

Trauma-Informed Primary Care (TIPC) Meeting Summary

Wednesday, April 20, 2022 from 10:00 a.m. -12:00 p.m. PDT

The **Trauma-Informed Primary Care (TIPC) Implementation Advisory Committee** met virtually on **April 20, 2022**. This document summarizes the meeting and the key themes and recommendations, which will be considered in the ongoing implementation of the ACEs Aware initiative. Visit [ACEsAware.org](https://www.acesaware.org) for meeting slides and agenda.

TIPC Members in attendance:

- Jack Anderson, County Health Executives Association of California
- Marti Baum, Loma-Linda University, Pediatrics
- Lisa Folberg, California Academy of Family Physicians
- Nancy Goler, The Permanente Medical Group
- Mary Ann Hansen, First 5 Association of California
- Kim Johnson, California Department of Social Services
- Demetria Malloy, Anthem Blue Cross
- Julianne McCall, California Governor's Office of Planning and Research
- Brigid McCaw, California ACEs Learning and Quality Improvement
- Connie Mitchell, California Department of Public Health
- Jim Suennen, California Health & Human Services Agency (CalHHS)
- Brent Sugimoto, California Academy of Family Physicians
- Marjorie Swartz, California State Senate - Office of President Pro Tempore

TIPC Members not in attendance

- Joaquin Arambula, California State Assembly - Office of Assemblymember Joaquin Arambula
- Gatanya Arnic, Center for Youth Wellness (CYW)
- Kristen M.J. Azar, Sutter Health
- John Baackes, L.A. Care Health Plan
- Eric H. Ball, American Academy of Pediatrics (AAP) Orange County, California
- John Bauters, Californians for Safety & Justice
- Kimberly Bower, Blue Shield of California
- Michael Brodsky, L.A. Care Health Plan
- Michelle Cabrera, California Behavioral Health Directors Association (CBHDA)
- Carol Gallegos, California Department of Health Care Services (DHCS) - Legislative & Government Affairs
- Michelle Gibbons, County Health Executives Association of California (CHEAC)
- Jonathan Goldfinger, Didi Hirsch Mental Health Services
- Agnes Lee, California State Assembly - Office of the Speaker
- Elliott Main, California Maternal Quality Care Collaborative
- Farrah McDaid-Ting, California State Association of Counties (CSAC)

- Frank Mecca, Mecca Strategies
- Pooja Mittal (*Ramiro Zuniga attended in her absence*)
- Don Mordecai, Kaiser Permanente
- Richard Pan, California State Senate - Office of Senator Richard Pan
- Kris Perry, California Department Health and Human Services (CDHSS)
- Alecia Sanchez, California Medical Association
- Kiran Savage-Sangwan, California Pan-Ethnic Health Network (CPEHN)
- Cathy Senderling-McDonald, County Welfare Directors Association of California (CWDA)
- Richard Thomason, Blue Shield of California Foundation
- Mike Witte, California Primary Care Association (CPCA)

Staff and Consultants:

- **Department of Health Care Services (DHCS):** Karen Mark, Anthony Cava, Nicholas Clark, Sohrab Sidhu, Norman Williams, Melissa Rolland
- **Office of the California Surgeon General (CA-OSG):** Devika Bhushan, Aaron Gallaher, Rachel Gilgoff, Kristen Kainer, Berit Mansour, Janne Olson-Morgan, Julie Rooney, Matt Schueller
- **UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN):** Edward Machtinger, Shannon Thyne, Natalie Anz, Jennifer Estrada, Dayna Long, Paula Murphy, Jeff Sheehy, Amy Shekarchi, George Slavich, Nina Thompson, Emily Williams

Members of the General Public: 8

Agenda + Survey Results

After reviewing the meeting agenda, **UCAAN CEO Emily Williams** provided results from two of the questions in the October 2021 TIPC Meeting survey:

1. *What clinician populations should UCAAN/ACEs Aware target for training in 2022?*
 - Responses identified two main groups for us to target: OB/GYN and family medicine; followed by graduate medical trainees, internal medicine, nurses, medical assistants, and other multidisciplinary staff.
2. *Which ACEs Aware communication channels do you find most effective?*
 - Respondents commented that email would be the most effective means of communication. Other options include through TIPC meetings, the website, social media, and training opportunities.

Introduction

Devika Bhushan, Acting California Surgeon General, and Karen Mark, DHCS Medical Director, delivered welcome remarks. After their remarks, Dr. Mark provided an update



on the ACEs Aware initiative, and Dr. Bhushan provided an update on CA-OSG activities funded from the \$4.4 billion Children and Youth Behavioral Health Initiative (CYBHI) that will continue to build a trauma-informed ecosystem, extending the work of the ACEs Aware initiative.

Moving Forward with ACEs Aware

Karen Mark, DHCS Medical Director, provided an update on the ACEs Aware initiative, based on data from the annual data report published in March (the most recent ACEs Aware report as of the meeting date). See the [slide deck](#) for the data. Dr. Mark also announced that newer data would become available the next day, April 21, in the [latest quarterly report](#).

Highlights:

- **20,600** individuals have completed the *Becoming ACEs Aware in CA* training since December 2019.
- Approximately **54 percent** of individuals who completed the training are providers who can bill **Medi-Cal**.
- Medi-Cal providers conducted more than **640,700 ACE screenings** of approximately **518,100 unique Medi-Cal beneficiaries** across California between January 2020 and March 2021, based on Medi-Cal claims data.
- The largest initial training participant group identified as pediatric providers (more than 25 percent). Over the past year, pediatric providers represented only 20 percent of all trainees, with an overall increase in OB/GYN, internal medicine, family medicine, and behavioral health providers.

Children + Youth and Behavioral Health Initiative Programs

Devika Bhushan, acting California Surgeon General, provided an update on CA-OSG's ACE programs funded by the Children and Youth Behavioral Health Initiative (CYBHI).

- Addressing ACEs and toxic stress is a key priority for the office and a large focus of CA-OSG responsibilities. However, work goes beyond ACEs Aware. Additional office priorities, including early childhood development and health equity, lead us to be involved with many other cross-departmental projects and initiatives.
- The CYBHI was announced in July 2021 as a \$4.4 billion investment to enhance, expand, and redesign the systems that support behavioral health for children and youth and their families.
- It's a combined effort of DHCS, the Department of Health Care Access and Information, Department of Managed Health Care, Department of Public Health, and CA-OSG, in partnership with CalHHS and a wide range of stakeholders



- CA-OSG is tasked with developing and launching a \$24 million ACEs and toxic stress public awareness campaign and a \$1 million trauma-informed educator training.
- **Public Awareness Campaign**
 - A public awareness campaign couldn't be timelier with the passage of the ACEs Equity Act, which significantly expanded coverage for ACE screenings.
 - Two thirds of U.S. adults, the same number of adults affected by ACEs, have not heard of ACEs. Objectives for this campaign include:
 - Creating public understanding of ACEs and toxic stress so Californians understand what ACEs are and how they can impact our health – both mental and physical.
 - Offering messages of hope that toxic stress is a treatable health condition, and there are resources available for screening, treatment, and prevention.
 - Sharing practical strategies for buffering care that parents and caregivers can provide to reduce the impact of ACEs on children and youth.
 - Timeline:
 - Request for Proposal (RFP) posted February 4, 2022
 - Currently reviewing proposals
 - Awarding late July/early August 2022 (anticipated)
 - Campaign launch late summer/fall 2022
- **Trauma-Informed Educator Training**
 - As part of the CYBHI, the 2021 Budget Act provided \$1 million to CA-OSG to develop a trauma-informed training curriculum for the education sector, focusing on ages 0 (daycare and preschool) through grade 12.
 - This training will be a partnership between CA-OSG, the Department of Education, and the Board of Education. The timeline for this curriculum starts this spring, with the goal of convening an expert review panel in early summer, piloting the curriculum later this summer, and launching in the fall. Evaluation efforts are expected to be in winter 2022 or spring 2023.

UCAAN Overview

Shannon Thyne, Co-Principal Investigator (PI) of UCAAN, delivered an overview of the work that UCAAN has been doing since it launched in October 2021 to advance the ACEs Aware initiative.

The core ambition of UCAAN is to provide training and capacity building for Medi-Cal providers to support the screening and treatment of toxic stress, evidence-informed treatment of adversity-related health conditions, and changing clinic and community level structures to support resilience and healing

Four values inform the work of UCAAN across all departments, advisory groups, and committees. The four values are: community engagement, health equity, whole person and family wellness, and aligning existing and needed resources to support this work. UCAAN does this work through three departments: Education & Training, Clinics & Communities, and Evaluation & Evidence.

Dr. Thyne introduced several people from UCAAN who gave brief presentations about their work.

George Slavich, Professor of Psychiatry and Biobehavioral Sciences and UCAAN's lead from the Evaluation and Evidence Department, presented on the Science Roadmap and its four goals:

1. Landscaping and synthesizing existing best practices and research.
2. Convening an expert panel of stakeholders.
3. Developing logic model and guidelines for addressing existing gaps in knowledge and practice.
4. Funding and supporting pilot projects and community grants to help develop the evidence base underlying ACE screening, response, and prevention.

Nina Thompson, Lead Consultant for UCAAN Pilot Projects, provided an overview of the pilot program. The goal is to allow synergy between community-based organizations (CBOs), community clinics, and UCLA and UCSF to advance education and training in ACE screening, toxic stress treatment, and the prevention and treatment of ACE-Associated Health Conditions.

Fifteen pilot projects were selected between December 2021 and February 2022 and launched in March 2022. Work is expected to be completed in June 2023. The list of the 15 pilot projects is included in the [slide deck](#).

Adam Schickedanz, UCLA Assistant Professor of Pediatrics, presented about The Resilience Bridge at Harbor-UCLA, the pilot project for which he serves as Co-Principal Investigator.



The pilot is focused on transforming mother-child care across the prenatal to pediatric clinical care continuum at Harbor-UCLA Medical Center, Los Angeles County's second-largest public hospital. The work addresses a critical lack of prenatal, pediatric, and family care models to identify, address, and prevent the impact of adversity on maternal and infant health and development.

Elena Josway, Program Director at Futures Without Violence, presented on the *Addressing the Health Impact of ACEs and Toxic Stress in California's Farmworker Communities* pilot project. This project is being developed with farm leaders and workers to engage community members to learn about ACEs and to solicit feedback on health center strategies to screen and respond to ACEs.

Amy Shekarchi, UCLA Assistant Professor of Pediatrics and Director of UCAAN Clinical and Academic Programs, presented about the latest community grants: Preventing and Responding to ACE-Associated Health Conditions and Toxic Stress in Clinics through Community Engagement (PRACTICE).

This third round of ACEs Aware grant funding has two purposes: 1) Focus on community systems and partnerships required for the work of ACE screening and response to toxic stress; and 2) Highlight how core partners will expand and sustain the services and workforce needed to prevent ACEs and treat ACE-Associated Health Conditions.

The RFP is expected to be released at the end of April, with applications due in June. UCAAN has contracted the [Population Health Innovation Lab \(PHIL\)](#), a program of [Public Health Institute \(PHI\)](#), to implement the grant program.

Framework for the Future

Edward (Eddy) Machtinger, UCSF Professor of Medicine and Co-PI of UCAAN, presented the social entrepreneurship framework by which the ACEs Aware initiative is moving forward. He said the goal of this initiative, and what the presenters are seeking together, is for primary health care, starting with the 14.6 million Californians in the Medi-Cal system, to become a *protective factor* that prevents the intergenerational transmission of ACEs and other traumas and buffers the impact of adversity and toxic stress.

Eddy laid out four elements of the social entrepreneurship model for ACEs Aware:

1. **Naming the Problem:** Adverse childhood experiences in the absence of sufficient protective factors underlie and perpetuate most preventable illness, death, disability, and health disparities.

2. **Envisioning a Solution:** A health system organized to achieve whole family wellness and health equity by preventing and interrupting the impacts of ACEs and other traumas and promoting protective factors and resilience.
3. **Building, Testing, and Refining Prototypes:** ACE screening and response; trauma-informed and resilience-informed care; interventions for ACE-Associated Health Conditions; biomarkers for toxic stress, and feasibility, acceptability, and efficacy in variety of care settings.
4. **Promoting Widespread Adoption and Sustainability:** Changes in laws, regulations, payments, and trainings that promote our solution; increased patient and stakeholder expectations for our solution

Next steps for the ACEs Aware initiative include aspects of the four elements of the social entrepreneurship model listed above, as well as:

- Clarifying the “solution” with evidence from prototypes and input from stakeholders.
- Making dynamic improvements to professional education and training with the latest evidence.
- Providing evidence for policies to improve staffing, infrastructure, and support for primary care clinics, clinicians, and staff

Discussion

Eddy Machtinger introduced the discussion section of the meeting by sharing four question prompts:

1. Are there gaps in our priorities?
2. Is there anything else we should be considering?
3. Where do you see opportunities for and challenges to achieve our goals?
4. How do we all work to improve the infrastructure and support of primary medical care, where most of this work is intended to occur?

Brigid McCaw asked those who work in family medicine and women’s mental health, how we can improve and expand our outreach work in those areas.

Brent Sugimoto discussed the training of family physicians in trauma-informed care and opportunities to expand training, including:

- **Residents:** Residents by and large mostly get the importance of ACEs; it’s something they encounter in medical school, and they are very receptive to the messaging. Some have taken it on to be champions within their own residencies.
- **Departments:** In family medicine, about 90 percent are employed physicians, who work in some sort of a large health system. Whether or not they complete an ACE training is largely dependent upon how the department is set up to facilitate

it. An important part of our efforts should be reaching out to these departments and forming alliances with them.

- **Tone:** Tone is very important. Family doctors do think this work is important, but they have a philosophy of meeting the patient where they are and thinking about their whole social context, their readiness to make change. That's why some have expressed concern about universally screening for ACEs. They worry about patient readiness and possible re-traumatization through screening that is done without education first. It's important that we hone this point that when we do ACE screenings, we do it in a trauma-informed way.

Nancy Goler agreed with these points and added that there is some resistance among OBGYN doctors to begin screening for ACEs, and the need to help them understand the value, especially in light of the number of screenings they are already required to conduct. There's an appetite from patients, who find the screening highly valuable when getting ready to have a child, but not as much from doctors.

Suggestions from **Dr. Goler and Dr. Sugimoto** to expand reach with this population included:

- Offer the screening not in the entry session, but later in the pregnancy, when there isn't so much paperwork.
- Grants to study prenatal screening.
- Engage professional associations.

Dr. McCaw suggested that in addition to prenatal care, there is a golden opportunity in women's health care in general outside of prenatal care, at the times when women are thinking about their families, when they are thinking about reproductive choices.

Dr. Goler agreed and asked how to bring screening into a regular check, especially for patients who come in for conditions resulting from high-risk behaviors that are likely correlated with greater ACEs. "For adults, it may be a one-time assessment, but that doesn't mean it should be a one-time conversation."

Lisa Folberg stressed the importance of the messaging used in the training, materials, and outreach, and that it makes family physicians feel included and appeals to them.

Devika Bhushan followed up on a comment about whether or not we can actually achieve ACE prevention through this work. She suggested a different way of framing that. "When we are addressing ACEs and their health impacts in a parent, we are then preventing ACEs from happening in their kids. I think that must be a key part of our message to family physicians."

Eddy Machtinger mentioned that at least two of UCAAN's pilots are looking at exactly that, and they have a goal of preventing ACEs by treating the parent more effectively



and mitigating the intergenerational transmission by establishing new routes of communication.

Karen Mark mentioned that she liked the earlier comment that it's a one-time screening, but not a one-time conversation. "That really resonates with me as an internist. Helping the adult patients we work with make those connections with ACEs, whether they have children or are past child-bearing years or not, is really important all around for the holistic care of our patients over time."

Public Comments

There were no public comments.

Next Steps

Emily Williams said the next TIPC meetings would be held on **July 20, 2022**, and **October 19, 2022**. She asked attendees to fill out the [meeting survey](#), which includes a question about TIPC committee members' preferences for holding future meetings in person.

Adjournment