



## Frequently Asked Questions About the ACEs Aware Initiative

### What is ACEs Aware?

ACEs Aware is a newly launched initiative led by California Surgeon General Dr. Nadine Burke Harris and the California Department of Health Care Services to address the largely unrecognized public health crisis of toxic stress stemming from Adverse Childhood Experiences (ACEs).

ACEs Aware offers Medi-Cal providers training, clinical protocols, and payment for screening children and adults for ACEs. Detecting ACEs early and connecting patients to interventions, resources, and other support can improve the health and well-being of individuals and families.

### What are ACEs?

ACEs are stressful or traumatic events experienced by age 18. The term specifically refers to 10 categories of adversities in three domains: physical, emotional, or sexual abuse; physical or emotional neglect; and household dysfunction that includes growing up in a household with parental incarceration, mental illness, substance dependence, absence due to separation or divorce, or intimate partner violence.

According to the most recent Centers for Disease Control and Prevention data from the Behavioral Risk Factor Surveillance System (BRFSS, 2017), 63.5 percent of Californians have experienced at least one of the ACEs, and 17.6 percent of Californians have experienced four or more ACEs. Nationally, the incidence rate is similar.

### Why is it important to identify individual ACEs scores?

A consensus of scientific research demonstrates that cumulative adversity, especially when experienced during childhood development, is a root cause to some of the most harmful, persistent, and expensive health challenges facing the nation.

Research shows that individuals who have experienced ACEs are at a significantly increased risk of serious health consequences, including nine of the ten leading causes of death. Identifying a history of trauma in children and adults, and providing treatment, can lower long-term health costs and support individual and family wellness and healing.



Research also shows that early detection, early intervention, and trauma-informed care (TIC) can improve health outcomes. TIC is especially critical for reducing the impacts of ACEs, improving patient outcomes, and changing lives.

### **What is toxic stress, and why are children uniquely vulnerable to it?**

Toxic stress induces long-term changes to an individual's biological stress response system. A child or adolescent who experiences ACEs without adequate buffering effects of trusted, nurturing caregivers and safe, stable environments can develop a toxic stress response, which can impact their brain development, hormonal and immune systems, and genetic regulatory systems.

In short, children are uniquely vulnerable to the effects of an overactive stress response because their brains and bodies are still developing. More information about the science of toxic stress can be found at [www.ACEsAware.org](http://www.ACEsAware.org).

### **How does toxic stress impact overall health and behavioral outcomes of children?**

The effects of toxic stress are detectable as early as infancy. In babies, high doses of adversity are associated with failure to thrive, growth delay, sleep disruption, and developmental delay.

School-aged children may have increased risk of viral infections, pneumonia, asthma, and other atopic diseases, as well as difficulties with learning and behavior.

Among adolescents with high ACEs, common somatic complaints include headache and abdominal pain, increased engagement in high-risk behaviors, teen pregnancy, teen paternity, sexually transmitted infections (STIs), mental health disorders, and substance use.

Over the long-term, research shows that individuals who experienced ACEs are at greater risk of heart disease, diabetes, and premature death.

### **What is Trauma Informed Care?**

Trauma-informed care recognizes and responds to the signs and symptoms of trauma to better support the health needs of patients who have experienced ACEs and toxic stress. Key principles of trauma-informed care include:

- Establishing the physical and emotional safety of patients and staff
- Building trust between providers and patients



- Recognizing the signs and symptoms of trauma exposure on physical, psychological, and behavioral health
- Promoting patient-centered, evidence-based care
- Training providers and staff on collaborating with patients
- Ensuring provider and patient collaboration by bringing patients into the treatment process and discussing mutually agreed upon goals for treatment
- Providing care that is sensitive to the racial, ethnic, cultural, and gender identity of patients

### **What kind of treatments and interventions help people with ACEs-Associated Health Conditions?**

Study after study reveals the resilience of the human brain and the efficacy of evidence-based practices targeted at regulating the stress response system. Practices include:

- Balanced nutrition
- Regular exercise/physical activity
- Quality sleep
- Supportive relationships
- Mindfulness/meditation practices
- Psychotherapy and psychiatric care

### **What is involved in conducting a screening?**

At the beginning of an appointment, providers give the screening tool directly to adolescent and adult patients for completion in a private setting. (Caregivers complete it for children.) Patients fill out the form themselves, it enables them to disclose exposure to ACEs by reporting a total score without having to share details - they can disclose how many ACEs, but not necessarily which ones. The screenings take approximately two to five minutes to complete.

### **How will providers be trained in ACEs Aware screenings?**

A certified free, two-hour training on ACEs, screening tools, and trauma-informed care is available at [www.ACEsAware.org](http://www.ACEsAware.org). Additional in-person trainings will be offered in 2020. Providers will receive Continuing Medical Education (CME) credits and Maintenance of Certification (MOC) credits upon completion.

The training will educate Medi-Cal providers about the importance of incorporating ACEs screenings in their clinical practice, how to conduct screenings, use clinical protocols to determine treatment plans, and provide trauma-informed care.



Beginning in 2020, ACEs Aware will host a series of webinars and additional in-person trainings. Also launching in 2020 is a Learning and Quality Improvement (LQI) Collaborative being developed in partnership with the University of California, San Francisco that will implement a data-driven, iterative evaluation and quality improvement process to identify, improve upon, and implement evidence-based best practices regarding ACEs screenings.

Information for all providers interested in ACEs and trauma-informed care, as well as patients who have questions, will be posted on the website.

### **How is the program funded, and will providers be paid for conducting ACEs screenings?**

Beginning on January 1, 2020, DHCS will pay providers \$29 per trauma screening for children and adults with Medi-Cal coverage. By July 2020, providers must self-attest that the training has been completed in order to be eligible to continue to receive Medi-Cal payment for conducting ACEs screenings. The payment is funded through Proposition 56.

### **What is the overarching goal of ACEs Aware?**

The ACEs Aware initiative seeks to reduce the incidence of ACEs and toxic stress by half in one generation. By screening for ACEs, providers can better determine the likelihood a patient is at increased health risk due to a toxic stress response, and can respond with trauma-informed care that will improve the health and well-being of individuals and families. By screening for, and responding to, ACEs, we can reduce the risk of intergenerational transmission of the harmful, persistent, and expensive health challenges created by toxic stress. Learn more at [www.ACEsAware.org](http://www.ACEsAware.org)

### **What is the Learning and Quality Improvement (LQI) Collaborative?**

The Learning and Quality Improvement (LQI) Collaborative, being developed in partnership with the University of California, San Francisco, will implement a data-driven, iterative evaluation and quality improvement process to identify, improve upon, and implement evidence-based best practices in regards to ACEs screenings.