



ACEs Aware: Request for Proposals

Trauma-Informed Network of Care Planning and

 Implementation Grants

*December 1, 2020*

# Introduction

Cumulative adversity, especially when experienced during critical and sensitive periods of development, is a root cause to some of the most harmful, persistent, and expensive health challenges facing our state and nation – from heart disease to homelessness.[[1]](#endnote-2) [[2]](#endnote-3) [[3]](#endnote-4) Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. The term ACEs refers to 10 categories of adversities in three domains – abuse, neglect, and household challenges – experienced by age 18 years that were evaluated by the CDC and Kaiser Permanente in the 1998 landmark study of the same name. ACEs are associated, in a dose response fashion, with common and consequential health conditions such as asthma, diabetes, depression, heart disease and cancer.[[4]](#endnote-5) [[5]](#endnote-6)

It is now known that one important way in which ACEs increase risk of poor physical, mental and behavioral health is through prolonged activation of the biological stress response and associated changes in brain development, as well as immune, hormonal, and genetic regulation. These long-term changes are known as the **toxic stress response**. [[6]](#endnote-7) [[7]](#endnote-8) [[8]](#endnote-9) [[9]](#endnote-10) [[10]](#endnote-11) [[11]](#endnote-12)

However, toxic stress is treatable. A consensus of scientific data demonstrates that early detection and early intervention is associated with improved outcomes related to toxic stress in children. ACE screening in adults provides opportunities for improved treatment of ACE-Associated Health Conditions (AAHCs) and for preventing vertical transmission of ACEs and toxic stress. Preventing ACEs, screening to assess risk of toxic stress, and effectively responding with evidence-based, trauma-informed care in the health care setting and across sectors can significantly improve the health and well-being of individuals and families for generations.

**ACEs Aware Grants**

The [ACEs Aware initiative](http://www.acesaware.org/), launched in the fall of 2019 as a key tool for achieving California’s bold goal of reducing ACEs in California by half in one generation, is guided by the principles of prevention, equity, and rigor. The initiative, led by the Office of the California Surgeon General (CA-OSG) and the Department of Health Care Services (DHCS), offers Medi-Cal providers training, clinical protocols, and payment for screening children and adults for ACEs and toxic

 stress. In June 2020, ACEs Aware awarded grants to 100 organizations to expand the reach and impact of the initiative.

This second round of ACEs Aware grant funds seeks to build on and grow a robust system – a Network of Care – to support Medi-Cal providers and their communities in effectively responding to ACEs and implementing protocols for interrupting the toxic stress response in children and adults. The objective of these “Network of Care” grants is to create, augment, and sustain formal connections between Medi-Cal providers, social service systems, and community partners to effectively address toxic stress in children and adults through clinical and community interventions following an ACE screening, to prevent future ACEs, toxic stress, and intergenerational transmission, and prevent or assist in treating AAHCs.

Two types of grants will be provided:

* Network of Care Planning Grants
* Network of Care Implementation Grants

This Request for Proposals (RFP) outlines the requirements for these ACEs Aware grant funding opportunities. Below is the RFP timeline for the submission of questions regarding the RFP, a required, non-binding Letter of Intent from interested parties, and instructions for completing grant applications.

| Network of Care Grants: RFP Timeline  |
| --- |
| Item | Date |
| Network of Care RFP Released | December 1, 2020 |
| RFP Questions Due | December 7, 2020 |
| Informational Webinar | December 11, 2020 at 9 a.m. PT |
| Non-binding Letters of Intent Due (required to submit an application) | December 14, 2020  |
| Grant Applications Due | December 21, 2020 by 5 pm PT |
| Grant Decisions Announced | January 2021 |
| Contract Period | January 1, 2021 – June 30, 2021 |
| Possible Option Period 1 | July 1 , 2021– December 31, 2021 |
| Possible Option Period 2 | January 1, 2022 – June 30, 2022 |

# Background

The State of California, together with health and community leaders, is leading system reforms that recognize and respond to the effects that ACEs have on our biological systems and to address the potential lifelong impacts of ACEs.

## Adverse Childhood Experiences

As noted above, the term Adverse Childhood Experiences (ACEs) comes from the landmark 1998 study by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente. It describes 10 categories of adversities in three domains experienced by age 18 years. The domains are:

* **Abuse:** Physical, emotional, and sexual abuse
* **Neglect:** Physical and emotional neglect
* **Household Challenges:** Growing up in a household with incarceration, mental illness, substance dependence, absence due to parental separation or divorce, or intimate partner violence

ACEs cross ethnic, socioeconomic, gender, and geographic lines and affect millions of Californians. Children are uniquely vulnerable to the effects of an overactive stress response because their brains and bodies are still developing. Parental ACEs and toxic stress can also affect the health of subsequent generations – with effects transmitted from parent to child and even to grandchild.

Adversity experienced during the prenatal or early life periods, without adequate buffering protections of safe, stable, and nurturing relationships and environments, can alter the biological stress response, disrupt the development of neuro-endocrine-immune-metabolic and genetic regulatory mechanisms, and lead to toxic stress, thus increasing risk for poor health. For children (and the adults they will become), the result is the disruption of the development of brain architecture and other organ systems, and an increase in lifelong risk for physical and mental health disorders.[[12]](#endnote-13)

## ACE Screening and Clinical Response

An effective response to ACEs and toxic stress requires action on three levels – primary, secondary, and tertiary prevention – or prevention, early recognition, and early, evidence-based intervention. To break the intergenerational cycle of ACEs and toxic stress and improve outcomes at scale, both the upstream or systems-level factors and individual-level treatment must be addressed.[[13]](#endnote-14)

The health care setting offers a unique opportunity to help patients and families understand the impact of ACEs on health, and to prevent and treat toxic stress. ACE screening involves assessing for the triad of adversity(i.e., ACE score), clinical manifestations of toxic stress (i.e., ACE-Associated Health Conditions, or AAHCs), and protective factors to assess clinical risk for toxic stress and to guide effective responses. Please see the ACEs and Toxic Stress Risk Assessment Algorithm at [ACEsAware.org](http://www.acesaware.org/) for lists of AAHCs and further guidance on assessment of toxic stress risk. Of note, though clinical manifestations of toxic stress are currently best assessed by the presence or absence of AAHCs, efforts are underway to develop reliable clinical biomarkers that may inform diagnosis, prognostic precision, and therapeutic targets in identifying and intervening on toxic stress.[[14]](#endnote-15)

The clinical response to identification of ACEs including educational information (anticipatory guidance), interventions, and referrals should start with addressing any immediate safety concerns, and attention to the key principles of trauma-informed care.[[15]](#endnote-16)

Treatment of toxic stress involves education to help patients understand the association between past adversities and current health challenges and highlight the importance of regulating the stress response as part of treatment. Interventions to regulate the stress response include:[[16]](#endnote-17)

* Promotion of sleep hygiene and treatment of sleep disorders;
* Moderate aerobic exercise;
* Mindfulness interventions such as Mindfulness-Based Stress Reduction (MBSR);
* Nutrition including anti-inflammatory diet, such as the Mediterranean diet;
* Mental health interventions such as trauma-focused cognitive-behavioral therapy (TF-CBT), cue-centered therapy (CCT), child-parent psychotherapy (CPP) and/or psychiatry;
* Promotion of safe, stable and nurturing relationships; and
* Follow up to assess intervention efficacy.

Providers should educate patients about these strategies and refer them to in-house resources, as well as community resources as needed.

## Mitigating Toxic Stress Through Trauma-Informed Networks of Care

As the science illuminates the extent to which our experiences and environments shape our biology, there is increased recognition that clinical interventions are necessary, but not sufficient, to reduce the health impacts of ACEs and toxic stress. Cross-sector coordination, including with health care delivery systems, is necessary. Many sectors play a critical role in supporting patients by continuing to provide access to evidence-based stress mitigation strategies.[[17]](#endnote-18)

# ACEs Aware Grant Funding Opportunity

The purpose of this funding opportunity is to support the continued development of Trauma-Informed Networks of Care designed to address ACEs and toxic stress. The objective of the grants is to create, augment, and sustain formal connections between Medi-Cal providers, social service systems, and community partners to effectively address toxic stress in children and adults through clinical and community interventions following an ACE screening. Ultimately, the goal is to prevent individuals identified as having experienced ACEs and being at risk for toxic stress from developing negative health outcomes, to treat AAHCs where indicated, and to prevent vertical transmission of ACEs and toxic stress.

While many communities already have networks of social service and community-based supports in place, connections to primary care providers in that community may not be fully developed and clarity of roles in preventing and treating toxic stress may not be well-established. The intent of this grant opportunity is to facilitate Medi-Cal providers’ immersion into existing community networks, to strengthen and formalize networks that include primary care practices, and to leverage networks and collaboratives that exist in most communities to address ACEs and toxic stress.

## Network of Care Definition

As noted in the background section, for purposes of the ACEs Aware initiative, a Trauma-Informed Network of Care is a group of interdisciplinary health, education, and human service professionals and community members and organizations that support Medi-Cal patients, providers, and families by providing access to evidence-based “buffering” resources and supports that help to prevent, treat, and heal the toxic stress response.

## Who is in the Network of Care?

All entities discussed in this section may be part of a local community’s Network of Care and have the potential to prevent, treat, and heal toxic stress. The scope of the Network of Care will vary depending upon the needs and resources of each community. Thus, while this list is intended to be inclusive, each locality will have its own resilience-enhancing and trauma-informed ecosystem including but not limited to:

* Primary Care Providers
* Behavioral Health Providers
* Local and County Governments
* Public Health
* Educators
* Child Abuse Prevention Councils
* 211 Call Centers
* School Nurses/Counselors
* After School Programs
* Community-based Organizations
* Independent Practice Associations (IPAs)
* Early Intervention Organizations
* Family Resource Centers
* Medi-Cal Managed Care Plans
* Legal Services
* Law Enforcement
* Housing and Homeless Services
* Faith-Based Organizations
* Parks & Recreation Agencies
* Mindfulness Organizations
* Digital Community Resource Platforms

## Trauma-Informed Network of Care Roadmap

The ACEs Aware initiative is in the process of developing a Trauma-Informed Network of Care “Roadmap” that will serve as a guide for these grant activities. The Roadmap will provide strategies to align the efforts of health care providers, clinics, community-based organizations, and social service agencies aimed at ensuring a robust and effective system for working with children and adults in responding to ACE screenings and preventing and/or mitigating the toxic stress response.

The Trauma-Informed Network of Care Roadmap will include several key elements and milestones that have emerged as critical to successfully achieving health care and community integration. The Roadmap is one of many tools that the ACEs Aware initiative is developing for providers to equip them with support, information, and resources necessary to screen patients for ACEs, respond to risk of toxic stress with evidence-based interventions and trauma-informed care, receive payment from Medi-Cal, and promote effectiveness and efficiency in California’s health care system.

**Figure 1** below attempts to outline a “continuum” of integration of health care, social services, and community-based services that ultimately leads to a Trauma-Informed Network of Care that specifically addresses ACEs and toxic stress. The levels defined in Figure 1 are meant to be a guide to help applicants determine where their community is on the continuum and to select grant opportunities accordingly.

**Figure 1. Mitigating Toxic Stress: Trauma-Informed Networks of Care**

 ***Continuum of Integration***

 **Network of Care Planning Grants Network of Care Implementation Grants**

# Available Funding

The Office of the California Surgeon General and the Department of Health Care Services has allocated up to $30 million for this grant opportunity. At this time, funding for the ACEs Aware initiative is guaranteed through June 30, 2021 but may be extended pending state budget decisions for state fiscal year 2021-22. Interested organizations may apply for ***one*** of the following opportunities:

* **Network of Care Planning Grants:** Up to $300,000 per grant (may be distributed by a Lead Entity among partner organizations). The contract period for these grants will extend from **January 1, 2021 to June 30, 2021** and the approach, work plan, and budget should be structured accordingly.
* **Network of Care Implementation Grants:** Up to $3 million per grant (must be distributed by a Lead Entity among partner organizations). Applicants have two options for Implementation Grant proposals:
	+ **Option 1:**  An approach, work plan, and budget that covers a **6-month period** (January 1, 2021 – June 30, 2021) for Network of Care implementation activities, includes a series of required deliverables, and does not exceed $3 million; or
	+ **Option 2:**  An approach, work plan, and budget that extends past the 6-month grant period that includes the series of required deliverables, as well as additional proposed deliverables, that does not exceed $3 million total. Applicants should provide a proposed work plan, timeline and deliverables for the additional funding period divided into two 6-month “option periods” (July 1, 2021 – December 31, 2021); and (January 1, 2022 – June 30, 2022).

Preference in scoring will be given to applicants who propose a comprehensive set of deliverables that can be completed by June 30, 2021.

At this time, grant funds are only guaranteed to be available through June 30, 2021.

# Application Submission Process and Deadline

All application materials will be submitted via the ACEs Aware grant application portal. Lead Entities must complete and submit the application via the grant application portal by **December 21, 2020 at 5:00 p.m. PT.** Late submissions will not be considered.

An Informational Webinar will be held on **December 11, 2020 from 9:00-10:30 a.m. PT.**  [Click here for the Zoom Link](https://zoom.us/j/94335229187). Information about how to access the ACEs Aware grant application portal will be provided during the webinar.

Potential applicants are encouraged to submit questions for the Informational Webinar to info@ACEsAware.org **by December 7, 2020 at 12 noon PT.** The subject line of the email should read “Network of Care Informational Webinar.”

Interested organizations **must** submit a non-binding Letter of Intent to apply for grant funds no later than **December 14, 2020**. Letters of Intent should be submitted to info@ACEsAware.org.

Upon submission of the Letter of Intent, organizations will be able to access the full grant application beginning on December 15.

Organizations that receive grants will sign a contract with Aurrera Health Group, the entity supporting implementation of the ACEs Aware initiative in partnership with CA-OSG and DHCS. Grantees must abide by all 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 regular project reports as a condition of payment.

# Network of Care Planning Grants

The Network of Care Planning Grants will support 20 to 30 communities whose Medi-Cal providers may be in the early stages of conducting ACE screenings (Steps 1 and 2 from Figure 1) and are contemplating approaches for collaborating and coordinating across Medi-Cal providers, community-based organizations, and social service agencies to mitigate the toxic stress response resulting from ACEs. Grantees will be expected to participate in a series of shared learning activities and produce a set of deliverables to demonstrate their progress on implementing Network of Care Planning activities. Grant funds are available to:

* Hire new staff or cover costs for existing staff time, including clinical staff time, dedicated to carrying out identified grant activities and executing the proposed work plan.
* Plan for and submit deliverables as identified in the RFP/contract, including participation in identified trainings and meetings.
* Support partnerships, meeting planning and implementation activities that promote community engagement and participation in planning grant activities.
* Distribute funding to partner organizations for purposes of completing the planning grant deliverables.
* Purchase/augment/promote interoperability of IT platforms to assist facilitation and documentation of referral, response and follow up processes.
* Pay subcontractor costs associated with carrying out identified grant activities.

Grantees will be reimbursed based on approved deliverables. All activities must be accounted for within the cost of the deliverables.

## Ineligible Activities and Expenses

* Capital improvements, including but not limited to roads and buildings
* Direct patient care services
* Alcoholic beverages

Applicants must submit a work plan and budget using the templates provided in Attachments A and B.

## Required Planning Grant Deliverables

All Network of Care Planning Grantees will be expected to complete the following deliverables during the grant period. The grant funds will be distributed based on satisfactory and timely submission of each deliverable.

* **Deliverable #1:** Initial assessment of where the Grantee fits on the Trauma-Informed Network of Care Continuum of Integration Assessment Tool (to be presented during a webinar in early February 2021 that will align with the forthcoming Trauma-Informed Network of Care Roadmap) including:
* A clinical assessment of the Medi-Cal provider partner’s status in incorporating clinical protocols to interrupt the toxic stress response following ACE screening; and
* An assessment of gaps and areas for improved connection between primary care providers/clinics and community-based buffering services and supports.
* **Deliverable #2:** A plan and timeline for future implementation of a Network of Care;
* **Deliverable #3:** Submission of a mid-term progress report;
* **Deliverable #4:** Final report and sustainability analysis to continue Network of Care activities beyond the grant period.

## Deliverable #1: Initial Assessment (due 45 days after grant award)

During the first 45 days of the grant period, Network of Care Planning Grantees will be required to work with partner organizations to complete the Trauma-Informed Network of Care Continuum of Integration Assessment Tool (to be provided upon Grant award). Grantees will be required to attend a webinar shortly after the grant awards are announced that will provide an overview of the tool and answer questions. An initial assessment and summary of results will be required after the webinar, and an additional assessment will be required as part of the final report submission to identify improvements made during the grant period.

## Deliverable #2: Plan for future implementation of a Trauma-Informed Network of Care for Preventing and Mitigating Toxic Stress (due 90 days after grant award)

Network of Care Planning Grantees will submit a plan outlining the steps that will be taken to support the future implementation of a Network of Care. The plan will include:

* A description of existing partnerships (as outlined in the initial assessment);
* Identification of the addition of at least two Medi-Cal primary care provider/clinic partners (see the [list of Medi-Cal provider types who are eligible for payment for conducting ACE screenings](http://www.acesaware.org/eligible-providers) as well as the [ACEs Aware Medi-Cal provider directory](https://www.acesaware.org/screen/certification-payment/provider-directory/)).
* A description of the clinical protocol that is or will be put into place to interrupt the toxic stress response after completing an ACE screening;
* Identification of a group of organizations that will come together to establish a leadership structure for the Network of Care;
* An outline of how the leadership and accountability team will operate, or is currently operating to make progress on Network of Care development;
* A description of resources and training, including the [ACEs Aware Provider Toolkit](https://www.acesaware.org/wp-content/uploads/2020/05/ACEs-Aware-Provider-Toolkit-5.21.20.pdf), needed to solidify partnerships, roles, and responsibilities related to ACE screening, referral, and response, including utilization of existing ACEs Aware resources and [ACEs Aware-certified provider training](https://training.acesaware.org/);
* A description of how Network of Care partners will incorporate the science of ACEs and toxic stress trauma-informed care principles into and across practices, with particular attention to outlining how all partners will provide care and support that is trauma sensitive and healing centered, utilizing trauma-informed milestones and sensitive to the person’s racial, ethnic, cultural background, sexual orientation and gender identity;
* Plans for establishing data-sharing agreements, resources needed to develop data use agreements, business agreements, and Memorandums of Understanding (MOUs) with key partners; and
* An estimated implementation timeline for each of the components included in the development plan.

## Deliverable #3: Mid-Point Progress Report *(due no more than 120 days after grant award)*

Grantees will be required to submit a progress report mid-way through the grant period to document progress on the milestones identified in their work plans. A template for the progress report will be provided at the start of the grant period.

## Deliverable #4: Final Report and Sustainability Analysis *(due with final invoice submission)*

The final report and sustainability analysis will document the accomplishments achieved through the grant and identity the additional resources, relationships, and infrastructure needed to continue Network of Care activities beyond the funded period. The sustainability analysis will include:

* A description of successes and challenges with the clinical protocol that is or will be put into place to interrupt the toxic stress response after completing an ACE screening;
* An analysis and summary of the existing planning structure, staffing, and steering committee process, their effectiveness, and identify resources available (including in-kind support and commitments from organizational leadership for staff participation in the Network of Care) and needed to continue supporting referral and response activities;
* An analysis and summary of IT infrastructure needs that could assist facilitation and documentation of the referral and response process (including whether an IT platform was considered but determined not to be appropriate for the community, or if a platform was identified but funding was not available to implement.);
* A plan for solidifying existing and building additional partnership(s) with health care providers; and
* A description of lessons learned, barriers encountered, and successes achieved through the grant.

A template for the final report and sustainability analysis will be provided.

## Eligible Applicants

Grants will be awarded to a “Lead Entity” (e.g. community-based organization, county government, First 5 initiative, Medi-Cal provider/clinic/system, other multi-sector collaboratives such as Child Abuse Prevention Collaborative, Help Me Grow, etc.) that has the infrastructure available to execute business relationships with the other parts of the Network of Care including primary care providers screening Medi-Cal patients for ACEs. Lead entities will be expected to be equipped to distribute funds to Network of Care Planning grant partners as identified in the final contract.

Preference will be given to lead entities that have a history of working with California primary care providers who support Medi-Cal populations and [qualify for Medi-Cal payment for conducting ACE screenings](http://www.acesaware.org/eligible-providers), and have a proven record of success and a commitment to health equity. Aurrera Health Group encourages communities to apply that have one or more of the following:

* High prevalence of ACEs among the residents of their community (data available [here](https://www.kidsdata.org/topic/1969/aces-brfss/table#fmt=2486&loc=2,127,347,1763,331,348,336,171,321,345,357,332,324,369,358,362,360,337,327,364,356,217,353,328,354,323,352,320,339,334,365,343,330,367,344,355,366,368,265,349,361,4,273,59,370,326,333,322,341,338,350,342,329,325,359,351,363,340,335&tf=133&ch=));
* Communities that do not currently have robust ACEs Aware grants or activities underway;
* Rural communities and
* Tribal organizations.

RFP responses will be evaluated to support a commitment to health equity and maximize the opportunity to support a diverse network of trauma-informed care across the state.

## Network of Care Planning Grant Review and Scoring Criteria

Grant proposals will be reviewed and evaluated by a team familiar with the ACEs Aware initiative and include clinical and programmatic expertise. The review team will recommend selections to the Office of the California Surgeon General and the Department of Health Care Services for approval. Proposals will be evaluated based on the scoring structure set forth in this RFP. Funding decisions will consider the applicants’ capacity to achieve the objectives of the ACEs Aware initiative, capacity to expand upon current work, and plans for establishing long-term sustainability.

Applications must address all the components of this RFP and be received by the due date of **December 21, 2020 at 5:00 p.m. PT.** Late submissions will not be considered. The Network of Care Planning Grant proposals will be scored on a 100-point scale as listed in the table below:

| Application Criteria | Maximum Points |
| --- | --- |
| Project Summary | 20 |
| Lead Entity/Partner Organization Description and Capacity | 30 |
| Project Approach, Work Plan, and Timeline | 30 |
| Budget | 20 |
| **Total** | 100 |

The Budget section of the application will be reviewed and scored according to the following criteria:

* Completeness and quality of the work plan and budget template;
* Budget amounts match description of projected deliverables and activities and are consistent with the work plan; and
* Projected costs are reasonable and sufficient to accomplish proposed activities.

# Network of Care Planning Grants Application

Applications must include all the information in this section to be considered complete and eligible for grant funds.

Applicants will utilize a grant application portal to submit all application materials. Information about the portal will be shared during the [Informational Webinar](https://zoom.us/j/94335229187) on December 11, 2020.

## Letter of Intent

Interested applicants **must** submit a non-binding Letter of Intent to info@acesaware.org

**by December 14, 2020**. The Letter of Intent will include:

* Legal name and address of the organization (the Lead Entity) authorized to enter into a grant contract with Aurrera Health Group;
* Indication of the type of grant for which the organization intends to apply (Network of Care Planning Grant **or** a Network of Care Implementation Grant);
* The geographic area to be served; and
* Name, email address, and phone number of the primary and secondary contact for the grant application.

Once applicants have submitted a Letter of Intent, they will receive access to submit their application using the ACEs Aware grant application portal.

## Applicant information

Applicants must submit the following information using the grant application portal:

* Requested funding amount for the grant period that is commensurate with planned activities;
* A listing of all proposed partner organizations for the planning grant;
* Federal Tax ID; and
* Signature and title of authorized agent of applicant organization.

## Project Summary

Provide a brief summary of how grant funds would be leveraged to support the planning and development of a Trauma-Informed Network of Care, including ACE screening and referral process, clinical protocols for interrupting the toxic stress response, and facilitating access to “buffering” resources and supports that will help to prevent, treat, and heal the harmful consequences of toxic stress. Applicants must also include a description of the geographic area(s) and demographics of the populations that will be served.

## Applicant Lead Entity and Partner Organization Description and Capacity

Provide a description of the following:

* Name(s), title(s), organization(s), and qualifications of the project lead or co-leads;
* Description of applicant’s experience or past work in supporting trauma-informed and resilience-building practices in the community.
* Description of applicant’s history of working with California Medi-Cal providers and supporting Medi-Cal populations;
* Description of past work that demonstrates the applicant’s ability to successfully engage in planning with community and Medi-Cal providers;
* Affirmation of applicant’s intention to ensure the Network of Care is accessible to all Medi-Cal patients and providers in the community;
* Description of past work that demonstrates success in addressing health disparities;
* Description of current policies and practices that demonstrate cultural competence in the delivery of services and supports; and
* Letters of commitment from at least one partner organization (preference will be given to applicants that partner with multiple organizations).

## Project Approach, Work Plan, and Timeline

In narrative format, describe in detail how the Lead Entity will work with partners to use the grant funds to support the planning development of a Trauma-Informed Network of Care. This includes plans for establishing and providing access to “buffering” resources and supports that help to prevent, treat, and heal the harmful consequences of toxic stress. The description must include detail regarding:

* The outcomes to be achieved during the grant period;
* A description of how the grant funds will enable the Lead Entity to accomplish the required deliverables;
* As appropriate, identify meaningful support and collaboration with key partners in planning, designing, and implementing the activities;
* A list of key personnel from the Lead Entity and partner organizations, a summary of their qualifications, and a description of each their roles on the project; and

A detailed project approach and work plan (see Attachment A for required template) for meeting all the planning grant deliverables outlined in this RFP should accompany the narrative description.

## Budget

Use the required budget template and narrative included in the grant application portal (content outlined in Attachment B) to outline the budget for the six-month grant period (January 1, 2021 – June 30, 2021). The total funding request is not to exceed $300,000 and may be distributed among grantee partner organizations, as appropriate.

Use the activities in the work plan to describe the proposed cost for corresponding deliverables in the budget. The work plan and the budget documents will be the documents used to monitor ongoing grant deliverables through the contract.

# Network of Care Implementation Grants

The Network of Care Implementation Grants will support five to ten communities that demonstrate a significant level of existing collaboration and coordination across Medi-Cal providers, community-based organizations, and social service agencies in responding to the identification of ACEs and toxic stress in primary care. The goal is to provide grant funds that will help ensure that the Trauma-Informed Network of Care is fully equipped to effectively prevent, treat, and heal toxic stress. Grantees will be expected to participate in several shared learning and evaluation activities and produce a set of deliverables to demonstrate progress on the continued implementation of their Network of Care.

Communities interested in applying for a Network of Care Implementation Grant may propose a budget of up to $3 million per grant (must be distributed by a Lead Entity among partner organizations). Applicants have two options for Implementation Grant proposals:

* **Option 1:** An approach, work plan, and budget that covers a **6-month period** (January 1, 2021 – June 30, 2021) for Network of Care implementation activities, includes a series of required deliverables, and does not exceed $3 million; or
* **Option 2:** An approach, work plan, and budget that extends past the 6-month grant period that includes the series of required deliverables, as well as additional proposed deliverables, that does not exceed $3 million total. Applicants should provide a proposed work plan, timeline and deliverables for the additional funding period divided into two 6-month “option periods” (July 1, 2021 – December 31, 2021); and (January 1, 2022 – June 30, 2022).

Preference in scoring will be given to applicants who propose a more comprehensive set of deliverables that can be completed by June 30, 2021.

At this time, grant funds are only guaranteed to be available through June 30, 2021.

## Permissible Uses of Funding

Network of Care Implementation Grant funds are available for the following activities and expenditures:

* Hiring new staff and/or covering the cost of existing staff time to carry out identified Network of Care Implementation grant activities not otherwise billable to Medi-Cal.
* Planning activities for and submission of deliverables as identified in the RFP/contract, including participation in identified trainings and meetings.
* Distributing funds to partner organizations to support execution of the Network of Care referral and response process.
* Supporting community participation and community engagement in grant activities.
* Purchasing/augmenting/promoting interoperability of IT platforms to assist facilitation and documentation of referral and response process.
* Paying subcontractor costs associated with carrying out identified grant activities.
* Developing procedures, policies, and mechanisms for facilitation of health information exchange between Network of Care partners.
* Hiring new or covering costs of existing staff time for project management activities of the Network of Care grant.
* Developing sustainability plan and grant writing for continued funding structure for the Network of Care.

Grantees will be reimbursed based on satisfactory submission of approved deliverables. All activities and costs must be accounted for within the deliverable-based budget.

## Ineligible Activities and Expenses

* Capital improvements, including but not limited to roads and buildings
* Direct patient care services
* Alcoholic beverages

## Characteristics of Eligible Applicant Communities

Applicants must demonstrate a significant level of readiness and existing infrastructure to ultimately implement a fully-functioning Trauma-Informed Network of Care and must be able to clearly describe in their application how the grant funds will be leveraged to augment and/or sustain the execution of the ACE screening, referral, and response process on behalf of Medi-Cal patients and families. Provider partners must be actively screening for ACEs and have clinical protocols in place for interrupting the toxic stress response.

Grants will be awarded to a “Lead Entity” (e.g. community-based organization, county government, First 5 initiative, Medi-Cal provider/clinic/system, other multi-sector collaboratives such as Child Abuse Prevention Collaborative, Help Me Grow, etc.) that has the infrastructure available to execute business relationships with the other parts of the Network of Care, including primary care providers screening Medi-Cal patients for ACEs. Lead Entities will be expected to distribute funds to Network of Care Planning grant partners as identified in the final contract.

The RFP response must demonstrate a significant level of readiness and community buy-in to launch the grant activities shortly after award.

## Key Criteria:

* At a minimum, the Network of Care must include primary care, mental/behavioral health, and social work/family navigation. Preference will be given to networks that are broader and are more inclusive and have capacity to spend funds in within the proposed grant period.
* Must have existing relationships and workflows in place with one or more ACEs Aware-trained primary care providers and/or clinics eligible for Medi-Cal payment that refers patients to the community Network of Care.
* Preference will be given to applicants that can propose a more comprehensive set of deliverables during the 6-month grant program.
* Preference will be given to applicants that are currently, or will use grant funds, to leverage a community resource and referral IT platform.
* Preference will be given to lead entities that have a history of working with California providers on supporting Medi-Cal populations, and have demonstrated a commitment to improving health equity.
* Budget must clearly describe how grant funds will be distributed among the Network of Care partners.
* Application must include letters of commitment to enter into formal partnerships with:
	+ At least two Network of Care entities listed on page 6; and
	+ At least one Medi-Cal provider.
* RFP responses will be evaluated to maximize the opportunity to support a diverse set of Networks of Care across the state and priority will be given to multi-sector networks with multiple clinic partners.

## Required Deliverables

All Network of Care Implementation Grantees will be expected to complete a series of deliverables during the grant period. Applicants may propose additional deliverables to augment their proposal. The grant funds will be distributed based on satisfactory and timely submission of each deliverable.

All Network of Care Implementation Grantees will be expected to complete the following activities, at a minimum, during the grant period:

* **Deliverable #1:** Initial Assessment of where the Grantee’s community is on the Trauma-Informed Network of Care Continuum of Integration Assessment Tool, (assessment tool to be presented during a webinar in early February that will align with the forthcoming Trauma Informed Network of Care Roadmap); including:
	+ A clinical assessment of provider protocols in place to interrupt the toxic stress response following ACE screenings; and
	+ Assessment of gaps and areas for improved connection with primary care clinics and buffering services and supports;
* **Deliverable #2:** Report describing planning for and implementation of a collaborative leadership and accountability structure across the Network of Care, including Medi-Cal providers;
* **Deliverable #3:** Plan for further alignment with the Network of Care Roadmap; and
* **Deliverable #4:** 6-month Report and Sustainability Plan.

## Additional Deliverables (optional):

Applicants may include additional deliverables in their proposals. The application must include a budget and timeline by which these deliverables will be completed. Applicants can identify anticipated timelines within the initial 6-month period or across the full 18-month period, however, the total award cannot exceed $3 million dollars and grant funds are only guaranteed to be available through June 30, 2021. Preference in scoring will be given to applicants who propose a more comprehensive set of deliverables that can be completed by June 30, 2021.

## Deliverable #1: Initial Assessment *(due 90 days after grant award)*

Lead entities will be required to work with their Network of Care partners to complete an assessment to inform future implementation and augmentation plans. During the grant period, Networks of Care must:

* Complete the Trauma-Informed Network of Care Continuum of Integration Assessment Tool (assessment tool to be presented during a webinar in early February that will align with the forthcoming Trauma Informed Network of Care Roadmap), for their organization and with Network of Care health care and community partners. The assessment will include a detailed description of the clinical protocols that are in place to interrupt the toxic stress response following an ACE screening. The partner organizations involved in the grant must come together and complete the Tool to reflect the consensus view of the community. (Grantees will be required to attend a webinar shortly after the grant awards are announced to provide an overview of the tool and answer questions.)

## Deliverable #2: Collaborative Leadership and Accountability Structure *(due 120 days after grant award)*

Grantees must implement a collaborative governance structure between entities that are a part of a local community’s Network of Care to ensure the support of ACE screening referral and response activities. Grantees will be expected to demonstrate significant progress toward the following:

* Development of business agreements that identify clear roles, responsibilities, and expectations of each member.
* Planning for or creation of data-sharing agreements and collaborative use of a shared IT platform to track and document the referral and response process.
* Adding at least one additionalprimary care Medi-Cal provider/clinic partner that is currently screening for ACEs and has protocols in place to interrupt the toxic stress response, to the Network of Care by the end of the grant period. This will be demonstrated by a letter of commitment from the Medi-Cal provider.
* Adding at least one additional community-based provider that serves populations experiencing inequities and/or higher levels of health disparities. This will be demonstrated by a letter of commitment from the organization.

## Deliverable #3: Alignment with Network of Care Roadmap

As noted above, the ACEs Aware initiative will be releasing a Trauma-Informed Network of Care Roadmap shortly after this RFP is released. The Roadmap outlines a series of Milestones that are designed to guide communities in successfully establishing Networks of Care. Grantees must demonstrate how the work underway aligns with the Network of Care Roadmap and develop a report that describes:

* How the community has built and strengthened its infrastructure for responding to ACEs and toxic stress;
* How the community has established and augmented its governance structure and the services being provided to families;
* Plans for filling gaps by building relationships with additional partners/Medi-Cal providers;
* Efforts to strengthen existing and build new relationships through community engagement;
* A description of the navigation process, including IT infrastructure, that is in place to assist patients and/or families in navigating the health care and social services system to meet their needs. (e.g. hiring and/or co-location of community health worker or care coordinator, etc.)

## Deliverable #4: 6-Month Report and Sustainability Plan (due June 30, 2021)

The 6-Month Report and Sustainability Plan will review the lessons learned, barriers encountered, and successes achieved through the grant. The report will also identify resources and infrastructure needed to continue Network of Care activities beyond the funded period. The sustainability plan will, at a minimum, include:

* An assessment of existing Network of Care staffing model to identify resources available to continue supporting ACE screening referral and response activities.
* An assessment and identification of additional IT needs to assist facilitation and documentation of the referral and response process.
* A plan for solidifying and augmenting partnership(s) with Medi-Cal providers.
* Case studies/success stories and identifying models and best practices that can be replicated and adapted to meet local needs.

## Additional deliverables (optional)

Applicants may include additional deliverables in their applications. The application must include a budget and timeline by which these deliverables will be completed. Applicants can identify anticipated timelines within the initial 6-month period or across the full 18-month period, however, the total budget cannot exceed $3,000,000 and grant funds are only guaranteed to be available through June 30, 2021. Preference in scoring will be given to applicants who propose a more comprehensive set of deliverables that can be completed by June 30, 2021.

## Network of Care Implementation Grant Scoring Criteria

Grant proposals will be reviewed and evaluated by a review team familiar with the ACEs Aware initiative and with clinical and programmatic expertise. The review team will recommend selections to the Office of the California Surgeon General and the Department of Health Care Services for approval. Funding decisions will consider the applicants’ capacity to achieve the objectives of the ACEs Aware initiative, capacity to expand upon current work, and plans for establishing long-term sustainability.

Applications must address all the components of this RFP and be received by the due date of **December 21, 2020 at 5:00 p.m. PT**. Late submissions will not be considered. The grant proposals will be scored on a 100-point scale as listed in the table below:

| Application Criteria | Maximum points |
| --- | --- |
| Project Summary | 10 |
| Applicant/Lead Entity Description and Capacity  | 20 |
| Community/NoC Description and Capacity | 20 |
| Project Approach, Work Plan, and Timeline | 30 |
| Budget | 20 |
| Total | 100 |

The Budget section of the application will be reviewed and scored according to the following criteria:

* Completeness and quality of the work plan and budget template;
* Budget amounts match description of projected deliverables and activities and are consistent with the work plan; and
* Projected costs are reasonable and sufficient to accomplish proposed activities.

# Network of Care Implementation Grants Application

Applications must include all the information in this section to be considered complete and eligible for grant funds.

Applicants will utilize a grant application portal to submit all application materials. Information about the portal will be shared during the [Informational Webinar](https://zoom.us/j/94335229187) on December 11, 2020.

## Letter of Intent

Interested applicants **must** submit a non-binding Letter of Intent to info@acesaware.org

by **December 14, 2020**. The Letter of Intent will include:

* Legal name and address of the organization (the Lead Entity) authorized to enter into a grant contract with Aurrera Health Group;
* Indication of the type of grant for which the organization intends to apply (Network of Care Planning Grant **or** a Network of Care Implementation Grant);
* The geographic area to be served; and
* Name, email address, and phone number of the primary and secondary contacts for the grant application.

Once applicants have submitted a Letter of Intent, they will receive access to submit their application using the ACEs Aware grant application portal.

## Applicant information

Applicants must submit the following information using the grant application portal:

* Requested funding amount for the grant period that is commensurate with planned activities;
* A listing of all proposed partner organizations for the grant;
* Federal Tax ID; and
* Signature and title of authorized agent of applicant organization.

## Project Summary

Provide a brief summary of how grant funds would be leveraged to support the planning and development of a Trauma-Informed Network of Care, including the referral process and facilitating access to “buffering” resources and supports that will help to prevent, treat, and heal the harmful consequences of toxic stress. Include a brief summary of the geographic area(s) and populations to be served.

## Applicant Lead Entity and Partner Organization Description and Capacity

* Provide a description of the following: Name(s), title(s), organization(s), and qualifications of the project lead or co-leads;
* Description of applicant’s experience or past work in supporting trauma-informed and resilience-building practices in the community.
* Description of applicant’s history of working with California providers and supporting Medi-Cal populations;
* Description of past work that demonstrates the applicant’s ability to successfully engage in planning with community-based organizations and Medi-Cal providers;
* Affirmation of applicant’s intention to ensure the Network of Care is accessible to all patients and providers in the community;
* Description of past work that demonstrates a commitment to addressing health disparities;
* Description of current policies and practices that demonstrate cultural competence in the delivery of services and supports.

## Community Network of Care Description and Capacity

Applicants must submit a description of the existing Network of Care that is in place in their community, including:

* Brief description of each collaborative partner and Network of Care leadership structure:
	+ At least one Medi-Cal provider/clinic partner that is currently screening for ACEs and has protocols in place to interrupt the toxic stress response;
	+ At least two additional entities currently part of the Network of Care to include mental/behavioral health and social work/patient navigation service organization; and
	+ Identification of which entities currently act as the convening body and the structure of the leadership team.
* A description of existing partnerships and resources available to solidify partnerships, roles, and responsibilities related to ACE screening and response.
* Letters of commitment from partner organizations identified in the grant application:
	+ Medi-Cal provider/clinic partner (minimum 1 letter required). (Applicants that are Medi-Cal providers must submit at least one letter from an additional Medi-Cal provider.)
	+ Network of Care entities (minimum 2 letters required)

## Project Approach, Work Plan, and Timeline

In narrative format, describe in detail how the Lead Entity will work with partners to use the grant funds to support the further development of a Trauma-Informed Network of Care. This includes plans for establishing and providing access to “buffering” resources and supports that help to prevent, treat, and heal the harmful consequences of toxic stress. The description must include detail regarding:

* The outcomes to be achieved during the grant period;
* A description of how the grant funds will enable the Lead Entity to accomplish the required deliverables;
* As appropriate, identify meaningful support and collaboration with key partners in planning, designing, and implementing the activities;
* A list of key personnel from the Lead Entity and partner organizations, a summary of their qualifications, and a description of each of their roles on the project; and
* A detailed work plan (see Attachment A for required template) for meeting all the Implementation Grant deliverables outlined in this RFP.

## Budget

Use the required budget template and narrative included in the grant application portal (content outlined in Attachment B) to outline the budget for the initial six-month grant period (January 1, 2021 – June 30, 2021), and, if desired, two additional six-month “option periods” (July 1, 2021 – December 31, 2021; and January 1, 2022 – June 30, 2022). The total funding request is not to exceed $3,000,000 for the 18-month period.

Use the activities in the work plan to describe the cost for corresponding deliverables in the budget. The work plan and the budget will be the documents used to monitor ongoing grant deliverables.

# Attachment A: Work Plan Template (required)

All applicants are required to complete and submit this work plan template. The template will be included within the grant application portal, which can be accessed upon submitting a Letter of Intent to apply. The work plan should explain how the applicant will achieve the project deliverables and the activities proposed in the Project Approach, Work Plan, and Timeline section of the application.

| Network of Care Planning Grants – Project Deliverables & Activities | Estimated Timeline (per instructions above) |
| --- | --- |
| Deliverable #1:  | Blank cell |
| * Insert activity 1
 | Blank cell |
| * Insert activity 2
 | Blank cell |
| * Add lines for additional objectives
 | Blank cell |
| Deliverable #2:  | Blank cell |
| * Insert activity 1
 | Blank cell |
| * Insert activity 2
 | Blank cell |
| * Add lines for additional objectives
 | Blank cell |
| Deliverable #3:  | Blank cell |
| * Insert activity 1
 | Blank cell |
| * Insert activity 2
 | Blank cell |
| * Add lines for additional objectives
 | Blank cell |
| Deliverable #4:  | Blank cell |
| * Insert activity 1
 | Blank cell |
| * Insert activity 2
 | Blank cell |
| * Add lines for additional objectives
 | Blank cell |

| Network of Care Implementation Grants – Project Deliverables & Activities | Estimated Timeline (per instructions above) |
| --- | --- |
| Required deliverables January 1 – June 30, 2021  |
| Deliverable #1:  | Blank cell |
| * Insert activity 1
 | Blank cell |
| * Insert activity 2
 | Blank cell |
| * Add lines for additional objectives
 | Blank cell |
| Deliverable #2:  | Blank cell |
| * Insert activity 1
 | Blank cell |
| * Insert activity 2
 | Blank cell |
| * Add lines for additional objectives
 | Blank cell |
| Deliverable #3:  | Blank cell |
| * Insert activity 1
 | Blank cell |
| * Insert activity 2
 | Blank cell |
| * Add lines for additional objectives
 | Blank cell |
| Deliverable #4:  | Blank cell |
| * Insert activity 1
 | Blank cell |
| * Insert activity 2
 | Blank cell |
| * Add lines for additional objectives
 | Blank cell |
| Additional/optional deliverables.  |
| Deliverable #5:  | Blank cell |
| * Insert activity 1
 | Blank cell |
| * Insert activity 2
 | Blank cell |
| * Add lines for additional objectives
 | Blank cell |
| Deliverable #6:  | Blank cell |
| * Insert activity 1
 | Blank cell |
| * Insert activity 2
 | Blank cell |
| * Add lines for additional objectives
 | Blank cell |
| Deliverable #7:  | Blank cell |
| * Insert activity 1
 | Blank cell |
| * Insert activity 2
 | Blank cell |
| * Add lines for additional objectives
 | Blank cell |
| Deliverable #8: | Blank cell |
| * Insert Activity 1
 | Blank cell |
| * Insert Activity 2
 | Blank cell |
| Additional deliverables (optional) |
| * Insert Activity 1
 | Blank cell |
| * Insert Activity 2
 | Blank cell |

# Attachment B: Budget Template and Narrative

Budgets and payment will be based on the completion of deliverables as outlined in this RFP. The cost of completing each deliverable should align with the approach, work plan and timeline of activities and deliverables.

The required budget information below will be included within the grant application portal. The applicant will be required to submit the information in the table below as well as a narrative justification for the budget, which explains how the funds requested will be used to support the activities outlined in the Project Approach, Work Plan, and Timeline section of the application .

Table 1:

* **For Planning Grants:** Complete a deliverable-based budget for the grant period: January 1, 2021- June 30, 2021;
* **For Implementation Grants:** Complete a deliverable-based budget for the grant period (January 1, 2021– June 30, 2021) and Option Periods 1 and 2 (optional)

Table 1. Budget by Deliverable

| Project Deliverables (Based on grant type and Initial vs. Option Periods) | Submission Date | Proposed Budget |
| --- | --- | --- |
| Deliverable #1:  | Blank cell | Blank cell |
| Deliverable #2:  | Blank cell | Blank cell |
| Deliverable #3: | Blank cell | Blank cell |
| Deliverable #4: | Blank cell | Blank cell |
| Deliverable #5: | Blank cell | Blank cell |
| **Total** | Blank cell | Blank cell |

Table 2:

* Include costs for the grant Lead Entity and partner organizations.
* Indicate how funding will be distributed between the Lead Entity and partner organizations, as applicable
* List any subcontractors who will support this project and their role.

Table 2. Funding Distribution by Entity

| Entity | Funding Amount |
| --- | --- |
| Insert Lead Entity Name | Blank cell |
| Insert Partner Name  | Blank cell |
| Insert Partner Name | Blank cell |
| Insert Partner Name | Blank cell |
| Insert Partner Name | Blank cell |
| Insert Partner Name | Blank cell |
| **Total** | Blank cell |

## Narrative Justification

Applications must include a narrative justification that explains how the funds requested will be used to support the activities outlined in the Project Approach, Work Plan, and Timeline section of the application. The justification should identify the activities and costs that inform the amount requested per deliverable as aligned with the permissible activities and expenditures included in this RFP, such as anticipated staff and time needed to complete activities, equipment and supplies, subcontractor costs, etc.

# References

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