



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

January 26, 2021

The Trauma-Informed Primary Care (TIPC) Implementation Advisory Committee met virtually on December 15, 2020, and was attended by 34 members as well as six non-members. This document summarizes the meeting and the key themes, which will be considered in the ongoing implementation of the ACEs Aware initiative. Visit [ACEsAware.org](https://www.acesaware.org) for meeting materials.

Meeting Summary

California Surgeon General Dr. Nadine Burke Harris opened the meeting. Dr. Karen Mark, Medical Director of the Department of Health Care Services (DHCS), introduced Will Lightbourne, Director of DHCS. Director Lightbourne emphasized the importance of addressing childhood trauma, applauded the TIPC's efforts in contributing to the progress in training Medi-Cal providers, and commended the *Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health*, and the separate Trauma-Informed Network of Care Roadmap.

Dr. Burke Harris welcomed three new TIPC members:

- **Ms. Karen Larsen**, Behavioral Health Director, Yolo County, California Behavioral Health Directors Association (CBHDA)
- **Ms. Kiran Savage-Sangwan**, Executive Director, California Pan-Ethnic Health Network (CPEHN)
- **Dr. Pooja Mittal**, Medical Director, Population Health, Health Net

The objectives of the meeting included:

- Sharing highlights from the California Surgeon General's Report and the ACEs Aware Network of Care Request for Proposal (RFP).
- Discussing the draft Trauma-Informed Network of Care Roadmap.
- Providing input on the 2021 ACEs Aware provider engagement plan.



The California Surgeon General's Report

Dr. Burke Harris gave an overview of the newly-released [Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health](#). The report provides a blueprint for a movement to cut ACEs and toxic stress in half in one generation, highlighting California's work to date as a model. Grounded in prevention, equity, and rigor, the report takes a deep dive into primary, secondary, and tertiary prevention applied in cross-sector coordination to respond to ACEs and toxic stress.

Trauma-Informed Network of Care Request for Proposal and Roadmap

Dr. Burke Harris shared information on the ACEs Aware Trauma-Informed Network of Care RFP, which was announced on December 1, 2020, and will allocate \$30.8 million in grant funds to support planning and implementation of community-based trauma-informed networks of care across the state. The funding is intended to facilitate Medi-Cal providers' immersion into existing community networks, strengthen and formalize networks that include primary care practices, and leverage networks and collaboratives that exist in most communities to address ACEs and toxic stress. Dr. Burke Harris shared that DHCS received 133 letters of intent to apply for a grant.

Dr. Burke Harris provided an overview of the draft Trauma-Informed Network of Care Roadmap, reviewing the content of the roadmap and highlighting the chairs and members of the Network of Care subcommittee who played an instrumental role in developing this resource. Dr. Burke Harris encouraged TIPC members to provide comments on the roadmap, noting that the public comment period will be open until January 15.

The TIPC provided feedback on a set of targeted discussion questions, sharing their views on how providers and members of the network of care currently view ACEs and toxic stress, as well as the role of managed care organizations in supporting the network of care.

COVID-19 and Mental Health

- Several TIPC members stated that ACEs Aware has an important role to play in helping families and health care providers manage the challenges brought on by the COVID-19 pandemic. Addressing resiliency and toxic stress can lay a foundation for getting through the COVID-19 pandemic

and for learning about ACEs. Provider education is critical in mitigating exacerbated toxic stress caused by COVID-19.

- TIPC members shared that providers are aware of the ACEs Aware initiative, but may have trouble prioritizing screening for ACEs and responding to toxic stress as the COVID-19 public health emergency (PHE) and vaccine distribution have strained resources for many providers and clinic staff.
- One TIPC member brought up concerns about mental health providers not understanding ACEs and toxic stress. This member advocated a shift in focus from screening for ACEs to treating and helping patients heal from toxic stress.
- Other TIPC members shared that the ACEs Aware training is well done and a helpful resource for providers during COVID-19, especially for providers having conversations with patients about the effects of the pandemic on mental health.

Supporting Providers

Many members noted that adult providers are often less likely to engage with the ACEs Aware initiative, so the focus needs to shift to education about the intergenerational effects of toxic stress and making the connection with ACE-Associated Health Conditions.

Recommendations from TIPC members included:

- Building workflows and peer supports to foster confidence among providers in addressing ACEs and toxic stress.
- Building systemic support from the institutional level.
- Creating best practices for ACE screening, especially via telehealth.

Role of Managed Care Plans

TIPC representatives from managed care plans shared what they are doing, and are planning to do, to support providers screening for ACEs:

- Creating conversations to build provider resiliency.
- Acting as an information source to help train providers and “myth bust” about ACE screenings.
- Leveraging internal resources, including claims data, to identify providers who need assistance launching ACE screenings in their practice and build workgroups to further support providers in all steps of the screening process.

- Creating and maintaining a resource list of community-based organizations and social service agencies that can assist families in mitigating toxic stress.

Policy Changes to Facilitate Effective Networks of Care

- One TIPC member shared that having funding would be helpful to support local community-based programs that help with buffering and resiliency to connect with providers. This is the purpose of the Network of Care grants.
- One TIPC member shared that different plans contracted with providers offer varying levels of support in follow-up after referrals. This member said that there is a need for patient transparency to help patients choose plans that fit different types of mental health needs.
- Many TIPC members expressed support for policy changes to eliminate the medical necessity criteria to improve mental health care in California.
- One member voiced that financing mechanisms for mental health services should be reformed to expand access to mental health services and create adequate resources to respond to positive ACE screens. In addition, the TIPC member also advocated for equity, especially for Latino and Black communities who are at higher risk for COVID-19 and ACEs.

2021 Provider Engagement Strategy Discussion

Dr. Karen Mark provided a brief overview of the number of Medi-Cal primary care providers who have completed the “Becoming ACEs Aware in California” core training. As of December 4, 2020:

- 15,100 people have completed the training.
- About 6,800 Medi-Cal primary care providers have attested to completing the ACEs Aware training, or about 15% of the ACEs Aware target.
- An additional 2,330 (non-targeted) Medi-Cal providers have completed the training, for a total of 9,200 Medi-Cal providers.

Encouraging Providers to Complete the Core Training During the COVID-19 PHE

Jennifer Ryan, Executive Vice President of Aurrera Health Group, shared key target audiences identified by the Clinical Implementation Subcommittee Training Subgroup and the Provider Engagement & Education Subcommittee.

TIPC members provided suggestions for messages that are likely to resonate most with providers during the COVID-19 pandemic to encourage them to take the ACEs Aware training and to demonstrate the value of ACE screening and response for them and their patients, including:

- During the COVID-19 PHE, taking the training is more important and relevant than ever because it allows providers to understand the science of ACEs and toxic stress and interventions providers can offer patients to reduce stress now and over the long term.
- It is important that we tend to the health, wellness, and resilience of health care workers and caregivers, while focusing on equity. Messaging should encourage leadership to reflect, provide space, and allow time for people to recover from the trauma of caring for COVID-19 patients without shame. Having peer-support groups can improve workforce practices to aid recovery from trauma.
- Messages should frame the ways that discussions around trauma allow patients to become confident in taking care of their health. ACE screening helps with the upstream prevention of ACEs and toxic stress and improves patient engagement, thereby improving providers' clinical practice.
- Training modules should portray cross-specialty perspectives, such as the intergenerational aspect of family medicine practice to put trauma in the context of family relationships and avoid siloing training messages.

Conclusion

Dr. Burke Harris closed the meeting with a reflection on the importance of trauma-informed care work during the COVID-19 pandemic. Dr. Burke Harris noted that the foundation and roadmap for trauma-informed recovery laid out by the ACEs Aware initiative will be critical in preventing long-term impacts of stress caused by COVID-19, and expressed gratitude for TIPC members' work in contributing to the success of the ACEs Aware initiative.