



## **California ACEs Learning and Quality Improvement Collaborative (CALQIC)**

### **Your Questions Answered**

#### **Questions about Eligibility**

- **Behavioral Health:** *Is this program for Primary Care, only? Or are you looking for other types of providers who screen (e.g. Behavioral Health Care)?*
- **MAT Providers:** *Is this program going to be available for youth/adult substance use disorder providers and or MAT programs?*
- **PCP versus Specialty:** *If this program is geared towards PCP or do you suggest specialty practices to apply?*
- **Screening Setting:** *Is it expected the screening will take place in family medicine and pediatrics departments, or can this also be distributed in other settings (I.e., OB-GYN?)*
- **Dental:** *So, to clarify our Dental dept would not be eligible to screen?*

- The CALQIC learning collaborative is designed for primary care providers in the specialties of internal medicine, family medicine, OBGYN, and pediatrics.

The focus of the learning collaborative is setting up processes to do ACEs screening and response in primary care settings that serve primarily Medi-Cal patients. The model and workflows for doing this may vary from site to site, given different resources and goals. Behavioral health providers and other staff may be involved in the workflow and on the team participating in the collaborative. However, the goal of the initiative is to support primary care settings and align with billing requirements included in the ACEsAware initiative. ACEsAware has information about which providers qualify for Medi-Cal payment for conducting ACE screenings at <https://www.acesaware.org/about-aces-aware/faq/>.

Each organization participating in CALQIC will decide which populations, subpopulations, sites, departments, and clinical teams are most appropriate to participate in the program. For example, if patients with Substance Use Disorders are receiving services in primary care, they would be an eligible population to be served through the collaborative.

- **Adults versus Children:** *Does the organization have to offer comprehensive primary care to both Medi-Cal covered adults and children or is it acceptable to just offer such care to one or the other?*



- Organizations are not required to offer comprehensive primary care services to both adults and children. The ultimate goal of CALQIC is to select a group of organizations across the state that represent geographic diversity as well as diversity in patients served, including both children and adults.
- **Other Collaborative Efforts:** *Is the collaborative geared towards only clinics or can smaller collaboratives that support clinics with screening and interventions also participate in CALCIQ?*
  - The collaborative is only for clinics providing primary care. Qualifying organizations include:
    - Federally qualified health centers (FQHC) and FQHC look-alikes
    - Community clinics, rural health clinics, and free clinics
    - Ambulatory care clinics owned and operated by public hospitals
    - Indian Health Service clinics
    - Other primary care practices serving mostly Medi-Cal patients (children and/or adults)
  - Regional clinic consortia, statewide clinic associations, and other collaborative efforts are not eligible to apply.

#### Questions about Organization and Site Definition

- **Organization Definition:** *Does organization mean the whole health system or can it be the Department of Pediatrics within a massive health system?*
- **Distinct Departments:** *Can two distinct departments within one very large clinic site be considered different 'sites' for the purpose of this opportunity?*
  - The organization is defined as a single health system but the different departments (i.e. peds/family med) could be counted as separate sites.
- **Site Definition:** *What defines a site? Address or number of patients served at that site?*
  - In general, a site is defined by a unique address with patients assigned. However, there are instances (particularly for large health systems or public hospitals) that may have multiple large departments within the organization that could count as a site (i.e. pediatrics or family medicine). CCI is happy to talk with you about any questions about your specific sites.
- **Site Definition:** *Can the multiple sites be different clinics within the same large organization even if at the same site?*



- Multiple sites can be defined as different clinics within the same organization and/or physical address provided that the clinics have their own patients assigned to them (for example: pediatrics clinic and family medicine clinics).

Overall, we understand there is tremendous variability in the structure and size of healthcare organizations and their clinic sites. For the purposes of this application:

**By organization** we mean the overall health system entity under which one or more locations provide primary care. We want commitment and engagement at the organization level to increase the likelihood that the work of the CALQIC will have ongoing leadership commitment to support integration and sustainability of this effort. We are looking for up to 15 different organizations for this collaborative.

**By site** we mean an individual primary care clinical location which functions as a unit to serve patients, so that a project team could impact clinical staffing and process changes that could be implemented in a way that ultimately impacts all patients in that site. We want organizations to choose one site for the initial pilot, and then indicate 1-4 other sites where they plan to expand after the initial site. For example, in one organization this might mean starting in a pediatric site and then spreading to a second primary care specialty site such as family medicine. In another organization it could mean starting with one family medicine site and then spreading to several other family medicine sites within the organization.

**Altogether** we are looking for organizations that collectively propose to support at least 50 sites, including the initial and spread sites. Organizations should propose the sites and the team members that they feel will be most effective in this collaborative. Please feel free to contact CCI if you have any questions about this.

#### Questions about the Application Process and Budget

- **Equipment:** *Are equipment purchases allowable under this grant?*
  - Yes, as long as they are tied to activities related to ACEs screening and response.
- **Lost Revenue:** *Can we offsite time that providers are out of the clinic, i.e. lost revenue?*
  - Yes.
- **Indirects:** *Does the grant amount include indirects? Does the grant pay indirects? Is there a limit on the amount?*
  - The grant allows for indirects up to 15%.



- **Evaluation Support:** *If there is external evaluation, can grant funds also cover internal evaluators to support collection and tracking of data?*
  - There will be an external evaluator for CALQIC. Part of their role includes working with participants to define data sources and tracking for the required measures. Coaches may also support teams in defining additional measures that they'd like to collect. If you require additional assistance in defining measures or staffing to collect data for your measures, you can use your grant funds to pay for these resources.

### Questions about Collaborative Activities

- **Number of Team Members:** *Is it only one person per in-person session?*
  - We are asking that a core team participate in the three in-person sessions. A team includes a minimum of four individuals and a maximum of eight individuals. See the RFA and answers below about guidance about who should be on the team.
- **Team Composition:** *What disciplines would the group of people participating from the clinic consist of?*
  - At least one senior leader who can ensure protected time for team members to participate in learning collaborative activities as well as lead change within their organizations. This individual should also have decision-making authority to move ACEs screening and response work forward.
  - A provider champion that has a significant role in your organization's ACEs screening efforts;
  - At least one frontline staff or provider who can inform and lead the operational and clinical implementation within the organization; and
  - A data or IT staff that can help to manage data and metrics collection and reporting.
  - Representatives from additional sites beyond the pilot site (as appropriate).
- **Addressing Racial Bias:** *How is this learning program and its cohorts addressing racial biases that could impact and result from ACEs screening results?*
  - This is a priority area of CALQIC. We intend to incorporate a focus on addressing racial and other biases that could impact and result from ACEs screening into our training and curriculum.
- **External Evaluator:** *Has the external evaluator been identified and if so, can you share that information?*



- Yes, we've already selected an external evaluator. We will be working with the Center for Community Health Evaluation (CCHE).

### Questions about Screening & Response

- **ACEs Screening & Response Work:** *What will the ACEs response work look like? What will the clinical work look like? Are there target interventions that Behavioral Health is expected to perform if patients are found to be positive for these questions?*

- The model and workflows for ACEs screening and response may vary from site to site, given their resources and goals. CALQIC will be providing guidance and aligning our curriculum with the ACEsAware Initiative (<https://www.acesaware.org/treat/clinical-assessment-treatment-planning/>) while also recognizing the need for individual organizations to tailor their clinical screening and response work to their patient population and available resources.

UCSF has assembled a team of clinical experts to recommend best practices for screening and response, grounded in clinical evidence. This framework is still in development and will be available prior to the start of the collaborative.

Broadly speaking, we anticipate that responses could include the following types: anticipatory guidance given to all patients, brief intervention by the primary care provider during the visit or in follow-up visits, intervention by another member of the care team, referral to a behavioral health provider (internally or in the community), and/or referral to other community based services.

- **Response Categories:** *What are the preliminary categories of "response"?*
  - Our evaluator, CCHE, will work with participating teams on defining response categories that work for them. For now, the preliminary response categories include the following:
    - Anticipatory guidance
    - No intervention offered/not documented
    - Family already receiving/enrolled in appropriate services (internal/external)
    - Offered intervention/service, parent declined
    - Offered intervention/service, parent accepted
      - Category 1 (internal/external)
      - Category 2 (internal/external)



### Questions about Different Opportunities

- **Differences between CALQIC and RBC:** *For the summer Resilient Beginnings Collaborative opportunity, do you need to be located in the Bay Area? I am trying to understand if there are two opportunities coming soon and do both opportunities need to be located in the Bay Area?*
  - CALQIC is a statewide initiative focused on ACEs screening and response in both pediatric and adult populations in primary health care settings; organizations across the state are eligible to apply and participate.
  - Resilient Beginnings Collaborative (RBC) is a Bay Area specific program focused on increasing the capacity of safety net healthcare providers to prevent, screen, and treat childhood adversity in pediatric care settings. CCI will be sharing more about RBC in the summer of 2020. Organizations are eligible to apply to and participate in both opportunities, as well as apply and participate in any other external programming activities offered through ACEs Aware or other similar initiatives.
- **Behavioral Health Initiatives:** *Is there a simultaneous pro-active initiative to increase behavioral health/mental health access?*
  - At this time, CCI is not planning to develop initiatives focused on behavioral health access related to ACEs screening and response. Please visit the ACEs Aware website to learn about any potential opportunities in this area: <https://www.acesaware.org/>.

If you have additional questions while preparing your application, please email Megan O'Brien at [mobrien@careinnovations.org](mailto:mobrien@careinnovations.org).