



## ACEs Aware: Provider Training Plan

ACEs Aware will support a series of provider training opportunities to help educate Medi-Cal providers across California about the importance of incorporating Adverse Childhood Experience (ACE) screenings into their clinical practice as well as how to conduct screenings, use clinical protocols to determine treatment plans, and provide trauma-informed care.

**Phase 1** of the ACEs Aware training program is an online, 2-hour training based on curriculum developed by the U.S. Department of Health and Human Services, which includes information on how providers can participate in the Medi-Cal ACEs screening program. The training covers clinical algorithms and protocols to help inform patient treatment and encourage the use of trauma-informed care. The Phase 1 training provides continuing medical education (CME) and maintenance of certification (MOC) credits. The Phase 1 training certifies providers to receive Medi-Cal ACE screening reimbursements.

**Phase 2** of the ACEs Aware training program is designed to complement and supplement the Phase 1 efforts by supporting additional training opportunities. These trainings will be developed in partnership with trusted expert organizations to target specific medical provider specialties, expand on topics covered in the Phase 1 training, and/or offer training in additional modalities, such as in-person.

### Phase 2: Additional Training Opportunities

CA-OSG and DHCS are interested in partnering with organizations to provide additional certified training opportunities that are targeted to specific provider specialties, expand on topics covered in the Phase 1 training, and/or offered in different modalities. All certified trainings would need to meet the CA-OSG developed curriculum criteria (Attachment 1).

The types of training options to be considered include:

- Medical specialty-specific trainings such as for: pediatrics, ob/gyn, family medicine, etc.
- Topic-specific trainings such as: clinical transformation, clinical protocols and algorithm, treatment planning and referrals to community resources and support, health condition-specific treatment, etc.
- In-person or other training modalities (such as in-person).
- Other training needs as identified by CA-OSG, DHCS, or key partners.



### Training Selection Process

Harbage Consulting will release a Request for Proposals (RFP) in November 2019 to invite organizations across California to apply to develop and conduct Phase 2 trainings. Harbage Consulting will consider the following types of proposals:

1. **Certification of Existing Training Curriculum:** If an organization has already developed a comprehensive training that addresses the CA-OSG-developed criteria, that complete curriculum can be submitted for review and potential certification by CA-OSG and DHCS, meaning that providers could take that training and be certified to receive Medi-Cal reimbursement. Preference will be given to training activities that provide CME and/or MOC credits.
2. **Partner Training Grants:** If an organization is interested in developing a new training, adapting an existing training, or hosting a training event and agrees to make that training available free of charge to Medi-Cal providers, they may request a grant. At least \$450,000 is available through June 2020 to support these grants.

Examples of grant-funded trainings could include development of new online trainings (including ones targeted to specific medical specialties) and/or the adaptation of the Phase 1 training for use in different modalities such as webinars and in-person trainings.

If the training meets the CA-OSG criteria, it would be certified, however grants will also be available for trainings that do not meet the criteria but are designed to be supplemental to the certified trainings.

RFP responses will be evaluated to maximize the diversity of training opportunities to be made available to a range of Medi-Cal providers across the state, according to the training options identified above. Preference will be given to organizations that will deliver trainings in 2020. Preference will also be given to organizations that demonstrate a connection to or ability to reach Medi-Cal providers, as well as proven history helping providers develop networks of care with their communities.



## Attachment 1: Training Curricula Criteria

The following curricula criteria have been identified by the California Office of the Surgeon General (CA-OSG).

1. **Trauma-informed care principles** and how to achieve them in patient care and for staff:
  - a. Physical and emotional safety;
  - b. Trustworthiness and transparency in decision-making;
  - c. Peer support;
  - d. Collaboration and mutuality;
  - e. Allowing for “empowerment, voice, and choice” through a client or patient-driven approach;
  - f. Sensitivity to and awareness of intersectionality of identity characteristics and histories, including care that is sensitive to cultural, racial, class, and gender issues, awareness of implied privileges and discriminations, and avoidance of stereotypes; and
  - g. Leadership: should receive additional training on institutional and systemic approaches to achieving a trauma-informed medical home.
2. **ACEs and toxic stress physiology** as they relate to implications for patients’ short- and long-term health. This should include specific illustrations of ways in which the pathophysiology or response to treatment for common diseases is impacted or altered by toxic stress physiology. Both mental and physical health consequences should be highlighted.
3. **Simple clinical algorithm** for utilizing the ACEs screening tools to be used in California:
  - a. Should allow for identified or de-identified (cumulative scoring) screening in primary care;
  - b. Suggested clinical workflow for ACEs screening;
  - c. Overview of screeners:
    - i. For pediatric providers: PEARLS;
    - ii. For adult providers: ACE;
  - d. Criteria/algorithm for further assessment and referral; and
  - e. Suggestions for:
    - i. Electronic medical record integration of ACEs screening information;
    - ii. Systems-level data collection and evaluation; and
    - iii. Quality improvement.



4. Guidance for ways in which ACE screening results can be used for **better tailored treatment planning and follow-up** for specific kinds of conditions or symptoms.
5. Promoting resilience: tools and interventions.
  - a. Illustration of specific factors that promote resilience and how to approach them in clinical care: e.g., high-quality sleep, nutrition, physical exercise, mindfulness, mental health, and supportive relationships.
  - b. How to work within multidisciplinary teams to achieve patient goals.
6. Knowledge and tools for preventing, recognizing, understanding, and responding to vicarious trauma and burnout among staff.
7. Information on **how providers can participate in California's ACEs Aware initiative**, including how to bill and receive payment from Medi-Cal for screenings, as well as how to attest to having received certified training.