



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

June 25, 2021

The Trauma-Informed Primary Care (TIPC) Implementation Advisory Committee met virtually on June 15, 2021 and was attended by 28 members as well as two guest presenters from Mind OC. 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 and welcomed members. Dr. Burke Harris noted California's reopening as of June 15 and thanked members for their leadership on the ACEs Aware initiative during a very challenging year and a half.

Jennifer Ryan, Executive Vice President at Aurrera Health Group, restated the goals of the initiative and summarized the meeting objectives, which included:

- Updating members on training and ACE screenings and highlighting key provisions of the 2021-2022 budget;
- Sharing Grantee progress and lessons learned; and
- Discussing the UCLA/UCSF ACEs Aware Family Resilience Network and initiative priorities.

## Updates

### ACEs Aware Training & Screening Progress

Dr. Karen Mark, Medical Director at the Department of Health Care Services (DHCS), provided an update on Medi-Cal claims for ACE screenings and provider training data. Medi-Cal providers have conducted 315,000 ACE screenings of more than 264,000 unique Medi-Cal beneficiaries in the first 9 months of 2020. While there was a decrease in screenings in April and May of 2020, likely due to clinicians shifting their focus to COVID-19, the increase in screenings from June 2020 onward suggests providers valued ACE screenings during the pandemic.



Dr. Mark shared that there has also been great progress in the number of people who have completed the ACEs Aware training. More than 18,600 people completed the training between December 2019 and May 2021. One quarter of clinicians who completed the training specialize in pediatrics, while other specialty areas include psychology/behavioral health, family medicine, internal medicine, and obstetrics/gynecology. Almost all (92%) of people who completed the training reported being somewhat or very confident that they would be able to implement changes in their practice based on information in the training.

A report summarizing Medi-Cal claims submitted for ACE screenings and the number of providers who have taken the ACEs Aware training will be released in July 2021.

## Precision Medicine Update

Dr. Julianne McCall, Co-Director of the [California Initiative to Advance Precision Medicine](#) with the Governor's Office of Planning & Research, provided an update on the Precision Medicine Initiative. This initiative supports research demonstration projects with a focus on cross-sector partnerships and community-researcher collaboration. The California legislature recently approved \$12.4 million to expand the research on ACEs and recently funded seven projects relating to ACEs that will start this summer. The seven projects were selected based on their ability to improve outcomes through better science, comprehensive screening, targeted intervention, and community mobilization. Details on the seven projects will be released soon.

## Look to the Future – 2021-2022 Budget

Dr. Burke Harris provided an update on the Governor's proposed budget. The budget includes \$24 million for an education campaign on ACEs and toxic stress and includes \$1 million for the Office of the Surgeon General to partner with the Department of Education and State Board of Education to develop trauma-informed care training for educators. There is also \$4 billion for the Children and Youth Behavioral Health Initiative, which will include benefits available statewide and in both commercial and Medi-Cal plans. Dr. Mark discussed the proposed expansion of Medi-Cal benefits that includes coverage of community health workers, doula services, and an extension of postpartum benefits for new mothers from 60 days to 12 months to allow for greater care and support.



## Outreach Campaigns

Ms. Ryan and Dr. Burke Harris also discussed the recent launch of two campaigns:

- The [ACEs Aware State of CAre](#) campaign to encourage clinical teams to take the ACEs Aware training, and
- The [NumberStory](#) consumer campaign to encourage people to learn about their ACE score – and how this score does not determine their future.

Dr. Burke Harris discussed additional upcoming strategies related to the State of CAre campaign, including a mail campaign, social media waves, and a [PSA video](#) featuring Dr. Burke Harris.

## ACEs Aware Grantee Presentation – Mind OC

Dr. Karen Linkins and John Freeman from Mind OC presented on highlights of their work as a Network of Care Implementation Grantee. Their Network of Care includes eight ACEs Aware first round grantees or subrecipients. Mind OC is coordinating existing resource and referral technology for closed loop referrals with a cross-sector network of community and clinical services.

Ms. Ryan then moderated a short Q&A for members to ask Mind OC about their learnings and best practices:

- One TIPC member asked about what the potential California Advancing & Innovating Medi-Cal (CalAIM) implications are of Mind OC's proposed "clearinghouse" approach. Dr. Linkins responded that CalAIM influenced their approach, and that Mind OC was working with Kaiser Permanente and CalOptima to tie the work more closely together.
- Several members praised Orange County's efforts to integrate physical and behavioral health services and increase interoperability. One member asked whether the recent Office of the National Coordinator for Health Information Technology (ONC) final rule regarding portability of patient information would affect those efforts. Dr. Linkins confirmed that Mind OC has a workgroup focused on the issue of recently released regulations.
- One member asked what role the Be Well Behavioral Health campus plays in all of this. Dr. Linkins responded that the goal is to bring closed loop referrals to the Be Well campus, which offers integrated care under one roof. Mr. Freeman added that ACEs Aware work is informing the planning for a new behavioral health campus in Irvine.



## Grantee Progress Update

Ms. Ryan shared an update on progress for provider engagement, provider training, and communications grantees. Several provider training grantees are currently in the review process, while nearly half of the provider engagement grantees are on track toward meeting the engagement goals they set. Many provider engagement grantees struggled to meet their goals because they have been directly responding or redeployed due to COVID-19 or have been impacted by loss of staff. All communication grantees are actively implementing their plans across the state.

Grantees have had a lot of success expanding the reach of the ACEs Aware initiative, advancing knowledge of the science of ACEs and toxic stress, mobilizing clinician and community champions, and connecting clinical teams to Networks of Care. However, there have also been challenges for many of the grantees. Dr. Burke Harris explained that these challenges are due to a lack of shared understanding of the science of ACEs and toxic stress, differences in understanding on how to apply a rigorous scientific framework, and many delays due to COVID-19.

ACEs Aware has continued to support the grantees by providing no-cost extensions, ongoing education on the science of ACEs and toxic stress, technical assistance from ACEs Aware partners, monthly one-on-one check ins, and coaching from ACEs Aware Clinical Advisors during the training review process.

Ms. Ryan also provided an overview of the [Trauma-Informed Network of Care Grants](#) in which ACEs Aware awarded \$30.8 million for 25 grants in 27 counties for Network of Care implementation and planning grants.



## University of California ACEs Aware Family Resilience Network

Dr. Burke Harris introduced Dr. Eddy Machtinger and Dr. Amy Shekarchi from the leadership team at the UCLA/UCSF ACEs Aware Family Resilience Network (UCAAN). Dr. Shannon Thyne, also on the UCAAN leadership team, could not attend the meeting.

Dr. Machtinger and Dr. Shekarchi provided an overview of UCAAN's structure and explained how the new partnership with UCAAN will allow the ACEs Aware initiative to tap into the clinical and academic expertise of the UC system. Dr. Machtinger noted that the strategic planning process is still in its early stages and welcomed feedback from members as UCAAN begins to assume responsibility for ACEs Aware activities.

TIPC members asked clarifying questions and provided initial feedback to Drs. Machtinger and Shekarchi:

- One member asked whether UCAAN would attempt to educate and train a wider swath of providers, including those in commercial plans, about ACEs and toxic stress. Dr. Burke Harris clarified that ACEs Aware funding through Proposition 56 is reserved for training Medi-Cal providers, noting that there is legislation under consideration that would provide payment for ACE screenings in commercial insurance.
- Another member suggested that any evaluation of the ACEs Aware initiative conducted by UCAAN should account for the total cost of care, including costs diverted from the criminal justice, child welfare, and law enforcement systems.
- One member asked whether UCAAN would focus on upscaling behavioral health training for primary care physicians. Dr. Machtinger confirmed that trainings will aim to build the skill set of all types of providers.

Ms. Ryan then led a discussion about what the priorities of the initiative should be over the next few years, including any areas of focus members thought were missing from the initiative. TIPC members highlighted the following topics:

- Several TIPC members advocated for the further integration of ACEs Aware activities into ongoing CalAIM efforts to remedy the fragmentation between primary care and behavioral health services. Members pointed

to the proposed Children and Youth Behavioral Health Initiative in the Governor's proposed budget as a positive step in that direction.

- Members praised the proposed change to the medical necessity definition that would allow individuals at high risk for toxic stress to directly access behavioral health services, even if they do not have a behavioral health diagnosis.
- TIPC members urged more partnerships with First 5 organizations and educators to teach parents and caregivers about ACEs and bring ACE screenings into schools. One member wanted more robust outreach campaigns to educate the general public about the value of ACE screenings, pointing out that many families refused screening since they did not see the benefit in it or know anything about ACEs. Dr. Burke Harris noted that OSG will be developing an ACEs and toxic stress public awareness campaign and trauma-informed care training for educators.
- Several members raised concerns about ACE screenings leading to increased Child Protective Services (CPS) or Department of Social Services reporting. They agreed that proper training could reduce inappropriate CPS referrals and avoid disparities in reporting.
- Members were interested in piloting e-consult and text-based platforms to screen for ACEs and provide behavioral health services. Members saw these platforms as an opportunity to leverage primary care providers and reduce strain on the behavioral health system while reaching more patients and connecting with patients between visits. One member suggested using existing clinical support lines for behavioral health specialists to connect with primary care physicians.
- Multiple TIPC members emphasized the need to train providers about both behavioral health referrals and non-neuropsychiatric interventions that can reduce the need for those referrals. Members wanted to ensure that all types of providers are aware of the different signs and symptoms of toxic stress so that they can make complete assessments.
- TIPC members were excited that Medi-Cal now covers community health workers and recommended that people with lived experience fill the role of behavioral health peer specialists.

## Conclusion

Dr. Burke Harris and Dr. Mark provided closing remarks and thanked members for their thoughtful feedback as UCAAN strategic planning gets underway. To close the meeting, Ms. Ryan highlighted the new ACEs Aware website, [Stage 1 of the How to Guide](#), and several upcoming webinars.