



Trauma-Informed Primary Care (TIPC) Implementation Advisory Committee

November 16, 2022

Agenda

10:00 – 10:05 AM

Introduction & Meeting Objectives

- *Emily Williams, CEO, UCLA-UCSF
ACEs Aware Family Resilience
Network (UCAAN)*

10:50 – 11:00 AM

Q&A

10:05 – 10:30 AM

Welcome from the Office of the California
Surgeon General (CA-OSG)

- *Dr. Diana Ramos, California
Surgeon General*

11:00 – 11:20 AM

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

- *Lisa Murawski, Chief, Benefits
Division, DHCS*

10:30 – 10:35 AM

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

- *Dr. Karen Mark, Medical Director, DHCS*

11:20 – 11:40 AM

Q&A

11:40 – 11:50 AM

Public Comment

10:35 – 10:50 AM

UCAAN Update

- *Dr. Edward Machtinger, UCAAN Co-Principal
Investigator*
- *Dr. Shannon Thyne, UCAAN Co-Principal
Investigator*

11:50 AM – 12:00 PM

Next Steps

12:00 PM

Adjourn

Welcome Remarks

Dr. Diana Ramos

California Surgeon General



Building a Healthier California

Priorities & Opportunities

Diana E. Ramos, MD, MPH, MBA
California Surgeon General



Trauma-Informed Care Primary Care Implementation Task Force Meeting
November 16, 2022



PRIORITIES

- **MENTAL HEALTH**
- **REPRODUCTIVE HEALTH**
- **ADVERSE CHILDHOOD EXPERIENCES (ACES) & TOXIC STRESS**

PRIORITY



MENTAL HEALTH



CALIFORNIA YOUTH NEED SUPPORT

Mental health **leading cause of hospitalization** for children under 18 in California.¹

1 in 3 7th and 9th graders
1 in 2 11th graders experienced
chronic sadness.³

The rate of suicide among Black youth in California **doubled** between 2014 and 2020.²



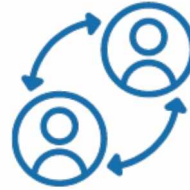
1. California Office of Statewide Health Planning and Development custom tabulation. "Hospital Discharges, by Primary Diagnosis." Sept. 2019. <https://www.kidsdata.org/topic/290/hospital-discharges-diagnosis/trend#fmt=238&loc=2&tf=5,108&ch=573&pdist=69>.
2. California Department of Public Health. "Suicide in California - Data Trends in 2020, COVID Impact, and Prevention Strategies." 2021. <https://www.psnuyouth.org/wp-content/uploads/2021/08/Suicide-in-California-Data-Trends-in-2020-COVID-Impact-and-Prevention-Strategies-Slide-Deck.pdf>.
3. Youth Mental Health and Supports: 2020-2021 California Snapshot, Project Cal-Well, UCSF

THE CHILDREN AND YOUTH (0-25) BEHAVIORAL HEALTH INITIATIVE

Five-year (2021-2026) \$4.7 B to transform the way California supports children, youth and families.



Advance Equity



Designed for Youth
by Youth



Start Early,
Start Smart



Center around
Children and Youth



Empower Families
and Communities



Right Time,
Right Place



Free of Stigma

LEADING CAUSES OF MORBIDITY AND MORTALITY AMONG YOUTH AND ADULTS

- Unintentional injuries and violence
- Sexual behaviors
- Alcohol and other drug use
- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity

26.6%

**2016-2018 rate of
unintended
pregnancies in
California**

National Youth Risk Behavior Survey, 2019;
<https://www.cdc.gov/healthyyouth/data/yrbs/results.htm>

Maternal and Infant Health Assessment (MIHA) Survey, 2016-2018;
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/default.aspx>

PRIORITY



REPRODUCTIVE HEALTH



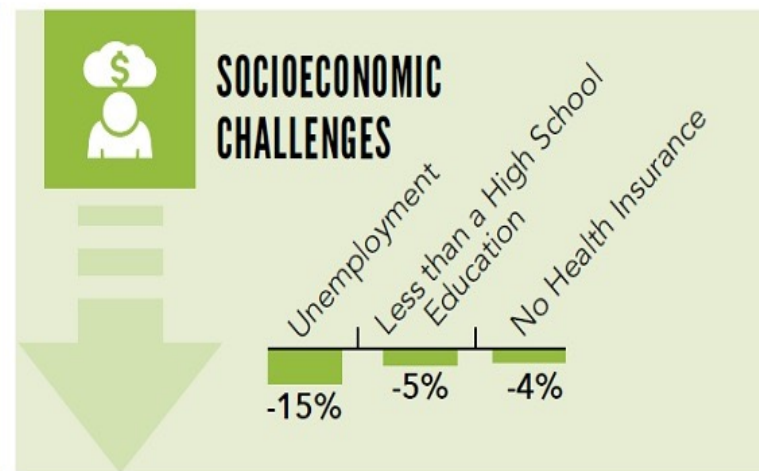
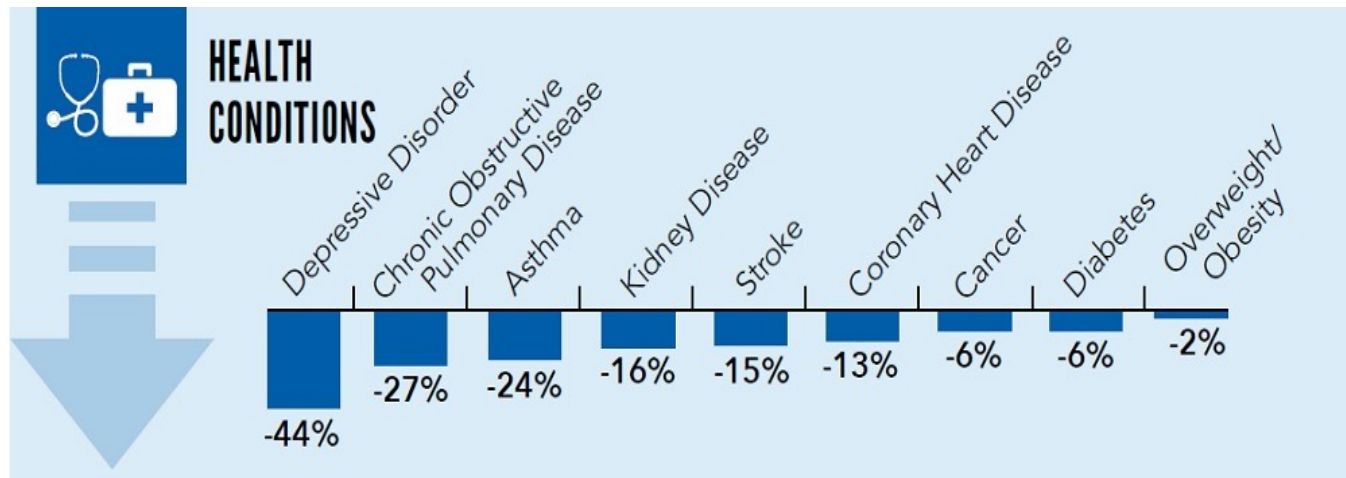
PRIORITY



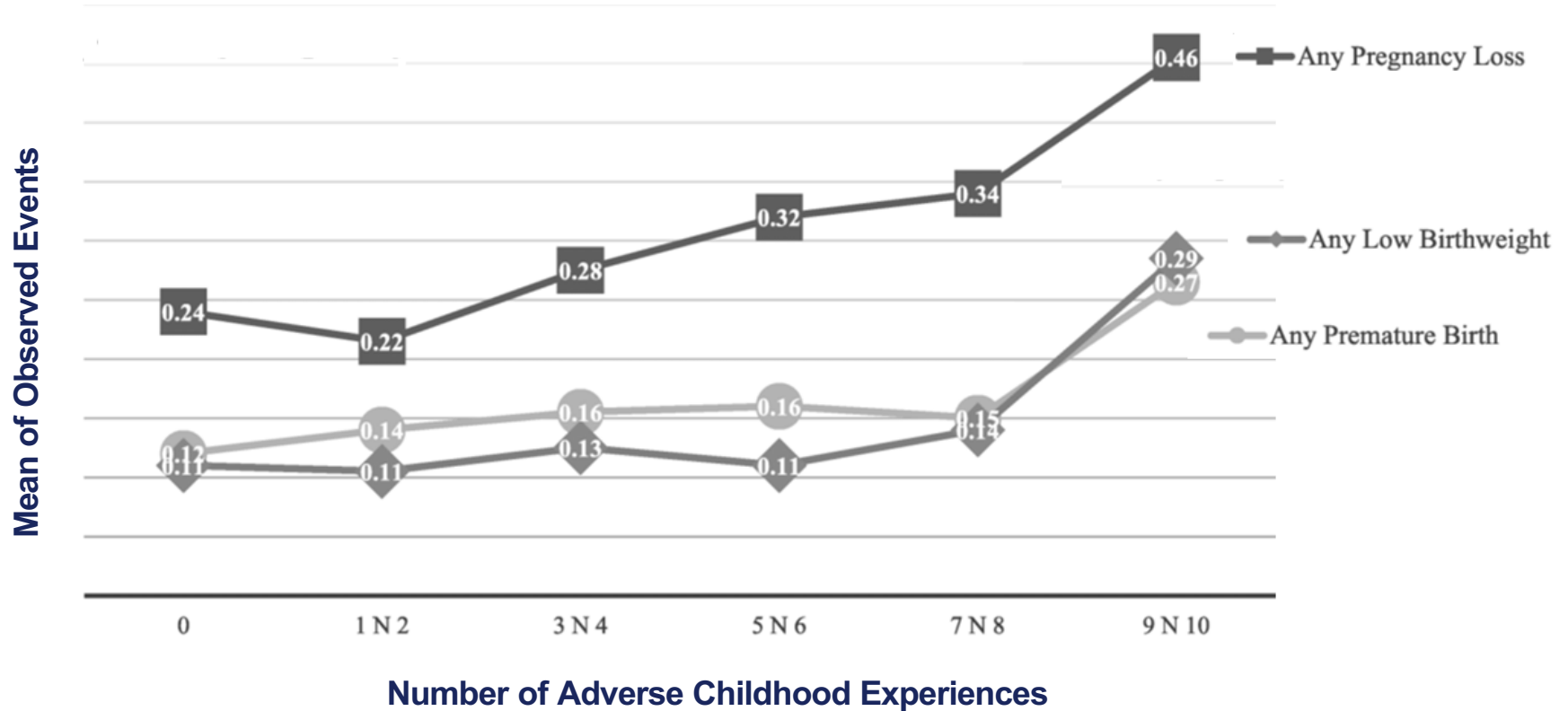
**ACEs
&
TOXIC STRESS**

**Key to
Prevention**

ADDRESSING ACES IN CHILDHOOD CAN DECREASE



ACEs AND PERINATAL OUTCOMES



Mersky, J.P., Lee, C.P. Adverse childhood experiences and poor birth outcomes in a diverse, low-income sample.
BMC Pregnancy Childbirth **19**, 387 (2019). <https://doi.org/10.1186/s12884-019-2560-8>



ADDRESSING ACES & TOXIC STRESS: PROGRESS TO DATE

1M+

**SCREENINGS of
899,000 unique
Medi-Cal
beneficiaries**

26K+

**INDIVIDUALS
TRAINED**

12K+

**MEDI-CAL
CLINICIANS
TRAINED**

As of October 2022

Source: ACES Aware; <https://www.acesaware.org/blog/october-2022-data-report-899000-medi-cal-beneficiaries-screened-for-aces/>

\$1M TRAUMA INFORMED EDUCATOR TRAINING



Focus

- Recognize & Respond
- 0-12th grade personnel
- Voluntary
- Stakeholder informed

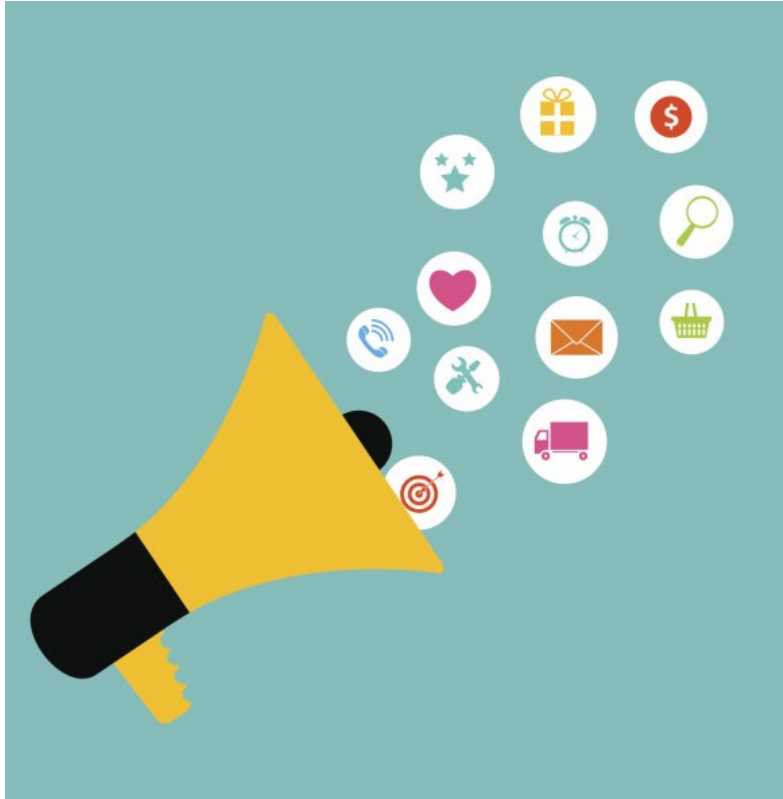


Online

- 2hr modules
- 0-5yo, 5-11yo, 12-18yo
- English & Spanish

Launch: 2023

\$24M ACES & TOXIC STRESS PUBLIC AWARENESS CAMPAIGN



Focus

- Economically disadvantaged
- LGBTQ+
- Rural communities
- Communities of color
- Immigrants/refugee
- Justice and welfare-involved youth
- Consumer informed

Launch: 2023



THANK YOU

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DHCS Update

Dr. Karen Mark
Medical Director, DHCS



By the Numbers: Screening



Medi-Cal Claims for ACE Screenings

Medi-Cal clinicians conducted more than
1,153,000
ACE screenings of
899,000
unique Medi-Cal beneficiaries.

Of the **752,000** unique Medi-Cal beneficiaries
ages 0 to 20 screened for ACEs,

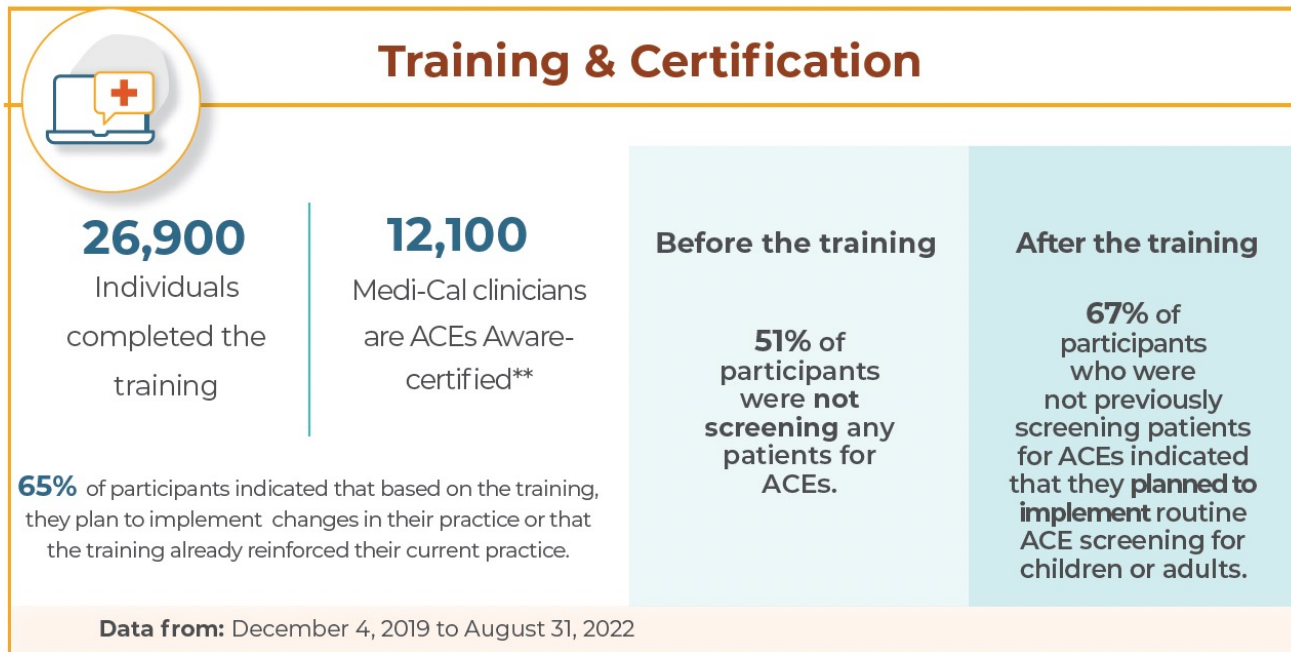
5% had an ACE score of 4 or more.

Of the **147,000** unique Medi-Cal beneficiaries
ages 21 to 64 screened for ACEs, **14%** had an
ACE score of 4 or more.*

Data from: January 1, 2020 to December 31, 2021

Source: [October 2022 Data Report](#)

By the Numbers: Training



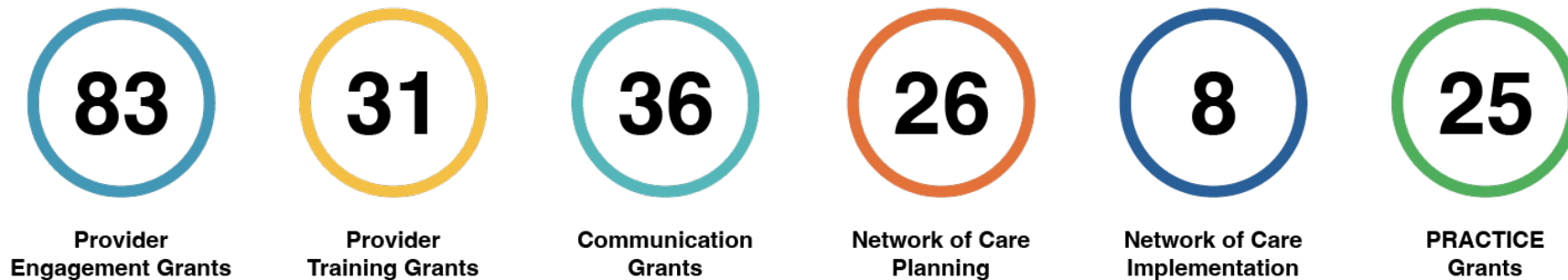
Source: [October 2022 Data Report](#)

UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN)

UCAAN Update

- PRACTICE Grant Program (Eddy Machtinger)
- Becoming ACEs Aware in California training (Shannon Thyne)

ACEs Aware has distributed more than \$64.5 million in grants across California since 2020.



PRACTICE

Preventing and Responding to ACE-Associated Health Conditions and Toxic Stress In Clinics through Community Engagement


Goal:

- Increase the resources available to primary care clinics and community-based organizations to effectively address ACEs, toxic stress, and health disparities

Participating Entities:

- Clinics
- Community-Based Organizations
- Medi-Cal Managed Care Plans

Becoming ACEs Aware in California training



Get Trained Today!


Be part of a first-in-the-nation, statewide effort to screen for Adverse Childhood Experiences (ACEs) and to treat the impact of toxic stress.

Becoming ACEs Aware in California

The **Becoming ACEs Aware in California** training is a free, two-hour core training to learn about ACEs, toxic stress, screening, risk assessment, and evidence-based care to effectively intervene. The training is available to anyone. Clinical providers also have the opportunity to submit a [DHCS Training Attestation form](#) after completion of this training, so that they can bill Medi-Cal for screenings.

- Developed by State of California
- Self-paced
- Professional credit available
- 2 hours

[GO TO THE TRAINING](#)





Becoming ACEs Aware in California Core Training

You're on your way! To finish the training, complete the steps below, in order. Once completed, you are eligible for [continuing education credit](#) for the core training, as well as any additional cases (from Steps 2 and 3) that you complete.



Step 1: Watch the introductory video

Watch the 11-minute video with former California Surgeon General, Nadine Burke Harris, MD, MPH.

» Go to step 1



Step 2: Complete one introductory case

Complete one of two introductory cases, either Case 1 (featuring a child patient) or Case 2 (adult patient), as written by the Office of the California Surgeon General with advisement from the California Surgeon General's Clinical Advisory Subcommittee.

» Go to step 2

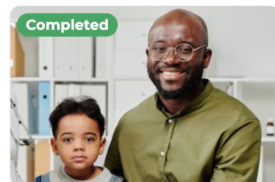


[Becoming ACES Aware in California](#) / Step 2: Introductory Cases

✓ Introductory cases

Please complete one of the two cases below. If you complete both, you will earn additional [continuing education credit](#).

📖 Learn about or review [how to navigate through a case](#)



Completed

Case #1: 33-Month-Old Boy with Poor Growth

Defines ACEs and toxic stress, explains how to administer the PEARLS, applies a clinical algorithm to assess risk of toxic stress physiology, and incorporate screening results into clinical care and follow-up plans, and identifies the Medi-Cal billing codes. Recommended for pediatric and family medicine providers

🔄 Review case



Case #2: 43-Year-Old Woman With Hypertension and Pre-Diabetes

Defines ACEs and toxic stress, explains how to administer the ACE Questionnaire for Adults, applies a clinical algorithm to assess risk of toxic stress physiology, and incorporate screening results into clinical care and follow-up plans, and identifies the Medi-Cal billing codes. Recommended for providers who care for adult patients (including internal medicine, family medicine, obstetrics/gynecology)

ACEs: Case 1

17% COMPLETE

Introduction



Exam Room



Care Assessment and Treatment Plan



Case Resolution



Post-Case Test



Summary



Section 2 of 6

Exam Room

CASE CONTINUES

Paul is a new patient. Dr. Diaz reviews the records in the chart from his pre preparation to go into the exam room.

Paul was born full-term via a normal spontaneous vaginal delivery, with no complications. He has been meeting all developmental milestones. He was born at the 25th percentile for weight, 25th percentile for head circumference, and at the 50th percentile for height but has since crossed the 3rd percentile for all three (**Figure 3**). He was diagnosed with failure to thrive and was prescribed nutritional supplementation with Pediasure. His physical exam was unremarkable. Paul was prescribed nutritional supplementation with Pediasure.

Figure 3. Paul's Growth Chart.





My Learning

Congratulations, you did it! You successfully completed the **Becoming AEs Aware in California** core training! Now it's time to claim your credit. You can also take more cases, for additional continuing education credit.

Certificate

Your completion certificate is below. Further down this page, you will be able to download and print out credit (per applicability).



Becoming AEs Aware Certificate of Completion

This is an official certificate recognizing the completion of the Becoming AEs Aware core training. You have completed all of the steps needed to achieve this goal. We congratulate you!

[Download certificate](#)

Attestation (if applicable)

If you are a licensed provider, please consider attesting to the State of California. By attesting, you will be able to bill for AEs screenings at your practice.

I am a licensed provider and I wish to attest!

Professional credit

Request professional credit by using the requestor below. Simply choose the type of credit you want and then download your credit certificates as they appear in the space to the right (or below, if you're on mobile).

Overview

AAPA

AMA

Downloading credit

Here is where you can download professional credit for any of the types listed.

Q&A

Department of Health Care Services: Update on New Medi-Cal Benefits

Lisa Murawski
Chief, Benefits Division, DHCS

Community Health Worker Services

Community Health Worker (CHW) Services Benefit

- » Available starting July 1, 2022.
- » State Plan Amendment 22-0001 approved by CMS on July 26, 2022.
- » Available in fee-for-service and managed care delivery systems.
- » CHWs include Promotores, Community Health Representatives, Navigators, and other non-licensed public health workers, including Violence Prevention Professionals.
- » CHWs are trusted members of their community who help address chronic conditions, preventive health care needs, and health-related social needs.

CHW Services

- » **Health education** to promote the beneficiary's health or address barriers to health care, including providing information or instruction on health topics.
- » **Health navigation** to provide information, training, referrals, or support to assist beneficiaries to access health care, understand the health care system, or engage in their own care and connect to community resources.
- » **Screening and assessment** that does not require a license and that assists a beneficiary to connect to appropriate services to improve their health.
- » **Individual support or advocacy** that assists a beneficiary in preventing a health condition, injury, or violence.

Doula Services

Doula Services

- Available starting January 1, 2023.
- State Plan Amendment 22-002 submitted to CMS on November 7, 2022.
- 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.
- Doulas offer various types of support, including perinatal and labor support and guidance; health navigation; evidence-based education, including development of a birth plan; and linkages to community-based resources.

Doula Services

- Doula services encompass health education, advocacy, and physical, emotional, and nonmedical support provided before, during, and after childbirth or end of a pregnancy, including throughout the postpartum period.
 - Includes coverage during miscarriage and abortion.
- Benefit covers one extended initial visit, labor and delivery, and eight additional visits (throughout the prenatal and/or postpartum periods).

Dyadic Services

A decorative graphic consisting of several overlapping, wavy lines in various shades of purple, extending horizontally across the lower portion of the slide.

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 Services

- » Dyadic services are preventive behavioral health services for recipients ages 0 to 20 years and/or their caregivers. Medi-Cal reimburses the following dyadic services for recipients ages 0 to 20 years, when billed to the child's Medi-Cal ID with the U1 modifier:
 - » Dyadic Behavioral Health (DBH) Well-Child Visits (H1011)
 - » Dyadic Comprehensive Community Support Services, per 15 minutes (H2015)
 - » Dyadic Psychoeducational Services, per 15 minutes (H2027)
 - » Dyadic Family Training and Counseling for Child Development, per 15 minutes (T1027)

Dyadic Caregiver Services

- » Dyadic caregiver services include the following assessment, screening, counseling, and brief intervention services provided to the caregiver:
 - » ACEs 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

References

- » [DHCS web page: Community Health Workers](#)
- » [DHCS web page: Doulas](#)
- » [Medi-Cal NewsFlash: Dyadic Services Added as Medi-Cal Benefits and Psychotherapy Updates](#)

Q&A

Public Comment

Meeting Survey

TIPC committee members:

Please take a few minutes to fill out today's meeting evaluation form

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



Adjourn

Email questions or comments to:
ucaan@ucla.edu

