A Public Health Approach to addressing Adverse Childhood Experiences (ACEs) at a Statewide Level

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Co-Founder AVA
Jan 26, 2020
San Diego, CA
CALIFORNIA, a case study

- Population 39.56 million (2018)
- 58 counties
- California's economy of $2.7 trillion < United States, China, Japan and Germany and > UK
- $1.7 Billion for early childhood education and interventions
Surveillance-Behavioral Risk Factors Surveillance System (BRFSS)
62.7% Californians with $\geq 1$ ACEs
17.6% with $\geq 4$ ACEs
Governor Gavin Newsom and Family Jan 7, 2019

Governor Gavin Newsom and his family are on stage during Gavin Newsom’s inauguration as California’s 40th governor on January 7, 2019.
California’s First Surgeon General
Dr Nadine Burke Harris
Deputy Secretary of the California Health and Human Services Agency for Early Childhood Development

Kris Perry

- President of Save the Children Action Network (SCAN)
- Executive Director of First 5 California
- Alameda County Social Services Agency
- Early childhood advocate instrumental in driving effective policy at local, state and national levels.
Senior Policy Advisor for Early Childhood

Giannina Perez

- Early Edge California
- Children Now
- Training for preschool teachers and childcare workers for children who speak languages other than English at home
- Supports whole child, whole family, whole community
Assembly Bill 340
Trauma Screening Advisory Group

• Update, amend or develop tools and protocols for the screening for trauma in children
• Assess any existing screening tools
• Report on the findings and recommendations, any appropriations necessary to implement those recommendations no later than May 2019
• Advisory group to periodically review and consider these protocols
January 10, 2020

California Governor Tackles Adverse Childhood Experiences with $10M Proposal for Cross-Sector Training and Public Awareness

Governor Gavin Newsom today unveiled his Administration’s 2020-21 State Budget proposal, which includes a $10 million one-time General Fund expenditure for the development of an Adverse Childhood Experiences (ACEs) public awareness campaign and cross-sector training.
California’s Approach

- Establish primary prevention by addressing systemic and structural factors and deploying a coordinated public education campaign.

- Systematically deploy broad scale screening to enable early detection and early intervention of ACEs and toxic stress.

- Interrupt vertical transmission of ACEs by advancing screening and children in adults – with special focus on the prenatal and early parenting years.

- Coordinate and strengthen the network of referral and treatment systems to make them more effective, accountable and easy to navigate for children, adults and providers.

- Advance the science of toxic stress, identify potential therapeutic targets and improve efficacy of interventions.
### OSG ACEs Clinical Experts

<table>
<thead>
<tr>
<th>Experts</th>
<th>Institutions</th>
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<tbody>
<tr>
<td>Nadine Burke Harris, MD, MPH - OSG</td>
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<td>Devika Bhushan, MD – OSG</td>
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<td>Karen Mark, MD, PhD – DHCS</td>
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<td>Connie Mitchell, MD, MPH - CDPH</td>
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<td>Eddy Machtinger MD, UCSF</td>
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<td>Alicia Lieberman, PhD – UCSF</td>
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<td>Leigh Kimberg, MD – UCSF</td>
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<td>Dayna Long, MD, FAAP – UCSF BCHO</td>
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<td>Sheela Raja, PhD - UIC</td>
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<td>Shairi Turner-Davis, MD, MPH – FL DPH</td>
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<td>Michelle Hoersch, MS - OWH</td>
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<td>Shannon Thyne, MD – LA City DHS</td>
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<td>Leena Singh, DrPH - CYW</td>
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<td>Ken Epstein, PhD – EBAC</td>
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<td>Nancy Goler, MD – TPMG</td>
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<td>Brigid McCaw, MD, MS, MPH – TPMG (ret)</td>
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Adverse Childhood Experiences (ACEs) and toxic stress are a public health crisis. We can take action to change and save lives.
A consensus of scientific research demonstrates that cumulative adversity, especially when experienced during childhood development, is a root cause to some of the most harmful, persistent, and expensive health challenges facing our nation. California is leading the way by training and providing payment to Medi-Cal providers for ACEs screenings to significantly improve health and well-being across the state’s communities.
Screening for ACEs

• Screening Tools

• Provider Training

• Certification and Payment
PEARLS Tool

- Child (Parent-Caregiver Report) – De-Identified (English)
- Child (Parent-Caregiver Report) – Identified (English)
- Child (Parent-Caregiver Report) – Part 1 De-Identified, Part 2 Identified (English)
- Teen (Parent-Caregiver Report) – De-Identified (English)
- Teen (Parent-Caregiver Report) – Identified (English)
- Teen (Self-Report) – De-Identified (English)
- Teen (Self-Report) – Identified (English)
- Teen (Self-Report) – Part 1 De-identified, Part 2 Identified (English)

DHCS is working to translate the PEARLS tool.
• The science of ACEs and Toxic stress
• Principles of trauma informed care
• Clinical assessment and treatment planning
Adverse Childhood Experiences (ACEs) and Toxic Stress Risk Assessment Algorithm

**Low Risk**
- Score of 0-3
- Without associated health conditions
  - Provide education about ACEs, toxic stress, and resilience. Assess for protective factors.

**Intermediate Risk**
- Score of 1-3
- With associated health conditions
  - Provide education about toxic stress, its likely role in patient’s health condition(s), and resilience. Assess for protective factors and jointly formulate treatment plan.
  - Link to support services and treatment, as appropriate.

**High Risk**
- Score of 4+
- With or without associated health conditions
  - Provide education on ACEs/toxic stress and buffering/resilience. Re-offer at next physical.

**Unknown Risk**
- Score unknown (incomplete)
Treatment Planning

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

1. Applying principles of trauma-informed care including establishing trust, safety and collaborative decision-making
2. Identification and treatment of ACE-Associated Health Conditions
3. Patient education about toxic stress and buffering interventions including:
   1. supportive relationships,
   2. mental health treatment (if indicated),
   3. regular exercise,
   4. good sleep hygiene,
   5. healthy nutrition, and
   6. mindfulness practices.
4. Validation of existing strengths and protective factors.
5. Referral to patient resources including educational materials, community resources, social work, and/or mental health care as necessary.
6. Follow-up as necessary.
Resources

While approaches for responding to ACEs, ACE-Associated Health Conditions, and toxic stress may differ by practice setting or community, ACEs Aware is aggregating and sharing learnings, research, practices, and experiences that will unite us to advance the standard of care for ACEs and toxic stress.

Academy on Violence and Abuse – Implementing ACEs Screening into a Pediatric Practice

This document addresses ways that providers can implement ACEs screenings into practice.
CALIFORNIA
A Rapidly Changing Ecosystem
The Bay Area Research Consortium on Toxic Stress and Health- Year 2

- Partners from
  - UCSF
  - UCSF Benioff Children’s Hospital
  - Center for Youth Wellness

- PEdiatric ACEs Screening and ResiLiency Study, or PEARLS, is the first randomized controlled trial of early childhood adversity in a pediatric safety net clinic.

- Parent surveys in a primary care clinic using the PEARLS tool

- Studying telomere length, gut microbiome, hormone levels, immune response

- Randomly assigned to a social needs program or a pilot group therapy resilience program
Trauma-informed Health Care

Environment | Calm, safe, and empowering for patients, staff, and providers

Inquiry
Screen for immediate safety (e.g., IPV), for past trauma: assume a history of trauma; screen for the impacts of past trauma; use open-ended questions; and/or use a structured tool

Education
Describe the connection between trauma and health and opportunities for healing to all patients

Response
Express empathy; refer to trauma-informed onsite or community services that promote safety, connection, and healing

Foundation
Trauma-informed values; clinic champion(s); interdisciplinary team-based care; community partnerships; buy-in from organizational leadership; and training, supervision, and support for staff and providers

Bay area communities working together to change the way we understand, respond to and heal trauma

7 Bay area counties: Alameda, Contra Costa, Marin, San Francisco, Santa Clara and Santa Cruz envisioned breaking down silos, coordinating and communicating across sectors and county lines.

Partners: Youth in Mind, Center for Youth Wellness, UCSF Benioff Children’s Hospital Oakland, East Bay Agency for Children
Santa Clara County, California

Population 1.938 million (2017)
Santa Clara County ACEs Network

- Santa Clara County ACEs (SCCA) Initiative partners educate the community on the impact of ACEs. Our goal is to integrate trauma-informed and resilience-building practices into work, family, community and individual lives to transform our county to one of hope, healing and resilience for everyone.

- Steering committee
- We meet once a quarter
- We own and have many community screenings of the documentary Resilience
- Invite community members to highlight their efforts addressing trauma and resilience
Theory of Change for CAST Upstream Prevention Initiative

THEORY OF CHANGE: Community and relationship-based upstream efforts will keep children and families on track for sustainable, positive life outcomes.

ESSENTIAL ELEMENTS

COMMUNITY, PEER, FAMILY & SYSTEM INVOLVEMENT
- Develop a shared vision
- Engage in multi-level action
- Engage diverse community membership that is culturally rooted
- Invest in and build on equitable community partnerships and multi-sector collaboration
- Empower a skilled prevention workforce grounded in social justice
- Make a case for prevention and equity
- Gather to share data to support prevention efforts
- Generate stable and flexible sources of funding
- Ensure healthy and harmonious, culturally-rooted practices

HEALTH & WELL-BEING
- Healthy pregnancy and birth
- Ready for school
- Proficient in reading and math skills at key points
- Proficient in social-emotional skills
- Sense of hope for the future
- Parents’ awareness and knowledge of child development
- High school graduation
- Ready for college and career
- Housing
- Food security
- Other basic needs—e.g., accessible transportation
- Access to healthcare
- Access to services and resources
- Employment opportunities and economic stability
- Safe and healthy environment
- Strong, stable, and resilient family

ECONOMIC STABILITY & HOUSING

EDUCATION

SYSTEMS-LEVEL STRATEGIES / INTERVENTIONS

INTERMEDIATE OUTCOMES: INDIVIDUAL

INTERMEDIATE OUTCOMES: FAMILY

LONG-TERM IMPACT

Shared Values: Community-driven, Equity, Collaborative Leadership

Protective Factors

Children and Families are on-track for sustainable, positive life outcomes

Resiliency
“the future prosperity of any society depends on a continuing investment in the healthy development of the next generation”

Center on the Developing Child Harvard University