

The ACEs Aware Initiative

Findings from *Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health*



A key component of California's strategy to reduce Adverse Childhood Experiences (ACEs) and toxic stress by half in a generation is the recognition of toxic stress as a health condition amenable to treatment and application of a rigorous scientific framework. As a complement to California's robust primary prevention efforts, the Office of the California Surgeon General and the California Department of Health Care Services created the ACEs Aware initiative, the nation's largest and most comprehensive effort to implement secondary prevention for ACEs and toxic stress. This brief describes the initiative's objectives and main components.

OBJECTIVES

1. To inform and empower primary care clinicians with the latest evidence on how to recognize, address, and prevent ACEs and toxic stress.
2. To incentivize early detection and early intervention for toxic stress by reimbursing providers for screening for ACEs, which involves assessing for the triad of *adversity* (ACE score), clinical manifestations of *toxic stress* (ACE-Associated Health Conditions), and *protective factors* to assess clinical risk for toxic stress and to guide effective responses.
3. To increase awareness and utilization of cross-sectoral, evidence-based clinical and community interventions for preventing and mitigating the toxic stress response.
4. To build clinical capacity for screening for, and clinical and community capacity for response to, ACEs and toxic stress by investing in the development of clinical protocols and community networks for response.
5. To improve clinical outcomes and health equity by enhancing the quality and specificity of health care provided to individuals exposed to ACEs and/or at risk for toxic stress, through rigorous, evidence-informed methods.



COMPONENTS

PHASE 1: INITIAL TRAINING

The California Surgeon General's Clinical Advisory Subcommittee, which is composed of medical, behavioral health, and public health experts, reviewed the current literature and best practices regarding screening for ACEs and toxic stress. Their consensus recommendations provide the foundation for clinical guidance in the ACEs Aware initiative. The subcommittee adapted and supplemented a trauma-informed care curriculum originally developed by the Office of Women's Health of the US Department of Health and Human Services to create a free, **two-hour online training** ([Becoming ACEs Aware in California](#), available at [ACEsAware.org](#), with free CME and MOC credits).¹ The training includes:

- **Clinical algorithms** to assess for and respond to risk of toxic stress, including formulating appropriately tailored, strengths-oriented, and evidence-based treatment plans.
- Information on using the two **screening tools** required for Medi-Cal reimbursement, available online in numerous languages, in identified and de-identified formats²: the **Pediatric ACEs and Related Life-Events Screener**³ and the **ACE Questionnaire for Adults**.
- Information on obtaining reimbursement for ACE screening of Medi-Cal beneficiaries.

In the first nine months of the initiative (January to September 2020), of **14,100 providers** who took the training, 97% reported that they planned to implement changes in their practice to address ACEs or that their current practice was reinforced by the information presented, and 91% reported confidence that they would be able to make such changes. The providers identified time constraints as the most commonly anticipated barrier.

PHASE 2: STRENGTHENING PROVIDER ENGAGEMENT AND CAPACITY

ACEs Aware sought to deepen provider and organization skills and capacities for screening through:

- Funding **grants** for development of specifically targeted **provider trainings**



(for specific provider types and contexts, in a variety of modalities), **provider engagement**, and **communications** materials, with **150 grants** distributed to **100 organizations**, for a total of **\$14.3 million** in funding.⁴ The Frameworks Institute was engaged to work with all grantees to build capacity and offer technical support in developing consistent and effective messaging on ACEs and toxic stress grounded in the latest science.

- Providing **monthly webinars** for deeper provider training.
- Soliciting **strategic input** from clinical, policy, research, and practice experts (via four committees) to guide clinical implementation of screening in Medi-Cal and responding to toxic stress, curricular enhancement, network-of-care identification and planning, and enhancement of provider engagement, with **specific workplans for each**.

PHASE 3: LEARNING AND QUALITY IMPROVEMENT COLLABORATIVE

Based on models of other effective public-private, statewide collaborative approaches, such as the California Maternal Quality Care Collaborative, which successfully reduced maternal mortality in California by 55%,^{5,6} the Office of the California Surgeon General and the California Department of Health Care Services partnered with the University of California, San Francisco (UCSF) to develop the **California ACEs Learning and Quality Improvement Collaborative (CALQIC)**. Led by UCSF in partnership with the RAND Corporation and the Center for Care Innovations, CALQIC is intended to:

- Advance a data-driven learning and quality improvement effort to identify and uplift best practices for screening for and responding to ACEs and toxic stress in diverse healthcare settings;
- Implement an 18-month learning collaborative of 53 clinics in seven diverse California regions, providing participating clinics with virtual coaching and technical assistance, grants, and virtual site visits to exemplar organizations;
- Integrate health equity and patient/community voice into all aspects and activities of the project team, training of participating clinicians, and development of best practices for the next phases of training of healthcare providers; and
- Identify and respond to any potential adverse events associated with ACE screening.



REFERENCES

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