What Lies Ahead?

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

**BACKGROUND**

The state of California has set a bold goal to cut the burden of Adverse Childhood Experiences (ACEs) and toxic stress in half in a generation by implementing a well-formulated public health approach to prevention, early detection, and effective intervention using cross-sectoral expertise. A key component of California’s strategy is the recognition of toxic stress as a health condition amenable to treatment and application of a rigorous scientific framework.

California has made substantial investments in preventing ACEs and responding to some of its most challenging downstream consequences, such as child maltreatment, mental health consequences, and homelessness. To supplement and catalyze these efforts, the Office of the California Surgeon General and the California Department of Health Care Services created the ACEs Aware initiative to implement comprehensive secondary prevention, or early detection partnered with timely intervention, to reduce the health and social impacts of toxic stress.

▶ **The initiative aligns clinical and cross-sector expertise to leverage interventions for toxic stress, proactively uplift families and communities, and promote health and equity.**

For more detail and information, read *Roadmap for Resilience: The California Surgeon General’s Report on Adverse Childhood Experiences, Toxic Stress, and Health* at [https://osg.ca.gov/](https://osg.ca.gov/)
DRIVING QUALITY IMPROVEMENT THROUGH ROBUST EVALUATION

The evaluation of the ACEs Aware initiative is an integral part of ensuring continuous quality improvement, rigorously assessing program effectiveness, and generating implementation lessons.

The evaluation plan has three components:

▶ **California ACEs Learning and Quality Improvement Collaborative (CALQIC)**
  Collection of key clinic-, provider-, and patient-level outcomes related to optimal clinical response to risk of toxic stress, from 53 clinical systems over 18 months, using quality improvement and qualitative inquiry methodologies;

▶ **Medi-Cal Claims Data**
  Quarterly tracking of provider screening information by the California Department of Health Care Services and the Office of the California Surgeon General; and

▶ **External Evaluation**
  A planned future external quantitative and qualitative evaluation (not yet funded) that will combine CALQIC and Medi-Cal inputs with additional data to independently assess overall systems-level changes reflecting practice transformation, healthcare outcomes, utilization, and costs.

NEXT STEPS FOR CALIFORNIA AND THE ACES AWARE MOVEMENT

- **Advance primary prevention-oriented policies and programs** that build and sustain opportunities for safe, stable, nurturing relationships and environments, address the social and structural determinants of health and well-being, and prevent interpersonal and structural discrimination and oppression.\(^{11}\)

- **Advance policy efforts to support early detection and intervention** for ACEs and toxic stress, including the development of clinical diagnostic criteria for toxic stress and allow access to treatment based on risk of toxic stress rather than diagnosis of downstream harms.

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• **Coordinate a robust network of clinical and community interventions**, including clear guidelines for clinical response to risk of toxic stress, as well as technology and data infrastructure for closed-loop communication and follow-up on referrals and treatment plans.

• **Strengthen linkages to social services and mental/behavioral health care** in the primary care setting, either through integrated care models or through strong partnerships.

• **Provide sector-specific training for trauma-informed recognition and response** to ACEs and toxic stress in every sector, including law enforcement, education, justice, early care and education, business and economic sectors, public health, social services, immigration, legal services, and healthcare.

• **Build strong cross-sector collaborations** between healthcare, public health, social services, education, justice, and other allied sectors, and scale promising multidisciplinary, cross-sector efforts to address ACEs and toxic stress using team-based approaches.

• **Launch a public education campaign** on:
  » 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
  » Strong messages of hope, including practical strategies for buffering factors and scaffolding protective factors that can improve outcomes for a child or adult at risk for, or experiencing, toxic stress to prevent further harm—and how to break the intergenerational cycle of adversity.

• **Implement a robust research agenda** for improved detection and treatment of toxic stress, including the development of clinically relevant biomarkers, therapeutic targets, clinical guidelines, individualized treatment strategies, and longitudinal studies of impacts of specific interventions.
REFERENCES


