Trauma-Informed Primary Care (TIPC)
Implementation Advisory Committee

June 15, 2023

Agenda

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!

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:

FOUNDATIONS OF TRAUMA-INFORMED PRACTICE FOR EDUCATIONAL AND CARE SETTINGS

WHOLE STAFF APPROACH

Educators

Early Care Providers

Classified Staff
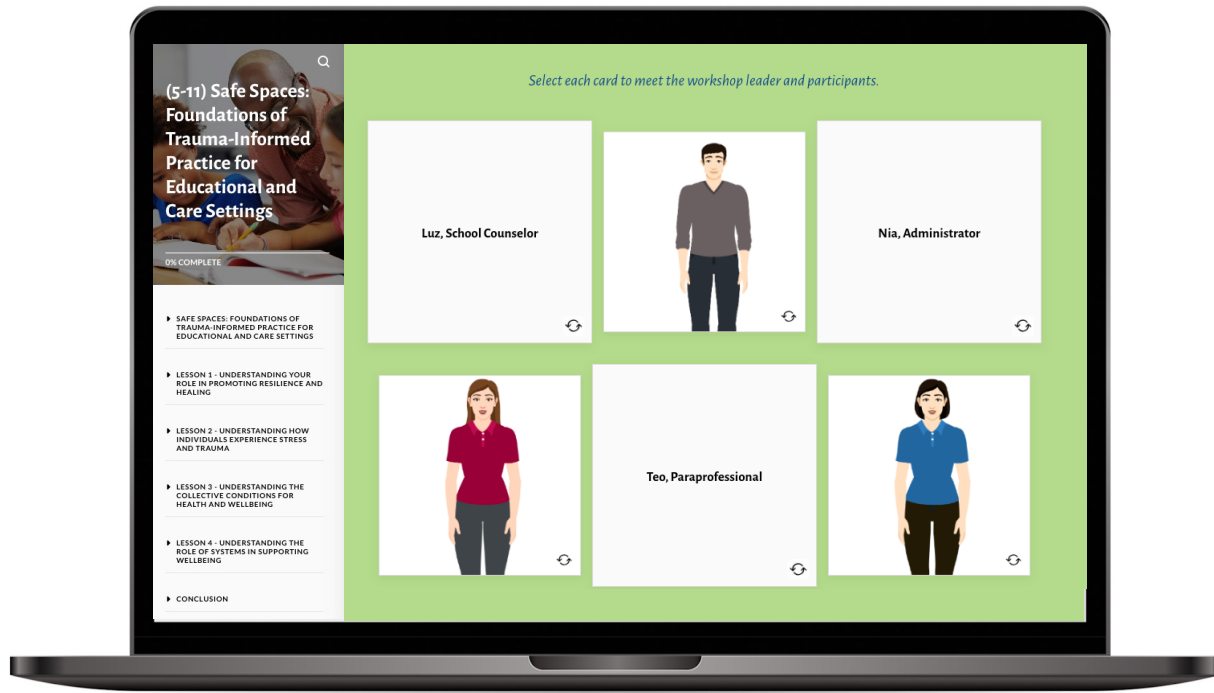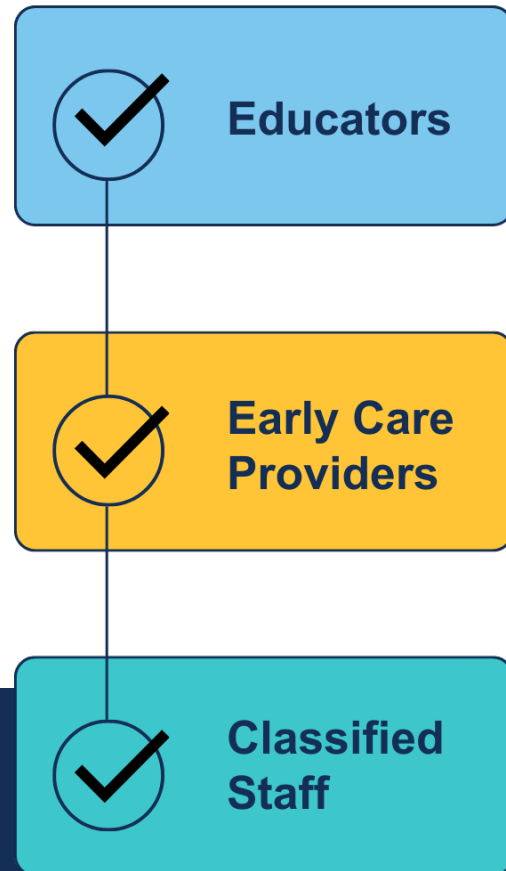
REALISTIC CHARACTERS & SCENARIOS

MAYA	JAY	KAYLA

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?

Teo: 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.

OFFICE OF THE
**CALIFORNIA
SURGEON
GENERAL**

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.

TESTER FEEDBACK

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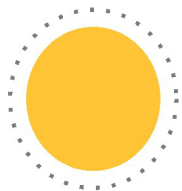
Press Release + Thunderclap Social Post
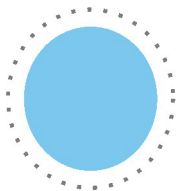
Media & Stakeholder Outreach
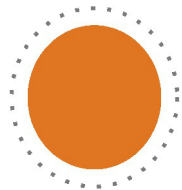
Early Care & School Tour
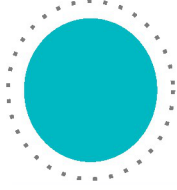
Fall/Winter 2023 Progress Report
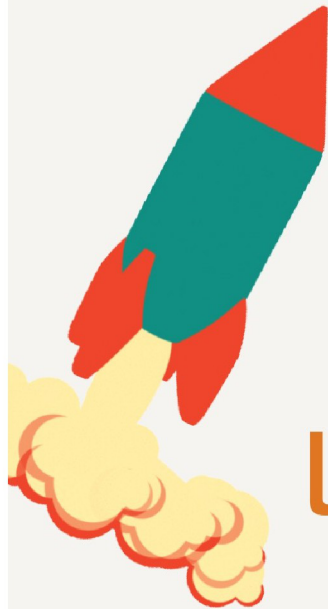
ACES AND TOXIC STRESS

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
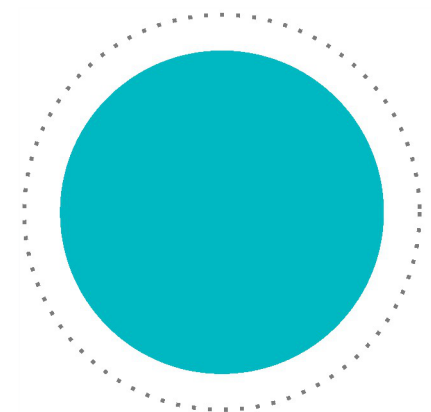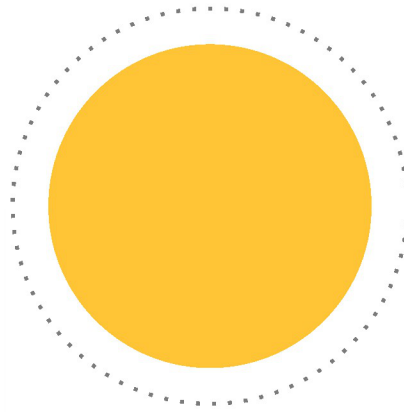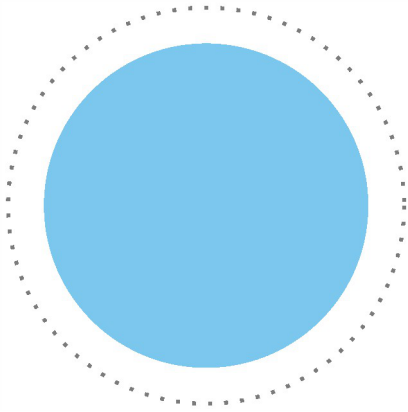
Academic Advisory Panel

Community Advisory Panel

Youth Advisory Panel

ACES AND TOXIC STRESS CAMPAIGN

PROGRESS TO DATE + UPCOMING MILESTONES

Pause for Discussion
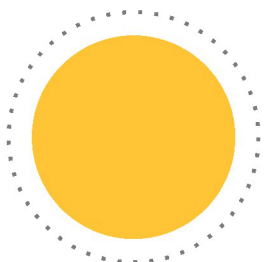
May 2023

In-Person Kickoff Meeting
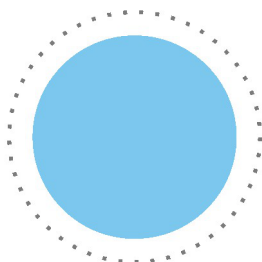
June 2023

Onboard Panel Experts
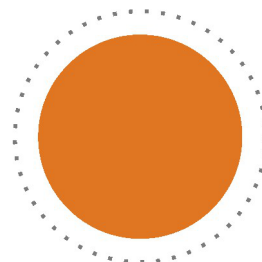
November 2023

Campaign Soft Launch
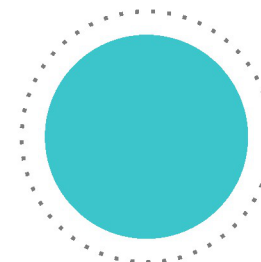
Spring 2024

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)*

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

UCAAN

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

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

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UCAAN's Model for Transformation

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

- **Training for Clinical Teams**

- **Clinical Practice Transformation**

- **Trauma-Informed Networks of Care**

- **Alignment of Systems and Resources**

- **Integration of Emerging Best Practices**

UCAAN

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

aces aware
SCREEN. TREAT. HEAL.

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.

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:

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The training enhanced my current knowledge base.	60% 26	35% 15	5% 2		
The educational material provided useful information for my practice.	72% 31	26% 11	2% 1		
The content was evidence-based.	70% 30	30% 13			
The facilitators were effective in presenting the material.	70% 30	30% 13			
The training provided appropriate and effective opportunities for active learning (e.g., case studies, discussion, Q&A, etc.)	58% 25	35% 15	7% 3		
The opportunities provided to assess my own learning were appropriate (e.g., questions before, during or after the training)	58% 25	33% 14	7% 3		2% 1

"It's marvelous and super helpful."

"Excellent training."

"Aces for now!"

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.
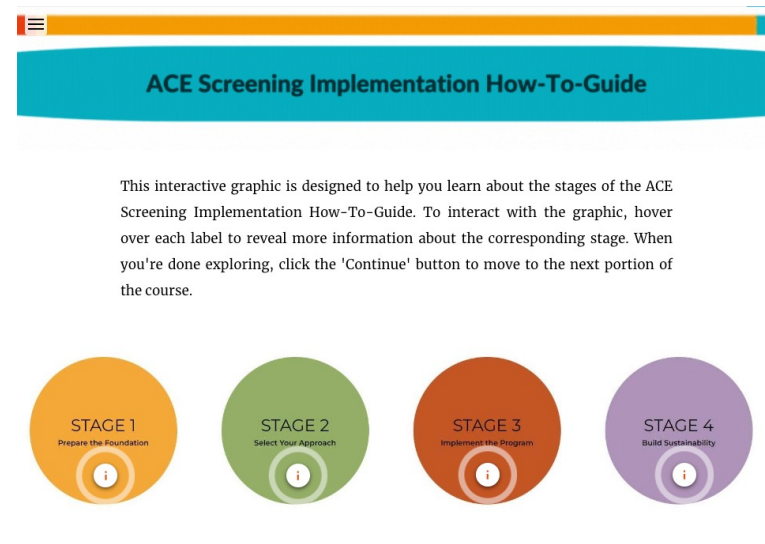
Stress Busters

- 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.

Anytime virtual training

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
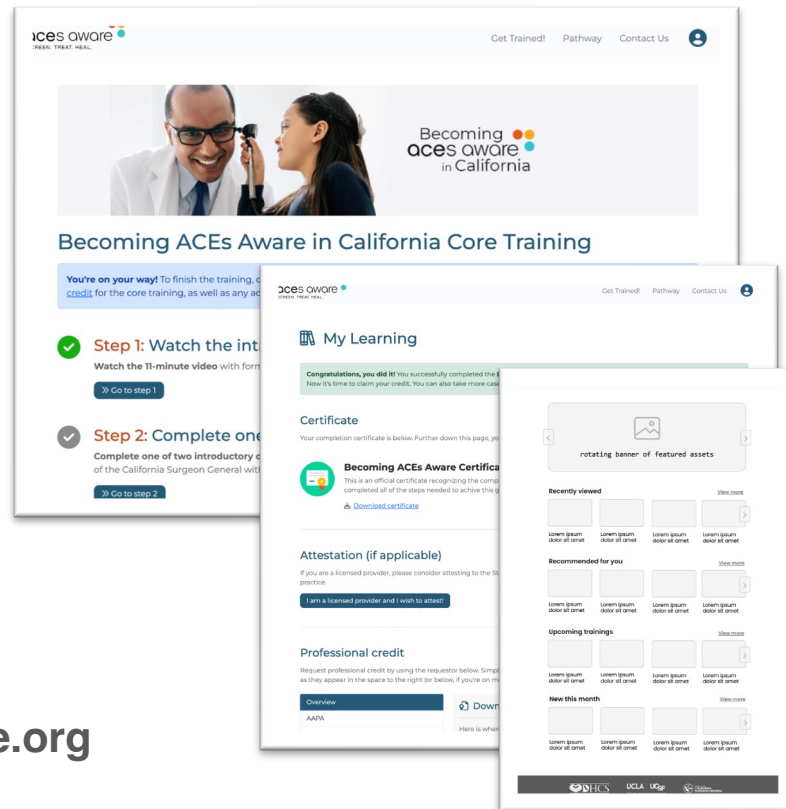
Community Councils

- **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)

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UCAAN Pilot Projects	PIs	Institution
Enhancing Trauma-Informed Care and ACE Screening Response Among Pediatricians, Health Care Leaders, Trainees, and Staff	Moira Szilagyi	UCLA
Testing a Scalable Model for ACEs-Related Care Navigation via 211 Telephone-Based Services	Paul Chung, Rebecca Dudovitz	UCLA, Kaiser
Trauma-Informed Care on the Pediatric Ward: Applying ACEs Aware Strategies to the Inpatient Medical Setting	Maggie Kozman	Harbor-UCLA
Mitigating the Toxic Stress Response in Patients with ACE-Associated Health Conditions: Obesity Management in a Community Clinic	Angela Venegas-Murillo	UCLA, Charles Drew Univ, Harbor-UCLA, Humprey CHC (LA County DHS)
The Harbor-UCLA Resilience Bridge: ACEs Aware Training, Education, and Intergenerational Intervention in Prenatal, Pediatric, and Family Medicine	Adam Schickedanz	Harbor-UCLA
Mitigating the Toxic Stress Response in Patients with ACE-Associated Health Conditions: Obesity Management in a Specialty Clinic Setting	Alma Guerrero	UCLA
Connecting with Nature to Mitigate the Toxic Stress Response	Candace Gragnani, Nooshin Razani	UCLA, UCSF
Mitigating the Toxic Stress Response in Patients with ACE-Associated Health Conditions: ACEs Aware Diabetes Care in a Safety-Net Family Medicine Clinic	Heather Schickedanz, John Cheng, Monica Hau Le	Harbor-Lomita

UCAAN Pilot Projects	PIs	Institution
Virtual Meditation Sessions as a Response to ACEs	Laura Figueroa Phillips	Rancho Los Amigos, Harbor-UCLA, Olive View-UCLA
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, High Desert CHC
Bringing ACEs Science into the Perinatal Setting through "Support Sisters"	Melanie Thomas, Margaret Handley	UCSF Psychiatry and Epidemiology
Strategies to Integrate ACE Screening into Existing Screening Workflows	Danielle Hessler, Laura Gottlieb	UCSF, SIREN
Addressing the Health Impact of ACEs and Toxic Stress in California's Farmworker Communities	Lisa James, Eddy Machtinger	Futures without Violence; UCSF; Alianza Nacional de Campesinas; Líderes Campesinas
Developing a Whole Family Wellness Approach to Trauma-Informed Health Care	Katy Davis, Lisa Jaycox	UCSF Women's HIV Program, RAND
Understanding the Impact of ACE Screening Reimbursement Policy	Josh Breslau	UCSF, RAND, CCHE
A Study of Patient-Provider Dyads in Primary Care	Anita Hargrave	UCSF, San Francisco Veterans Admin. Health System

Trauma-Informed Networks of Care

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

UCAAN

OFFICE OF THE
CALIFORNIA
SURGEON GENERAL

Growing Networks of Care in Communities

Trauma Informed Network of Care Grant Awards

Location of Grant Activities
- Planning Grant(s)
- Implementation Grant
- Both Planning and Implementation Grants
- Implementation Grant Lead Organization
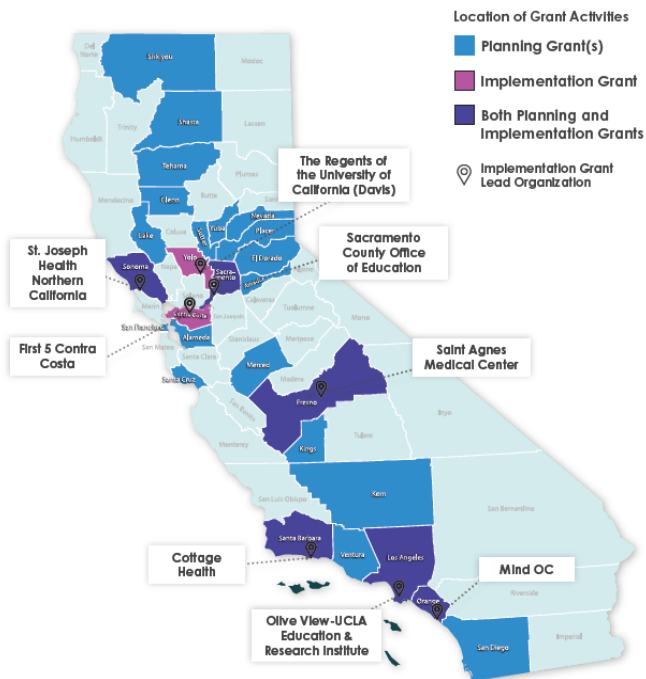
- A network of care is a group of **interdisciplinary** health, education, and human service professionals, community members, and organizations.

- Supports families by providing access to **evidence-based "buffering" resources** and supports.

- Helps to **prevent, treat, and heal** the harmful consequences of toxic stress.

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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.

PRACTICE Grantees

The 25 grantee teams, from
15 California counties, serve a
wide range of diverse patient
populations.

**Location of
Lead Clinic Entity**

- CATALYSTS
- PATHFINDERS

Del Norte
Humboldt
Glenn
Yolo
Sacramento
Marin
San Joaquin
Alameda
Merced
Santa Clara
Santa Cruz
San Luis Obispo
Santa Barbara
Los Angeles
San Bernardino
Orange
Riverside
San Diego
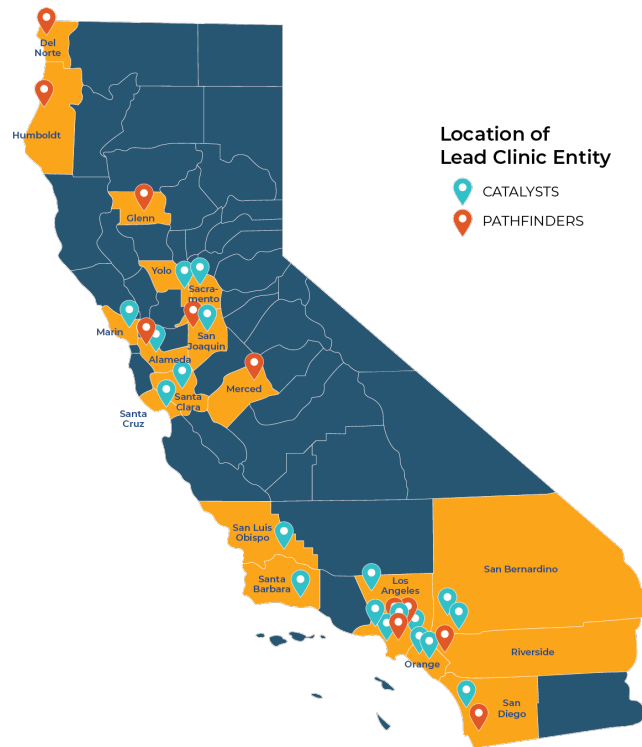
Integration of Emerging Best Practices

Opportunities to Treat Toxic Stress

Rachel Gilgoff, MD, FAAP,[b,c] Tanya Schwartz, MPP, MSW,[b] Mikah Owen, MD, MPH, FAAP,[c] Devika Bhushan, MD, FAAP,[a] Nadine Burke Harris, MD, MPH, FAAP[a]

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
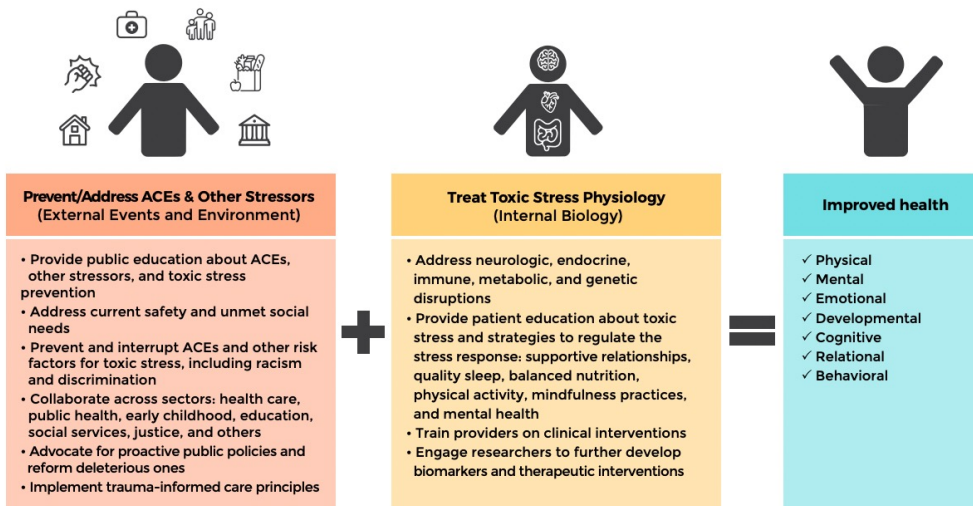- Collaborate across sectors: health care, public health, early childhood, education, social services, justice, and others
- Advocate for proactive public policies and reform deleterious ones
- Implement trauma-informed care principles

+

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 Kowalewski, BS, and Elliott 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 resilience 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.
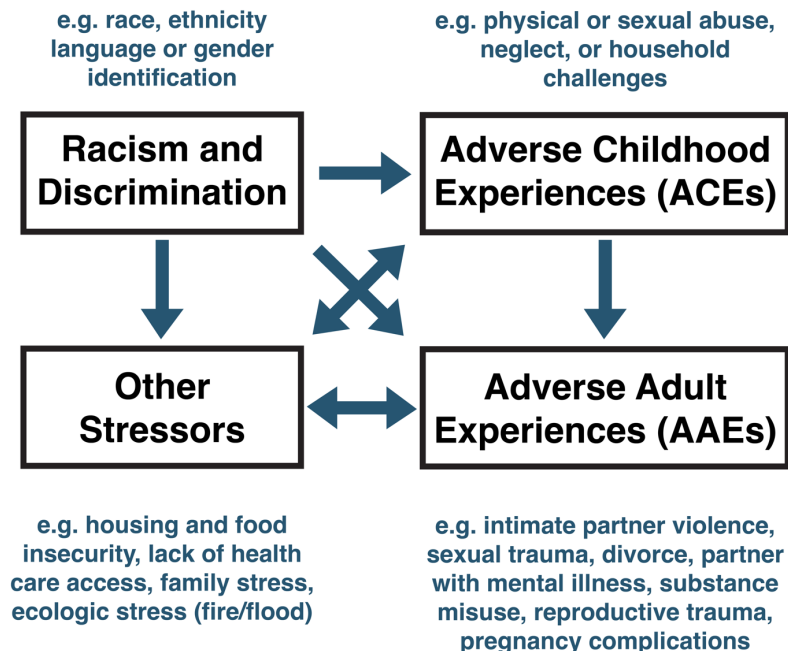
Innovation Lab (iLab)

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 in 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:

I'm not a robot
reCAPTCHA
Privacy - Terms

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 QUESTION(S)

Assistance is a click away.

Innovation Lab (iLab)

UCAAN

Technical Assistance

ACEs Aware Clinical Implementation Pilot Program

Innovation Lab (iLab)

Networks of Care

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

Innovation Lab
(iLab)

UCAAN

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

Innovation Lab (iLab)

NoC Dashboards

ACEs LA
screen. treat. heal.

ALL CLINICS AND TRENDS

🔗
ACEs-LA Main Clinic Dashboard

🔗
Hudson CHC Clinic Dashboard

🔗
Humphrey CHC Clinic Dashboard

🔗
LAC+USC Clinic Dashboard

🔗
MLK Outpatient Center Clinic Dashboard

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

Innovation Lab (iLab)

UCAAN

ACE Screens & Internal Referrals

Screening and Referral Reports (Updated Monthly)

Screening Data Current Through: 4/27/23

LA County DHS Screening Summary Report

	TOTAL 0-3	0 - 3 %	TOTAL 4+	4+ %	TOTAL BLANK	BLANK %
TOTAL CAREGIVERS SCREENED ON BEHALF OF CHILDREN	11946	55%	717	41%	2264	42%
TOTAL TEENS AND ADULTS SCREENED	9892	45%	1032	59%	3064	58%
TOTAL PATIENTS SCREENED	21838	100%	1749	100%	5328	100%

Referral Data Current Through: 4/27/23

LA County DHS Screening Summary Report

REFERRAL TYPE	TOTAL SCREENED PTS 0-3	ACES PTS 0-3	RATE PTS 0-3	TOTAL SCREENED PTS 4+	ACES PTS 4+	RATE PTS 4+	TOTAL SCREENED PTS BLANK	ACES PTS BLANK	RATE PTS BLANK
Social Work Referral	21838	1559	7%	1749	503	29%	5328	203	4%
Community Organization(s) Referral	21838	346	2%	1749	83	5%	5328	52	1%
*Development/Behavioral Services Referral (development delay, ADHD, Autism, etc.)	21838	0	0%	1749	0	0%	5328	0	0%
Mental Health Referral (therapy, psychiatry, etc.)	21838	1394	6%	1749	701	40%	5328	176	3%
Referral Order Placed (Y/N)	21838	44	0%	1749	9	1%	5328	5	0%
Social Work Consult Order Placed (Y/N)	21838	1479	7%	1749	246	14%	5328	253	5%

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Referrals to Community-Based Services

NON-CLR REFERRALS

Totals in this column include only referrals made to CBOs on One Degree that are not within the ACEs-LA Network of Care.

Referral Data Current Through: 4/30/2023

CLR REFERRALS

Totals in this column include only referrals made to CBOs on One Degree that are within the ACEs-LA Network of Care.

1D Referrals by Service Domain (NON-CLR)

Service Domain	Total Referrals
BABY SUPPLIES	41
BEHAVIORAL HEALTH	10
CAREGIVER SUPPORT	25
CASE MANAGEMENT	33
CHILDCARE	32
COMPUTER AND INTERNET ACCESS	36
COVID-19 SERVICES	6
DENTAL SERVICES	18
DISABILITY AND DEVELOPMENTAL SERVICES	317
DOMESTIC AND INTERPERSONAL VIOLENCE	51
EDUCATIONAL SUPPORT	37
EMPLOYMENT SERVICES AND SUPPORT	369
FINANCIAL SERVICES AND SUPPORT	196
FOOD ASSISTANCE	192
FREE OR LOW-COST CLOTHING	49
FREE OR LOW-COST HYGIENE ITEMS AND SERVICES	4
HEALTHY DIET AND EXERCISE PROGRAMS	7
HOUSING AND HOMELESSNESS SERVICES	1217
IMMIGRATION SERVICES	49
LEGAL SERVICES	49
MENTAL HEALTH	347
OMIT	46
PARENTING SUPPORT	5
SOCIAL SERVICES SUPPORT	29
SUBSTANCE USE	7
TRANSPORTATION	13
UNCATEGORIZED	212
UTILITY ASSISTANCE	114
VISION SERVICES	13

Total Referrals in Service Domain

1D Referrals by Service Domain (CLR Only)

Service Domain	Total Referrals
BABY SUPPLIES	9
BEHAVIORAL HEALTH	2
CAREGIVER SUPPORT	12
CASE MANAGEMENT	1
CHILDCARE	10
DISABILITY AND DEVELOPMENTAL SERVICES	219
DOMESTIC AND INTERPERSONAL VIOLENCE	11
EDUCATIONAL SUPPORT	13
EMPLOYMENT SERVICES AND SUPPORT	8
FINANCIAL SERVICES AND SUPPORT	84
FOOD ASSISTANCE	151
FREE OR LOW-COST CLOTHING	3
HOUSING AND HOMELESSNESS SERVICES	48
IMMIGRATION SERVICES	6
LEGAL SERVICES	4
MENTAL HEALTH	65
PARENTING SUPPORT	1
SOCIAL SERVICES SUPPORT	2
SUBSTANCE USE	1
UNCATEGORIZED	7
UTILITY ASSISTANCE	15

Total Referrals in Service Domain

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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

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Evaluation of Universal ACE Screening in Primary Care Clinics in Los Angeles County Health Services

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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.

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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

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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.

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UNIVERSAL ACE SCREENING LOGIC MODEL

aces aware
SCREEN. TREAT. HEAL.

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 n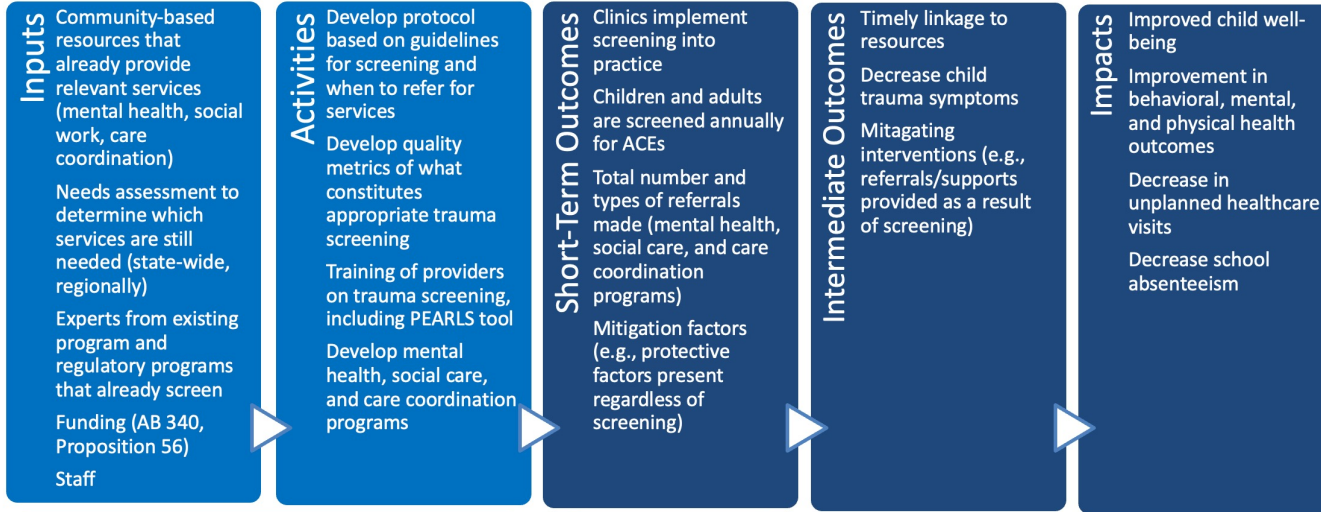egative short- and long-term outcomes. It also has the potential to connect these high-risk individuals to necessary resources.

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

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

OUTPUTS
- 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

Inputs

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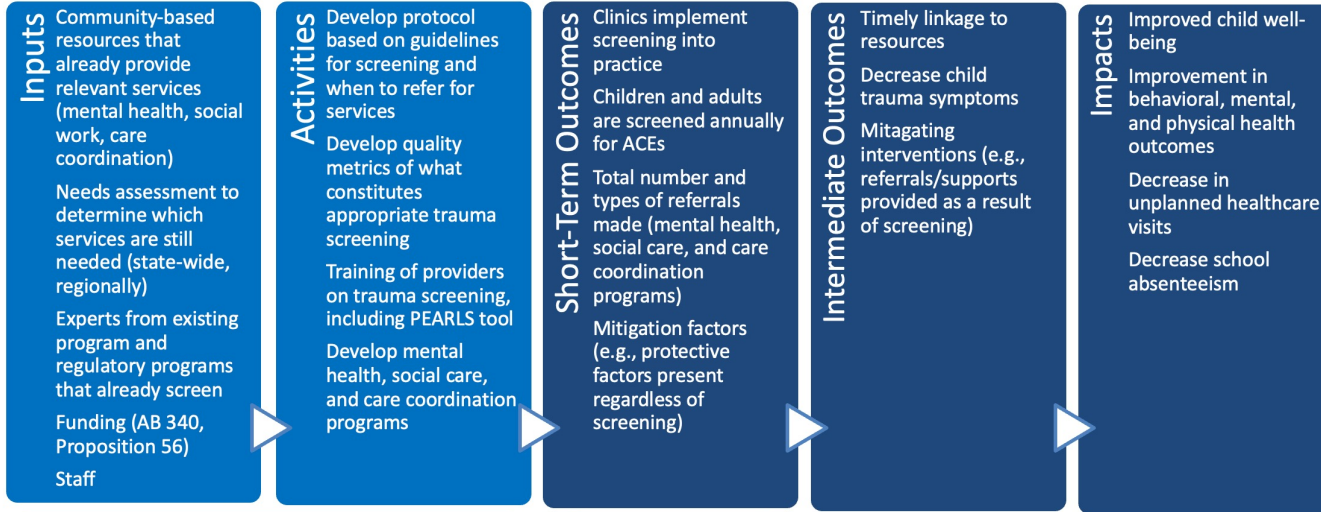- Improvement in behavioral, mental, and physical health outcomes
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SCREEN. TREAT. HEAL.

Q&A

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

Start training today