

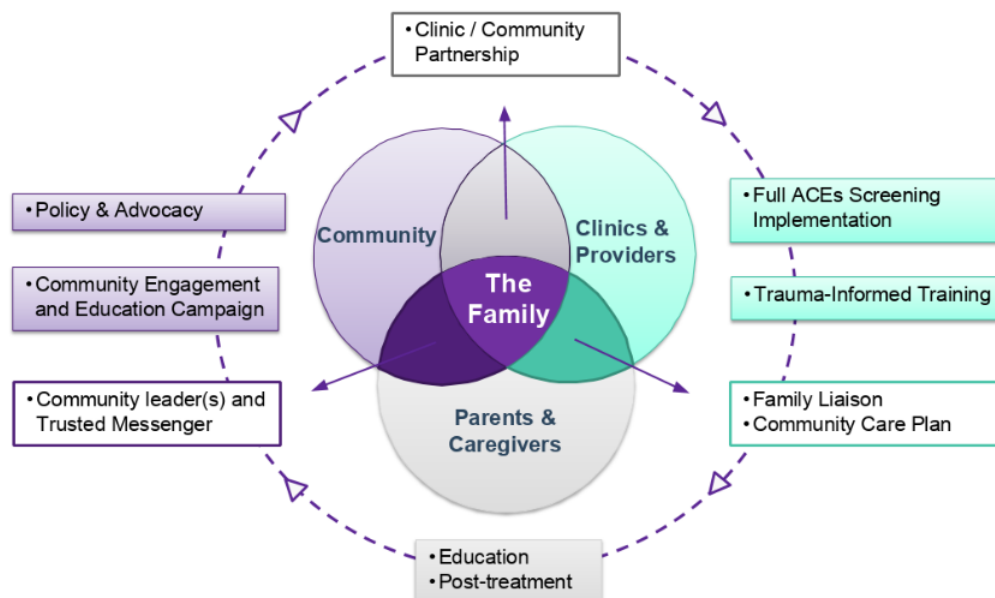
Why are ACEs a Public Health Crisis?

The health of an individual or community is influenced by factors beyond personal lifestyle choices or even genetics. Social determinants such as poverty, violence, housing instability, food insecurity, racism and historical trauma are structural causes of poor health and wellbeing. Adverse childhood experiences (ACEs) from abuse, neglect, and various types of household instability contribute to social, emotional, and cognitive impairment, high risk behaviors, disease, disability, and early death. Without treatment, the life expectancy of a child with a high ACE score is shortened by 20 years.¹ Early detection, treatment and interventions can slow down or even prevent negative health outcomes, however, care coordination can be complicated and time-consuming for the health care provider. Expanding our understanding and response to toxic stress and ACEs advances the essential goal of providing a system of care that offers equitable, responsive, and high-quality support for all those who are most impacted by adversity and ACEs.

A recently published study on health-related ACEs costs shows that the state of California spends \$113 billion annually on healthcare costs and disease burden.² A CYW research partnership developed an effective clinical screening tool for identifying the presence of ACEs in children. Starting in 2020, a California statewide program encourages use of this universal ACE and trauma screening tool by offering reimbursement on all Medi-Cal members up to age 65, through the passage of AB 340.

The ACEs-Informed Ecosystem

CYW operates as the collaboration hub across the entire community landscape to both support access to and remove barriers to care and treatment for children exposed to ACEs.



¹ Brown, D. W., et. al. (2009). Adverse childhood experiences and the risk of premature mortality. *The American Journal of Preventative Medicine*, 37(5), 389-39. doi: 10.1016/j.amepre.2009.06.021.

² 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.

Project Description

CYW will advise on the design and implementation of a post-diagnosis treatment, care, and coordination of support services response by applying an ecosystem model framework that can be scaled and sustained in communities across the country. The ecosystem response will focus on high-risk children and integrate a continuum of mental health and *wraparound* social support services as an effective whole person-centered approach to the patient/family healing process. Through the Ecosystem Framework we seek to:

- Build principles of trauma informed care and ensure that the identified clinical setting is engaged or ready to engage in a successful ACE screening and referral program.
- Leverage technology to improve care coordination by implementing several assessment tools, for example, the PEARLS screening tool within the electronic health record (e.g. EPICARE, OCHIN) and an electronic social service resource locator (e.g. UniteUs) to organize and establish systems of response.
- Improve the post-diagnosis treatment and care response and package it in a service bundle that can be evaluated for efficacy, cost and future reimbursement.
- Build community engagement and education through a community-lead needs assessment and stakeholder convening.
- Leverage the community stakeholder's commitment and identified needs to develop an on-going local oversight group through coalition or consortium.
- Provide training and education on advocacy opportunities to influence policies at a local and state level that prioritize and demand community resources to address the determinants of health and address ACEs and toxic stress.