



Trauma-Informed Primary Care (TIPC) Implementation Advisory Committee

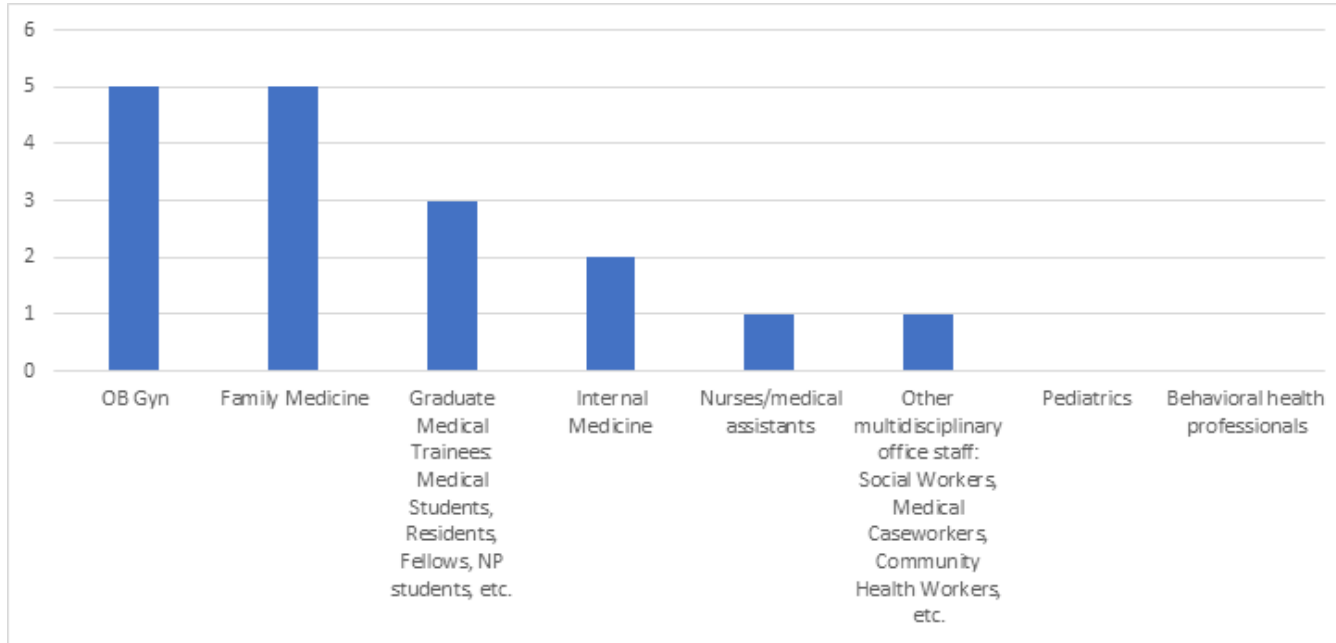
April 20, 2022

Agenda

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|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| 10:00 – 10:05 AM | Introduction and TIPC October 2021 Survey Results <ul style="list-style-type: none">• <i>Emily Williams, UCAAN CEO</i> | 10:20 – 10:25 AM | UCAAN Overview and Update <ul style="list-style-type: none">• <i>Dr. Shannon Thyne, UCAAN Co-Principal Investigator</i> |
| 10:05 – 10:10 AM | Welcome from OSG <ul style="list-style-type: none">• <i>Dr. Devika Bhushan, Acting California Surgeon General</i> | 10:25– 10:40 AM | Building a Broader Base for Evidence-Based Trainings & Implementation |
| 10:10 – 10:15 AM | Welcome and ACEs Aware Update <ul style="list-style-type: none">• <i>Dr. Karen Mark, Medical Director, California Department of Health Care Services</i> | 10:40 – 10:50 AM | Q&A |
| 10:15 – 10:20 AM | California Youth and Behavioral Health Initiative: OSG Efforts & Contributions <ul style="list-style-type: none">• <i>Dr. Devika Bhushan, Acting California Surgeon General</i> | 10:50 – 10:55 AM | Break |
| | | 10:55 – 11:05 AM | Framework for the Future <ul style="list-style-type: none">• <i>Dr. Edward Machtinger, UCAAN Co-Principal Investigator</i> |
| | | 11:05 – 11:45 AM | Discussion |
| | | 11:45 – 11:55 AM | Public Comment |
| | | 11:55 – 12:00 PM | Next Steps |

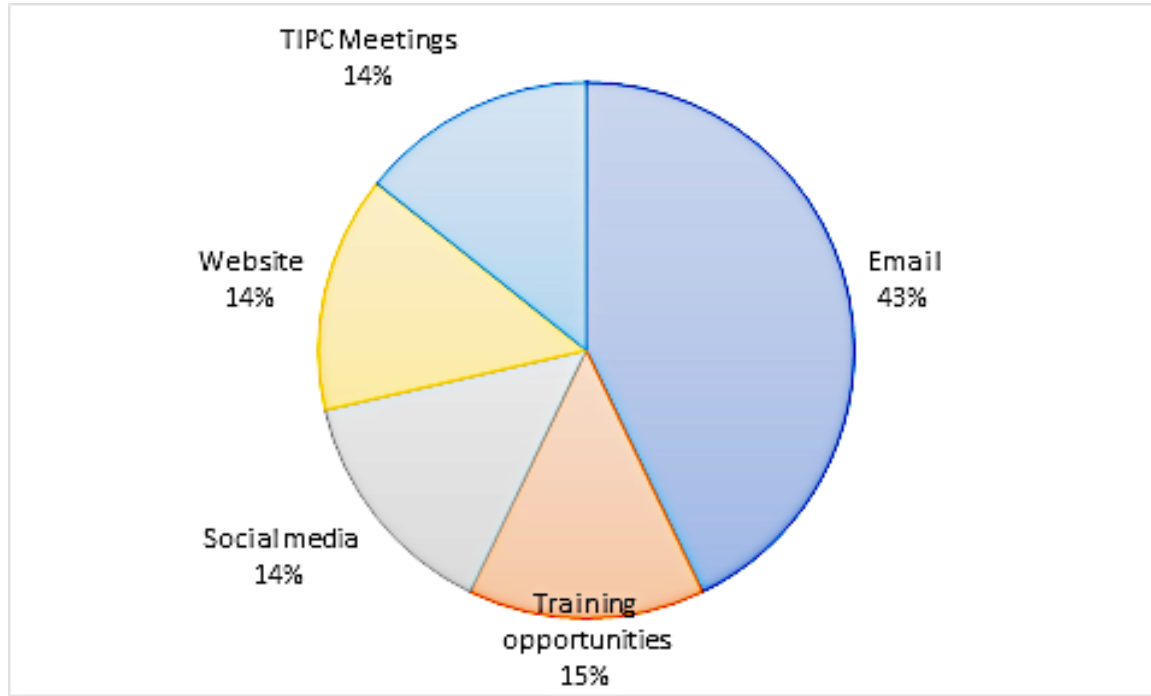
Review of Survey Findings from October 2021 TIPC Meeting

What clinician populations should UCAAN/ACEs Aware target for training in 2022? Please select your top three recommendations.



Review of Survey Findings from October 2021 TIPC Meeting

Which ACEs Aware communication channels do you find most effective?



Introductions

Welcome Remarks

Dr. Devika Bhushan

Acting California Surgeon General

and

Chief Health Officer



Welcome

Dr. Karen Mark

Medical Director, California Department
of Health Care Services



Moving Forward with ACEs Aware

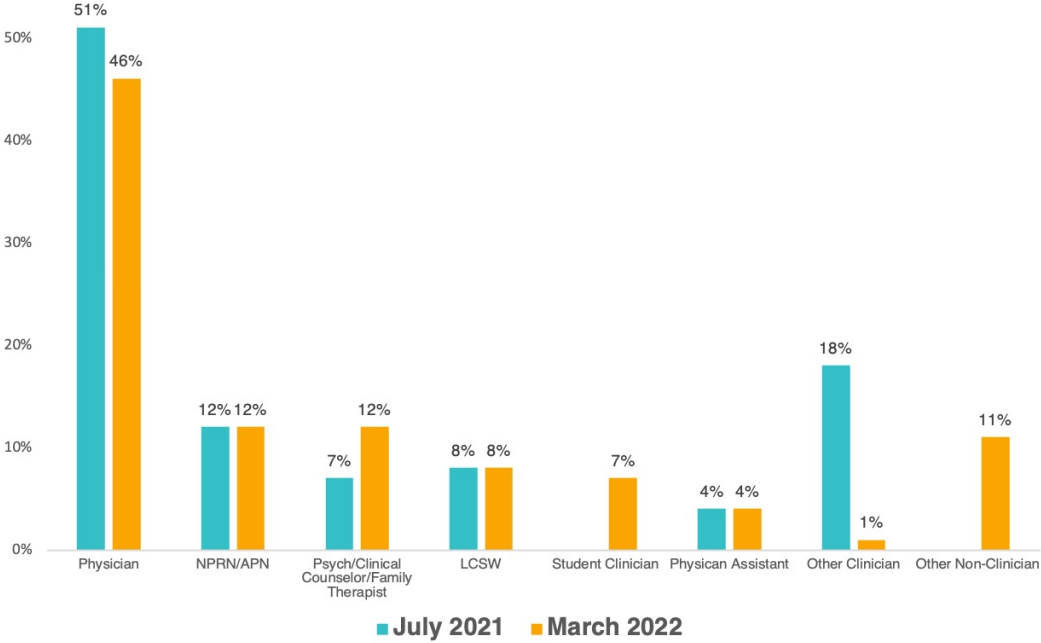
Train Medi-Cal Providers on ACE Screening and Response



- **20,600** individuals have completed the *Becoming ACEs Aware in California* training since December 2019.
- Approximately **54%** of individuals who have completed the training are **providers who can bill Medi-Cal**.
- Medi-Cal providers conducted more than **640,700 ACE screenings** of approximately **518,100 unique Medi-Cal beneficiaries** across California between January 2020 and March 2021, based on Medi-Cal claims data.

Source: [March 2022](#) Data Report

Occupation Types Among Training Participants

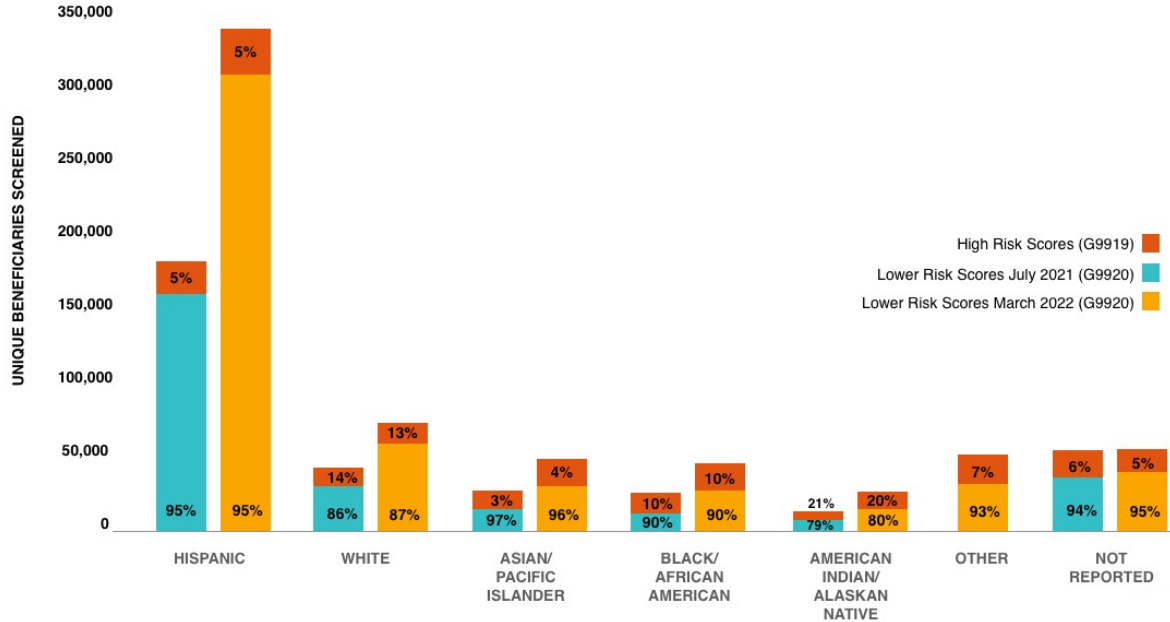


NPRN/APN: Nurse Practitioner/Registered Nurse/Advanced Practice Nurse

LCSW: Licensed Clinical Social Worker

Source: [July 2021](#) and [March 2022](#) Data Reports

Screenings by Race/Ethnicity and Procedure Code



Source: [July 2021](#) and [March 2022](#) Data Reports

Educational Activities for Screening Providers

Striving to inform providers of the science of ACEs and toxic stress while ensuring communications channels promote related messages



www.ACEsAware.org

- Nearly 45,000 listserv subscribers
- 26% average ACEs Aware in Action email open rate (industry standard for success is 15%)
- More than 15,000 participants in provider engagement events and training webinars

Grantees

- Round 1 and 2 grants concluding
 - Network of Care implementation grants closing in June
- Round 3 grants Request for Proposal coming soon

APRIL 20, 2022



CHILDREN + YOUTH BEHAVIORAL HEALTH INITIATIVE

CA - OSG EFFORTS & CONTRIBUTIONS

CHILDREN + YOUTH BEHAVIORAL HEALTH INITIATIVE (CYBHI)

CYBHI FUNDING

- Governor announced \$4.4B Initiative July 2021
- Goal: Address the behavioral health challenges facing children and youth by reimagining the systems that support behavioral health
- Office of California Surgeon General's efforts:
 - \$24M Aces and Toxic Stress Public Awareness Campaign
 - \$1M Trauma-Informed Educator Training

CHILDREN + YOUTH BEHAVIORAL HEALTH INITIATIVE

ACES + TOXIC STRESS PUBLIC AWARENESS CAMPAIGN OBJECTIVES

- Create public understanding of ACEs and toxic stress – so that Californians understand what ACEs are and how they can impact our health – both mental and physical.
- Offer messages of hope that toxic stress is a treatable health condition and there are resources available for screening, treatment, and prevention.
- Share practical strategies for buffering care that parents and caregivers can provide to reduce the impact of ACEs on children and youth.

PRIMARY AUDIENCES: PARENTS, CAREGIVERS, AND YOUTH WITH A SPECIAL FOCUS ON:



LGBTQ+
Communities



Economically
Disadvantaged
Communities



Communities
of Color,
Immigrants &
Refugees



Rural
Communities



Justice &
System-Involved
Youth

CHILDREN + YOUTH BEHAVIORAL HEALTH INITIATIVE

CAMPAIGN TIMELINE

- RFP Posted Feb. 4, 2022
- Currently reviewing proposals
- *(Anticipated)* Awarding contract in July/August
- Campaign launches late Summer/Fall 2022

CHILDREN + YOUTH BEHAVIORAL HEALTH INITIATIVE

TRAUMA-INFORMED EDUCATOR TRAINING

- Three modules, two hours each, focused on three different age groups
 - 0-5
 - 5-11
 - 12-18
- Building upon the work of California Department of Social Services (CDSS) and in partnership with California Health & Human Services Agency, California Department of Education, and State Board of Education

CHILDREN + YOUTH BEHAVIORAL HEALTH INITIATIVE

TRAUMA-INFORMED EDUCATOR TRAINING

- Spring 2022: Contract for training development signed
- Spring/Summer 2022: First convening with subject matter expert review panel
- Summer 2022: Pilot of curriculum to select group of early child care providers and educators
- Fall 2022: Training available to educators
- Winter 2022/Spring 2023: Evaluation

THANK YOU!



UCAAN Overview

Shannon Thyne, MD

UCLA Professor of Pediatrics

Co-PI, UCAAN

Academic Anchoring

University of California initiative to develop, promote, and sustain evidence-informed methods to screen, treat, and heal from the impacts of trauma and toxic stress.



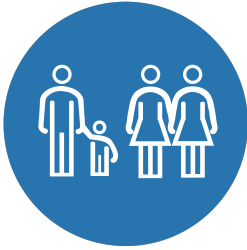
- Builds upon and expands the reach of ACEs Aware through training, support, and grants/scholarships for implementation of evidence-based practices
- Leverages community partnerships; clinical, educational, and implementation science expertise; and vast resources across the University of California system

Core Ambition

Training and capacity building for Medi-Cal providers at the intersection of health systems and community engagement to support:

- ACE screening and treatment of toxic stress
- Harnessing individual, family, and community-level protective factors and strengths
- Evidence-informed treatment of adversity-related health conditions
- Changed clinic and community-level structures to support resilience and healing

Four Values Inform UCAAN's Work



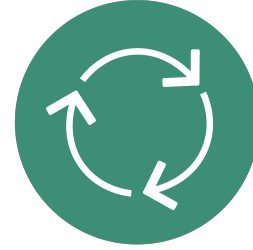
**WHOLE PERSON
& WHOLE FAMILY
WELLNESS**



**HEALTH
EQUITY**



**COMMUNITY
ENGAGEMENT**



**ALIGNMENT
OF SYSTEMS**

UCAAN Departments

Education and Training

- Informed by clinical innovation, evidence, education science, and implementation science. Builds and disseminates curricula for health professionals and those involved in networks of care to understand, address, and prevent toxic stress health impacts, and to evaluate protective factors, strengths, and resilience.

Clinics and Community

- Identifies and develops the clinical competencies necessary to address toxic stress in a variety of clinical settings. Supports integration of strengths, adversity, and toxic stress screening, treatment, and prevention science into health care practice and networks of care.

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

Building a Broader Base for Evidence-Based Trainings and Implementation:

Examples of UCAAN Continuing
the ACEs Aware Movement

Science Roadmap

George Slavich, PhD

*Professor, UCLA Department of Psychiatry and
Biobehavioral Sciences*

Director, UCAAN Evaluation and Evidence Department

Developing a Science Roadmap



1. **Landscaping and synthesizing existing best practices and research** on the science of toxic stress physiology— and ACE screening, response, and prevention—to catalogue what evidence currently exists
2. **Convening expert consensus panel of stakeholders** (patients, patient voices, providers, clinic staff, academics) to identify existing gaps in knowledge and practice related to ACEs and toxic stress
3. **Developing logic model and guidelines** for addressing existing gaps in knowledge and practice
4. **Funding and supporting pilot projects and community grants** to help develop the evidence base underlying ACE screening, response, and prevention

Ultimately, our goal is to *define the path toward reducing ACE-associated health disparities and achieving health equity in California and beyond*

Academic Pilot Projects

Nina Thompson

Lead Consultant, UCAAN Pilot Projects

Pilot Projects Overview

Goal

- To advance education and training in ACE screening, toxic stress treatment, and in the prevention and treatment of ACE-Associated Health Conditions

Priority Topics

- Examine ACE screening and toxic stress response interventions and outcomes of ACE-Associated Health Conditions or ACE-Associated Health Inequities
- Academically scale, refine, and disseminate tools, products, and workflows developed through prior work at ACEs Aware and the California ACEs Learning and Quality Improvement Collaborative (CALQIC)

Funding for Pilot Projects and Learning Collaboratives

- UCLA Pilot Projects: Years One and Two (through June 2023): \$7,000,000
- UCSF Pilot Projects: Years One and Two (through June 2023): \$3,500,000

Funding for Pilot Projects and Learning Collaboratives

- Pilot Project Selection: Dec 2021 – Feb 2022
- Launch of Pilot Projects: March 2022
- Completion of Pilot Projects: June 2023

UCAAN Pilot Projects	PIs	Institution
PP01 Enhancing Trauma-Informed Care and ACE Screening Response Among Pediatricians, Health Care Leaders, Trainees, and Staff	Maira Szilagyi	UCLA
PP02 Testing a Scalable Model for ACE-Related Care Navigation via 211 Telephone-Based Services	Paul Chung, Rebecca Dudovitz	UCLA, Kaiser
PP03 Trauma-Informed Care on the Pediatric Ward: Applying ACEs Aware Strategies to the Inpatient Medical Setting	Maggie Kozman	UCLA, Harbor-UCLA
PP04 Mitigating the Toxic Stress Response in Patients with ACE-Associated Health Conditions: Obesity Management in a Community Clinic	Angela Venegas-Murillo	UCLA, Martin Luther King, Charles Drew Univ.
PP05 The Harbor-UCLA Resilience Bridge: ACEs Aware Training, Education, & Intergenerational Intervention in Prenatal, Pediatric, and Family Medicine	Adam Schickedanz, Erin Saleeby, Lynne Smith, Heather Schickedanz	Harbor-UCLA
PP06 Mitigating the Toxic Stress Response in Patients with ACE-Associated Health Conditions: Obesity Management in a Specialty Clinic Setting	Alma Guerrero	UCLA
PP07 Connecting with Nature to Mitigate the Toxic Stress Response	Candace Gragnani, Nooshin Razani, Priyanka Fernandes	UCSF, UCLA

UCAAN Pilot Projects	PIs	Institution
PP08 Mitigating the Toxic Stress Response in Patients with ACE-Associated Health Conditions: ACEs Aware Diabetes Care in a Safety-Net Family Medicine Clinic	John Cheng, Heather Schickedanz, Marina Costanzo, Monica Le	UCLA, Harbor-UCLA
PP09 Virtual Meditation Sessions as a Response to ACEs	Laura Figueroa Phillips	UCLA, Rancho Los Amigos
PP10 Mitigating the Toxic Stress Response in Patients with ACE-Associated Health Conditions: Specialized Management for Children with Asthma	Kaitlin Hall, Sande Okelo	UCLA, Olive View - UCLA
PP11 Bringing ACEs Science into the Perinatal Setting through “Support Sisters”	Melanie Thomas, Margaret Handley	UCSF Psychiatry and Epidemiology
PP12 Strategies to Integrate ACE Screening into Existing Screening Workflows	Danielle Hessler, Laura Gottlieb	UCSF, SIREN
PP13 A Whole Family Wellness Approach to ACEs and Toxic Stress in Adult Primary Care	Katy Davis, Lisa Jaycox	UCSF Women’s HIV Program, RAND
PP14 Migrant Farmworker Leadership and Voice Guiding a Health Systems Response to ACEs and Toxic Stress in their Families and Communities	Lisa James, UCSF faculty	Futures without Violence; UCSF; Alianza Nacional de Campesinas; Líderes Campesinas
PP15 Understanding If and How the \$29 Reimbursement for ACE Screening Was Accessed and Used by Clinics	Nicole Eberhart, UCSF faculty	RAND Corporation; UCSF

A Pilot Project Example: The Resilience Bridge at Harbor-UCLA

Adam Schickedanz, MD, PhD

UCLA Assistant Professor of Pediatrics

UCAAN Pilot Project Co-PI

Project Team & Aim

Project Leads

- Adam Schickedanz, MD, PhD, UCLA/DHS/ACEs-LA Network of Care
- Monique Holguin, LCSW, PhD, Harbor-UCLA/DHS ACEs-LA Network of Care

Departments and Clinical Care Settings Involved at Harbor-UCLA

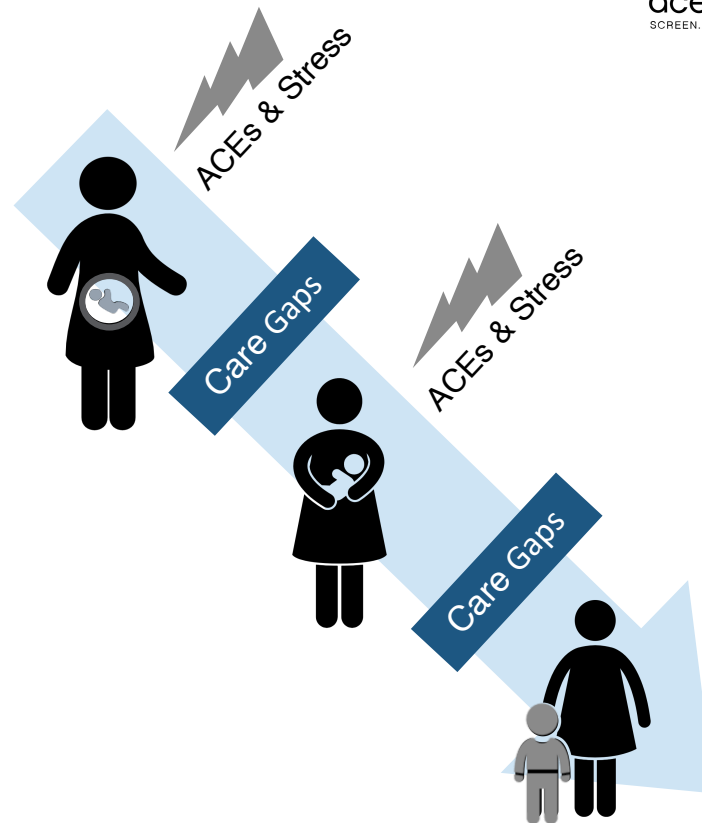
- OB Department – Prenatal/Women’s Health Clinic
- Family Medicine Department – Primary Care Clinic

Aim

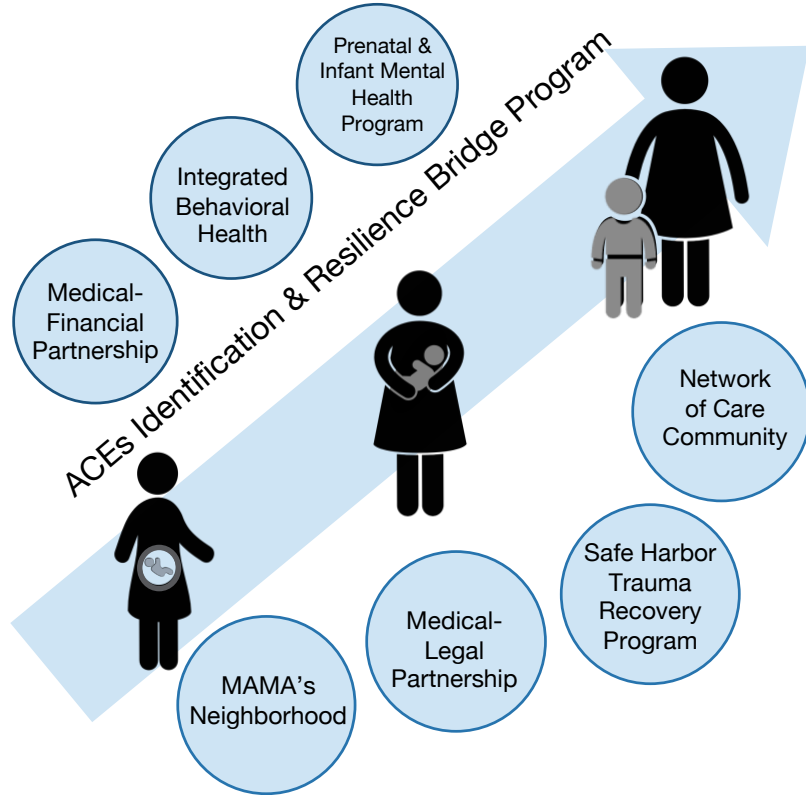
Transform care for mother-child dyads across the prenatal-to-pediatric clinical care continuum at Los Angeles County’s second-largest public hospital to address the health impact of ACEs and toxic stress through education, screening, and intervention implementation

Overview of the Issue: Care Gaps in Clinical Settings

- Mother-child dyads encounter rapid succession of siloed clinical teams from prenatal to nursery to pediatric care
- The prenatal and early childhood periods are exquisitely sensitive windows for stress imprinting and, therefore, buffering early adversity and intergenerational trauma
- **The Gap:** there is a critical lack of prenatal, pediatric, and family care models designed and coordinated to identify, address, and prevent impacts of adversity on maternal and infant health and development



Harbor-UCLA Medical Center: Resilience Innovation Opportunity



- Second-largest LA County DHS Campus
- Well over 1,000 mother-child dyads annually receive prenatal to postnatal care
- Three CALQIC/NoC-Engaged Departments
 - Pediatrics: Nursery staff not ACEs Aware
 - Family Medicine: ACEs Screening Nascent
 - Women's Health: ACEs Screening Nascent

The Resilience Bridge

Objectives and Deliverables

- **Trailblazing Care Model Development:** Create a team working in concert across three departments and multiple clinical settings to:
 - deliver systematic clinician education to drive ACEs/TIC knowledge and skills
 - implement universal screening identification of ACEs
 - implement of effective ACE- and trauma-informed parent/family support intervention to respond to high levels of adversity in mother-child dyads
- **Care Standardization:** Develop best practices for clinical care services to buffer early life course adversity across prenatal-to-postnatal continuum by reducing stressors (i.e., economic, social) and promoting family relational health
- **Rigorous Evaluation:** Measure birth outcomes, parental mental/behavioral health symptoms, and developmental outcomes
- **Scalable Education and Improvement Strategies:** Generate and refine replicable approaches to educate clinicians, coordinate stress-buffering care services, and implement best practices for intergenerational health care to interrupt cycles of trauma

Addressing the Health Impact of ACEs and Toxic Stress in California's Farmworker Communities

Elena Josway

Program Director, Futures Without Violence

UCAAN Pilot Project Co-PI

Addressing the Health Impact of ACEs and Toxic Stress in California's Farmworker Communities

Leads

- Lisa James and Elena Josway, Futures Without Violence
- UCSF

Project Partners

Alianza Nacional de Campesinas
Lideres Campesinas

Evaluation Partners

Migrant Clinicians Network
RAND Corporation

Aim

Collaborate with farmworker leaders and two community health centers to *address the health impact of ACEs and toxic stress in farmworker communities* in California through ACE education, screening, and response

Farmworkers in California - ACEs and Access to Healthcare

COVID-19 Farmworker Study survey of farmworkers led by the California Institute for Rural Studies from 2020:

- 54% of farmworkers surveyed said that costs, lack of insurance, and/or lack of sick leave posed significant barriers that prevented them from accessing healthcare.
- 24% of farmworkers surveyed said that fear prevented them from seeking healthcare.

California Institute for Rural Studies, "COVID-19 Farmworker Study Preliminary Data Brief" July 27, 2020.

The challenges that farmworkers face accessing care make it even more important to solicit feedback on how to improve accessible and quality of care when addressing ACEs.

Addressing the Health Impact of ACEs and Toxic Stress in California's Farmworker Communities

Project Implementation

- Develop and implement curricula for farmworker leaders and farmworkers, engaging farmworker community members to learn about ACEs and solicit feedback on health center strategies to screen and respond to ACEs
- Use farmworker input in providing training and technical assistance to health centers to create and implement a comprehensive approach to ACE education, screening, and response

Evaluation

- Examine both farmworker engagement as well as clinic implementation and outcomes
- Develop and disseminate recommendations based on evaluation findings

Impact

- Offer a suite of training tools and strategies for health centers statewide on how to respond to ACEs in farmworker communities

Community Grants:

Preventing and Responding to ACE-Associated Health
Conditions and Toxic Stress in Clinics through Community
Engagement (**PRACTICE**)

Amy Shekarchi, MD

UCLA Assistant Professor of Pediatrics

Director, UCAAN Clinical and Academic Programs

PRACTICE Purpose



1. Support partnerships and establish effective local systems for ACE screenings and responding to and mitigating the toxic stress response
2. Increase the capacity of primary care organizations/clinics, community-based organizations, and Medi-Cal managed care plans to use existing and new sources of service funding to establish sustainable local services and workforce to prevent and treat toxic stress

PRACTICE Goals

Partnerships

Strengthen partnerships to screen for ACEs and respond to toxic stress among Medi-Cal community health centers and clinics, community-based organizations, and Medi-Cal managed care plans with support from the academic UCAAN partnership to ensure academic rigor in these efforts.

Services Development

Develop sustainable, evidence-informed, real-world clinical services that target ACE-Associated Health Conditions and support prevention of ACEs and response to toxic stress among Medi-Cal beneficiaries.

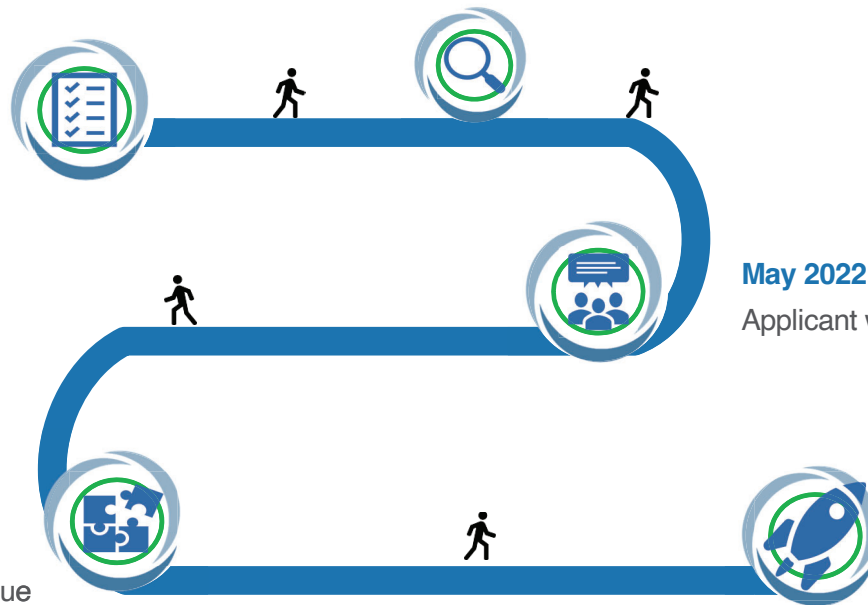
Workforce Development

Build a sustainable workforce to support ACE screening, response to impacts of toxic stress and adversity, and ACE prevention with adherence to ACEs and toxic stress science and data-driven approaches.

PRACTICE Timeline

January – April 2022

- RFP development
- Build knowledge, engagement, awareness



May 2022

Applicant webinar

June 2022

Applications due

Statewide Learning Collaborative

Creating a learning collaborative and technical assistance plan

- Active participation in the learning collaborative is an expectation for grantees
- Learning Collaborative will give grantees:
 - Technical assistance
 - Monthly to quarterly webinars
 - Peer-to-peer learning through “office hours” and creative connections (online forums, online libraries, electronic communications)
- Learning Collaborative activities designed to support each grant cohort
- Technical Assistance will include coaching, community of practice, content experts, and virtual network/collaborative space opportunities

Q&A

Break

A Framework for the Future: Using Social Entrepreneurship to Guide the ACEs Aware Initiative

Edward Machtinger, MD
UCSF Professor of Medicine
Co-PI, UCAAN

Elements of Social Entrepreneurship

1. Name the problem
2. Envision a solution
3. Build, test, and refine prototypes
4. Promote widespread adoption and sustainability

Elements of Social Entrepreneurship	Adapted for ACEs Aware	What has been accomplished	Next steps
<p>1. Name the problem</p>	<p>Adverse childhood experiences (ACEs) in the absence of sufficient protective factors underlie and perpetuate most preventable illness, death, disability, and health disparities</p>	<ul style="list-style-type: none"> • Ample scientific research • Successful outreach and dissemination • Recognition of urgency of problem • Establishment of ACEs Aware 	<ul style="list-style-type: none"> • Increase and broaden core training and attestation • Expand allies from related fields • Expand community/patient allies • Ensure professional education/training effectively describes magnitude of the problem

Elements of Social Entrepreneurship	Adapted for ACEs Aware	What has been accomplished	Next steps
1. Name the problem			
2. Envision a solution	<p>A health system organized to achieve whole family wellness and health equity by preventing and interrupting the impacts of ACEs and other traumas and promoting protective factors and resilience</p>	<ul style="list-style-type: none"> • Growing embrace of trauma-informed care • ACEs Aware social media, webinars, and trainings • Successful outreach and dissemination 	<ul style="list-style-type: none"> • Clarify solution with evidence from prototypes and input from stakeholders • Promote solution as necessary to broad range of stakeholders • Implement dynamic improvements to professional education and training with latest evidence

Elements of Social Entrepreneurship	Adapted for ACEs Aware	What has been accomplished	Next steps
1. Name the problem			
2. Envision a solution			
3. Build, test, and refine prototypes	<p>Build/test/refine/package: ACE screening and response; trauma-informed and resilience-informed care; interventions for ACE-Associated Health Conditions; biomarkers for toxic stress, and feasibility, acceptability, and efficacy in variety of care settings</p>	<ul style="list-style-type: none"> • CALQIC • Precision Medicine-funded studies • ACEs Aware implementation guide • Funding for studies by others 	<ul style="list-style-type: none"> • Create scientific roadmap • Fund pilot projects • Develop statewide and national network of academics • Continuously update professional education/training with latest evidence from the field

Elements of Social Entrepreneurship	Adapted for ACEs Aware	What has been accomplished	Next steps
1. Name the problem			
2. Envision a solution			
3. Build, test, and refine prototypes			
4. Promote widespread adoption and sustainability	<p>Changes in laws, regulations, payments, and trainings that promote our solution</p> <p>Increased patient and stakeholder expectations for our solution</p>	<ul style="list-style-type: none"> • Reimbursement for ACE screening • Establishment of ACEs Aware • \$4B CYBHI • CalAIM • Extension of CPSP • Updates to NSMS 	<ul style="list-style-type: none"> • Community training grants to support increased staff and services • Provide evidence for policies to improve infrastructure • Clarify evidence for US Preventative Services Task Force • Scale trainings broadly • Fully engage TIPC

Our Next Steps

- Increase and broaden provider core training and attestation
- Develop scientific roadmap to guide pilots and trainings
- Pilot studies to fill gaps in evidence for training
- Community training grants to support clinics to translate newly available funding into increased staff and services to respond to ACEs and toxic stress
- Clarify “solution” with evidence from prototypes and input from stakeholders
- Make dynamic improvements to professional education and training with latest evidence
- Provide evidence for policies to improve staffing, infrastructure, and support for primary care clinics, clinicians, and staff

Discussion

Questions

1. Are there gaps in our priorities?
2. Is there anything else we should be considering?
3. Where do you see opportunities for and challenges to achieving our goals?
4. How do we all work to improve the infrastructure and support of primary medical care where most of this work is intended to occur?

Public Comment

Next Steps

Adjourn

Please fill out today's meeting evaluation form

- via the QR code below, or
- type this link into your browser:
<https://bit.ly/3jDskYn>



Email: questions@acesaware.org