

# Statewide Tools and Strategies for Responding to Adverse Childhood Experiences and Toxic Stress



## *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 that is amenable to treatment and application of a rigorous scientific framework. This approach provides a strong foundation for cross-sector policy action to support a systems-level approach to preventing and addressing ACEs and toxic stress. The tools and strategies outlined below align with recommendations from the National Academies of Sciences, Engineering, and Medicine and the Centers for Disease Control and Prevention regarding how individual, social, community, and structural factors interact to affect health through the life course.<sup>1,2</sup>

## TOOLS

Several key government actions laid the groundwork for California's approach to ACEs and toxic stress.

### Leadership

---

In January 2019, Governor Gavin Newsom established the Office of the California Surgeon General (CA-OSG) through [Executive Order N-02-19](#) and appointed Nadine Burke Harris, MD, MPH, the first California Surgeon General.<sup>3</sup> Dr. Burke Harris set the bold goal to reduce ACEs and toxic stress by half in a generation.

### Legislation

---

Assembly Bill 340 established a Trauma Screening Advisory Group, which recommended in 2019 that the ACE screening tool be used by Medi-Cal (California's Medicaid program).<sup>4</sup>



## Funding

---

California has allocated \$143.1 million over two fiscal years (2019/20 and 2020/21) to support training and reimbursement for provider screening and response for ACEs and toxic stress among eligible children and adults receiving Medi-Cal. This budget investment effectively created the [ACEs Aware initiative](#), an evidence-guided approach to statewide screening and response for toxic stress in primary care, jointly administered by the CA-OSG and the California Department of Healthcare Services.<sup>5</sup> ACEs Aware, the nation's largest and most comprehensive effort to implement secondary prevention for ACEs and toxic stress, was created as a complement to California's robust primary prevention efforts and serves to apply the advancing science of ACEs and toxic stress to leverage the current multi-billion-dollar statewide investments in primary prevention for greater precision and effectiveness.

The initiative utilizes training and key partnerships to build clinical and cross-sector capacity to respond to ACEs and toxic stress, including deep engagements with provider networks and stakeholders, and a data-driven quality improvement effort to identify best practices, the California ACEs Learning and Quality Improvement Collaborative. For more information, see the **ACEs Aware Initiative** brief and [ACEsAware.org](#).<sup>5,6</sup>

California is advancing tertiary prevention of ACEs and toxic stress by providing up to \$9 million through the [California Initiative to Advance Precision Medicine](#) to competitively fund three to five projects to demonstrate precision medicine approaches to addressing ACEs and toxic stress through research partnerships between academic centers and community or public health organizations.<sup>7</sup>

## STRATEGIES

California's key evidence-based strategies to address ACEs and toxic stress are as follows.

- **Cross-sectoral leadership and strategic coordination across state government.** The CA-OSG convened the ACEs Reduction Leadership Team, comprised of key state department leadership, to promote a shared vision for preventing and addressing ACEs and toxic stress, coordinate existing efforts, and jointly leverage new opportunities.
- **Engagement with external stakeholders, experts, and leaders.** The CA-OSG convened the Surgeon General's Trauma-Informed Primary Care Implementation Advisory Committee, comprised of external stakeholders, leaders, and recognized experts from major healthcare plans, philanthropic associations, nonprofits, local government associations, research experts, patients, and professional associations representing physicians.



Subcommittees guide training, clinical implementation, network of care, and provider engagement efforts.

- **Investment in cross-sector programs and policies to prevent and mitigate ACEs and toxic stress for children and families.**<sup>1,2</sup> California has expanded or strengthened:<sup>8,9</sup>
  - » Services for caregivers and families with children through Home visiting (as administered by [CDPH](#) and [DSS](#)) and [Black Infant Health](#) programs;<sup>10-12</sup>
  - » [Medi-Cal eligibility](#), including [expanded coverage for eligible pregnant individuals](#) diagnosed with a maternal mental health condition and undocumented young adults,<sup>13</sup> and the addition of [a family therapy benefit](#);
  - » A cohesive planning process to improve early learning and care by creating the [Master Plan for Early Learning and Care](#) and convening [the Early Childhood Policy Council](#);<sup>14,15</sup>
  - » Economic support for families living in poverty by increasing maximum payments through [California Work Opportunity and Responsibility to Kids](#) (CalWORKs);<sup>11</sup> and
  - » [Paid family leave](#) that is also [job-protected](#).<sup>16,17</sup>
- **Assessment and expansion of best practices in trauma-informed, toxic stress-responsive work across sectors:**
  - » California completed environmental scans to assess the status of state and county efforts to prevent and address ACEs and toxic stress across all sectors, to guide future implementation efforts of ACEs Aware and related programs.
  - » CA-OSG seeks to enhance trauma-informed, toxic-stress-responsive training quality and opportunities across sectors.
- **Public education:** CA-OSG endeavors to raise public awareness about:
  - » How ACEs and toxic stress impact well-being,
  - » The structural and systemic conditions that can make ACEs and toxic stress more or less likely to occur, and
  - » The critical buffering factors that can make all the difference for a child or adult experiencing toxic stress, to prevent further harm and to break the intergenerational cycle of transmission.



## REFERENCES

1. National Academies of Sciences, Engineering, and Medicine. Vibrant and healthy kids: Aligning science, practice, and policy to advance health equity. Washington, DC: The National Academies Press, 2019.
2. Centers for Disease Control and Prevention. Preventing Adverse Childhood Experiences: Leveraging the best available evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2019.
3. Governor of California. Executive Order N-02-19. 2019.
4. Arambula J, Bonta RA. AB-340—Early and periodic screening, diagnosis, and treatment program: Trauma screening. Welfare and Institutions Code, relating to Medi-Cal; 2017.
5. ACEs Aware. ACEs Aware. 2020. <https://www.acesaware.org/> (accessed March 12, 2020).
6. ACEs Aware. Screening for Adverse Childhood Experiences. 2020. <https://www.acesaware.org/screening-for-adverse-childhood-experiences/> (accessed Mar 12, 2020).
7. California Institute for the Advancement of Precision Medicine. CIAPM Request for Proposals 2019: Addressing health impacts of Adverse Childhood Experiences through a collaborative precision medicine approach. 2020. <https://opr.ca.gov/ciapm/projects/2019/> (accessed October 5, 2020).
8. State of California, Department of Finance. Enacted budget summary 2019-20. 2019. <http://www.ebudget.ca.gov/budget/publication/#/e/2019-20/BudgetSummary> (accessed September 27, 2020).
9. State of California, Department of Finance. Enacted budget summary 2020-21. 2020. <http://www.ebudget.ca.gov/budget/2020-21EN/#/BudgetSummary> (accessed September 27, 2020).
10. California Department of Public Health. California Home Visiting Program. 2020. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/CHVP/Pages/Default.aspx> (accessed October 5, 2020).
11. California Department of Social Services. CalWORKs Home Visiting Program. 2020. <https://www.cdss.ca.gov/inforesources/calworkshomevisitinginitiative> (accessed October 5, 2020).
12. California Department of Public Health. Black infant health. 2020. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/bih/Pages/Default.aspx> (accessed October 5, 2020).
13. Department of Health Care Services. County offices to apply for health coverage, Medi-Cal, and other benefits. 2020. <https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx> (accessed October 5, 2020).
14. California Health and Human Services. California for all kids: Master Plan for Early Learning and Care. 2020. <https://chhs.stg.tabordasolutions.net/home/master-plan-for-early-learning-and-care/> (accessed October 5, 2020).



15. Early Childhood Policy Council. Early Childhood Policy Council. 2020. <https://www.chhs.ca.gov/home/committees/early-childhood-policy-council/> (accessed October 5, 2020).
16. Jackson H-B, Gonzalez LA, Kalra A, et al. SB-1383 Unlawful employment practice: California Family Rights Act. Government Code, relating to employment, 2020.
17. California Senate Committee on Budget and Fiscal Review. SB-83 Employment. Government Code, Labor Code, and Unemployment Insurance Code, relating to employment, 2019.