

ACES Aware: Request for Proposals Provider Training, Engagement, and Communications

Adverse Childhood Experiences (ACEs) and toxic stress represent a public health crisis. 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 state and the nation. California is leading the way in training and providing payment to Medi-Cal providers for ACEs screenings to significantly improve health and well-being across the state's communities. For information on the ACEs Aware initiative, visit www.ACEsAware.org.

The California Office of the Surgeon General (CA-OSG) and the Department of Health Care Services (DHCS) are looking for partners to join the movement to ensure everyone is ACEs Aware. ACEs Aware will fund organizations to help extend the reach and impact of this initiative through the following opportunities:

- A. Provider Training Grants (page 4)
 - 1. Certification of Existing Training Curricula
 - 2. Partner Training Grants
- B. Provider Engagement Grants (page 9)
- C. Communications Grants (page 12)
- D. Convenings Grants (page 14)

This Request for Proposals outlines the requirements for these funding opportunities.

Application Submission

Organizations must complete and submit the application(s) and any supporting materials for each opportunity they are applying for to info@ACEsAware.org by January 31, 2020, at 5:00 pm PT.

Organizations may apply for more than one grant. If applying for more than one grant, please list only one contact person for the entire proposal. Please allow up to 60 days for review and follow-up questions. Organizations will be notified of decisions by email.

Submit any questions to info@ACEsAware.org by **January 10, 2020**. Responses will be posted on www.ACEsAware.org.

Availability of Grants

RFP responses will be evaluated to maximize the diversity of provider training and engagement opportunities made available for Medi-Cal providers and other professionals across the state during 2020. Preference will be given to organizations that can execute sessions early in 2020, demonstrate a connection with, and the ability to reach, Medi-Cal providers, and can help providers develop networks of care within their communities, including making connections to community-based providers working in the area. Both provider and community organizations are invited to apply, as are tribal entities.

All grantee activities must be co-branded with ACEs Aware and/or with other related California learning collaboratives and networks. Grantees must work with ACEs Aware to promote the overall initiative as well as individual activities.

Training Content

Partner grantees will be expected to deliver training content that aligns with the ACEs Aware evidence-based standards for the clinical response to ACEs and the delivery of trauma-informed care. This includes the following definitions of ACEs, trauma-informed care, the clinical response to ACEs, and resilience.

Adverse Childhood Experiences

The term Adverse Childhood Experiences (ACEs) comes from the landmark 1998 study conducted among more than 17,000 adult patients by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente. The term ACEs specifically refers to the 10 categories of adversities experienced by age 18 in 3 domains that were evaluated in the study:

- **Abuse:** Physical, emotional, or sexual
- **Neglect:** Physical or emotional
- **Household dysfunction:** Growing up in a household with parental incarceration, mental illness, substance dependence, absence due to separation or divorce, or intimate partner violence (initially queried as violence towards the mother or stepmother).

Trauma-Informed Care

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

Trauma-informed care is a framework that involves:

- **Understanding** the prevalence of trauma and adversity and their impacts on health and behavior,
- **Recognizing** the effects of trauma and adversity on health and behavior,
- **Responding** by incorporating trauma-informed principles throughout clinical practices and community support systems,
- **Integrating** knowledge about trauma and adversity into policies, procedures, practices, and treatment planning, and
- **Resisting** re-traumatization, including for staff.

Clinical Response to ACEs

Clinical response to identification of ACEs and increased risk of toxic stress should include:

1. Applying principles of trauma-informed care, including establishing trust, safety, and collaborative decision-making
2. Identification and treatment of ACEs-associated health conditions
3. Patient education about toxic stress and buffering interventions, including:
 - a. Supportive relationships,
 - b. Mental health treatment (if indicated),
 - c. Regular exercise,
 - d. Good sleep hygiene and high-quality sleep,
 - e. Healthy nutrition, and
 - f. Mindfulness practices.
4. Validation of existing strengths and protective factors.
5. Referral to patient resources or interventions, including educational materials, care coordination or patient navigation, community health workers, community resources, social work, and/or mental health care as necessary.
6. Follow-up as necessary.

Resilience

Resilience is the ability to withstand or recover from stressors, and results from a combination of intrinsic factors, extrinsic factors (like safe, stable, and nurturing relationships with family members and others), and predisposing biological susceptibility. Of note, with scientific advances in the understanding of the impact of stress on neuro-endocrine-immune and genetic regulatory health, we must advance our understanding of resilience as also having neuro-endocrine-immune and genetic regulatory domains.

A. Provider Training Grants

ACEs Aware has created a 2-hour online training that providers can take at www.ACEsAware.org. This training provides Continuing Medical Education (CME) and Maintenance of Certification (MOC) credits. Completing the training certifies providers to receive payment for screening Medi-Cal patients for ACEs.

To supplement this online training, ACEs Aware will support two sets of additional provider training opportunities to help educate Medi-Cal providers across California about the importance of incorporating ACEs screenings into their clinical practice, as well as how to conduct screenings, use clinical protocols to determine treatment plans, and provide trauma-informed care.

1. Certification of Existing Training Curriculum

If an organization already has developed a comprehensive training that addresses the criteria identified by CA-OSG, that training curriculum can be submitted for review and potential certification by CA-OSG and DHCS. Preference will be given to training activities that provide Continuing Medical Education (CME) and/or Maintenance of Certification (MOC) credits for providers.

Training Curricula Criteria

Attachment A lists the curricula criteria that has been identified by CA-OSG. ***All seven criteria must be included in the training curriculum to be considered for certification.***

Proposal Submission

Organizations should submit the A.1. Provider Training: Certification of Existing Curriculum Application according to the Application Submission requirements on page one.

2. Partner Training Grants

ACEs Aware will fund organizations that are interested in developing a new training, adapting an existing training, or hosting a training event and that agree to make that training available *free of charge* to Medi-Cal providers. The types of training to be considered include:

- In-person or other training modalities, such as webinars or online trainings. (Unlike the Convening Grants outlined below, these in-person trainings may be targeted to a limited population of Medi-Cal providers.)
- Trainings to support implementation of ACEs screening and trauma-informed care across an entire clinic or practice: for example, trainings targeted at non-provider staff (e.g. medical assistants, receptionists, security, etc.) utilizing modalities like educational videos.
- Medical specialty or other audience-specific trainings: for example, specialty-specific training for pediatrics, OB/GYN, behavioral health, family medicine, resident physicians within specific fields, health professional students, etc.
- Topic-specific trainings, such as on:
 - Secondary/vicarious trauma;
 - Clinical transformation;
 - Clinical protocols and algorithms for specific use cases;
 - Treatment planning and referrals to community resources and support;
 - ACEs-associated health condition-specific treatment;
 - Trauma-informed multidisciplinary teams and shared care planning;
 - Practice management techniques, including data-sharing and HIPAA compliance;
 - Prevention and early intervention techniques; and
 - Supporting parents and caregivers of individuals with ACEs.

Availability of Grants

Grant funds will be available for both certified and non-certified trainings. To be certified, the training must meet the criteria developed by the California Office of the Surgeon General (Attachment 1). Only CA-OSG/DHCS-certified trainings will qualify to certify Medi-Cal providers to receive Medi-Cal payment for ACEs screenings. Training curricula, once developed, must be submitted in their entirety to CA-OSG and DHCS to be certified. However, grants will also be available for trainings that do not meet the criteria, but are designed to supplement the certified trainings.

Proposal Submission

Organizations should submit the **A.2. Provider Training: Partner Training Grant Application** according to the Application Submission requirements on page one.

A.1. Provider Training: Certification of Existing Curriculum Application

Organization Name:

Address:

Contact Person:

Contact Person's Phone Number and Email:

Attach to this application your complete training curriculum, including content on how providers attest to completing certified training and instructions on appropriate codes for billing Medi-Cal.

1. Does your training provide Continuing Medical Education (CME) and/or Maintenance of Certification (MOC) credits for providers who complete it? ____ YES ____ NO

1.a. If yes, please provide details on the CME and MOC credits that are provided (e.g. for which type(s) of provider and the number of credits).

2. Provide a high-level summary of your training curriculum, including the intended audience and the number of providers you expect to train. (1,000 words or less)

3. List the page number that corresponds to where each of the required ACEs Aware training criteria are addressed in your training curriculum:

- a. Each of the seven trauma-informed care principles outlined in Attachment A ____
- b. Information on ACEs and toxic stress physiology ____
- c. Clinical algorithm to treat ACEs-associated health conditions, including:
 - Screening tool(s) (PEARLS and/or ACEs Assessment or an alternative tool) ____
 - Clinical algorithm ____
 - Suggestions for how to integrate ACEs screening information into electronic medical records, data collection and evaluation, and how the information collected will be used for continuous quality improvement ____
- d. Guidance on how ACEs screening results can be used to better tailor treatment planning and follow-up for specific conditions or symptoms ____
- e. Tools and interventions that are covered to promote resilience ____
- f. Information and tools used for preventing, recognizing, understanding, and responding to vicarious trauma or/and burnout among staff ____
- g. Information on how providers can participate in the California ACEs Aware initiative, including how to attest to completing certified training and instructions on appropriate codes for billing Medi-Cal ____

A.2. Provider Training: Partner Training Grant Application

Organization Name:

Address:

Contact Person:

Contact Person's Phone Number and Email:

1. Check the appropriate box(es) for which type of funds you are applying for:

- Developing a new training
- Adapting an existing training
- Hosting a training event(s)

2. Amount of funding requested: \$ _____

If you checked more than one box above, please indicate the funding request for each type of funds for which you are applying. Applicants may request up to \$100,000. Please provide a draft budget to support your funding request.

3. Describe how the requested funds will be used to support your work in developing a new training, adapting an existing training, and/or hosting an ACEs training event(s). (250 words maximum) Please include:

- a. Target audience for your training(s)
- b. Number and type of providers you expect to train
- c. Primary topic of your training

4. Provide a high-level summary of your planned training curriculum, including the type(s) and number of providers you will train. (1,000 words or less)

5. Confirm that your training will be free of charge to Medi-Cal providers. ____ YES ____ NO

6. Do you plan to provide Continuing Medical Education (CME) and/or Maintenance of Certification (MOC) credits for providers who complete the training? ____ YES ____ NO

5.a. If yes, what type of CME and/or MOC credits (e.g. for which type(s) of providers and the number of credits)? _____

**7. Is this training designed to meet the requirements to be a certified training? ____ YES
____ NO**

If you are seeking to adapt an existing training to be a CA-OSG/DHCS certified training, please include a complete copy of the existing training and provide the page numbers

that correspond to where the required curriculum criteria are addressed in your training. Also, indicate which of the CA-OSG/DHCS required curriculum criteria your existing training does not meet:

- a. Each of the seven trauma-informed care principles outlined in Attachment A _____
 - b. Information on ACEs and toxic stress physiology _____
 - c. Clinical algorithm to treat ACEs-associated health conditions, including:
 - Screening tool(s): PEARLS and/or ACEs Assessment or alternative tool(s) _____
 - Clinical algorithm _____
 - Suggestions for how to integrate ACEs screening information into electronic medical records, data collection and evaluation, and how the information collected will be used for quality improvement _____
 - d. Guidance on how ACEs screening results can be used to better tailor treatment planning and follow-up for specific conditions or symptoms _____
 - e. Tools and interventions that are covered to promote resilience _____
 - f. Information and tools used for preventing, recognizing, understanding, and responding to vicarious trauma and burnout among staff _____
 - g. Information on how providers can participate in the California ACEs Aware initiative, including how to attest to completing certified training and instructions on appropriate codes for billing Medi-Cal _____
8. **Discuss your organization’s connections to, and history of, working with Medi-Cal providers.** (500 word or less)
 9. **Discuss your organization’s history in helping providers develop networks of care with the communities you serve.** For example, fostering referrals from medical providers to community and social service resources. (500 words or less)
 10. **If you are proposing hosting an event, please provide one or two examples of successful training events your organization has previously organized.** (1,000 words or less)
 11. **Discuss how you will conduct provider outreach and communications to reach and educate Medi-Cal providers about the ACEs Aware initiative and your training activity.** (500 words or less)

B. Provider Engagement Grants

ACEs Aware will host a series of foundational webinars to promote coordination and collaboration among Medi-Cal providers, as well as to share lessons learned and best practices in conducting ACEs screenings, using clinical protocols to determine treatment plans, and providing trauma-informed care. A list of the general webinar topics is at www.ACEsAware.org.

To supplement these activities, ACEs Aware will fund organizations to conduct additional opportunities for providers and other stakeholders to share lessons learned and best practices. Partnering with organizations will expand learning opportunities that can be tailored to different regions of the state, patient populations, providers, and practice settings. Grantees will be required to coordinate and share their activities and lessons learned with other ACEs Aware provider engagement grantees and the ACEs Aware provider engagement team.

These activities could include one or more of the following:

Provider Engagement Sessions

Develop webinar and/or in-person shared learning sessions, to be implemented through 2020, targeted to different provider types, patient populations, and practice settings. These sessions could dive deeper into the topics covered on the ACEs Aware webinars and/or could cover additional topics, such as:

- Aligning trauma screenings with other screenings (e.g. for maternal post-partum depression)
- Leveraging lessons from advance practice clinicians
- Educating behavioral health care providers
- The role of toxic stress in developing a particular chronic disease; relevance to modified treatment planning: for example, toxic stress and ADHD; toxic stress and diabetes

Network of Care Sessions

Develop webinar and/or in-person sessions, to be implemented through 2020, designed to share best practices across the entire medical, social, and community networks of care. For example, these sessions could include or target:

- Primary care providers
- Managed care plans

- Behavioral health providers, such as social workers and therapists
- Nurse home visitors and paraprofessionals
- Community-based organizations
- Social service and child-serving agencies (e.g. education, foster care)

Peer-to-Peer Learning

Develop networks and modalities for providers to meet regularly and discuss promising practices, challenges, and successes in implementing ACEs screenings and developing trauma-informed systems of care—for example, through online platforms or in-person meetings.

White Papers

Develop white papers or other reports providing case studies or promising practices from providers or communities implementing ACEs screenings and trauma-informed systems of care.

Proposal Submission Requirements

Organizations should submit the **B. Provider Engagement Grant Application** according to the Application Submission requirements outlined on page one.

B. Provider Engagement Grant Application

Organization Name:

Address:

Contact Person:

Contact Person's Phone Number and Email:

1. Check the appropriate box(es) for which type of funds you are applying for:

- Provider Engagement Activities
- Network of Care Activities
- Peer-to-Peer Learning
- White Paper

2. Amount of funding requested: \$ _____

If you checked more than one box above, please indicate the funding request for each type of funds for which you are applying. Applicants may request up to \$100,000 per activity (but only up to \$50,000 per white paper). Please provide a draft budget to support your funding request(s).

3. Describe the provider engagement sessions/materials you will design and execute to promote sharing lessons learned and best practices, and to promote peer-to-peer learning. (1,000 words or less) Please include the following:

- a. Target audience (e.g. type of providers)
- b. Modality (e.g. webinar and/or in-person, other) that will be used
- c. Number and types of providers you expect to reach
- d. Focus areas

4. Describe how you will conduct provider outreach and communications to reach and educate Medi-Cal providers about the ACEs Aware initiative and the specific provider engagement activities you are proposing to offer. (500 words or less)

5. Provide two examples of successful similar provider engagement activities your organization has previously organized. (1,000 words or less)

C. Communications Grants

ACEs Aware is executing a comprehensive communications plan. As part of this plan, we are engaging with partners to help reach Medi-Cal providers, community organizations, and patients to increase understanding about the overall ACEs Aware initiative and the positive impact ACEs screening and treatment can have on individual and public health. ACEs Aware will fund organizations to reach their members and other key audiences with information about provider trainings and engagement opportunities. Partners would share ACEs Aware-created content and their own created content to increase awareness about the overall initiative and the individual trainings and engagements.

Grantees will:

- Share news and information about ACEs Aware through their organization’s communications channels, including social media, newsletters, emails, videos, and/or other channels, as available.
- Provide testimonials from providers, community partners and patients, as appropriate, about the importance of ACEs screening and response. These would be shared through the ACEs Aware and the grantee’s communications channels.
- Use the power of their organization’s communications channels to share ACEs Aware news including information about additional trainings, webinars, and convenings.
- Identify a spokesperson within their organization to serve as a third-party validator – an ACEs Aware Communications “Champion.”
- Distribute ACEs Aware and related information to additional key audiences to help expand our reach as we seek to ensure all Medi-Cal providers and their organizations become ACEs Aware.

Proposal Submission Requirements

Organizations should submit the **C. Communications Grant Application** according to the Application Submission requirements outlined on page one.

C. Communications Grant Application

Organization Name:

Address:

Contact Person:

Contact Person's Phone Number and Email:

1. Amount of funding requested: \$_____

Applicants may request up to \$100,000. Please provide a draft budget to support your funding request.

2. Will you disseminate ACEs Aware information that is shared with you? ____ YES ____ NO

3. Describe how you will communicate with and educate Medi-Cal providers about ACEs, toxic stress, and the ACEs Aware initiative. (2,000 words or less) Please include the following:

- a. Number and types of providers you expect to reach
- b. Strategies you will use to reach providers
- c. What types of content you plan to create, and how you will share that content (e.g. sharing ACEs Aware materials, such as newsletters, social media, content through your established channels, as well as new/original content your organization will develop, etc.)

D. Convenings Grants

ACEs Aware is looking for partners to hold a total of approximately 15 in-person convenings across the state. These convenings will provide on-the-ground opportunities to train providers, educate other professionals, and improve collaboration and coordination across the health care system to build networks of care in local communities. ACEs Aware encourages organizations within a region to collaborate and develop joint applications for these grants. (For example, a local medical society or other health care organization partnering with a local community-based organization.)

All grantees will be required to work with ACEs Aware to increase reach of the initiative and promote the training(s) to Medi-Cal providers. The convenings must be open to any interested Medi-Cal provider (up to the event capacity). All grantees must agree to helping create and implement a robust communication outreach effort to promote the trainings specifically, and the ACEs Aware initiative overall.

Grantees will be asked to use their contacts to recruit in the geographical area targeted for each session. You will be asked to set benchmarks for both outreach and attendance targets and provide data to demonstrate work towards those goals.

These sessions also must bring in the key community partners from each geographical area. These would include, but not be limited to: county government, community organizations, and local payers and Medi-Cal managed care plans.

Convening Requirements

These convenings must include:

- A training component that qualifies for CME and MOC credits and certifies providers to bill Medi-Cal for ACEs screenings.
- Workshops that include a wide range of stakeholders (e.g. county agencies, non-profit organizations, health plans) to build a network of care, a community of referrals, and an integrated care infrastructure to support patients and staff.
- A robust communications outreach component to increase awareness and support for the trainings specifically, and for the ACEs Aware initiative, in general.

We recognize that each community is unique and that a one-size approach will not work. You know your community best and we seek your proposal for the outreach strategy might work best. We ask you to consider whether a half-day or full-day approach would work best. Options outlined below are for illustrative purposes only and are not the only options to be considered.

Option 1: Hold training sessions as a half-day event (11 am – 2 pm). Introduction to ACEs and trauma-informed care will be the first event to be followed with another half-day session a few months later with more detailed information. The materials would cover information and presentations that are both provider- and community partner-focused.

Option 2: Run two sessions in one day. Attendees can choose to attend EITHER the morning or afternoon sessions. The materials would be the same at both sessions and feature an integration of content relevant to both providers and community partners. Additional, more detailed sessions could be offered later.

- Morning session (8 am – 12 pm)
- Lunch
- Afternoon session (1 pm – 5 pm)

Option 3:

- One full-day session (9 am – 5 pm)
- Morning is provider focused and afternoon integrates community partners

Convening Regions

We will select at least one partner to develop a convening, or convenings, to serve the following regions. There may be funding available for multiple grantees and/or a series of convenings in some regions.

- San Diego and Imperial Counties
- Orange County
- Riverside and San Bernardino Counties
- Los Angeles County
- Central Coast (Ventura, Santa Barbara, San Luis Obispo, Monterey, San Benito and Santa Cruz Counties)
- Central Valley (Fresno, Kern, Kings, Madera, Merced, Stanislaus, Tehama, Tulare, Inyo, Mariposa, Mono, Alpine and Calaveras Counties)
- Sacramento Region (Sacramento, San Joaquin, Placer, Sutter, El Dorado, Amador, Yolo, Yuba Counties)
- Northern California (Siskiyou, Modoc, Lassen, Shasta, Trinity, Plumas, Butte, Tehama, Glenn, Colusa, Sierra, Nevada, and Lake Counties)

- Bay Area (Santa Clara, San Francisco, Alameda, San Mateo, Contra Costa, Marin, Napa, Solano, and Sonoma Counties)
- North Coast (Del Norte, Humboldt, Mendocino Counties)

Proposal Submission Requirements

Organizations should submit the D. Convening Grant Application according to the Application Submission requirements outlined on page one.

D. Convening Grant Application

Organization Name:

Address:

Contact Person:

Contact Person's Phone Number and Email:

1. Amount of funding requested: \$ _____

Applicants may request up to \$200,000. Please provide a draft budget to support your funding request.

2. Describe how the requested funds will be used to support your work in hosting an ACEs Aware convening event(s). *Please attach an outline of the agenda for the proposed training. (1,000 words or less)*

3. Describe how your organization will structure the in-person event (e.g. will it be a half day or full day event). Please provide a justification, backed by data and experience, if possible, as to why you selected the format that you did: (1,000 words or less)

4. In what geographic region are you applying to host an event(s)?

How many events are you committing to hosting in that region: _____

In what cities are you proposing to hold the event: _____

5. Confirm your training will be free of charge to Medi-Cal providers ___ YES ___ NO

6. Do you plan to provide Continuing Medical Education (CME) and/or Maintenance of Certification (MOC) credits for providers who complete the training? ___ YES ___ NO

5.a. What type of CME and/or MOC credits (e.g. for which type(s) of providers and the number of credits)? _____

6. Will the training meet the requirements to be a certified training? ___ YES ___ NO

Provide a high-level outline of your training, and how it incorporates all Required Training Curriculum Criteria listed in Attachment A. (1,000 words or less)

7. Discuss your organization's connections to, and history of, working with Medi-Cal providers. (500 word or less)

8. **Discuss your organization’s history in helping providers develop networks of care with the communities you serve.** For example, fostering referrals from medical providers to community and social service resources. (500 words or less)

9. **Discuss how you will bring in the key community partners and provide Letters of Support from these partners, particularly from the county and local Medi-Cal managed care plans.** These would include, but not be limited to: county government, community organizations, and local payer and health plans. (1,000 words or less)

10. **Discuss how you will conduct provider outreach and communications to reach Medi-Cal providers about your training event and share information about the ACEs Aware initiative.** (500 words or less)

Attachment A. Required Training Curriculum Criteria

The following curricula criteria have been identified by the CA-OSG. ***All seven criteria outlined below must be included in the training curriculum to be considered for certification.***

- a. **Trauma-informed care principles** and how to achieve them in patient care and for staff:
 1. Physical and emotional safety;
 2. Trust between providers and staff;
 3. Recognize the signs and symptoms of trauma exposure on health;
 4. Patient-centered evidence-based care;
 5. Leadership, provider, and staff training on providing trauma-informed care;
 6. Provider-patient collaboration on treatment process and goals; and
 7. Sensitivity to the patient’s racial, ethnic, and cultural background, and gender identity.

- b. **Information on ACEs and toxic stress physiology** related to implications for patients’ short- and long-term health. This should include specific illustrations of ways in which the pathophysiology or response to treatment for common diseases is impacted or altered by toxic stress physiology. Both mental and physical health consequences should be highlighted.

- c. **Clinical algorithm to treat ACEs-associated health conditions.** This should include the elements below:
 1. Allow for identified or de-identified (cumulative scoring) screening in primary care;
 2. Suggested clinical workflow for ACEs screening;
 3. Screening tools (trainings may cover one or both tools):
 - i. For pediatric patients: Pediatric ACEs and Related Life Events Screener (PEARLS) Tool (www.acesaware.org/screen/screening-for-adverse-childhood-experiences/) and/or
 - ii. For adult patients:
 - ACEs Assessment Tool (www.acesaware.org/screen/screening-for-adverse-childhood-experiences/) or
 - An alternative tool. If an alternative version of the ACEs questionnaire is used, it must contain questions on the 10 original categories of ACEs identified in the Center for Disease Control and Prevention (CDC) / Kaiser Permanente landmark study to qualify for Medi-Cal payment.

4. Clinical algorithm for further assessment and referral. The CA-OSG developed an ACEs Screening Clinical Algorithm (<https://www.acesaware.org/treat/clinical-assessment-treatment-planning/>) that organizations can use. The algorithm is based on a combination of both the ACEs score and the presence or absence of ACEs-associated health conditions. The algorithm recognizes, educates patients about, and responds to ACEs-associated health conditions.
5. Suggestions for:
 - i. Electronic medical record integration of ACEs screening information;
 - ii. Systems-level data collection and evaluation, and;
 - iii. Quality improvement.
- d. Guidance for ways in which ACEs screening results can be used to **tailor treatment planning and follow-up for specific kinds of conditions or symptoms.**
- e. **Tools and interventions to promote resilience.**
 1. Illustration of specific factors that promote resilience and how to approach them in clinical care: e.g., high-quality sleep, nutrition, physical exercise, mindfulness, mental health, and supportive relationships.
 2. How to work within multidisciplinary teams to achieve patient goals.
- f. Knowledge and tools for preventing, recognizing, understanding, and responding to **vicarious trauma** and **burnout among staff.**
- g. Information on **how providers can participate in the California ACEs Aware initiative**, including how to attest to completing certified training and instructions on appropriate codes for billing Medi-Cal for screenings.