



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



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October 6, 2021



# Welcome

**Nadine Burke Harris, MD, MPH, FAAP**

California Surgeon General, Office of the California Surgeon General

**Karen Mark, MD, PhD, MPH**

Medical Director, Department of Health Care Services



# Meeting Objectives



- ACEs Aware Initiative Updates
- Review of TIPC Key Themes to Date
- CALQIC Evaluation Update
- The UCLA/UCSF ACEs Aware Family Resilience Network (UCAAN)
- Discussion of ACEs Aware priorities for 2022



# 2021 ACEs Aware Goals & Objectives



## Raise 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**



# ACEs Aware Initiative Update

# Key Milestones Achieved!



More than **20,550** people have completed the “Becoming ACEs Aware in California” Training.



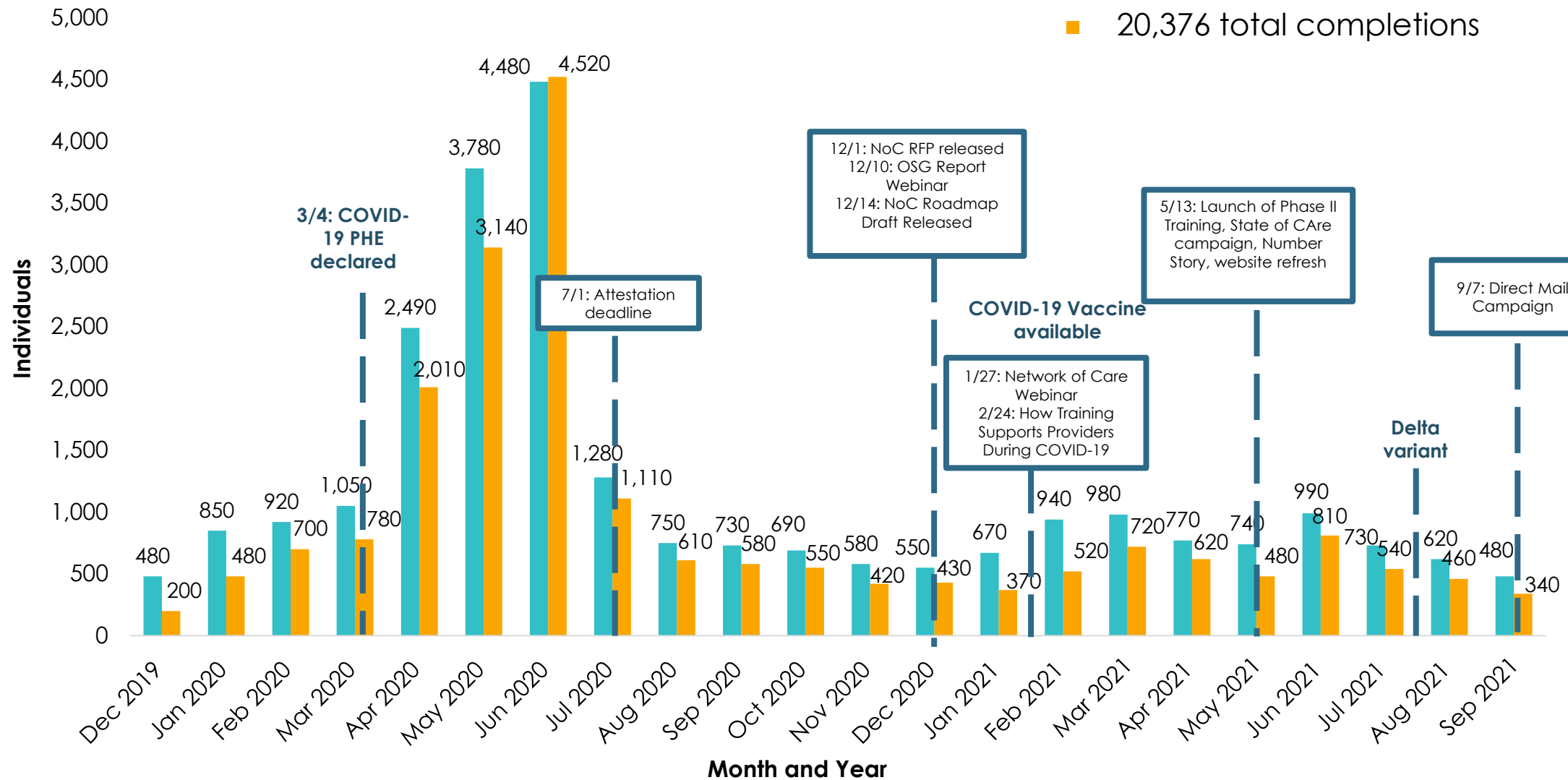
# Key Milestones Achieved!

*More than 500,000  
children and adults have  
been screened for ACEs  
since December 2019*



# ACEs Aware Training Progress & Trends

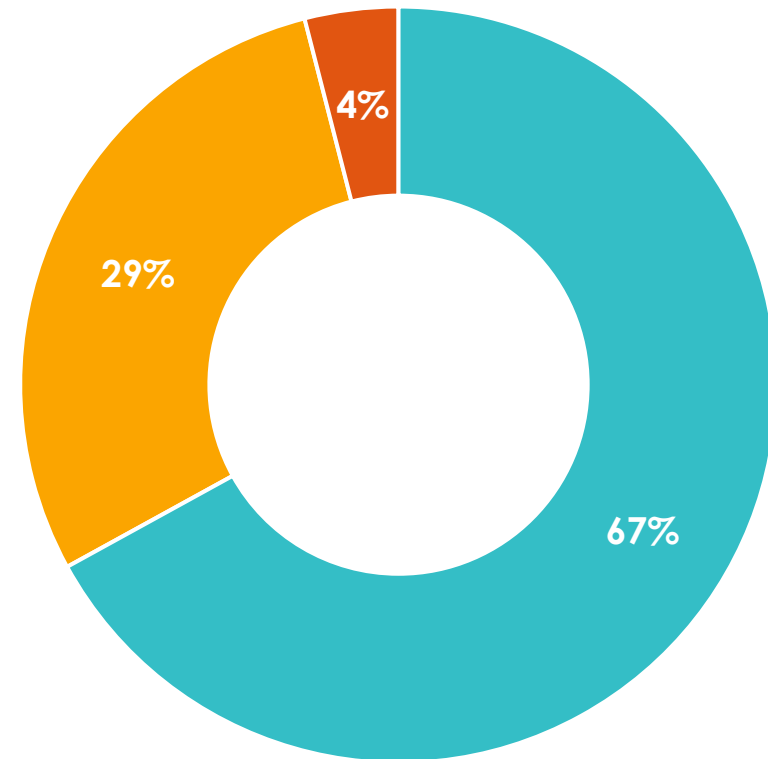
■ 25,548 total enrollments  
 ■ 20,376 total completions





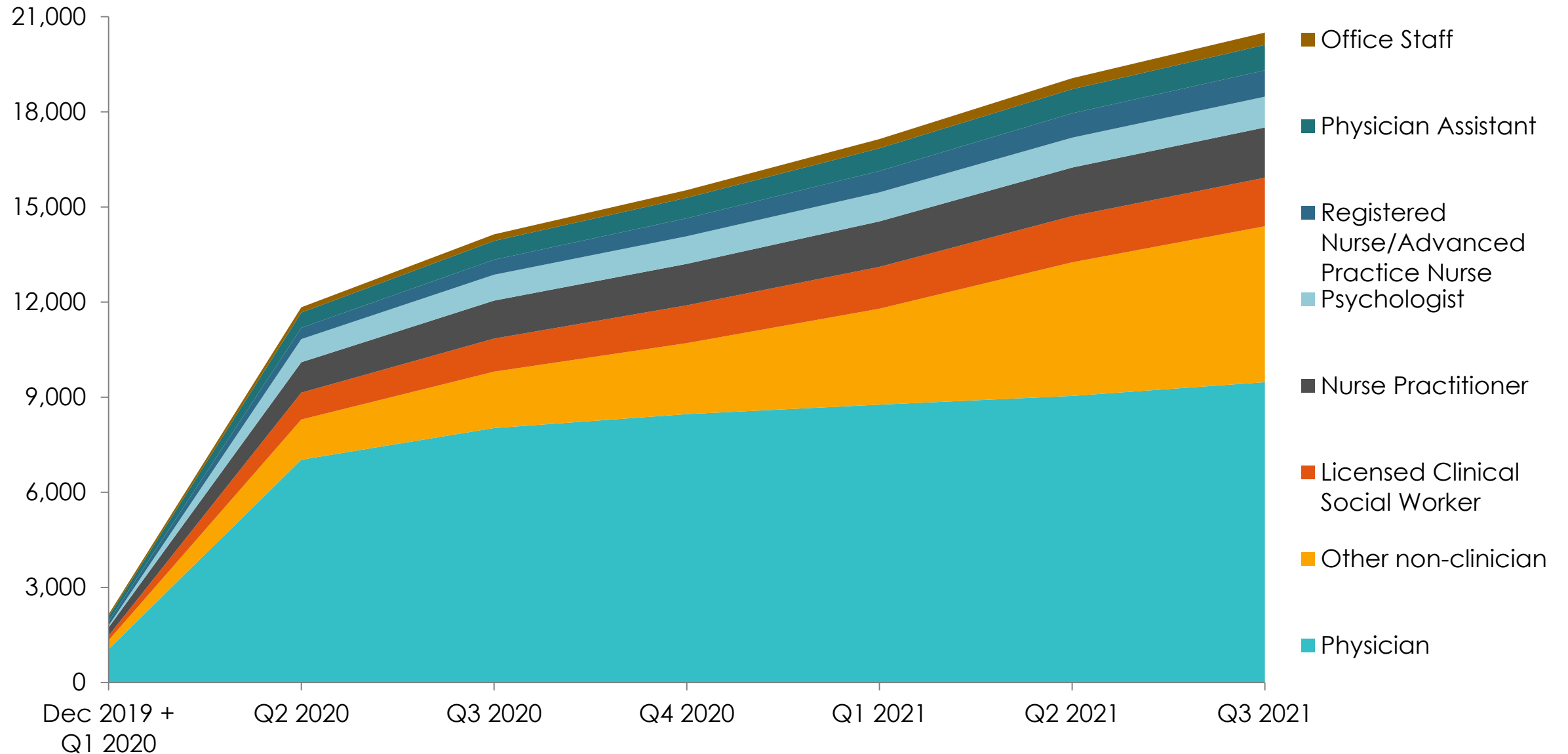
# Intent for Practice Change After Training Completion

- I do plan to implement changes in my practice based on the information presented
- My current practice has been reinforced by the information presented
- I need more information before I will change my practice

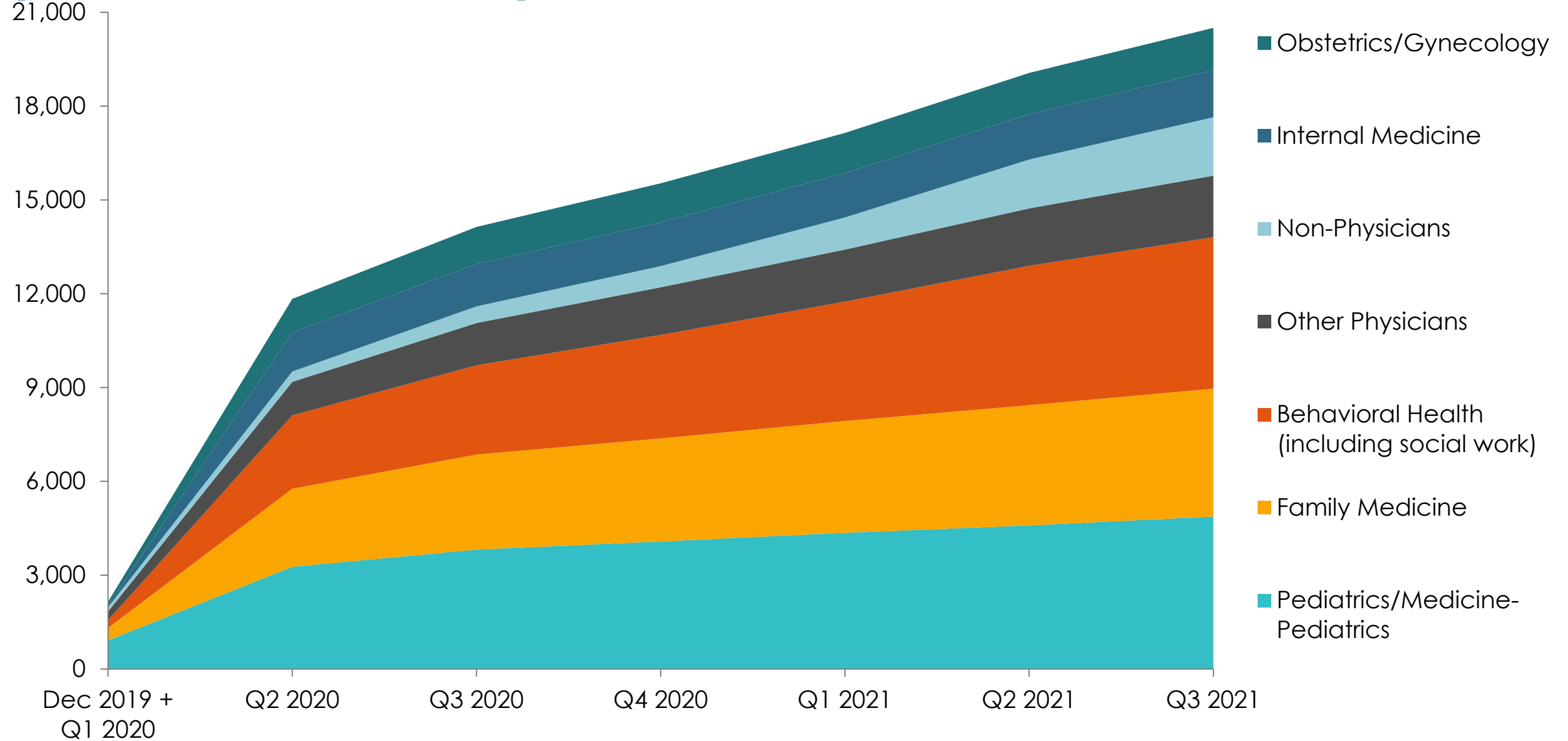


December 1, 2019 – September 27, 2021

# Training Completions by Occupation (Dec. 2019 to Sept. 2021)



# Training Completions by Area of Specialization (Dec 2019 to Sept. 2021)



# New ACEs Aware Resources

# ACEs Aware Grantee Core Trainings

*Qualified clinicians who complete a Core training are certified to receive Medi-Cal payment for conducting ACE screenings.*



Pediatric Resiliency Collaborative  
(PERC)



Riverside University Health System



UCSF Benioff Children's Hospital



Futures Without Violence

# Grantee “Supplemental” Trainings Approved

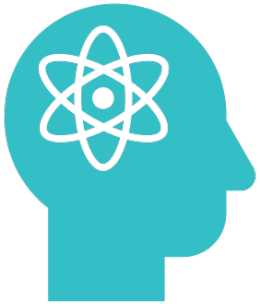
Training grants were awarded to organizations that proposed content designed to “supplement” the Core Training curriculum by targeting additional audiences and/or aspects of ACEs and toxic stress. Highlights include:

- “Self-Care Strategies for Providers,” – Landon Pediatric Foundation
- “Adverse Childhood Experiences in the Disability Community: Impact, Intersectionality, and Initiating Positive Change,” – Support for Families of Children with Disabilities
- “Ka’m-t’em: The Impact of ACEs and Toxic Stress on Indigenous Communities,” – Lara Cooper, County of Humboldt
- “Impact of ACEs on Child & Maternal Health In Obstetrics,” – Montage Health



# Lessons Learned from Training Review Experience

Opportunity to review grantee training materials led to an effective process to advance the field of practice. Specifically, the process helped advance the following ACEs Aware concepts:



The impact of ACEs and other adversities on physical health (in addition to mental health)

The concept of toxic stress as a treatable condition

The important direct role that clinicians can play in mitigating toxic stress (instead of limiting the response to referrals to mental health or the community)



# ACE Screening Implementation How-To Guide



Events

Grants

Resources

Blog

About



GET CERTIFIED

ACE FUNDAMENTALS

LEARN ABOUT SCREENING

IMPLEMENT ACE SCREENING

PROVIDE TREATMENT & HEALING

- Designed to facilitate the adoption of ACE screening, toxic stress treatment, and trauma-informed care
- Provides step-by-step considerations and resources to support clinics



Visit: [www.acesaware.org/implement-screening](http://www.acesaware.org/implement-screening)





# ACE Screening Implementation How-To-Guide

## Key Resources:

- ACE Screening Sample Scripts for Pediatric Clinic teams
- ACE Screening, Clinical Assessment, and Treatment Planning for Toxic Stress
- An Overview: A Tiered Clinical Response Framework for Addressing Toxic Stress
- Marin Community Clinic & FPA Women's Health Case Studies
- Stage 1 and Stage 2 Fillable Workbook

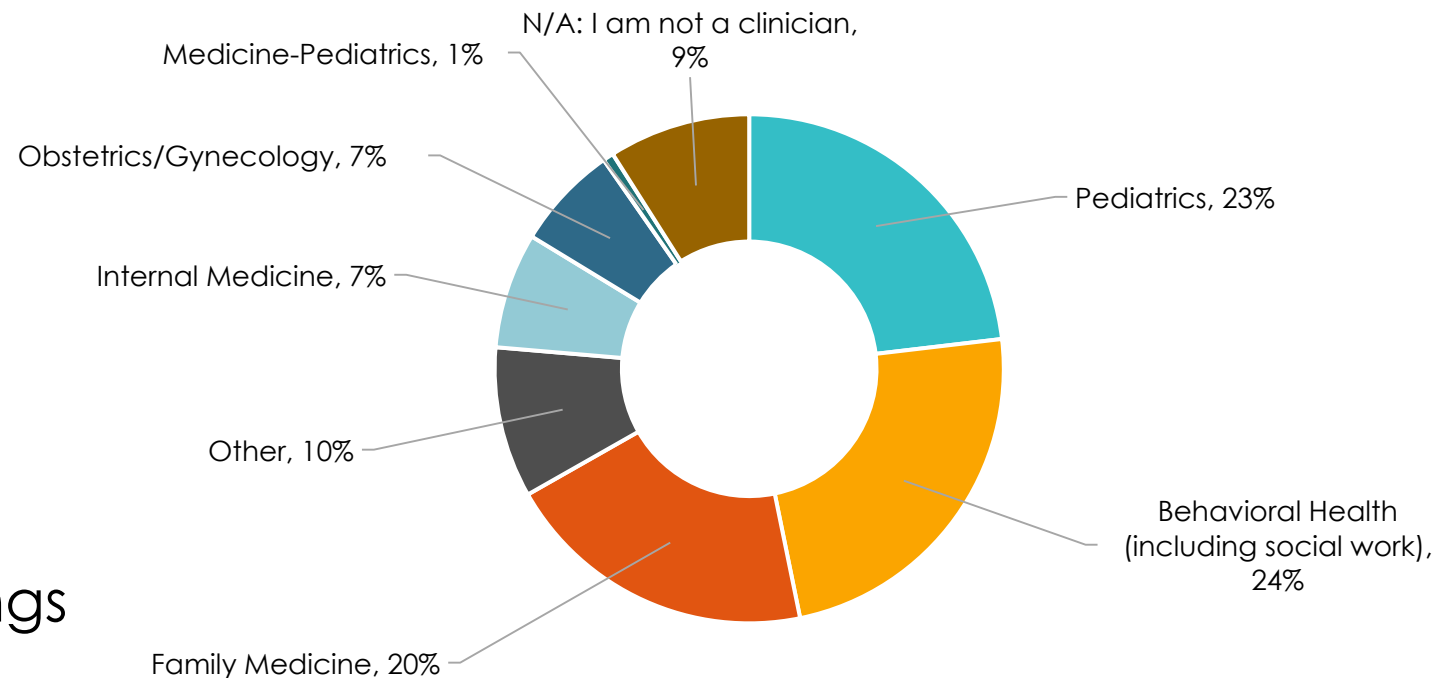


# Building on TIPC Advice

# TIPC Recommendations & Responses

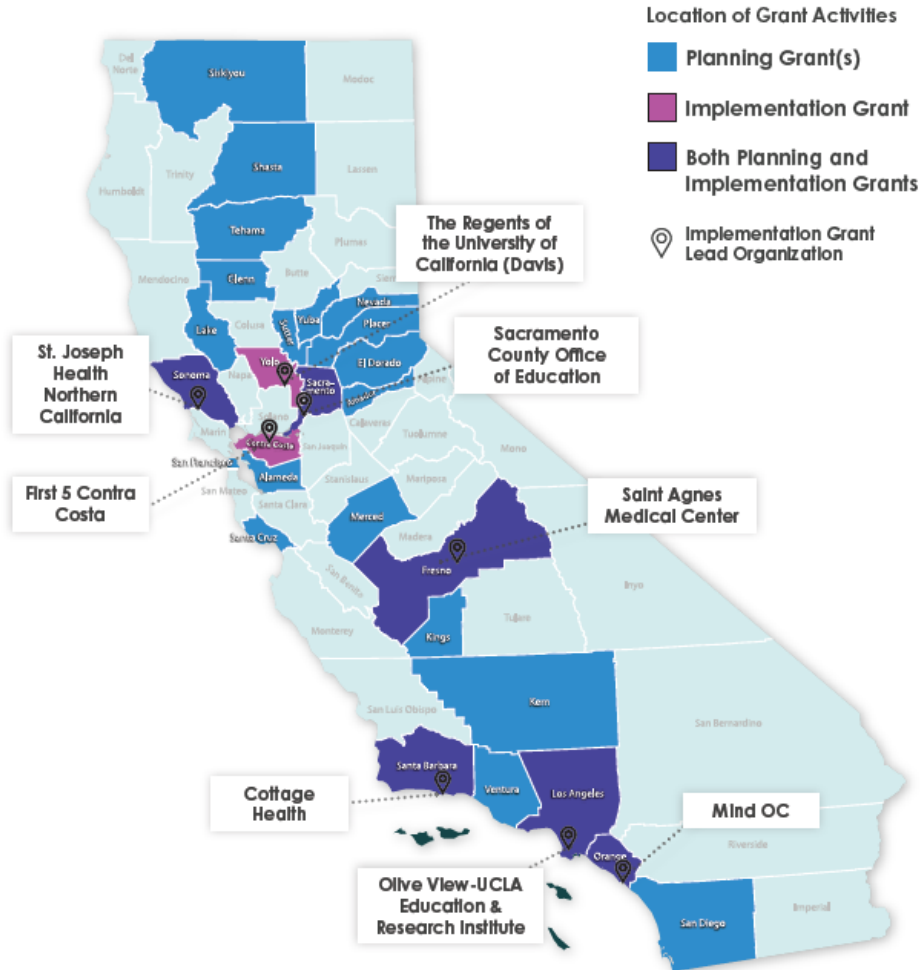
- Focus on family physicians/adult providers
  - Added family practice as a specialty and updated two cases
  - AAFP credit for webinars
  - CA Maternal Quality Care Collaborative Partnership
- Train at the local level
  - Core and Supplemental Trainings delivered by local Grantee organizations

Area of Specialties of Completions, Dec 2019 - Sep 2021



# Key TIPC Recommendations & Responses

## Trauma Informed Network of Care Grant Awards



- Address provider concerns about ACE screening and implementation
  - 27 Educational Webinars
  - ACE Screening Implementation How-To Guide
  - Network of Care
  - Physician champions (presentations, blogs, spotlight)
- Highlight actions providers can take for patients with high ACE scores
  - Clinical response guidelines
  - Stress busters
  - Network of Care Roadmap & Grants

# Key TIPC Recommendations

- Recognize other risk factors for toxic stress
  - April webinar on racism and discrimination as risk factors for toxic stress
  - Harvard Center on the Developing Child partnership
  - Using data to target Grants and State of CA marketing efforts
    - Race, ethnicity
    - Prevalence of ACEs
    - Medi-Cal eligibility
    - Region



# Key TIPC Recommendations



**LET'S MAKE OUR STATE  
OF CARE ACES AWARE.**

Learn more at  
[ACEsAware.org](https://www.ACEsAware.org)

**aces aware**  
SCREEN. TREAT. HEAL.

- Second wave of messaging for provider engagement
  - State of CARE campaign -- Awareness and Conversion ads
- Helping providers and families cope with COVID-19 stresses
- Use different mediums to spread messages
  - Dr. Burke Harris YouTube video has 6.8 million views
  - Direct mail campaign to 99,000 Medi-Cal providers
  - Storytelling videos (coming soon!)



# Key TIPC Recommendations & Response

- [SB 428](#) is on its way to Governor Newsom's desk!
  - Co-sponsored by CMA and Children Now
  - Requires commercial health insurers to cover ACE screening
  - Must follow the Medi-Cal program rules (training, screening tool, documentation) at a minimum
  - Effective January 1, 2022





# Discussion



# CALQIC Evaluation Update

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## Early Evaluation Findings

# California ACEs Learning and Quality Improvement Collaborative (CALQIC)

October 6, 2021

# Overview of CALQIC

## About the learning collaborative:



16-month learning collaborative



15 organizations, 49 clinic sites, serving over 250,000 Medi-Cal patients



Provides grant funding, individualized coaching support, statewide virtual learning sessions, connections to peers, experts & resources



# Two complementary approaches to evaluation

## CALQIC-wide

15 organizations across the state

## “Deep dive”

LA County  
NorCal (forthcoming)





# CALQIC- wide

## Mid-point Evaluation Findings



University of California  
San Francisco



# Data informing the mid-point report



## Clinical Data Reporting

- 3 quarterly report submissions
- Data from July 1, 2020 – Mar 31, 2021



## Clinic Capacity Assessment

- Baseline (n=44 clinics)



## Organization Interviews

- Mid-point implementation team interviews (n=15 org teams)



## Coaching Insights

- Coach log
- Reflections from monthly meetings



## Learning Collaborative Activities

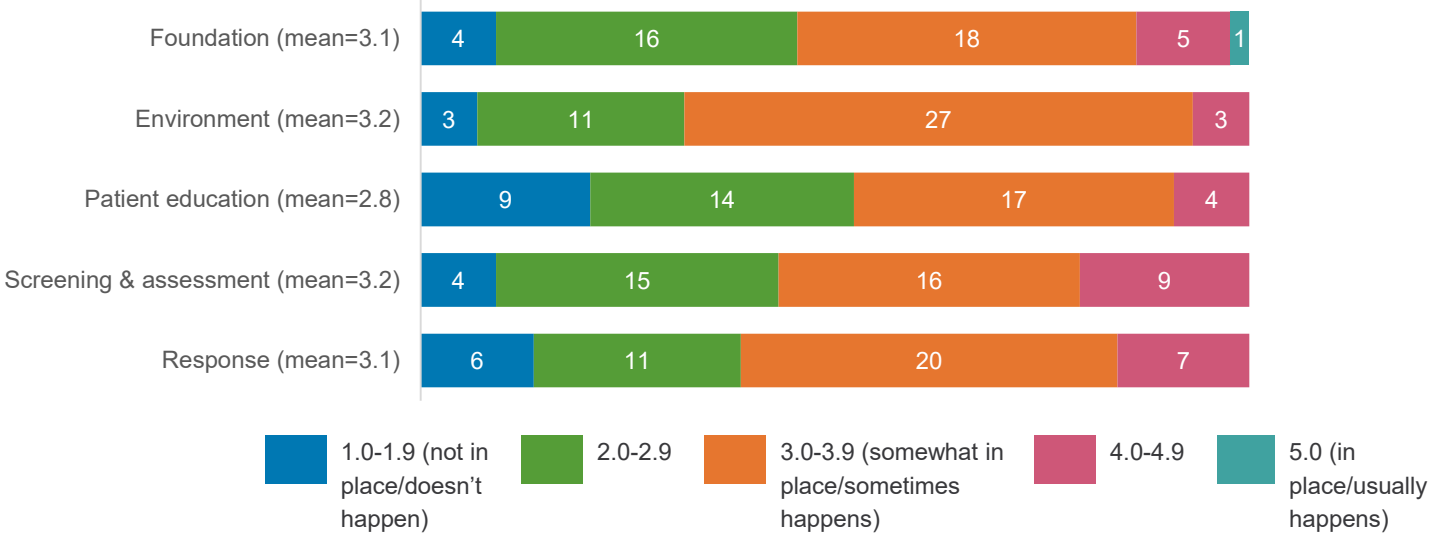
- Workflows
- Storyboards
- Roadmaps

1

In order to begin screening for ACEs, clinics need to establish the necessary infrastructure to integrate screening and response into clinical practice.

CALQIC organizations were selected to vary in their geography, size, patient demographics, and experience doing ACEs-related work. Clinics began with different levels of understanding and capacity related to ACEs screening and response.

Organizational capacity for ACEs screening varied among 44 clinics



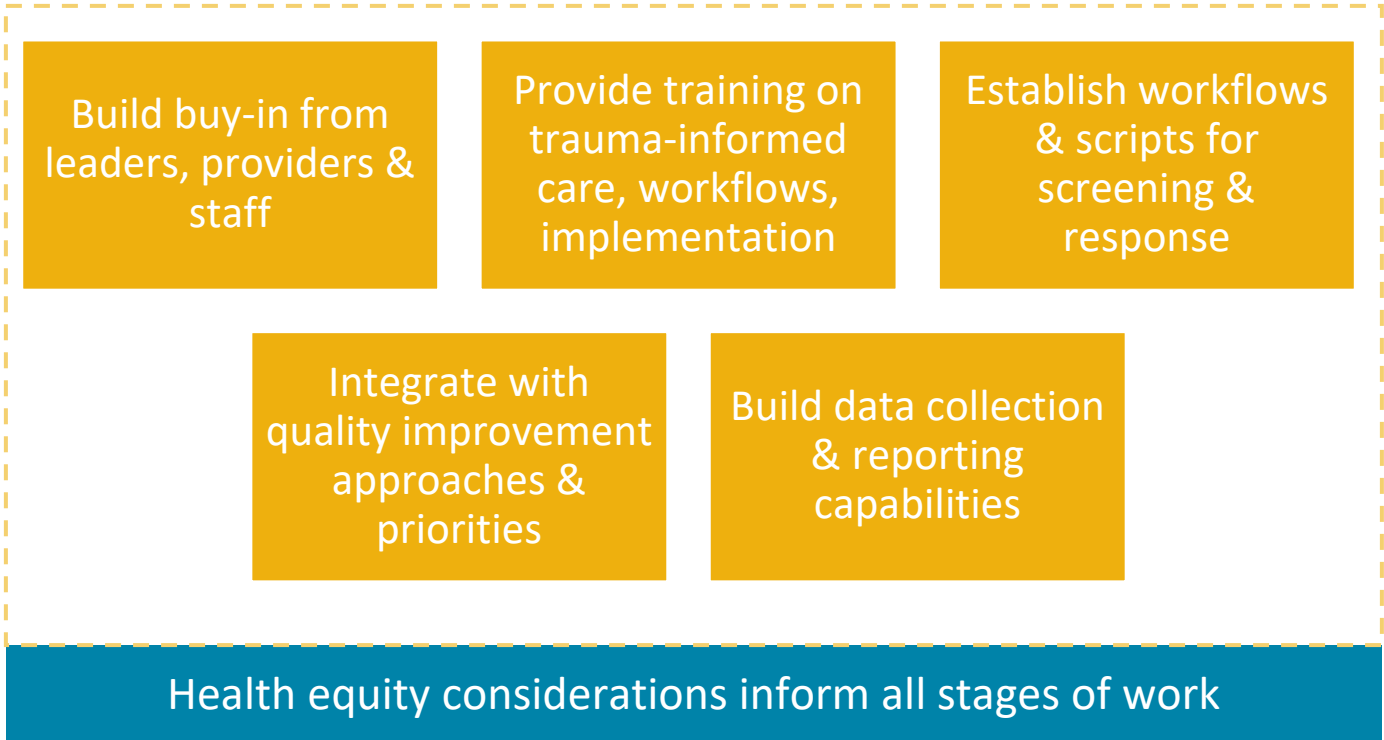
Source: Organizational capacity assessment, Fall 2020

1

*In order to begin screening for ACEs, clinics need to establish the necessary infrastructure to integrate screening and response into clinical practice.*

CALQIC organizations emphasized the **need to establish the groundwork for effectively integrate screening and response into clinical practice**. This took time, especially for those that started with lower capacity/experience at baseline.

Groundwork for effective integration of ACEs screenings



*Source: Organizational interviews, Feb 2021; teams' storyboards & roadmaps*



1

*In order to begin screening for ACEs, clinics need to establish the necessary infrastructure to integrate screening and response into clinical practice.*

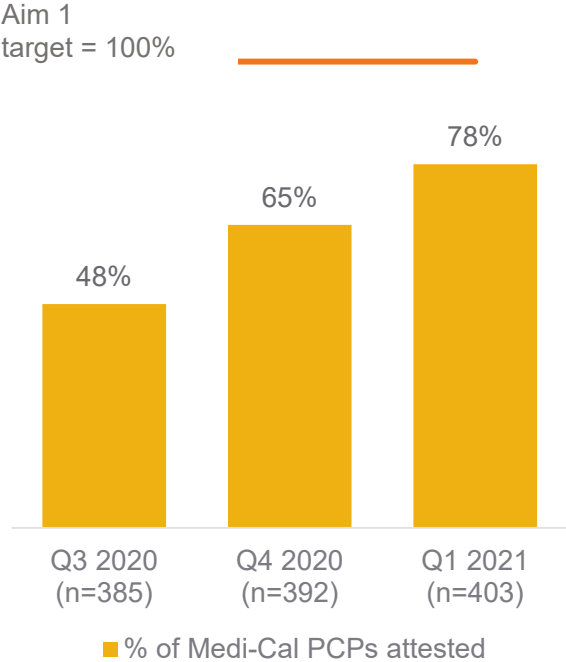
**Provide training**

**Practical Application**

- Training PCPs using the state training and attestation process (see chart)
- Training on general trauma-informed care
- Training on workflows/ implementation
- Mentorship and coaching support

*Source: Organizational interviews, Feb 2021; teams' storyboards & roadmaps*

**Percent of Medi-Cal PCPs attesting to the state ACEs training is increasing**



*Source: Clinical data reporting Q3 2020 through Q1 2021*

1

*In order to begin screening for ACEs, clinics need to establish the necessary infrastructure to integrate screening and response into clinical practice.*

## CALQIC learning collaborative helped organizations establish the necessary infrastructure by:

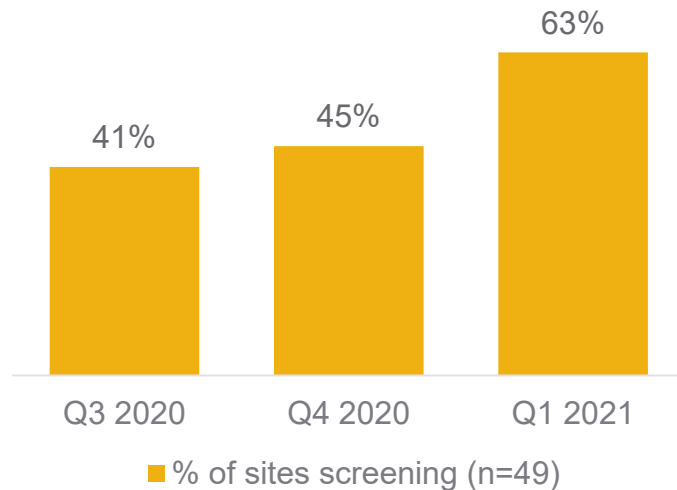
- Providing **dedicated time & brings people together** to move the work forward
- Helping teams identify **new questions to ask & consider ways to address** them
- **Modeling how to incorporate trauma-informed practices** into their clinics (through webinars & coaching)

*Source: Organizational interviews, Feb 2021*

2

Through CALQIC, clinics advanced their ACES screening and response practices.

Aim 2  
target = 100%



Source: Clinical data reporting Q3 2020 through Q1 2021

## All 15 CALQIC organizations (100%) and 31 of the 49 participating clinics had initiated screening by March 2021

- Organizations rolled out ACEs screening gradually to more of their clinics
- Almost all clinics that are screening are able to report data
- What kind of patients are they screening?
  - 26 clinics screening **pediatric** patients
  - 14 clinics are screening **adult** patients
  - 9 clinics screening **both** pediatrics and adults

# Review of key CALQIC-wide findings

1

In order to begin screening for ACEs, clinics need to establish the necessary infrastructure to integrate screening and response into clinical practice.

- CALQIC organizations began with different levels of understanding and capacity related to ACEs screening and response.
- Clinics are establishing the groundwork for integrating ACEs screening and response into clinical practice.
- Organizations considered health equity in all stages of their work

2

Through CALQIC, clinics advanced their ACEs screening and response practices.

- There has been a steady increase in the adoption of ACEs screening among clinics participating in the learning collaborative.
- Clinics have invested in an approach to screening and response that emphasizes relationships with patients and families.

# LA County “Deep Dive” Evaluation

Provide rich information on screening implementation and outcomes that can inform LA county and the rest of the state

Answering key questions using a mix of

- Qualitative interviews with providers/staff and patients/caregivers
- Quantitative data from electronic health records

# QUALITATIVE EVALUATION

Analysis of themes from focus groups and interviews

## Conducted focus groups & interviews with

67 providers and staff  
76 patients and caregivers  
from 5 LA county pediatric  
clinics participating in CALQIC

Aim: understand early  
experiences, identify  
areas for quality  
improvement

JANUARY 2021 | RAND EVAL TEAM

## WHAT HEALTH CLINICS SAY

Insights from Providers and Clinical Staff Involved in ACEs Screening

### INTRODUCTION

"ACEs Aware" is a new initiative, led by the California State Surgeon General, to achieve statewide adverse childhood experiences (ACEs) screening and reduce toxic stress among California families. In 2020, the California Department of Health Care Services (DHCS) and the Office of the California Surgeon General funded the California ACEs Learning and Quality Improvement Collaborative (CALQIC) to accomplish two objectives:

- Train California primary health care and child Medi-Cal (California's system of public health insurance for beneficiaries) to implement screening for ACEs.
- Evaluate efforts to improve the quality of ACEs screening in participating practices.

CALQIC includes numerous partners, including the RAND Corporation (RAND), which serves as the lead evaluator. This preliminary report by RAND focuses on the second of the above CALQIC objectives. The evaluation includes patient interviews, discussions with implementers, and a quality improvement report that presents initial findings from focus groups with pediatric clinicians and clinical staff involved in implementing the ACEs screener.

In total, we spoke with 66 individuals including what is working well and lessons learned for implementation, and positive and negative feedback on the screening process.



MAY 2021 | RAND EVAL TEAM

## WHAT FAMILIES HAVE TO SAY

Insights from Patients and Caregivers Who Have Completed ACEs Screening

### INTRODUCTION

"ACEs Aware" is a new initiative, led by the California State Surgeon General, to achieve statewide screening of adverse childhood experiences (ACEs) and mitigate the effects of toxic stress among families. In 2020, the California Department of Health Care Services (DHCS) and the Office of the California Surgeon General funded the California ACEs Learning and Quality Improvement Collaborative (CALQIC) to accomplish two objectives:

1. Train California primary health care clinics seeing adult and child Medi-Cal beneficiaries to implement screening for ACEs
2. Evaluate efforts to improve the quality of ACEs screening in participating practices.

The RAND Corporation, one of several partnering organizations, is facilitating the CALQIC evaluation. This preliminary RAND report focuses on evaluation activities completed in a subset of Los Angeles County pediatric clinics under the second of the above CALQIC objectives.

While the RAND evaluation includes a variety of quantitative and qualitative analyses, this report presents initial findings from one-on-one interviews with adolescents and caregivers in Los Angeles county who completed the ACEs screener for themselves (adolescents) or their children (caregivers) as part of a pediatric visit. We chose one-on-one interviews rather than focus groups for assessing patients' experiences because of the potential for discussing sensitive topics and the need to maintain individual patient privacy.



## screening as acceptable and valuable

Most patients accepted ACEs screening as part of care

Many identified potential benefits

- a way for providers to better understand patients' lives and offer support
- a way to deepen relationship with the clinic and/or provider

*"Yes, well I think that it's part of a child's development, so the doctors need to know if their lives are in danger or not. Or it depends on how they are growing or not."*

*–Caregiver, translated from Spanish*

*"[Discussing ACEs] helped me let go of some things and realize that I'm a strong person. I went through all of that stuff and I'm still alive. There's people who wouldn't have made it. I just look at myself like I'm strong, like, I made it, and it helps. But there's some situations where I don't want to talk about it because I'll get super teary."*

*–Adolescent*

*"I felt relieved because I know that as a mother I am not alone, and I know I have the support of doctors who can help me physically and mentally [...] I did feel like I have their support and in any moment I can talk to them and explain what is happening."*

*–Caregiver, translated from Spanish*



## Patients and caregivers also flagged **challenges**

Some caregivers had **difficulty completing the ACEs screener** – especially Spanish speakers

Some received **no explanation** of the purpose of ACEs screening

Some had **no discussion of ACEs screening** with their provider

*“In some questions I felt confused or that I didn’t understand exactly what the question was. Sometimes I would look at them twice and not understand well what it was that was being asked.”*

*–Caregiver, translated from Spanish*

*“I was just like, ‘What the hell is this? Why are they asking me these questions?’ It kind of made me feel like—are there signs of abuse or something? I was like, ‘I don’t hit my kids or nothing.’ So I was just kind of a little weirded out about it...”*

*–Caregiver*

*“I feel like they should be able to like go over it more... to look at the answers and discuss it... My son’s in a good household, but there might be other households that aren’t as fortunate... If it was a different case the doctor... might have been able to go over it more and kind of make sure the child’s in a safe spot...”*

*–Caregiver*

# What **we learned** from talking to providers and patients

- Providers/staff are comfortable administering ACEs screening
- **Overall, ACEs screening was well-received by patients and their families**
- Some respondents—particularly adolescents—had conflicting feelings about ACEs screening
  - But no evidence of lasting adverse effects
- Patients and caregivers appreciated the opportunity to discuss their strengths as part of ACEs screening
- Screening can have a positive effect on relationship with clinic and/or provider – building trust

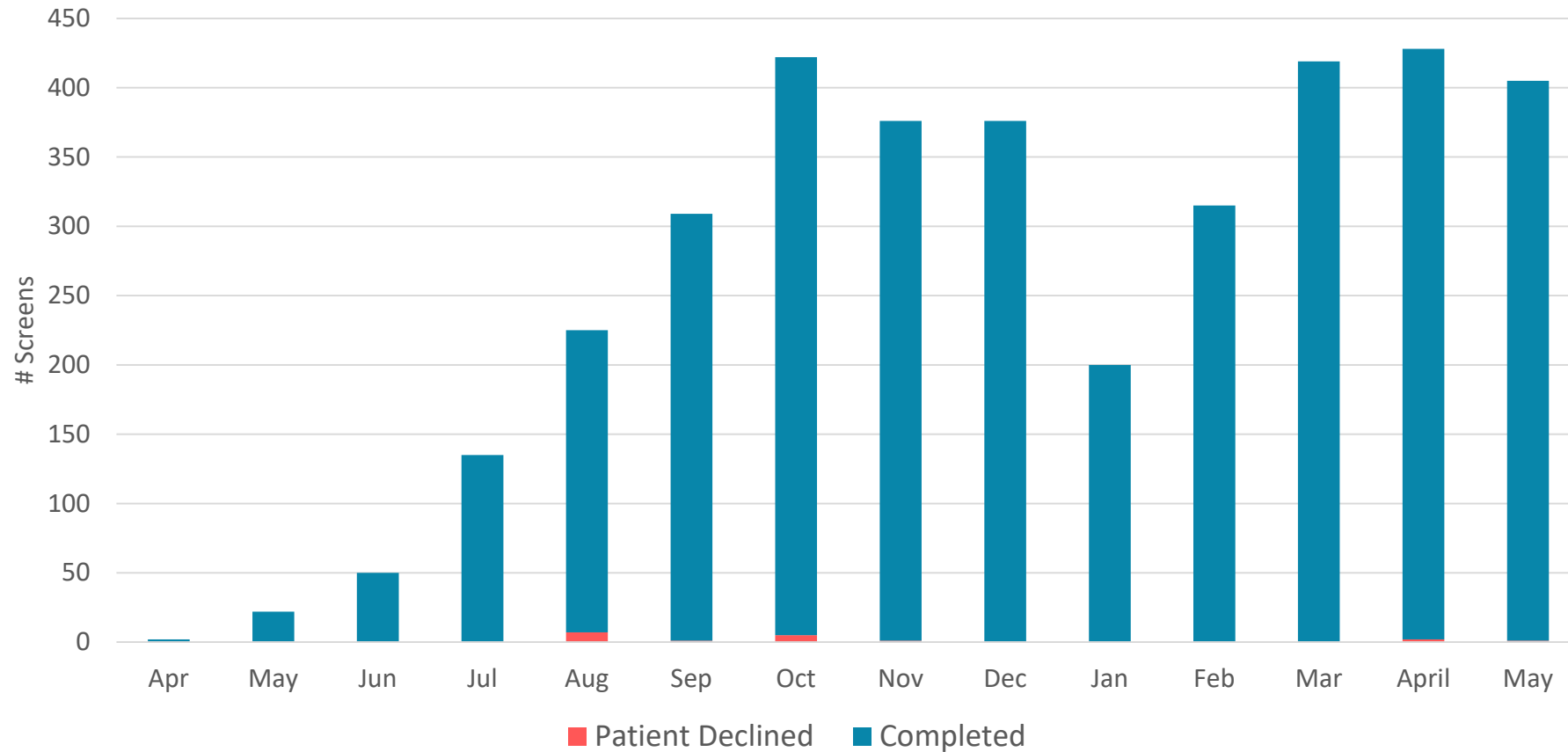
# Recommendations for Quality Improvement

- Support for integrating ACEs into workflow of a brief visit
- Provide patients with a brief verbal explanation of the purpose of ACEs screening
- Review the Spanish translation to ensure comprehension by a broad range of Spanish speakers
- Training and resources to ensure providers address ACEs and strengths during the visit
- Bolstering response - provider skills and referral network

# QUANTITATIVE EVALUATION

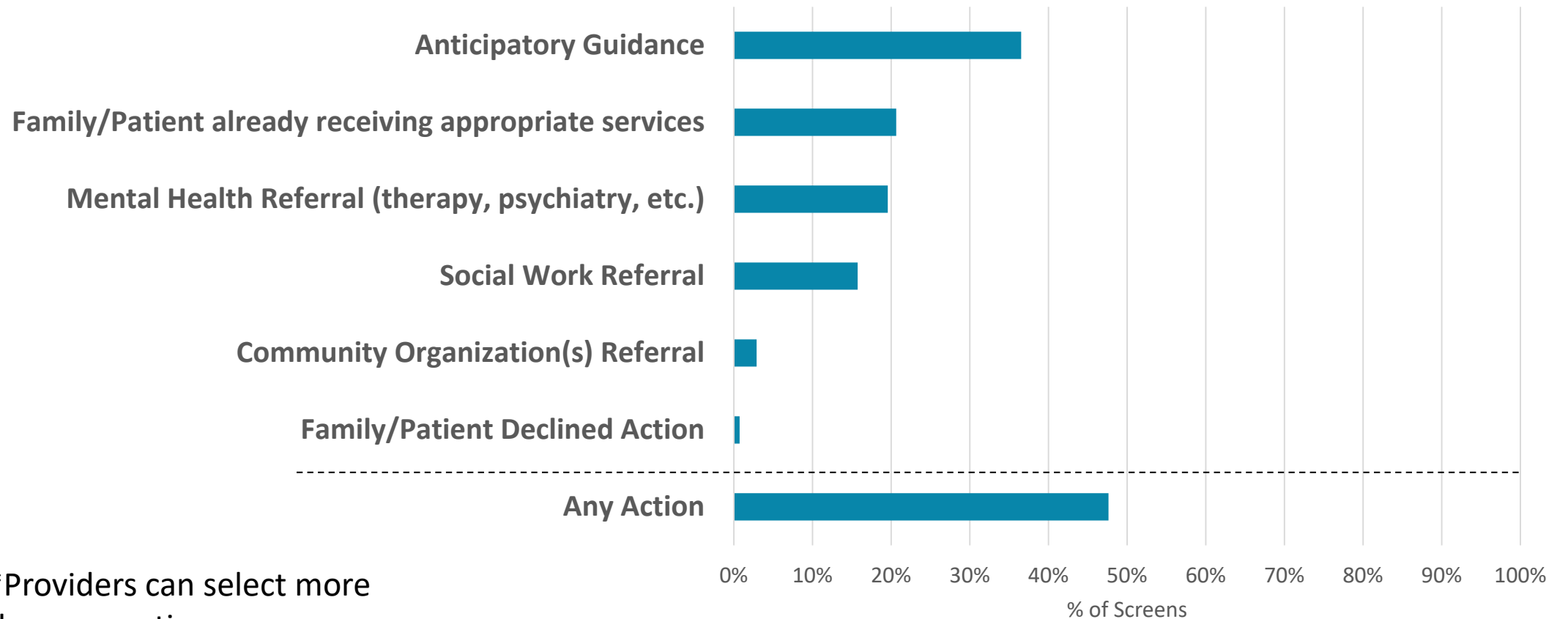
Analysis of individual-level medical records

# Screening increased over time at five LA county CALQIC pediatric clinics



3,684 total screens at 5 CALQIC clinics shown (4,044 total screens at all LA County clinics)

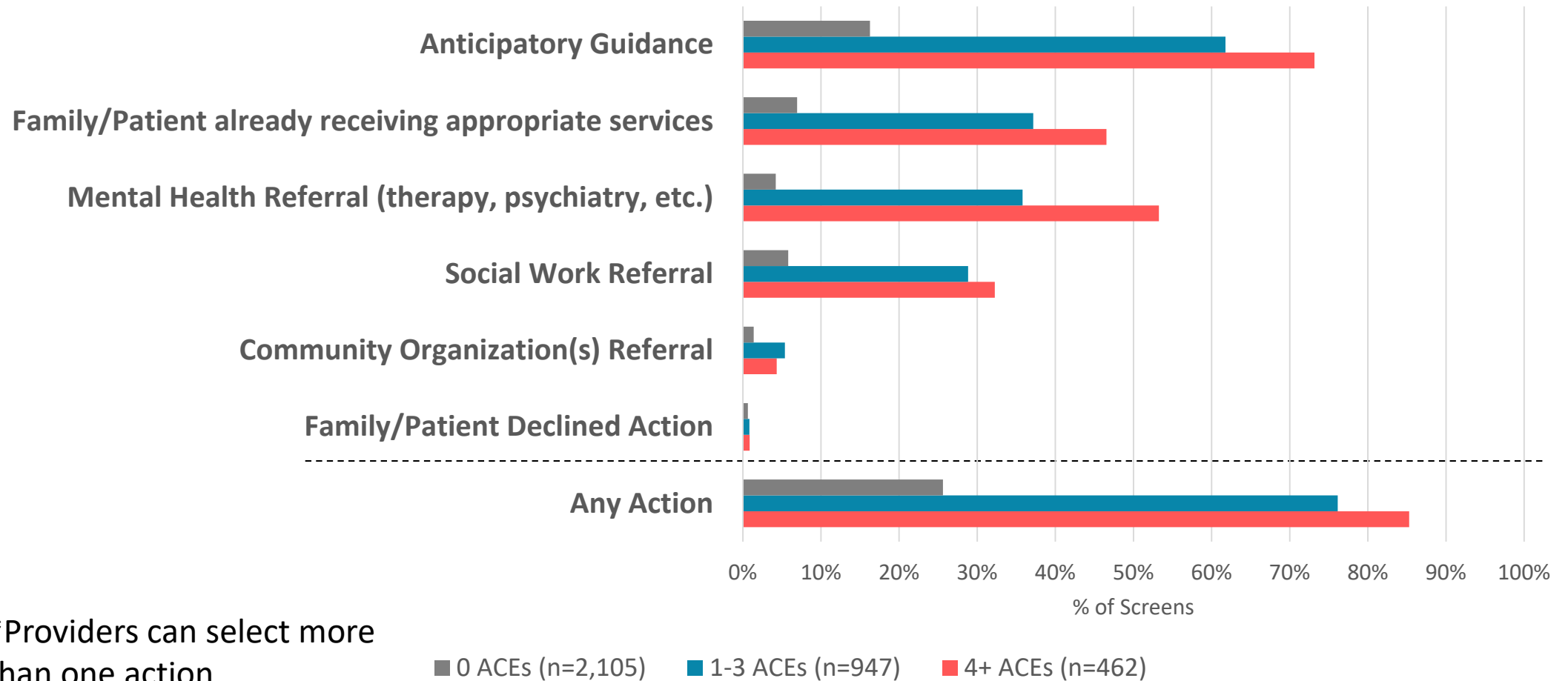
# Most common actions after ACEs screening: guidance and referrals



\*Providers can select more than one action

(n=3,424)

# Provider actions associated with number of ACEs



# What **we learned** from LA's quantitative data

- There was a ramp up in screening over time (with a brief covid-related dip)
- Providers take more action for patients with higher ACEs



# TAKING STOCK

## What **we learned** from the evaluation so far

- Developing a **clinic infrastructure** that supports ACES screening is key
- Clinics have made progress in screening implementation
  - **Screening is increasing**
  - Learning Collaborative support facilitated progress
- Providers/staff are comfortable administering ACES screening
- Screening is **well-received by patients and their families**, even when it's not done perfectly
- **Screening influences care**: providers take more action for patients with higher ACES

Thank you

**adversity. resilience. strengths.**



**The UCLA/UCSF ACEsAware Family Resilience Network**

# UCAAN Overview

- UCLA/UCSF multi-disciplinary, multi-campus initiative to develop, promote, and sustain evidence-based methods to screen, treat, and heal from the impacts of trauma and toxic stress
- Led by:
  - Department of Pediatrics at UCLA's David Geffen School of Medicine
  - UCSF Center to Advance Trauma-Informed Health Care
- Builds upon and expands the reach of ACEs Aware through training, support, and grants/scholarships for implementation of evidence-based practices
- Leverages community partnerships; clinical, educational, and implementation science expertise; and vast resources across the University of California system



# UCAAN's Operational Departments



## Education and Training

Develops and deploys trainings in a variety of clinical settings, disciplines, and stages of learners. Informed by clinical innovation, evidence, education science, and implementation science.



## Clinics and Community

Identifies and develops the clinical competencies necessary to address toxic stress in a variety of clinical settings. Intersects with Evaluation and Evidence and feeds into Education and Training.



## Evaluation and Evidence

Ensures structured and well-executed evaluations across all UCAAN activities. Leads to identification of clinical evidence that informs clinical practice, education, and training.



# UCAAN Department Objectives



## Education and Training

Build and disseminate curricula for health professionals and those involved in networks of care to understand, address, and prevent toxic stress health impacts, and to elevate protective factors, strengths, and resilience.



## Clinics and Community

Support integration of strengths, adversity, and toxic stress screening, treatment, and prevention science into healthcare practice and networks of care.



## Evaluation and Evidence

Advance the science of ACEs and resilience screening and response as an evidence-based practice



# Four Values Inform UCAAN's Work

## Whole Person and Whole Family Wellness

Address whole person and whole family wellness by exploring toxic stress science, clinical screening, interventions, and responses in pediatric, adult, and whole family models of care across the health system(s)

## Health Equity

Ensure that advances in understanding toxic stress and resilience reach and serve communities equitably, and in linguistically and culturally competent ways

## Community Engagement

Integrate scholarly, clinical, and community efforts to ensure that UCAAN's work remains meaningful both in and outside of the academic arena

## Alignment of Resources and Systems of Care

Identify and Align Resources and Systems of Care through key professional and organizing entities capable of engaging with UCAAN to support treatment and healing after screens in the clinical setting



# Upcoming Community Grant Opportunities: Building a Sustainable Workforce for Screening, Responding to, and Preventing ACEs and Toxic Stress

- Training and support to develop:
  - Partnerships between (1) Medi-Cal frontline primary care organizations; (2) a managed care health plan; and (3) one or more community-based organizations;
  - New integrated clinical services that respond to and treat toxic stress that results from ACEs, and that can be sustained using existing and/or new reimbursement opportunities
- 16-month statewide learning collaborative with peer-to-peer learning and robust technical evaluation







**Questions**

# Specific Questions for TIPC

- Regarding training:
  - What should ACEs Aware do to encourage more providers to take the training?
  - What types of training would be best to develop next?
  - How can we incentivize more adult clinicians to train for and begin screening for ACEs?
  - What additional tools or resources would be helpful as we develop trainings?
- Which ACEs Aware communication channels do you find most effective?
- What clinician populations should UCAAN/ACEs Aware target for training in 2022?



# Discussion Questions for TIPC

- What are some of the successes of ACEs Aware that should be continued and grown?
- What are some of our biggest challenges and what ideas do you have to overcome them?
- What areas have not been successful, and should be retired?





# Discussion

# Public Comment



# Adjourn

Please fill out today's  
meeting survey:

<https://www.surveymonkey.com/r/TIPCEvalOct20>

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