

ACEs Aware Progress Report: 2019-2023



TABLE OF CONTENTS

| | |
|--|-----------|
| Foreword | 3 |
| Nadine Burke Harris, MD, Former California Surgeon General | 3 |
| Diana Ramos, MD, California Surgeon General | 4 |
| California Department of Health Care Services | 5 |
| Fast Facts | 6 |
| Impacts of Adverse Childhood Experiences and Toxic Stress | 6 |
| ACEs Aware Progress on Addressing ACEs and Toxic Stress | 8 |
| Introduction | 10 |
| ACEs Aware Background | 11 |
| Key Milestones in the ACEs Aware Timeline | 12 |
| Building the Evidence Base for Scaling ACE Screening and Response | 13 |
| ACEs Aware Progress to Date | 14 |
| Training Health Care Teams | 14 |
| Clinical Adoption of ACE Screening by Medi-Cal Providers | 15 |
| Investing in Clinics and Communities | 16 |
| Understanding the Impact of ACE Screening and Response at Scale | 27 |
| The Path Ahead | 28 |
| Credits and Acknowledgements | 30 |



FOREWORD



Nadine Burke Harris, MD, Former California Surgeon General

.....

I want to start by thanking the thousands of medical professionals, public health experts, public servants, and everyday Californians who have generously shared their time, energy, and expertise to help us build a system of care to improve outcomes for individuals exposed to Adverse Childhood Experiences (ACEs)

and at risk of toxic stress. It was my distinct honor to be appointed by Governor Gavin Newsom as California's first Surgeon General in 2019, tasked with working across government sectors to tackle the root causes of the greatest health threats facing the 40 million people who call California home.

One of my proudest accomplishments as California Surgeon General was to launch the ACEs Aware initiative, in partnership with the Department of Health Care Services (DHCS), just as the COVID-19 pandemic was beginning. Our work to build trauma-informed systems of care could not have been timelier. ACEs Aware was founded on the scientific consensus that upstream factors, including ACEs and the resulting toxic stress response, are root causes of many of the most harmful and persistent health challenges facing Californians, from heart disease to homelessness. More importantly, it was built on the overwhelming evidence that early detection and early intervention are key to improving outcomes.

We set out to raise awareness in the health care community and build capacity for providers to prevent, identify, and respond to ACEs and toxic stress with evidence-based, cross-sector and coordinated interventions. We recognized that an effective response to ACEs and toxic stress must not only be adopted and applied in our clinics and hospitals, but also integrated with efforts taking place in schools, workplaces, childcare centers, courtrooms, and elsewhere throughout our communities.

Four years later it is heartening to see that under the leadership of DHCS, California's current Surgeon General Dr. Diana Ramos, and the team at the UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN), the initiative is making great progress. While there is much work ahead, I have the utmost confidence that, together, we can interrupt the progression from early adversity to disease and early death. Thank you for your commitment to becoming ACEs Aware and improving the health and well-being of all Californians, now and for generations to come.

With gratitude,

A handwritten signature in black ink that reads "Nadine Burke Harris". The signature is fluid and cursive, with the first name "Nadine" being the most prominent.

Diana Ramos, MD, California Surgeon General



Adverse Childhood Experiences (ACEs) impact everyone, cutting across different backgrounds like ethnicity, socioeconomic status, gender, and location. In California, more than 70% of adults and 30% of children have faced at least one ACE, such as having a caregiver with mental health challenges or witnessing domestic violence. Shockingly, one in five adults has encountered four or more ACEs. The science now reveals that the toxic stress response is a key biological factor causing ACEs to lead to long-term health issues affecting individuals and communities statewide.

Consider this: an individual with four or more ACEs faces a 70% higher risk of kidney disease, more than double the risk of heart disease, and triple the risk of chronic lung disease. Additionally, they are 4.7 times more likely to experience depression and 10.2 times more likely to face substance use disorders, with ACEs increasing the risk of homelessness by two to four times.

The good news is that ACEs are not predetermined. Research indicates that early detection and evidence-based interventions can significantly reduce negative outcomes. That's why, as the Surgeon General, one of my top priorities is addressing ACEs and toxic stress. I am honored to continue the ACEs Aware initiative, a collaborative effort founded with support from various sectors and government leadership. This initiative is gaining traction among health care teams and communities statewide, setting an example for other states aiming to create their own ACEs programs.

As California's Doctor, I take pride in supporting ACEs Aware, among other innovative programs in our state. These programs drive systemic reforms to enhance lifelong health and eliminate health disparities. Another noteworthy effort is the California Youth and Behavioral Health Initiative (CYBHI), which adopts a holistic approach to address factors impacting the mental health and well-being of our children and youth.

With funding from CYBHI, my office is leading additional ACEs initiatives, such as Safe Spaces, a free online training for educators and early care providers to recognize and respond to trauma and stress in children. We are also developing a \$24 million public awareness campaign on ACEs and toxic stress set to launch in May 2024. This campaign aims to provide resources and strategies to manage toxic stress, heal from adversity, and break cycles of trauma for youth and young adults across California. Explore these efforts and more on our website at www.osg.ca.gov/aces-toxic-stress.

I am excited about the ongoing collaboration with various sectors and communities as we work together to prevent, treat, and heal ACEs and toxic stress. Our goal is to advance health equity and well-being for all Californians.

Together in health,

Diana Ramos



California Department of Health Care Services

DHCS is transforming Medi-Cal to create a more coordinated, person-centered, and equitable health system in California. Through initiatives such as California Advancing and Innovating Medi-Cal (CalAIM), we are creating a system of care that extends beyond the doctor's office or hospital and addresses Medi-Cal members' physical and mental health needs. A broad network of partners, including health care teams, Medi-Cal managed care plans (MCP), and community-based organizations are committed to supporting this bold transformation.

Identifying ACEs and toxic stress in children and adults can have long-lasting effects on health and health care. Early identification coupled with targeted support and intervention can improve quality of care, reduce health system costs, and improve health and well-being for California's 15 million Medi-Cal members.

The innovative ACEs Aware initiative is in lock step with DHCS' bold goals to build a healthier and more equitable state for all Californians, regardless of their ethnicity, gender, sexual orientation, disability, age, immigration status, health needs, or where they live. Since its launch in December 2019, ACEs Aware has offered Medi-Cal providers training and support in screening for ACEs and responding with trauma-informed, evidence-based strategies to mitigate the toxic stress response. ACEs Aware also supports crucial cross-sector work to engage communities to develop and augment Trauma-Informed Networks of Care to address the impacts of ACEs and toxic stress from a local perspective.

Medi-Cal providers have conducted more than two million screens of more than 1.5 million Medi-Cal members. More than 35,000 people completed the flagship Becoming ACEs Aware in California training course, with more than half now certified to receive Medi-Cal reimbursement for eligible ACE screens. We are proud to lead the way in transforming our health care system to be ACEs Aware and trauma-informed to improve the health of Californians now and in the future.



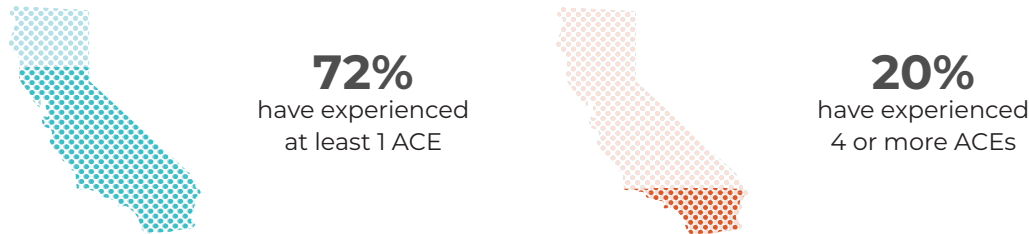
DHCS' priority is to ensure that our more than 15 million Medi-Cal managed care members receive quality, easily accessible, equitable, and comprehensive health care.

— DHCS Director
Michelle Baass

FAST FACTS

Impacts of Adverse Childhood Experiences and Toxic Stress

Prevalence of ACEs in California - Adults¹



Prevalence of ACEs in California - Youth (Ages 0-17)²



Estimated
Annual Cost
of ACEs to
State of
California³

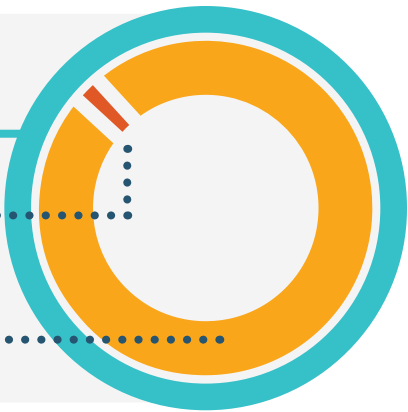
1.5 trillion

\$24.6 billion

in direct medical spending

\$1.49 trillion

in lost healthy life years



Annual Cost
of ACEs in
the U.S.³

| | | |
|------------------------|----------------|------------------|
| Heart Disease | Asthma | |
| Stroke | Kidney Disease | Illicit Drug Use |
| Cancer | COPD | Anxiety |
| Diabetes | Smoking | Depression |
| Arthritis | Heavy Drinking | Violence |
| Overweight and Obesity | | |

\$14.1 trillion



¹ Source: California Health Interview Survey, CHIS 2021 Adult Survey. UCLA Center for Health Policy Research. Los Angeles, CA: October 2022

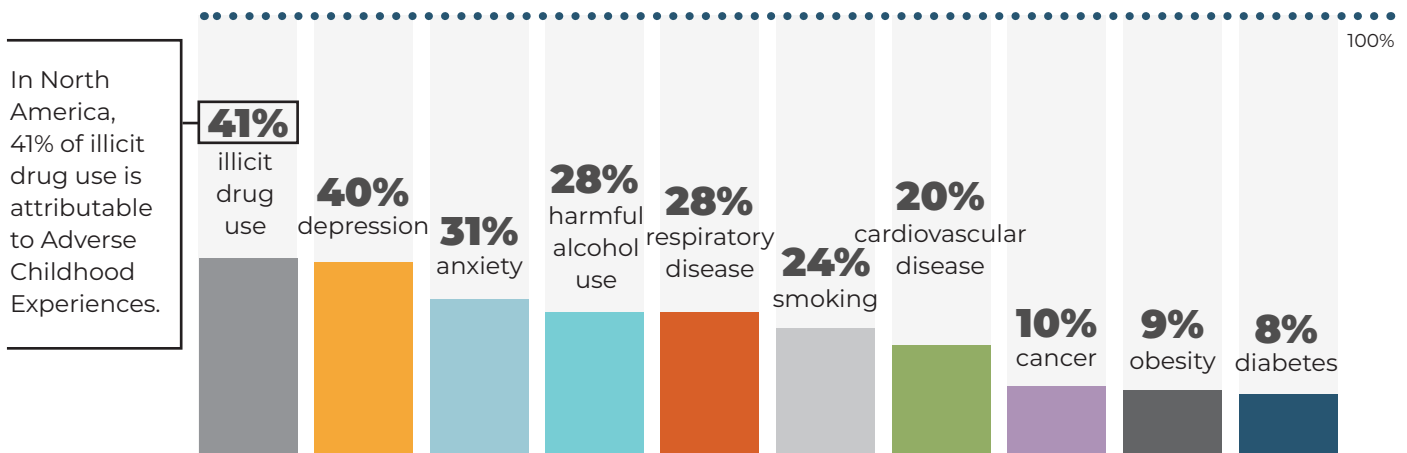
² U.S. Dept. of Health and Human Services, National Survey of Children's Health (Apr. 2023)

³ Peterson C, Aslam MV, Niolon PH, et al. Economic Burden of Health Conditions Associated With Adverse Childhood Experiences Among US Adults. JAMA Netw Open. 2023;6(12):e2346323. doi:10.1001/jamanetworkopen.2023.46323

FAST FACTS

Impacts of Adverse Childhood Experiences and Toxic Stress

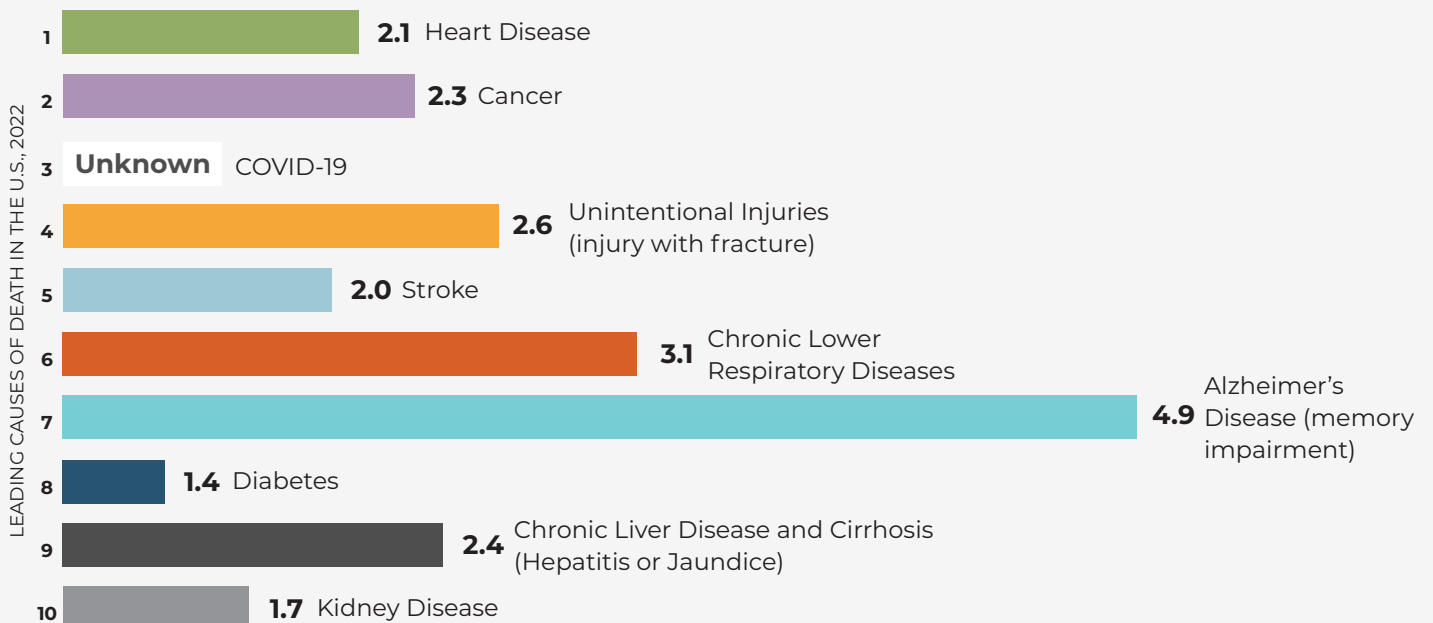
Population-Attributable Fractions of ACEs for Health Outcomes in North America⁴



Population-attributable fractions (PAFs) shown here are the portions of adverse health outcomes in the population that are attributable to ACEs.

ACEs Dramatically Increase Risk for at least 9 of the 10 Leading Causes of Death in U.S.⁵

ODDS RATIOS FOR ≥ 4 ACES (RELATIVE TO NO ACES)



⁴ Source: Bellis MA, Hughes K, Ford K, Ramos Rodriguez G, Sethi D, Passmore J. Life course health consequences and associated annual costs of Adverse Childhood Experiences across Europe and North America: A systematic review and meta-analysis. The Lancet Public Health 2019; 4(10): e517–e28.

⁵ Xu J et al, NCHS Data Brief, 2022 Dec;(456):1-8. Felitti VJ et al, Am J Prev Med, 1998 May;14(4):245-58. Hughes K et al, The Lancet Public Health 2017; 2: e356–66. Petrucci K et al, Child Abuse & Neglect 2019; 97:104127. Center for Youth Wellness. A hidden crisis; 2014. Merrick MT et al, MMWR 2019; 68. (Source of causes of death: Xu et al 2022 (CDC); Sources of odds ratios: Hughes et al. for 1, 2, 6, 8; Petrucci K et al. for 4, 5, 7; Center for Youth Wellness for 10; Felitti et al. for 9; Merrick et al. for 10.)

FAST FACTS

ACEs Aware Progress on Addressing ACEs and Toxic Stress

ACE Screening by Medi-Cal Providers



2.3 million

ACE screens conducted by
Medi-Cal providers



1.5 million

Medi-Cal members
screened for ACEs



\$66m

paid to Medi-Cal providers
for conducting ACE screens



56

California counties in which
ACE screening is being
conducted (out of 58)

Becoming ACEs Aware in California Training



35,000+
individuals

trained to identify, screen, and
respond to ACEs and toxic stress



17,100

of those trained are
providers eligible for
Medi-Cal payment

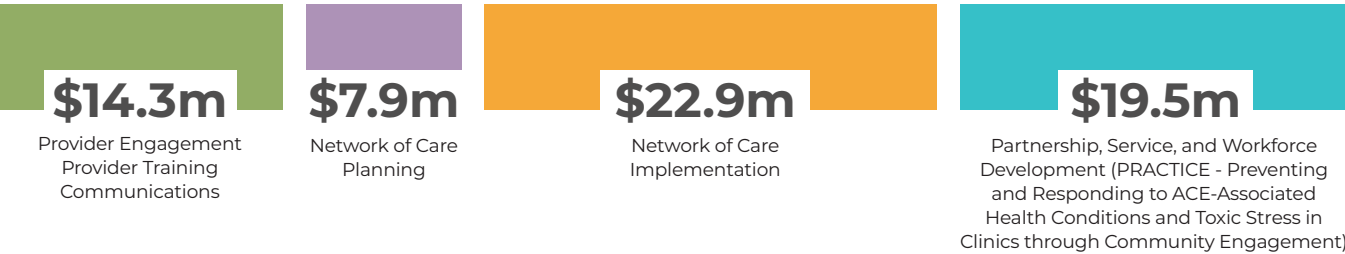
FAST FACTS

ACEs Aware Progress on Addressing ACEs and Toxic Stress

Investing in California Communities

..... **\$65 million**

invested in California communities to implement, strengthen, and sustain ACE screening and response, including robust networks of care.



ACE Screening Impact on Access to Services⁶

ACE screening is improving Medi-Cal members' access to services

Primary care quality outcomes in clinics within the LA Department of Health Services (LA DHS) that screen for ACEs suggest that access to health care services is expanding for patients who are screened for ACEs (compared to clinics that do not screen)

Health Care Access



Improved access to social work, community health worker, and non-specialty mental health services

Primary Care Quality



Significantly improved compliance with quality metrics for vaccines, well child and adolescent care, and preventive health counseling

Improvement in Clinical Outcomes



Reduction in physical symptoms, depression scores, and anxiety scores

Increased Identification for Pediatric Enhanced Care Management (ECM)

Using an ACE score of 4+ as a diagnosis code increases by

↑ 2x



the identification of children eligible for ECM

⁶ Improving Healthcare Access and Quality in LA County: The ACEs-LA Network of Care Case Study

INTRODUCTION

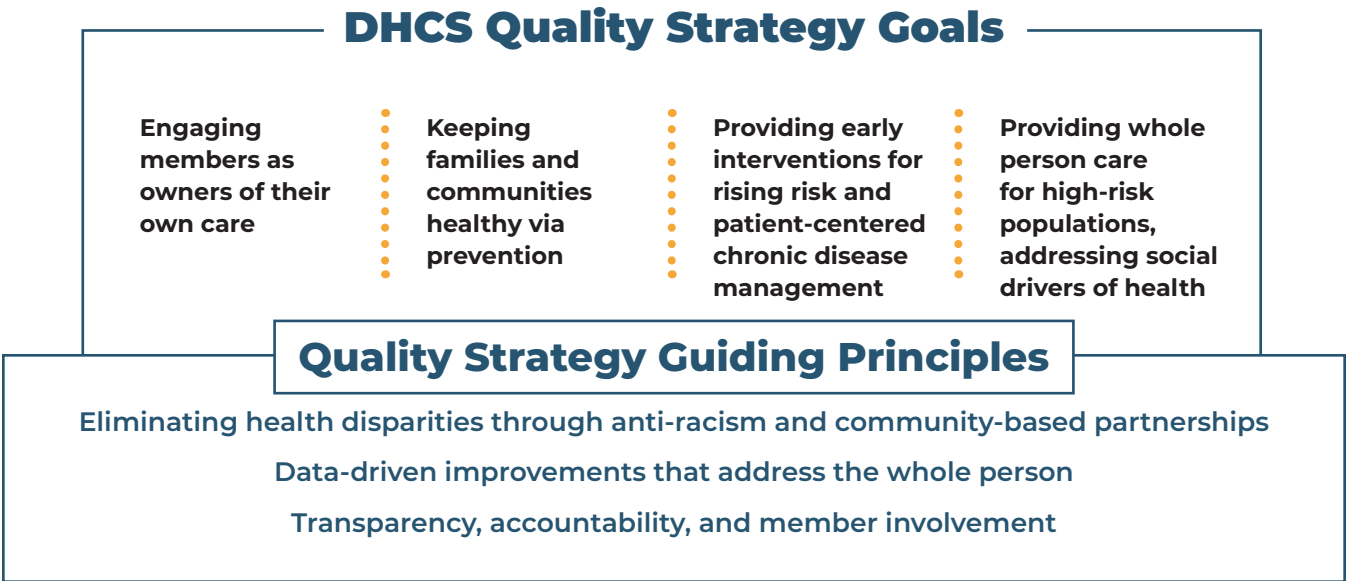
The ACEs Aware initiative is an ambitious effort launched by the State of California to improve health for all and promote health equity through screening for and responding to ACEs and toxic stress.

As one of his first acts in office, Governor Gavin Newsom established the Office of the California Surgeon General (CA-OSG) and appointed Dr. Nadine Burke Harris as California's first Surgeon General. She was charged with addressing the root causes of persistent health inequities among Californians and set as her top priorities ACEs and toxic stress, early childhood, and health equity. As the foundation for this work, the newly established CA-OSG and DHCS launched ACEs Aware in 2019, a first-in-the-nation initiative to promote early detection and intervention for ACEs and toxic stress.

CA-OSG published the landmark [Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health](#), establishing a framework for ACEs Aware as a systematic and robust ACEs and toxic stress prevention and response initiative aimed at reducing the negative health effects and health inequities caused by unaddressed trauma.

Addressing ACEs and toxic stress through the ACEs Aware initiative is a key health equity activity in DHCS' [Comprehensive Quality Strategy](#) (CQS), part of a 10-year vision for Medi-Cal transformation to ensure high-quality and equitable care for all Medi-Cal members. As outlined in the Roadmap for Resilience, "social and structural inequities disproportionately concentrate ACEs, toxic stress, their precursors, and their consequences in racially, socially, and economically marginalized communities. Such contexts can exacerbate the impact of ACEs and toxic stress."

In this inaugural ACEs Aware progress report, we provide background on this groundbreaking initiative, share the significant progress and impact made in the four years since the initiative was launched, and preview the work that is to come.



ACES AWARE BACKGROUND

ACEs are adversities experienced prior to age 18 that were categorized in the landmark 1998 study by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente⁷. They include 10 categories of adversities in three domains: child abuse (physical, emotional or sexual), neglect (physical or emotional), and/or household challenges (growing up in a household with incarceration, mental illness, substance misuse or dependence, parental separation or divorce, or intimate partner violence).



A consensus of scientific evidence points to cumulative adversity, especially when experienced during critical and sensitive periods of development, as a root cause of some of the most harmful, persistent, and expensive health challenges facing our state and nation, from heart disease to homelessness. Research confirms that exposure to ACEs, along with other adversities, may lead to prolonged activation of the biologic stress response, which can lead to long-term disruption of neurologic, immune, metabolic, and endocrine systems, as well as changes to genetic regulatory mechanisms. Together these changes constitute the toxic stress response. Through the toxic stress response, ACEs significantly

increase risk for harmful health conditions, including 9 of the 10 leading causes of death in the United States⁸. ACEs are common, with 72 percent of California adults experiencing at least one ACE and 20 percent experiencing 4 or more. ACEs are expensive, costing the state of California an estimated \$1.5 trillion annually — \$24.6 billion in direct medical spending, and \$1.49 trillion in lost healthy life years⁹. ACEs, which are disproportionately concentrated in racially, socially, and economically marginalized communities, contribute to health disparities.

The good news is toxic stress is a health condition amenable to treatment. Scientific data suggest that early detection and intervention improve health outcomes.



ACEs Aware was launched with the goal of significantly reducing ACEs and toxic stress in children, adults, and families by training health care teams to screen and respond to ACEs and toxic stress and catalyzing the development of Trauma-Informed Networks of Care to support stronger ties between health care settings and community partners. ACEs Aware is bringing communities together in ways never imagined to prevent, screen for, and treat toxic stress, reducing the risk of intergenerational transmission of ACEs and toxic stress and averting their significant health and societal consequences.

⁷ National Center for Injury Prevention and Control, Division of Violence Prevention, Centers for Disease Control and Prevention. About the CDC-Kaiser ACE Study. <https://www.cdc.gov/violenceprevention/aces/about.html#print>

Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med.* 1998 May;14(4):245-58. doi: 10.1016/s0749-3797(98)00017-8. PMID: 9635069.

⁸ Source of causes of death: Xu et al 2022 (CDC); Sources of odds ratios: Hughes et al. for 1, 2, 6, 8; Petrucci et al. for 4, 5, 7; Center for Youth Wellness for 10; Felitti et al. for 9; Merrick et al. for 10.

⁹ Miller TR, Waehrer GM, Oh DL, Purewal Boparai S, Ohlsson Walker S, Silverio Marques S, et al. (2020) Adult health burden and costs in California during 2013 associated with prior adverse childhood experiences. *PLoS ONE* 15(1): e0228019. <https://doi.org/10.1371/journal.pone.0228019>

With oversight from DHCS and CA-OSG, UCAAN is charged with implementing the ACEs Aware initiative. UCAAN is a multi-campus health equity initiative that leverages the substantial interdisciplinary resources of the University of California, Los Angeles (UCLA) and the University of California, San Francisco (UCSF) to advance the mission of ACEs Aware by building on the evidence base to develop statewide, sustainable capacity for ACE screening and response. This innovative partnership brings together scientific rigor, education and training resources, and clinical expertise, ensuring that scientific evidence is the foundation for ACEs Aware.

KEY MILESTONES IN THE ACES AWARE TIMELINE



BUILDING THE EVIDENCE BASE FOR SCALING ACE SCREENING AND RESPONSE

[CALQIC](#) was launched in 2020 to identify promising practices, tools, resources, and partnerships to inform the ACEs Aware initiative as it scaled across California. Led by the UCSF Center to Advance Trauma-Informed Healthcare, in partnership with the Center for Care Innovations (CCI), the RAND Corporation, and the Los Angeles County Department of Health Services, the goal of CALQIC was to integrate ACE screening and response into health care settings in a way that enhanced relationships between patients and health care teams, connected patients to health and social services, and led to better outcomes, reduced health disparities, and more positive care experiences.

During the 16-month learning collaborative, ACE screening and response was piloted in 48 clinic sites across seven California regions that collectively serve nearly 250,000 patients covered by Medi-Cal. In independent evaluations conducted by RAND, and published in peer-reviewed journals, CALQIC health care teams indicated that screening had a positive impact on them, their clinics, and their patients and led to a substantial increase in clinics becoming trauma-informed.



CALQIC Peer-Reviewed Publications

Key findings from the RAND evaluation:

- Clinicians, clinical staff, pediatric patients, and caregivers found ACE screening feasible, acceptable, and beneficial.¹⁰
- No adverse effects on patients were reported in the six weeks following screening.¹¹
- Clinics became trauma informed and those that did screened significantly more patients for ACEs, supporting the longstanding ethos that trauma inquiry is best accomplished in trauma-informed environments of care.¹¹
- Providers were more likely to make referrals when ACEs were present, with a progressive increase in referral actions taken as ACE scores increased.¹²



[Patient and Caregiver Perspectives on Implementation of ACE Screening in Pediatric Care Settings: A Qualitative Evaluation](#) (Journal of Pediatric Healthcare; August 2023)



[Clinician and Staff Perspectives on Implementing Adverse Childhood Experience \(ACE\) Screening in Los Angeles County Pediatric Clinics](#) (Annals of Family Medicine; September 2023)



[Clinic Readiness for Trauma-Informed Health Care Is Associated with Uptake of Screening for Adverse Childhood Experiences](#) (The Permanente Journal, January 2024)

A thorough description of CALQIC and its associated findings can be found at <https://cthc.ucsf.edu/calqic/>.

¹⁰ [Patient and Caregiver Perspectives on Implementation of ACE Screening in Pediatric Care Settings: A Qualitative Evaluation](#) (Journal of Pediatric Healthcare; August 2023); [Clinician and Staff Perspectives on Implementing Adverse Childhood Experience \(ACE\) Screening in Los Angeles County Pediatric Clinics](#) (Annals of Family Medicine; September 2023)

¹¹ [Clinic Readiness for Trauma-Informed Health Care Is Associated with Uptake of Screening for Adverse Childhood Experiences](#) (The Permanente Journal, January 2024)

¹² Provider Actions in Response to Adverse Childhood Experience (ACE) Screening (under review)

ACES AWARE PROGRESS TO DATE

Training Health Care Teams

Becoming ACEs Aware in California is the flagship training program for the initiative and is based on the foundational principle that toxic stress is amenable to treatment. This free, two-hour, online course covers ACEs, toxic stress, ACE screening, toxic stress risk assessment, and trauma-informed care and provides health care teams evidence-based strategies to mitigate the toxic stress response.

After completing this training, qualified clinicians are certified to receive \$29 for each eligible ACE screening they conduct. Since the launch of the ACEs Aware initiative, more than 35,360 individuals have completed the training, including approximately 17,100 Medi-Cal providers.

Training health care teams is central to the ACEs Aware mission. In addition to *Becoming ACEs Aware in California*, online courses, live webinars, and custom trainings are offered to support ACE screening and response in a variety of clinic and community-based settings. These training sessions move beyond the basics of ACE screening and explore challenges and opportunities to prevent, identify, and respond to ACEs and toxic stress across diverse health care and community-based settings and populations.

Training & Certification



35,360 individuals

completed the training

17,100 Medi-Cal clinicians are ACEs Aware-certified

66% of participants indicated that either the training already reinforced their current practice or based on the training, they plan to implement changes in their practice.

BEFORE THE TRAINING

56% of participants were not screening patients for ACEs.

AFTER THE TRAINING

59% of participants who were not previously screening patients for ACEs indicated that they planned to implement routine ACE screening for children or adults.

Data from: December 4, 2019, to October 31, 2023



As a physician, screening for ACEs has significantly impacted my practice. Reviewing the screener creates an opportunity for me to let patients and their families know that we really care about how things are going at home for them and that we are here to help. It opens the door for meaningful conversations about trauma, resilience, and healing that we otherwise may not have discussed.

— AMY SHEKARCHI, MD

HIGH DESERT REGIONAL HEALTH CENTER, LANCASTER, CA

ACEs Aware has hosted more than 36 webinars and online courses that have been viewed more than 37,000 times. Topics include how to launch and sustain an ACE screening initiative in primary care clinics, ACE screening and trauma-informed care in reproductive health settings, and evidence-based strategies for mitigating toxic stress.

To learn more about trainings, visit the ACEs Aware Learning Center at training.acesaware.org. For more information about training completions, visit the ACEs Aware [data reports web page](#) and [interactive maps](#) that provide training data by county.

Clinical Adoption of ACE Screening by Medi-Cal Providers

Medi-Cal Claims for ACE Screenings



Medi-Cal clinicians conducted more than

2,326,360

ACE screenings of

1,529,390

unique Medi-Cal members

Of the **1,234,250** unique Medi-Cal members ages 0 to 20 screened for ACEs,

5%

had an ACE score of 4 or more.

Of the **295,140** unique Medi-Cal members ages 21 to 64 screened for ACEs,

15%

had an ACE score of 4 or more.

Data from: January 1, 2020, to March 31, 2023

Persistent training, outreach, and engagement efforts in the initiative's first four years resulted in a significant uptake of ACE screening by Medi-Cal providers. Between January 1, 2020 and March 31, 2023 (the most recent data available at the time this report was published), they conducted more than 2.3 million ACE screenings of approximately 1.5 million unique Medi-Cal members. These screenings, which are reimbursed at \$29 per screen, have generated more than \$66 million in revenue to clinics serving predominantly low-income communities.



I believe that ACE screening, when done as part of holistic trauma screening and inquiry, has helped our clinicians to more rapidly identify families who have been through significant stress or trauma, shape the dialogue we have with families, and help us offer more tailored anticipatory guidance, triage, and management.

— DR. ERIC FEIN,
HARBOR-UCLA MEDICAL CENTER PEDIATRICS,
TORRANCE, CA

To support health care teams implementing ACE screening in their clinics, ACEs Aware produces training webinars, e-courses, handouts, and clinical tools. California clinics in the early stages of implementing ACE screening initiatives are eligible for one-on-one technical assistance as well as funding to get started.

ACE screening in the clinical setting:

- Supports health promotion and prevention of illness.
- Helps clinical teams and patients form stronger therapeutic relationships.
- Improves clinical decision-making and treatment of serious and difficult-to-treat health conditions.
- Promotes an intergenerational cycle of health by reducing the transmission of ACEs and toxic stress.

For more information about Medi-Cal screening rates, visit the ACEs Aware [data reports web page](#) and interactive maps that provide [screening data by county](#).

Investing in Clinics and Communities

Since 2020, ACEs Aware has invested \$65 million in clinics and communities across the state to support their local and regional approaches to preventing, identifying, and responding to ACEs and toxic stress.

Through three distinct grant cycles, funding has been directed to Medi-Cal clinics, health care organizations, and community-based organizations throughout California to implement, strengthen, and sustain ACE screening and response initiatives and Trauma-Informed Networks of Care.

Community Grants Round 1: Increasing Awareness among Health Care Teams

The first round of ACEs Aware community grants (June 2020) awarded \$14.3 million to 100 organizations across California in three areas of focus – Provider Training, Provider Engagement, and Communications. Funding supported a range of educational and implementation activities including expanding awareness of ACEs, understanding trauma-informed care, the importance of screening and responding to ACEs and toxic stress, and launching screening and response activities in Medi-Cal clinic sites across the state.

During the funding period, grantees made significant progress in advancing the goals of ACEs Aware, tailoring strategies for addressing ACEs and toxic stress to the needs of their communities. Their efforts helped the initiative train more than 20,000 individuals on *Becoming ACEs Aware in California*, including approximately half who are Medi-Cal providers eligible to receive Medi-Cal payment for conducting ACE screenings. By June 30, 2021, Medi-Cal providers had conducted more than 780,000 screens of more than 651,000 Medi-Cal members.



Grantees worked to educate health care teams and communities about ACEs and developed supplemental trainings tailored to specific geographic areas, patient populations, providers, and practice settings. Trainings covered such topics as how to administer screenings, use clinical protocols to determine evidence-based treatment plans, and provide trauma-informed care in adult, pediatric, and reproductive health settings, as well as in indigenous communities in California.

ACEs Aware Community Grants Round 1 (awarded June 2020)

- \$14.3 million
- 100 California organizations
- Funded activities:
 - Provider Training
 - Provider Engagement
 - Communications

Grantees also developed practice papers highlighting promising strategies and lessons learned on a broad range of topics, including screening adolescents and immigrant youth and implementing ACE screening and trauma-informed care in small health care practices and federally qualified health centers.

Learn more about Round 1 successes and outcomes [here](#).

Ka'm-t'em: The Impact of ACEs and Toxic Stress on Indigenous Communities

With ACEs Aware grant funding, Dr. Lara-Cooper and the Humboldt County Department of Health and Human Services created a training called [*Ka'm-t'em: The Impact of ACEs and Toxic Stress on Indigenous Communities*](#). The training describes how providing “trauma-informed care for communities of California must include an understanding of their histories and how these experiences relate to intergenerational transmission of adversity and protective factors from an Indigenous perspective.” The seven training modules contain information about indigenous tribes in California, protective factors and activities to interrupt the toxic stress response and support healing, and testimonials from people from indigenous communities.

In addition to the Ka'm-t'em training (which is free and available on demand), past ACEs Aware grantees have examined the impact of ACEs on indigenous communities and published practice papers, such as [“Strengths and Barriers in Implementing the ACE Screening Tool in Tribal, Urban Indian, and Rural Settings”](#) and [“Trauma and Resilience in Native Communities”](#). These resources help bring into focus the strength and resilience of indigenous culture and communities to address health inequities and to heal from trauma.



Community Grants Round 2: Strengthening Trauma-Informed Networks of Care

As outlined in the California Surgeon General's Report, [Roadmap to Resilience](#), ACEs Aware recognizes that the clinical response is necessary, but insufficient, to address the individual and population-level impact of ACEs and toxic stress. Cross-sector collaboration is needed to support the health of children, adults, and families with evidence-based stress-mitigation strategies and supports.

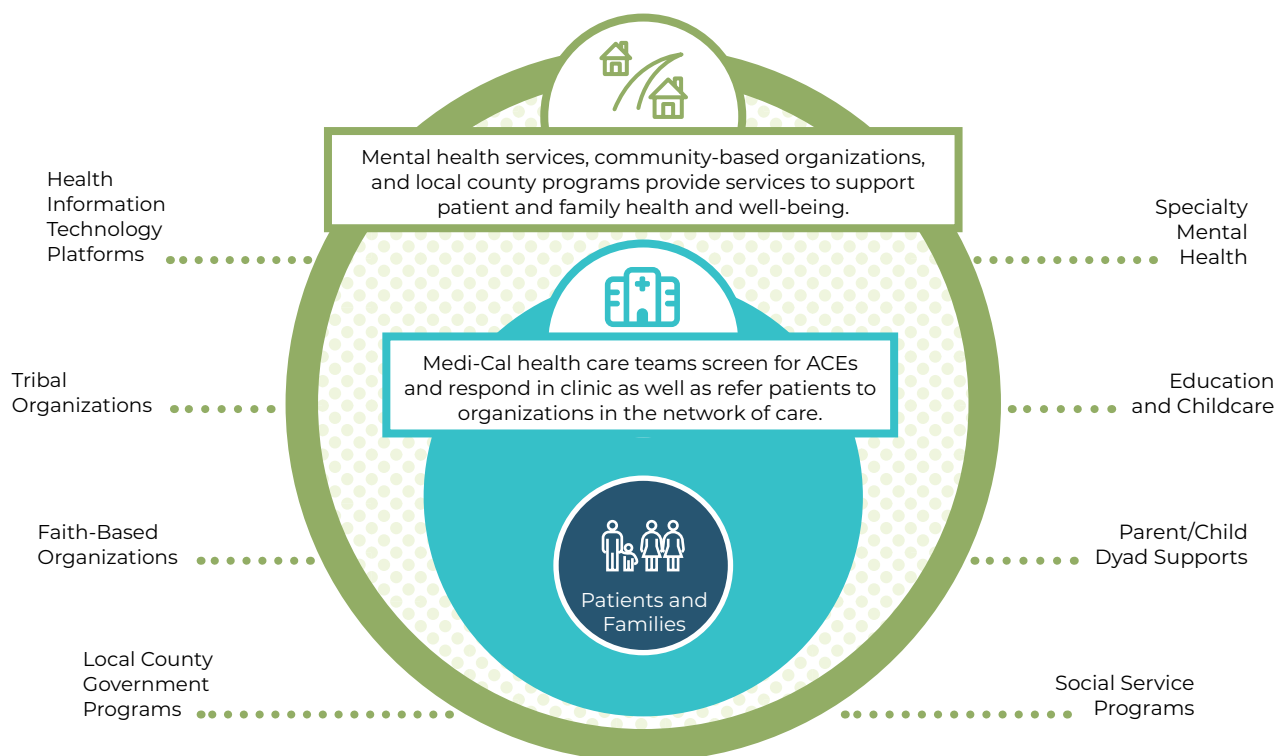
To catalyze cross-sector collaboration and increase the collective capacity of clinics and communities to prevent, identify, and respond to ACEs and toxic stress, ACEs Aware developed the [Trauma-Informed Network of Care Roadmap](#), which provides practical steps for health care providers, clinics, community-based organizations, and social service agencies to develop local and regional approaches to preventing, identifying, and responding to ACEs in their communities.

Trauma-Informed Networks of Care are essential to the success of ACEs Aware activities, and the Round 2 community grants provided funding to develop and advance these networks and thereby increase overall capacity to respond to ACEs and toxic stress.

The scope of a community's Trauma-Informed Network of Care varies depending upon its needs, prevalence of ACEs, Medi-Cal population, and availability of public and private resources. Networks commonly include:

- behavioral health providers
- community-based organizations
- early intervention services
- justice systems
- local and county government programs
- primary care clinics
- schools
- social service programs
- tribal organizations

Trauma-Informed Network of Care

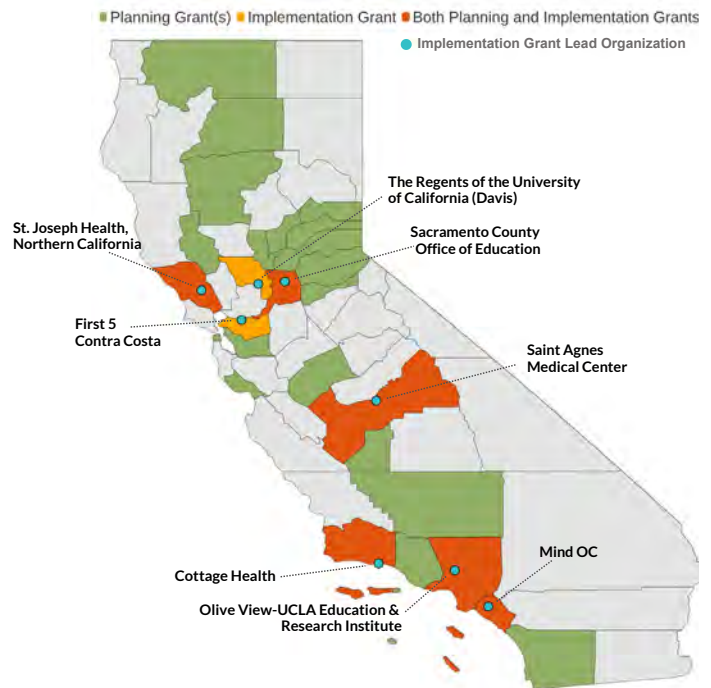


In Round 2, 35 communities received a total of \$30.8 million (26 planning grants and 8 implementation grants) to build, strengthen, and augment their Trauma-Informed Networks of Care. The planning grants were designed to support communities whose Medi-Cal providers were in the early stages of screening for ACEs and contemplating approaches for collaborating and coordinating across clinics, community organizations, and social service agencies. The implementation grants supported communities with a significant level of existing cross-sector collaboration and coordination in responding to the identification of ACEs and toxic stress in primary care.

With this funding, grantees successfully collaborated to optimize care for Medi-Cal members impacted by ACEs and toxic stress by establishing formal leadership and accountability structures at the community level and leveraging information technology to build infrastructure through bi-directional referral platforms designed to track the journeys of families through the health and social needs systems.

By the end of the grant period, planning grantees successfully strengthened their capacity to implement ACE screenings, workflows, and treatment interventions and built solid relationships between Network of Care partners. They also developed (and in some cases implemented) clinical protocols and workflows, establishing a foundation for future ACEs-related work. The implementation grants resulted in stronger partnerships and established new clinical and non-clinical champions in communities across California, broadening the positive impact that ACE screening and response and trauma-informed practices have in their communities.

More information about the Round 2 grantees can be found [here](#).



Case Study

Fresno County Trauma-Informed Network of Care

The Fresno County Trauma-Informed Network of Care is one of California's most well-established and robust networks. Led by the Fresno Community Health Improvement Partnership (FCHIP) and Saint Agnes Medical Center, the Fresno network used ACEs Aware funding to support ongoing work to promote meaningful, lasting improvements in health outcomes and health equity in Fresno County, which has the second highest concentration of poverty in the U.S. Their network of multi-sector agencies is designed to provide evidence-based buffering resources that help prevent, treat, and heal the harmful consequences of toxic stress and build resilience in youth, families, and neighborhoods across the county. The network includes partners in health care, trauma-informed trainers, higher education institutions, K-12 school districts, community-based organizations, and businesses in Fresno County, where it's estimated that 14 percent of the population has experienced four or more ACEs.

ACEs Aware grant funding helped the network implement a seamless screening, referral, and response process to support families who are at risk of toxic stress. Key to success has been the integration of Community Health Workers (CHWs) as the link between the patient, clinic, and community-based resources. CHWs are knowledgeable about trauma-informed organizations that provide toxic stress-mitigation supports, taking the burden off the more than 100 Medi-Cal providers who conduct ACE screenings across five health systems to stay up to date on available community resources to refer their patients.

Additionally, FCHIP has trained and coached more than 2,000 stakeholders, community members, mental health practitioners, and medical providers from more than 50 community-based organizations in Fresno County on trauma-informed principles and practices. They have also developed innovative approaches to increasing community mental health supports, including training CHWs on mental health first aid and implementing a payment for outcomes model that incentivizes CHWs to track mental health referrals. FCHIP continues to identify new mental health partners to accept referrals in the community and holds monthly meetings for network partners to share opportunities, challenges, and best practices.



Community Grants Round 3: Sustaining Networks of Care through PRACTICE

In January 2022, DHCS launched the CalAIM initiative “to create a more coordinated, person-centered, and equitable health system that works for all Californians.” CalAIM is anchored in the understanding that health disparities in California are heavily influenced by social drivers of health, including disparate exposure to adverse and protective experiences early in life.

CalAIM Goals



Implement a whole-person care approach and address social drivers of health



Improve quality outcomes, reduce health disparities, and drive delivery system transformation.



Create a consistent, efficient, and seamless Medi-Cal system

Recognizing that the benefits and services offered through CalAIM were critical in the response to ACEs and toxic stress, ACEs Aware worked to align its activities with the initiative, including the third round of community grants.

Launched in September 2022, the \$19.5 million grant program, called Preventing and Responding to ACE-Associated Health Conditions and Toxic Stress in Clinics through Community Engagement (PRACTICE) funds and supports clinics and community-based organizations to leverage new benefits and services offered through CalAIM to prevent, identify, and respond to ACEs and toxic stress.

PRACTICE Grant Goals:

- Strengthen partnerships to screen for ACEs and prevent and respond to toxic stress
- Develop sustainable, evidence-informed, and real-world clinical services that target ACE-Associated Health Conditions and support prevention of ACEs and response to toxic stress
- Build a sustainable workforce to support ACE screening, response to impacts of toxic stress and adversity and ACEs prevention

PRACTICE includes 25 clinic-led teams across 15 California counties made up of Medi-Cal primary care organizations, community partners, and Medi-Cal MCPs. Grantees were selected based on prior success in forming networks of care and a demonstrated capacity to partner with MCPs and local community-based organizations. The inclusion of 14 unique MCPs is a key component of PRACTICE because of the role they play in implementing CalAIM. The teams participate in a statewide learning collaborative led by the Population Health Innovation Lab (PHIL) and receive extensive expert technical assistance to test and iterate approaches for leveraging CalAIM services and benefits.

The PRACTICE grant cycle ended in March 2024, and an evaluation will be published with findings in summer 2024.



PRACTICE Case Study

Leveraging the Community Health Worker Benefit in the SHARK Clinic

On July 1, 2022, as part of the CalAIM initiative, new reimbursable services were added to Medi-Cal, including the CHW benefit. CHWs – an integral part of Enhanced Care Management and Community Supports, the foundational components of CalAIM – can assist health care teams in addressing a variety of concerns impacting Medi-Cal members, including the control and prevention of chronic conditions, behavioral health conditions, and need for preventive services.

The Strong and Healthy and Resilient Kids (SHARK) program in the Los Angeles County Department of Health Services (LA DHS) leveraged funding and support from PRACTICE to integrate CHWs into their clinic workflow, using them as a bridge in supporting patients across their expanding network of care.

SHARK serves children who have experienced childhood adversity and have associated medical and mental health concerns, including depression, anxiety, developmental delay, and autism. All children in SHARK are screened for ACEs as part of their assessment.

Since adding CHWs to the team, the SHARK clinic has identified both process and outcome improvements, including expanded access to mental health, specialty medical care, school-based, and autism services through community-based programs. Online referrals between SHARK and community programs have increased more than tenfold (from 100 to more than 1,100) and, importantly, patients have experienced significant reduction in symptoms and/or achievement of treatment goals at levels higher than in other DHS programs (27 percent of the 450 SHARK patients achieved symptom reduction or met goals compared to approximately 15 percent of patients seen in other LA DHS clinical settings).

The SHARK team is developing a toolkit that will include detailed job descriptions, training, and guidance on supervisory structure and billing for CHW services that they will make available to clinics across California that are interested in leveraging the CHW benefit.



“Adding Community Health Workers to our team has been transformative for our program. We have increased SHARK clinic capacity, and we have also seen patients get better services and achieve their treatment goals. Our network of care is working.”

— Laura Figueroa-Phillips, MD,
SHARK Medical Director



Supporting Clinical Innovations to Prevent, Identify, and Respond to ACEs and Toxic Stress

ACEs Aware recognizes that there is no one-size-fits-all approach to clinical practices for implementing an ACE screening and response initiative. To that end, a key aspect of ACEs Aware's work has been to support academic pilot projects examining innovative approaches to preventing, identifying, and responding to ACEs and toxic stress in different settings and with different patient populations.

Over the last two years, UCLA and UCSF faculty have led 10 pilots at UCLA and 11 at UCSF, collaborating across academic and clinical departments and with partners in the community. The pilot projects are designed to fill gaps in knowledge and resources necessary to inform ACEs Aware trainings, clinical protocols and guidelines, and recommendations for evidence-based strategies to mitigate toxic stress.

Priority topics of the pilots include:

- Examining the impact of ACE screening and multiple toxic stress interventions on ACE-Associated Health Conditions, including asthma, obesity, and diabetes, in California populations and communities with high rates of health inequities.
- Improving training and developing workflows for screening in specific settings and populations, such as pediatric specialty clinics, perinatal care, and farmworker clinics.

Pilot Projects in Action

Project:

The Harbor-UCLA Resilience Bridge: ACEs Aware Training, Education, and Intergenerational Intervention in Prenatal, Pediatric, and Family Medicine

Project Leads:

- Adam Schickedanz, MD, PhD, UCLA
- Monique Holguin, LCSW, PhD, UCLA

Summary:

A multi-disciplinary team based at Harbor-UCLA Medical Center, Los Angeles County's second-largest public hospital, is developing best practices for clinical care services for mother-child dyads that address the health impact of ACEs and toxic stress across generations. Through education, screening, and intervention implementation, the team has identified strategies for transforming care that buffer early life course adversity across the prenatal-to-postnatal continuum and promote family relational health, including by providing services to reduce social and economic family stresses beginning at prenatal visits and through postpartum and pediatric clinic follow ups.

Key Activities and Findings:

- Rigorously measured and evaluated impacts showing significant improvements in parent overall health and mental health scores compared to controls.
- Demonstration of high rates of referral and connection to mental health service providers and improved care coordination for parents experiencing mental health problems.
- High levels of acceptability, satisfaction, and interest in program sustainability from Resilience Bridge participants and clinicians.



Step one of Resilience Bridge Program
Family Clinic Workflow

Project:

Addressing the Health Impact of ACEs and Toxic Stress in California's Farmworker Communities

Project Leads:

- Edward Machtinger, MD, UCSF
- Lisa James, Futures Without Violence
- Elena Josway, Futures Without Violence
- Alma Galvan, Migrant Clinicians Network

Summary:

A pilot led by UCSF is exploring how to address the health impact of ACEs and toxic stress in California's farmworker communities. This pilot team has collaborated with farmworker leaders to provide feedback to two community health centers in Kern and Riverside counties on launch and expansion of ACE screening in farmworker communities. The pilot team has created strategies, curricula, and tools for use by clinics statewide that care for farmworkers.

Next Steps:

- Test the effectiveness of the approaches and existing materials built in the current iteration of the project in at least two additional community and clinic settings.
- Promote dissemination of strategies statewide through Migrant Clinicians Network and other health centers serving farmworker communities.
- Develop new resources, in collaboration with clinic partners, to provide information about ACEs, toxic stress, and protective factors to farmworkers.



Information sheets about stress
mitigation strategies

Integrating Lived Experience with the Science

Integrating lived experience with the scientific base for ACEs and toxic stress remains a priority for the ACEs Aware initiative's success and helps to ensure that trainings, clinical guidelines, and treatment recommendations are culturally relevant and community aligned.

Individuals with lived experience include those who are “directly affected by social, health, public health, or other issues and by the strategies that aim to address those issues. This gives them insights than can inform and improve systems, research, policies, practices, and programs. When we say lived experience, we mean knowledge based on someone’s perspective, personal identities, and history, beyond their professional and educational experience.”¹³

ACEs Aware recognizes that addressing ACEs and toxic stress must necessarily happen in the context of individual and community lived experiences, which influences their experiences of health and health care.

ACEs Aware has engaged a cadre of patient advisors, a community partner advisory board, and a youth and young adult advisory council. The patient advisors are comprised of 14 individuals from across the state who are representative of California’s Medi-Cal population, and the community partner advisory board includes 20 representatives from community-based organizations serving individuals enrolled in Medi-Cal. The youth and young adult advisors are 15 individuals from across the state who represent California’s Medi-Cal population as well as underrepresented and marginalized groups including youth who are indigenous Americans, formerly incarcerated, in the child welfare system, unhoused, LGBTIQQ, first generation, recent immigrants, and living in rural communities.

These advisors assist in the development of training materials, review ACEs Aware educational content, and help prioritize areas of focus for future trainings. In addition, the Youth and Young Adult advisors have been working closely with CA-OSG on the development of the upcoming ACEs and toxic stress public awareness campaign.



¹³ Source: [Office of Assistant Secretary for Planning and Evaluation](#)

UNDERSTANDING THE IMPACT OF ACE SCREENING AND RESPONSE AT SCALE

ACEs Aware has demonstrated significant progress in the effort to prevent, identify, and respond to ACEs and toxic stress since its launch in 2019. In a relatively short time, ACE screening and response initiatives have been launched and scaled across California, with patients and health care teams finding ACE screening feasible, acceptable, and beneficial. As we continue efforts to advance screening initiatives, we also continue to improve our understanding of the impact of ACE screening and response activities on health care delivery and health outcomes.



Although the association between ACEs and poor health and social outcomes is well known, less is known about the individual and population-level impact of ACE screening and response initiatives in clinical and community-based settings. To better understand this impact, ACEs Aware is engaged in multiple evaluation efforts to investigate both the overall feasibility and the specific benefits of ACE screening and response activities on health outcomes, social outcomes, health care utilization, and other key metrics of equitable health and wellbeing.

To this end, ACEs Aware has launched an Innovation Lab (iLab) to evaluate the impact of ACE screening in LA DHS, the second largest municipal health system in the country, serving nearly 600,000 children, youth, and adults for primary care, specialty care, and acute care services. With multiple rounds of funding from ACEs Aware, LA DHS has become one of the largest implementation sites in the state for ACE screening and response activities. The iLab team is evaluating

referral patterns, health care outcomes, health care utilization, and population- and disease-specific management of toxic stress.

Although the formal results of this rigorous evaluation are not yet available, early findings in Los Angeles County suggest that ACE screening and response initiatives are advancing ACEs Aware and DHCS statewide goals to improve quality of care and reduce health disparities for the most vulnerable Californians. For example, preliminary findings suggest that ACE screening is increasing access to health care services for patients screened for ACEs and identified as high risk for toxic stress. The iLab has published a [case study of these preliminary findings](#) and will continue to investigate outcomes related to ACE screening and publish findings in future ACEs Aware reports.



THE PATH AHEAD

Expanding Training for Health Care Teams

In 2024, ACEs Aware is expanding and diversifying its trainings to support the entire team, including medical assistants, nurses, social workers, community-based providers, and CHWs, who are often on the front lines supporting those at highest risk for toxic stress. The training and engagement of this workforce in ACE screening and response is critical to successfully preventing, identifying, and responding to ACEs and toxic stress and to eliminating inequities in health care and health.

ACEs Aware will continue its activities that support teams in clinics and community settings, such as school-based health centers, with comprehensive, evidence-based training programs. New training offerings will span the entire ACE screening and response continuum (screening, clinical response, referral processes, advancing trauma-informed networks of care, billing, sustainability, etc.). They will also focus on the disproportionate burden of trauma and its health and other consequences on marginalized populations, highlighting innovative and evidence-based strategies to leverage the science of ACEs and toxic stress to advance health equity in our communities.



Advancing ACE Screening and Response Activities through Community Engagement

In 2024, ACEs Aware will launch its next round of community grants, which will focus on furthering aligning ACEs Aware and CalAIM by investigating how ACE screening guidelines and toxic stress risk assessment and response clinical algorithms can be adapted to provide a clear conduit to CalAIM's benefits, workforces, and services. In addition, grants will focus on strengthening the capacity of Trauma-Informed Network of Care partners to navigate the complexities of contracting (and collaborating) with Medi-Cal MCPs. Together these efforts will help ensure that all Medi-Cal members who qualify have access to these services to support their health and well-being.

ACEs Aware clinical implementation support, coaching, and technical assistance will continue for organizations interested in implementing ACE screening and response activities. California Medi-Cal providers can [apply for funding](#) to overcome barriers to implementing and sustaining an ACE screening and response initiative in their clinic and can contact our team of experts to get answers to their implementation questions (www.acesaware.org/contactus/). ACEs Aware will continue to strategically partner with health care systems, professional organizations, and residency training programs to enhance ACEs and toxic stress training, screening, and response activities that serve all patients.

In addition to continuing robust outreach to increase uptake of ACE screening and response activities across all regions of California, ACEs Aware will prioritize increasing ACE screening in California counties where screening uptake has been limited. ACEs Aware will increase direct outreach and offer funding and operational and technical support to address the screening disparities in these regions.

Aligning Science of ACEs and Toxic Stress with Clinical Implementation

Pilot projects continue across the UCSF and UCLA campuses. Together these campuses will engage partners across academic and community settings to support evidence-based approaches to managing ACEs and toxic stress with the goal of supporting equitable access to high-quality health care for all Californians.

The iLab will continue to examine screening and response activities in LA DHS in the context of specific health conditions, referral patterns, and health care utilization. The iLab will also rigorously evaluate the impact of ACE screening and response initiatives across LA DHS clinical sites. This work will inform ACEs Aware educational activities and will enhance statewide implementation support, including coaching and technical assistance, to clinics and community-based organizations engaged in ACE screening and response activities.

Strengthening Alignment with CalAIM and DHCS Bold Goals

The ACEs Aware initiative recognizes the disproportionate prevalence, impact, and burden of ACEs, cumulative adversity, and toxic stress on historically marginalized populations. The initiative is committed to supporting California's health equity goals and through programs such as community grants, ensuring that ACE screening and response activities are fully integrated and aligned with Medi-Cal's expanded benefits, workforce, and services offered through CalAIM and other Medi-Cal transformation initiatives.

Although ACEs Aware has made considerable progress, more work lies ahead in the effort to prevent and mitigate the impact of ACEs and toxic stress on current and future generations of Californians.

As we look ahead in 2024 and beyond, ACEs Aware envisions both broader and deeper engagement with local and statewide efforts to drive equitable, seamless, person-centered, and whole family care for California's diverse Medi-Cal populations.

Bold Goals 50x2025

STATE LEVEL



Close racial/ethnic disparities in well-child visits and immunizations by 50%



Close maternity care disparity for Black and Native American persons by 50%



Improve maternal and adolescent depression screening by 50%



Improve follow up for mental health and substance use disorder by 50%



Ensure all health plans exceed the 50th percentile for all children's preventative care measures

CREDITS AND ACKNOWLEDGEMENTS

Credits

The ACEs Aware Progress Report: 2019-2023 reflects the collective effort of the entire UCAAN organization.

Executive Editor: Paula Murphy, Director of Communications

Design and layout by: Mary Gamboa-Kroesen, HelpGood

Research, editorial, project management, graphic design, and additional support provided by: Natalie Anz, Nicole Eberhart, Krista Kotz, Edward Machtinger, Paula Murphy, Aaron Norr, Mikah Owen, Yali Ruiz, Jeff Sheehy, Amy Shekarchi, Nina Thompson, Shannon Thyne, Emily Williams, and Cheryl Wold.

We would like to thank the following for their advice and counsel on this report: Devika Bhushan, Jon Goldfinger, Nadine Burke Harris, Yali Ruiz, and Bobbi Wunsch.

Acknowledgements

We would like to thank the following for their significant contributions to the ACEs Aware initiative:

- Aurrera Health Group
- Dr. Devika Bhushan, former interim California Surgeon General
- Anthony Cava, Media Relations Manager, DHCS
- Nicholas Clark, MPA, DHCS
- Dr. Steven Dubinett, Dean, David Geffen School of Medicine at UCLA
- Dr. Nadine Burke Harris, Former California Surgeon General
- Dr. Talmadge E. King, Jr., Dean of the School of Medicine, UCSF
- Berit Mansour, Manberg Strategies
- Dr. Karen Mark, DHCS
- Dr. Diana Ramos, California Surgeon General
- Julie Rooney, CHHSI

Trauma-Informed Primary Care (TIPC) Implementation Advisory Committee

The TIPC Implementation Advisory Committee advises the ACEs Aware initiative on the promising models, best practices, evolving science, and clinical expertise for the implementation of trauma-informed care systems in California. This includes prevention of and screening for ACEs in primary and specialty care, as well as integrated response including mental and behavioral health services, care coordination, and advancement of diagnostic tools and services to address toxic stress. TIPC members are leaders representing managed care and county behavioral health plans, clinics, physical and behavioral health care systems, community-based organizations, and social service agencies.

Jack Anderson

County Health Executives
Association of California (CHEAC)

Gatanya Arnic

Center for Youth Wellness (CYW)

Eric H. Ball, MD

American Academy of Pediatrics
(AAP) - Orange County, California

Marti Baum, MD

California Medical Association
(CMA)

Kimberly Bower, MD, FAAHPM, HMDC

Blue Shield of California

Michael Brodsky, MD

L.A. Care Health Plan

Michelle D. Cabrera

California Behavioral Health
Directors Association (CBHDA)

Kari Carlson, MD

TPMG, Northern Cal Kaiser
Permanente

Yvonne Choong

California Medical Association -
Center for Health Care Policy

Mercie Di Gangi, DO

SPMG, Southern Cal Kaiser
Permanente

Lisa Folberg

California Academy of Family
Physicians (CAFP)

Carol Gallegos

DHCS - Legislative & Governmental
Affairs

Jonathan Goldfinger, MD, MPH, FAAP

Goldfinger Health

Mary Ann Hansen, MEd

First 5 Humboldt

Katherine Haynes, MBA

California Health Care Foundation
(CHCF)

Kim Johnson

California Department of Social
Services (CDSS)

Cindy Keltner

California Primary Care Association
(CPCA)

Karen Larsen

Steinberg Institute

Demetria Malloy, MD, MSHS

Anthem Blue Cross

Julianne McCall, PhD

California Governor's Office of
Planning and Research

Farrah McDaid-Ting

California State Association of
Counties (CSAC)

Frank Mecca, MPA

Mecca Strategies

Connie Mitchell, MD, MPH

California Department of Public
Health (CDPH)

Pooja Mittal, DO

Health Net

Melissa Rolland

DHCS - Legislative & Governmental
Affairs

Alecia Sanchez

California Medical Association
(CMA)

Kiran Savage-Sangwan

California Pan-Ethnic Health
Network (CPEHN)

Jim Suennen

California Health & Human Services
Agency (CalHSS)

Brent K. Sugimoto, MD, FAAFP

LifeLong Medical Care

Richard Thomason, MPA

Blue Shield of California Foundation

Tracy L. Ward

National KP Community Health



UCAAN

10960 Wilshire Blvd., Suite 960
Los Angeles, CA 90024

Stay in touch.

-  acesaware.org
-  [instagram.com/acesaware](https://www.instagram.com/acesaware)
-  [linkedin.com/showcase/aces-aware/](https://www.linkedin.com/showcase/aces-aware/)
-  twitter.com/acesaware
-  facebook.com/acesawareinitiative

Phone
(310) 825-8883

General Inquiries
questions@acesaware.org