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Trauma-Informed Primary Care (TIPC)
Implementation Advisory Committee

October 10, 2023

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

UCLA | UCSF ACEs Aware Family Resilience Network

OFFICE OF THE CALIFORNIA SURGEON GENERAL

Agenda

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

10:05 – 10:20 AM
Updates from the Office of the California Surgeon General *(CA-OSG)*
- *Julie Rooney, Director of Communications, OSG*
- *Camellia Mortezazadeh, Director of Strategy and Insights, Civilian*
- *Travis Kushner, Account Director, Civilian*

10:20 – 10:25 AM
Updates from the California Department of Health Care Services (DHCS)
- *Dr. Karen Mark, Medical Director, DHCS*

10:25 – 10:55 AM
UCAAN Updates
- *Emily Williams, CEO, UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN)*
- *Dr. Mikah Owen, UCAAN Co-Principal Investigator*
- *Dr. Edward Machtinger, UCAAN Co-Principal Investigator*
- *Dr. Eric Fein*, Director of Outpatient Pediatrics Quality Improvement, Harbor-UCLA Medical Center

10:55 – 11:05 AM
Q&A

11:05 – 11:15 AM
Partner Spotlight
- *Brent Sugimoto, Secretary/Treasurer of the Board of Directors, California Academy of Family Physicians*

11:15 – 11:30 AM
Clinical Outreach and Engagement Discussion
- *Dr. Shannon Thyne, UCAAN Co-Principal Investigator*

11:30 – 11:45 AM
Education and Training Discussion
- *Aaron Norr, UCAAN Director of Education & Training*

11:45 – 11:55 AM
Public Comment

11:55 AM – 11:59 AM
Next Steps

12:00 PM
Adjourn

ACES AND TOXIC STRESS CAMPAIGN

Progress Report

- **$24M allocated through Children and Youth Behavioral Health Initiative**
- **Civilian awarded contract Spring 2023**

DHCS Updates

Topics

- Centering ACEs Aware in DHCS' Quality and Health Equity Division
- ACEs Aware Screening and Training Data
- Aligning Round 4 Grants with Training Providers on Enhanced Care Management Services for Youth

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ACEs Aware Team Members in DHCS' Quality and Health Equity Division

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Sarah Lahidji
Quality and Health Equity Division Chief

Priya Motz, M.D.
Quality and Health Equity Transformation Branch Chief

Sabrina Younger, MPH
Performance Improvement Section Chief

Thai Lee, DO, MPH
Medical Consultant

Nicholas Clark, MPA
Senior Program Specialist

By the Numbers: Screening

Medi-Cal Claims for ACE Screenings

Medi-Cal clinicians conducted more than **2,040,870** ACE screenings of **1,390,300** unique Medi-Cal members.

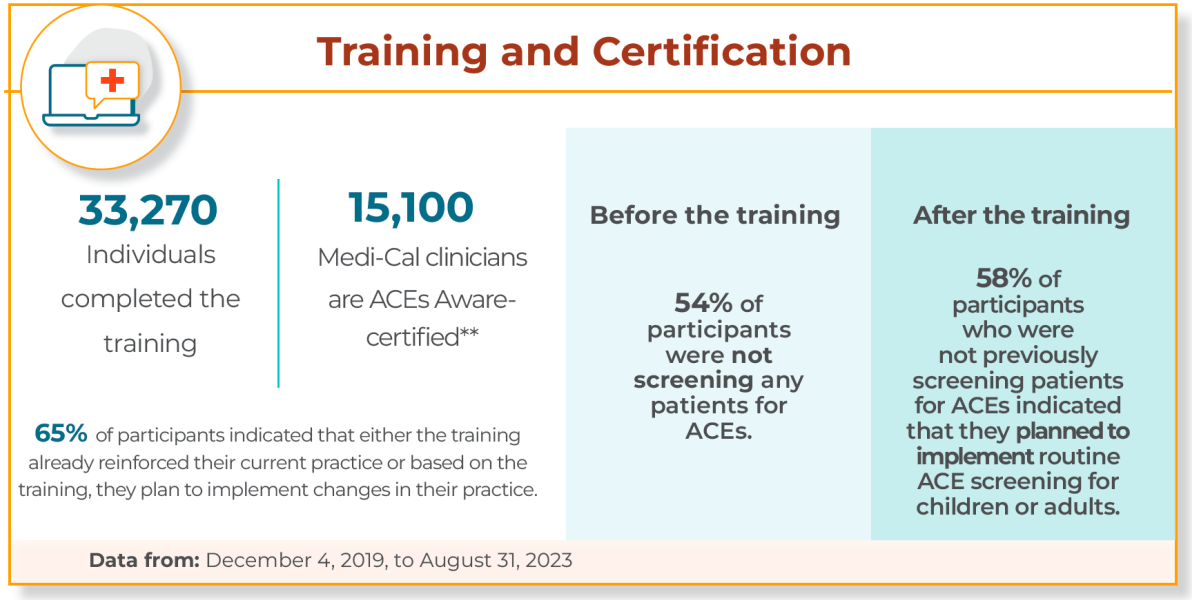
Of the **1,135,170** unique Medi-Cal members ages 0 to 20 screened for ACEs, **5%** had an ACE score of 4 or more.

Of the **255,130** unique Medi-Cal members ages 21 to 64 screened for ACEs, **15%** had an ACE score of 4 or more.*

Data from: January 1, 2020, to December 31, 2022

Source: October 2023 data report (to be published on October 31)

By the Numbers: Training



Source: October 2023 data report (to be published on October 31)

UCAAN Updates

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PRACTICE Learning Collaborative

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PRACTICE Goal, Aims, and Participants

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 (PCP) and community-based organizations (CBO) to effectively address ACEs, toxic stress, and health disparities

Aims:

- Strengthen partnerships between primary care clinics and CBOs
- Increase services that can be sustained using existing or newly available sources of funding
- Increase workforce that can be sustained using existing or newly available sources of funding

25 multi-sector grantee teams (from 15 California counties):

- Learning Collaborative kicked off in October 2022, after a competitive application process in which more than 45 lead organizations applied
- Learning Collaborative to end in January 2024

PRACTICE Partnership Team

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Each team includes a clinic or PCP provider organization ("lead"), a CBO, and a Medi-Cal managed care plan.

- Clinic Composition: 17 FQHCs, 8 PCP provider organizations
- CBOs: Most teams have more than one CBO they are partnered with— 64 CBOs participate
- Medi-Cal Managed Care: 14 public and commercial plans participate
  - Health Net has the largest number of teams (5 teams)
  - Inland Empire Health Plan, Partnership HealthPlan and L.A. Care each have 3 teams

Teams are informally assigned into two cohorts:

- Pathfinder (early stage): 9
- Catalyst (mid-stage): 16

Pathfinder grants are typically $500,000 and catalyst grants are typically $1 million.

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POPULATION HEALTH INNOVATION LAB
A Program of the PUBLIC HEALTH INSTITUTE

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PRACTICE Activities

Virtual Learning Collaborative Events:

- Two 90-minute learning sessions per month (one required and one optional)
  - Average attendance at required events: 173 participants
  - Average attendance at optional events: 131 participants
- Quarterly three-hour convening (hosted in lieu of the 90-minute required event those months)

Coaching: Each team is assigned a coach and has at least one monthly call. Calls are used to identify barriers and challenges, provide technical assistance and subject matter expertise, problem solve, discuss progress and priorities.

Technical Assistance: PRACTICE includes an array of subject matter experts to provide 1:1 support to teams, offer group coaching, inform the PRACTICE curriculum, and advise on overall project direction and goals.

Pop-Up Events: As the need arises, PRACTICE designs one-time events for teams to join.

Resource Hub: Relevant policy and implementation materials for teams to access asynchronously.

PRACTICE Strategies

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PRACTICE Strategies Have Evolved

- PRACTICE is focused on enabling clinics to connect children and families to services and supports to address ACEs, ACE-associated health conditions, and toxic stress.
- Services and workforce include Enhanced Care Management (ECM), non-specialty mental health (e.g., dyadic therapy, family therapy), community health workers (CHW), doulas, and specialty mental health.
- Teams will develop sustainable approaches to connect patients to these services by the:
  - Implementation of the service/workforce by the clinic
  - Implementation of the service/workforce by the CBO
  - Creation of a close referral relationship or colocation of services

Early on, participants focused on planning for implementation

Developing Services

- Training and credentialing staff
- Refining workflows
- Compiling inventories of currently available services/resources
- Solidifying partnerships
- Conducting gap analyses

Expanding Workforce

- Developing job descriptions
- Searching for candidates
- Filling grant management roles
- Filling service provision roles

Progress on sustainable adult ECM

SERVING PATIENTS & BILLING

15 Teams
13 Clinics
6 CBOs

CONTRACTED, NOT BILLING

3 Teams
3 Clinics
1 CBO

IN PROGRESS

1 Team
1 Clinic

EXPLORING/ NOT PURSUING

6 Teams

Progress on sustainable pediatric ECM

SERVING PATIENTS & BILLING

6 Teams
5 Clinics
1 CBOs

CONTRACTED, NOT BILLING

6 Teams
3 Clinics
3 CBOs

IN PROGRESS

6 Teams
5 Clinics
2 CBOs

EXPLORING/ NOT PURSUING

7 Teams

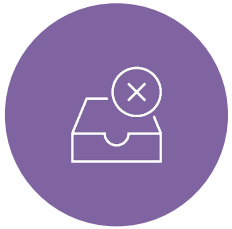
Progress on sustainable CHWs

SERVING PATIENTS

9 Teams
6 Clinics
5 CBOs

IN PROGRESS

3 Teams
3 Clinics
1 CBOs



EXPLORING/ NOT PURSUING

13 Teams

Progress on sustainable dyadic therapy

SERVING PATIENTS

3 Teams

IN PROGRESS

4 Teams

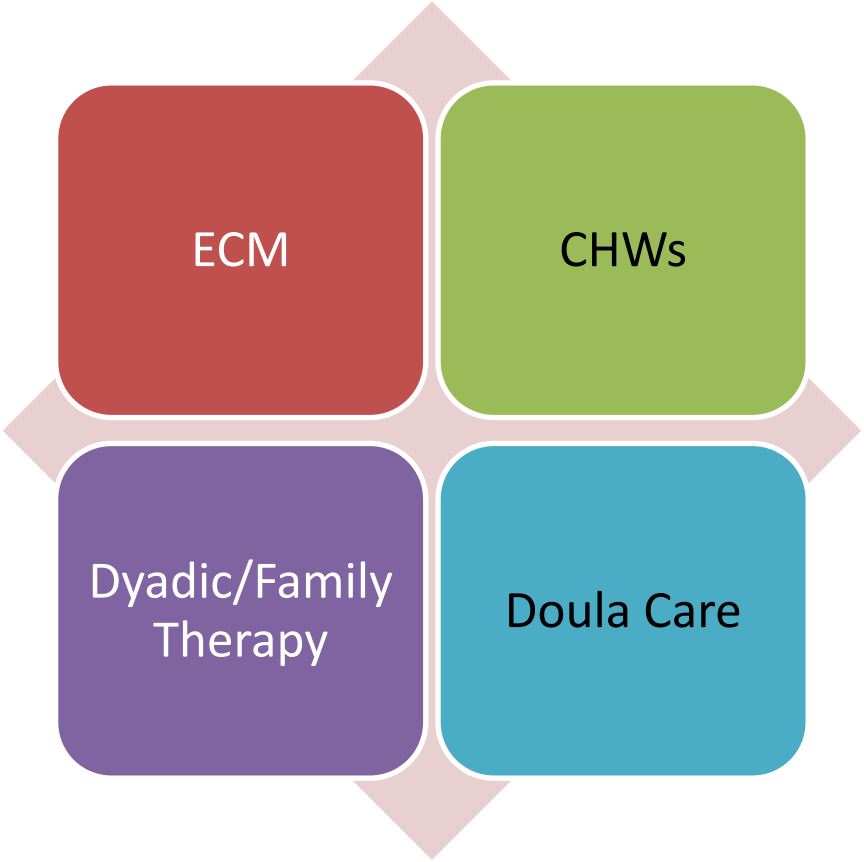
EXPLORING/ NOT PURSUING

18 Teams

Mixed-Methods Evaluation Approach

“Deep dive” among select group of successful teams

Understand factors contributing to sustainable services and workforce



Generate lessons learned that can be shared with clinics around the state

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Dr. Eric Fein
Director of Outpatient Pediatrics Quality Improvement, Harbor-UCLA Medical Center

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Community Grants – Round 4

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Q&A

Partner Spotlight

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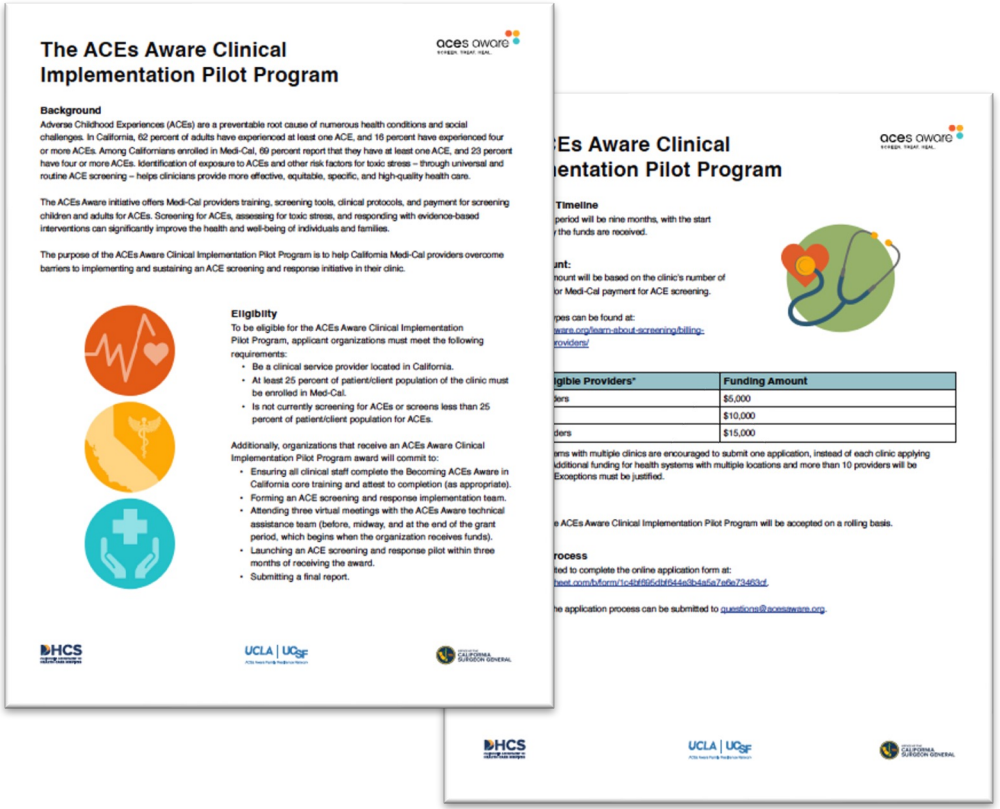
Clinical Outreach and Engagement

Technical Assistance

ACEs Aware Clinical Implementation Pilot Program



The ACEs Aware Clinical Implementation Pilot Program

Background

Adverse Childhood Experiences (ACEs) are a preventable root cause of numerous health conditions and social challenges. In California, 62 percent of adults have experienced at least one ACE, and 16 percent have experienced four or more ACEs. Among Californians enrolled in Medi-Cal, 69 percent report that they have at least one ACE, and 23 percent have four or more ACEs. Identification of exposure to ACEs and other risk factors for toxic stress – through universal and routine ACE screening – helps clinicians provide more effective, equitable, specific, and high-quality health care.

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 Pilot Program is to help California Medi-Cal providers overcome barriers to implementing and sustaining an ACE screening and response initiative in their clinic.

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.
- At least 25 percent of patient/client population of the clinic must be enrolled in Medi-Cal.
- Is not currently screening for ACEs or screens less than 25 percent of patient/client population for ACEs.

Additionally, organizations that receive an ACEs Aware Clinical Implementation Pilot Program award will commit to:

- Ensuring all clinical staff complete the Becoming ACEs Aware in California core training and attest to completion (as appropriate).
- Forming an 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 an ACE screening and response pilot within three months of receiving the award.
- Submitting a final report.

Timeline

period will be nine months, with the start
the funds are received.

unt:

nount will be based on the clinic's number of
or Medi-Cal payment for ACE screening.

pes can be found at:
ware.org/learn-about-screening/billing-
roviders/

igible Providers*	Funding Amount
ders	$5,000
	$10,000
ders	$15,000

ms with multiple clinics are encouraged to submit one application, instead of each clinic applying
dditional funding for health systems with multiple locations and more than 10 providers will be
Exceptions must be justified.

e ACEs Aware Clinical Implementation Pilot Program will be accepted on a rolling basis.

rocess

ted to complete the online application form at:
heet.com/b/form/1c4bff66dbf644e3b4a5e7e6e73463cf.

he application process can be submitted to questions@acesaware.org.

Technical Assistance

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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

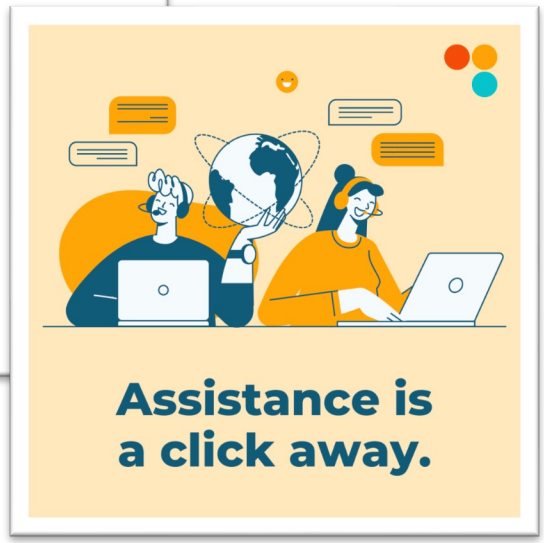
What is the general nature of your question?

----- Choose a category -----

Your question(s):

Please explain the question or issue in detail so that we can better assist you.

SUBMIT QUESTION(S)



Technical Assistance Requests

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Clinical Outreach Efforts

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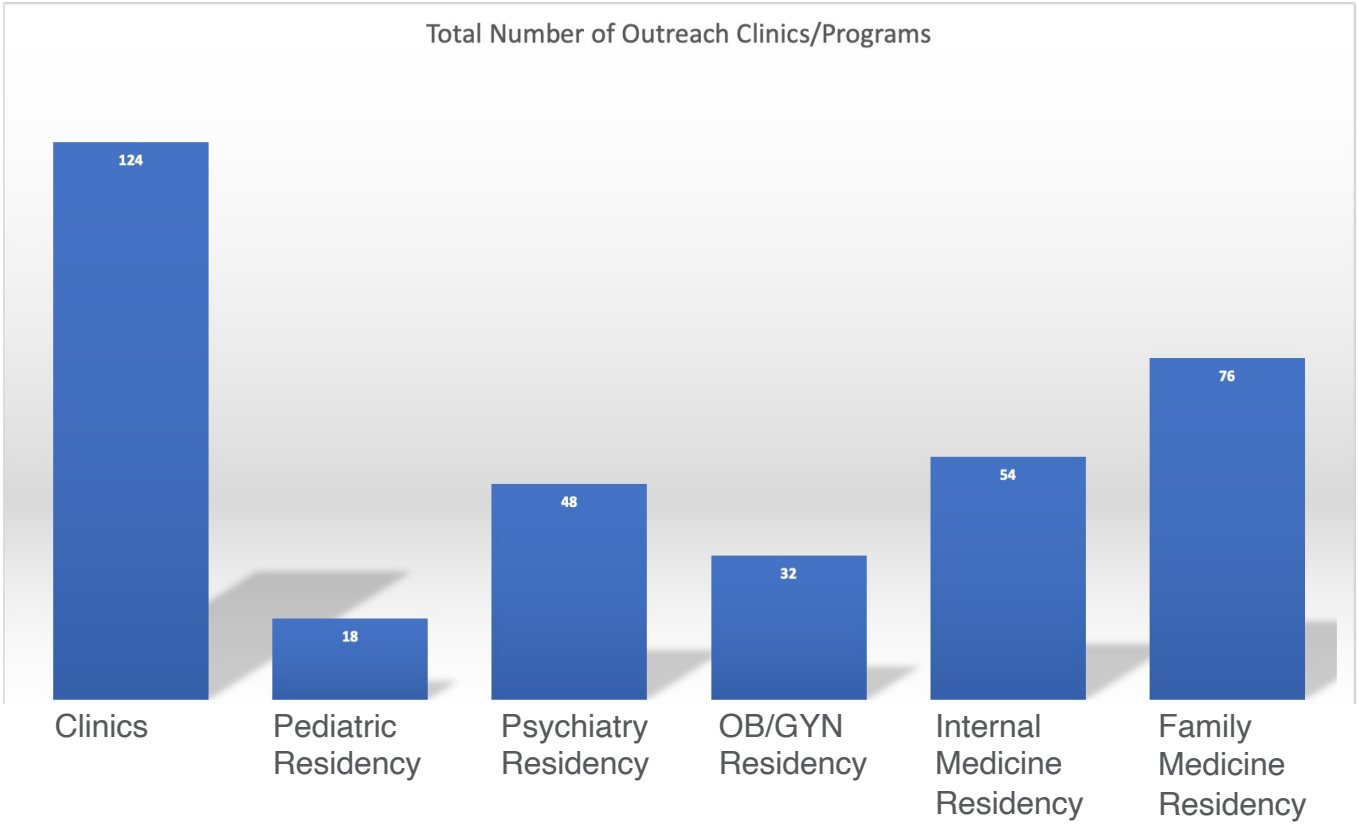

Discussion:

How do we achieve buy-in from clinics that are not currently screening for ACEs?

Education and Training Updates

Guiding Principles

- Address education and training gaps throughout the entire ACE screening and response continuum
- Use data-driven approach
- Broaden scope to address the needs of an expanding of Medi-Cal workforce
- Incorporate best practices based on emerging science within translational framework
- Align with CalAIM

Expansion of ACEs Aware Training Efforts

- Broad effort from Medi-Cal workforce is required to meaningfully prevent, identify, and respond to the impacts of ACEs and toxic stress
- Providers eligible to screen for ACEs include more than physicians
- All healthcare team members are essential
- Core training is not sufficient for scaled implementation and buy-in

Expansion of E-Learning Courses

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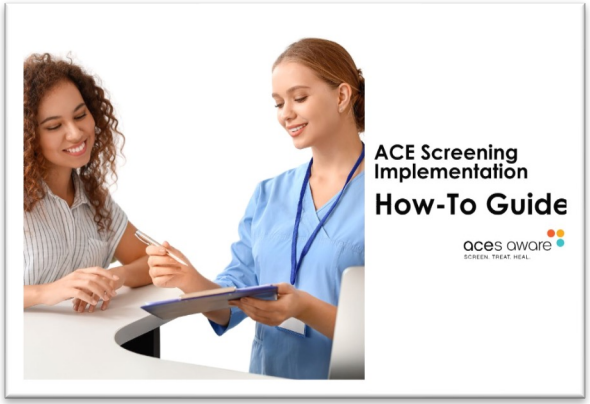
- Organizational implementation
- Clinical response
- Taking care of the healthcare team



Live Trainings (Webinars)

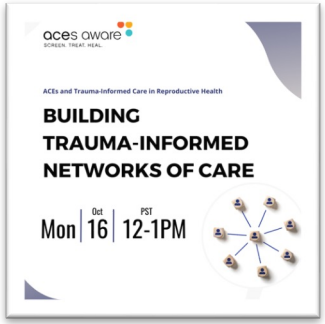
- 16 webinars scheduled for 2023
- More than 1,500 live attendees to date

- Webinar Series:
  - Implementation with Intention
  - Science and Innovation Speaker Series
  - Community Spotlight
  - ACEs and Reproductive and Sexual Health

Reproductive Health Series

- Proof of concept for webinar special series as a strategy to expand
- Co-developing content with Subject Matter Experts and providers on the ground

  - ~1200 registrants to date
  - 670 live attendees to date
  - ~ 40% of registrants for the first webinar had not previously completed *Becoming ACEs Aware in California*



Science and Innovation Speaker Series

Community Spotlight Series

Future Training Directions

- Continue to identify special series live training topics
  - School-based health centers
  - Mental health
  - ACE screening and response across the lifespan

- Work with partner organizations to continually identify training gaps relevant to target populations

- Updated ACEs Aware Learning Center will provide greater customizability and advanced analytical capabilities

- Evaluate and identify opportunities to improve core *Becoming ACEs Aware in California* training to address the needs of an expanding Medi-Cal workforce

Discussion:

How do we build a healthcare workforce that is “ACEs Aware”?

Public Comment

Next Steps

Save the date for next TIPC meeting: February 13, 10 am – 12 pm

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/48IzTp5

Adjourn

Email questions or comments to ucaan@ucla.edu