



# Trauma-Informed Primary Care (TIPC) Implementation Advisory Committee Meeting

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March 3, 2020



# Welcome

**Dr. Nadine Burke Harris, MD, MPH**

California Surgeon General, Office of the California Surgeon General

**Dr. Karen Mark, MD, PhD, MPH**

Medical Director, Department of Health Care Services



# Meeting Objectives

- Provide updates on the ACEs Aware initiative and activities.
- Discuss the role of the TIPC and Subcommittees in 2020.
- Learn what you are hearing from providers about ACEs Aware, and how you are integrating ACEs Aware activities, training, tools, and resources into your organization.
- Provide updates on the California ACEs Learning and Quality Improvement Collaborative (CALQIC) and the Initiative to Advance Precision Medicine.



# ACEs Aware Updates



# ACEs Aware Updates: Initiative



[Screen](#) [Treat](#) [Heal](#) [About](#)

[GET TRAINED](#)

Adverse Childhood Experiences (ACEs) and toxic stress are a public health crisis. We can take action to change and save lives.



## ACEsAware.org and “Becoming ACEs Aware in California” Training Launched!



# ACEs Aware Updates: Initiative

## California's Investment

- **Routine Screening in Primary Care – more than \$160 million over 3 years:**
  - \$40.8M in FY 2019-20 for ACEs screenings of children and adults receiving Medi-Cal.
    - DHCS will provide a supplemental payment to Medi-Cal providers.
  - \$50M in FY 2019-20 to train providers on how to screen and respond with trauma-informed care.
- **California Initiative to Advance Precision Medicine:** \$9 million for research demonstration projects that address health impacts of ACEs using precision medicine approaches.
- **Cross Sector Coordination:** \$10 million for cross sector training for Government Workers, Educators, Early Childhood, Law Enforcement and public awareness campaign in 2020-21 Budget Proposal.
  - **ACEs Reduction Leadership Team:** A collaborative effort of leaders across the Newsom administration convened by CA-OSG.



# ACEs Aware Updates: Initiative California's Investment

- **Multi-disciplinary network of systems & cross sector work:**
  - \$195M to the early learning and care workforce in education/training grants.
  - \$50M in After School Education and Safety Programs.
  - \$31.4M (\$124.9M ongoing) to increase access to State Preschool for 10,000 income-eligible children in community-based organizations.
  - \$5M investment in developing a Master Plan for Early Learning and Care.
- Proposed establishment of the **Department of Early Childhood Development**, increased access to childcare and preschool, improvements to paid family leave, and reducing childhood poverty in 2020-21 Budget Proposal.



# ACEs Aware Updates: Initiative

## Engaging & Supporting Providers

- A **Request for Proposal** was issued to fund organizations to help extend the reach and impact of ACEs Aware for provider training, provider engagement, communications, and convenings.
- Great response – almost 300 individual applications!
- Review teams will be evaluating applications in March 2020.
- Looking for high quality applications that ensure adequate geographic distribution and diversity in activities and targeted providers while taking into account ACE prevalence in communities.





# ACEs Aware Updates: Initiative

## Engaging & Supporting Providers

Monthly educational webinars with practical information to help providers integrate screening and response into their clinic and workflows.

### Upcoming Webinars

- **Trauma and Resilience-Informed Health Care: Overview & Resources**
  - March 25<sup>th</sup>: 12 – 1 p.m. PT.
- **Building Resilience in the Workforce**
  - April 29<sup>th</sup>: 12 – 1 p.m. PT.
- **Screening for ACEs & Toxic Stress, Clinical Algorithm – Pediatrics**
  - May 27<sup>th</sup>: 12 – 1 p.m. PT.
- **Screening for ACEs & Toxic Stress, Clinical Algorithm – Adults in Primary Care**
  - June 24<sup>th</sup>: 12 – 1 p.m. PT.

**[Register for webinars at:  
https://www.acesaware.org  
/heal/learning-  
engagement-opportunities/](https://www.acesaware.org/heal/learning-engagement-opportunities/)**



# ACEs Aware Updates: Initiative Engaging & Supporting Providers

- CALQIC (more to come later)
  - The California ACEs Learning and Quality Improvement Collaborative (CALQIC) will run an 18-month statewide learning collaborative of pediatric and adult clinics in five region to identify promising practices, tools, resources, and partnerships to inform future phases of the ACEs Aware initiative.



# ACEs Aware Updates: Policy & Operational Implementation

## Certification & Payment

- [DHCS All Plan Letter \(APL\) 19-018](#) issued.
  - Provides guidance to managed care plans on directed payments for ACE screenings.
- [ACEs Aware Frequently Asked Questions](#).
- Beginning July 1, 2020, to receive the payment, qualified providers that conduct the screening must be on DHCS' list of providers that have completed a state-certified training and [self-attested to completion](#).



# Feedback and Discussion: Engaging & Supporting Providers

- What feedback have you heard about ACEs Aware efforts to educate and engage providers?
- What did you think of the February 26<sup>th</sup> provider educational webinar series kick-off? Did you hear feedback from others?
- What are the most effective strategies for educating providers about ACEs Aware and encouraging them to get trained?
  - Where and how do you like to receive information?





# ACEs Aware Updates: Communications & Partner Outreach

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#ACEsAware

#ScreenTreatHeal

[www.ACEsAware.org](http://www.ACEsAware.org)

[Twitter](#) | [Facebook](#) | [LinkedIn](#) | [Instagram](#) | [YouTube](#)



# ACEs Aware Updates: Communications & Partner Outreach

- Social media activation

 **California Medical Association**  
1,782 followers  
1mo • 🌐


✓ Following ...

We encourage all physicians to participate in the new #ACEsAware training! Learn to #ScreenTreatHeal today.

 **ACES Aware**  
404 followers  
1mo • 🌐

After completing "Becoming ACEs Aware in California" training, providers will be better equipped to define Adverse Childhood Experiences (ACEs), their prevalence, and their impacts on patient health. Get started at ...see more





 **California Primary Care Association**  
February 19 at 11:01 AM · 🌐

CPCA is committed to join efforts in California Surgeon General, Dr. Nadine Burke Harris' goal of cutting adverse childhood experiences (ACEs) and toxic stress in half within one generation.

Under Burke Harris' leadership, California became the first state in the nation this year to reimburse health care providers for screening Medi-Cal patients for ACEs.

Read more: <http://ow.ly/viLC50yqydI>



UCSF.EDU 

**Working with UCSF, California Surgeon General Aims to Cut Adverse Childhood Experiences by Half**

# ACEs Aware Updates: Communications & Partner Outreach

- Digital outreach will be running during the month of March.



Join Dr. Nadine Burke Harris  
California Surgeon General  
Become ACEs Aware



aces aware  
SCREEN. TREAT. HEAL.

Get Trained Today

Add to Calendar



“California is leading the way.”  
-Dr. Karen Mark

aces aware  
SCREEN. TREAT. HEAL.

Get Trained Today

Add to Calendar



# ACEs Aware Updates: Communications & Partner Outreach

- Elevating partner voices with the “Spotlight Series”



**Health Care Services @DHCS\_CA** · 5h

.@DHCS\_CA is honored to partner with @ACEsAware and CA Surgeon General @DrBurkeHarris. ACEs contribute to some of CA's most pervasive health challenges. Providers can #ScreenTreatHeal after ACEs Aware training. DHCS Medical Director Dr. Mark explains: [youtu.be/jrEjixdzW6U](https://youtu.be/jrEjixdzW6U)



**Karen Mark**  
M.D., Ph.D.

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DHCS



**California Department of Health Care Services**  
5,133 followers  
1d • 🌐

Medical providers are leading the way toward a healthier California For All by becoming #ACEsAware. @DHCS\_CA encourages you to join the movement to improve patient care and health outcomes. DHCS Medical Director Dr. Karen Mark talks about the importance of ACEs screening: <https://lnkd.in/gBJJahZ> #ScreenTreatHeal

"California is leading the way."  
- Dr. Karen Mark

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SCREEN. TREAT. HEAL.



# ACEs Aware Updates: Communications & Partner Outreach

## Recognizing Partner Investments

- Kaiser Permanente
  - October 2019.
  - \$2.75M to study childhood trauma and its impact on total health.
- Blue Shield of California
  - December 2019.
  - \$10 million to support mental health clinicians at select schools for the next 5 years.
- First 5 California
  - California Surgeon General Dr. Nadine Burke Harris to serve as official spokesperson for the “Talk. Sing. Read.” campaign.
  - First 5 to promote “Screen. Treat. Heal.”



# Feedback and Discussion: Communications & Partner Outreach

- What additional tactics/strategies do you suggest for provider-to-provider engagement?
- How best do we promote partner engagement?
- Where can our efforts align with the work of your organization?



# TIPC Advisory Committee and Subcommittees in 2020



# TIPC Advisory Committee in 2020

- Advise CA-OSG and DHCS on:
  - Promising models;
  - Best practices;
  - Evolving science; and,
  - Clinical expertise for the implementation of trauma-informed care systems in California.
- More than [20 organizations participating.](#)



# Network of Care Subcommittee

- Monthly video meetings.
- **Purpose:** Recommend a roadmap for improving collaboration and coordination across the health care system – between health plans, health centers, clinicians, and clinical and community organizations in responding to identification of ACEs in primary care. It will seek to align and coordinate networks of care to make them more effective, accountable and easy to navigate for children, adults and providers.



# TIPC Advisory Committee in 2020: Network of Care Subcommittee

Name	Organization/Entity
Mary Ann Hansen (Co-Chair)	First 5 Association of California
Frank Mecca (Co-Chair)	County Welfare Directors Association (CWDA)
James Hickman	Center for Youth Wellness
Dr. Jonathan Goldfinger	Goldfinger Health
Dr. Edward Machtinger	UC San Francisco
Dr. Michael Brodsky	L.A. Care Health Plan
Yvonne Choong	California Medical Association



# Network of Care Subcommittee: Focus Areas

- **Network Mapping:** Reviewing the science on protective factors and identifying major service gaps;
- **Community Connections:** Creation of referral networks, sharing updated contact information and feedback loops between community and providers; exploration of connections between pediatric and adult medicine using a life-course approach;
- **Technology and Data Sharing:** What clinics and organizations should know about technology, privacy and data sharing to address issues surrounding health informatics during adoption;
- **Role Clarity and Engagement:** Evaluating entities at the county level to determine if one type of entity leads ACEs work; working with Medi-Cal health plans on trainings/systems to reinforce awareness of ACEs and trauma-informed best practices; and,
- **Payment/Reimbursement Models:** Explore and align payment approaches and models of care that encourage care coordination and improve well-being of children and families.



# Feedback and Discussion: Network of Care Subcommittee

- Are there any other focus areas for this Subcommittee?  
Anything missing?
- What are the opportunities and challenges to ensure there is a continuum of care and coordinated, buffering networks for patients?
- What are you hearing from providers in terms of aligning and coordinating networks?





# Provider Engagement & Education Subcommittee

- Monthly video meetings (meet and greet following this TIPC meeting!).
- **Purpose:** Provide strategic advice on:
  1. Increasing the number of providers who complete state-certified core ACE training; and,
  2. Supporting providers in integrating ACE screening and clinical response into their practice.



# TIPC Advisory Committee in 2020: Provider Engagement & Education Subcommittee

Name	Organization/Entity
Yvonne Choong (Co-Chair)	California Medical Association
Dr. Eric Ball	CHOC/AAP
Dr. Leena B. Singh	Center for Youth Wellness
Dr. Marti Baum	California Medical Association
Dr. Mike Witte	California Primary Care Association
Dr. Nancy Goler	Kaiser Permanente TPMG
Shelly Rodrigues	California Academy of Family Physicians
Dr. Stephen Lockhart	Sutter Health



# Provider Engagement & Education Subcommittee: Core Objectives

## 1. Increasing Provider ACE Training Completion

- Establish a goal for the number of providers who complete state-certified core ACE training and metrics to monitor progress;
- Recommend strategies for achieving the provider training goal and metrics; and,
- Support ACEs Aware efforts to increase the number of providers who complete training, including by sharing information in practices, networks, and online.

## 2. Supporting Providers

- Provide input to ensure that ACEs Aware provider training, education, clinical tools, and resources meet the needs of providers;
- Recommend effective strategies to share learnings and best practices with providers;
- Flag challenging issues/questions from providers and identify potential solutions; and,
- Share success stories and support the continued building out of the ACEs Aware key message platform and master Frequently Asked Questions.



# LUNCH



# “Becoming ACEs Aware in California” Provider Training



# Clinical Advisory Subcommittee

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Nadine Burke Harris, MD, MPH</li><li>• Devika Bhushan, MD</li><li>• Karen Mark, MD, PhD</li><li>• Ken Epstein, PhD, MSW</li><li>• Nancy Goler, MD</li><li>• Leigh Kimberg, MD</li><li>• Alicia Lieberman, PhD</li><li>• Dayna Long, MD</li></ul> | <ul style="list-style-type: none"><li>• Edward Machtinger, MD</li><li>• Brigid McCaw, MD, MPH, MS</li><li>• Connie Mitchell, MD, MPH</li><li>• Sheela Raja, PhD</li><li>• Leena Singh, DrPH, MPH</li><li>• Shannon Thyne, MD</li><li>• Shairi Turner, MD, MPH</li></ul> |
|--|---|



Training –  
[training.ACEsAware.org](https://training.ACEsAware.org)

Becoming   
aces aware  
in California

## LEARN MORE ABOUT THE ACES AWARE INITIATIVE

ACEs Aware is an initiative led by the Office of the California Surgeon General and the Department of Health Care Services. California is leading the way in training and reimbursing Medi-Cal providers for ACEs screenings to

## MY COURSES

Please [login](#) or [create an account](#) to view your activities.


# Section 1: Introductory Video

[← RETURN TO PARENT HOME](#) [← RETURN TO COURSE HOME](#)

## INTRODUCTORY VIDEO

The following video features Dr. Nadine Burke Harris, California's Surgeon General, speaking about the California ACEs Aware Initiative, the importance of screening for Adverse Childhood Experiences (ACEs), and how providers can advance the standard of care for ACEs and toxic stress together.



 [ACEs Aware Introduction Transcription.pdf](#)



# Section 2: Introductory Cases

Case Number and Description	Recommended Provider Population
<b>Case 1:</b> 33-Month-Old Boy with Poor Growth	Recommended for pediatric providers
<b>Case 2:</b> 43-Year-Old Woman with Hypertension and Pre-Diabetes	Recommended for providers with adult patients (including internal medicine, obstetrics/gynecology)

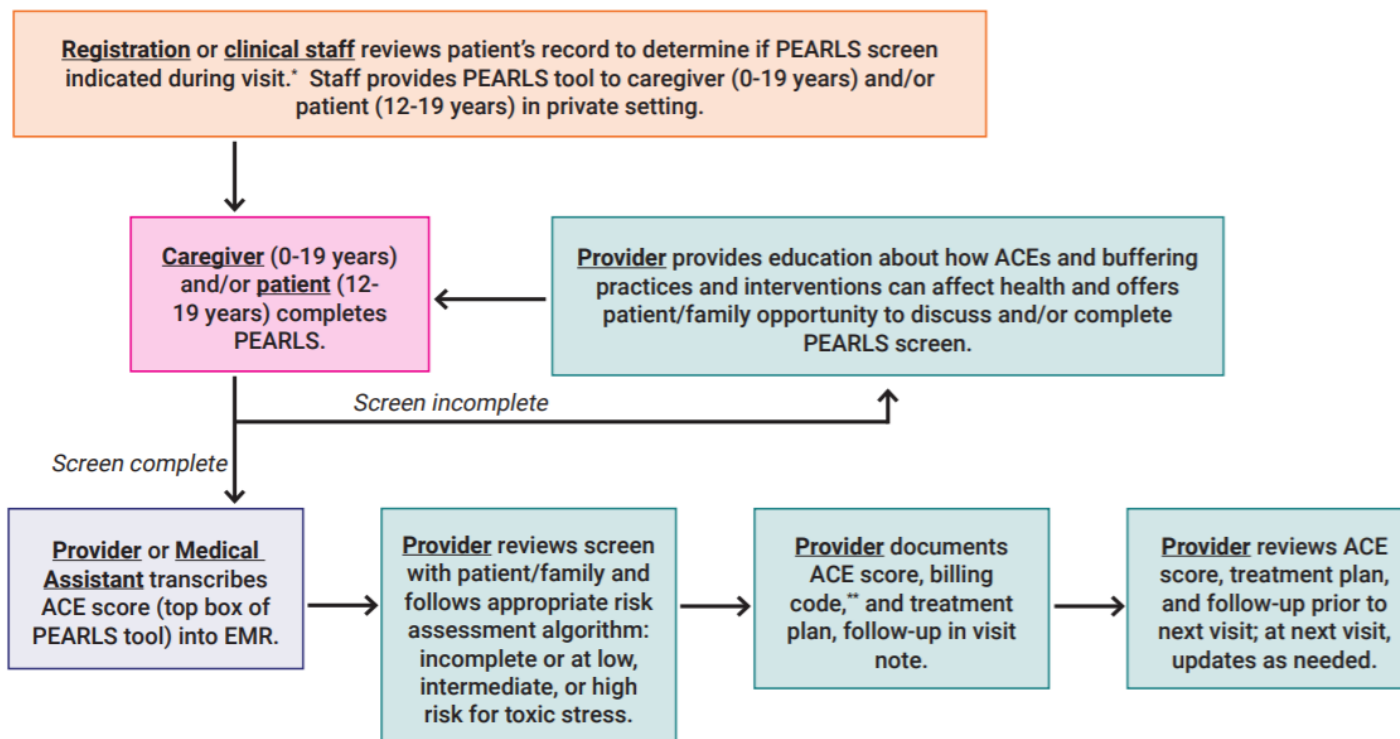


# Section 3: Specialty-Specific Cases

<b>Case 3:</b> 28-Year-Old Pregnant Woman with a History of Witnessing Violence	<b>Case 8:</b> 32-Year-Old Woman with Anxiety
<b>Case 4:</b> 8-Year-Old Boy with Asthma	<b>Case 9:</b> Mother Worried about her 3-Year-Old Son
<b>Case 5:</b> 45-Year-Old Woman with Diabetes Experiencing Stress	<b>Case 10:</b> 24-Year-Old Woman with IBS
<b>Case 6:</b> 50-Year-Old Woman Experiencing Homelessness in Need of Surgery	<b>Case 11:</b> Nurse Experiencing Vicarious Trauma
<b>Case 7:</b> 58-Year-Old Man with Gastrointestinal Symptoms	



## Pediatric ACE Screening Clinical Workflow



\*PEARLS to be completed once per year, and no less often than every 3 years

\*\*Healthcare Common Procedure System (HCPCS) billing codes for ACE scores:

**G9919:** ACE score  $\geq 4$ , high risk for toxic stress

**G9920:** ACE score of 0 – 3, lower risk for toxic stress. For purposes of coding, scores of 1-3 with ACE-associated health conditions should be coded as G9920, even though patient falls into the high-risk category of the clinical algorithm.



# Pediatric Screening Tool - PEARLS

## Pediatric ACEs and Related Life Events Screener (PEARLS)

CHILD - To be completed by: Caregiver

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

### PART 1:

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues?  
(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Has your child ever lacked appropriate care by any caregiver?  
(for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?  
  
OR has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child?  
  
OR has any adult in the household ever hit your child so hard that your child had marks or was injured?  
  
OR has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
9. Has your child ever experienced sexual abuse?  
(for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)?  
(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)

Add up the "yes" answers for this first section:

Please continue to the other side for the rest of questionnaire →



### PART 2:

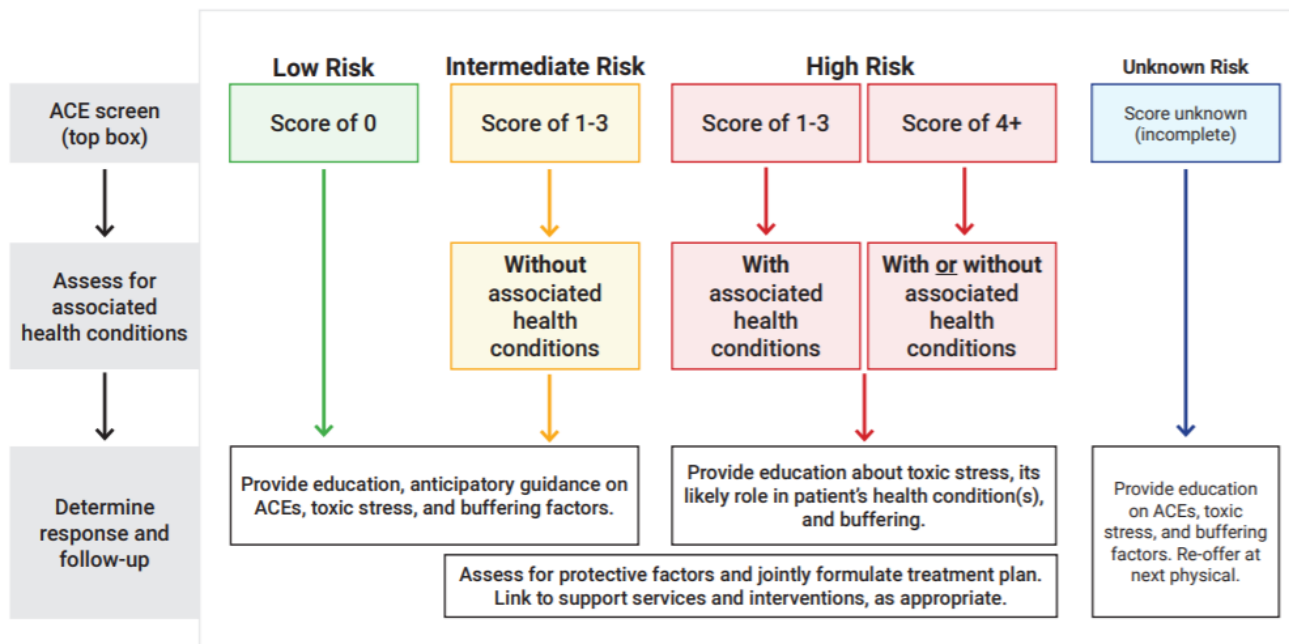
1. Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school?  
(for example, targeted bullying, assault or other violent actions, war or terrorism)
2. Has your child experienced discrimination?  
(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)
3. Has your child ever had problems with housing?  
(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)
4. Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more?
5. Has your child ever been separated from their parent or caregiver due to foster care, or immigration?
6. Has your child ever lived with a parent/caregiver who had a serious physical illness or disability?
7. Has your child ever lived with a parent or caregiver who died?

Add up the "yes" answers for the second section:

## Adverse Childhood Experiences (ACEs) and Toxic Stress Risk Assessment Algorithm

Pediatrics

SCREEN. TREAT. HEAL.



This algorithm pertains to the ACE score (top box of PEARLS), whose associations with health conditions are most precisely known. Social determinants of health (bottom box) may also increase risk for a toxic stress response and should be addressed with appropriate services, but should NOT be added to the ACE score for this algorithm. Partial completion may indicate discomfort or lack of understanding. If partial response indicates patient is at intermediate or high risk, follow the guidelines for that category.

If the ACE score is 0, the patient is at "low risk" for toxic stress. The provider should offer education on the impact of ACEs and other adversities on health and development as well as on buffering factors and interventions. If the ACE score is 1-3 without ACE-associated health conditions, the patient is at "intermediate risk" for toxic stress. If the ACE score is 1-3 and the patient has at least one ACE-associated condition, or if the ACE score is 4 or higher, the patient is at "high risk" for toxic stress. In both cases, the provider should offer education on how ACEs may lead to toxic stress and associated health conditions, as well as practices and interventions demonstrated to buffer the toxic stress response, such as sleep, exercise, nutrition, mindfulness, mental health, and healthy relationships. The provider should also assess for protective factors, jointly formulate a treatment plan, and link to supportive services and interventions, as appropriate.

## ACE-Associated Health Conditions: Pediatrics

Symptom or Health Condition	For ≥ X ACEs (compared to 0)	Odds Ratio
Asthma <sup>26, 23</sup>	4	1.7 - 2.8
Allergies <sup>33</sup>	4	2.5
Dermatitis and eczema <sup>39</sup>	3*	2.0
Urticaria <sup>39</sup>	3*	2.2
Increased incidence of chronic disease, impaired management <sup>25</sup>	3	2.3
Any unexplained somatic symptoms <sup>25</sup> (eg, nausea/vomiting, dizziness, constipation, headaches)	3	9.3
Headaches <sup>23</sup>	4	3.0
Enuresis; encopresis <sup>5</sup>	–	–
Overweight and obesity <sup>7</sup>	4	2.0
Failure to thrive; poor growth; psychosocial dwarfism <sup>5, 2, 41</sup>	–	–
Poor dental health <sup>16, 22</sup>	4	2.8
Increased infections <sup>29</sup> (viral, URIs, LRTIs and pneumonia, AOM, UTIs, conjunctivitis, intestinal)	3*	1.4 - 2.4
Later menarche <sup>40</sup> (≥ 14 years)	2*	2.3
Sleep disturbances <sup>5, 31</sup>	5**	PR 3.1
Developmental delay <sup>30</sup>	3	1.9
Learning and/or behavior problems <sup>2</sup>	4	32.6
Repeating a grade <sup>15</sup>	4	2.8
Not completing homework <sup>25</sup>	4	4.0
High school absenteeism <sup>33</sup>	4	7.2
Graduating from high school <sup>29</sup>	4	0.4
Aggression; physical fighting <sup>28</sup>	For each additional ACE	1.9
Depression <sup>29</sup>	4	3.9
ADHD <sup>42</sup>	4	5.0
Any of: ADHD, depression, anxiety, conduct/behavior disorder <sup>26</sup>	3	4.5
Suicidal ideation <sup>28</sup>	For each additional ACE	1.9
Suicide attempts <sup>28</sup>	For each additional ACE	1.9 - 2.1
Self-harm <sup>28</sup>	For each additional ACE	1.8
First use of alcohol at < 14 years <sup>7</sup>	4	6.2
First use of illicit drugs at < 14 years <sup>10</sup>	5	9.1
Early sexual debut <sup>21</sup> (<15-17 y)	4	3.7
Teenage pregnancy <sup>21</sup>	4	4.2

\*Odds ratio represents at least one ACE, but also includes other adversities

\*\*Prevalence ratio represents at least one ACE, but also includes other adversities



# Benefits of Screening

By screening for ACEs, providers can:

1. Better determine the likelihood a patient is at increased health risk due to a toxic stress response.
2. Better identify ACE-Associated Health Conditions that may benefit from a trauma-informed intervention.
3. Identify which patients may be at risk of vertical transmission of ACEs and toxic stress and target prevention efforts.
4. Empower patients to achieve better health by addressing potential toxic stress physiology.



# Treatment Planning

**Clinical response to identification of ACEs** and increased risk of toxic stress should include:

1. Applying principles of **trauma-informed care**, including establishing trust, safety and collaborative decision-making.
2. Identification and treatment of **ACE-Associated Health Conditions** by supplementing usual care with **patient education** on toxic stress and strategies to regulate the stress response, including:
  - a. Supportive relationships, including with caregivers (for children), other family members, and peers,
  - b. High-quality, sufficient sleep,
  - c. Balanced nutrition,
  - d. Regular physical activity,
  - e. Mindfulness and meditation,
  - f. Mental health care, including psychotherapy or psychiatric care, when indicated.
3. Validation of existing **strengths and protective factors**.
4. **Referral to patient resources** including educational materials, community resources, social work, care coordination or patient navigation, community health workers, as well as the six pillars listed above.
5. **Follow-up** as necessary, using the presenting ACE-Associated Health Condition(s) as indicators of treatment progress.





# Section 4: Program Evaluation

- Provider Overview.
- Course Content Evaluation.
- Implementing Change in Practice.
- Qualitative Feedback.

## EVALUATION

Which of the following best describes your primary practice setting? \*

- Solo Practice
- Group Practice
- Government
- University/Teaching System
- Community Hospital
- HMO/Managed Care
- Non-Profit/Community
- I do not actively practice
- Other, please specify:

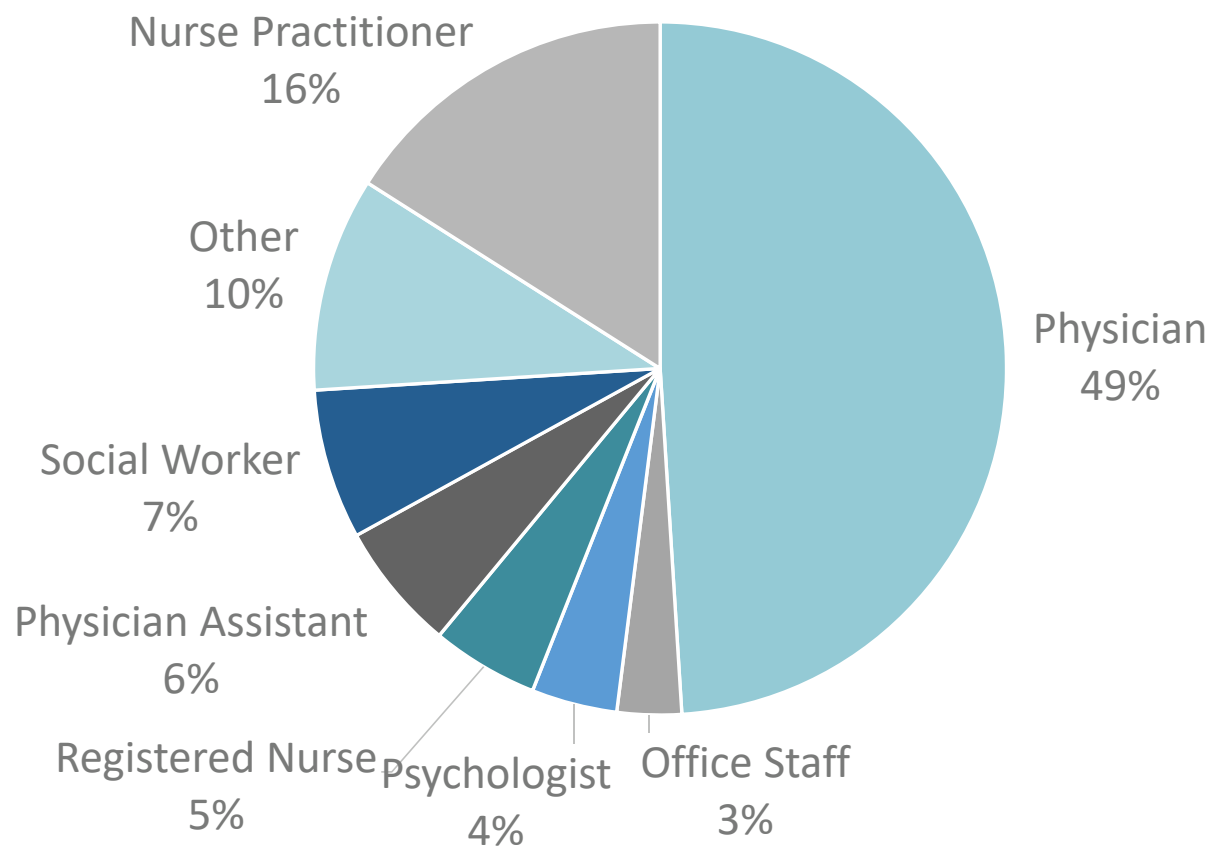


# Analysis of Training Evaluations

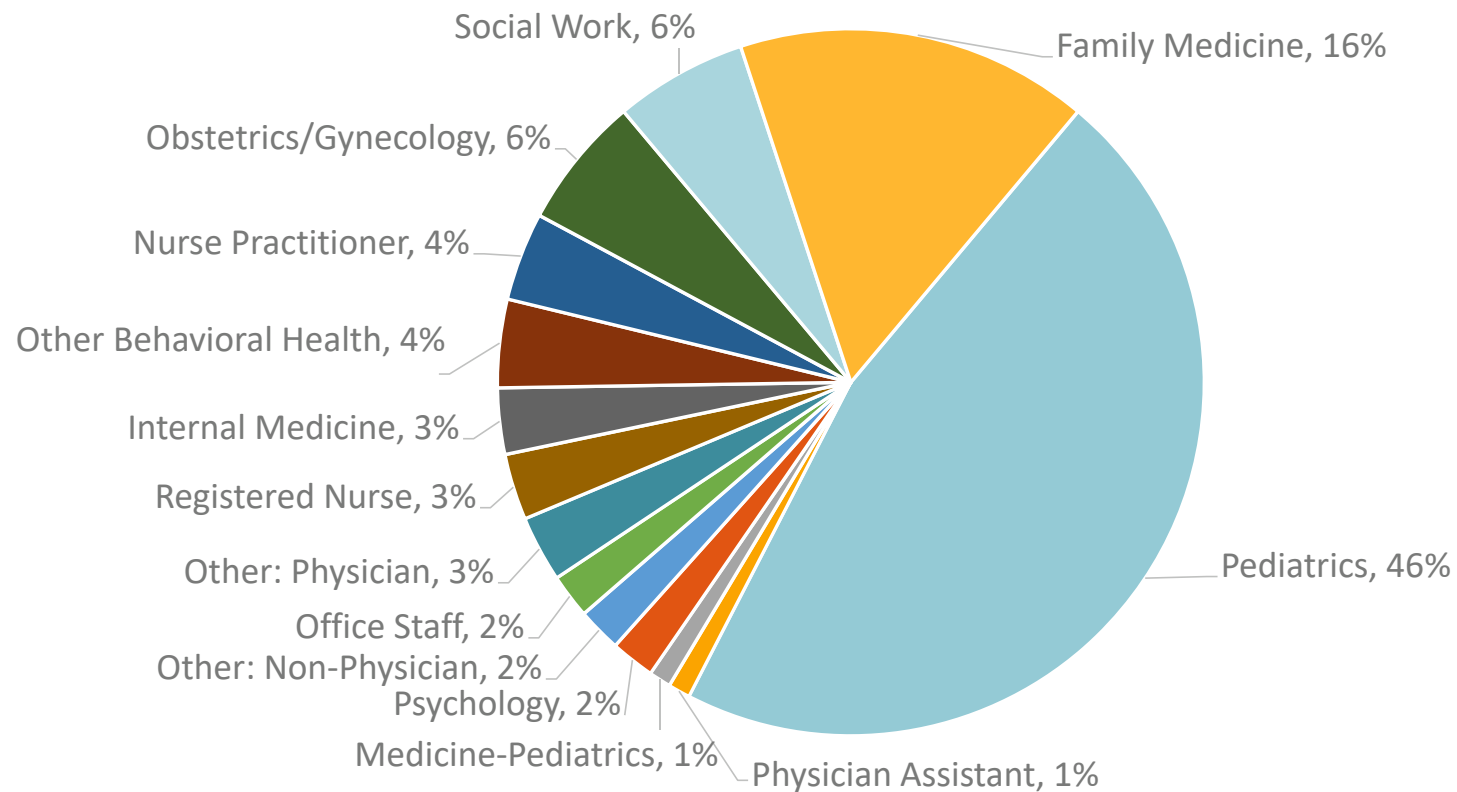
For users who have completed the training



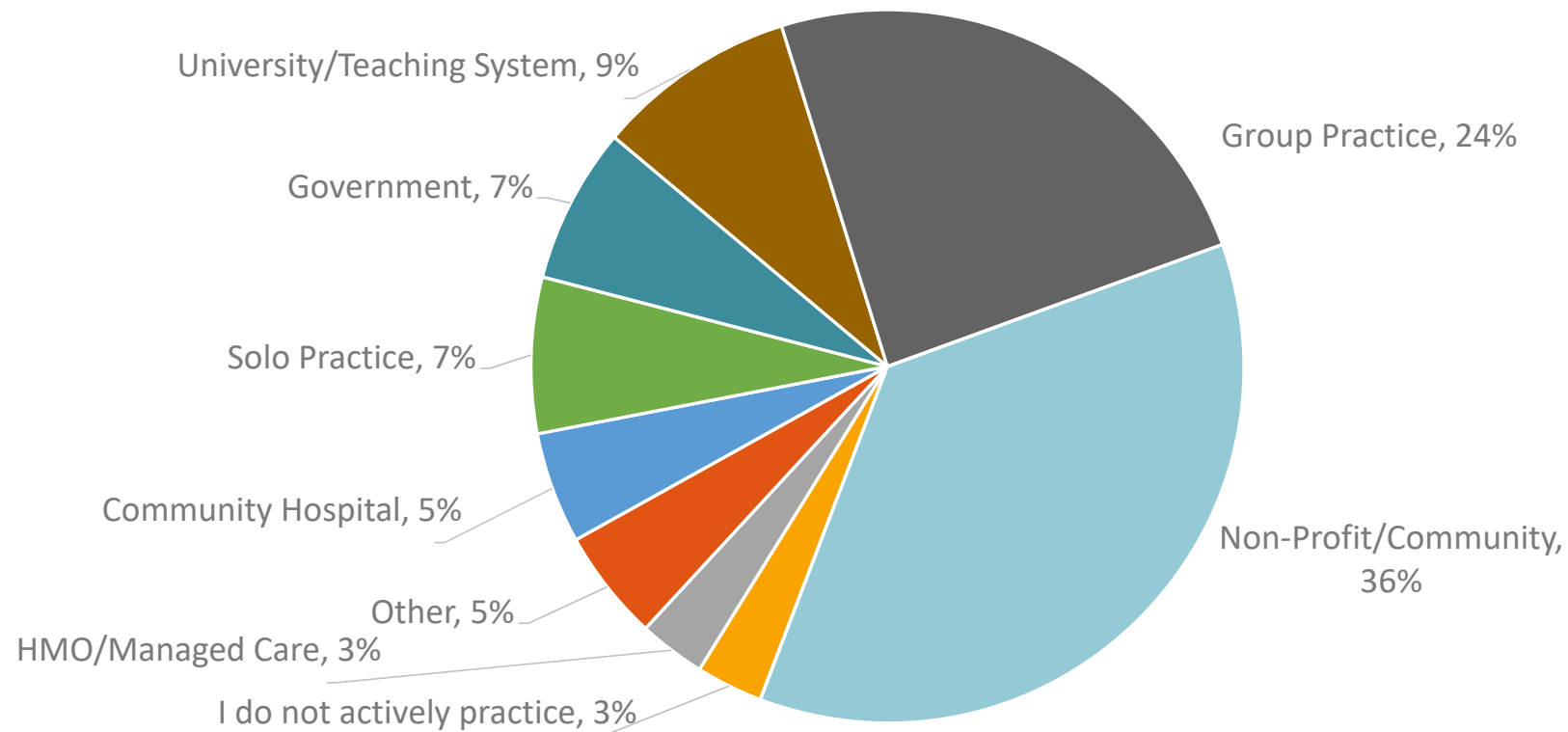
# Provider Type



# Provider Specialty



# Practice Setting



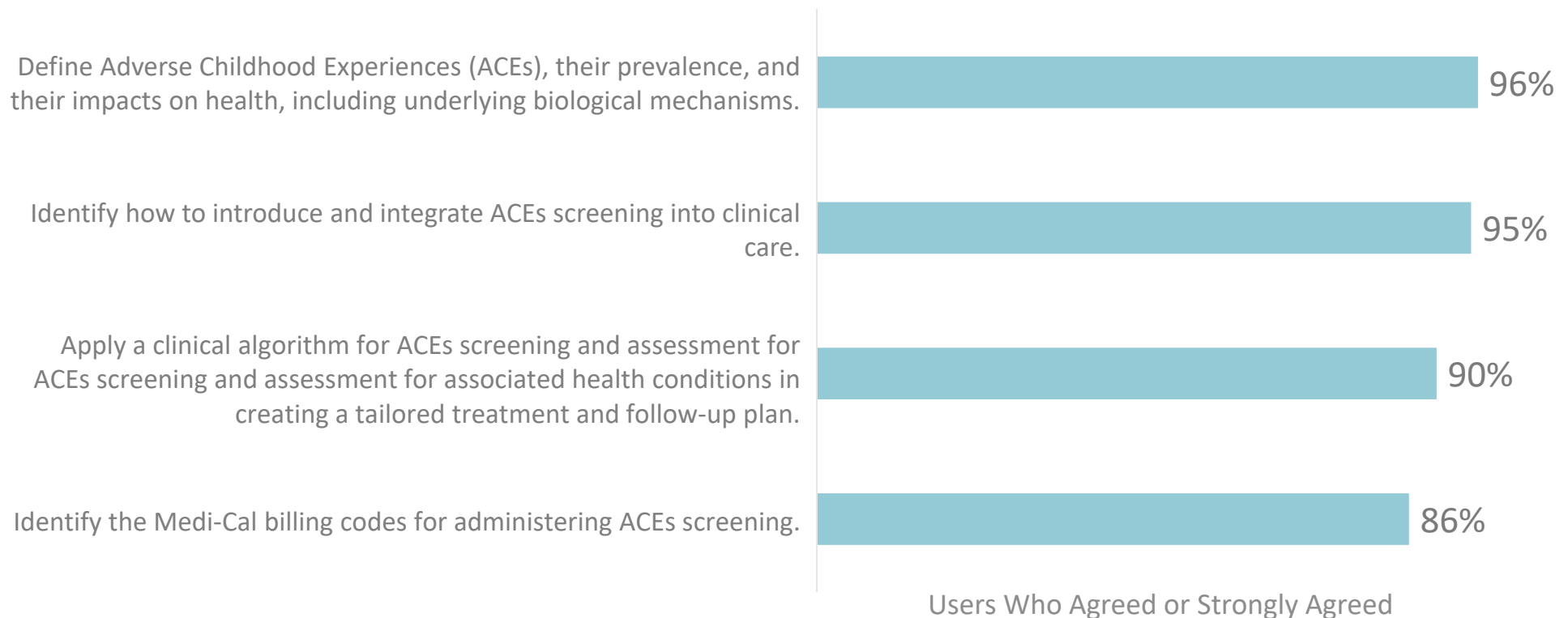
# Patients Screened for ACEs by Users\*

Percentage of Patients Screened for ACEs by Users	Percentage
0%	39%
1-25%	19%
26-50%	7%
51-75%	6%
76-100%	8%
100%	7%
I do not directly provide care	13%

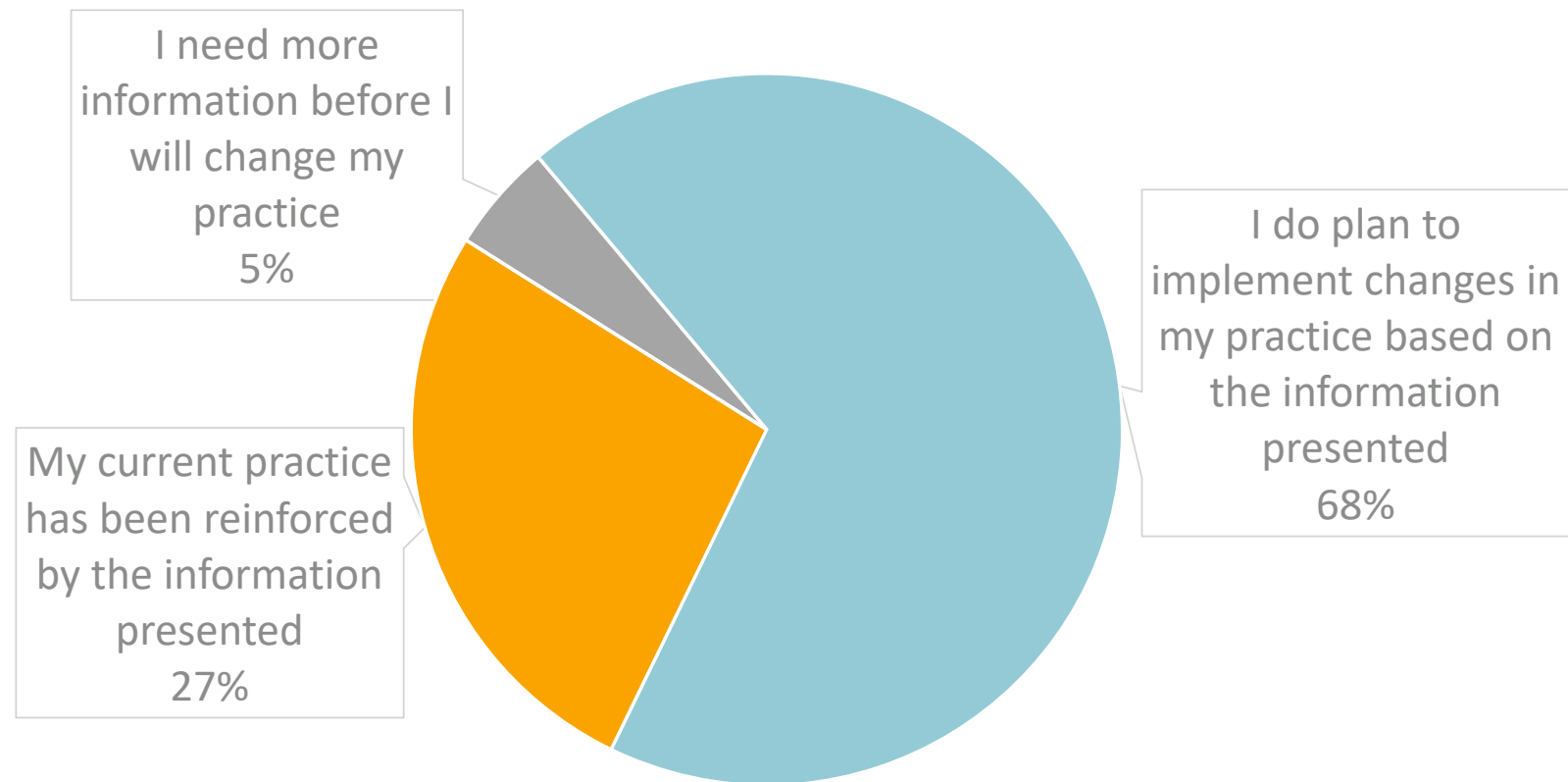
\*Users represents those individuals who completed the training



# Training Achieved ACEs-Aware Established Learning Objectives Indicated

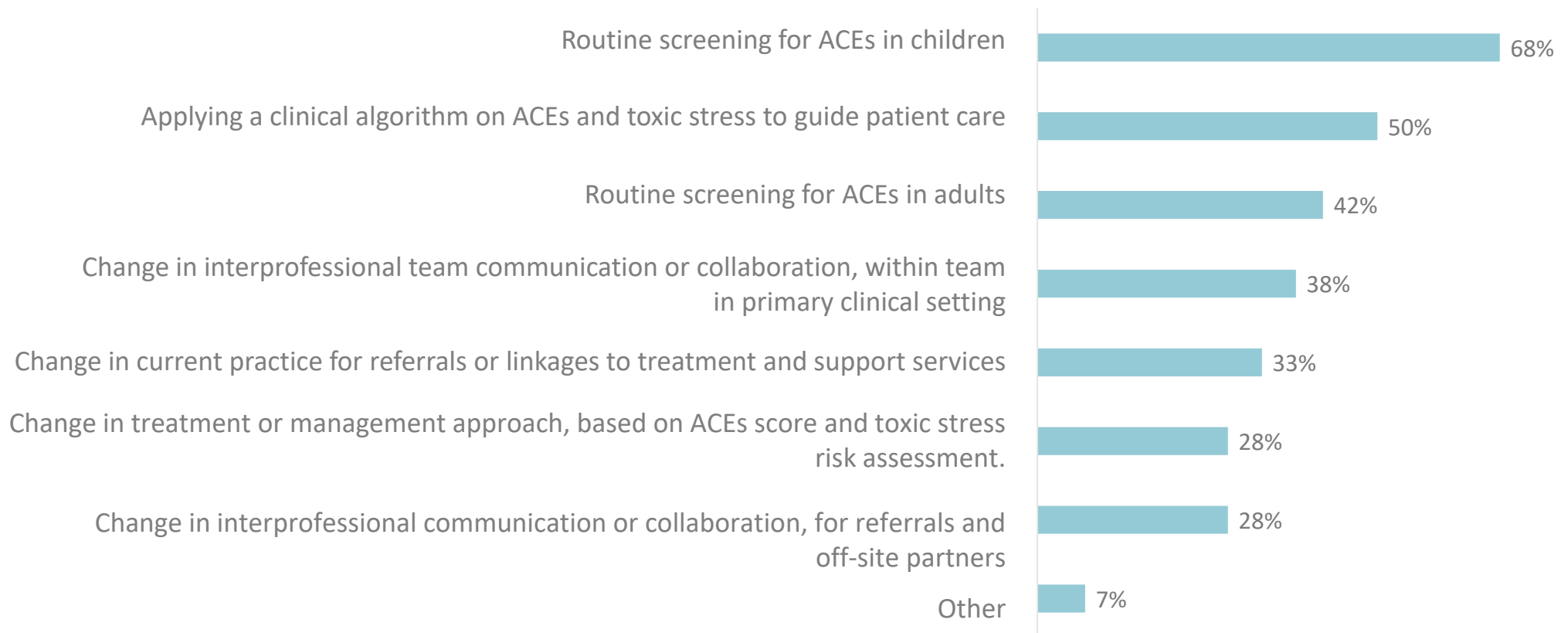


# Change of Practice Behaviors

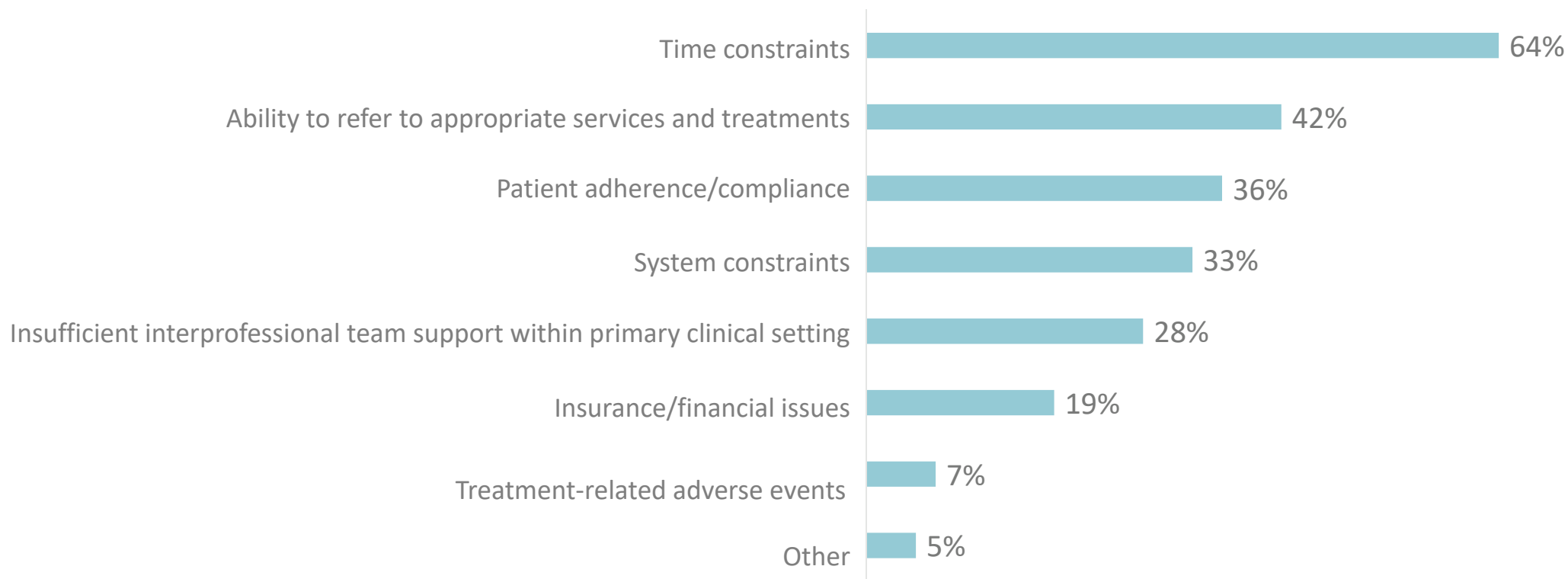




# Types of Change in Practice Behavior



# Barriers to Implementing Change



# Feedback and Discussion: Curriculum & Training

- What strategies should we employ to reach adult medicine providers to encourage them to get trained?
- What feedback are you hearing from providers about the ACEs Aware training?
- As we review RFP grant proposals, what additional types of trainings do Medi-Cal providers need and where should we target?
  - Specialties
  - Practice Setting
  - Topics
  - Modalities



# ACEs Aware Provider Resources & Tools



# Resources



## Resources

While approaches for responding to ACEs, ACE-Associated Health Conditions, and toxic stress may differ by practice setting or community, ACEs Aware is aggregating and sharing learnings, research, practices, and experiences that will unite us to advance the standard of care for ACEs and toxic stress.

Resources

Learning & Engagement Opportunities

The following links contain free information and resources for clinicians and advocates on screening for ACEs, approaching treatment for ACE-Associated Health Conditions and toxic stress, and providing trauma-informed care. ACEs Aware is continuing to identify and share resources. If you have a resource to add, email [info@ACEsAware.org](mailto:info@ACEsAware.org).

Filter by Topic

SEARCH BY KEYWORD:

All

SEARCH

CLEAR

[Academy on Violence and Abuse – Implementing ACEs Screening into a Pediatric Practice](#)  
This document addresses ways that providers can implement ACEs screenings into practice.

[ACEs Aware Frequently Asked Questions](#)  
This page provides answers to operational questions regarding ACEs screenings paid for by Medi-

# Pediatric Self-Care Tool

## ACEs Aware Self-Care Tool for Pediatrics

When a child or teen has experienced significant Adverse Childhood Experiences (ACEs), their body may make more or less hormones than is healthy. This can lead to problems with a child's physical and/or mental health, such as asthma, poor growth, depression, or behavior problems. Safe, stable, and nurturing relationships and environments where children feel safe emotionally and physically can protect children's brains and bodies from the harmful effects of stress. You can help your child be healthier by managing your own stress response and helping your child do the same. Healthy nutrition, regular exercise, restful sleep, practicing mindfulness, building social connections, and getting mental health support can help to decrease stress hormones and prevent health problems. Here are some goals your family can set together to support your child's health. *[Check the goals that you are picking for yourself and your family!]*

### **Healthy relationships.** We've set a goal of...

- Using respectful communication even when we are upset or angry
- Spending more high-quality time together as a family, such as:
  - Having regular family meals together
  - Having regular "no electronics" time for us to talk and/or play together
  - Talking, reading, and/or singing together every day
- Making time to see friends to create a healthy support system for myself and our family
- Connecting regularly with members of our community to build social connections
- Asking for help if a relationship or environment feels physically or emotionally unsafe
  - The National Domestic Violence hotline is **800-799-SAFE (7233)**
  - The National Sexual Assault hotline is **800-656-HOPE (4673)**
  - To reach a crisis text line, **text HOME to 741-741**
- Create your own goal: \_\_\_\_\_

### **Exercise.** We've set a goal of...

- Limiting screen time to less than one hour per day
- Walking at least 20 minutes every day
- Finding a type of exercise that we enjoy and doing it together as a family
- Getting my child involved in a sport, dance class, or other form of regular exercise
- Create your own goal: \_\_\_\_\_

### **Nutrition.** We've set a goal of...

- Eating a healthy breakfast daily (with protein, whole grains, and/or fruit)
- Drinking water instead of juice or soda
- Eating at least 5 vegetables and/or fruits every day
- Choosing whole wheat bread and brown rice instead of white bread or rice
- Create your own goal: \_\_\_\_\_

### **Sleep.** We've set a goal of...

- Turning off screens 30 minutes before bedtime
- Helping my child go to bed at the same time every night
- Making a routine of reading a book to my child before bed (or, if older, letting my child read to me)
- Creating a calm place for sleep
- Using mindfulness or other stress reduction tools if worry is keeping my child up at night
- Create your own goal: \_\_\_\_\_

### **Mindfulness.** We've set a goal of...

- Taking moments throughout the day to notice how we're feeling, both physically and emotionally
- Finding at least one thing to be thankful for each day
- Practicing mindful breathing or other calming technique(s) during stressful situation:
- Creating a regular routine of prayer, meditation, and/or yoga
- Downloading a mindfulness app and doing a mindfulness activity every day
- Create your own goal: \_\_\_\_\_

### **Mental health.** We've set a goal of...

- Having a conversation as a family about emotional and mental health
- Learning more about mental health treatment options (e.g., counseling, therapy, psychiatric services)
- Identifying a local mental health professional

- Scheduling an appointment with a mental health professional or keeping regular appointments
- If I am feeling like I or my child is in crisis, I will get help
  - The National Suicide Prevention Lifeline is **800-273-TALK (8255)**
  - To reach a crisis text line, **text HOME to 741-741**
- Create your own goal: \_\_\_\_\_

Remember, the most important ingredient for healthy kids is a healthy caregiver. Here are some other goals that you can set for yourself to help your whole family be healthier.

### **Self-Care.** I've set a goal of...

- Making a plan for what to do when I'm feeling stressed out, angry, or overwhelmed
- Planning with my partner, friends, or family to get the support I need
- Seeking help if I am not emotionally or physically safe
- Making regular appointments with my medical provider(s), including for preventive care
- Getting my ACE score and talking to my medical provider about how to improve my health
- Identifying my strengths and learning more about building resilience
- Create your own goal: \_\_\_\_\_

### For more information, please visit:

From **First 5 California**: <http://www.first5california.com/>  
From the **American Academy of Pediatrics**: <https://www.healthychildren.org/>  
From **ACEs Aware**: <https://www.acesaware.org/heal/resources/>

### Mental Health:

- **The National Alliance on Mental Illness (NAMI)**: <https://www.nami.org/help>
  - 1-800-950-NAMI (6264); [Crisis Text Line](#) – **Text NAMI to 741-741**

# Patient Educational Materials

## How to Reduce the Effects of ACEs and Toxic Stress



Adverse Childhood Experiences (ACEs) may increase a child's risk of health problems, but parents' consistent care and support help to protect children's health. Relationships with loving and supportive adults can reduce children's stress levels. Even simple activities like playing with bubbles, bear hugs, lullabies, listening to music together, and coloring can make a difference.

What's the best way to respond to a child's ACEs? If possible, prevention of ACEs is best. In addition, you can:

- Tune in and learn your child's signals. Help your child calm down when you sense that she is stressed or scared. Soothe your child, and teach ways to calm down when feeling upset.
- Talk and play with your child. Babies like to be rocked, cuddled, and massaged. Toddlers thrive on hugs, shared stories and songs, and daily routines. These actions can help children feel seen, heard, and understood.
- Focus on managing your own stress. This can help you better adjust the way these feelings impact how you respond to your child. Having a calm parent will help protect your child during periods of stress.
- Take your child to regular medical visits. Your medical provider can help you understand when your child's health may be at risk.

### Other ways to help your child's body deal with stress:

- Stick to daily routines. They help children know what's happening next, which can reduce stress.
- Have your child exercise regularly. Make sure your child is getting at least an hour per day of active play.
- Help your child eat well. Good nutrition builds brain health and protects the body. Serve fruits and veggies at meals and avoid junk food.
- Turn to supportive relationships in your family and community.
- Ensure your child gets adequate sleep. Sleep gives the body time to grow and recharge and children who get adequate sleep manage stress more easily.
- Seek mental health care if needed.
- Practice being in the moment; try breathing and meditation. It can help the body manage stress.
- Talk to your health care provider about whether your child's ACEs might be affecting his health and what you can do about it.

### ACEs don't just affect children,

they affect families. Some of the most important things you can do to stop the effects of ACEs include learning to manage your own stress so you can be a healthy, stable, and caring presence for your child. This includes making lifestyle choices such as eating healthy food, getting regular exercise, making a good night's sleep a top priority, and practicing mindfulness. Getting mental health support can also be helpful if you experienced ACEs and trauma in your own childhood or are currently experiencing stressful or traumatic situations in your life. The good news is that science shows how bodies and brains grow and change *every minute of the day!* This means that by starting today, putting some of these lifestyle choices into action and getting the right help when you need it, can help build a healthier future for you and your family.

#### SOURCES

American Academy of Pediatrics. (2007). The importance of family routines. Retrieved from <https://www.healthychildren.org/English/family-life/family-dynamics/Pages/The-Importance-of-Family-Routines.aspx>

American Academy of Pediatrics. (2018). Sleep. Retrieved from <https://www.healthychildren.org/English/healthy-living/keep/Pages/default.aspx>

Bucci, M., Mangano, S. S., Oh, D., & Harris, N. B. (2018). Toxic Stress in Children and Adolescents. *Adv Pediatr*, 63(1), 403-428. doi:10.1016/j.yapd.2016.04.002

Center on the Developing Child at Harvard University. (2014). A decade of science informing policy: The story of the National Scientific Council on the Developing Child. Retrieved from <https://developingchild.harvard.edu/resources/decade-science-informing-policy-story-national-scientific-council-developing-child>

Fellie, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med*, 14(6), 240-258.

Gunnar, M. R., & Davis, E. P. (2008). Stress, coping, and caregiving. In L. Gilman & R. Klein (Eds.), *Early Development and the brain: Teaching resources for educators* (pp. 116-136). Washington, DC: ZERO TO THREE.

Khoury, B., Sharma, M., Rush, S. E., & Fournier, C. (2015). Mindfulness-based stress reduction for healthy individuals: A meta-analysis. *J Psychosom Res*, 78(6), 519-528. doi:10.1016/j.psychres.2015.03.009

Office of Disease Prevention and Health Promotion. (2018). Chapter 3: Active children and adolescents.

Purvali-Davies, S. K., Au, V., Korta, K., Oh, D. L., Singer, S., Burke Harris, N., & Bucci, M. (2018). Ameliorating the biological impacts of childhood adversity: A review of intervention programs. *Child Abuse Negl*, 81, 82-105. doi:10.1016/j.chabn.2018.04.014

Shankoff, J. P., & Garner, A. S. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232-246. doi:10.1542/peds.2011-2963

Yasutake, A. K., Foshway, M. A., & Shutta, Z. A. (2013). Annual Research Review: Improved nutrition—pathway to resilience. *J Child Psychol Psychiatry*, 54(4), 367-377. doi:10.1111/jcpp.12019





# Provider Toolkit – Coming Soon!

aces aware  
SCREEN. TREAT. HEAL.



**Provider Toolkit**  
Screening and Responding to  
the Impact of ACEs & Toxic Stress



aces aware  
SCREEN. TREAT. HEAL.





# Feedback and Discussion: Provider Resources & Tools

- What resources and tools are you currently using?
- Where do you find resources and tools for your practice?
- What additional resources do Medi-Cal providers need and where should we target?
  - Specialties
  - Practice Setting
  - Topics
  - Modalities
  - Health Conditions / Patient Types
- How can we develop resources and tools that support diverse provider and patient populations?



# California ACEs Learning and Quality Improvement Collaborative (CALQIC)

**Ready to go.** Contract and subcontracts fully executed. Project plan completed. Near-fully staffed.

## Key dates:

1. **Leading Experts Co-design** meeting 2/29/20.
2. **RFA** released 3/3/20; response by 3/31/20.
3. **Cohort** announced 4/28/20.

Contact: [Vishalli.Loomba@ucsf.edu](mailto:Vishalli.Loomba@ucsf.edu)



# CALQIC

**Edward Machtinger, MD**

*CALQIC Co-Director*

*Director of the Center to Advance Trauma-informed Health Care (CTHC)*

*University of California, San Francisco (UCSF)*



# California ACEs Learning and Quality Improvement Collaborative (CALQIC)

**Innovative Partnership:** DHCS, OSG, UCSF, Center for Care Innovations (CCI) and RAND corporation

**Vision:** to integrate screening and response for adverse childhood experiences (ACES) in safety-net healthcare settings in a way that enhances connection between patients and providers, helps connect patients to services that want and need, and leads to better outcomes, reduced disparities, and more positive experiences of care for all involved.

## **Goals:**

1. Establish the California ACEs Learning and Quality Improvement Collaborative (CALQIC).
2. Collect and analyze promising approaches to training in ACEs screening and response.
3. Develop “best practices”, tools and products to facilitate provider training in ACEs screening response.
4. Evaluate ACEs screening and response across all 50 sites, in order to inform provider training.
5. Evaluate ACEs screening and response in a “deeper dive” fashion, in order to inform provider training.



University of California  
San Francisco

# California ACEs Learning and Quality Improvement Collaborative (CALQIC)

Questions?



# California Initiative to Advance Precision Medicine



# California Initiative to Advance Precision Medicine

ACEs Request for Proposals  
Overview

Julianne McCall & Shannon Muir

# Introduction to CIAPM



# California Initiative to Advance Precision Medicine

- Established in 2015.
- Mission includes reducing health disparities.
- Grantmaking to support demonstration research projects.
- Focus on cross-sector partnerships between researchers, communities, health care providers, industry, and others.
- Strong emphasis on community-researcher collaborations to ensure research results are aligned with California communities' priorities.

## **Request for Proposals:**

Addressing Health Impacts of  
Adverse Childhood Experiences  
through a Collaborative Precision  
Medicine Approach

## Request for Proposals:

Addressing Health Impacts of  
**Adverse Childhood Experiences**  
through a Collaborative Precision  
Medicine Approach

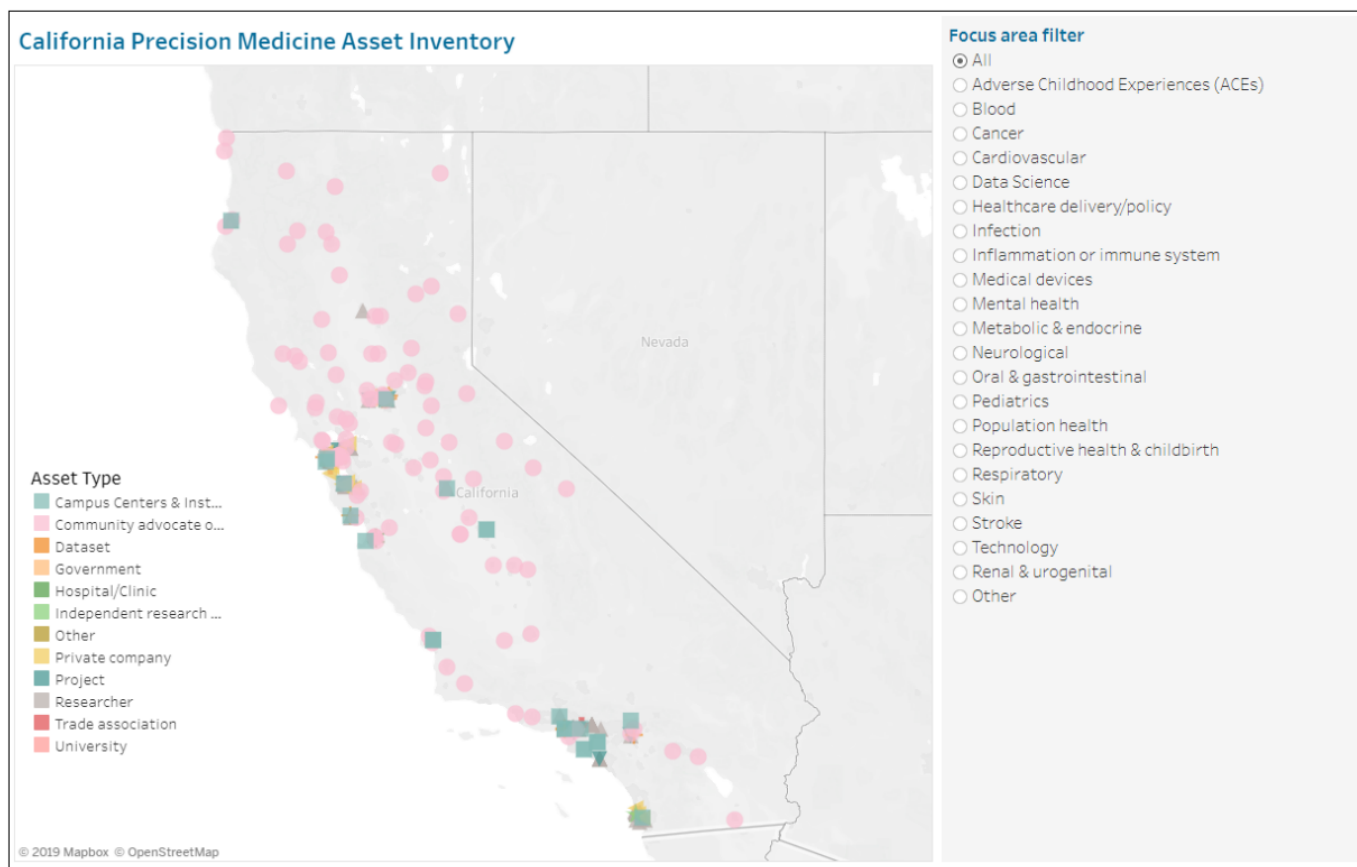
## Request for Proposals:

Addressing Health Impacts of  
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Medicine Approach

# Authentic Community-Research Partnership

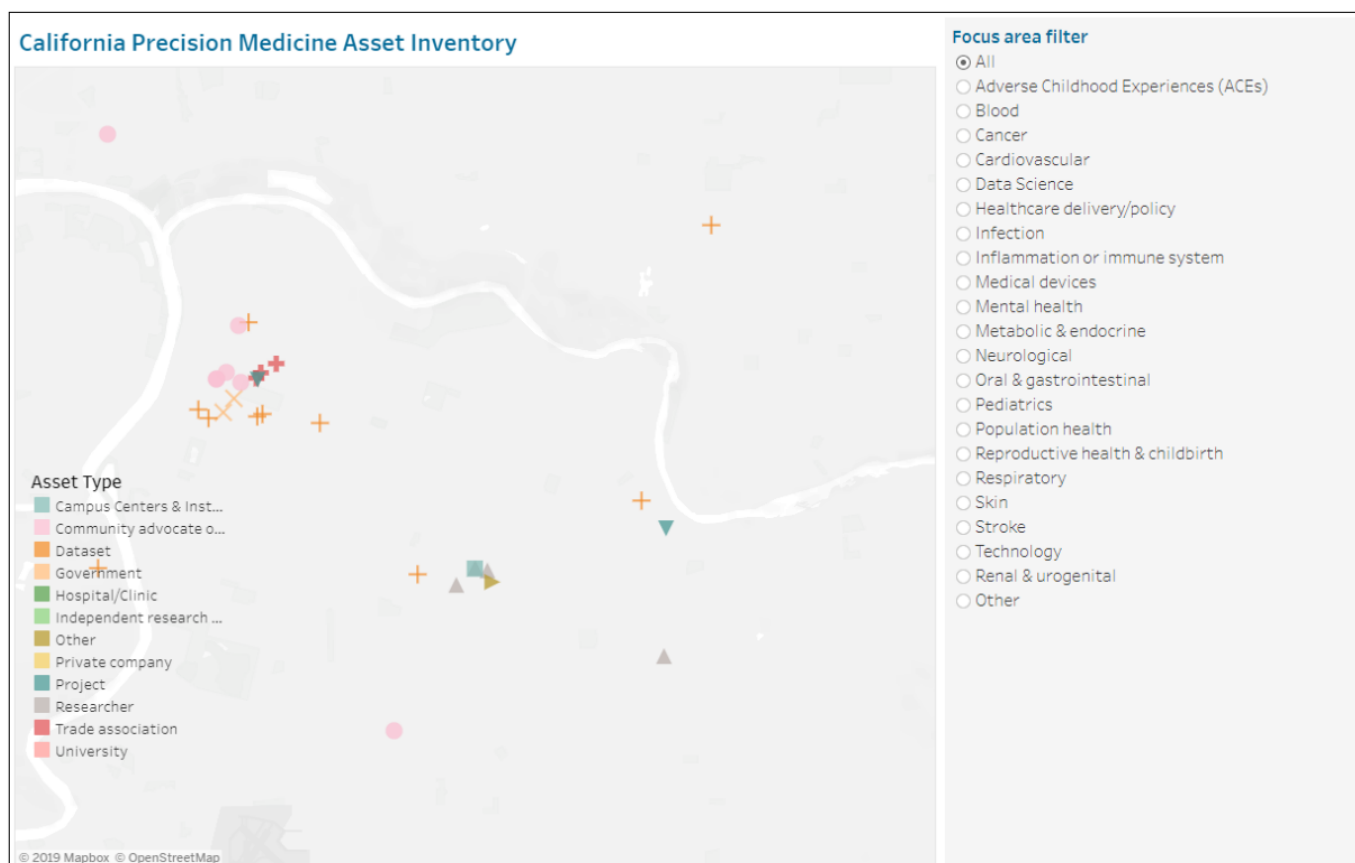
- CIAPM seeks to encourage high quality, interactive, and proactive stakeholder models, where patients and families are represented in the governance, design, conduct, dissemination, and evaluation of research demonstration projects.
- Community Partnership Guidance is provided on the CIAPM website, with links to twenty free resources that provide cross-sector partnership frameworks, information about health disparities, and more.

# California Precision Medicine Asset Inventory



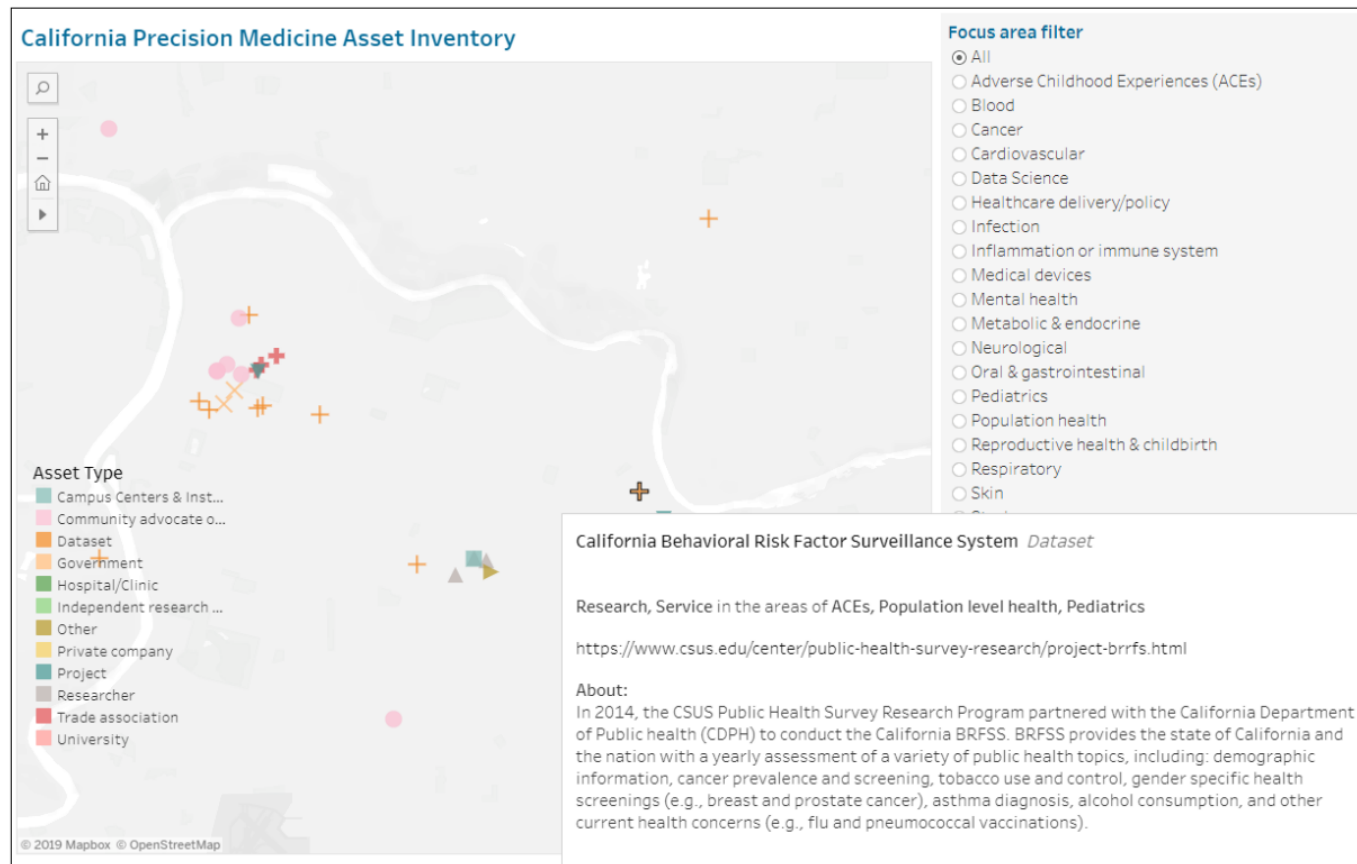
Addressing Health Impacts of Adverse Childhood Experiences through a **Collaborative** Precision Medicine Approach

# California Precision Medicine Asset Inventory



Addressing Health Impacts of Adverse Childhood Experiences through a **Collaborative** Precision Medicine Approach

# California Precision Medicine Asset Inventory



Addressing Health Impacts of Adverse Childhood Experiences through a **Collaborative** Precision Medicine Approach

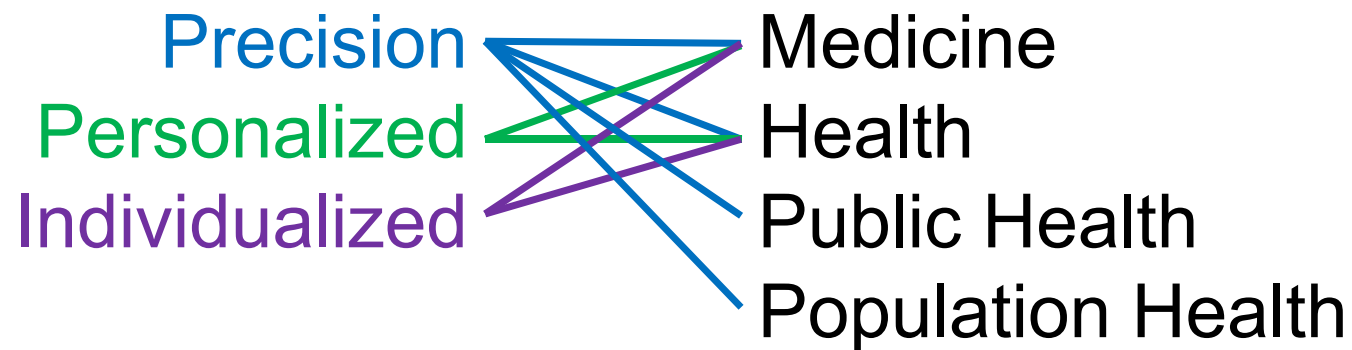


# Request for Proposals:

Addressing Health Impacts of  
Adverse Childhood Experiences  
through a Collaborative **Precision  
Medicine Approach**

# Precision Medicine is...

also known as



# Individualization of prevention, diagnosis, measurement, and treatment

- Patients are individuals and should be approached as such
- Responses to stress, environmental factors, and disease depend on many factors, including:
  - Genetics
  - Nutrition
  - Fitness
  - Age of exposure
  - Microbiome
  - Other “omics”, such as metabolomics and proteomics

# Purpose


To drive innovation in applying a Precision Medicine approach to understanding the biological mechanisms of and improving clinical means of addressing toxic stress from ACEs, particularly as a path toward reducing health disparities.

# Timeline

<b>Due</b> Letters of Intent to Submit a Proposal	2/5/2020
<b>Due</b> Concept Proposals	4/22/2020
Notification of Finalists	5/28/2020
<b>Due</b> Full Proposals	7/22/2020
Awardees Announced	8/31/2020
Anticipated Project Start	November 2020
Duration of Projects	36 months

# Online Submission Portal

[www.opr.ca.gov/ciapm/projects/2019](http://www.opr.ca.gov/ciapm/projects/2019)



Welcome to the Submission Portal of the California Initiative to Advance Precision Medicine


**Sign In/Sign Up Instructions**

**For New Users:**  
By clicking **Sign Up**, you will be prompted to enter your email address and create a password. Once you have chosen your password, your account will be created and you will gain access to the portal.

**For Returning Users:**  
Sign in to the portal using the email address and the password you created when you originally signed up for the portal. If you have forgotten your password, click **"Forgot your password?"** and follow the prompts to reset your password.

**Sign In**

Email

Password  

[Forgot your password?](#)

**Need an Account?**

Addressing Health Impacts of Adverse Childhood Experiences through a Collaborative Precision Medicine Approach

# Questions

# Thank You

Find more information at [www.opr.ca.gov/ciapm](http://www.opr.ca.gov/ciapm)

Contact us at [ciapm@opr.ca.gov](mailto:ciapm@opr.ca.gov)



# ACEs Aware: Next Steps

- Monthly Subcommittee Meetings
- Provider Webinar Series
- RFP/Grant Awards Engagement
- June 16<sup>th</sup> TIPC Meeting
- Share training, resources and tools with your networks!

[www.ACEsAware.org](http://www.ACEsAware.org)



# Public Comment





Information, materials, and training opportunities  
are available at [www.ACEsAware.org](http://www.ACEsAware.org)

Contact

[info@ACEsAware.org](mailto:info@ACEsAware.org)

