



Trauma-Informed Primary Care (TIPC) Implementation Advisory Committee

Virtual Meeting



December 15, 2020



Welcome

Nadine Burke Harris, MD, MPH

California Surgeon General, Office of the California Surgeon General

Karen Mark, MD, PhD, MPH

Medical Director, Department of Health Care Services

Will Lightbourne

Director, Department of Health Care Services



Meeting Objectives



- Share highlights from the California Surgeon General's Report and the ACEs Aware Network of Care Request for Proposal
- Discuss the Draft Trauma-Informed Network of Care Roadmap
- Provide input on the 2021 ACEs Aware Provider Engagement plan





California Surgeon General's Report

Roadmap for Resilience

The California Surgeon General's
Report on Adverse Childhood
Experiences, Toxic Stress, and Health

December 15, 2020



Authors

Senior Authors:

- **Devika Bhushan**, MD
- **Nadine Burke Harris**, MD, MPH

Contributing Authors:

- **Christina Bethell**, PhD, MPH, MBA
- **Shanta R. Dube**, PhD, MPH
- **Marcus Galeste**, PhD
- **Rachel Gilgoff**, MD,
- **Latonya Harris**, PhD
- **Krista Kotz**, PhD, MPH
- **Ashley Mills**, MS
- **Julianne McCall**, PhD, MS
- **Janne Olson-Morgan**
- **Kali Patterson**, MS
- **Cate Powers**
- **Steve Wirtz**, PhD

- **Bianca R. Argueza**, MD, MPH
- **Laura August**, MPH
- **Rupa Basu**, PhD, MPH
- **John B. Faust**, PhD
- **Stephanie Holm**, MD, MPH
- **Kenneth McCullough**, PhD
- **Mark Miller**, MD, MPH
- **Shannon Muir**, PhD, MS
- **Dharshani Pearson**, MPH
- **Bonnie Holmes-Gen**
- **Hyunsoo Gloria Kim**, PhD candidate
- **Brian Malig**, MPH
- **Sara S. Marques**, DrPH, MPH
- **Andrew Slocombe**, MS
- **Lori Turk-Bicakci**, PhD
- **Laurie Udesky**
- **Barbara L. Weller**, PhD

Reviewers – State of California

- California Department of Corrections and Rehabilitation, Division of Juvenile Justice:
 - **Heather C. Bowlds**, PsyD
- California Department of Education:
 - **Hilva Chan**, MSW
 - **Monica Nepomuceno**, MSW
- California Department of Health Care Services:
 - **Karen Mark**, MD, PhD
 - **Sohrab Sidhu**, MD, MPH
- California Department of Social Services:
 - **Dave McDowell**, PhD
 - **Angela Ponivas**
- California Department of Public Health:
 - **Renay Bradley**, PhD
 - **Elena Costa**,
 - **Natalie Hurlock**,
 - **Sara Mann**, MPH
 - **Connie Mitchell**, MD, MPH
 - **Jeffery Rosenhall**, MA
 - **Mina White**
- California Health and Human Services Agency:
 - **Samar Muzaffar**, MD, MPH
 - **Stephanie Welch**
- Council on Criminal Justice and Behavioral Health:
 - **Brenda Grealish**, Executive Officer, Council on Criminal Justice and Behavioral Health

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External Master Reviewers

- **Christina Bethell**, PhD, MPH, MBA,
- **Karen Hughes**, PhD
- **Edward L. Machtinger**, MD
- **Melissa T. Merrick**, PhD

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- **Greg Duncan**, PhD
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- **Robert J. Gillespie**, MD, MHPE
- **Nancy Goler**, MD
- **Marta Induni**, PhD
- **Simone Ippoliti**, MSN, RN, PNP-PC
- **Manuel Jimenez**, MD, MS
- **Sara B. Johnson**, PhD, MPH
- **Anda Kuo**, MD
- **Clara Lajonchere**, PhD
- **Pat Levitt**, PhD
- **Brigid McCaw**, MD, MPH, MS
- **Ted Miller**, PhD, MS, MCP
- **Phyllis H. Niolon**, PhD
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- **Howard Pinderhughes**, PhD
- **Natalie Rasgon**, MD, PhD
- **Robert Sapolsky**, PhD
- **Robert Sege**, MD, PhD

- **Ruth Shaber**, MD
- **Shannon Thyne**, MD
- **Kelly Young-Wolff**, PhD, MPH

Additional Support

Reference Management

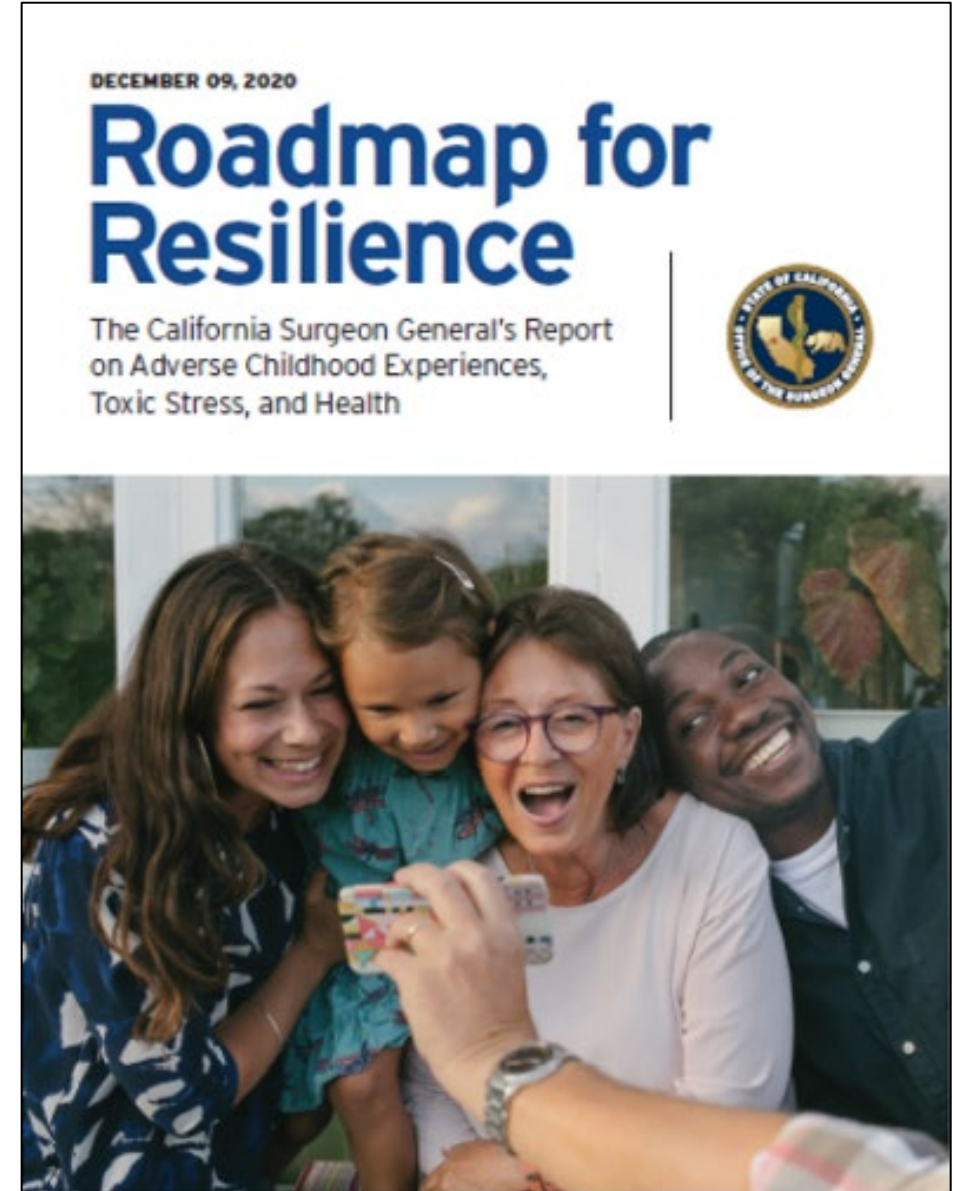
- **April Booth**, MS, MS, PhD candidate
- **Aiyana M. Emigh**, PhD candidate
- **Hyunsoo Gloria Kim**, PhD candidate

Copy Editor - **Roy Sablosky**

Designer - **Megan Varvais**

Available Now: First California Surgeon General's Report

- Materials available at <https://osg.ca.gov/sg-report/>
 - Full 438-page report
 - Executive Summary
 - 12 briefs summarizing key themes
 - Social Media Toolkit
 - Public webinar



ACEs and Toxic Stress Are A Public Health Crisis

ACEs and toxic stress are a root cause to some of the most harmful, persistent, and expensive societal and health challenges facing our world today.



Roadmap for Resilience: Guiding Principles

- Rigorous scientific framework serves as a strong foundation for policy action to support a cross-sector, systems-level approach
- Rooted in Core Values of **Prevention, Equity, and Rigor**
- Impact of COVID-19

Key Finding:

**ACEs are Causally
Associated with the
Toxic Stress Response**

The Toxic Stress Response Defined

“prolonged activation of the stress response systems that can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years...”

– National Academies of Sciences, Engineering, and Medicine

In addition to ACEs, **other risk factors for toxic stress** include poverty, exposure to discrimination, and exposure to the atrocities of war.

Bradford Hill Criteria: Causal Inference from Epidemiologic Data

- **Strength of association:** Strong association between ACEs, health, well-being
- **Consistency:** Multiple, long-ranging, well-designed epidemiologic and other studies in different populations have shown similar associations
- **Specificity:** ACEs activate the **toxic stress response**
- **Temporality:** ACEs precede outcomes of interest
- **Biological gradient:** Strong dose-response relationships exist with respect to doses of adversity and outcomes
- **Plausibility:** Many biological mechanisms elucidated
- **Coherence:** Findings fit with extant biomedical knowledge
- **Experiment:** Experimental conditions replicate/reinforce findings
- **Analogy:** Parallel mechanisms exist for similar exposures

Available in *Roadmap for Resilience*

Part I

The Science, Scope, and Impacts of ACEs and Toxic Stress

- Framing the Public Health Crisis of ACEs and Toxic Stress
- Defining ACEs and Toxic Stress
- The Biology of Toxic Stress
- Intergenerational Transmission of Adversity
- Establishing Causality between ACEs and Poor Health Outcomes
- The Economic Costs of ACEs and Toxic Stress

Part II

The Public Health Approach for Cutting ACEs and Toxic Stress in Half within a Generation

- Primary, Secondary, and Tertiary Prevention of ACEs and Toxic Stress: An Overview
- Individual sections on Primary, Secondary, and Tertiary Prevention Strategies Across six sectors

Healthcare

Public
Health

Social
Services

Early
Childhood

Education

Justice

Available in Roadmap for Resilience

Part III

California's Response to ACEs and Toxic Stress

- State Tools and Strategies for Responding to ACEs and Toxic Stress
- The ACEs Aware Initiative
- Clinical Implementation Case Studies
- Systems-Level Implementation Considerations
- Approach to Environmental Scans of Statewide Trauma-Informed Work

Part IV

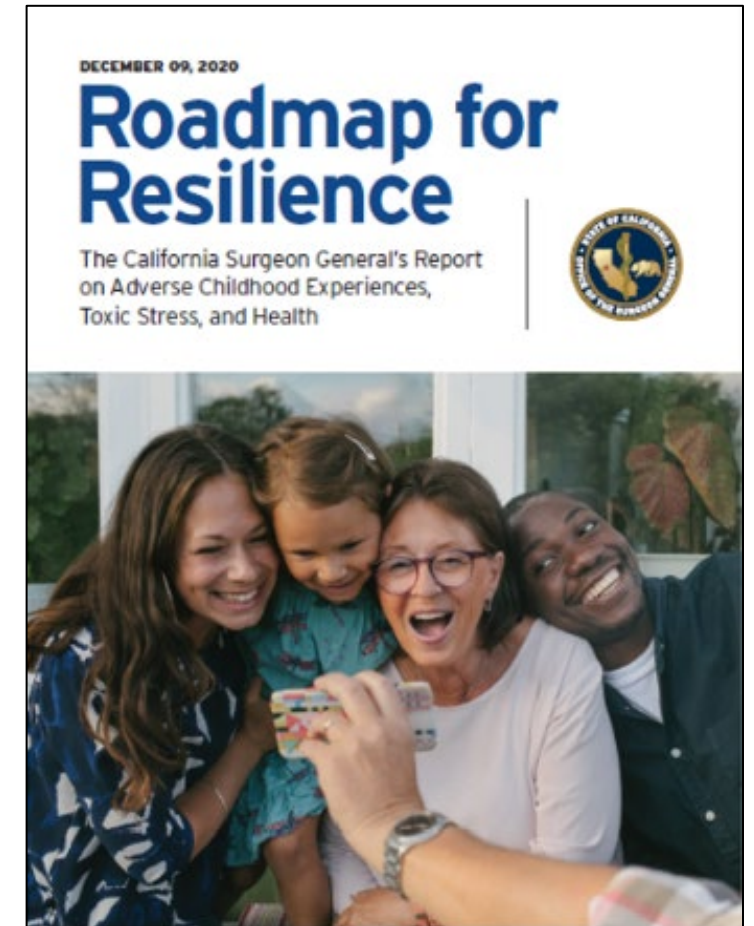
What Lies Ahead

- ACEs Aware Phase IV: Evaluation
- Looking Ahead: California's Next Steps



Critical Takeaways

- Combines perspectives on ACEs and toxic stress from **global experts** across sectors, specialties and disciplines
- **Toxic Stress is a health condition that is amenable to treatment**
- **Prevention at all levels**
 - An effective response requires prevention at all three levels: primary, secondary, and tertiary. None of these strategies is sufficient alone, and each extends the reach of the others.
- **Cross-Sector Approach**
 - Addressing this public health crisis requires shared understanding of the problem, shared language, clarity of roles, shared metrics, and accountability
- **California has foundational leadership** to chart the course for cutting ACEs and toxic stress in half in a generation



Key Finding:

**Toxic Stress is a Health
Condition Amenable to
Treatment**

ACEs, Toxic Stress and COVID-19

- Through the toxic stress response, **ACEs increase the burden of AAHCs**, which predispose to a more severe COVID-19 disease and increased risk of death.
- Those with a history of ACEs may be “**stress sensitized**” or more susceptible to the health effects of acute or chronic stress.
- Widespread infectious disease outbreaks, natural disasters, economic downturns, and other crises have in common a number of well-documented short- and long-term health impacts including **increased cardiovascular, metabolic, immunologic, and neuropsychiatric risk**.

Source: (as summarized in) Bhushan D, Kotz K, McCall J, Wirtz S, Gilgoff R, Dube SR, Powers C, Olson-Morgan J, Galeste M, Patterson K, Harris L, Mills A, Bethell C, Burke Harris N, Office of the California Surgeon General. *Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health*. Office of the California Surgeon General, 2020.


Key Finding:

Curbing the intergenerational transmission of ACEs and toxic stress requires a public health approach utilizing a **coordinated, multisector strategy** to advance **prevention, early detection, and evidence-based interventions.**

Strong Work is Already Occurring Across Sectors



**Great
need for
coordination**

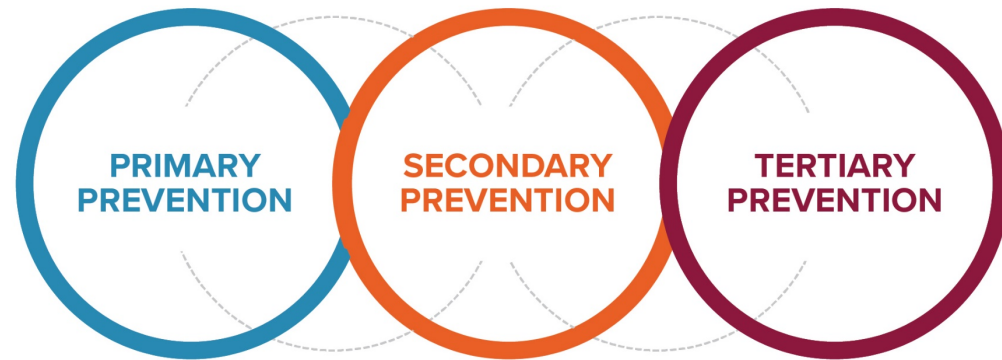


**Work must
be rooted in
the science**

Key Finding:

An Effective Response to ACEs and Toxic Stress Requires Prevention at All Levels

Sources: Centers for Disease Control and Prevention, National Center for Environmental Health. Picture of America—Our health and environment: Prevention. 2014; Kisling LA, M Das J. Prevention Strategies. Treasure Island, FL: StatPearls, 2020.



Primary Prevention efforts target healthy individuals and aim to prevent harmful exposures from ever occurring.

Secondary Prevention efforts involve screening to identify individuals who have experienced an exposure and aim to prevent the development of symptoms, disease, or other negative outcomes.

Tertiary Prevention efforts target individuals who have already developed a disease or social outcome, and aim to lessen the severity, progression, or complications associated with that outcome.

No single sector or category of prevention is sufficient alone.



Healthcare	Public Health	Social Services	Early Childhood	Education	Justice
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Demonstrating Cross-Sector Approaches

- Individual briefs and report section available for six sectors
 - Clear articulation of how the science of toxic stress shows up within the population it supports
 - The role of each sector in addressing/combatting ACEs and toxic stress
 - **Robust list of specific Primary, Secondary and Tertiary prevention strategies that can be implemented**
- Case studies of programs that highlight strong use of cross-sector integration and all three prevention strategies.



From Adversity to Resilience in the Early Childhood Sector



Findings from *Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health*

How Adversity Can Impact Early Childhood Outcomes

Recent estimates suggest that **62%** of California adults have experienced at least one **Adverse Childhood Experience (ACE)**, and **16%** have experienced four or more (2011-2017 data).¹ In a dose-response fashion, ACEs can lead to serious health risks, such as heart disease, stroke, cancer, dementia, mental health and substance use disorders, and premature mortality, including by suicide.²⁻¹² ACEs and other adversities experienced early in life without adequate buffering protections of safe, stable, and nurturing relationships and environments can lead to activation of the **toxic stress response**,¹³⁻¹⁹ defined as "prolonged activation of the stress response systems that can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years... For children, the result is the disruption of the development of brain architecture and other organ systems and an increase in lifelong risk for physical and mental disorders."²⁰

The Role of the Early Childhood Sector in Preventing and Mitigating Toxic Stress

In the early childhood sector, many programs provide services that braid primary, secondary, and tertiary prevention. **Primary prevention** of ACEs and toxic stress in the early childhood sector centers on preventing adverse experiences and strengthening buffering influences, typically by creating policies and programs that promote safe, stable, nurturing early relationships and environments.^{20,30,31} Universal programs may encourage positive parenting, amplify access to high-quality support services, and provide parent education and supports for healthy child development and relationships.

For more detail and information, read *Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health* at <https://osq.ca.gov/>

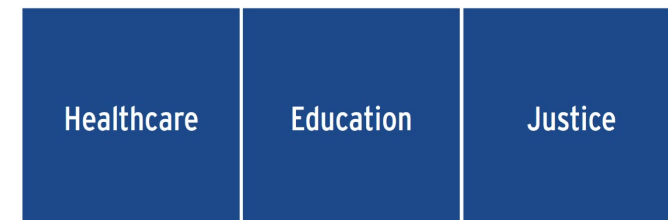
Critical for Success:

Cross-sector coordination requires
**shared language, shared metrics, role clarity,
and clear lines of accountability.**

Cross-Sector Response in Practice: Handle With Care program



- 2013 pilot at Mary C. Snow West Side Elementary School in Charleston, WV
- **Law Enforcement:** provides the school or child care agency with a “heads up” when a child has been identified at the scene of a traumatic event.
- **Schools:** Teachers have been trained on the impact of trauma on learning, and are incorporating many interventions to mitigate the negative impact of trauma for identified students.
- **Counseling:** When identified students exhibit continued behavioral or emotional problems in the classroom, the counselor or principal refers the parent to a counseling agency which provides trauma-focused therapy.
- **Other Adoption:** New Jersey recently announced Handle With Care. Last year—Yolo County, CA announced FOCUS program modeled after Handle with Care.



State-Level Cross-Sector Response in Practice: ACEs Aware Initiative

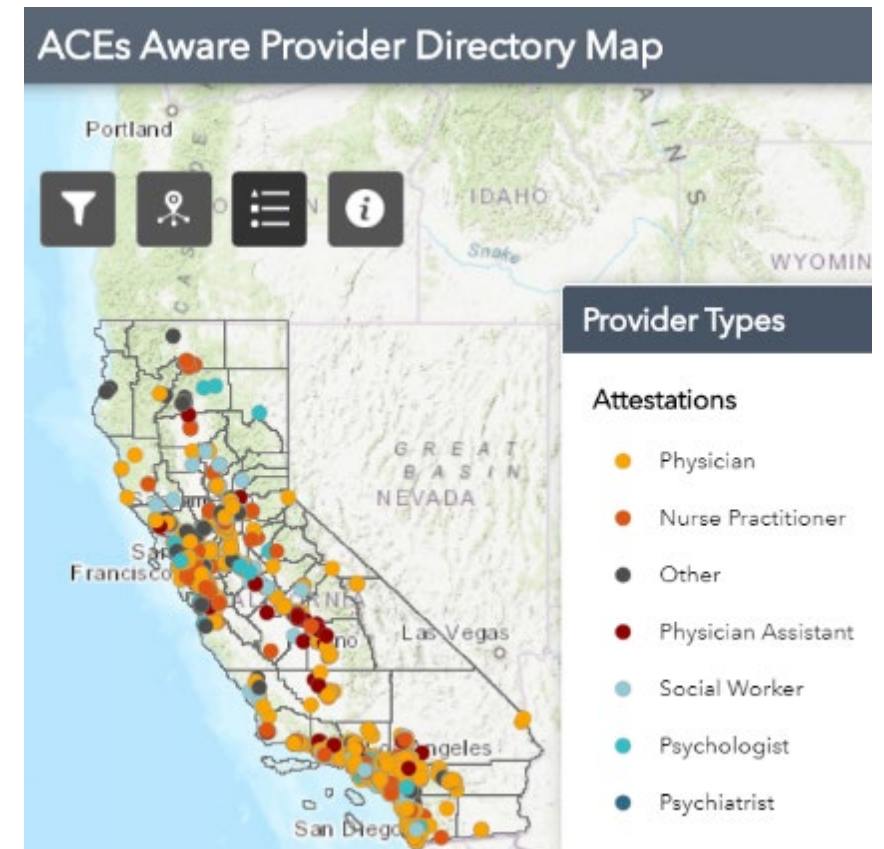


Healthcare Sector

- First-in-the nation initiative—most comprehensive approach for enacting large-scale screening and intervention for toxic stress
- Trained 15k+ healthcare providers since January 2020
- CA ACEs Learning and Quality Improvement Collaborative (CALQIC)—qualitative and quantitative data on best practices in screening and response from 53 clinics in 7 regions over 18 months.

Cross-Sector Integration in progress

- Trauma Informed Primary Care committee—ACEs Aware advisors
- Network of Care Roadmap
 - Brings alignment to share language, roles, accountability, metrics
 - Local referral systems for cross-sector providers
- Healthcare Provider Directory allows cross-sector responses to refer families in need to ACEs Aware healthcare providers



Further Research is Necessary

Next steps for the movement include advancing a robust toxic stress research agenda. Key objectives should include:

1. Development of **clinically relevant biomarkers** to help more precisely diagnose, classify, and assess treatment efficacy for toxic stress in clinical settings.
2. **Guidelines for clinical management** of ACE-Associated Health Conditions (AAHCs) in the setting of toxic stress.
3. Identification of **therapeutic targets** for regulating the toxic stress response.
4. Elucidation of the complex interactions of how **individual differences** in underlying biological susceptibility or exposures (including timing, severity, duration and developmental interactions) might affect clinical presentation or inform individualized treatment strategies.
5. **Longitudinal studies** are needed to better understand the specific and longer-term impacts of clinical interventions that target the toxic stress response.

Next Steps for the Movement

To Cut ACEs and Toxic Stress in Half in a Generation:



**Must
Raise Public
Awareness**

**Cross-Sector
Training is
Imperative**

**Cross-Sector
Coordination
& Alignment
Required**

**Continued
Research
Needed**



**Thank you
for your
dedication**





Trauma-Informed Network of Care Request for Proposal

ACEs Aware Goals & Objectives 2020-2021



Raising Awareness

Train and expand awareness among Medi-Cal providers on ACE screening and response



Practice Change

Support implementation of ACE screening and response for Medi-Cal providers



Network of Care

Support development of a functional network of care

Reduce ACEs and toxic stress by half in one generation



Network of Care Request for Proposal



Network of Care

Build network of care infrastructure as identified in the roadmap by utilizing existing funding for investment

Up to \$30 million allocated for additional ACEs Aware Grants

Network of Care Planning Grants

For communities whose Medi-Cal providers may be in the early stages of conducting ACE screenings and are contemplating approaches for collaboration and coordination across sectors.

Network of Care Implementation Grants

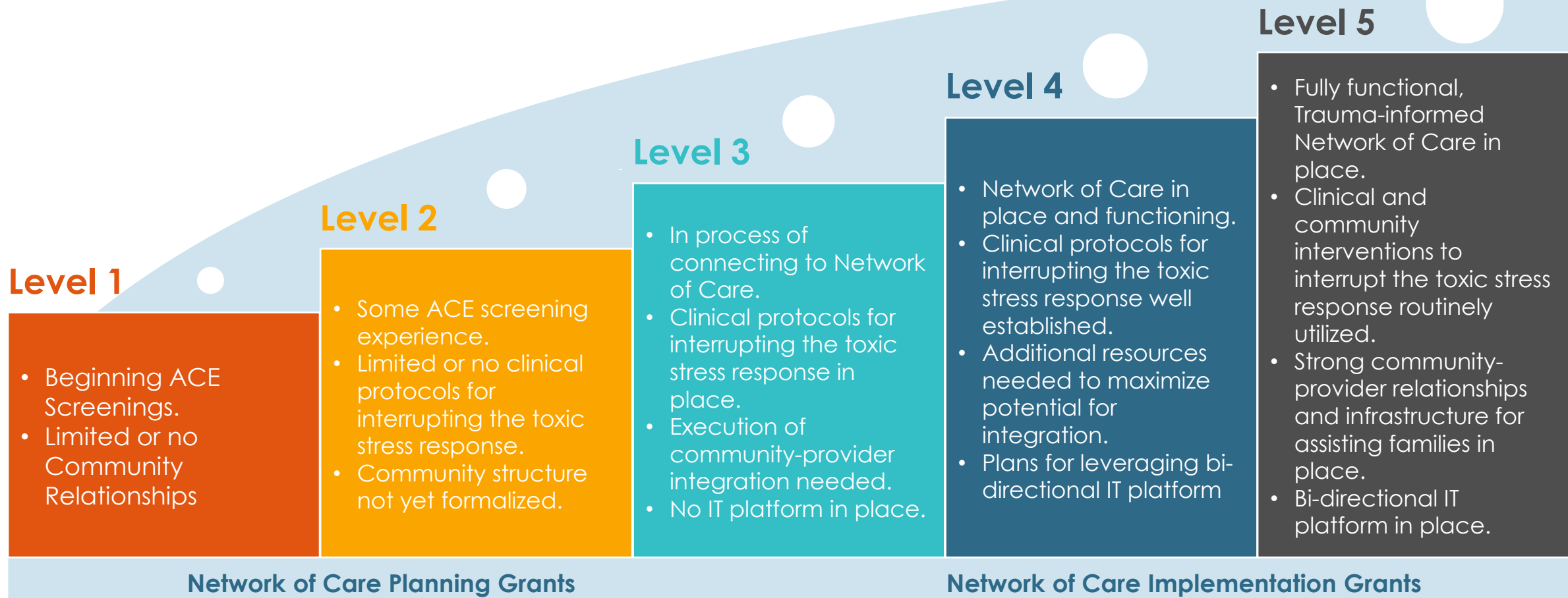
For communities that demonstrate a significant level of existing collaboration and coordination across Medi-Cal providers and sectors.

Timeline:

- RFP released on December 1, 2020
- Letter of Intent was due on December 14, 2020
- Applications are due on December 21, 2020
- Announce grant awards in January 2021



Network of Care Continuum of Integration



Network of Care Planning Grants

- Will support 20 to 30 communities
- For communities whose Medi-Cal providers may be in the early stages of conducting ACE screenings and are contemplating approaches for collaboration and coordination across Medi-Cal providers, community-based organizations, and social service agencies to mitigate the toxic stress response resulting from ACEs.
- Up to \$300,000 per grant (may be distributed by lead entity among partner organizations)

Contract Period

January – June 2021



Network of Care Implementation Grants

- Will support 5 to 10 communities that demonstrate a significant level of existing collaboration and coordination across Medi-Cal providers, community-based organizations, and social service agencies in responding to the identification of ACEs and toxic stress in primary care.
 - The goal is to provide grant funds that will help ensure that the Trauma-Informed Network of Care is fully equipped to effectively prevent, treat, and heal toxic stress.
- Up to \$3 million per grant (must be distributed by lead entity among partner organizations)

Contract Period	
January – June 2021	
Possible Extension Option Periods	
July 1 – December 31, 2021	January 1 – June 30, 2022



Draft Trauma-Informed Network of Care Roadmap

Develop a Trauma-Informed Network of Care Roadmap



Network of Care

Develop and release a roadmap to support a strong network of care

Activities & Timeline

- **Draft Network of Care Roadmap released:**
December 14, 2020
- **Public Comment Period:** December 14, 2020 to January 15, 2021
- **Final Network of Care Roadmap released:**
March 2021



Trauma-Informed Network of Care



A **Trauma-Informed Network of Care** is a group of interdisciplinary health, education, and human service professionals and community members and organizations that support adults, children, and families by providing access to evidence-based “buffering” resources and supports that help to prevent, treat, and heal the harmful consequences of toxic stress.



Network of Care Members

Members of the Network of Care may include, but are not limited to:

Primary Care Providers	Early Intervention Organizations
Behavioral Health Providers	Family Resource Centers
Local and County Governments	Medi-Cal Managed Care Plans
Public Health	Legal Services
Educators	Law Enforcement
Child Abuse Prevention Councils	Housing and Homeless Services
211 Call Centers	Faith-Based Organizations
School Nurses/Counselors	Parks & Recreation Agencies
After School Programs	Mindfulness Organizations
Community-Based Organizations	Digital Community Resource Platforms
Independent Practice Associations (IPAs)	



Trauma-Informed Network of Care Roadmap



The **Network of Care Roadmap** provides practical steps that health care providers, clinics, community-based organizations, and social service agencies can take within their own communities to grow cross-sector Networks of Care that support providers, individuals, and families in preventing and addressing the impact of ACEs and toxic stress on health.



Roadmap Audience



Providers and Clinics

- Primary Care Clinicians
- Clinical Support Staff
- Administrative Staff

Community-Based Systems

- Managed Care Plans
- Public Health and Social Services Departments
- Community-Based Organizations



Roadmap Key Sections

Section #1	Introduction and Background
Section #2	Screening and Responding to ACEs and Toxic Stress
Section #3	Milestones for Providers and Clinics
Section #4	Milestones for Communities
Section #5	Conclusion



Roadmap Discussion Questions

1	Is there an adequate common understanding among providers and members of the Network of Care of the toxic stress response, toxic stress as a health condition, and strategies for mitigating toxic stress?
2	Does the Roadmap adequately address the distinct needs of adults in mitigating the impact of ACEs and toxic stress? If not, how can this be achieved?
3	What should the role of managed care plans and delegated entities be in supporting the Network of Care (e.g., maintain resource lists, etc.)?



Roadmap Discussion Questions

4

What strategies should ACEs Aware use to promote the Roadmap among providers and members of the Network of Care? What tools would be useful to support Network of Care planning and implementation?

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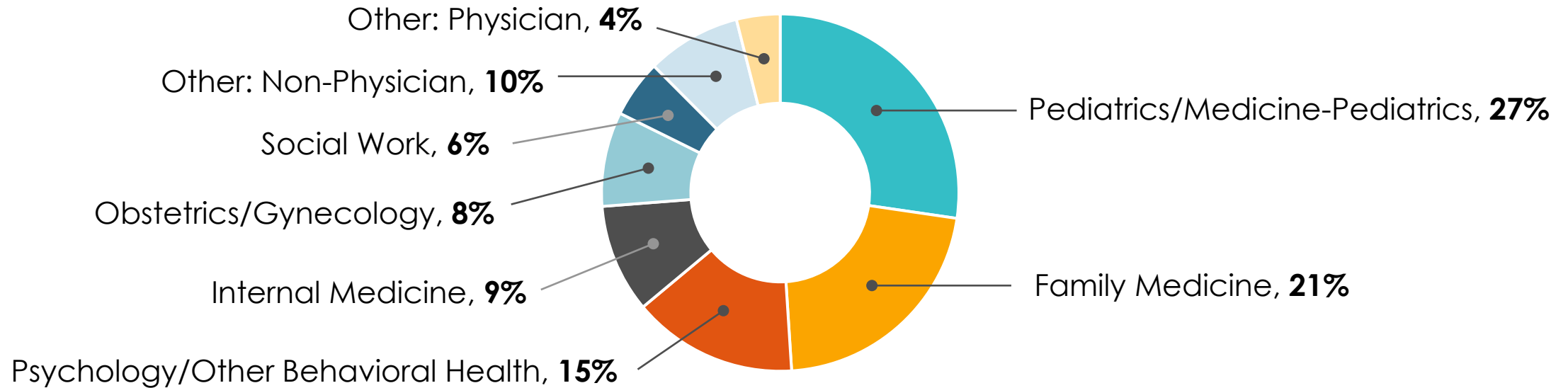
What policy changes should DHCS consider to facilitate effective Networks of Care (e.g., Medi-Cal coverage of additional benefits, managed care contract changes, etc.)?



2021 ACEs Aware Provider Training Engagement Strategy

ACEs Aware Training Completions

15,100 people have completed the “Becoming ACEs Aware in California” Core Training as of December 4, 2020



**More than 9,200 Medi-Cal providers trained as of December 4, 2020
8,941 of them have attested as of November 30, 2020**



6,825 (15%) Targeted Medi-Cal Providers Trained to Date (Self-reported data as of December 4, 2020)

Provider Type	# of Targeted Medi-Cal Providers*	# of Self-Reported Medi-Cal Targeted Providers Trained**	% of Targeted Medi-Cal Providers Trained
Pediatric & Medicine-Pediatric Physicians	7,275	2,520	35%
Midwives	125	23	18%
Obstetrics & Gynecology Physicians	3,805	631	17%
Family Medicine Physicians	10,287	1362	13%
Nurse Practitioners (in relevant specialties)	7,409	990	13%
Physician Assistants	3,730	442	12%
Internal Medicine Physicians	14,271	857	6%
Total	46,902	6,825	15%

*Based on ACEs Aware-identified targeted Medi-Cal providers.

** Self-reported based on NPIs for providers who completed the training compared to DHCS provider data.

Other Physicians & Non-Physicians Trained by Medi-Cal Provider Status

6,825 Targeted Medi-Cal Providers Trained + 2,337 additional Non-Targeted Medi-Cal Providers Trained
Total # of Medi-Cal Providers Trained = 9,202 as of December 4, 2020

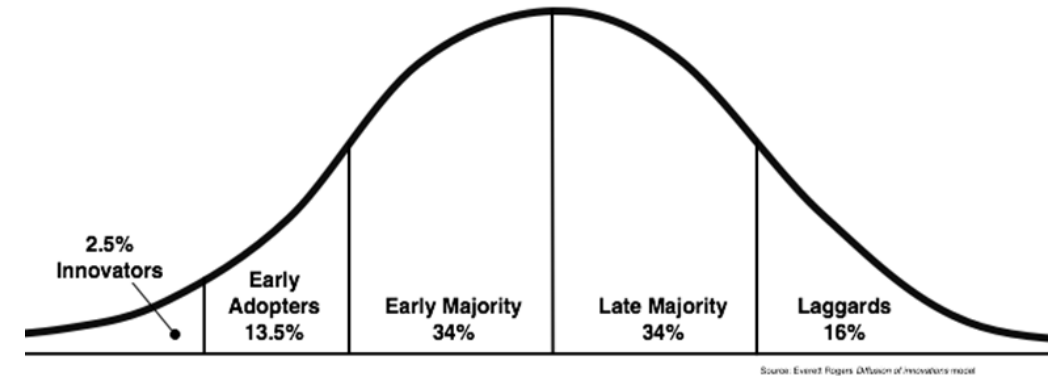
Other Physician Specialty	# of Self-Reported Medi-Cal Providers Trained
Other Behavioral Health	49
Other (mostly psychiatrists)	397
Total	446

Other Non-Physician	# of Self-Reported Medi-Cal Providers Trained
Behavioral Health Clinician (Psychologist, Marriage & Family Therapist, Addiction Counselor)	1,164
Social Worker	618
Administrative & Program Office Staff	74
Student	1
Other (e.g., case workers and educators)	74
Total	1,931

Key Target Audiences

- Physicians, nurse practitioners and physician assistants in:
 - Pediatrics / Medicine-Pediatrics
 - Women's Health
 - Family Medicine
- Behavioral health providers including psychologists, counselors, family therapists, and social workers
- “Accelerators” who can facilitate the movement, including residents and medical students

Diffusion of Innovation Curve



- Sub-specialty providers who treat ACE-Associated Health Conditions as an entry point for education about ACEs/toxic stress and an advocate for ACE screening in primary care (e.g., obesity clinics, bariatric surgeons, neurologists, chronic pain specialists, gastroenterologists, cardiologists, pulmonologists, etc.)





Discussion Question #1

What messages will resonate most with providers during the COVID-19 pandemic to encourage them to take the ACEs Aware Core Training and to demonstrate the value of ACE screening and response for them and their patients?



Discussion Question #2

As we look forward to 2021, what can each of you do to champion the ACEs Aware initiative and encourage your clinics and colleagues to take a Core Training?

E.g., Author a blog or opinion-editorial, hold an association webinar in partnership with ACEs Aware, present at a conference or grand rounds, etc.

Next Steps



Share with your colleagues:

- [Surgeon General's Report](#)
- [Network of Care RFP Applications](#) – Due December 21, 2020
- [Trauma-Informed Network of Care Roadmap](#) – Public Comments due January 15, 2021
- Past and Upcoming Provider Monthly Webinars – Last [Wednesday of each month at Noon – 1:00 PST](#)
 - [December 2, 2020](#): Supporting Patients During Pregnancy: ACEs and Maternal Health
 - January 27, 2021 Webinar: Network of Care

Next TIPC meeting:

- [Please Hold March 16, 2021 9:30 a.m. – 1:30 p.m. PT](#)
- Meeting will feature:
 - ACE Screening Implementation Guide
 - Final Network of Care Roadmap
 - ACEs Aware Grant Updates



Public Comment



Adjourn

**Please fill out today's
meeting survey:**

[https://www.surveymonkey.com/
r/TIPC-Dec15-Eval](https://www.surveymonkey.com/r/TIPC-Dec15-Eval)

