

## ACES Aware: Request for Proposals Medi-Cal Provider Training, Engagement, Communications, and Convenings

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 the [ACES Aware website](http://www.ACEsAware.org) ([www.ACEsAware.org](http://www.ACEsAware.org)).

The Office of the California Surgeon General (CA-OSG) and the California Department of Health Care Services (DHCS) are looking for partners to join the movement to ensure everyone is ACEs Aware. The ACEs Aware Initiative will fund organizations to help extend the reach and impact of this initiative to Medi-Cal providers and organizations that serve Medi-Cal beneficiaries. ACEs Aware seeks to support the training and engagement of a wide range of providers and other professionals as well as encourage collaboration among organizations to build networks of care through the following opportunities:

- A. Provider Training (page 6)
  - 1. Certification of Existing Training Curricula
  - 2. Training Grants
- B. Provider Engagement Grant (page 16)
- C. Communications Grant (page 19)
- D. Convenings Grant (page 21)

This Request for Proposals (RFP) outlines the requirements for funding opportunities through ACEs Aware.

### Application Submission

Lead organizations must complete and submit the application(s) and any supporting materials for each grant opportunity they are applying for to [info@ACEsAware.org](mailto:info@ACEsAware.org) by **February 10, 2020, at 5:00 pm PT**. Please submit the application(s) in Microsoft Word format and abide by the section word limits.

Submit any questions through [this ACEs Aware Request for Proposal survey](https://www.surveymonkey.com/r/GPZNBSV) (<https://www.surveymonkey.com/r/GPZNBSV>) by **January 15, 2020**. Responses will be posted

on the [Learning and Engagement Opportunities section of the ACEs Aware website](http://www.ACEsAware.org/heal/learning-engagement-opportunities) (www.ACEsAware.org/heal/learning-engagement-opportunities).

Organizations may apply for more than one grant. If applying for more than one grant, please complete Attachment 2. and include it at the beginning of your application(s). Organizations are encouraged to collaborate with other organizations on the application(s). If more than one organization is applying together, please identify the lead entity and list any partners and their role (note that partners may be added later).

Please allow up to 60 days for review and follow-up questions. Organizations will be notified of decisions by email. Please note that if there are funds remaining after this RFP process, a second RFP opportunity may be released.

Below are key application deadlines and an estimated timeline:

**RFP Timeline**

Item	Date
Final RFP Released	December 20, 2019
Questions on RFP Due	January 15, 2020
Reponses to RFP Questions Posted	Mid-January, 2020
Applications Due	February 10, 2020 by 5pm PT
Application Review • Questions sent if needed	Estimated: Mid-February – April 2020
Decisions Sent by Email	Estimated: April 2020
Contract Finalized and Initial Funding Released	Estimated: May 2020
Contract Date	Estimated: May 2020 – May 2021

### 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. This includes ensuring that provider training and engagement activities reach a diversity of Medi-Cal primary care providers that support a wide range of Medi-Cal sub-populations. Preference will be given to organizations that can execute sessions in 2020, collaborate with other organizations, demonstrate a relationship with, and the ability to reach,

Medi-Cal primary care providers, and can help providers and their staff develop networks of care within their communities, including making connections to organizations working in the area.

Provider and community organizations are invited to apply, as are tribal entities. Preference will be given to lead organizations that are community-based organizations, have a history of working with California providers on supporting Medi-Cal populations, and have a proven record of success.

Organizations are strongly encouraged to collaborate and develop joint grant applications with other organizations to expand the quality, impact, and reach of the activities. For grant applications with more than one organization (joint applications), please include an estimated cost for the full set of activities you plan to undertake together. The estimated cost should have a strong rationale and a breakdown of the costs to give evaluators a sense of the full scale of the investment and impact. As noted throughout the RFP, joint grant applications may request funding amounts above the maximum amount available for one organization, but requests must be less than the established cap.

All activities executed using funds from the grant must be co-branded with ACEs Aware and with other related California learning collaboratives and networks. An ACEs Aware Initiative Style Guide will be provided to grantees to ensure consistent branding and definitions. Grantees must work with ACEs Aware to promote the overall initiative as well as individual activities.

Grantees may use funding to cover staff/administrative expenses if there is an adequate justification. For example, if grantees will be conducting in-person trainings, the staff time spent to conduct these trainings may be included in the budget request. Funding may be used for well-justified staff travel (e.g. for trainers to conduct in person trainings), but not for participant travel.

Organizations that receive grants will sign a contract with Harbage Consulting. Grantees must abide by the contract requirements which will include being in good standing and meeting all federal and state conditions for receiving funding. Grantees will be required to submit project reports and invoices. Grantees will also be required to participate in calls to share lessons learned and promising practices and to evaluate the impact of its 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, toxic stress, 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, separation or divorce, or intimate partner violence (initially queried as violence towards the mother or stepmother)

### Toxic Stress

The past several decades of scientific research have identified the biological mechanisms by which early adversity leads to increased risk of negative health and social outcomes over the course of a lifetime.

Repeated or prolonged activation of a child's stress response, in absence of adequate buffering caregiving support, leads to long-term changes in the structure and functioning of the developing brain, metabolic, immune, and neuroendocrine responses; it even affects the way DNA is read and transcribed. This is known as the toxic stress response.

A toxic stress response can impact a child's brain development, hormonal and immune systems, as well as genetic regulatory systems. These biological changes play an important role in the clinical progression from ACEs exposure to negative short- and long-term health and social outcomes, and demonstrate a pattern of high rates of intergenerational transmission.

For both children and adults, addressing current stressors and enhancing networks of safe, stable, and nurturing relationships and environments are associated with decreased metabolic, immunologic, neuroendocrine, and inflammatory dysregulation, and improved physical and psychological health.

## 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 ACE-Associated Health Conditions by supplementing usual care with patient education on toxic stress and strategies to regulate the stress response including:
  - a. Safety and 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.
3. Validation of existing strengths and protective factors.
4. 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.
5. 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 Opportunities

ACEs Aware has created a two-hour online Core Training that providers can take at the [ACEs Aware website](http://www.ACEsAware.org) (www.ACEsAware.org). The “Becoming ACEs Aware in California Training” provides two Continuing Medical Education (CME) and Maintenance of Certification (MOC) credits. Completing the Core Training certifies providers to receive payment for screening Medi-Cal beneficiaries 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. The two sets of additional provider training opportunities are: 1. Certification of Existing Training Curriculum; and 2. Training Grants.

Trainings that address the criteria identified by CA-OSG and DHCS (Attachment 1) will be certified as a “Core Training.” These trainings will be acceptable trainings for the provider training attestation process that will certify providers to receive payment for screening Medi-Cal beneficiaries for ACEs.

Other trainings that do not meet all of the CA-OSG/DHCS criteria, but provide more in-depth training on elements of the criteria or training on other areas related to screening for and responding to ACEs and toxic stress, will be approved as a “Supplemental Training.” Completing a Supplemental Training will not be an acceptable training for the provider training attestation and therefore will not certify providers to receive payment for screening Medi-Cal patients for ACEs. A list of certified Core Trainings and approved Supplemental Trainings will be available at the [ACEs Aware website](http://www.ACEsAware.org) (www.ACEsAware.org).

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

If an organization has already developed a comprehensive training that addresses the criteria identified by CA-OSG and DHCS, that training curriculum can be submitted for review and potential certification by CA-OSG and DHCS. These trainings will be certified as a “Core Training.” Medi-Cal providers that complete CA-OSG/DHCS-certified Core Training will qualify to receive Medi-Cal payment for ACEs screenings. DHCS will provide information on how providers can attest to completing certified training. Organizations may request funding to support obtaining accreditation of an existing training. However, organizations that receive any funding from ACEs Aware must offer trainings at no-cost to Medi-Cal providers. Organizations that do

not receive ACEs Aware funding may offer trainings at-cost or no-cost. However, ACEs Aware will prioritize certification of trainings that are free to Medi-Cal providers.

Core Trainings must provide Continuing Medical Education (CME) and Maintenance of Certification (MOC). Core Trainings must offer a minimum of two CME/MOC credits to be consistent with the number of credits provided for completing the “Becoming ACEs Aware in California Training (an online Core Training). Trainings may also offer Continuing Education Unit (CEU) credits and/or other types of continuing education for providers.

Organizations that submit for Core Training certification cannot receive a Training Grant (as described in 2. below) since their curriculum is already completed. If enhancements need to be made to existing curriculum to meet the CA-OSG/DHCS criteria, organizations should apply for a Training Grant.

#### Training Curricula Criteria

Attachment 1 lists the curricula criteria that has been identified by CA-OSG and DHCS. ***All seven criteria must be included in the training curriculum to be considered for Core Training 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.



## A.1. Provider Training: Certification of Existing Curriculum Grants 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 Core Training and instructions on appropriate codes for billing Medi-Cal.*

1. **Does your training provide Continuing Medical Education (CME), Maintenance of Certification (MOC), Continuing Education Unit (CEU) credits, and/or any other types of relevant continuing education for providers?** \_\_\_\_ YES \_\_\_\_ NO
  - a. If yes, what type of credit, for which type(s) of providers, and the number of credits.
2. **Provide a high-level summary of your training curriculum, including the intended audience, content, the training modality/format and learning techniques your approach for incorporating training on person-centeredness and cultural competency, and the number of Medi-Cal providers you expect to train. (1,000 words or less)**
3. **Discuss your organization's connections to, and history of, working with the types of Medi-Cal providers that are the target audience for your training and the key populations they serve (e.g. rural providers, IHS providers, providers serving beneficiaries from specific races and cultural groups, etc.). (500 word or less)**
4. **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)
5. **List the page number(s) that correspond 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 1 \_\_\_\_
  - b. Information on ACEs and toxic stress physiology \_\_\_\_
  - c. Clinical algorithm to treat ACE-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 \_\_\_\_\_

**6. Is your organization requesting funding to support obtaining accreditation for an existing training? \_\_\_\_\_ YES \_\_\_\_\_ NO**

- a. If yes, how much funding is our organization requesting? Please provide information on how this funding amount was determined.
- b. If no, will there be a charge to Medi-Cal providers to participate in the training?

## A.2. Provider Training: Training Grants

ACEs Aware will fund organizations that are interested in developing and executing a new training, adapting an existing training, and/or hosting a training event and that agree to make that training available *free of charge* to Medi-Cal providers. Trainings that address the criteria identified by CA-OSG and DHCS (Attachment 1) will be certified as a “Core Training.” Other trainings will be approved as a “Supplemental Training.”

Organizations may propose to develop or adapt an existing training(s) to be certified as a Core Training(s) and/or receive approval for a Supplemental Training(s). Organizations have flexibility to determine the number of trainings to develop and execute, the type of provider(s) to train, and the Supplemental Training topics (e.g. organizations could propose developing and executing training only for maternity care). Trainings may be offered statewide or focus on specific regions and local communities. Organizations are encouraged to collaborate to enhance the reach and impact of trainings. All trainings must be patient-centered and incorporate and encourage cultural competency practices.

The types of Core and Supplemental Trainings to be considered include:

- Modalities. Training in various modalities, such as in-person, online, by webinar. (Unlike the Convening Grants outlined below, in-person trainings may be targeted to a limited population of Medi-Cal providers.) Supplemental Trainings may also be provided via podcast.
- Learning Techniques. Trainings that use a range of learning techniques, such as a case-based approach, real-life case studies about providers and patients working together, role playing, and video demonstrations (e.g. best practices in talking to patients, patients talking about their experiences, clinicians on how they do ACE screenings and how it makes a difference in their practice).
- Entire Clinic/Practice. 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 such as educational videos.
- Provider Specialties. Provider specialty or other audience-specific trainings: for example, pediatrics, maternity care, internal medicine, family medicine, medicine-pediatrics, any subspecialties, nurse practitioners, advanced practice nurses, registered nurses, physician assistants, and behavioral health practitioners (mental health and substance

use disorder treatment providers that bill Medi-Cal through managed care or the fee-for-service delivery system), health professional trainees or students, etc.

- Other Professionals. Training for other professionals that may screen for or facilitate screening for ACEs in primary care or maternity care settings such as community health workers and public health nurses.
- Culturally-Specific Training for Populations. Targeted training that provides person-centered and culturally-specific training for providers on certain populations, such as based on race, culture, gender identity, geography, poverty, homelessness and housing insecurity, children under age 5, etc.
- Supplemental & Topic-Specific Trainings. Trainings, such as on one or more of the following topics:
  - Secondary/vicarious trauma;
  - Clinical transformation;
  - Clinical protocols and algorithms for specific use cases;
  - Treatment planning and referrals to community resources and support;
  - ACE-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;
  - Supporting parents and caregivers of individuals with ACEs;
  - Intergenerational transmission of ACEs;
  - How to position patient voice and collaboration in creating response systems;
  - How to engage with community partners.

### Availability of Grants

Grant funds will be available for both Core Trainings and Supplemental Trainings. To be certified as a Core Training, the training must meet the criteria developed by the Office of the California Surgeon General and DHCS (Attachment 1). Only CA-OSG/DHCS-certified Core Trainings will qualify for the provider attestation process that will certify eligible Medi-Cal providers to receive payment for screening Medi-Cal members for ACEs. Training curricula, once developed, must be submitted in their entirety to CA-OSG and DHCS to be certified.

Core Trainings must provide Continuing Medical Education (CME) and Maintenance of Certification (MOC). Core Trainings must offer a minimum of two CME/MOC credits to be

consistent with the number of credits provided for completing the ACEs Aware online Core Training. Trainings may also offer Continuing Education Unit (CEU) credits and/or other types of continuing education for providers Organizations may request funding to support obtaining accreditation for training.

Grants are also available for Supplemental Trainings that do not meet the CA-OSG/DHCS criteria but are designed to supplement Core Trainings.

Organizations may each request up to \$100,000 in funding. Joint applications that involve the collaboration of more than one organization may request funding up to \$250,000. The proposed budget must be consistent with the level of effort required for the proposed activities.

#### Proposal Submission

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

## A.2. Provider Training: Training Grants Application

**Lead Organization Name:**

**Address:**

**Contact Person:**

**Contact Person's Phone Number and Email:**

**Additional Partner Name(s) & Summary of Role (if applicable):**

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

- ☐ Developing a new Core Training(s)
- ☐ Adapting an existing training(s) to be a Core Training(s)
- ☐ Developing a new Supplemental Training(s)
- ☐ Adapting an existing training(s) to be a Supplemental Training(s)
- ☐ 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. Organizations may request up to \$100,000 for each type of funds. Joint applications that involve the collaboration of more than one organization may request funding up to \$250,000. If submitting a joint application, please provide a rationale for this collaboration, how it will improve the quality, impact, and reach, and provide a clear breakdown of costs.*

*Please provide a draft budget to support your funding request. If submitting a request with one or more other organizations, please provide a rationale for this collaboration and a clear breakdown of costs. If requesting funding to support obtaining accreditation for a training, please identify the amount requested and provide information on how this funding amount was determined.*

**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. Whether your training(s) will be a "Core Training" that meets CA-OSG/DHCS criteria and/or a "Supplemental Training"
- b. Target audience for your training(s)
- c. Number and type of Medi-Cal providers you expect to train
- d. Modality and learning techniques for executing training
- e. Primary topic(s) of your training(s)
- f. Your approach for incorporating and encouraging person-centered and cultural competency principles
- g. Timeline for developing/adapting training(s)/training events

4. **Provide a high-level summary of your planned training curriculum, including the type(s) and number of Medi-Cal 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, Maintenance of Certification (MOC) credits, and/or Continuing Education Unit (CEU) credit for providers?**  
\_\_\_\_ YES \_\_\_\_ NO
  - a. If yes, what type of credits, for which type(s) of providers and, the number of credits?
7. **Is this training designed to meet the requirements to be a certified Core Training?**  
\_\_\_\_ YES \_\_\_\_ NO

If you are seeking to adapt an existing training to be a CA-OSG/DHCS-certified Core 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 1 \_\_\_\_
- b. Information on ACEs and toxic stress physiology \_\_\_\_
- c. Clinical algorithm to treat ACE-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 the types of Medi-Cal providers that are the target audience for your training and the key populations they serve (e.g. rural providers, IHS providers, providers serving beneficiaries that belong to various races and cultural groups, etc.). (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. Foundational webinar topics may include: Overview of ACEs Aware, Trauma-Informed Best Practices (including secondary/vicarious trauma), Screening for ACEs and Toxic Stress, Effectively Using Clinical Protocols to Determine Treatment Plans, and Achieving Clinical Transformation. Final webinar topics will be posted on the [ACEs Aware website](http://www.ACEsAware.org) ([www.ACEsAware.org](http://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. See “A. Provider Training Opportunities” for examples of 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 activities:

### **Provider Engagement Sessions**

Develop and execute 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, depression, anxiety, substance use, child development and behavioral risk, etc.);
- Leveraging lessons from advanced practice clinicians;
- Educating behavioral health care providers; and
- 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
- Public health nurses
- Community health workers
- Nurse home visitors and paraprofessionals
- Peer groups
- Community-based organizations
- Social service and child-serving agencies (e.g. education, childcare, foster care, homelessness and housing)

### **Peer-to-Peer Learning**

Develop networks and modalities (e.g. in-person meetings, webinars) 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.

### **Availability of Grants**

Applicants may request up to \$100,000 for each type of funds (Provider Engagement Activities, Network of Care Activities, and Peer-to-Peer Learning) and up to \$50,000 per white paper. Joint applications that involve the collaboration of more than one organization may request funding up to \$250,000. The proposed budget must be consistent with the level of effort required for the proposed activities.

### **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 Grants Application

**Lead Organization Name:**

**Address:**

**Contact Person:**

**Contact Person's Phone Number and Email:**

**Additional Partner Name(s) & Summary of Role:**

**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 for each type of funds (Provider Engagement Activities, Network of Care Activities, and Peer-to-Peer Learning) and up to \$50,000 per white paper. Joint applications that involve the collaboration of more than one organization may request funding up to \$250,000.*

*Please provide a draft budget to support your funding request(s). If submitting a joint application, please provide a rationale for this collaboration, how it will improve the quality, impact, and reach of your activities and provide a clear breakdown of costs.*

**3. Describe the provider engagement sessions/activities/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. Number and timing of sessions/activities/materials
- c. Modality (e.g. webinar and/or in-person, other learning techniques) that will be used
- d. Number and types of providers you expect to reach
- e. Focus areas and content
- f. Evaluation of sessions/materials

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

**5. Please 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. Organizations may use a range of communication vehicles. Entities 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 would coordinate with other ACEs Aware activities and communication grantees to ensure communications are consistent and that providers are not being overwhelmed with information. All new content that is created must be co-branded with ACEs Aware and with other related California learning collaboratives and networks. An ACEs Aware Initiative Style Guide will be provided to grantees to ensure consistent branding and definitions.

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.

### Availability of Grants

Organizations may subcontract to firms with expertise in communications to support their efforts. If submitting a request to subcontract with another entity, please provide a rationale for how this collaboration will improve the communications activities and provide a clear breakdown of costs.

### **Proposal Submission Requirements**

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

## C. Communications Grants Application

**Lead Organization Name:**

**Address:**

**Contact Person:**

**Contact Person's Phone Number and Email:**

**Additional Partner Name(s) & Summary of Role (if applicable):**

**1. Amount of funding requested: \$\_\_\_\_\_**

*Applicants may request up to \$100,000 (including joint applications). Please provide a draft budget to support your funding request. If submitting a joint application, please provide a rationale for this collaboration and a clear breakdown of costs.*

**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. Timing of content development and strategies

**4. Please provide website links to examples of your organization's communication materials.**

If website links are not available, please add two examples in an Appendix to your application.

## D. Convenings Grants

ACEs Aware is looking for partners to hold a total of approximately 15 in-person convenings across the state in 2020 and early 2021. These convenings will provide in-person opportunities to train providers, educate child-serving professionals and organizations that support people who have experienced ACEs, and improve collaboration and coordination across the health care system as well as social and community organizations 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.) 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-based organizations (e.g. child-serving including child maltreatment and child advocacy, early learning and education, homelessness, housing, organizations that support people who have experienced individual ACEs, mentoring organizations, etc.), and local payers and Medi-Cal managed care plans.

All grantees will be required to work with ACEs Aware to coordinate with other ACEs Aware activities (including Medi-Cal managed care plan activities), increase reach of the initiative, and promote the convening(s) to Medi-Cal providers. ACEs Aware may require that certain entities be included in the planning of the convenings (at no cost to the organization). 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. Grantees will be asked to establish benchmarks for both outreach and attendance targets and provide data to demonstrate work towards those goals.

### Convening Requirements

These convenings must include:

- A Core Training component that certifies providers to bill Medi-Cal for ACEs screenings and provides CME and MOC credits. CEU and/or other credits may also be provided.
- 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 most appropriate outreach strategy. 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 design and execute a convening(s) to serve each of the following regions. Organizations may propose one or more convenings in a region. Convenings should be tailored to the needs, organizations, and opportunities in each region. There may be funding available for multiple grantees and/or a series of convenings in some regions. The geographic regions are:

- 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 Grants Application

**Lead Organization Name:**

**Address:**

**Contact Person:**

**Contact Person's Phone Number and Email:**

**Additional Partner Name(s) & Summary of Role (if applicable):**

1. **Amount of funding requested: \$ \_\_\_\_\_**  
*Applicants (including joint applications) may each 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)?**
  - a. How many events are you committing to hosting in that region?
  - b. In what locations 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), Maintenance of Certification (MOC) credits, and/or other any other types of relevant continuing education for providers?** \_\_\_\_ YES \_\_\_\_ NO
  - a. If yes, what type of credit, for which type(s) of providers/non-clinical staff, and the number of credits?
6. **Will the training meet the requirements to be a CA-OSG/DHCS-certified Core Training?** \_\_\_\_ YES \_\_\_\_ NO  
Provide a high-level outline of your training, and how it incorporates all Required Training Curriculum Criteria listed in Attachment 1. (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 1. Required Training Curriculum Criteria

The following curricula criteria have been identified by the CA-OSG and DHCS. ***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 address ACE-Associated Health Conditions** by supplementing usual care with education on toxic stress and strategies to regulate the stress response. 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](http://www.acesaware.org/screen/screening-for-adverse-childhood-experiences/) (www.acesaware.org/screen/screening-for-adverse-childhood-experiences/) and/or
    - ii. For adult patients:
      - [ACEs Assessment Tool](http://www.acesaware.org/screen/screening-for-adverse-childhood-experiences/) (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 and DHCS developed an [ACEs Screening Clinical Algorithm](https://www.acesaware.org/treat/clinical-assessment-treatment-planning/) (https://www.acesaware.org/treat/clinical-assessment-treatment-planning/) that organizations can use. The algorithm is based on a combination of both the

ACE score and the presence or absence of ACE-Associated Health Conditions. The algorithm recognizes, educates patients about, and responds to ACE-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.

## **Attachment B. Cover Sheet If Applying for More Than One Grant**

*Please include this cover sheet at the beginning of your application if your organization is applying for more than one grant. If this cover sheet is used, please do not provide additional contact information for each application submitted.*

**Organization Name:**

**Address:**

**Contact Person for Entire Application:**

**Contact Person's Phone Number and Email:**

**Grants Organization is Applying for (check all that apply):**

Provider Training

- ☐ A.1 Certification of Existing Training Curricula
- ☐ A.2 Training Grant
- ☐ B. Provider Engagement Grant
- ☐ C. Communications Grant
- ☐ D. Convenings Grant