



Trauma-Informed Primary Care Implementation Advisory Committee Meeting: Key Themes

The Trauma-Informed Primary Care (TIPC) Implementation Advisory Committee met on June 16, 2020, with **34** members in attendance. This document summarizes the meeting and the key themes, which will be considered in the ongoing implementation of the ACEs Aware initiative.

Meeting Summary

California Surgeon General Dr. Nadine Burke Harris opened the meeting by thanking everyone for joining the virtual meeting and continuing their work on Adverse Childhood Experiences (ACEs), particularly as we confront current challenges such as the ongoing COVID-19 emergency and racial inequities that persist within our institutions and culture.

The objectives of the meeting were to:

1. Discuss ACEs Aware in the context of current challenges facing Californians.
2. Provide an update on the ACEs Aware budget.
3. Highlight resources to help providers and families mitigate the impacts of toxic stress.
4. Get TIPC feedback on additional strategies.
5. Provide updates on the ACEs Aware Initiative.



ACEs Aware Budget – May Revision Proposal

Dr. Burke Harris discussed the unprecedented budget shortfall that the state of California is facing and the vital role of ACEs Aware as part of the Medi-Cal program's response to the COVID-19 emergency, helping providers identify, prevent, and treat the secondary health effects associated with a toxic stress response. This is reflected in the Governor's proposed May Revision budget, which includes continued funding for the ACEs Aware initiative, although at a reduced amount.

Dr. Karen Mark, Medical Director for the Department of Health Care Services (DHCS), highlighted the ACEs Aware Budget in the May Revision Proposal. Dr. Julianne McCall, Co-Director of the California Initiative to Advance Precision Medicine in the Governor's Office of Planning and Research, provided an update about the Precision Medicine budget and the 90-day extension for the "Addressing Health Impacts of Adverse Childhood Experiences through a Collaborative Medicine Approach" Request for Proposals (RFPs).

ACEs Aware Community Grant Awards

Jennifer Ryan, Executive Vice President of Aurrera Health Group (formerly Harbage Consulting), presented a summary of newly-announced [ACEs Aware grantees](#), and an overview of the community work that will be funded in the areas of provider training, provider engagement, and communications. Funding for the ACEs Aware grants was previously authorized in the Fiscal Year 2019-20 budget, albeit at a reduced figure due to the state budget crisis.

Overall, 150 ACEs Aware grants were awarded to 100 organizations for a total of \$14.3 million. The grant review process accounted for the prevalence of ACEs among the residents of each community, as well as the percentage of residents enrolled in Medi-Cal, to ensure that the funding is most effectively targeted. In light of the COVID-19 emergency, the grant funding will provide critical support to the community organizations serving Medi-Cal providers and beneficiaries. A



[full list of ACEs Aware Grantees for 2020 to 2021](#) is available on the ACEs Aware website. Summaries of proposed grant activities will be posted later this summer.

ACEs Aware COVID-19 Response

Dr. Burke Harris discussed the ACEs Aware response to the COVID-19 emergency. The ACEs Aware mission has always been to change and save lives by helping providers understand the importance of screening for ACEs and training providers to respond with trauma-informed care to mitigate the health impacts of toxic stress. With Californians experiencing increased levels of stress as a result of COVID-19, that mission is even more important today. ACEs Aware supports health care providers, their teams, and all those on the front lines of administering care and interventions with resources such as monthly provider educational webinars on trauma-informed care and the California Surgeon General's Stress Playbooks on stress relief and emotional health.

ACEs Aware: COVID-19 Response: Learn/Act/Integrate Campaign

Hilary Haycock, President of Aurrera Health Group, provided an overview of the Learn/Act/Integrate Campaign in response to COVID-19. In response to the COVID-19 emergency and the resulting secondary health impacts, ACEs Aware is offering [information and tools to help providers, their teams, and their patients build resilience and buffer the impacts of toxic stress.](#)

Through thought leadership, provider engagement, and partner engagement, the Learn/Act/Integrate campaign:

- Continues to provide information on the science of the short- and long-term health impacts of toxic stress resulting from ACEs, as well as stress created by the COVID-19 emergency.
- Helps Medi-Cal providers and their teams make the connection that training on ACEs and toxic stress physiology will enhance their



understanding of the stress-related health impacts associated with the COVID-19 emergency.

- Continues to provide evidence-based information on interventions and buffering factors that can be used to enhance resilience and mitigate the health impacts of toxic stress.
- Supports Medi-Cal providers and their teams to integrate evidence-based interventions and disaster-responsive, trauma-informed care into their clinical practices in the short and long term.
- Continues to provide information on how providers can apply stress management information and practices to their own self-care.

Health Equity and TIPC Member Discussion

Dr. Burke Harris addressed recent events associated with racial injustice and systemic racism, recognizing that those facing racial discrimination are at higher risk of experiencing toxic stress. Dr. Burke Harris noted the tremendous opportunity to advance anti-racist policies and called out ACEs Aware's efforts to deepen and strengthen the initiative's emphasis upon health equity. Dr. Burke Harris asked for feedback on two approaches and how the ACEs Aware initiative, generally, should seek to address racial inequities:

- Create a series of health equity briefs to ensure Medi-Cal providers are knowledgeable about specific health care needs for communities that are disproportionately affected by health disparities and connect ACEs and other risk factors for toxic stress, such as racial discrimination.
- Weave health inequity into all materials, including the number of resources for ACEs and COVID-19.

Committee members discussed ACEs Aware's role in addressing health equity and racial discrimination in health care.



Raising Public Awareness to the Health Impacts of Racism

- One member discussed efforts by external organizations to declare racism as a public health emergency, and suggested ACEs Aware could consider the same mechanism; others suggested educating its audiences about implicit and explicit bias and ways racism and discrimination occur in health care. One TIPC member suggested that ACEs Aware can play an important role in elevating what we know about racism and lending humanity to people's experiences.
- ACEs Aware can help address upstream health determinants. One TIPC member suggested promoting early childhood education and reading by providing books to low-income households, which research has proven to buffer care and alleviate health disparities' effect on co-morbidities later in life. Another TIPC member noted that California is using home-visiting dollars during COVID-19 to purchase books for low-income households.
- One TIPC member thanked the ACEs Aware team for providing language that links racism, ACEs, and toxic stress.
- ACEs Aware can provide actionable steps for health plans. One Committee member suggested that there has been a call to action for health plans to address racial discrimination in health care, but that ACEs Aware can provide evidence-based policies and practices for health plans to take steps to address injustices.

ACE Screenings and Discrimination

- One TIPC member acknowledged that patients experience systemic and institutional racism throughout their life and providers should recognize how a lifetime of direct and indirect experiences with racism may affect their health.
- Dr. Burke Harris noted that the Pediatric ACEs Screening and Related Life-events Screener (PEARLS) includes an ACE screen (Part 1) as well as a social determinants of health (SDOH) screen (Part 2). It is recognized that SDOHs other than ACEs, such as facing discrimination because of race,



ethnicity, or other identity factors, are associated with health risks. However, there needs to be additional research on racism and the long-term health effects of racism to ensure it measures up to the unimpeachable science behind the current ACE research.

- One TIPC member mentioned research on how providers' biases lead to disproportionate numbers of reports to Child Protective Services for patients of color compared to white patients. The member suggested that providers need more training on mandated reporting and that ACEs Aware health equity briefs should be supplemented with guides on how providers can help patients with high ACE scores and report for child abuse and neglect.

Organizational Response to Racism and COVID-19

Members discussed how their organizations and other entities are addressing racism and the COVID-19 emergency, with focus on supporting community resources, advancing research, and making structural, tangible changes.

- One TIPC member discussed their work with [the Government Alliance on Race and Equity \(GARE\)](#), which provided trainings and published an action plan for California state departments to advance racial equity.
- One TIPC member shared how their organization receives feedback on initiatives and language in materials from Black youth across the state and the importance of feedback from community members.
- One TIPC member noted that they use the umbrella of ACEs at their organization to address health equity, using the language regarding the science of ACEs, risk for health impacts, and toxic stress response to communicate within their organization.
- One TIPC member shared the work of their Equity Committee to examine internally how explicit and implicit bias shows up in their work.
- The COVID-19 emergency is leading to a mental health crisis, with more crisis calls for depression, anxiety, and isolation related to COVID-19. One committee member discussed community engagement and health disparities work done through the Mental Health Services Act. The most



effective way to reach people in emotional distress is meeting them where they are, but they need more certified clinicians in California. In addition, treating people via telehealth illuminates the digital divide for low-income households and people of color.

- Dr. Burke Harris added that although technology has enhanced care during COVID-19 as well as bringing racial injustices and police brutality to public eye, it's important to recognize that there's more work we must do to help public become aware of systemic racism.
- Additional resources were shared through the Chat feature which included the following books: 1. How to be an Antiracist by Ibram X Kendi, 2. So You Want to Talk About Race by Ijeoma Oluo

California Assemblymember Dr. Joaquin Arambula closed the discussion by highlighting how important the ACEs work is at this time and sharing the new appointment of Will Lightbourne to Director of DHCS.

California ACEs Learning and Quality Improvement Collaborative

Dr. Edward Machtiger, the California ACEs Learning and Quality Improvement Collaborative (CALQIC) Co-Director and Director of the Center to Advance Trauma-informed Health Care (CTHC) at the University of California, San Francisco (UCSF), updated the Committee on the progress of CALQIC. They are planning to announce the learning collaborative cohort the week of June 15th, with 15 organizations in clinics spanning seven regions in California covering about 5,500 Medi-Cal patients. More information about CALQIC is available on [their website](#).

ACEs Aware Initiative Updates and TIPC Member Discussion

Dr. Mark and Dr. Nadine Burke Harris shared updates about new ACEs Aware resources and engagement with the provider training.



New Resources and Policy Guidance

Dr. Mark highlighted new materials from the ACEs Aware initiative, including:

- The [Provider Toolkit](#), which provides information on how to screen for and respond to ACEs, and how Medi-Cal providers can get trained and receive payment for conducting ACE screenings, all in one place.
- The [list of providers who are eligible](#) for Medi-Cal payment for an ACE screening.
- The [PEARLS and ACE screening tools](#), which have been translated into 17 languages.
- The upcoming attestation deadline on July 1st, when providers must [self-attest](#) to completing a [certified ACEs training](#) on the DHCS website to continue receiving payment.
- The forthcoming ACEs Aware Quarterly Data Reports, which will be released in the Fall of 2020 and provide transparency on initiative outcome measures and are similar to the approach taken by DHCS for other Medi-Cal programs.

Provider Training Updates

Dr. Burke Harris shared an overview of training numbers, geography, and trends. The ACEs Aware initiative identified approximately 47,000 active Medi-Cal primary care providers who are eligible to complete a certified ACEs training, which includes primary care providers who are likely to participate in screening patients and providing trauma-informed care, even if they cannot directly bill Medi-Cal (such as physician assistants).

Dr. Burke Harris also highlighted data on the "Becoming ACEs Aware in California" training:

- As of June 21, 2020, approximately 11,300 users enrolled in the training and 8,800 users claimed credit, including attendance.



- More than half (57%) of users who completed the training are physicians.
- Nearly one-third of users who completed the training specialized in Pediatrics, including Medicine-Pediatrics.
- Nearly three-fourths (73%) of users who completed the training screen fewer than half of their patients.
- More than two-thirds (71%) of users who completed the training reported they plan to implement changes in their practice based on the information provided.
- Most users (91%) who completed the training reported being somewhat or very confident that they would be able to make their intended changes.
- The primary barriers to implementing change that users who completed the training identified were: time constraints (72%), followed by system constraints (31%), patient adherence/compliance (30%), and ability to refer to appropriate services and treatments (29%).

ACEs Aware Initiative Subcommittees

Dr. Burke Harris also provided updates on the ACEs Aware initiative subcommittees and the new Clinical Implementation Subcommittee, which builds upon the work of the Clinical Advisory Subcommittee. The Clinical Implementation Subcommittee will provide clinical guidance on:

- Supporting providers in conducting ACE screenings through a changing primary care landscape, including via telehealth.
- Establishing key criteria to certify additional core trainings developed by ACEs Aware grantees, to achieve alignment with the existing ACEs Aware training, goals, and key principles.
- Advancing the science of ACE screening and response; clinical recognition of toxic stress; and evidence-based interventions for regulating the toxic stress response.
- Informing the development of key ACEs Aware materials to support providers in implementing ACE screening and trauma-informed, evidence-based care to address toxic stress.



TIPC Member Feedback & Discussion on Clinical Needs

The training numbers were very well-received by TIPC members. The discussion focused on ways members' organizations are training and screening for ACEs, and clinical implementation.

- Dr. Nancy Goler, Associate Executive Director of The Permanente Medical Group, shared that Kaiser Permanente of Northern California has trained nearly 3,000 primary care physicians, 1,600 internal medicine or family medicine physicians, and 264 mental health providers as well as 85% of their pediatricians and 75% of their obstetrician and gynecologists. They have continued to conduct in-person screenings for children during wellness visits and are developing a roadmap for telehealth screenings. Physicians are highly engaged, providing positive feedback on the screenings to leadership and thanking the health plan for being engaged in the ACEs work.
- Another Committee member shared that they are implementing the screening in pre-visit emails and patient portals, integrating the screening into electronic health records, and thinking about next steps for the health informatics teams.

Meeting Adjournment

Dr. Burke Harris adjourned the meeting, thanking Committee members for their continued engagement and support with the ACEs Aware initiative and navigation through COVID-19 and renewed attention to racial injustice.