New intervention to help children with trauma will treat the whole family

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As California?s new program to screen Medi-Cal patients for adverse childhood experiences (which are termed ?ACEs?) gets underway, experts at UC San Francisco are trying to ensure that the adults and children who report trauma get the help they need.

Experts now believe it?s most effective to treat the whole family when traumas occur. But any successful program would need to overcome fragmented payment systems, which usually dictate separate and poorly coordinated care for children and adults. So, with funding from Genentech [2], the UCSF researchers plan to develop a ?Whole Family Wellness? intervention that integrates resources from Medi-Cal clinics with outside agencies and test it over a three-year period.

Using a hub-and-spoke model, the intervention would employ a family care manager to ensure coordination between Whole Family Wellness Hubs within Medi-Cal clinics, and affiliated ?spoke? agencies, such as community-based organizations and adult physical and behavioral health services, as well as housing, legal, and other social supports. The hubs would also offer programs to promote mental and behavioral health for the whole family.
The growing awareness that trauma is driving health disparities has led California to start the ACEs Aware initiative, which reimburses providers to screen patients in the Medi-Cal system for adverse childhood experiences, said Edward Machtinger, MD, a professor of medicine who directs the Women’s HIV Program, as well as the Center to Advance Trauma-Informed Healthcare at UCSF. But we still need to understand how screening for ACEs can support a whole family approach to care within our current systems.

The intervention will be developed and tested at Bay Area clinics that are part of the California ACEs Learning and Quality Improvement Collaborative (CALQIC), which was created with $10.6 million from the Office of the California Surgeon General and the California Department of Health Care Services to train providers and develop clinical protocols for ACEs screening.

As the largest coordinated dissemination of ACEs screening and response, CALQIC offers an ideal infrastructure to test innovative responses to the traumatic origins of health disparities among children and families from low-income communities, said Machtinger, who co-leads CALQIC with the Center for Care Innovations, the RAND Corporation and Los Angeles County Department of Healthcare Services.

The project’s research and clinical team includes UCSF’s Alicia Lieberman, PhD, professor of psychiatry and director of the Child Trauma Research Program, an expert in early childhood development with a specific focus on Latinx children and families; Kenneth Epstein, PhD, LCSW, professor of psychiatry, an expert in family therapy and in developing trauma-informed systems of care; Jayme Congdon, MD, assistant professor of pediatrics, an implementation scientist with a focus on intergenerational approaches to health; Anda Kuo, MD, professor of pediatrics and an expert in community engagement and medical education; and Marguerita Lightfoot, PhD, professor of medicine, who is chief of the Division of Prevention Science and directs the Center for AIDS Prevention Studies and the UCSF Prevention Research Center, and is an expert on mental health interventions for African-American adolescents. They are joined by Alex Briscoe, MA, principal of the California Children’s Trust.

If the intervention succeeds, it will become a blueprint for a whole-family wellness model of primary care to improve outcomes for low-income children and families.

The findings will provide critical guidance to statewide and national efforts to address toxic stress and achieve health equity for children and families, said California Surgeon General Nadine Burke Harris, MD, a pediatrician who has focused much of her work on ACEs and toxic stress. The disproportionate effect of the pandemic on communities of color makes this the perfect time to develop innovative policies that will truly improve the lives of the most vulnerable Californians.

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The UCSF Department of Psychiatry and Behavioral Sciences and the Langley Porter Psychiatric Institute are among the nation's foremost resources in the fields of child, adolescent, adult, and geriatric mental health. Together they constitute one of the largest departments in the UCSF School of Medicine and the UCSF Weill Institute for Neurosciences, with a mission focused on research (basic, translational, clinical), teaching, patient care, and public service.

UCSF Psychiatry and Behavioral Sciences conducts its clinical, educational, and research efforts at a variety of locations in Northern California, including Langley Porter Psychiatric Hospital and Clinics; UCSF Medical Centers at Parnassus Heights, Mission Bay, and Mount Zion; UCSF Benioff Children's Hospitals in San Francisco and Oakland; Zuckerberg San Francisco General Hospital and Trauma Center; the San Francisco VA Health Care System; UCSF Fresno; and numerous community-based sites around the San Francisco Bay Area.

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The UCSF Weill Institute leverages UCSF's unrivaled bench-to-bedside excellence in the neurosciences. It unites three UCSF departments—Neurology, Psychiatry, and Neurological Surgery—that are highly esteemed for both patient care and research, as well as the Neuroscience Graduate Program, a cross-disciplinary alliance of nearly 100 UCSF faculty members from 15 basic-science departments, as well as the UCSF Institute for Neurodegenerative Diseases, a multidisciplinary research center focused on finding effective treatments for Alzheimer's disease, frontotemporal dementia, Parkinson's disease, and other neurodegenerative disorders.

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