Trauma-Informed Primary Care (TIPC) Implementation Advisory Committee

June 15, 2023
10:00 – 10:05 AM
Introduction & Meeting Objectives
- Emily Williams, CEO, UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN)

10:05 – 10:25 AM
Updates from the Office of the California Surgeon General (CA-OSG)
- Julie Rooney, Director of Communications, OSG
- Berit Mansour, Senior Communications Strategist, OSG

10:25 – 10:30 AM
Updates from the California Department of Health Care Services (DHCS)
- Dr. Karen Mark, Medical Director, DHCS

10:30 – 11:00 AM
UCAAN Update
- Dr. Edward Machtinger, UCAAN Co-Principal Investigator
- Dr. Mikah Owen, UCAAN Senior Director, Clinical & Academic Programs, Health Equity

11:00 – 11:15 AM
Presentation: UCAAN Innovation Lab (iLab)
- Dr. Shannon Thyne, UCAAN Co-Principal Investigator
- Dr. Dayna Long, UCAAN Adviser

11:15 – 11:25 AM
Q&A

11:25 – 11:40 AM
Discussion

11:40 – 11:50 AM
Public Comment

11:50 AM – 12:00 PM
Next Steps

12:00 PM
Adjourn
The Children and Youth Behavioral Health Initiative (CYBHI) has allocated the Office of California Surgeon General $1 million to develop a trauma-informed training for early care and education personnel.
SAFE SPACES:
Foundations of Trauma-Informed Practice for Educational and Care Settings
LAUNCHING WEDNESDAY, JULY 12!
SAFE SPACES:
FOUNDATIONS OF
TRAUMA-INFORMED PRACTICE
FOR EDUCATIONAL AND CARE
SETTINGS

Goal 1: Provide greater awareness of the impact of stress and trauma on health, development and learning.

Goal 2: Provide key mindsets and strategies to respond with trauma-informed principles and help create the conditions for safe and supportive learning environments for everyone.
SAFE SPACES

Training helps adults recognize and respond to signs of trauma and stress.

Professional Learning Modules Launch Summer 2023

In Summer 2023, the Office of the California Surgeon General will release a free, online professional learning module designed to help early care and education personnel respond to trauma and stress in children. The training has two goals:

1. Online
2. 2 Hours
3. 3 Age Groups
4. Self-Paced
WHOLE STAFF APPROACH

- Educators
- Early Care Providers
- Classified Staff
Age: 6 years old (kindergarten)

Background: Maya uses the pronouns ‘she’ and ‘her’. She lives with her grandma and dad who are always loving and supportive. Maya is very helpful. She always works in the garden with her grandma. Maya prefers spending time outdoors.

Interests: Maya plays soccer and T-ball and enjoys being active. Maya loves physical education and art.

Activators: Maya has difficulty ending a preferred activity without prior warning.

Stress Response: Maya becomes upset, cries, stomps her feet and yells.

Kay: Wait, so if a student throws something on the bus, they shouldn’t be punished?
Nia: Or if they run away from their teacher?
Tay: What if they physically hurt another student?
SAFE SPACES CURRICULUM

Sample Lesson Topics

• Identifying Activated Stress Responses
• Understanding Your Role in Promoting Resilience and Healing
• Responding to Students Who Are Stressed
• Regulate, Relate and Reason
• Self-Regulation for Adults: Pause, Notice, Name
• Conditions that Support Well-Being

The training is designed to engage the learner with examples, strategies and practices that vary according to developmental stage served.
ALIGNMENT WITH ACES AWARE

- Highlights importance of cross-sector collaboration.
- Increases awareness of ACEs and toxic stress.
- Connects individuals with additional resources and services as needed.
STAKEHOLDER ENGAGEMENT

- California AfterSchool Network (CAN)
- California Department of Education
- California Teachers Association
- California Safe Schools For All (part of CDPH)
- CalVolunteers (embedded volunteers in schools)
- Child Care Resource Center
- County Offices of Education
- First Five California
- Hanna Institute
- Healthy Steps/Zero to Three
- Inner Explorer
- State Board of Education
EXPERT REVIEW PANEL

• 12 members
• Experts in education, teacher training, youth trauma, brain development, mental health, early childhood, child development, educational equity
• Youth voice includes one high school student and one college student
BETA TESTING COMPLETE

More than 200 testers.

1. **Field Partners**
   A small but representative group to provide feedback regarding the content, organization, flow, etc. of the module itself.

2. **User Testers**
   Provided feedback regarding the functionality of the module (clicks, visual appeal, ease of use, accessibility, etc.).

3. **Soft Launchers**
   A large group of testers designed to take the module at once (like a participant) and complete a short survey at the end. Testers were a representative sample of CA early learning/care providers and education personnel.

4. **Expert Review Panel**
   Provided feedback on all of the above - both within the alpha module itself as well as at the upcoming Expert Review Panel meeting.

5. **Dr. Nadine Burke Harris**
   ACEs pioneer and California’s First Surgeon General Dr. Nadine Burke Harris provided feedback on all of the above.
97% of participants strongly agreed or agreed that the training improved their knowledge base.

99% of participants strongly agreed or agreed that the material provided useful information for their work.

99% of participants strongly agreed or agreed that the content and objectives reflected the diversity of early learning and care providers and school personnel in California.

94% of participants strongly agreed or agreed that they will reference/apply the material regularly for their work.

96% of participants strongly agreed or agreed that they would recommend the training to a fellow colleague or educational/care personnel.
CAMPAIGN LAUNCH & BEYOND

- Press Release + Thunderclap Social Post
- Media & Stakeholder Outreach
- Early Care & School Tour
- Fall/Winter 2023 Progress Report

It's almost launch day!
ACES AND TOXIC STRESS

Campaign Update
ACES AND TOXIC STRESS CAMPAIGN

$24M allocated through Children and Youth Behavioral Health Initiative

CAMPAIGN GOALS:

• Promote a broad understanding of ACEs, toxic stress, and their impacts.
• Inspire healing and hope among those who have experienced ACEs.
• Provide support to parents and caregivers in raising resilient children and creating positive experiences for them,
• While also supporting older youth with the tools to enhance self care and reduce stress.
FOCUS ON COMMUNITIES MOST IMPACTED BY ACES:

- Economically disadvantaged communities
- LGBTQ+ communities
- Communities of color, immigrants, and refugees
- Rural communities
- Justice and system-involved youth
ADVISORY PANELS INFORM THE CAMPAIGN

Academic Advisory Panel  Community Advisory Panel  Youth Advisory Panel
ACES AND TOXIC STRESS CAMPAIGN

PROGRESS TO DATE + UPCOMING MILESTONES

May 2023: In-Person Kickoff Meeting
June 2023: Onboard Panel Experts
November 2023: Campaign Soft Launch
Spring 2024: Campaign Launch
HOW TO HELP AMPLIFY

• Share the website/spread the word! *(Partner deck and talking points pending)*
  - Learn more at osg.ca.gov/mentalhealth/

• Encourage clinicians to become ACEs Aware certified

• Encourage OSG newsletter sign-ups *(to stay informed on campaign updates)*

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ACES AND TOXIC STRESS PUBLIC AWARENESS CAMPAIGN

The CA-OSG is developing a $24 million public awareness campaign on ACEs and toxic stress, set to launch in 2023. The campaign will aim to increase public understanding of ACEs and toxic stress, emphasizing that toxic stress is a treatable health condition and there are resources available for screening, treatment and prevention. The campaign will share practical strategies for how parents and caregivers can support children and youth who are experiencing stress and adversity – by helping them cope in ways that can turn off their stress response systems. Leading the effort from the CA-OSG is Julie Rooney, Director of Communications.
THANK YOU!

Questions?
Julie.Rooney@osg.ca.gov
DHCS Updates
By the Numbers: Screening

Medi-Cal Claims for ACE Screenings

Medi-Cal clinicians conducted more than 1,544,250 ACE screenings of 1,113,590 unique Medi-Cal members.

Of the 919,980 unique Medi-Cal members ages 0 to 20 screened for ACEs, 5% had an ACE score of 4 or more.

Of the 193,610 unique Medi-Cal members ages 21 to 64 screened for ACEs, 14% had an ACE score of 4 or more.*

Data from: January 1, 2020 to June 30, 2022

Source: May 2023 data report
By the Numbers: Training

Training and Certification

- **29,160** Individuals completed the training
- **13,150** Medi-Cal clinicians are ACEs Aware-certified**

67% of participants indicated that based on the training, they plan to implement changes in their practice or that the training already reinforced their current practice.

Before the training:

52% of participants were not screening any patients for ACEs.

After the training:

57% of participants who were not previously screening patients for ACEs indicated that they planned to implement routine ACE screening for children or adults.

Data from: December 4, 2019 to March 31, 2023

Source: May 2023 data report
UCAAN Updates
UCAAN Updates

- Dr. Eddy Machtinger
  - UCAAN's Vision for Health Care Transformation

- Dr. Mikah Owen
  - Clinical and Academic Program Updates

- Drs. Shannon Thyne and Dayna Long
  - Presentation on UCAAN Innovation Lab (iLab)
UCAAN's Vision for Health Care Transformation

A trauma-informed health care system that partners with the community to be a powerful protective factor that prevents and interrupts the impact of adversity and toxic stress on health and wellbeing and achieves health equity for current and future generations.
ACEs Aware works to achieve this transformation by:

- Training of Clinical Teams
- Clinical Practice Transformation
- Trauma-Informed Networks of Care
- Alignment of Systems and Resources
- Integration of Emerging Best Practices
Clinical and Academic Program Updates
Clinical and Academic Program Updates

- Training for Clinical Teams
- Clinical Practice Transformation
- Trauma-Informed Networks of Care
- Alignment of Systems and Resources
- Integration of Emerging Best Practices
Training for Clinical Teams
Becoming ACEs Aware in California

Take the Becoming ACEs Aware in California Training
2023 Implementation with Intention Webinar Series

Webinar 1: January 26, 2023
Getting Your Practice Ready

Webinar 2: February 23, 2023
Form Your Team and Get Buy-In

Webinar 3: March 23, 2023
Determine Who and How You Will Screen

Webinar 4: April 27, 2023
Prepare Your Clinical Response

Webinar 5: May 25, 2023
Prepare Your Team and Clinic Operations

Webinar 6: June 22, 2023
Marin Community Clinics Case Study

Implementation with Intention
WEBINAR SERIES

All webinars will be held on the fourth Thursday of the month from 12-1 pm.

Continuing Medical Education credit will be available for each session.

UCAAN
Implementation Series Feedback

• **Implementation with Intention** Series
• 748 live participants across first five webinars
• 1,559 registrants across first five webinars
• Webinar 4 data example:

> “It's marvelous and super helpful.”
> “Excellent training.”
> “Aces for now!”

2 Please select the extent to which you agree/disagree that the training achieved the following:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
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<tbody>
<tr>
<td>The training enhanced my current knowledge base.</td>
<td>60%</td>
<td>35%</td>
<td>5%</td>
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<td>2%</td>
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<td>The educational material provided useful information for my practice.</td>
<td>72%</td>
<td>26%</td>
<td>2%</td>
<td>1%</td>
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<td>The content was evidence-based.</td>
<td>70%</td>
<td>30%</td>
<td>13%</td>
<td></td>
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<tr>
<td>The facilitators were effective in presenting the material.</td>
<td>70%</td>
<td>30%</td>
<td>13%</td>
<td></td>
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<tr>
<td>The training provided appropriate and effective opportunities for active learning (e.g., case studies, discussion, Q&amp;A, etc.)</td>
<td>58%</td>
<td>35%</td>
<td>7%</td>
<td>3%</td>
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<td>The opportunities provided to assess my own learning were appropriate (e.g., questions before, during or after the training)</td>
<td>58%</td>
<td>33%</td>
<td>7%</td>
<td>3%</td>
<td>2%</td>
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2023-2024 Training Expansion Plan

Increase offerings to four monthly webinar training series (host four webinar trainings per month)

1) **Implementation with Intention**: Continue the series and focus on broad tools/strategies for ACE screening and response.

2) **Special Series**: Limited series that focus on how to apply tools/strategies in unique communities and settings.

3) **Science and Innovation** (Grand Rounds): Focus on the latest and greatest in ACE science.

4) **Community Spotlight**: Focus on elevating the voices of the community including constituent groups, community clinics, grant recipients, etc.
E-learning Courses
Implementation Guide, Stages 1 and 2

- Provides learners an in-depth tutorial on how to most effectively use the ACEs Aware Implementation Guide in their clinic/setting.

- Interactive features and distilled content provide a more user-friendly experience.

ACE Screening Implementation How-To-Guide

This interactive graphic is designed to help you learn about the stages of the ACE Screening Implementation How-To-Guide. To interact with the graphic, hover over each label to reveal more information about the corresponding stage. When you’re done exploring, click the 'Continue' button to move to the next portion of the course.
Stress Busters

• The Stress Busters course comprises eight modules, animated videos, and interactive learning features.

• Learners will be able to navigate through the entire course or select specific modules to complete based on their interests.

• Course is targeting all members of the health care team, and content is scaled accordingly.
Prevention of Burnout for Health Care Teams

• This course will focus on strategies from both a systems level and individual level to prevent burnout in the context of ACE screening and trauma-informed care.

• Course being developed in response to consistent requests from end-users and strategic partners.
ACEs Aware Learning Center
ACEs Aware Learning Center

Investment in Educational Infrastructure

- Support for various training modalities
  - Live, recorded, interactive, self-paced, etc.
- Tailored user-experience and learning plans
- Content increasing exponentially in FY23-24
- Ability to host trainings on behalf of key partners

Continuing Education Credits

- Pursuing ability to accredit trainings for ourselves and key partners through Joint Accreditation
- Currently able to guide key partners with applications for accreditation through the Postgraduate Institute of Medicine

training.acesaware.org
Community Councils

- Evaluation and Evidence Advisory Roundtable (EAR)
- Community Council
- Patient Advisers
- Youth and Young Adult Council
Clinical Practice Transformation
Pilot Projects

Goal

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

Campuses:

• UCLA and UCSF

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)
<table>
<thead>
<tr>
<th>UCAAN Pilot Projects</th>
<th>PIs</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Enhancing Trauma-Informed Care and ACE Screening Response Among Pediatricians, Health Care Leaders, Trainees, and Staff</td>
<td>Moira Szilagyi</td>
<td>UCLA</td>
</tr>
<tr>
<td>Testing a Scalable Model for ACEs-Related Care Navigation via 211 Telephone-Based Services</td>
<td>Paul Chung, Rebecca Dudovitz</td>
<td>UCLA, Kaiser</td>
</tr>
<tr>
<td>Trauma-Informed Care on the Pediatric Ward: Applying ACEs Aware Strategies to the Inpatient Medical Setting</td>
<td>Maggie Kozman</td>
<td>Harbor-UCLA</td>
</tr>
<tr>
<td>Mitigating the Toxic Stress Response in Patients with ACE-Associated Health Conditions: Obesity Management in a Community Clinic</td>
<td>Angela Venegas-Murillo</td>
<td>UCLA, Charles Drew Univ, Harbor-UCLA, Humprey CHC (LA County DHS)</td>
</tr>
<tr>
<td>The Harbor-UCLA Resilience Bridge: ACEs Aware Training, Education, and Intergenerational Intervention in Prenatal, Pediatric, and Family Medicine</td>
<td>Adam Schickedanz</td>
<td>Harbor-UCLA</td>
</tr>
<tr>
<td>Mitigating the Toxic Stress Response in Patients with ACE-Associated Health Conditions: Obesity Management in a Specialty Clinic Setting</td>
<td>Alma Guerrero</td>
<td>UCLA</td>
</tr>
<tr>
<td>Connecting with Nature to Mitigate the Toxic Stress Response</td>
<td>Candace Gragnani, Nooshin Razani</td>
<td>UCLA, UCSF</td>
</tr>
<tr>
<td>Mitigating the Toxic Stress Response in Patients with ACE-Associated Health Conditions: ACEs Aware Diabetes Care in a Safety-Net Family Medicine Clinic</td>
<td>Heather Schickedanz, John Cheng, Monica Hau Le</td>
<td>Harbor-Lomita</td>
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<tr>
<td><strong>Virtual Meditation Sessions as a Response to ACEs</strong></td>
<td>Laura Figueroa Phillips</td>
<td>Rancho Los Amigos, Harbor-UCLA, Olive View-UCLA</td>
</tr>
<tr>
<td><strong>Mitigating the Toxic Stress Response in Patients with ACE-Associated Health Conditions: Specialized Management for Children with Asthma</strong></td>
<td>Kaitlin Hall, Sande Okelo</td>
<td>UCLA, Olive View-UCLA, High Desert CHC</td>
</tr>
<tr>
<td><strong>Bringing ACEs Science into the Perinatal Setting through “Support Sisters”</strong></td>
<td>Melanie Thomas, Margaret Handley</td>
<td>UCSF Psychiatry and Epidemiology</td>
</tr>
<tr>
<td><strong>Strategies to Integrate ACE Screening into Existing Screening Workflows</strong></td>
<td>Danielle Hessler, Laura Gottlieb</td>
<td>UCSF, SIREN</td>
</tr>
<tr>
<td><strong>Addressing the Health Impact of ACEs and Toxic Stress in California’s Farmworker Communities</strong></td>
<td>Lisa James, Eddy Machtinger</td>
<td>Futures without Violence; UCSF; Alianza Nacional de Campesinas; Líderes Campesinas</td>
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<tr>
<td><strong>Developing a Whole Family Wellness Approach to Trauma-Informed Health Care</strong></td>
<td>Katy Davis, Lisa Jaycox</td>
<td>UCSF Women’s HIV Program, RAND</td>
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<tr>
<td><strong>Understanding the Impact of ACE Screening Reimbursement Policy</strong></td>
<td>Josh Breslau</td>
<td>UCSF, RAND, CCHE</td>
</tr>
<tr>
<td><strong>A Study of Patient-Provider Dyads in Primary Care</strong></td>
<td>Anita Hargrave</td>
<td>UCSF, San Francisco Veterans Admin. Health System</td>
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</tbody>
</table>
Trauma-Informed Networks of Care
Growing Networks of Care in Communities

A network of care is a group of interdisciplinary health, education, and human service professionals, community members, and organizations.

Supports families by providing access to evidence-based “buffering” resources and supports.

Helps to prevent, treat, and heal the harmful consequences of toxic stress.
Alignment of Systems and Resources
PRACTICE Goals

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

Partnerships

• Strengthen partnerships to screen for ACEs in order to identify clinical risk for and respond to toxic stress.

Services Development

• Develop sustainable, practical, community-informed, and evidence-based services that target toxic stress physiology and ACE-Associated Health Conditions, and support the prevention of ACEs and toxic stress.

Workforce Development

• Build a sustainable workforce to support ACE screening, toxic stress response, and prevention of ACEs, toxic stress, and ACE-Associated Health Conditions.
The 25 grantee teams, from 15 California counties, serve a wide range of diverse patient populations.
Integration of Emerging Best Practices
Opportunities to Treat Toxic Stress

Rachel Gilgoff, MD, FAAP\(^5\) \(^6\); Tanya Schwartz, MPP, MSW\(^6\); Mikah Owen, MD, MPH, FAAP\(^6\); Devika Bhushan, MD, FAAP\(^6\); Nadine Burke Harris, MD, MPH, FAAP\(^6\)

**Prevent/Address ACEs & Other Stressors (External Events and Environment)**
- Provide public education about ACEs, other stressors, and toxic stress prevention
- Address current safety and unmet social needs
- Prevent and interrupt ACEs and other risk factors for toxic stress, including racism and discrimination
- Collaborate across sectors: health care, public health, early childhood, education, social services, justice, and others
- Advocate for proactive public policies and reform deleterious ones
- Implement trauma-informed care principles

**Treat Toxic Stress Physiology (Internal Biology)**
- Address neurologic, endocrine, immune, metabolic, and genetic disruptions
- Provide patient education about toxic stress and strategies to regulate the stress response: supportive relationships, quality sleep, balanced nutrition, physical activity, mindfulness practices, and mental health
- Train providers on clinical interventions
- Engage researchers to further develop biomarkers and therapeutic interventions

**Improved health**
- Physical
- Mental
- Emotional
- Developmental
- Cognitive
- Relational
- Behavioral
Addressing Adverse Childhood and Adult Experiences During Prenatal Care

Sara Johnson, MD, Nadine A. Kasparian, PhD, Arlene S. Cullum, MPH, Tracy Flanagan, MD, Carolyn Ponting, PhD, Leslie Kouvalinski, MS, and Eliot K. Main, MD

Adverse childhood and adult experiences can affect health outcomes throughout life and across generations. The perinatal period offers a critical opportunity for obstetric clinicians to partner with patients to provide support and improve outcomes. This article draws on stakeholder input, expert opinion, and available evidence to provide recommendations for obstetric clinicians’ inquiry about and response to pregnant patients’ past and present adversity and trauma during prenatal care encounters. Trauma-informed care is a universal intervention that can proactively address adversity and trauma and support healing, even if a patient does not explicitly disclose past or present adversity. Inquiry about past and present adversity and trauma provides an avenue to offer support and to create individualized care plans. Preparatory steps to adopting a trauma-informed approach to prenatal care include initiating education and training for practice staff, prioritizing addressing racism and health disparities, and establishing patient safety and trust. Inquiry about adversity and trauma, as well as resiliency factors, can be implemented gradually over time through open-ended questions, structured survey measures, or a combination of both techniques. A range of evidence-based educational resources, prevention and intervention programs, and community-based initiatives can be included within individualized care plans to improve perinatal health outcomes. These practices will be further developed and improved by increased clinical training and research, as well as through broad adoption of a trauma-informed approach and collaboration across specialty areas.

(Obstet Gynecol 2023;141:161–167)
DOI: 10.1097/OGC.0000000000002199

Racism and Discrimination

Other Stressors

Adverse Childhood Experiences (ACEs)

Adverse Adult Experiences (AAEs)

e.g. race, ethnicity, language or gender identification

e.g. physical or sexual abuse, neglect, or household challenges

e.g. housing and food insecurity, lack of health care access, family stress, ecologic stress (fire/flood)

e.g. intimate partner violence, sexual trauma, divorce, partner with mental illness, substance misuse, reproductive trauma, pregnancy complications
Innovation Lab (iLab)
Innovation Lab (iLab)

- Technical Assistance
- Networks of Care (NoC) Sustainability
- Evaluation and Impact
Technical Assistance

Contact Us

We are here to help! Please use the form below to submit any questions you have about the ACEs Aware Initiative.

Technical Assistance: Health care teams are invited to use the form to request technical assistance to implement ACE screening and response.

If you are requesting support for the Becoming ACEs Aware California training, please use the support form on our learning management system.

Please fill out the form below and a member of our team will respond back soon.

Name:
Email:
Organization:

What is the general nature of your question?

--- Choose a category ---

Your question(s):
Please explain the question or issue in detail so that we can better assist you.

Submit Questions

Assistance is a click away.
Technical Assistance

ACEs Aware Clinical Implementation Pilot Program

The ACEs Aware Clinical Implementation Pilot Program

Background
Adverse Childhood Experiences (ACEs) are a proven root cause of numerous health conditions and social challenges. In California, 60 percent of adults have experienced at least one ACE, and 15 percent have experienced four or more ACEs. Among Californians enrolled in Medi-Cal, 80 percent report that they have at least one ACE, and 33 percent have four or more ACEs. Identification of sequelae to ACEs and other risk factors for toxic stress—through universal and routine ACE screening—helps clinicians provide more effective, appropriate, and high-quality healthcare.

The ACEs Aware Initiative offers Medi-Cal providers training, screening tools, clinical protocols, and payment for screening children and adults for ACEs. Screening for ACEs, assessing for toxic stress, and responding with evidence-based interventions can significantly improve the health and well-being of individuals and families.

The purpose of the ACEs Aware Clinical Implementation Program is to help California Medi-Cal providers overcome barriers to implementing and sustaining an ACE screening and response initiative in their clinics.

Eligibility
To be eligible for the ACEs Aware Clinical Implementation Pilot Program, applicant organizations must meet the following requirements:

- Be a clinical service provider located in California.
- Be at least 25 percent patient-centered population of the clinic must be enrolled in Medi-Cal.
- Not currently enrolling for ACEs or services less than 25 percent of patient-centered population for ACEs.

Additionally, organizations that review an ACEs Aware Clinical Implementation Program award will consider:

- Ensuring all clinical staff complete the Becoming ACEs Aware in California core training and attest to completion (as appropriate).
- Developing ACE screening and response implementation team.
- Attending three virtual meetings with the ACEs Aware technical assistance team (before, midway, and at the end of the grant period), which begins when the organization receives funds.
- Launching ACE screening and response pilot within three months of receiving the award.
- Submitting a final report.

Eligible Providers* Funding Amount

- $5,000
- $10,000
- $15,000

Note: Services will be based on the clinic’s number of Medi-Cal patients for ACE screening.

For more information, visit: https://www.healthcarescreeningsolutions.org/services/ace-aware/ace-aware-challenge/pilot-program/

*Please review the eligibility criteria carefully before applying. ACEs Aware Clinical Implementation Pilot Program will be accepted on a rolling basis.

References


2. ACEs Aware. (2013). ACEs Aware program description (p. 11).


Innovation Lab (iLab)
Building and sustaining robust Networks of Care (NoCs) is an important component of our work to reduce health disparities through identification of and response to toxic stress and childhood trauma.

ACEs Aware Grant Funding

- 34 grants in 2021 to support the launch of NoCs across California
  - Clinics partnered with community-based organizations and online referral platforms to create NoCs.

- PRACTICE – Preventing and Responding to ACE-Associated Health Conditions and Toxic Stress in Clinics through Community Engagement
  - NoC grant funding expanded to include managed care organizations
  - Teams exploring the use of newly legislated funding streams into ACE screening and response algorithms
Networks of Care: The ACEs-LA Model

- **Partnership** between clinics and community-based organizations (CBOs)

- **Support** in addressing the needs of families impacted by adversity and toxic stress

- **Linkage** through online referral platform with closed-loop referral system
NoC Dashboards

Monitoring

- Screening rates
- Risk assessments
- Clinical responses
- Referrals to social work, mental health, etc.
- Closed loop referrals
- Billing and coding

Iterative Responses

- Follow up on coding issues
- Addition of new CBO partners in areas of need
- Business plan for more social work support
- Baseline data for Enhanced Care Management enrollment
### Screening and Referral Reports (Updated Monthly)

#### LA County DHS Screening Summary Report

<table>
<thead>
<tr>
<th>Screening Data Current Through: 4/27/23</th>
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<tbody>
<tr>
<td>TOTAL CAREGIVERS SCREENED ON BEHALF OF CHILDREN</td>
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<tr>
<td>TOTAL TEENS AND ADULTS SCREENED</td>
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<td>TOTAL PATIENTS SCREENED</td>
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#### LA County DHS Screening Summary Report

<table>
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<th>Referral Data Current Through: 4/27/23</th>
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<tr>
<td>REFERRAL TYPE</td>
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<td>Social Work Referral</td>
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<td>Community Organization(s) Referral</td>
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<td>*Development/Behavioral Services Referral (development delay, ADHD, Autism, etc.)</td>
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<tr>
<td>Mental Health Referral (therapy, psychiatry, etc.)</td>
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<td>Social Work Consult Order Placed (Y/N)</td>
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Referrals to Community-Based Services

NON-CLR REFERRALS

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Total Referrals in Service Domain: 2000

CLR REFERRALS

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Total Referrals in Service Domain: 300

Innovation Lab (iLab)
Evaluation and Impact

Los Angeles County Evaluation

• Rigorous evaluation to investigate impact of Los Angeles County's ACE screening initiative

• Impact of universal ACE screening in a closed health system that since 2020 has conducted tens of thousands of screens

• Opportunity to use Los Angeles County's Electronic Medical Record (EMR) data to investigate what happened in terms of process and outcomes
Evaluation of Universal ACE Screening in Primary Care Clinics in Los Angeles County Health Services
Specific Aims

1. To examine the reach of Adverse Childhood Experiences (ACEs) screening and subsequent referrals.

2. To understand the predictive value of PEARLS screening by examining longitudinal associations between screening with process (e.g., referrals, resources provided, reimbursement) and outcomes.

3. To look at neighborhood factors and the referral sources available in those neighborhoods.
Research Design and Methodology

• Non-randomized prospective natural design
• Initial three-year period (2020-2023)
• Los Angeles County Department of Health Services operates public hospitals/clinics in Los Angeles County
  • 4 teaching and research hospitals (LAC-USC, Harbor-UCLA, Olive View-UCLA, Rancho Los Amigos)
  • 2 outpatient care centers
  • 6 comprehensive healthcare centers
  • 16 local health clinics; in combination, caring for 45,000 unique pediatric primary care patients
The Universal ACE Screening Logic Model

Context: Starting in January 2020, providers who have undergone appropriate training started to receive reimbursement for ACE screening.

Goal: Medi-Cal reimbursement for trauma screening would allow for early identification of children and adults at high risk for negative short- and long-term outcomes.

It also has the potential to connect these high-risk individuals to necessary resources.
Context: Starting in January 2020, providers who have undergone appropriate training started to receive reimbursement for ACE screening.

Goal: Medi-Cal reimbursement for trauma screening would allow for early identification of children and adults at high risk for negative short- and long-term outcomes. It also has the potential to connect these high-risk individuals to necessary resources.

Inputs
- Community-based resources that already provide relevant services (mental health, social work, care coordination)
- Needs assessment to determine which services are still needed (state-wide, regionally)
- Experts from existing program and regulatory programs that already screen
- Funding (AB 340, Proposition 56)
- Staff

Activities
- Develop protocol based on guidelines for screening and when to refer for services
- Develop quality metrics of what constitutes appropriate trauma screening
- Training of providers on trauma screening, including PEARLS tool
- Develop mental health, social care, and care coordination programs

Outputs
- Electronic Health Record
- State Claims
- 211
- Training and Attestation
- Provider Experiences

Short-Term Outcomes
- Clinics implement screening into practice
- Children and adults are screened annually for ACEs
- Total number and types of referrals made (mental health, social care, and care coordination programs)
- Mitigation factors (e.g., protective factors present regardless of screening)

Intermediate Outcomes
- Timely linkage to resources
- Decrease child trauma symptoms
- Mitigating interventions (e.g., referrals/supports provided as a result of screening)

Impacts
- Improved child well-being
- Improvement in behavioral, mental, and physical health outcomes
- Decrease in unplanned healthcare visits
- Decrease school absenteeism

DATA INPUTS
- List of current resources within Pediatrics
- List of resources to be created
- Quality metrics to base payment
- Standardized referral protocol
- Proportion of eligible providers/practices that successfully complete training
- Prevalence and distribution of ACEs and how it relates to current social needs and by resilience

INDICATORS
- Characteristics of early vs. late adopters of screening
- Proportion of eligible clinics that are drawing reimbursement $$$
- Proportion of children and adults on Medi-Cal who are screened for ACEs
- Type of tool used (identified vs. deidentified)
- Type of referrals made
- Referrals needed
- Proportion of children referred who accept services

INDICATORS
- Clinic characteristics that sustain screening
- Acceptance of referrals
- Wait time for referrals
- Predictive value of screening & referral on health outcomes and healthcare utilization
- EHR metrics
- Time saved
- Reduction of duplicative efforts

INDICATORS
- Decreased healthcare utilization including ED visits and hospitalization
- Decreased missed school days
- Improvement in BRIEF/DECA score
- Developmental Screening
- EHR metrics
- Health outcomes across high- vs. low-resourced areas
Community-based resources that already provide relevant services (mental health, social work, care coordination)

Needs assessment to determine which services are still needed (state-wide, regionally)

Experts from existing program and regulatory programs that already screen

Funding (AB 340, Proposition 56)

Staff

**DATA INPUTS**
- Electronic Health Record
- State Claims
- 211
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- Provider Experiences

**OUTPUTS**
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- Improvement in BRIEF/DECA score
- Developmental Screening
- EHR metrics
- Health outcomes across high- vs. low-resourced areas
Discussion
Questions

1. Where do you see opportunities for alignment?
2. For future meetings, what would you like to hear more about?
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://rb.gy/7sepq
Adjourn

Email questions or comments to: ucaan@ucla.edu