

Trauma-Informed Primary Care (TIPC) Meeting Summary

Wednesday, November 16, 2022 from 10:00 a.m. -12:00 p.m. PDT

The **Trauma-Informed Primary Care (TIPC) Implementation Advisory Committee** met virtually on **November 16, 2022**. This document summarizes the meeting and the key themes and recommendations, which will be considered in the ongoing implementation of the ACEs Aware initiative. Visit [ACEsAware.org](https://www.ACEsAware.org) for meeting slides.

TIPC Committee members in attendance:

- Marti Baum, California Medical Association (CMA)
- Armika Berkley, Kaiser Permanente Northern California
- Kim Bower, Blue Shield of California
- Lisa Folberg, California Academy of Family Physicians
- Jon Goldfinger, Goldfinger Health
- Mary Ann Hansen, First 5 Association of California
- Kim Johnson, California Department of Social Services
- Demetria Malloy, Anthem Blue Cross
- Julianne McCall, California Governor's Office of Planning and Research
- Brigid McCaw, Advisor, Clinical and Health Policy Consultant
- Richard Pan, California State Senate
- Jim Suennen, California Health & Human Services Agency (CalHHS)
- Brent Sugimoto, California Academy of Family Physicians
- Marjorie Swartz, California State Senate - Office of President Pro Tempore
- Carey Watson, Kaiser Permanente Northern California

TIPC Committee members not in attendance

- Joaquin Arambula, California State Assembly - Office of Assemblymember Joaquin Arambula
- Gatanya Arnic, Center for Youth Wellness (CYW)
- Kristen M.J. Azar, Sutter Health
- John Baackes, L.A. Care Health Plan
- Eric H. Ball, American Academy of Pediatrics (AAP) Orange County, California
- John Bauters, Californians for Safety & Justice
- Michael Brodsky, L.A. Care Health Plan
- Michelle Cabrera, California Behavioral Health Directors Association (CBHDA)
- Michelle Gibbons, County Health Executives Association of California (CHEAC)
- Agnes Lee, California State Assembly - Office of the Speaker
- Elliott Main, California Maternal Quality Care Collaborative
- Farrah McDaid-Ting, California State Association of Counties (CSAC)
- Frank Mecca, Mecca Strategies
- Pooja Mittal

- Don Mordecai, Kaiser Permanente
- Kris Perry, California Department Health and Human Services (CDHSS)
- Alecia Sanchez, California Medical Association
- Kiran Savage-Sangwan, California Pan-Ethnic Health Network (CPEHN)
- Cathy Senderling-McDonald, County Welfare Directors Association of California (CWDA)
- Richard Thomason, Blue Shield of California Foundation
- Mike Witte, California Primary Care Association (CPCA)

Staff and Consultants:

- **Department of Health Care Services (DHCS):** Karen Mark, Anthony Cava, Nicholas Clark
- **Office of the California Surgeon General (CA-OSG):** Diana Ramos, Berit Mansour, Janne Olson-Morgan, Julie Rooney
- **UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN):** Edward Machtinger, Shannon Thyne, Natalie Anz, Armen Carapetian, Jennifer Estrada, Paula Murphy, Jeff Sheehy, Nina Thompson, Emily Williams, Cheryl Wold

Members of the General Public: 30

Slides: The presentation slide deck can be found on the [ACEs Aware website](#).

Welcome and Remarks from the Office of the California Surgeon General

After Emily Williams, UCAAN CEO, reviewed the agenda, Diana Ramos, California Surgeon General, provided welcome remarks.

Dr. Ramos shared her priorities as California Surgeon General, which are:

- Mental Health
- Reproductive Health
- Adverse Childhood Experiences (ACEs) and Toxic Stress

Dr. Ramos shared information about the Office of the California Surgeon General programs funded by the \$4.7 billion Children & Youth Behavioral Health Initiative (CYBHI), which include:

- Trauma-Informed Educator Training (\$1 million)
- ACEs and Toxic Stress Public Awareness Campaign (\$24 million)

After her remarks, Dr. Ramos responded to a question about how the Office of the California Surgeon General can partner with the TIPC Committee and UCAAN to maximize impact of the public awareness campaign. Dr. Ramos asked TIPC Committee members to view her as a partner who could amplify their work.

Updates from the California Department of Health Care Services (DHCS)

Karen Mark, DHCS Medical Director, provided an update on the ACEs Aware initiative, based on data from the most recent quarterly data report, published in October 2022.

Highlights:

- Medi-Cal providers conducted more than **1.1 million ACE screenings** of approximately **899,000 unique Medi-Cal beneficiaries** across California between January 2020 and December 2021.
- **29,900 individuals** have completed the Becoming ACEs Aware in California training since December 2019. **12,100 of those are Medi-Cal providers** who have attested to completing the training and are eligible to bill for ACE screening.
- Before the training, 51% of participants were not screening any patients for ACEs.
- In March 2023, ACEs Aware will publish an annual data report that provides more in-depth data than the quarterly reports.

UCAAN Updates

Edward (Eddy) Machtinger, UCSF Professor of Medicine and Co-Principal Investigator of UCAAN, provided an update on the ACEs Aware grants program.

- Since 2020, ACEs Aware has distributed more than \$64.5 million in grant funding across California, making sure a significant amount of resources can be tailored to the local context.
- Two rounds of funding have been completed. Awardees for the third round of funding – known as PRACTICE (Preventing and Responding to ACE-Associated Health Conditions and Toxic Stress in Clinics through Community Engagement) – were announced in September.
- The 25 PRACTICE grantee teams, from 15 California counties, each include a clinic, community-based organization, and Medi-Cal Managed Care Plan.
- The goal of PRACTICE is to increase the resources available to primary care clinics and community-based organizations to effectively address ACEs, toxic stress, and health disparities.

Shannon Thyne, UCLA Chief of Pediatrics and Co-Principal Investigator of UCAAN, provided an update on enhancements being made to the Becoming ACEs Aware in California online training and learning platform.

- UCAAN has built a new Learning Management System (LMS) to host an improved Becoming ACEs Aware in California training as well as future training curricula and resources.
- The initial goal was to upgrade the user experience by addressing feedback from the community about barriers to completing the training.
- These improvements have helped create a more personal and enjoyable experience for the user and have made the training easier and quicker to complete.
- In the future, UCAAN will add new training modules and will make it easier to attest to having completed the training.
- UCAAN is actively reaching out to strategic partners and forming advisory groups to get more community input and increase the number of health care teams trained and the number of ACE screenings conducted across the state.
- Dr. Thyne invited TIPC Committee members to take a look at training.acesaware.org and to reach out to her with ideas for sharing the training more broadly with their networks.

Q&A

Kim Johnson commented (in the chat) that California Department of Social Services (CDSS) is glad to partner with managed care and others to facilitate connections to local child care intermediaries (i.e., child care resource and referral, Local Child Care Planning Councils, Alternative Payment Programs, etc.)

Mary Ann Hansen responded (in the chat), agreeing that CDSS is a critical partner for reaching the critical place that child care plays in creating an effective network of care.

Jon Goldfinger commented that it's a once-in-a-generation opportunity to leverage all these resources in California in terms of California Advancing and Innovating Medi-Cal (CalAIM), CYBHI, etc., and asked how those priorities are being applied or might be applied.

Eddy Machtinger responded that the two main aspects of realizing the potential of these funds is to actually support Medi-Cal patients and the organizations and communities taking care of them.

Goldfinger responded that the plans have to be responsible for their investments otherwise it's a windfall and the providers will remain frustrated.

Mary Ann Hansen wanted to second Goldfinger's thinking around the role of early childhood in the planning and strategizing to help managed care meet their goals and make the ACEs work as effective as possible. She said that in terms of cost investment it's one of the most effective areas for success.

Goldfinger commented (in the chat) that DHCS has done brilliantly to make Equity and Practice Transformation a focus and that now help should be provided to practices and plans to utilize the funds to prevent and mitigate ACEs sustainably.

Presentation: Update on the New Medi-Cal Benefits: Community Health Worker, Doula, and Dyadic Services

Lisa Murawski, Chief, Benefits Division, DHCS, presented slides that outlined new Medi-Cal benefits.

Highlights:

- Community Health Worker (CHW) Services:
 - Available starting in July 2022
 - Available in fee-for-service and managed care delivery systems
 - CHW services:
 - Health education
 - Health navigation
 - Screening and assessment
 - Individual support or advocacy
 - DHCS CHW webpage ([link](#))
- Doula Services:
 - Available starting January 1, 2023
 - Recently submitted the State Plan Amendments (on 11/07/22)
 - Available in fee-for-service and managed care delivery systems
 - Doula services are aimed at preventing perinatal complications and improving health outcomes for birthing parents and infants.
 - The benefit covers one extended initial visit, labor and delivery, and eight additional visits (throughout the prenatal and/or postpartum periods).
 - DHCS has ongoing workgroup meetings for the next couple years to monitor the progress.
 - DHCS Doula webpage ([link](#))
- Dyadic Services:
 - Available starting January 1, 2023

- Available in fee-for-service and managed care delivery systems
- Dyadic services are preventive behavioral health services for individuals ages 0 to 20 years and/or their caregivers.
- Family therapy for interparental conflict between caregivers of children ages 0-20 years.
- Dyadic caregiver services include the following assessment, screening, counseling, and intervention services provided to the provider:
 - ACE screening
 - Alcohol and drug screening, assessment, brief interventions and referral to treatment (SABIRT)
 - Brief emotional/behavioral assessment
 - Depression screening
 - Health behavioral assessments and interventions
 - Psychiatric diagnostic evaluation
 - Tobacco cessation counseling
- DHCS Dyadic Services Medi-Cal NewsFlash ([link](#))
- UCSF Dyadic Services one-pager (UCSF Center for Advancing Dyadic Care in Pediatrics) ([link](#))

Before the following Q&A session began, Emily Williams acknowledged the presence of long-time TIPC Committee member Richard Pan, who is the California state senator for the Sixth Senate District and will term out after 12 years of service. Williams expressed gratitude to Pan “for the landmark legislation you authored during your 12 years in the Senate, especially bills focused on reducing discrimination that leads to health disparities, increasing access to affordable healthcare, and making our schools and communities safer.”

Several people expressed gratitude to Pan, including:

- Surgeon General Ramos, who thanked Pan for his leadership on many levels, for the state, for physicians, health care providers, and expressed her confidence that he will continue to be a strong voice and advocate for children throughout California.
- DHCS Medical Director Mark, who echoed Ramos’s comments and talked about the wonderful effects of Pan’s legislation on children’s health. She expressed appreciation on behalf of DHCS for his commitment to ACEs Aware and to the health of people in California, especially children.

Pan expressed his appreciation for the TIPC Committee and the hard work being done to make ACEs Aware successful, and said he is looking forward to continuing the work in the future.

Q&A

Goldfinger commented on doulas and CHWs as key workforce to reduce burn out and wrap around families with culturally attuned care. He raised the issue that Federally Qualified Health Centers (FQHCs) have difficulty because of the-same day billing exclusion (they get paid per visit and can't claim the costs for well visit and mental health visit on same day) and asked if dyadic care will allow them to provide those services and not trigger the same-day exclusion.

Hansen commented (in the chat) that it would be transformative for rural healthcare and intergenerational and dyadic care if the same-day rule was changed.

Murawski responded that it's a broader issue; dyadic care does not change the same-day exclusion and the rules still apply in the FQHC setting.

Goldfinger suggested that there may be an opportunity with the PRACTICE grants to work with the MCPs to leverage the new Medi-Cal benefits.

Machtinger asked if providers can bill directly to fee-for-service, or directly to the managed care plans, ie, if you are not an FQHC if you can access these services or if there would be barriers.

Murawski responded that the answer was pretty much "yes" -- that other providers can bill for those services and that it depends on where the beneficiary is enrolled.

Mark said to keep in mind that the payments are pre-negotiated between the plan and providers. There are plenty of providers that still have fee-for-service arrangements with their plans and some are paid on a capitated basis.

Marti Baum commented that when she looks at the CHW manual it says there is no place of service restrictions and one of the things they wrestled with is the use of CHWs in hospitals, where all of the billing is by Diagnosis-Related Group (DRG). She asked if there was a workflow for that because they have struggled with it.

Murawski responded that in the development and launch of the benefits, it doesn't bring with it any changes to DRG or payment methodology. Those struggles to the

extent they exist would still remain. She added that the goal Baum expressed is the same goal of the department.

Baum commented that hospitalization is by far the most expensive thing that happens to a patient and without that link "we're kind of lost".

Goldfinger added that the outcomes in health equity would more than justify them to bill for these services.

Murawski said she would take this back to DHCS finance and think through some of these issues.

Public Comments

[LINK TO THE RECORDING ON YOUTUBE](#)

Comment 1

Deirdre Bernard-Pearl, MD

Pediatrician, Santa Rosa Community Health

Pediatric Faculty, Santa Rosa Family Medicine Residency

I'm a Pediatrician at a Federally Qualified Health Center, and I'm so glad to hear the discussion around how to bring additional ACEs-related resources to community clinics. Everyday, I experience the high need and inadequate access to mental health and behavioral health services for our clients and patients. My understanding is that community clinics have a long-standing challenge with recruitment and retention due to the very low salary ranges that we offer. I can appreciate that the state and the health plans would want accountability to specific targets via an incentive-based system, however if the system that is created has a high burden of data collection, there will be significant delays in realizing the potential benefits of these new funds. How might we deliver the funds efficiently to clinics for the more immediate recruitment and retention of licensed mental and behavioral health professionals?

Comment 2



Rev Leslie Peters RN (Public Health Nurse, at risk Perinatal & Maternal/Newborn clients)

Organization: the Brand with HEART, LLC (freelance Consultant, Trauma Informed Communication & Self-Literacy)

Good morning and thank you for all you do

I am new to California and am looking to become an active team player in the ACEs aware movement. I haven't yet developed a network here - any suggestions on where to focus attention to actively become involved?

I've created a Public Health Awareness campaign and a curriculum for leaders, those who serve and those families served. Effective execution is much bigger than one woman (lol) and am interested in collaboration.

Thank you!

Adjournment