poverty as an adult. Next slide. Although California data even shows more than 5 of the 10 leading causes of deaths linked to early adversity, CDC in November of 2019 released Vital Signs on adverse childhood experiences.

Dr. Melissa Merrick: I was fortunate enough to serve as the lead author of that work, where we took data from 25 different states and DC, about 144,000 participants. We find the same things, where ACEs are very common. 61% of this sample had an ACE score of one. Much more compelling to me, is that 1 in 6 adults or 16% experienced 4 or more types of ACEs.

Dr. Melissa Merrick: Again, as our ACEs increase, so too does our risks for 5 of the 10 leading causes of death from these analyses, had roots in early childhood and adverse childhood experiences. We also saw that preventing ACEs, could reduce the number of adults with depression for example, by as much as 44%.

Dr. Melissa Merrick: Next slide. This also... across all of the outcomes that we looked at, we found these kinds of reductions in leading causes of health morbidity and mortality. By preventing ACEs, we could prevent up to 21 million cases of depression, up to 1.9 million cases of heart disease, the leading cause of death in this country, up to 2.5 million cases of overweight or obesity.

Dr. Melissa Merrick: The good news in all of this work, is that ACEs are preventable, they are not destiny. Just as we know that early adverse experiences stay with us



across the life course, so too do protective factors or protective experiences that children and families have.

Dr. Melissa Merrick: Next slide, which is why the role of public health in violence prevention, is really about boosting these protective factors. Not just protective relationships, but protective environments, sociopolitical environments even.

Dr. Melissa Merrick: Focusing on this left side of this graphic, in primary prevention, stopping early adversity and violence before it occurs in the first place, thereby stemming the flow of children and families that touch these other systems like criminal justice, child welfare, even healthcare.

Dr. Melissa Merrick: What's so exciting about the work here, that we're going to talk about today in California, is the stuff that's happening around healthcare providers. There was really a JAMA viewpoint commentary that came out in conjunction with the Vital Signs, that has a lot of best practices for healthcare providers.

Dr. Melissa Merrick: Many of which you'll hear from Dr. Burke Harris, are being implemented right now in California. Next slide. You can see this next side, Essentials for Childhood. This is CDC's vision for this work, to assure safe, stable, nurturing relationships and environments for all children. Again, very much a public health approach, very much a strength space.

Dr. Melissa Merrick: What are we trying to achieve? Not just calling out relationships, but also these broader conditions and contexts that support children and families, to reach their maximum health and life potential. Again, CDC, the leading public health agency for our country.

Dr. Melissa Merrick: Next slide. You can see that this public health approach is not just so aspirational in public health organizations. Here you can see, this is the shared vision among all of the sister agencies in health and human services for our country. Creating the condition for strong, thriving families and communities where children are free from harm.



Dr. Melissa Merrick: I had the pleasure of being on a detail with Commissioner Jerry Milner, who leads the Children's Bureau really, where child welfare and our child welfare agency gets its leadership. Again, this shared vision. We're talking about the same children and families around the country.

Dr. Melissa Merrick: How can we really set the course for preventing early adversity before it occurs? Next slide. CDC has also provided and produced a series of resources. They have technical packages, if you will, that are based on the best evidence-based strategies for preventing child abuse and neglect, youth violence, suicide, intimate partner violence.

Dr. Melissa Merrick: Here's one of their latest on cross-cutting strategies to prevent ACEs. This is their newest ACE prevention resource, that describes these different buckets of strategies. Again, a public health approach requires or calls for a comprehensive approach to prevention.

Dr. Melissa Merrick: Whereby any state community, organization, et cetera, would have activities in all of these buckets, just to do true comprehensive prevention work. Again, you're going to hear today, about some great efforts here in California, to really do ACEs screening.

Dr. Melissa Merrick: Which of course is embedded in this technical package and others, for having good evidence as a piece of this comprehensive approach to preventing early adversity. Last slide for me, is that prevention happens in partnership. This is something that can't be underscored enough.

Dr. Melissa Merrick: We all have a role to play, in assuring health and prosperity for our children and families in this country and around the globe. This is not just the work of physicians or of government, but also of schools, of business, of media, of nonprofit organizations such as Prevent Child Abuse America, certainly Prevent Child Abuse California Chapter.

Dr. Melissa Merrick: The Essentials for Childhood California team are so thrilled to be working in partnership with the Surgeon General, and all of the wonderful efforts that are happening in California, to really help us understand, what does prevention look like?



Dr. Melissa Merrick: What can physicians, practitioners, health care systems... what can they do to really prioritize prevention? I'm just so thrilled to hear all the answers by your Surgeon General, Dr. Burke Harris. I'll turn it back to you, Nadine.

Dr. Burke Harris: Thank you so much, Dr. Merrick. Next slide please. As we think about prevention and what does that look like in terms of a broad public health agenda, but also in terms of what it looks like on the ground, in terms of the difference of what we do.

Dr. Burke Harris: I tell the joke that, when I saw the CDC report of the Vital Signs, that report that came out in November, where ACEs were featured in the morbidity and mortality weekly report. I felt like it was like the cover of Vogue, with this work, which was really joyful.

Dr. Burke Harris: When we think about what a true public health approach looks like, we want to focus on primary, secondary and tertiary prevention. Primary prevention being addressing those systemic and structural barriers, raising awareness and really transforming those conditions.

Dr. Burke Harris: Also, we recognize that what the evidence shows, is that right early detection and early intervention improves outcome. Here in California, ACEs Aware is also focused on systematically deploying broad-scale screening, to enable early detection and evidence-based intervention on ACEs and toxic stress.

Dr. Burke Harris: When we look at working in partnership and thinking about what that really means, the question is, what is the role that we each have to play? Our primary care providers here in California have a very important role to play in terms of doing that early detection, and evidence-based intervention to support patients and families.

Dr. Burke Harris: We're focused on interrupting the vertical transmission of ACEs by advancing screening, not only in children, but also in adults. With special focus on the prenatal and early parenting years, coordinating and strengthening the network of referral and response to make it more



effective, accountable and easy to navigate for patients, families and providers.

Dr. Burke Harris: Finally, advancing the science of toxic stress, to improve the efficacy of our interventions and identify potential therapeutic targets. Next slide please. As we move forward grounding in this work, we recognize that for ACEs Aware, we identify the 10 traditional categories of ACEs, from the Adverse Childhood Experiences study that you see on the screen in front of you.

Dr. Burke Harris: I won't go through them one by one, but we stick to the traditional categories, to help us to be able to make scientifically valid comparisons, in terms of relative risk of health conditions.

Dr. Burke Harris: We also recognize at the same time, as we heard from Dr. Merrick, that the factors that were identified in the Adverse Childhood Experiences study, are not the only risk factors for toxic stress.

Dr. Burke Harris: We want to also recognize that other factors like poverty, like discrimination, are also risk factors for toxic stress and to understand how we can address those social determinants. Next slide please. What we see in the data here in California, is that similar to what Dr. Merrick described with the national CDC data, 62.7% of Californians have experienced at least 1 ACE.

Dr. Burke Harris: 17.6% of Californians have experienced 4 or more ACEs. For most of us clinicians, that means that every day we are seeing, individuals, families, patients who have experienced significant ACEs. Our ability to be part of that network of response is really critical. Next slide please.

Dr. Burke Harris: As Dr. Merrick mentioned, in our analysis for the ACEs Aware work, we looked at not only the CDC data sets... we drew from the CDC datasets, and we also drew from global meta-analysis around the impacts of ACEs.

Dr. Burke Harris: Looking at large, robust datasets from around the world, what we see is that there is this strong association between ACEs and 9 out of 10 of the



leading causes of death in the US. Really, there is an important healthcare imperative to be doing that prevention, early detection and early intervention that the evidence shows improves outcomes.

Dr. Burke Harris: Next slide please. In addition to this medical and ethical imperative, we also recognize that there is an economic imperative. In California, the annual cost to California of ACEs, just for these 8 health conditions is \$112.5 billion per year. That's over \$1 trillion in 10 years.

Dr. Burke Harris: Really, we recognize that as a way of improving our health care utilization, and that an ounce of prevention... or I will say a penny of prevention is better than a dollar of cure. The reason this is so important, is because what the research shows us... next slide, is that ACEs are not destiny.

Dr. Burke Harris: That with early detection and evidence-based intervention, we can transform health outcome. One of the important ways that we can do that, next slide, is really by recognizing that when we look at it other public health advances, whether it was the understanding of germ theory to develop everything from antibiotics to vaccines.

Dr. Burke Harris: Or whether it was the understanding of transmission of factors like HIV/AIDS, that allowed us to be able to develop anti-retroviral, understanding the biology of adversity is very important. Not only in terms of understanding what the risks are to our patients, but also to strategize and deploy thoughtful responses.

Dr. Burke Harris: Next slide please. What the biology tells us, is that our stress response we know falls along a spectrum of three different types of stress responses. We know that there's the positive stress response, which is a brief activation of the stress response, brief elevations in heart rates, blood pressure and hormonal levels.

Dr. Burke Harris: That homeostasis recovers through our body's natural coping mechanisms. Now, when the stressor is more significant and more intense, the body can tip into the tolerable stress response, which is a



more prolonged activation of the stress response system and systemic changes.

Dr. Burke Harris: That through the buffering effect of caring adults and other interventions, that homeostasis can recover. When those buffering caring interventions are absent or inadequate, what we see as a result is the toxic stress response.

Dr. Burke Harris: Long-term changes in the brain and body, as a result of prolonged activation of the biological stress response. The lack of the normal feedback inhibition, or the ability of the stress response to turn itself off normally, which leads to stress-related disease and cognitive impairment.

Dr. Burke Harris: It's important to recognize that when we're talking about toxic stress, one of the common misconceptions is that folks talk about toxic stress in the context of the stressor. We recognize that toxic stress is actually one of the three characterizations of the physiologic stress response.

Dr. Burke Harris: Either the positive stress response, the tolerable stress response or the toxic stress response. That is the maladaptive stress response. Next slide please. The ACEs Aware Initiative, being led by my office and the California Department of Health Care Services, is really focused on offering Medi-Cal providers training, clinical protocols and payment.

Dr. Burke Harris: To be able to screen children and adults, so that we can detect ACEs early and connect the patients to the resources and interventions that can improve their health. Next slide, so we're really excited to share with you.

Dr. Burke Harris: For those of you who have already gone on the [acesaware.org](https://www.acesaware.org) website, you'll see that we have a number of clinical tools and clinical workflows. The tools and workflows that I'm about to describe, are available both for pediatrics and for adults. I'll just quickly review. We touched on this a little bit in our last webinar as well.

Dr. Burke Harris: We have the clinical workflow developed by the Clinical Advisory Subcommittee, a team of experts with extensive expertise on ACEs and



toxic stress, and the clinical screening and intervention. The clinical workflow really helps a clinic to be able to understand how they're going to screen.

Dr. Burke Harris: What are the roles that each member of the clinic team will play? What the registration or front desk staff will do? Sharing the tool with the patient or the caregiver, if it's a pediatric patient as we see here with the pediatric workflow.

Dr. Burke Harris: Just walks folks through each step, kind of like the clinical workflows that we would see for other common clinical implementation such as lead screening or hemoglobin. It's a simple clinical workflow. Next up, and for the pediatric screening tool, the Department of Health Care Services will reimburse for the use of the PEARLS tool.

Dr. Burke Harris: That's the Pediatric ACEs and Related Life Events Screener. What you'll see is that, there are two parts to the PEARLS tool. One is, ask questions about ACEs. Part two, ask questions about other social determinants of health, that we recognize may also be risk factors for our toxic stress response.

Dr. Burke Harris: It's important to note that these two sections are scored separately, and that they should not be combined into one score. It should be a separate ACE score, and then the related life events score. Simply because we don't want to confound what that number is, in terms of our risk for health conditions.

Dr. Burke Harris: Next slide please. The screening tool, as we've mentioned before, is available in both de-identified, in which parents or caregivers, or the patient if it's an adult, does not say which ACEs they've experienced, only how many.

Dr. Burke Harris: In some clinical pilots and in early research, the findings are that this may be associated with greater patient comfort. There's also the identified tool, in which the respondent can say exactly which ACEs they have experienced. Both are available.



- Dr. Burke Harris: We have not made any specific recommendations on which to use, only shared the information that there's early data, saying patients may be more comfortable with the de-identified screen. Then we've made available on the website as well, the ACEs and Toxic Stress Risk Assessment Algorithm.
- Dr. Burke Harris: It's important to recognize with this, that the ACE score used in combination with an assessment for ACE-associated health conditions, can give an indication to the clinical provider as to whether the patient is at low risk, intermediate risk or high risk for experiencing a toxic stress response.
- Dr. Burke Harris: You'll see there's clear guidance, with the ACEs and Toxic Stress Risk Assessment Algorithm on having the ACE screen, which is the part one of the PEARLS or the total number for the adult tool, assessing for ACE-associated health conditions and then determining response and follow up.
- Dr. Burke Harris: Next slide please. I'm so proud of our team, has scoured the literature, to pull together the list of ACE-associated health conditions, which is available for pediatrics and adults with conditions.
- Dr. Burke Harris: Not only listing the conditions of ACE-associated health conditions, but also sharing the odds ratio as, how many more times a patient is likely to have this condition if they have four or more ACEs. Next slide please. What we see is that the benefits of screening are number one, to determine the likelihood that a patient's health is at risk due to a toxic stress response.
- Dr. Burke Harris: To better identify ACE-associated health conditions. I think many of us recognize that if a patient is experiencing depression or substance use, that might be related to their ACEs or related to an overactive stress response. When it's something like asthma or urticaria, it's often less recognized.



- Dr. Burke Harris: Having that list of ACE-associated health conditions is very helpful. Then identifying which patients maybe at greater risk of transmission of ACEs and toxic stress. Targeting our prevention efforts, as well as empowering patients to achieve better health and address their toxic stress physiology.
- Dr. Burke Harris: Next slide please. What that looks like clinically is for example, and as we are moving forward with this series of educational webinars for our providers, later on down the line, you'll see we'll be having specific webinars on... like doing a deep dive on screening, doing a deep dive on treatment planning.
- Dr. Burke Harris: We'll have a deep dive on trauma-informed care, but just looking at what that looks like in clinic. I think a great example of this, for me, I recall a patient that I had in clinic, who was a 16-year-old boy who had a regular physical. The ACE screening was a routine part of his care, and his ACE score turned out to be six.
- Dr. Burke Harris: He did not have any ACE-associated health conditions. Really applying those principles of trauma-informed care, establishing that trust, the relationship, the collaborative decision making. Then helping patients to understand that they may be at a greater risk, because of their history of exposure to ACEs and more importantly, what they can do about it.
- Dr. Burke Harris: I want to give an example of what that looks like. Next slide please. By sharing another tool that's available on the ACEs Aware website, which is available for pediatrics and also a separate tool available for adults, the Self-Care tool.
- Dr. Burke Harris: One of the ways that as a clinician I identify that a patient may be at greater risk, there are tools available to say, "Okay, looking at the domains of sleep, exercise, nutrition, mindfulness, mental health and healthy relationships, that are demonstrated to reduce stress hormones, reduce inflammation and enhance neuroplasticity."



Dr. Burke Harris: Which is essentially counteracting the toxic stress response. Here we see a patient Self-Care tool that a provider can share, with a brief overview as to what ACEs are, how they affect health.

Dr. Burke Harris: To help the patient and provider to be able to collaboratively plan and set goals in each of these domains, so that they can follow up on this treatment plan as they go forward with the patient's care. Next slide please. We've also included references in ACEs Aware, with patient educational materials.

Dr. Burke Harris: Thank you to the community of providers, of researchers and practitioners who have shared your educational materials. We've taken some of the really strongest and most rigorously scientifically vetted of these materials, and made them available on ACEs Aware.

Dr. Burke Harris: This is an example of a handout that a provider can share with a patient, about how to talk to them. Just as you would for a patient who has pneumonia, and they get that patient handout thing, what is the next steps and what should they look out for?

Dr. Burke Harris: Similarly, we've made available patient education materials on the ACEs Aware website, for clinicians to be able to use. Next slide please. Finally, I want to encourage all providers to go to acesaware.org and hit that button that says, "Get trained."

Dr. Burke Harris: You'll have the opportunity to take the two-hour provider training, that walks through a clinical vignette on screening for ACEs and responding to trauma-informed care. The two-hour free online course, offers CME and maintenance of certification. Once July 1st rolls around, providers won't be able to get paid unless they've completed this training.

Dr. Burke Harris: We're really excited, additional trainings will be made available throughout the year. We are looking forward to engaging our network of excellent clinicians who have been doing this work, from around the state and around the country.



Dr. Burke Harris: Providing more resources and tools to you all, who are the ones doing the hard work to ensure that California as a state is ACEs aware. I would like to turn it over to yeah, Dr. Amarnath, to talk about the Medi-Cal certification process.

Dr. Amarnath: Hi. Thank you, Dr. Burke Harris. I'm Anna Lee Amarnath, and I'm a family physician and a medical program consultant working with the Department of Health Care Services. I'm going to talk a little bit about how providers can complete ACEs screening and receive reimbursement through Medi-Cal.

Dr. Amarnath: As of January 1st, 2020, providers who complete qualifying screenings for our Medi-Cal members may receive reimbursement, if all the requirements are met. As of July 1st of this year, 2020, as Dr. Burke Harris noted, providers will have to have completed a certified training and a test to the certified training, to continue to receive the reimbursement.

Dr. Amarnath: In fee-for-service, the reimbursement eligible providers is up to \$29 for each qualifying screening, subject to Medi-Cal policy. In Medi-Cal managed care, the reimbursement for network providers is no less than \$29 for each qualifying ACEs screening. Now, qualifying ACEs screening is one that's done utilizing one of the two required tools.

Dr. Amarnath: Dr. Burke Harris talked a bit about the PEARLS tool already, as well as the ACEs assessment tool. Additionally, in order to receive payment, providers must document in the medical record what tool was used, that the completed screen was reviewed, the results of the screening, the interpretation of the results.

Dr. Amarnath: What they discussed with the individual or an individual family, as well as any appropriate actions that were taken. This documentation must be maintained in the medical records and be made available upon request. In order to receive payment, providers must utilize one of two HCPCS codes, which are based on the score from the screening.



Dr. Amarnath: The first code is G9919, which is for an ACE score of four or greater. The other code is G9920, for an ACE score of less than four, so zero to three. Next slide. Now, we have been receiving a number of questions, about how to conduct the screenings and what the policy and operational processes are for reimbursement.

Dr. Amarnath: We're recommending that you visit the ACEs Aware website, in particular, the frequently asked questions section of the website. Not only does it have contact information, where you can send in a question if you don't already see the answer to your question, but there are a number of frequently answered questions that have been put on the website.

Dr. Amarnath: These are continually updated. We encourage you to keep checking back on this website, to see if your questions have been answered. As Dr. Burke Harris noted, there are specific tools that are required to be used in order to be eligible for the reimbursement in Medi-Cal. The first tool is the Pediatric ACEs and Related Life Events Screener tool or the PEARLS tool.

Dr. Amarnath: There are three different tools. Use depends on the individual's age, as well as who is completing the tool? Whether it's the child or the caregiver, and also the identified and de-identified versions. In addition, for adults up to the age of 65, the required tool is the ACEs assessment tool.

Dr. Amarnath: This would be the tool that was adopted from the Kaiser Permanente at CDC prevention study. Alternative tools are allowed to be used, as long as they contain the 10 original categories of ACEs. For example, the first part of the PEARLS tool that Dr. Burke Harris showed, does incorporate those 10 original categories and that would be a version that could be used.

Dr. Amarnath: Next slide. Screening for ACEs is voluntary, and also screening can be done by providers as frequently as they deem appropriate and medically necessary. However, for purposes of receiving the reimbursement, there



are limitations on how frequently Medi-Cal will provide reimbursement for those screenings.

Dr. Amarnath: For individuals under the age of 21, reimbursement for qualifying screening will be provided not more than once per year per provider. If it's applicable, per managed care plan and some Medi-Cal members are in managed care.

Dr. Amarnath: For individuals aged 21 up to 65, an individual may be screened once in their adult lifetime per provider and again, per our managed care plan if applicable. Next slide. Conducting the screening is voluntary.

Dr. Amarnath: Providers should conduct the screening, a qualifying screening that meets all the requirements will receive payment as of January 1st, 2020. As of July 1st, 2020, to continue to receive payment, providers must have completed one of the certified trainings and completed the self-attestation for that training.

Dr. Amarnath: Additional information is available online, regarding the Medi-Cal policies, through the all plan letter, as long as the ACEs Aware website is specifically in the frequently asked questions section as well. With that, I'll be turning it over to Dr. McCaw, yeah.

Dr. Brigid McCaw: Well, thank you very much, Dr. Amarnath. I'm Brigid McCaw, a Clinical Advisor for the ACE Aware Initiative and Internal Medicine Trained Physician. I'm delighted to be able to show you some of the resources that have been developed to support the ACEs Aware Initiative. Next slide please.

Dr. Brigid McCaw: We have a variety of activities underway to engage and support providers, so we can ensure that you have the information, tools and resources you need to feel confident in caring for your patients.

Dr. Brigid McCaw: Here are three examples. Today's webinar is the first in a series, focusing on practical information to help providers integrate screening and response to ACEs and toxic stress into their clinic workflow. A second



example, was the request for proposal that was issued, to fund organizations to help extend the reach and impact of ACEs Aware.

Dr. Brigid McCaw: Those applications are currently being reviewed. The third example, is a very exciting endeavor, the California ACEs Learning and Quality Improvement Collaborative, CALQIC, which is a statewide learning collaborative of pediatric and adult clinics, to help identify promising practices and partnerships and informed future phases of the ACEs Aware Initiative.

Dr. Brigid McCaw: Now we're going to move from the slide presentation, to a live demo of the ACEs Aware website. Over the next five to six minutes, I'll give you a brief tour of the kinds of tools and resources that Dr. Nadine Burke Harris and Dr. Amarnath referred to, that you can find.

Dr. Brigid McCaw: Thank you to Tere Veloz, who will be our navigator. If we start with the ACEs Aware website landing page, you can notice the categories at the top. That's the Screen, Treat, Heal and About. As you hover over each category, you'll see the types of information that you can refer to there.

Dr. Brigid McCaw: Let's go to the dropdown on the screening category called Screening Tool. This is the page where you can find the PEARLS and Adult Screening Tools, that Dr. Burke Harris and Dr. Amarnath referred to. If you scroll down, you can see the listing here.

Dr. Brigid McCaw: These are the approved eight screening tools that Medi-Cal providers can use for the Department of Health Care Services payments. As you can see, there are different versions. On the left, you can note that it says, "Child" or "Teen." That helps guide the provider to select the one that's appropriate for their patients.

Dr. Brigid McCaw: Notice that you can also distinguish the format of the screening tool, because it says on the right, "De-identified" or "Identified". We saw an example of the de-identified PEARLS screener, through Dr. Burke Harris' presentation. The Department of Health Care Services is working currently to translate the PEARLS tool into several languages.



Dr. Brigid McCaw: Once those translations are completed, these versions will be posted on the page. If you scroll down to the adult screening tool, you can see that that is already available in English and Spanish. If we go ahead and open up the de-identified adult ACEs screener, you can see what this looks like.

Dr. Brigid McCaw: Then scrolling down to the bottom, you can see that in this version, the de-identified version, the patient does not indicate which specific adverse experiences have occurred, but just total, how many? Let's go back to the dropdown selections for screening. This time, we'll select Provider Training.

Dr. Brigid McCaw: If you scroll down a little bit here, you can see more information about how the online training that Dr. Burke Harris referred to, is really stage one of what we anticipate we'll be able to offer to providers. If you go here, you can either click on to get trained or you can do this orange button that says, "Get trained."

Dr. Brigid McCaw: That's the way in which you can go in and set up an account, and get registered and take the training. There's more coming. Looking at this for a moment, what you would do, is you would go to Create An Account. We won't click on that now, but it's the place in which you start your account.

Dr. Brigid McCaw: It's important to note that it's fairly straight forward to navigate this, but if you have handy your National Provider Identification number and any Board Certification ID number, if you want to get Maintenance Certification credit, this makes it a lot easier to go forward and create the account and begin doing the training.

Dr. Brigid McCaw: Let's go back to the ACEs Aware main site. Go to Screen once again and notice at the very bottom is Certification and Payment. We're not going to click that now. I just wanted to show you where it is, because Dr. Amarnath referred to it. Let's move over to Treat.

Dr. Brigid McCaw: The dropdown here includes the Science of ACEs and Toxic Stress, Principles of Trauma-Informed Care and Clinical Assessment and



Treatment Planning. Let's look at Clinical Assessment and Treatment Planning, because this is where you can find the pediatric and adult ACE Screening Clinical Algorithm that we saw earlier.

Dr. Brigid McCaw: There is a link here at the very beginning, and there is also a resource box at the very bottom of this page, that allows you to access these resources and have them readily available in clinic.

Dr. Brigid McCaw: If we scroll up just a little bit, I want to highlight that one of the slides that we saw in the presentation, which is so important, which is, how do we intervene and respond when ACEs are identified? It's right here on this page, as a reminder for what it is that we want to do. Let's move over to the Heal category and look at Resources.

Dr. Brigid McCaw: On this page, you can see links to many kinds of information, including the kind of patient education that we saw highlighted earlier. There's also clinical tips providing trauma-informed care, reference materials from the Center for Youth Wellness, the American Academy of Pediatrics, the CDC and other organizations.

Dr. Brigid McCaw: One caveat, this website, acesaware.org is only two months old. We're actively working on improving the site overall, and in particular reorganizing this page and making improvements, so that it will be much easier to navigate to all of our resources and information. We appreciate in advance your patience during this process.

Dr. Brigid McCaw: Please know that the next time you come to the page, it may be a little bit different in its appearance, but we expect it to be easier to navigate. If you have a resource that you think we should know about, please send it to info@ACEsAware.org. Let's look at the other dropdown under Heal, Educational Events. This is a page that you'll want to check periodically.

Dr. Brigid McCaw: It's where you can learn about and register for upcoming webinars, that are sponsored by the Office of the Surgeon General and the Department of Health Care Services. As mentioned, today was the first one that we've



formally done, but you'll see that we have several others planned for the rest of the spring and early summer.

Dr. Brigid McCaw: All of the webinars are recorded and they get posted to this website, so you can watch the recording if you're not able to attend at the time that it's being given. Now let's go up to about. Here is a place where you can find the policy guidance that Dr. Amarnath mentioned. Also, let's go down to materials for partners.

Dr. Brigid McCaw: If we scroll down a little bit, I want to point out three facts sheets that are really handy to know about and to be able to share with partners, with other people in the clinic or folks that want to know more about the initiative, or the Science of Trauma and Toxic Stress.

Dr. Brigid McCaw: One other addition that's brand new to this website as of just yesterday, is a general search function. This allows you to navigate this site, and it makes it much easier to find and get the information you want. We're going to continue to enhance this website, so that it will serve all of you who are serving patients as well as possible.

Dr. Brigid McCaw: Now let's return to the regular slide presentation. Coming soon, is another tool which is called the Provider Toolkit. This is designed to be a series of online fact sheets that support Screen, Treat and Heal. They can be read individually and used as part of training efforts, or as reminders or as references.

Dr. Brigid McCaw: They're written to be concise and easily readable. They'll be available online, and we expect to have this available later this spring. I'll now turn this over to my colleague, Tanya Schwartz.

Tanya Schwartz: Great. Thank you, Dr. McCaw. Next slide please. As Dr. Burke Harris and Dr. McCaw mentioned, this is the first of a series of educational webinars that will provide practical information, to help providers integrate ACE screening and response into their clinic and workflows. You've already seen on the website, we have four webinars scheduled.



Tanya Schwartz: We hope you will continue to join us for lunch, on the last Wednesday of each month. Please go to the website to register, for these deep dive webinars on trauma-informed care, building resilience in the workforce, screening and responding to ACEs for pediatric patients as well as for adult patients.

Tanya Schwartz: Next slide please. Again, the training information materials, frequently asked questions, are all on acesaware.org. The recording of today's webinar and the slide deck, will also be posted there.

Tanya Schwartz: Please check back frequently. We're continuing to add information. That concludes our presentation. It looks like we have about five minutes for questions. Samantha, can you please share the first question?

Samantha Pellón: Great, yes. This question is for Dr. Burke Harris. With the pediatric risk assessment in your experience, has it been found that parents disclose potentially sensitive information?

Dr. Burke Harris: Sometimes that does happen, yeah. In my experience, what we've experienced both in my clinical practice and in the PEARLS' research study, is that it's not uncommon that parents for the first time, de novo disclose active abuse or neglect that has never been mentioned before.

Dr. Burke Harris: It does happen, and oftentimes, in those situations where it does happen, what we find is that parents are grateful to understand that ACEs can be affecting their children's health in that way.

Dr. Burke Harris: In those situations, we want to utilize the resources that we have in clinic to either connect the patient to a social worker or a mental health professional, who can then facilitate or help with that process. Or if that individual is not available, we would follow the same protocols that we do in any other disclosure of sensitive information.

Samantha Pellón: Great. Another question that we received also for Dr. Burke Harris asks, "Does ACEs increase risk of depression, poor coping skills and lack of support?"



- Dr. Burke Harris: Yes, from the original ACE study, we saw that for individuals who had four or more ACEs, they were about four and a half times as likely to be diagnosed with depression.
- Samantha Pellón: Okay, another question we received asks, "What other tools or resources is ACEs Aware planning to develop to support providers, and their staff in treating patients with high ACEs scores? Just those with four or more ACEs."
- Dr. Burke Harris: I'll go ahead and take that question. One of the things that we're doing as part of ACEs Aware, is that we're receiving a lot of the feedback that you all have shared. I want to say a huge thanks to the providers who have gone through and taken the two-hour online training.
- Dr. Burke Harris: Let everyone know that are reading your comments, and questions that are shared with that process. Our process has been to bring those questions and comments together. As we're looking at them to see, which are the issues that are rising to the top as areas that providers most urgently, or most consistently express a need for additional support?
- Dr. Burke Harris: In addition, through our RFP process, some of the things that we've been doing for example, we've heard a request, a need and a desire for training materials for other staff members other than the primary care provider. Which is what the two-hour training is more focused on, the primary care provider.
- Dr. Burke Harris: How do we look at training materials for other members of the clinical team? That was one of the things that was encouraged as part of the RFP process. We're still looking at all of the proposals that have come in. Essentially, you all as the community are helping to inform us, as to the tools that you generate. Then also what tools we're hearing from you that you need.
- Tanya Schwartz: Great. Thank you, Dr. Burke Harris. We are just about at time, so I want to thank you all for joining. Please visit acesaware.org. We hope to see



you at the next webinar on March 25th. Thank you all. Have a great rest of your day.