



**ACEs Aware Training, Provider
Engagement, and
Communications Grants
Final Report**

June 2022

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Executive Summary

The [ACEs Aware initiative](#) — jointly launched by the Office of the California Surgeon General (CA-OSG) and the California Department of Health Care Services (DHCS) in December 2019 — offers Medi-Cal providers training and payment for screening children and adults for adverse childhood experiences (ACEs) and toxic stress.

One of the core components of ACEs Aware has been a series of grants to communities across California for purposes of promoting the initiative, raising awareness of ACEs and toxic stress, and responding with trauma-informed care. To date, ACEs Aware has awarded 185 organizations a total of \$45 million in grants to expand the reach of the initiative and to build on and grow robust systems — Trauma-Informed Networks of Care.

This report is focused on the first cohort of 100 organizations awarded \$14.3 million funding in June of 2020 — the ACEs Aware Training, Provider Engagement, and Communications Grants. The grants funded a range of activities to inform and educate Medi-Cal providers about the importance of screening for ACEs and toxic stress and responding with trauma-informed care. This report provides specific examples of areas where the Grantees achieved success, as well as areas where challenges emerged. For a detailed description of the methodology used to compile this report, please see [Appendix A](#).

Successes

The ACEs Aware Training, Provider Engagement, and Communications Grantees helped advance the goals of the ACEs Aware initiative by developing new Core and Supplemental trainings; creating opportunities for engagement with providers and members of community networks of care; and sharing communications and educational materials with audiences across the state. Some key statistics include:

- Grantees report that 412 individuals participated in ACEs Aware-Approved Core Trainings (developed through the grants in addition to the *Becoming ACEs Aware in California* training).

- 4,168 individuals participated in Grantee-developed ACEs Aware Supplemental Trainings as of the date of this report.
- Provider Engagement Grantees hosted 824 engagement sessions with 19,604 individuals during the course of the grant period.
- Grantees using social media platforms (Facebook, Instagram, Twitter, and LinkedIn) to promote the initiative reported over 1.3 million impressions, a reach of over 600,000 individuals, and totaling 57,000 engagements.¹

Grantees shared a wide variety of successes, and for many a key accomplishment was their ability to create awareness within their organizations and communities about ACEs and toxic stress. Grantees also noted their appreciation for the opportunity to develop new or strengthen existing partnerships across provider and community-based organizations.

Because many of the Grantees successfully identified clinical champions in their communities, developed collaborative partnerships across delivery systems, and built knowledge about the resources and skills needed to effectively implement ACE screenings, they were well-prepared for the second grant opportunity. Ten Round 1 Grantees were awarded funding under the Trauma-Informed Network of Care Planning and Implementation Grants.

“Our efforts laid the groundwork for Round 2 grants involving the implementation of a Network of Care and the creation of our Pediatric Navigation Program.”

— **River City Medical Group**

¹ Impressions are defined as the number of times content was displayed to the target audience; reach is defined as the number of unique people reported to have seen the content; and engagement is defined as the number of unique people who engaged with the content through shares, likes, or comments.

Challenges

All new initiatives inevitably experience challenges, sometimes predictable but often unanticipated. Nearly all Grantees acknowledged that the COVID-19 pandemic significantly impacted their ability get their grant projects underway in a timely manner and consistently cited the challenge of shifting their work from in-person to virtual — particularly with respect to provider engagement events, and outreach and training activities.

Other consistent challenges included:

- High staff turnover, both within Grantee organizations and in the provider community, which required continuous onboarding;
- Difficulty in predicting levels of engagement due to overburdened providers and Zoom fatigue; and
- Redeployment of staff and competing priorities due to the public health emergency that led to challenges in executing the day-to-day grant work.

The ACEs Aware team worked with the Grantees to provide support and technical assistance to address these challenges wherever possible. While they resulted in some delays in progress, overall, the ACEs Aware Training, Provider Engagement, and Communications Grantees completed their work diligently and successfully during a challenging time.

Grantee Contributions to Initiative Goals.

The ACEs Aware Grantees contributed to achievement of the three major goals of the initiative: Raising Awareness, Supporting Practice Change, and Developing Networks of Care.

Raising Awareness

Grantees helped raise awareness of the importance of ACE screening and response among Medi-Cal providers, network of care members, and the public.

Communications Grantee accomplishments include:

- Over 1.2 million people reached through email blasts and newsletters;
- 20 billboards promoting ACEs Aware, some that remained up for nearly one year;
- 452 informational presentations given to over 9,000 people;
- 48 podcasts developed and available online;
- 138 videos produced; and
- Over 100 blog posts and targeted web content published.

Supporting Practice Change

Through the creation of 35 ACEs Aware trainings, 824 engagement sessions, and nearly two dozen practice papers, Grantees supported clinical teams across the state in their journey toward implementing ACE screening and response and centering trauma-informed care in their practices.

Developing Networks of Care

As key institutions within their communities, Grantees made significant strides in developing and strengthening networks of care. The first round of grants helped foster collaborative relationships between entities and built awareness of the critical role trauma-informed networks of care have in meeting the needs of individuals and families.

Conclusion and Key Themes

Despite the challenges Grantees faced during the COVID-19 pandemic, these 100 organizations demonstrated and shared considerable success. A number of key themes emerged that have proven to be consistent across communities. The rest of this report provides a detailed summary of ACEs Aware Training, Provider Engagement, and Communications Grants (Round 1 grants), which serves as the source of the following observations:

- Grantees were successful in expanding awareness of the potential health impacts of ACEs and toxic stress, as well as the principles of trauma-informed care.
- Through partnership with ACEs Aware and clinical advisors, Grantees advanced understanding of the science of ACEs and toxic stress across the State of California and in local communities.
- The COVID-19 pandemic brought about challenges Grantees did not anticipate when they applied for grants in early 2020. No one could have predicted the resulting changes in the health care sector and in communities throughout the state, nor the additional stress and trauma the pandemic would generate.
- Although the first grant period formally ended in December 2021, the momentum continues, and Grantees remain committed to building a better world for children, families, and communities.

“The biggest (unanticipated) outcome appears to have been that these sessions created a community that fueled the souls of the participants and gave them tools to continue their work.”

— **Lucile Packard Children’s Health Stanford**

Section 1: Background

The [ACEs Aware initiative](#) was launched in the fall of 2019 as a mechanism for achieving California's bold goal of reducing Adverse Childhood Experiences (ACEs) by half in one generation. The Initiative, led by the Office of the California Surgeon General (CA-OSG) and the California Department of Health Care Services (DHCS), offers Medi-Cal providers training and payment for screening children and adults for ACEs and toxic stress. The primary goals of the initiative are to:

- Train and expand awareness among Medi-Cal providers on ACE screening and response;
- Support implementation of ACE screening and response for Medi-Cal providers; and
- Support development of a functional network of care.

To date, the initiative has awarded \$45 million in funding to communities across California to help support these goals.

ACEs Aware Training, Provider Engagement, and Communications Grantees

In June 2020, ACEs Aware awarded \$14.3 million in grants to 100 organizations to expand the reach and impact of the initiative. The first round of grants provided funding to organizations and communities across California to:

- Design and implement provider trainings focused on ACEs and toxic stress;
- Host events designed to increase engagement with ACEs Aware including peer-to-peer sessions, Network of Care building activities, and broad-based provider engagement efforts;
- Plan and execute communication strategies designed to promote awareness and engagement with the ACEs Aware initiative; and

- Develop practice papers on a wide range of topics including screening adolescents and immigrant youth for ACEs; teaching medical residents about ACEs, toxic stress, and ACE screening; implementing ACE screening and trauma informed care in small health care practices and Federally Qualified Health Centers; and the role of Accountable Communities for Health and community information exchanges in Networks of Care.

A wide variety of organizations were awarded grant funding, including local First 5 county commissions, county departments of public health and human service agencies, county offices of education, Federally Qualified Health Centers, hospitals, universities, community-based organizations, family resource centers, advocacy organizations, trade associations, and provider organizations. Grantees represented 36 of California's 58 counties; a handful of Grantees represented statewide or national constituencies.

ACEs Aware Grantees

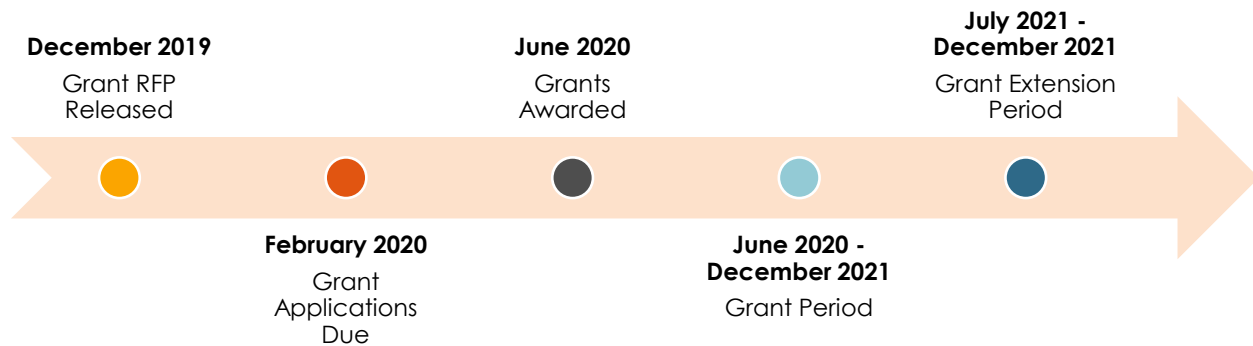
To explore the organizations awarded ACEs Aware grants, view the interactive list on the [ACEs Aware website](#).

Organizations were permitted to apply for more than one Round 1 grant, with some receiving up to four different grant types. Organizations with more than one grant worked to strategically align their grant activities to complement each other and maximize reach and impact. As an example, **Riverside County Department of Public Health** was awarded funding to develop a Core Training and also deliver network of care and provider engagement sessions. As part of this work, they developed a multi-sector steering committee, surveyed providers and medical students, and began collecting further data on ACEs through their Community Health Needs Assessment. The result is a comprehensive, informed, and responsive approach to ACE screening and response in Riverside County.

Timing and Impact of COVID-19

Organizations submitted grant applications in February 2020 and were awarded funding in June 2020. During this period, the COVID-19 pandemic brought shutdowns of nonessential services, school closures, cancellation of non-medically necessary medical visits, and many other disruptions to daily life. As providers of health care and other vital community resources, many Grantees were directly and repeatedly impacted by COVID-19. Grantees were asked to revisit their scopes of work as part of signing their grant contracts, allowing them to revise goals and adjust timelines.

Figure 1. ACEs Aware Round 1 Grants Timeline



Some common challenges Grantees faced implementing their grant work during COVID-19 included:

- High staff turnover, both within Grantee organizations and in the provider community, which required continuous onboarding;
- Difficulty in predicting levels of engagement due to overburdened providers and Zoom fatigue; and
- Redeployment of staff and competing priorities that impacted day-to-day grant work.

Despite compounding challenges, Grantees continued their efforts as partners of the ACEs Aware initiative. Grantees were invited to submit requests for no-cost contract extensions through either September or December 2021. Out of 100 Grantees, 72 requested contract extensions. The extensions allowed

Grantees to mitigate challenges, expand on activities, and provided additional time to meet goals.

“Honestly, the past few years have been extremely difficult in our community (as I know they have been around the world), and we consider it an accomplishment that we were able to complete most of our grant goals during this period.”

— **Hoopa Tribal Education Association**

Grants Management and Technical Assistance

Throughout the grant period, Aurrera Health Group provided grants management and technical assistance to Grantees. Grantees met monthly with their Aurrera Health grant liaison to discuss their progress and request technical assistance. Aurrera Health Group provided engagement and technical assistance opportunities using multiple modalities, including:

- Monthly meetings to keep all Grantees up to date about the initiative;
- Regional meetings to provide space for Grantees to develop collaborative relationships, share updates, and learn from one another in specific geographic areas;
- Shared learning sessions that allowed Grantees to share promising practices;
- Monthly emails to Grantees with grant-specific reminders and updates from the initiative, including new ACEs Aware publications and webinars open to the public;
- Coaching opportunities for Provider Training Grantees throughout the training review process;
- Educational and technical assistance webinars on a variety of topics; and

- Office hours and opportunities for individualized, specialized technical assistance through our subcontractors Health + Studio, FrameWorks Institute, and PACEs Connection.

Shared learning sessions were developed based on Grantee feedback and offered Grantees opportunities to co-create sessions on issues they identified, including health equity. Selected Grantees were also invited to share their successes, experiences, and promising practices during Grantee Spotlight webinars with Dr. Nadine Burke Harris.

Grantees were invited and continued to actively engage in ongoing ACEs Aware technical assistance opportunities beyond the end of the grant period.

“The ACEs Aware grantee spotlight webinars hosted by Aurrera Health expanded our capacity to be ACEs Aware leaders in our community.”

— **Montage Health**

Section 2: Grantee Contributions to Initiative Goals

A key component of the ACEs Aware initiative was to award funds to organizations and communities to expand the reach and impact of the initiative. The ACEs Aware Training, Provider Engagement, and Communication grants made direct investments to communities across the state to support community driven approaches that made significant contributions towards the initiative’s goals in raising awareness, supporting practice change, and developing networks of care.

Figure 2. ACEs Aware Initiative Goals



Raising Awareness

Grantees helped spread awareness of ACE screening and response among Medi-Cal providers, network of care members, and the public.

For Grantees representing smaller areas and communities, relatively modest Grant awards brought significant boosts in local awareness. These communities are often less likely to have budgets to institute such robust awareness campaigns. For example, **Lake Family Resource Center** created the Family Strong Radio Hour which became a catalyst for increasing awareness of trauma and the importance of buffering relationships and resiliency, for both provider and community audiences. **Sutter County Children & Families Commission** created videos for [parents](#) and [medical providers](#), as well as a longer educational video for the [community](#).

Through research, studies, and lifting community voices, Grantees contributed knowledge to the field of ACEs and toxic stress. Practice Papers on topics such as screening adolescents and immigrants, school-based health centers, and residency programs helped to fill gaps in the literature. Through their [“Ka'm-t'em: The Impacts of ACEs and Toxic Stress on Indigenous Communities” Supplemental training](#), **County of Humboldt DHHS – Public Health** raised awareness of the need for screening, assessment, and further research and dissemination of studies on ACEs among indigenous communities.

“We were able to build awareness among approximately 4,800 Latinx health care professionals through Newsletters, eAlerts, social media, image making, and video storytelling.”

— Latinx Physicians of California

Ongoing Reach of Materials Produced Through the Grant

The materials produced by Grantees continue to spread awareness beyond the completion of the grant. Some examples of enduring materials include:

- Fourteen Grantee-developed certified trainings are available on-demand via the [ACEs Aware website](#).
- Grantees developed asynchronous e-learning modules available on [relational health](#) and [trauma-informed responses to bias in ACE prevention and screening](#).
- **Children’s Hospital Los Angeles** maintains an [extensive content library](#) of recordings on topics such as ACE-related health outcomes, toxic stress physiology, resilience, mindfulness, roles of racial inequity and social determinants of health, screening implementation, the impact of ACEs on vulnerable populations, and ACEs in the time of COVID.
- **The Kyer Group** recorded a series of videos on surviving compassion fatigue, including guided decompression and mindfulness sessions that will be available online. The [first video](#) is available now.
- **Lucile Packard Children’s Health Stanford** published an article in the Maternal and Child Health Journal about the outcomes of their [Community ECHO \(Extension for Community Healthcare Outcomes\) Project](#).

Supporting Practice Change

Grantees supported providers across the state in their journey toward implementing ACE screening and response through 35 certified ACEs Aware trainings, 824 engagement sessions, nearly two dozen practice papers, and countless individualized communications.

Several Grantees from clinics or other provider settings monitored the number of their staff who completed an ACEs Aware training and implemented ACE screenings during the grant period. **Saint Agnes Medical Center** reported a baseline training attestation rate of 0% that grew to 90% among Family Medicine medical providers. After creating and delivering their Supplemental training, 15 of **Redwood Community Health Coalition's** 16 health centers implemented ACE screenings. **First 5 San Mateo County** reported the number of individuals screened in their county jumped from 166 in July 2020 to 5,944 as of early January 2022.

The Value of ACE Screening Champions

Showcasing ACE screening champions has proved a successful strategy for promoting practice change.

County of Santa Cruz Public Health reported the Chief Operating Officer from one of their local health care organizations attended all their Provider Engagement sessions while signaling full support for ACE screening. By the end of the grant, all health care providers in the organization had completed the ACEs Aware Core Training and all care teams were screening.

First 5 San Bernardino developed a [video](#) with ACE screening physician champions encouraging their peers to screen for ACEs. The video was distributed widely through partnerships with the local Medi-Cal managed care plan, hospitals, clinics, and other county-based organizations. The video was also viewed during a California Black Infant Health meeting, resulting in the California Department of Public Health requesting permission to share the video more broadly.

Grantees took steps to support ACE screening among incoming and future generations of providers. Two Grantees rolled ACEs Aware training and engagement sessions into residency programs. Content created by the **Children's Hospital Los Angeles (CHLA)** is available to the Keck School of Medicine for medical students and is embedded in the CHLA Pediatric Residency Program. Trainings developed by **Support for Families of Children with Disabilities** are now disseminated through academic fall rotations for residents at San Francisco General Hospital.

In addition to facilitating the uptake of ACE screening and trauma-informed care, Grantees provided a much-needed resource for providers experiencing burnout and isolation during the pandemic. **Pediatric Resiliency Collaborative (PeRC)** developed a four-part Core Training, with Part 2 focused on strategies to help with secondary traumatic stress, compassion fatigue, and burnout. PeRC noted that participants have been able to apply the strategies from this training when experiencing, or witnessing a colleague experiencing, difficulties in clinic.

"I so appreciated having the time and space to think about these things. Getting to connect with colleagues about patient care/experience (but not DOING patient care) significantly helps with my mental health and help prevent burnout."

— participant from **La Clinica de La Raza**
Supplemental training

Grantees also found that ACE screenings are having a direct, positive impact on patients. **Marin Community Clinics** reported that patients have thanked medical assistants for asking the questions, and primary care providers have had breakthroughs with patients who had suffered years of unresolved pain and ailments.

"To be a part of this movement, and to offer a relationship-driven approach in a time of severe disconnect, is a tremendous honor and responsibility. For me, the fact that the providers showed up was a big part of the impact and resilience story."

— **Lincoln Families**

Developing Networks of Care

Trauma-informed networks of care are essential in California's continued efforts to build a better world for children, families, and communities by working together across sectors to prevent and address the impact of ACEs and toxic stress. As key institutions within their communities, Grantees made significant strides in developing and strengthening networks of care.

The grants helped to foster collaborative relationships between entities. In Orange County, Grantees worked together closely to support and complement each other's efforts and develop a region-specific approach to trauma-informed care, efforts that are continuing into Trauma-Informed Network of Care Grants and beyond.

Several Grantees engaged community members in their efforts to build responsive networks. **Cardea Services** created a roadmap for community-based clinics and organizations to implement ACE screening that both acknowledges and integrates community wisdom. **First 5 Alameda County** involved their Help Me Grow Family Advisory Committee in reviewing and informing materials and agendas from the start of their grant work.

Networks of care are forming around the needs within communities. **San Diego Health Care Quality Collaborative** partnered with two managed care plans and a pediatric medical group to embed a community health worker in a pediatric practice within a high-need area. The community health worker helps families access primary care and provided direct assistance to families healing from ACEs and trauma.

These grants helped inform the development of the second round of ACEs Aware Grants — \$30.7 million awarded to 35 communities across the state. For more information on these grants, visit www.acesaware.org/grants/grant-program-information/.

Section 3: Activities Funded by Training, Provider Engagement, and Communications Grants

The Round 1 grants had four areas of focus — Provider Training, Provider Engagement, Practice Papers, and Communications. This section summarizes Grantees by each grant category and outlines key accomplishments and unique challenges. For a full list of Grantees, see [Appendix B](#).

Provider Training Grants

In the fall of 2019, ACEs Aware launched the two-hour online “Becoming ACEs Aware in California” Core Training. Completing the Core Training and attesting to completing it certifies providers to receive payment for screening Medi-Cal beneficiaries for ACEs.

Core and Supplemental Training grants were intended to supplement the “Becoming ACEs Aware in California” Core Training and help advance knowledge of ACEs and ACE screening. As such, the provider trainings developed by Grantees were required to meet rigorous criteria developed by CA-OSG and DHCS.

Grantees produced 35 new Core and Supplemental Trainings. Five organizations were awarded funding to develop Core Trainings. Completion of these trainings qualifies Medi-Cal providers to receive payment for ACE screening. By the end of the grant, four trainings were approved and certified as ACEs Aware Core Trainings, and one Core Training was reviewed but not approved/certified.

Given that attesting to completing a certified Core Training qualifies Medi-Cal providers for payment, it was critical that any Core Training curriculum provide comprehensive and evidence-based information and guidance on how to effectively screen for ACEs to assess risk for toxic stress and respond with

evidence-based interventions, including implementing trauma-informed care. Grantees incorporated their own topical expertise into their approved Core Trainings, including:

- Applying lessons learned from intimate partner violence screening to support ACE screening;
- Promoting equity in ACE screening;
- Increasing patient engagement;
- Utilizing a stepped care framework for treatment planning; and
- Addressing vicarious trauma and burnout.

Twenty-five organizations were awarded funding to develop Supplemental Trainings, designed to provide more in-depth training on areas related to screening for and responding to ACEs and toxic stress, but not eligible for the provider training attestation. Eighteen trainings were approved and certified as ACEs Aware Supplemental Trainings, and four Supplemental Trainings were reviewed and not approved/certified.

Supplemental Trainings included the following topics:

- Establishing or strengthening referral pathways for local referrals;
- Preventing ACEs;
- Supporting and building resilience in children;
- Addressing ACEs and intimate partner violence;
- Incorporating motivational interviewing;
- Advancing trauma-informed communities; and
- Addressing ACEs and toxic stress in indigenous communities; early childhood; the disability community; and maternal and women's health.

In addition to developing PowerPoint trainings, several Grantees also created accompanying materials to support participants in implementing ACE

screening, such as scripts and local resource guides. Trainings were primarily targeted at clinicians, although two Supplemental Training Grantees adapted their curriculums for non-clinical audiences to boost knowledge among critical network of care members.

Many Grantee trainings remain available on-demand on the [ACEs Aware website](#).

Review and Approval of Trainings

Every Grantee training went through a thorough review process to ensure the highest level of rigor and fidelity to the science of ACEs and toxic stress and completeness compared to the certification criteria. The review process was iterative with each Grantee going through 2-5 rounds of review with the training review team before being presented to the Office of the California Surgeon General for final approval.

It took most Grantees a significant amount of time to develop and refine their trainings to meet the high standards expected by ACEs Aware. Half of the trainings approved were approved between July – September 2021 (two Core trainings and nine Supplemental trainings). This led to a delay in the delivery of Grantee trainings, with most trainings taking place in the final quarter of the grant (October – December 2021).

Training Grantees were required to use the same registration and evaluation form as the “Becoming ACEs Aware in California” training. [Appendix C](#) includes details about participation in approved trainings.

Thousands Trained Through Grantee-Developed Trainings

By December 2021, Grantees reported that 412 individuals had participated in Grantee-developed ACEs Aware Core Trainings, and 4,168 individuals had participated in Grantee-developed ACEs Aware Supplemental Trainings.

Provider Engagement Grants (Provider Engagement, Peer-to-Peer, and Network of Care)

Provider Engagement Grants offered opportunities for clinical teams and other stakeholders to share lessons learned and best practices; raise awareness about ACEs; and build learning communities tailored to specific geographic areas, patient populations, clinical teams, and practice settings. These Grants were divided between:

- Broad-based provider engagement events (22 organizations);
- Peer-to-peer learning strategies (16 organizations); and
- Engagement events to support building networks of care (25 organizations).

In total, these 63 grants resulted in **824 engagement sessions** with **19,604 individuals** between June 2020 and December 2021. These provider engagement sessions strengthened participants' knowledge of ACEs and toxic stress, boosted their confidence in ACE screening and treatment, and helped them shift their organizations toward a culture of trauma-informed care.

Grantees utilized a variety of structures in designing their Provider Engagement sessions. Some were more didactic and others more participatory. Some grantees chose to specialize in offering a single educational session multiple times. Others offered a broad variety of sessions on different topics or developed ongoing learning series. Some examples of the topics covered include relational health; cultural and racial differences in responding to trauma; trauma-informed reopening strategies for clinics following COVID-related closures; connecting across sectors; complex trauma and health implications; infant and maternal wellness; psychotherapeutic art interventions in school-based settings; protective factors; and surviving compassion fatigue.

Some examples of the variety of ways Grantees offered Provider Engagement sessions to meet their audience needs include:

- Peer-to-peer learning collaboratives;

- Educational webinars on topics related to ACEs, ACE screening, toxic stress, and resilience;
- Virtual conferences;
- Project ECHO sessions, a “hub-and-spoke” style learning method in which participant “spokes” are connected to an expert “hub” team;
- One-on-one targeted engagement with content experts or key community partners;
- Engagement sessions delivered in Spanish; and
- Development of community resource and reference binders.

Grantees Worked to Advance Health Equity

Several Grantees used Provider Engagement sessions to promote health equity. **The California Black Health Network** hosted sessions to engage Black health care providers, health professionals, and community service providers in addressing the impact of ACEs on [Black maternal health](#) and on [breastfeeding among Black Women](#). **Trauma Transformed** led two iterations of its Racing ACEs series to connect individuals working in ACEs/trauma-informed care and racial justice in shared learning, reflection, and collective action.

Grantees awarded funding to conduct Provider Engagement, Peer-to-Peer, and Network of Care activities were required to administer a standardized survey to participants following each session. Throughout the grant period, 2,240 participants completed the survey. Please refer to [Appendix D](#) for a summary of Provider Engagement Activity Survey results.

“We now have a cohort of 146 family physicians who attended our workshops and a robust website full of useful ACEs and trauma-informed care tools and resources for family medicine. We consider this the beginning of a

movement to ensure our members all become ACEs aware and more confident in their trauma-informed practice.”

— **California Academy of Family Physicians**

Practice Paper Grants

A subset of Provider Engagement grants were awarded for the development of Practice Papers. Grantees developed Practice Papers to highlight promising strategies and lessons learned, as well as new research around ACE screening and trauma-informed systems of care.

The Practice Papers covered a broad range of topics, including screening adolescents and immigrant youth for ACEs; teaching medical residents about ACEs, toxic stress, and ACE screening; implementing ACE screening and trauma-informed care in small health care practices and Federally Qualified Health Centers; and the role of accountable communities for health and community information exchanges in networks of care. Grantee Practice Papers are available on the [ACEs Aware website](#).

Each Grantee Practice Paper was reviewed by a clinical/ACE science expert reviewer prior to publication. Throughout the grant period, Aurrera Health hosted periodic calls with Practice Paper Grantees to gather updates on their progress in writing the papers. Practice Paper Grantees were encouraged to utilize technical assistance available through the FrameWorks Institute and Health + Studio as they refined their papers, including Office Hours hosted twice weekly by FrameWorks Institute.

Grantees utilized a variety of methods to write their papers, including:

- Interviews with content experts and/or target populations (see [Integrating Adverse Childhood Experiences Screening into Clinical Practice: Insights from California Providers](#) written by **Center for Health Care Strategies**);
- Synthesizing best practices and lessons learned from grant activities (see [Family and Community-Based Organization Experiences in ACE](#)

[Screening and Treatment of Young Children: An ACEs Aware Practice Paper](#) written by [First 5 LA](#)); and

- Case studies (see [Eisner Health's Journey Through Implementing Trauma-Informed Care](#) written by [Origins Training & Consulting](#)).

Grantees sought and obtained approval from Institutional Review Boards (IRB) as necessary based on their methodologies.

Practice Paper Grantees Identified Opportunities for Further Research and Engagement

Several Grantee Practice Papers identified opportunities for additional research and exploration. [Los Angeles County Child Health and Disability Prevention Program in Children's Medical Services](#) focused on how ACEs impact children and youth with chronic, disabling and/or life-threatening conditions. The paper authors found very limited study on the combined issues of ACEs and pediatric chronic disease, and the paper is now being used as a catalyst to prompt and motivate further study and understanding.

As part of the review process, the [Center for Healthy Children & Communities](#) met with Aurrera Health leadership to discuss their findings and concerns about ACE screening in Tribal and Urban Indian communities. In response, ACEs Aware convened a workgroup to address recommendations brought forward by Grantees regarding addressing ACEs and toxic stress in American Indian/Alaskan Native communities. This collaboration with Grantees and stakeholders serving American Indian/Alaskan Native communities was developed to ensure meaningful community engagement that is focused on understanding and responding to the communities' needs to support better health outcomes.

Communications Grants

The ACEs Aware initiative has a comprehensive communication strategy and dedicated resources to the development of materials designed to engage and

educate clinicians and their communities about ACEs and toxic stress, including the importance of prevention, treatment, and healing. Recognizing the opportunity to further spread awareness, ACEs Aware awarded funds to develop community-driven strategies through Communications Grants.

Grantees utilized an array of modalities in their work, including social media campaigns, promotional efforts, and outreach. Results of these wide-ranging strategies include blog posts, videos, podcasts, billboards, bus ads, print media, radio spots, newsletters, presentations, as well as clinical posters, brochures, postcards, wellness prescription pads, workbooks, sensory kits, and more. Communications Grantees were tremendously successful in increasing awareness of ACEs and the initiative.

- Grantees using social media platforms (Facebook, Instagram, Twitter, and LinkedIn) reported over 1.3 million impressions, a reach of over 600,000 individuals, with over 57,000 engagements;²
- 6,500 email blasts and newsletters reached over 1.2 million people with average open rates ranging between 25-50%;
- There were over 200 paid radio spots;
- Grantees created close to 50 podcast episodes;
- 452 presentations were made to over 9,000 people; and
- Grantees created 138 videos that were shared through social media and YouTube.

In addition to general campaigns to spread awareness of ACEs and ACE screening, Grantees highlighted themes such as self-care and resilience in their communications. Grantees also widely tied their messaging to themes around Trauma Awareness Month, Mental Health Awareness Month, and Back to

² Impressions are defined as the number of times content was displayed to the target audience; reach is defined as the number of unique people reported to have seen the content; and engagement is defined as the number of unique people who engaged with the content through shares, likes, or comments.

School as opportunities to promote their ACEs Aware communications campaigns and drive audience engagement.

Grantees Developed Materials for Targeted Audiences

Several Grantees spent the grant period adapting existing ACEs Aware material, and creating distinct campaigns, for target populations. **Cal Voices** created a [Community Partnership Toolkit](#) to underscore the importance of ACE screening when treating LGBTQ+ patients. The **Latinx Physicians of California** launched a [video](#) testimonial with a provider member sharing the importance of getting trained and certified to screen for ACEs and incorporating trauma-informed care into practice.

Communications grants were also leveraged as building blocks for ongoing, sustainable awareness campaigns. Many Grantees noted they will continue using the content that was developed with their ACEs Aware grant funds. Numerous Grantees mentioned the important role their communication grant played in building momentum for their Network of Care planning and implementation grant work.

Grantees awarded funding for communication were required to submit quarterly reports which described their efforts, strategic partnerships, best performing content, and results of targeted strategies. See [Appendix E](#) for more detailed summary of the Communications Grantee results.

Conclusion

Between July 2020 and December 2021, 100 grant-funded organizations helped advance the goals of the ACEs Aware initiative by developing new Core and Supplemental trainings; engaging with providers and members of networks of care; highlighting best practices and new research through practice papers; and sharing communications with audiences across the state.

Throughout this work, Grantees experienced common program accomplishments and challenges, and highlighted remaining opportunities

and learnings that could be applied to ongoing ACEs Aware efforts and future grants and learning collaboratives.

Key themes from this work include:

- Grantees were successful in expanding awareness of the science and health impacts of ACEs and toxic stress, as well as the principles of trauma-informed care.
- Through partnership with ACEs Aware and clinical advisors, Grantees advanced the science of ACEs and toxic stress in their organizations and communities.
- The COVID-19 pandemic brought about challenges Grantees did not anticipate when they applied for grants in early 2020. No one could have predicted the resulting changes in the health care sector and in communities throughout the state.
- Although the grant period ended December 2021, momentum continues, and Grantees remain committed to building a better world for children, families, and communities.

Appendix A

Methodology

A variety of methods were used to compile the information presented in this report — primarily Grantee Final Reports and data submitted with Quarterly Reports throughout the grant. This appendix outlines the data sources available and how they were analyzed by Aurrera Health staff.

Description of Data Sets

All Provider Training, Engagement, and Communications grantees were required to submit the following reports:

- Quarterly data reports including narrative and quantitative entries as specified for each grant type and category.
- Quarterly Training participant data. Grantees were required to provide registration and evaluation data for all Trainings held during the reporting quarter. Grantees were required to use the same registration and evaluation form as the “Becoming ACEs Aware in California” training.
- Narrative progress reports at the mid-point and end of the contract period.

Provider Engagement Grantees were required to administer a standardized survey to participants following each session. Grantees utilized a survey developed by and accessible to Aurrera Health through Survey Monkey. The survey was modeled after the evaluation form from the “Becoming ACEs Aware in California” training.

Each grantee also met monthly with their assigned their Aurrera Health grant liaison to discuss their work.

Analysis of Data Sets

The majority of Grantee accomplishments and challenges were reported in narrative format through Final Reports. Aurrera Health staff developed a

framework to analyze Final Reports, including inductive coding to identify key themes.

Quantitative analysis was performed on the following data sets:

- Quarterly submissions of Trainings registration and evaluation data. The results of this analysis appear in [**Appendix C**](#).
- Ongoing submissions of the Provider Engagement session participant survey. The results of this analysis appear in [**Appendix D**](#).
- Quarterly summaries of communications collaterals used. The results of this analysis appear in [**Appendix E**](#).

Appendix B

List of Grantees

Grantee	Grants Awarded
ACE Overcomers: The Center for Resiliency	Communications
Alameda County Social Services Agency's Department of Workforce and Benefits Administration	Provider Engagement (Network of Care)
AltaMed Health Services	Provider Engagement (Provider Engagement Activities)
American Academy of Pediatrics – Chapter 1	Communications
American Academy of Pediatrics – Chapter 3	Communications
	Provider Engagement (Peer-to-Peer Learning)
	Provider Training (Supplemental)
American Academy of Pediatrics – Orange County	Provider Engagement (Peer-to-Peer Learning)
American Professional Society on the Abuse of Children	Provider Training (Supplemental)
Bay Area Community Health	Communications
Butte County Department of Public Health	Provider Engagement (Network of Care)
Cal Voices	Communications
California Academy of Family Physicians	Communications
	Provider Engagement (Peer-to-Peer Learning)

Grantee	Grants Awarded
California Black Health Network	Provider Engagement (Provider Engagement Activities)
California Medical Association	Communications
	Provider Engagement (Provider Engagement Activities)
California Primary Care Association	Communications
	Provider Engagement (Network of Care)
	Provider Engagement (Peer-to-Peer Learning)
Cardea Services	Provider Engagement (Network of Care)
	Provider Engagement (Peer-to-Peer Learning)
	Practice Paper
Center for Health Care Strategies	Practice Paper
Center for Healthy Children and Communities, Inc.	Practice Paper
Center for Innovation and Resources, Inc.	Provider Engagement (Provider Engagement Activities)
Center for Youth Wellness	Provider Engagement (Provider Engagement Activities)
Children's Hospital LA	Provider Engagement (Provider Engagement Activities)

Grantee	Grants Awarded
Children's Medical Services – LA County Department of Public Health	Provider Engagement (Provider Engagement Activities)
	Practice Paper
CHOC Children's	Provider Training (Supplemental)
Community Clinic Association of Los Angeles County	Provider Engagement (Provider Engagement Activities)
Community Health Centers of the Central Coast	Provider Engagement (Peer-to-Peer Learning)
	Provider Engagement (Provider Engagement Activities)
Community Translational Research Institute	Practice Paper
Cottage Health (Pediatric Resiliency Collaborative)	Provider Training (Core)
County of Humboldt DHHS – Public Health	Communications
	Provider Training (Supplemental)
Dovetail Learning	Provider Training (Supplemental)
Early Childhood OC	Provider Engagement (Provider Engagement Activities)
	Practice Paper
Eden I&R	Communications

Grantee	Grants Awarded
Education, Training & Research Associates	Provider Engagement (Network of Care)
	Provider Engagement (Peer-to-Peer Learning)
	Practice Paper
First 5 Alameda County	Provider Engagement (Peer-to-Peer Learning)
	Provider Engagement (Provider Engagement Activities)
	Provider Training (Supplemental)
First 5 Contra Costa	Communications
	Provider Engagement (Network of Care)
	Provider Engagement (Peer-to-Peer Learning)
	Provider Training (Supplemental)
First 5 LA	Provider Engagement (Network of Care)
	Provider Engagement (Peer-to-Peer Learning)
	Practice Paper
First 5 Modoc	Communications
First 5 San Benito	Communications
First 5 San Bernardino	Communications
First 5 San Mateo County	Communications

Grantee	Grants Awarded
First 5 Santa Clara County	Communications
	Provider Engagement (Peer-to-Peer Learning)
First 5 Sierra County	Communications
Futures Without Violence	Provider Training (Core)
	Provider Training (Supplemental)
Goldfinger Health	Practice Paper
Hanna Institute	Communications
	Provider Engagement (Network of Care)
	Provider Engagement (Provider Engagement Activities)
Health Education Council	Provider Engagement (Peer-to-Peer Learning)
Healthcare Integrated Services	Provider Engagement (Provider Engagement Activities)
	Practice Paper
Hillsides	Provider Engagement (Peer-to-Peer Learning)
Hoopa Tribal Education Association	Provider Engagement (Network of Care)
	Provider Engagement (Provider Engagement Activities)
Imperial County Local Health Authority	Provider Engagement (Network of Care)

Grantee	Grants Awarded
Kern Medical Foundation	Provider Engagement (Provider Engagement Activities)
Kings County Department of Public Health	Communications
	Provider Engagement (Network of Care)
	Provider Engagement (Peer-to-Peer Learning)
	Provider Training (Supplemental)
La Clinica de La Raza	Provider Training (Supplemental)
La Maida Project	Provider Engagement (Provider Engagement Activities)
Lake Family Resource Center	Communications
Landon Pediatric Foundation	Provider Training (Supplemental)
Latinx Physicians of California	Communications
Lincoln	Provider Engagement (Provider Engagement Activities)
Los Angeles Centers for Alcohol and Drug Abuse	Provider Training (Supplemental)
Lucile Packard Children's Health – Stanford	Provider Engagement (Network of Care)
Marin Community Clinics	Provider Training (Supplemental)
Mariposa County HHSA	Communications

Grantee	Grants Awarded
Merced County Office of Education	Communications
Montage Health Foundation	Provider Training (Supplemental)
Northeast Valley Health Corporation	Provider Training (Supplemental)
ONTRACK Program Resources	Provider Training (Supplemental)
Orange County Department of Education	Communications
Origins Training & Consulting	Practice Paper
Our Children Our Families Council	Provider Engagement (Provider Engagement Activities)
Owens Valley Career Development	Communications
Pacific Business Group on Health	Practice Paper
Primary Care Development Corporation	Provider Engagement (Provider Engagement Activities)
	Practice Paper
Public Health Institute	Communications
	Practice Paper
Redwood Community Health Coalition	Provider Training (Supplemental)
River City Medical Group	Communications
Riverside County Department of Public Health	Provider Engagement (Network of Care)
	Provider Engagement (Provider Engagement Activities)

Grantee	Grants Awarded
	Provider Training (Core)
Sacramento County Office of Education	Communications
Safe & Sound	Provider Engagement (Network of Care)
	Practice Paper
Saint Agnes Medical Center	Communications
	Provider Engagement (Network of Care)
	Provider Engagement (Provider Engagement Activities)
	Practice Paper
San Diego Healthcare Quality Collaborative	Provider Engagement (Network of Care)
	Practice Paper
San Diego State University Research Foundation	Communications
	Provider Engagement (Network of Care)
San Joaquin County Child Abuse Prevention Council	Provider Engagement (Network of Care)
Santa Barbara County KIDS Network	Provider Engagement (Network of Care)
Santa Cruz County, Public Health	Provider Engagement (Network of Care)
	Provider Engagement (Peer-to-Peer Learning)
Santa Rosa Community Health	Provider Training (Supplemental)

Grantee	Grants Awarded
Support for Families of Children with Disabilities	Provider Training (Supplemental)
Sutter County Children & Families Commission (First 5 Sutter)	Communications
The Catalyst Center	Communications
	Provider Engagement (Network of Care)
	Provider Training (Supplemental)
The Children's Clinic	Provider Training (Core Training)
The Kyer Group Corporation	Provider Engagement (Network of Care)
The Raise Foundation	Provider Engagement (Network of Care)
Trauma Transformed	Provider Engagement (Network of Care)
	Provider Engagement (Provider Engagement Activities)
Tri-City Mental Health	Communications
	Provider Training (Supplemental)
Trinity County Public Health	Provider Engagement (Provider Engagement Activities)
Tulare County Health and Human Services Agency	Communications
UCSF	Provider Training (Supplemental)

Grantee	Grants Awarded
UCSF Benioff Children's Hospital – Child and Adolescent Psychiatry Portal & Center for Community Health and Engagement	Provider Training (Core)
UCSF – Center for Nature and Health	Practice Paper
UCSF – Philip R. Lee Institute for Health Policy Studies	Practice Paper
UCSF Fresno	Provider Training (Supplemental)
Western Youth Services	Communications
	Provider Engagement (Network of Care)
	Provider Engagement (Peer-to-Peer Learning)
	Practice Paper
YMCA/San Diego	Communications

Appendix C

Grantee Provider Training Summaries

The following summarizes the registration and evaluation data submitted by Provider Training Grantees, including registrant characteristics and the effectiveness of the trainings as reported in participant evaluations.

Core Trainings Summary

Four training grantees conducted ACEs Aware Core Trainings:

- Cottage Health (Pediatric Resiliency Collaborative) (recorded and now available on-demand);
- Futures Without Violence (recorded and now available on-demand);
- Riverside County Department of Public Health; and
- UCSF Benioff Children's Hospital – Child and Adolescent Psychiatry Portal & Center for Community Health and Engagement (recorded and now available on-demand).

Grantees were surveyed and asked to self-report the total number of people who attended or completed their approved trainings through December 2021. In the survey, Grantees reported:

- 412 completed a Grantee-developed Core Training.

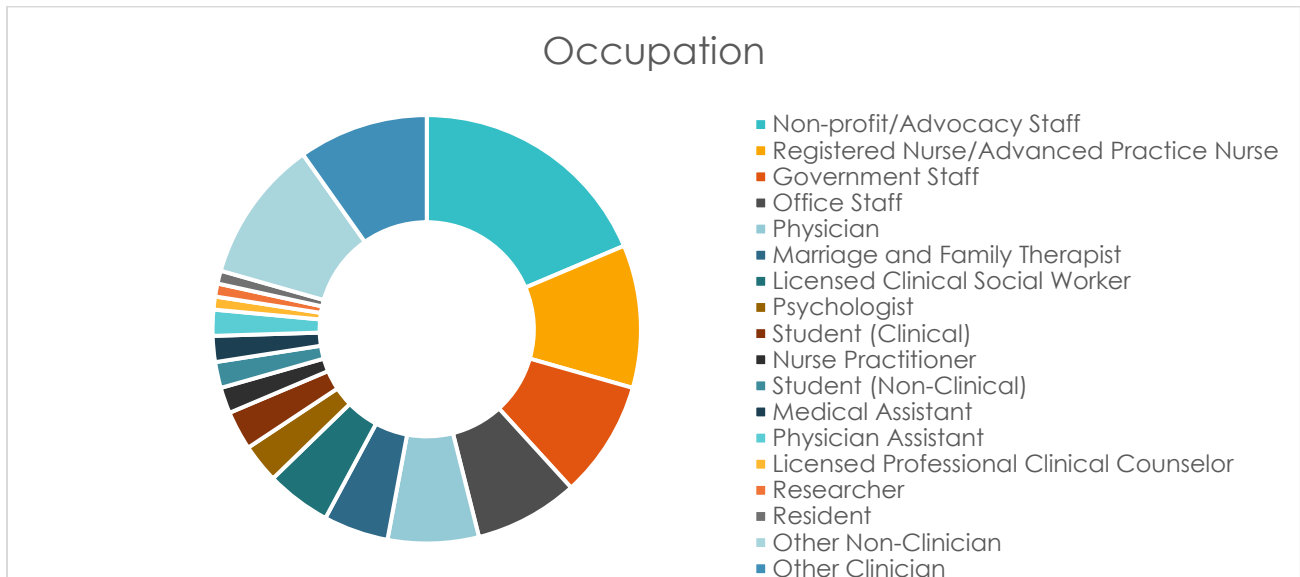
Grantees were also required to submit completed registration and evaluation data in their quarterly reports. The total number of completed registrations and evaluations in an ACEs Aware Core Training include:

- 154 individuals registered for a Core Training.
- 113 individuals completed an evaluation after attending a Core Training.

The following provides a summary of Grantee Core Training registration and evaluation results.

Grantee Core Training Registrant Characteristics³

Exhibit 1.1: Occupation/Provider Type and Area of Specialization



Occupation/Provider Type	Percentage
Non-profit/Advocacy Staff	19%
Registered Nurse/Advanced Practice Nurse	11%
Government Staff	9%
Office Staff	8%
Physician	7%
Marriage and Family Therapist	5%
Licensed Clinical Social Worker	5%
Psychologist	3%
Student (Clinical)	3%

³ Riverside County only submitted evaluation data and are not included in this analysis of registrants.

Occupation/Provider Type	Percentage
Nurse Practitioner	2%
Student (Non-Clinical)	2%
Medical Assistant	2%
Physician Assistant	2%
Licensed Professional Clinical Counselor	1%
Researcher	1%
Resident	1%
Other Non-Clinician	11%
Other Clinician	10%

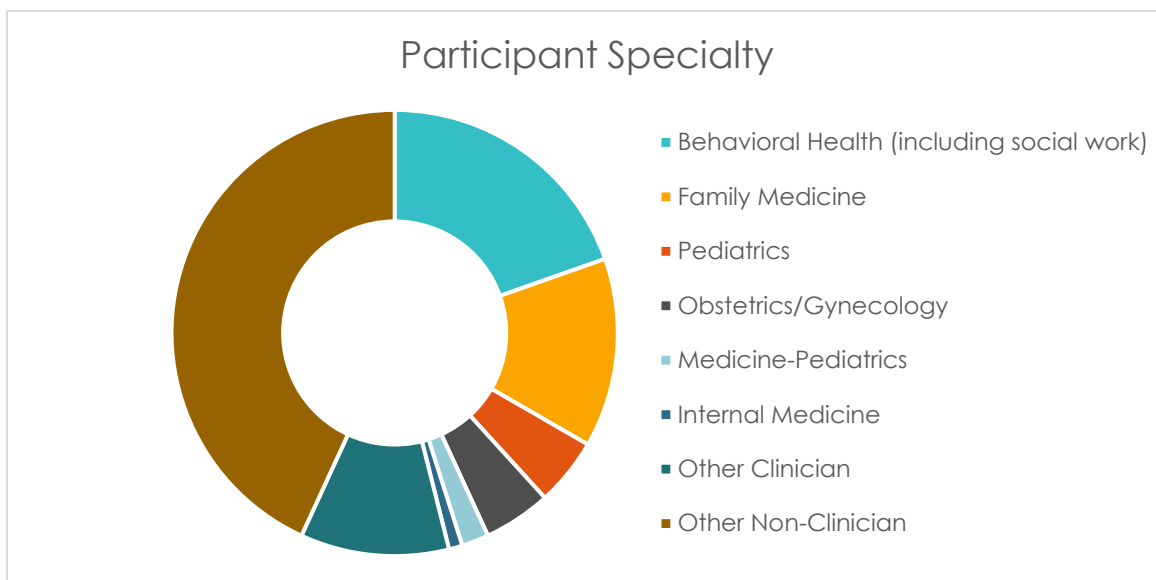
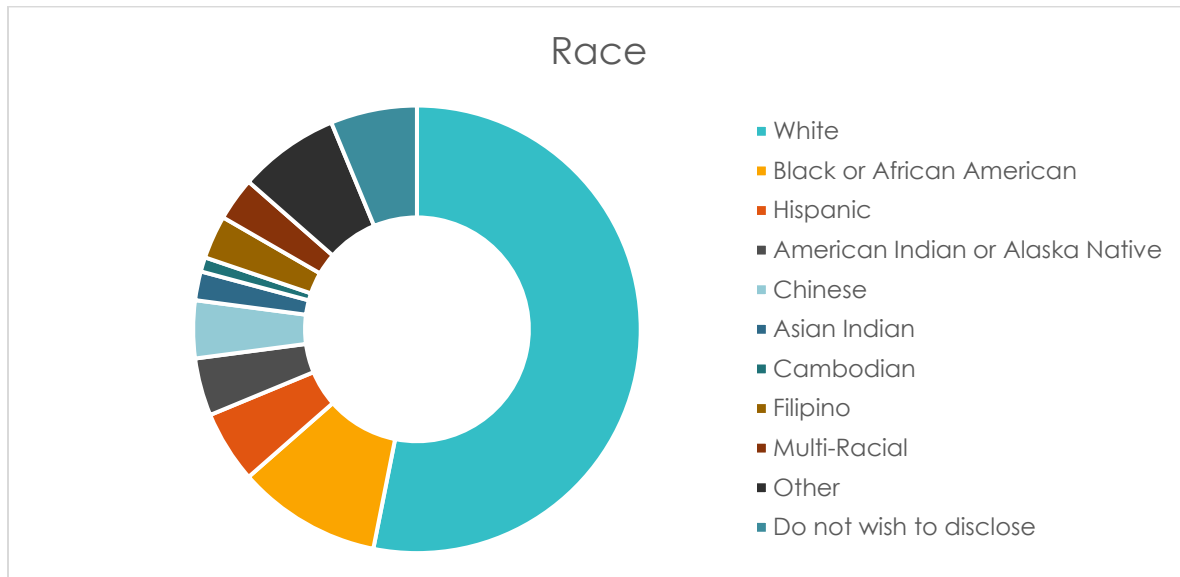
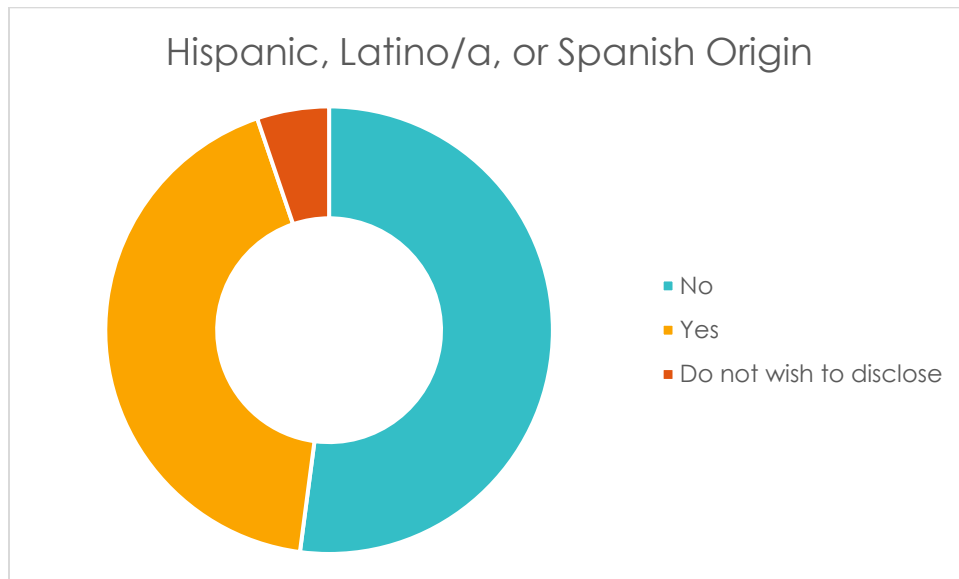


Exhibit 1.2: Race and Ethnicity



Race of Registrants	Percentage
White	56%
Black or African American	11%
American Indian or Alaska Native	4%
Chinese	4%
Asian Indian	2%
Cambodian	1%
Filipino	3%
Multi-Racial	3%
Other	8%
Do not wish to disclose	7%



Grantee Core Training Participant Characteristics

Exhibit 1.3: Primary Practice Setting

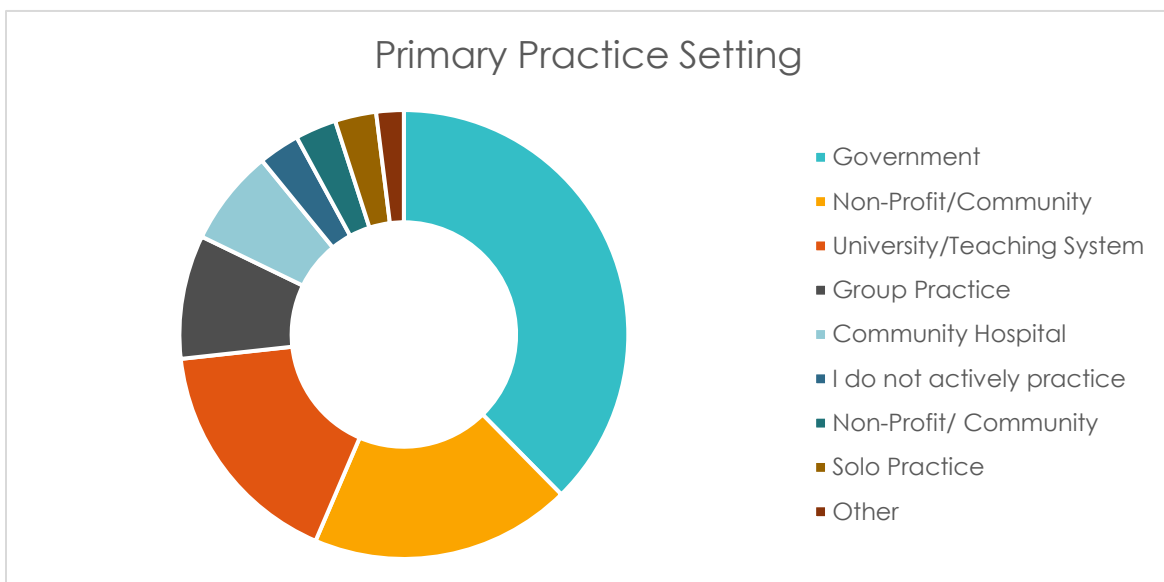


Exhibit 1.4: Length in Practice

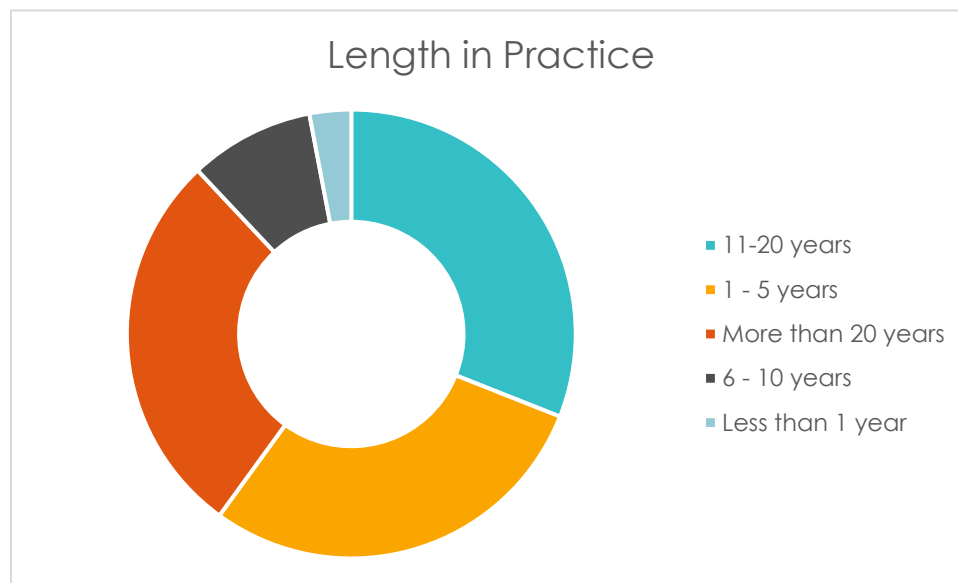


Exhibit 1.5: Learning Objectives

A majority of Core Training participants agreed or strongly agreed that the course met the following learning objectives:

- Defined ACEs, their prevalence, and their impacts on health, including underlying biological mechanisms (79%).
- Was evidence-based (84%).
- Identified how to introduce and integrate ACE screening into clinical care (81%).
- Enhanced their current knowledge base (91%).
- Was effective in presenting the material through cases (81%).
- Provided useful information to their practice (83%).
- Helped them apply the clinical algorithm for ACE screening and assessment for ACE screening and assessment for associated health conditions in creating a tailored treatment and follow-up plan (88%).

- Identified the Medi-Cal billing codes for administering ACE screening (86%).

Exhibit 1.6: Intent to Change Practice Behavior After Taking Training

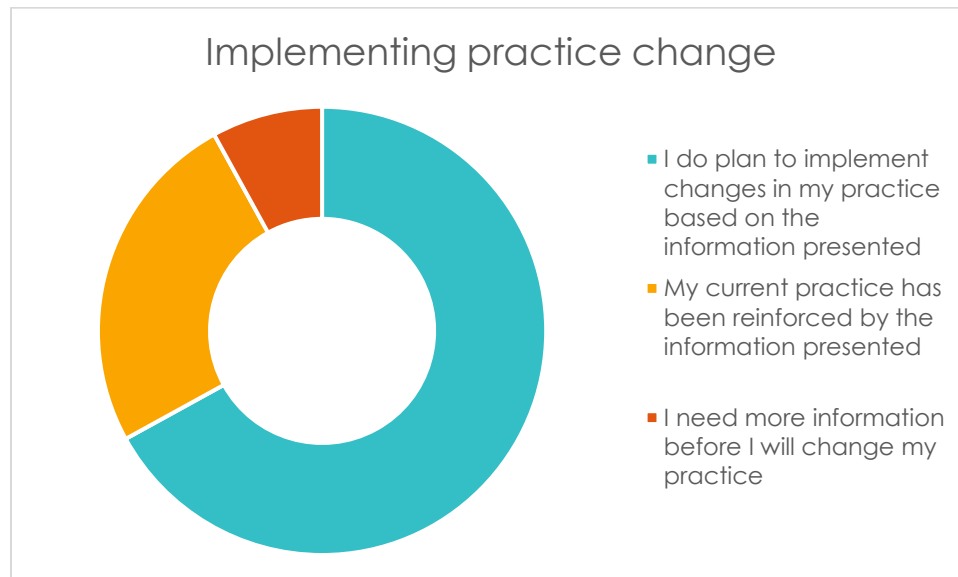


Exhibit 1.7: Type(s) of Practice Changes Intended to Implement After Taking Training

Participants were asked to report any practice changes they intend to make based on the session they attended. Participants indicated they would implement:

- Routine screening for ACEs in children (50%).
- Routine screening for ACEs in adults (50%).
- Applying a clinical algorithm on ACEs and toxic stress to guide patient care (41%).
- Change in treatment or management approach, based on ACEs score and toxic stress risk assessment (29%).
- Change in interprofessional team communication or collaboration, within team in primary clinical setting (27%).

- Change in current practice for referrals or linkages to treatment and support services (25%).
- Change in interprofessional communication or collaboration, for referrals and off-site partners (20%).

Exhibit 1.8: Anticipated barrier(s) to Implementing Practice Change(s)

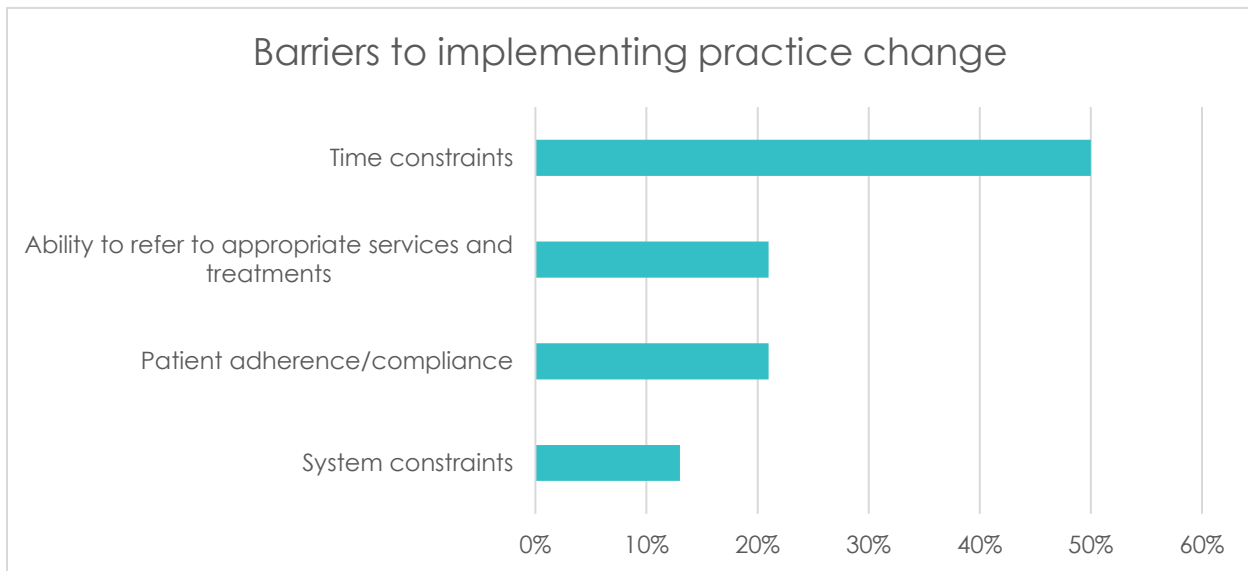
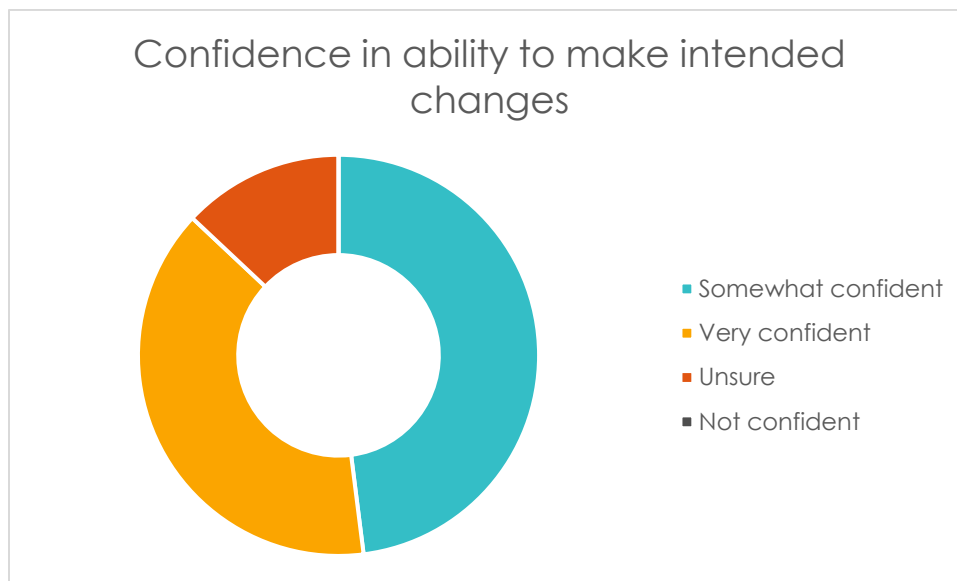


Exhibit 1.9: Confidence in Implementing Intended Practice Change(s)



Supplemental Trainings Summary

Grantees were surveyed and asked to self-report the total number of people who attended or completed their approved trainings through December 2021. In the survey Grantees reported:

- 4,168 completed a Grantee-developed Supplemental Training.

Grantees were also required to submit completed registration and evaluation data in their quarterly reports. The total number of completed registrations and evaluations in an ACEs Aware Supplemental Training include:

- 4,588 individuals registered for a Supplemental Training.
- 1,574 individuals completed an evaluation after attending a Supplemental Training.

The following provides a summary of Grantee Supplemental Training registration and evaluation results.

Supplemental Training Grantee	Registrants	Evaluations
American Academy of Pediatrics – Chapter 3	--	14
American Professional Society of the Abuse of Children	1,176	274
Children's Hospital Orange County	136	18
County of Humboldt DHSS – Public Health	52	7
First 5 Alameda County	438	190
First 5 Contra Costa	143	40
Futures Without Violence	17	
Kings County Department of Public Health	43	20
La Clinica de La Raza	17	17
Landon Pediatric Foundation	700	320
Montage Health Foundation	49	29
Northeast Valley Health Corporation	8	8
Redwood Community Health Coalition	203	193
Santa Rosa Community Health	98	56
Support for Families of Children with Disabilities	--	--
The Catalyst Center	305	108
Tri-City Mental Health	1,203	280
UCSF Fresno	--	--
Total	4,588	1,574

-- denotes missing data.

Grantee Supplemental Training Registrant Characteristics

Exhibit 2.1: Occupation/Provider Type and Area of Specialization

Occupation/Provider Type	Percentage
Registered Nurse/Advanced Practice Nurse	12%
Physician	10%
Non-Profit/Advocacy Staff	9%
Licensed Clinical Social Worker	8%
Marriage and Family Therapist	7%
Office Staff	6%
Government Staff	5%
Nurse Practitioner	3%
Psychologist	3%
Other Clinician	3%
Student (Non-Clinical)	2%
Student (Clinical)	1%
Licensed Professional Clinical Counselor	1%
Resident	1%
Researcher	1%
Physician Assistant	<1%
Medical Student	<1%
Certified Nurse Midwife/Licensed Nurse Midwife	<1%
Fellow	<1%
Other Occupation Types	27%

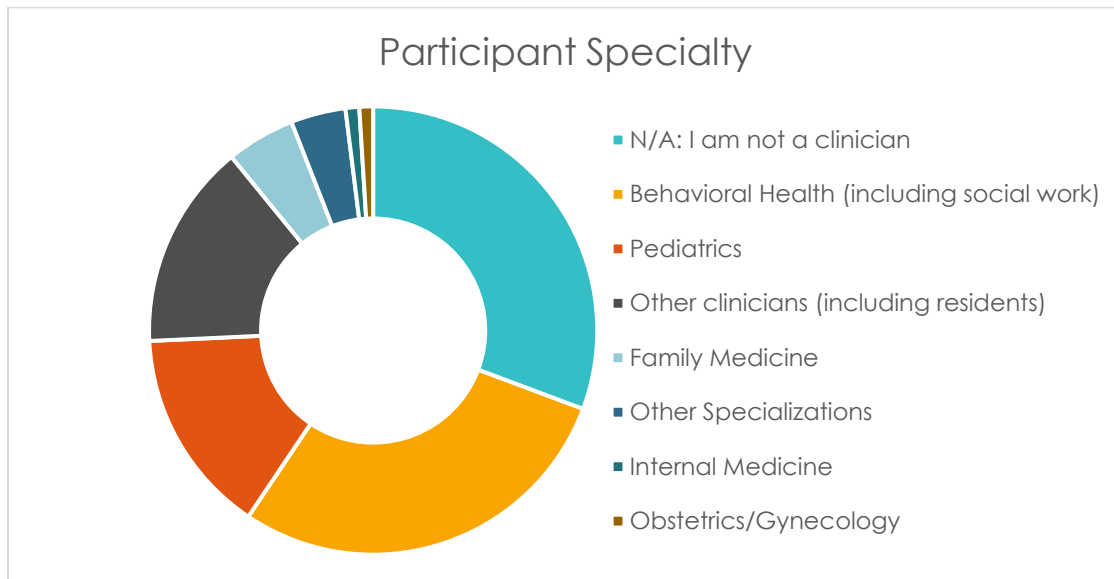


Exhibit 2.2: Race and Ethnicity

Race of Registrants	Percentage
White	53%
Black or African American	11%
Filipino	3%
American Indian or Alaska Native	2%
Asian Indian	2%
Chinese	2%
Korean	1%
Vietnamese	1%
Cambodian	<1%
Hmong	<1%
Japanese	<1%
Laotian	<1%
Native Hawaiian	<1%
Guamanian or Chamorro	<1%

Race of Registrants	Percentage
Do not wish to disclose	6%
Other	18%

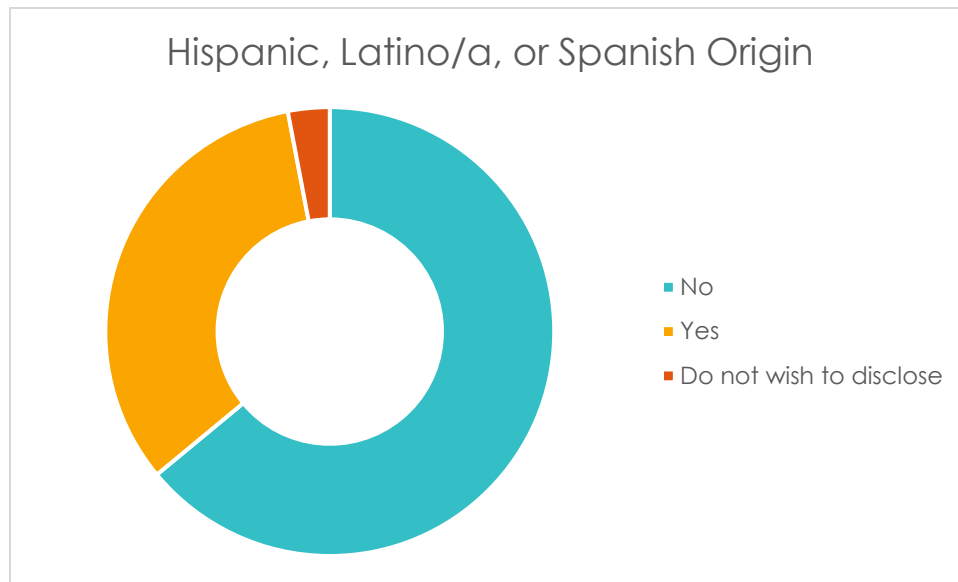


Exhibit 2.3: Core Training Completion Status Prior to Taking Training

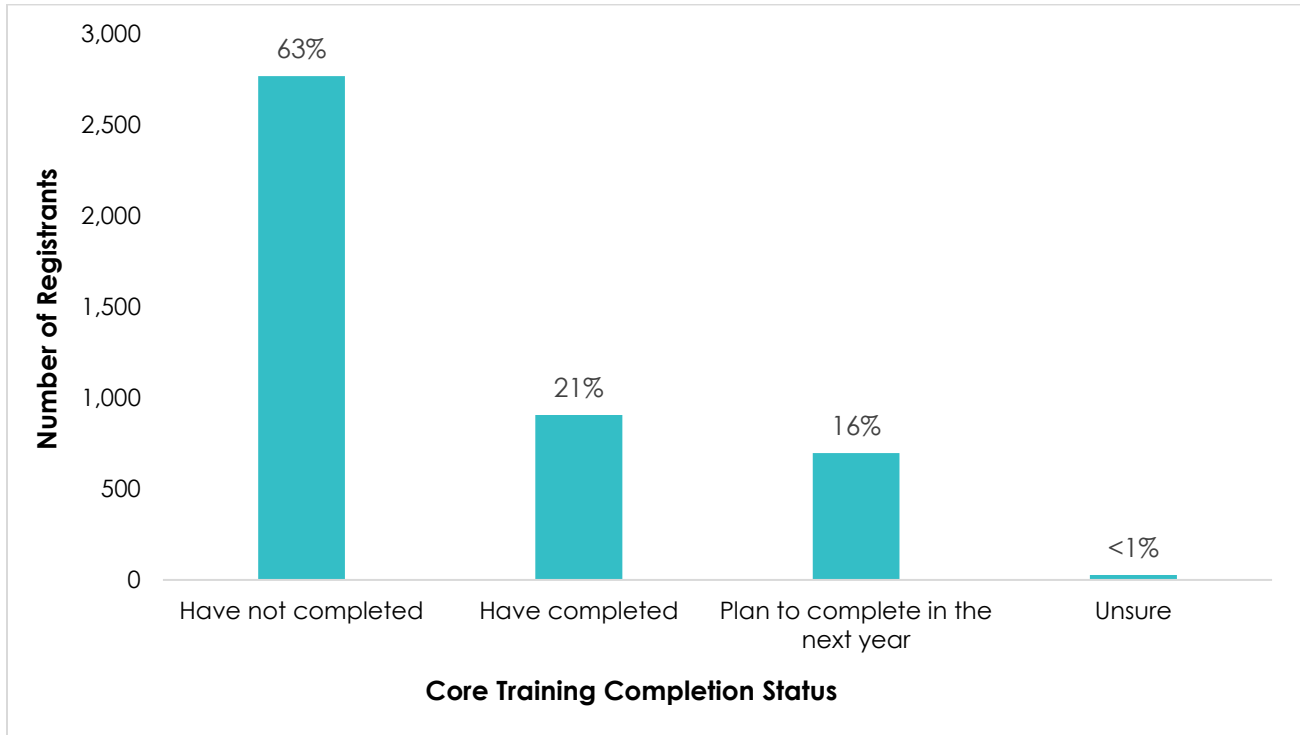


Exhibit 2.4: Attestation Status Prior to Taking Training

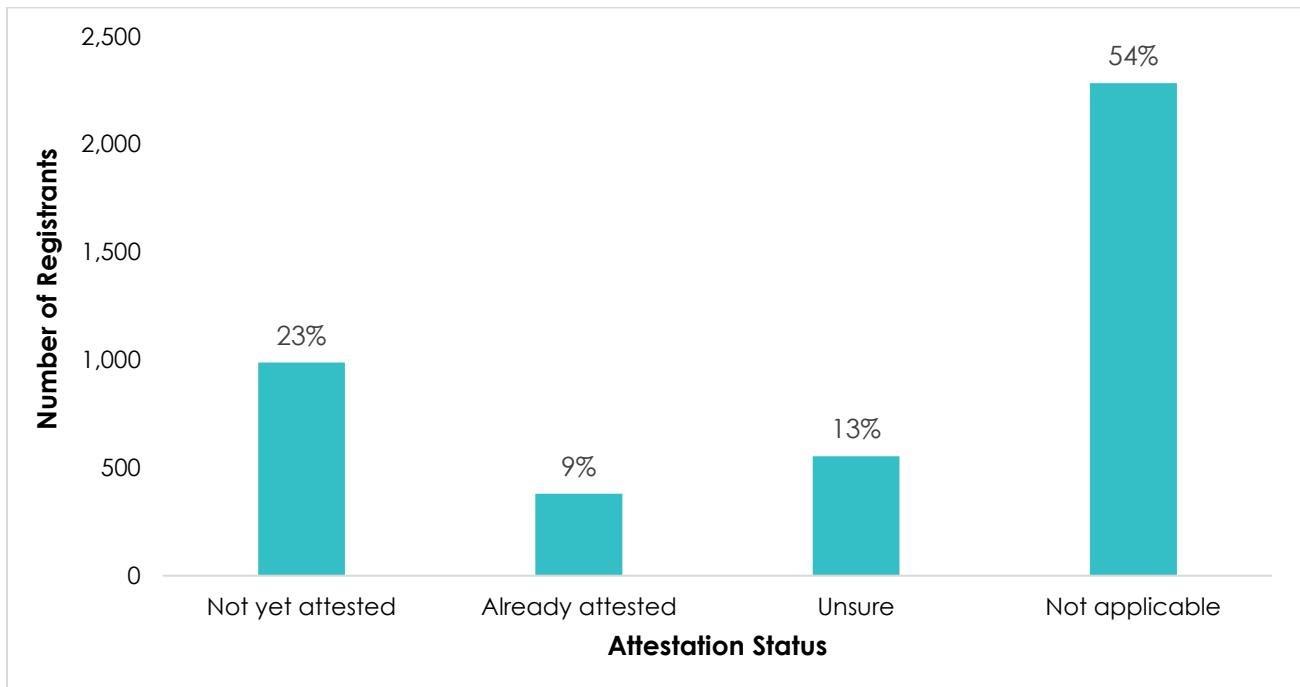
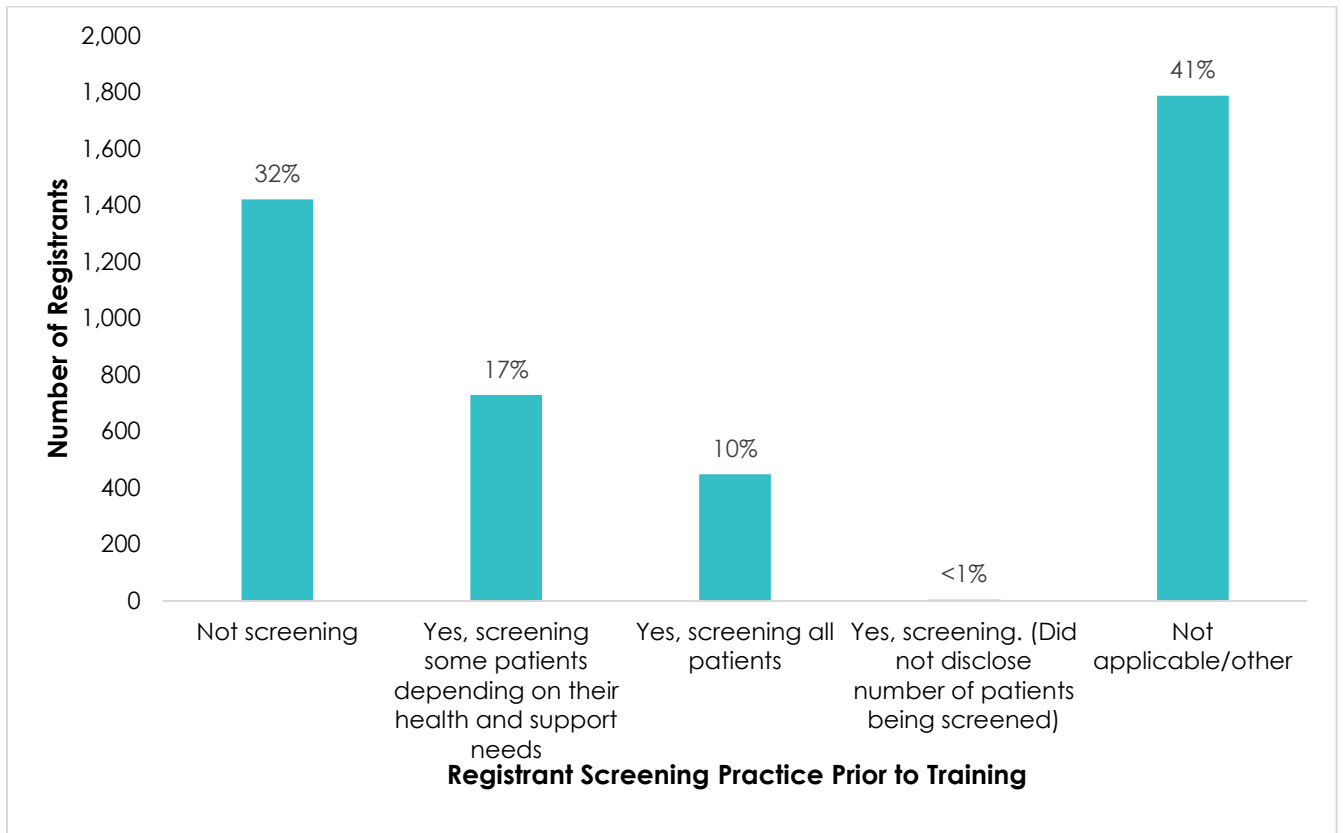


Exhibit 2.5: ACE Screening Practices Prior to Taking Training



Grantee Supplemental Training Participant Characteristics

Exhibit 2.6: Primary Practice Setting

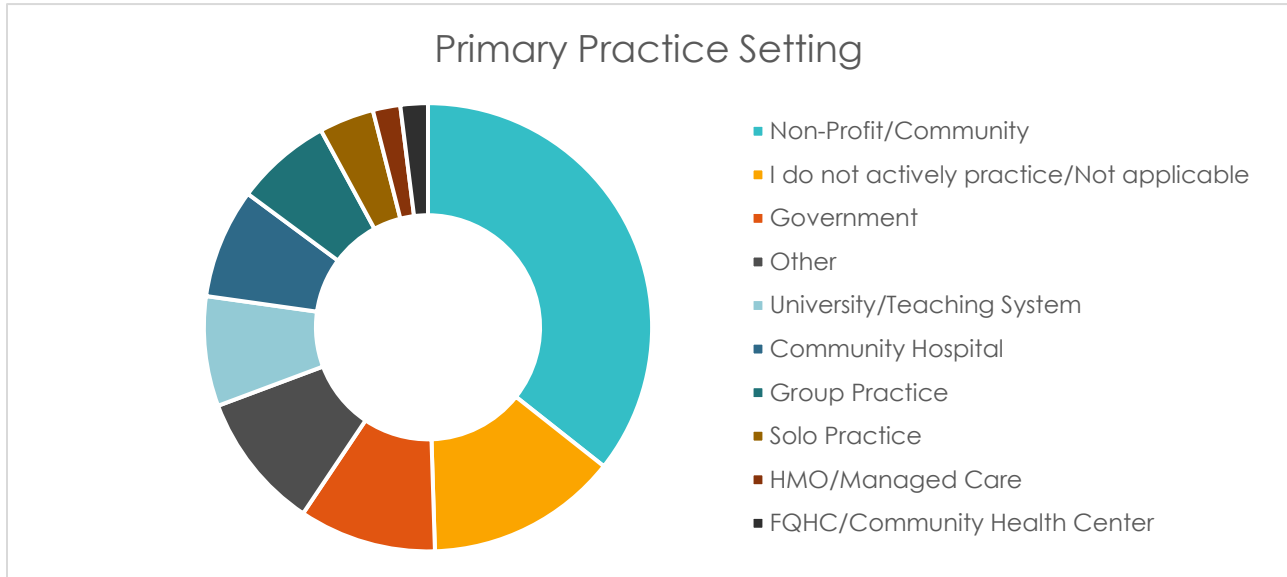


Exhibit 2.7: Length in Practice

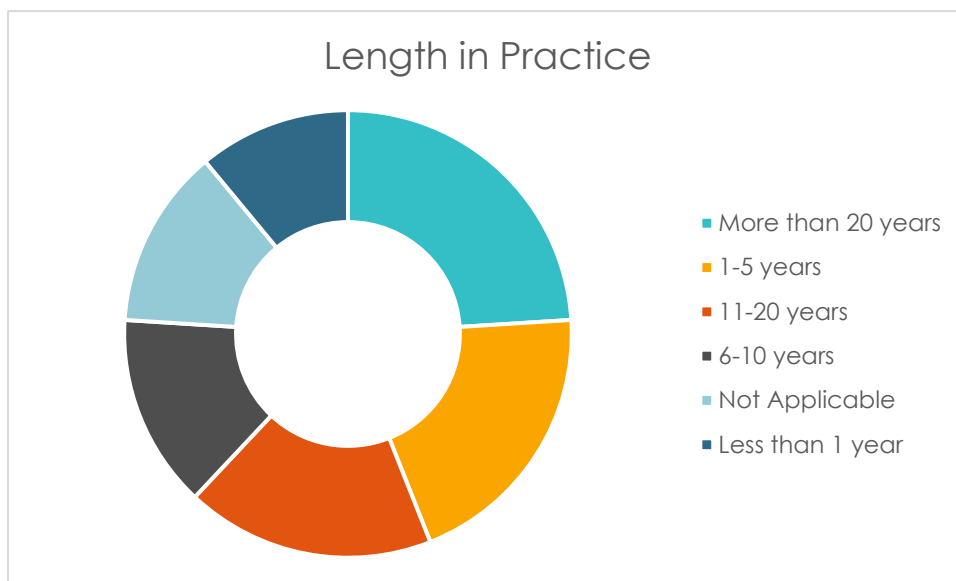


Exhibit 2.8: Patients Seen Per Week

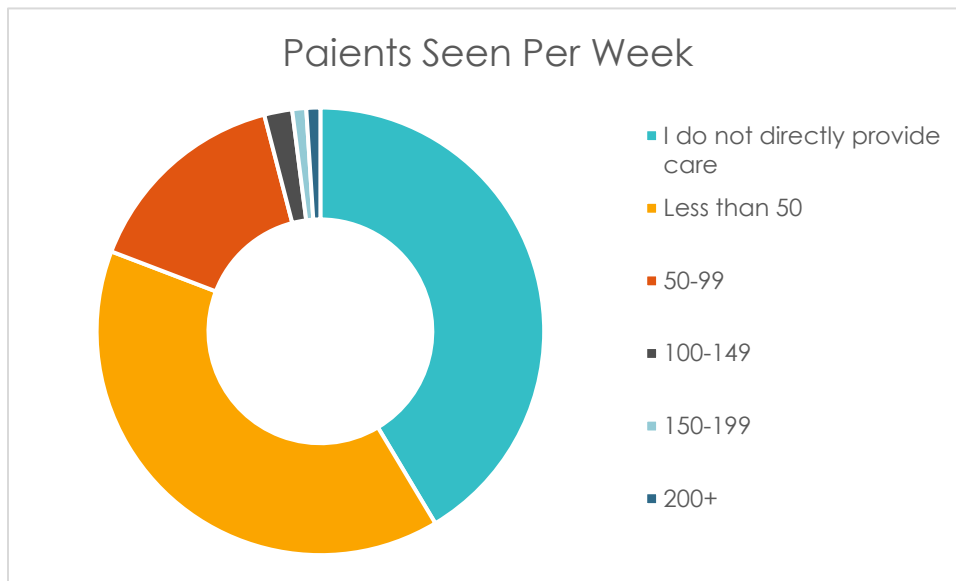


Exhibit 2.9: Proportion of Patients Being Screened for All 10 ACEs Prior to Taking Training

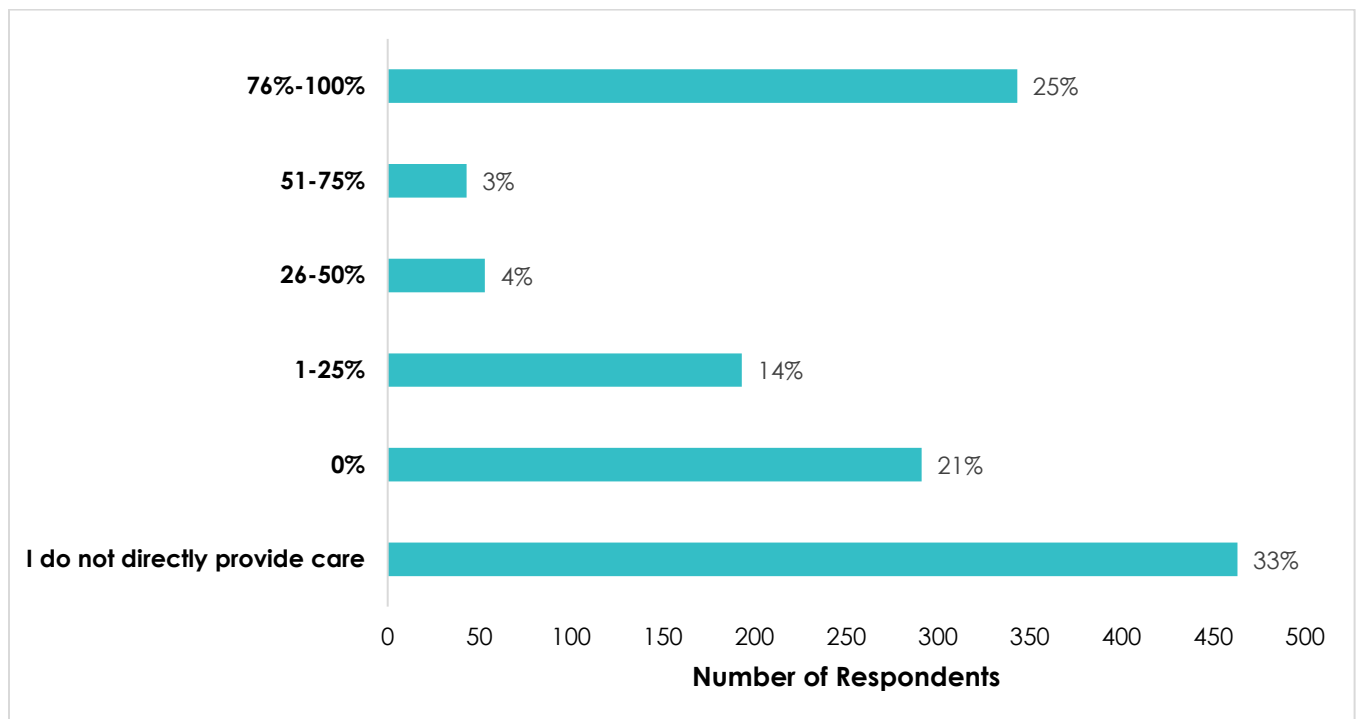


Exhibit 2.10: Learning Objectives

A majority of Supplemental Training participants agreed or strongly agreed that the course met the following learning objectives:

- Defined ACEs, their prevalence, and their impacts on health, including underlying biological mechanisms (94%).
- Was evidence-based (96%).
- Identified how to introduce and integrate ACE screening into clinical care (97%).
- Enhanced their current knowledge base (94%).
- Was effective in presenting the material through cases (93%).
- Provided useful information to their practice (93%).
- Helped them apply the clinical algorithm for ACE screening and assessment for ACE screening and assessment for associated health conditions in creating a tailored treatment and follow-up plan (93%).
- Identified the Medi-Cal billing codes for administering ACE screening (86%).

Exhibit 2.11: Intent to Change Practice Behavior After Taking Training

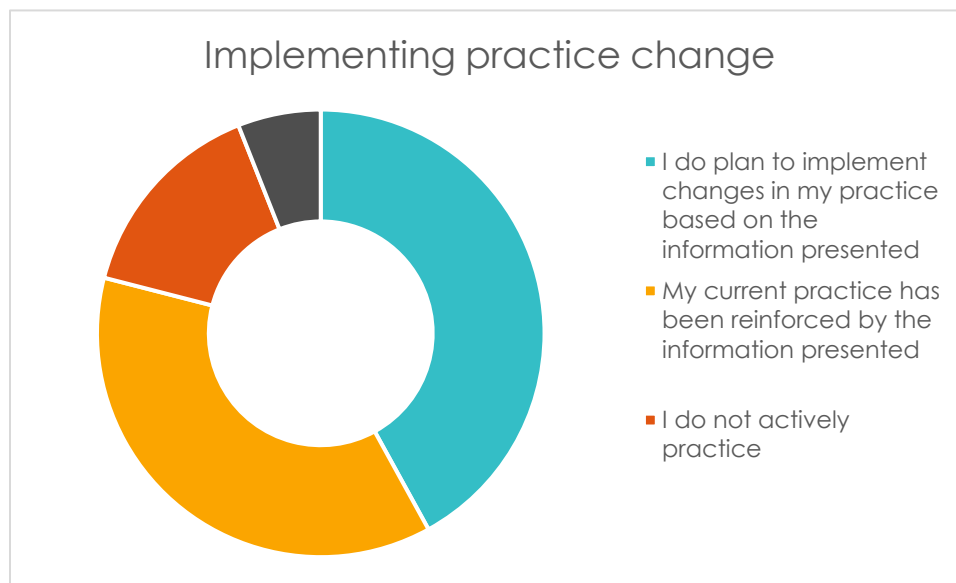


Exhibit 2.12: Type(s) of Practice Changes Intended to Implement After Taking Training

Participants were asked to report any practice changes they intend to make based on the session they attended. Participants indicated they would implement:

- Routine screening for ACEs in children (48%).
- Routine screening for ACEs in adults (34%).
- Applying a clinical algorithm on ACEs and toxic stress to guide patient care (28%).
- Change in treatment or management approach, based on ACEs score and toxic stress risk assessment (30%).
- Change in interprofessional team communication or collaboration, within team in primary clinical setting (30%).
- Change in current practice for referrals or linkages to treatment and support services (29%).

- Change in interprofessional communication or collaboration, for referrals and off-site partners (25%).

Exhibit 2.13: Anticipated barrier(s) to Implementing Practice Change(s)

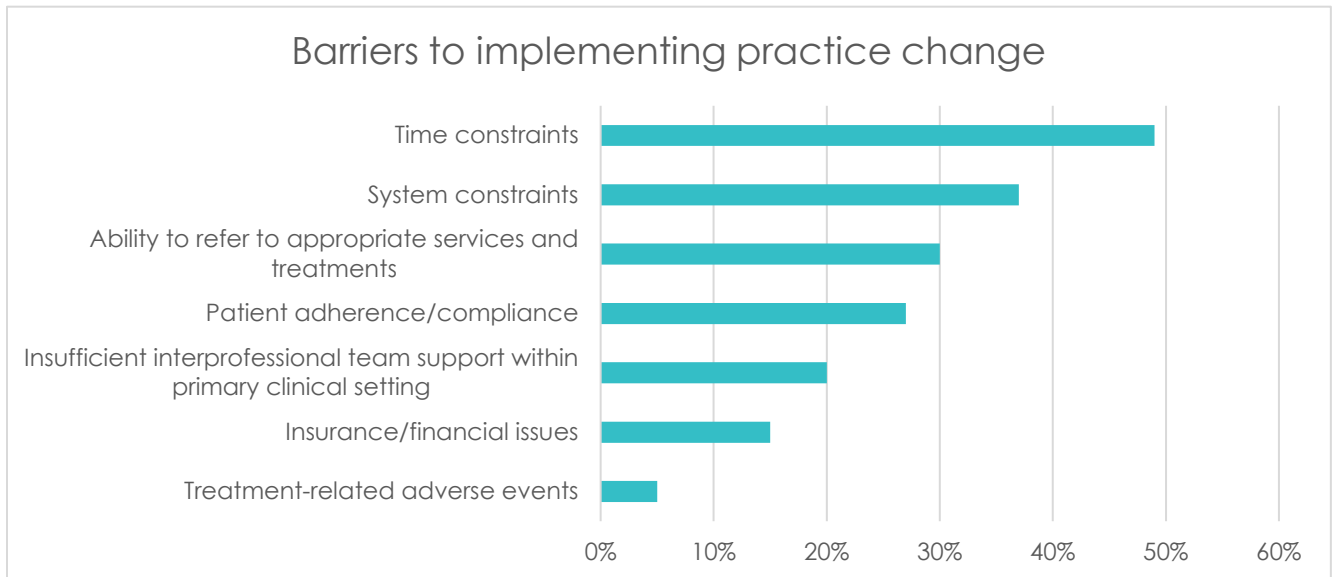
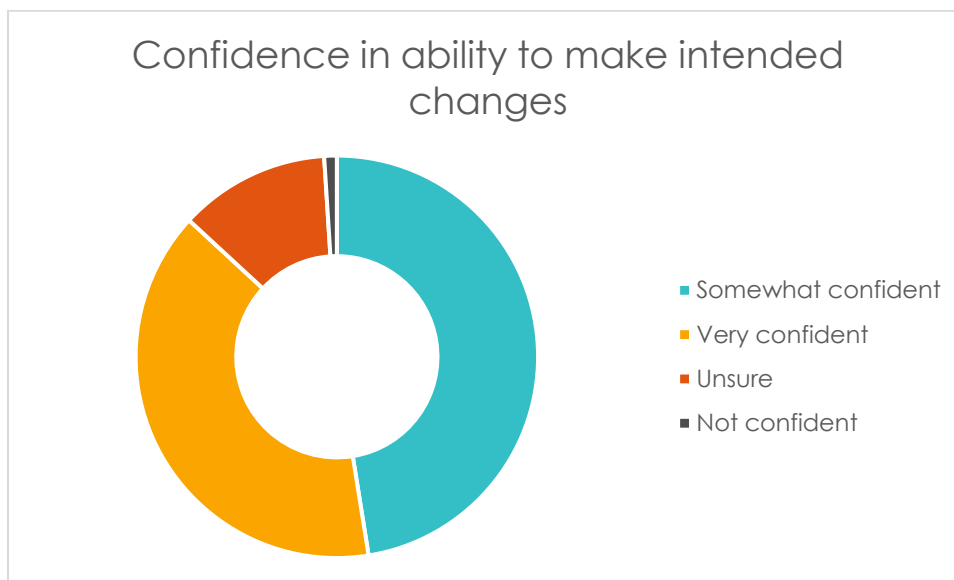


Exhibit 2.14: Confidence in Implementing Intended Practice Change(s)



Appendix D Provider Engagement Grantee Survey Results

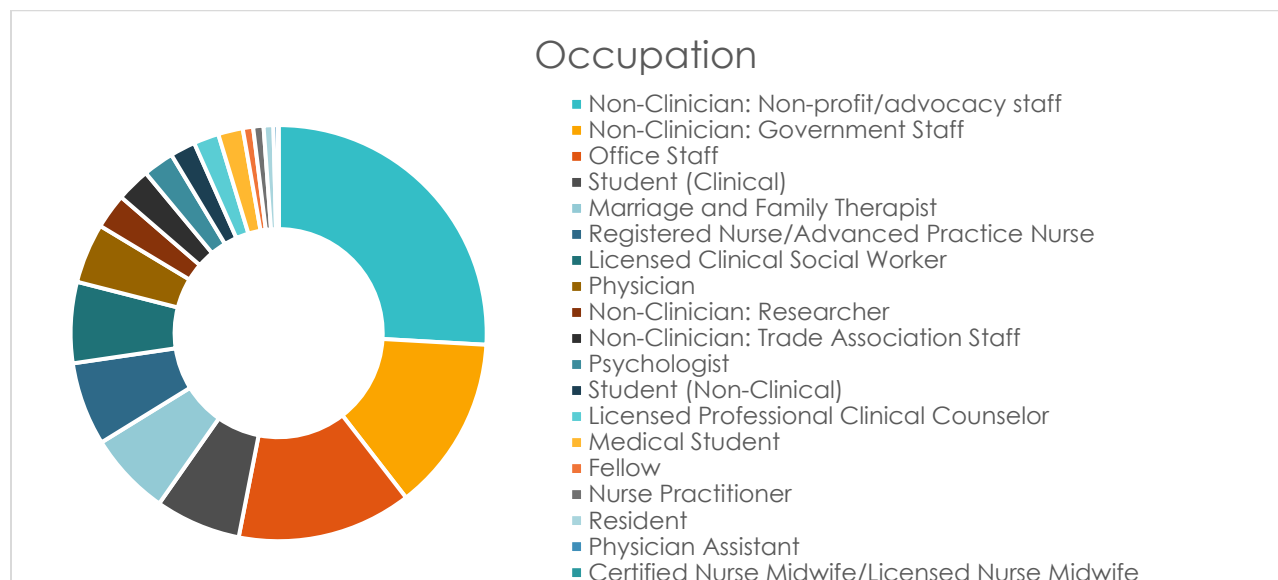
Grantees awarded funding to conduct Provider Engagement, Peer-to-Peer, and Network of Care activities were required to administer a standardized survey to participants following each session. Between January 6, 2021 – December 22, 2021, a total of 2,240 participants completed the survey.

The following illustrates the progress of ACEs Aware grantees in engaging clinicians and network of care members. It summarizes the characteristics of individuals who participated in sessions and explores the effectiveness of the sessions as reported in participant evaluations.

Participant Occupation/Specialty

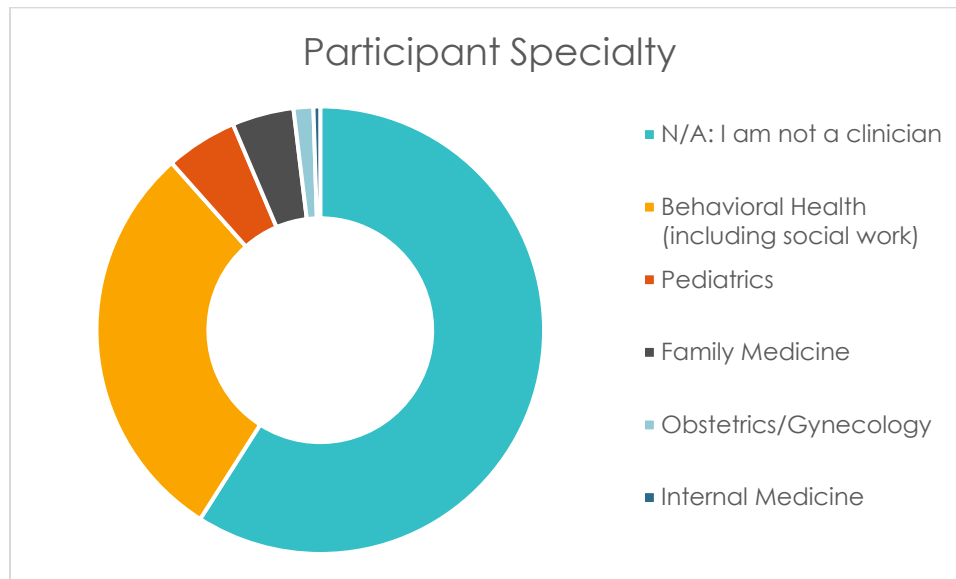
The survey asks for information about participants and their practices.

- The largest group of participants represented non-profit/advocacy organizations (26%), government staff (14%) and office staff (14%).
- Physicians represented 5% of participants.

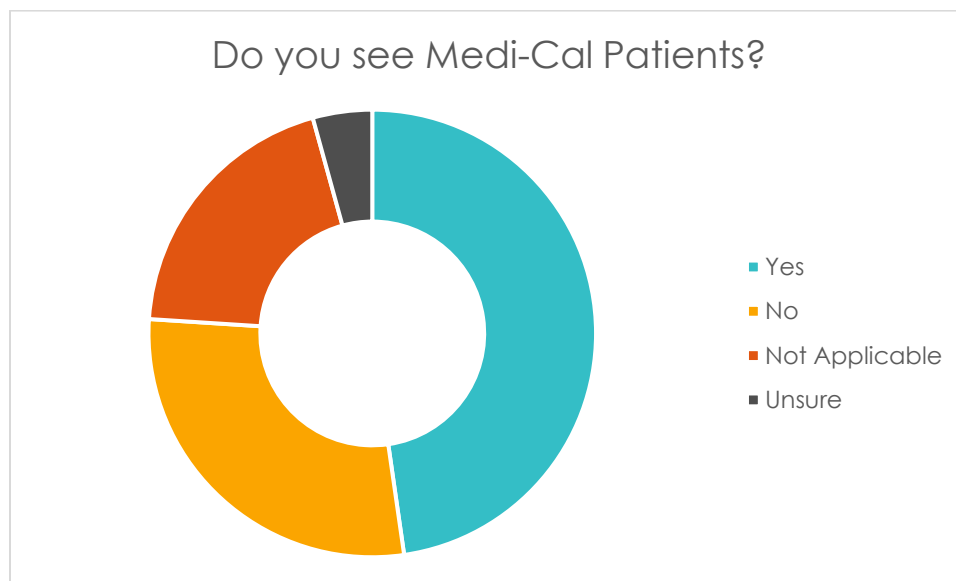


Occupation	Number of Responses
Non-Clinician: Non-profit/advocacy staff	580
Non-Clinician: Government Staff	305
Office Staff	304
Student (Clinical)	149
Marriage and Family Therapist	145
Registered Nurse/Advanced Practice Nurse	145
Licensed Clinical Social Worker	141
Physician	104
Non-Clinician: Researcher	61
Non-Clinician: Trade Association Staff	59
Psychologist	54
Student (Non-Clinical)	44
Licensed Professional Clinical Counselor	44
Medical Student	43
Fellow	18
Nurse Practitioner	18
Resident	17
Physician Assistant	8
Certified Nurse Midwife/Licensed Nurse Midwife	1

While most participants were not clinicians (59%), 29% specialize in behavioral health, and 12% specialize in pediatrics, family medicine, obstetrics/gynecology, or internal medicine.



Almost half (48%) reported that they see Medi-Cal patients. 28% reported they do not, and 24% reported N/A or not sure.



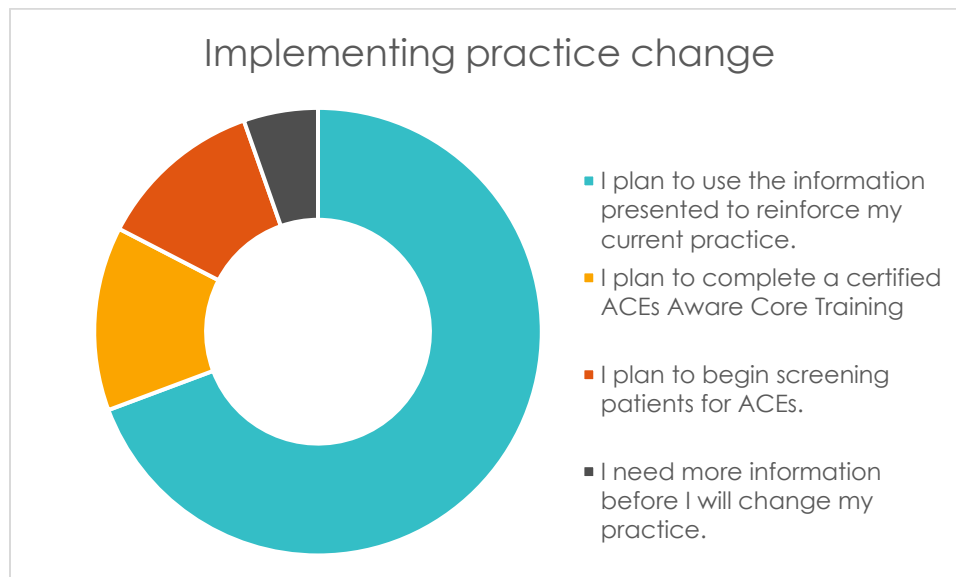
Of those that identified as clinicians, 58% report seeing Medi-Cal patients and 25% report they do not see Medi-Cal patients. Behavioral health and internal medicine providers were the less likely to report seeing Medi-Cal patients (52% and 27% respectively), while obstetrics/gynecology, pediatrics, and family

medicine providers were more likely to see Medi-Cal patients (84%, 76%, and 74% respectively).

Implementing Practice Change

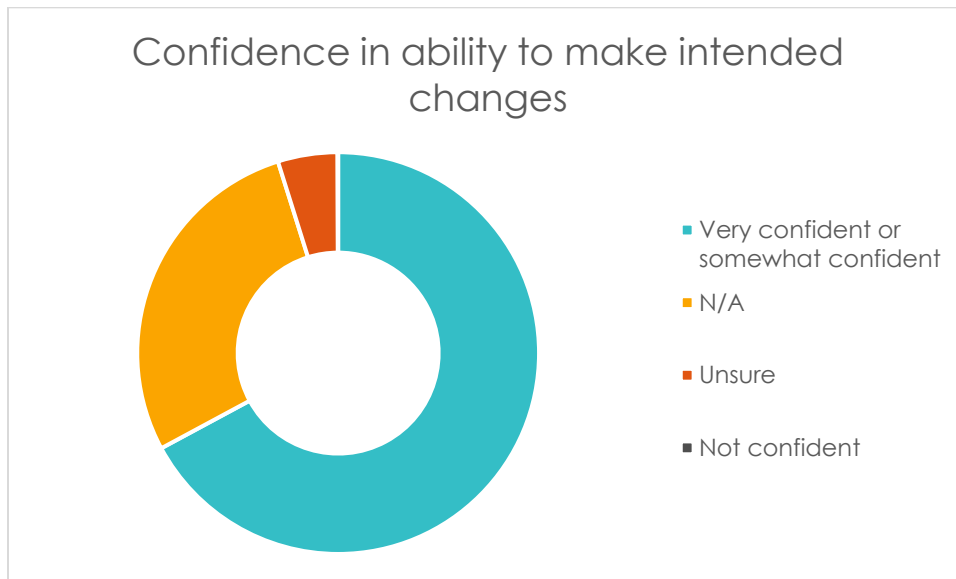
Participants were asked to report any practice changes they intend to make based on the session they attended. Of the 1,339 participants who answered the question:

- 69% indicated the information presented reinforced their current practice;
- 13% planned to complete a certified ACEs Aware Core Training;
- 12% planned to begin screening for ACEs; and
- 5% indicated needing additional information before changing their practice.



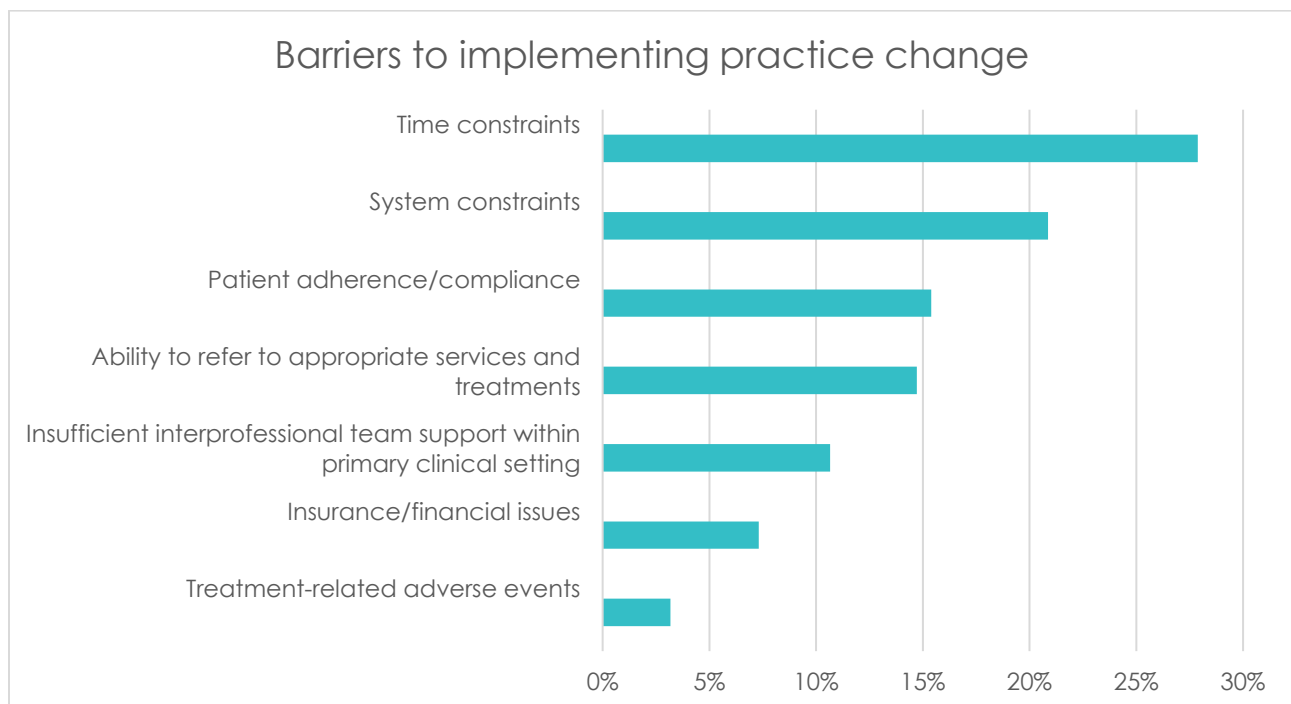
Confidence in Ability to Make Intended Changes

Most (67%) reported being somewhat or very confident that they would be able to make their intended changes. Only 1 individual answered they were “Not Confident” and the remainder answered “N/A” or “Unsure.”



Barriers to Implementing Practice Change

Time constraints (28%) and system constraints (21%) were most commonly chosen as anticipated barriers to implementing change.



Learning Outcomes

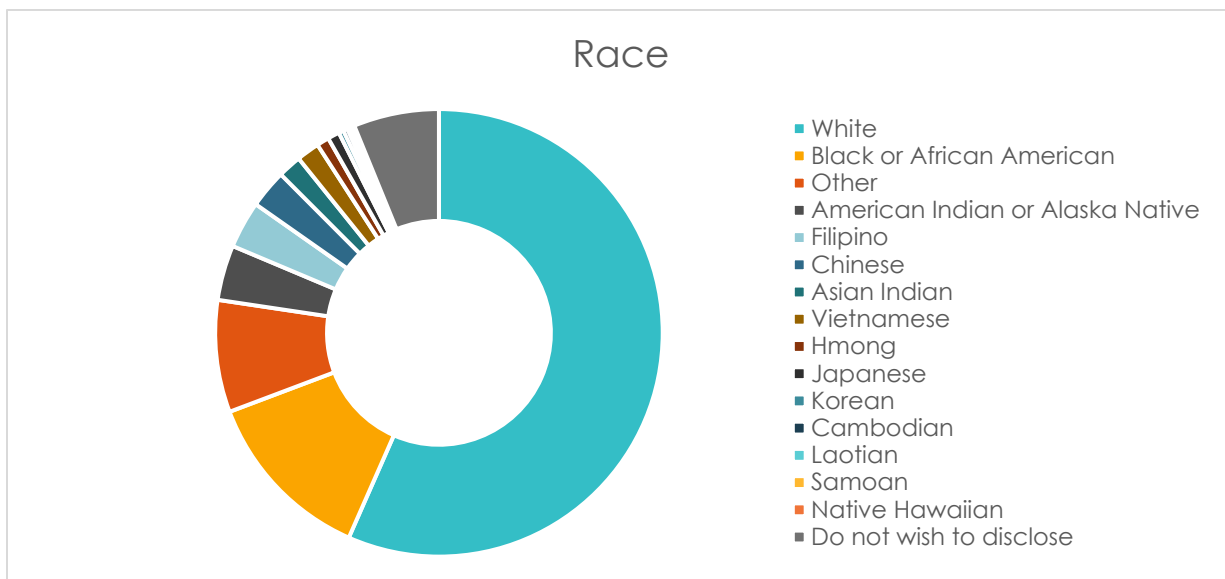
The vast majority of individuals who participated agreed or strongly agreed that the session met the following learning objectives:

- Enhanced their current knowledge base (96%);
- Provided useful information for their work (95%) and
- Informed them about ACEs and toxic stress, trauma-informed care, and resiliency (92%).

Participant Demographics

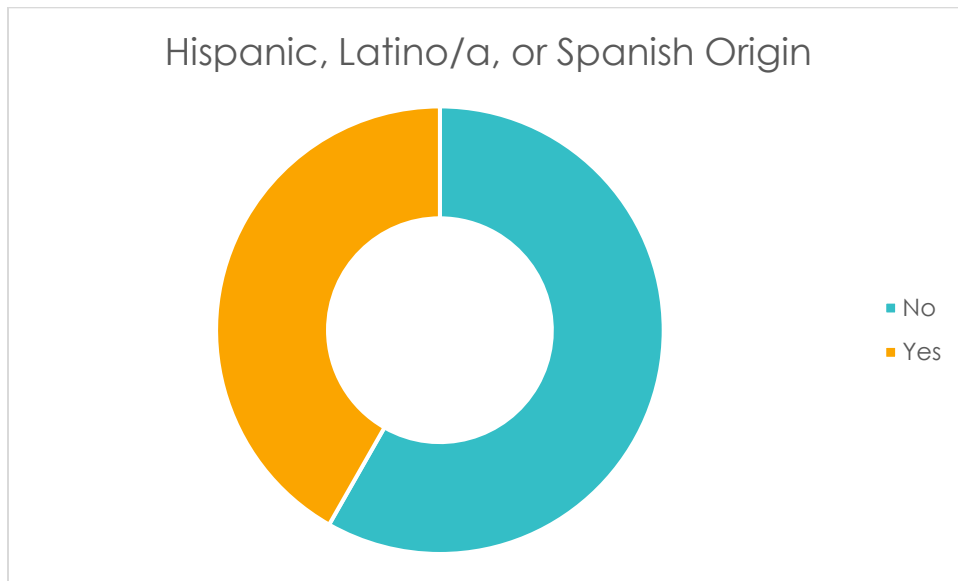
The survey collects information on participant race and Hispanic, Latino/a, or Spanish origin.

The majority of participants were white (57%) and 13% percent were Black. Eight percent identified as another category not listed in the survey and 6% elected not to disclose. Please see below for a breakdown of all responses.



Race	Number of Responses
White	1,265
Black or African American	283
Other	181
American Indian or Alaska Native	89
Filipino	76
Chinese	62
Asian Indian	38
Vietnamese	37
Hmong	20
Japanese	19
Korean	8
Cambodian	7
Laotian	5
Samoaan	5
Native Hawaiian	2
Do not wish to disclose	138

Forty-two percent of survey respondents indicated Hispanic, Latino/a, or Spanish origin.



Most participants were from California. Nearly 200 participants joined from 32 other states. Thirty-eight participants were from other countries, including Canada, the United Kingdom, Puerto Rico, and Austria.

Appendix E

Communications Grantee Summary of Results

Grantees awarded funding for communication activities were required to submit quarterly reports that provided details on content development, descriptions of strategic partnerships, summaries of best performing content, and results of targeted communication strategies.

Highlights of Communications Grantee results include:

- Over 1.2 million people reached through email blasts and newsletters;
- 20 billboards, some that remained up as long as a year;
- 452 informational presentations given to over 9,000 people;
- 48 podcasts developed and available online;
- 138 videos produced; and
- Over 100 blog posts and targeted web content developed.

Grantees often involved members of their community in informing their communications strategies and developing content. For example, **Sacramento County Office of Education** administered a survey in both English and Spanish to inform the development of key messages about ACEs for Sacramento County. The [digital ads](#) that followed were highly targeted, with geofencing used to filter key audiences from the general population.

In several communities, Grantees came together in their region to ensure their shared audience of clinicians were not inundated by developed content. **American Academy of Pediatrics – California Chapter 3** created a strategic partnership with the **YMCA/San Diego** and the **San Diego State University Social Policy Institute** to produce an E-book, *Buffering the Effects of Adverse Childhood Experiences* (in [English](#) and [Spanish](#)); and on the creation of a video (in [English](#) and [Spanish](#)) which provides an overview of ACEs and toxic stress, and how protective connections can help.

Another example of a strategic regional partnership was the collaboration between **Orange County Department of Education (OCDE)**, **Children’s Hospital of Orange County**, and the **American Academy of Pediatrics Orange County Chapter**. Over the course of the grant period, the OCDE team worked with their partners to publish 14 pieces of ACE-related content including [social media](#) posts that brought awareness to ACEs and the importance of trauma-informed care.

Grantees across the state reported successful communications campaigns and broad reach. **First 5 San Bernadino** attributes the wide reach of its ASK [video](#) to its inclusive, clear, actionable steps for families to take in response to ACEs and toxic stress.

Results of Targeted Strategies

Grantees were also required to monitor and report results of their targeted communication strategies. The following sections highlight the diverse methods Grantees used in their targeted Communications campaigns.

Social Media, Websites, Blogs, and Videos

Digital mediums played an important role in making California ACEs Aware during the pandemic. Grantees were not able to host the in-person learning collaboratives, convenings, and trainings they originally planned for. Instead, social media became an important vehicle to drive digital content developed by Grantees. Grantees published over 2,000 social media posts, which resulted in:

- 1,334,560 million impressions (the number of times content was displayed to the target audience);
- 647,873 reaches (the number of unique people reported to have seen, or “reached,” by the content); and
- 57,553 engagements (the number of unique people who engaged with the content through shares, likes, or comments).

Grantees used social media to encourage people to engage in other created content including websites and blog posts. **The Hanna Institute** created [bite-](#)

[sized audio](#) on some of the most pressing topics surrounding ACEs, such as racial trauma, oppression, and the impact of white supremacy.

Other Grantees developed comprehensive communication strategies designed to connect activities across their provider engagement and supplemental training activities. **First 5 Contra Costa** developed [video](#) content featuring personal stories about integrating trauma-informed practices into their daily lives, while their [website](#) and [online hub](#) supported the development of their Network of Care.

The Catalyst Center collaborated with the National Council for Wellbeing (formerly known as the National Council for Behavioral Health) to conduct a comprehensive campaign centered in the voice of community. Their strategy included a [blog series](#) recognizing ACE champions for their achievements in community, state, and federal advocacy.

Over 100 videos were created by Grantees which were used in social media posts, trainings, and other engagement events. The **Sacramento County Office of Education** partnered with Help Me Grow Sacramento to develop the *Every Child Can Become a Success Story* [video](#) which has been viewed in its entirety by over 100,000 people.

Newsletters and Email Blasts

Grantees used a variety of promotional efforts to amplify content that was not only accessible but connected with physicians. The **California Medical Association** used their existing [communication platforms](#) to share resources, collaborate, and engage physicians. For example, their email blasts reached over 360,000 association members with an open rate of 24.5%.

The **California Academy of Family Physicians (CAFP)** monitored the analytics of email, website, and social media content and found all were effective strategies for engaging with their members. As an effort to overcome challenges in engaging with physicians who were heavily impacted by the pandemic, CAFP incorporated messaging about resources to help providers manage their stress into their communications. CAFP continues to maintain their [Family Medicine Initiative on Trauma-Informed Care website](#) as a resource for family physicians.

Grantees reported tying their messaging to their COVID-19 communications to increase exposure. For instance, **Eden I&R** included information about ACEs Aware in their [newsletter](#) that included information about local COVID-19 testing.

Podcasts and Paid Media — Billboards, Print, and Radio

Grantees used innovative techniques to amplify ACEs Aware content, including several who created successful podcasts. **Saint Agnes Medical Center**, in partnership with Every Neighborhood Partnership, worked to raise awareness about the effects of ACEs. The organizations hosted a popular [podcast](#) called Delusional Optimism focused on maximizing resilience and teaching practical tips for integrating trauma-informed practices into everyday life.

Owens Valley Career Development created an 8-episode [podcast series](#) where they invited community members to sit down for candid conversations about subjects related to ACEs. The group is working with the local Tribal radio station to air the series. Through their extensive Communications campaign, they also created a [visual resources list](#) for community members and a film about [Rural Resilience](#).

Merced County Office of Education immediately collaborated with **ACE Overcomers** to maximize their communication funds which resulted in numerous communication efforts, including five billboards rotating throughout Merced County from December 2020 through September 2021. They also collaborated on advertisements which ran on four local radio stations (three on English radio and one on Spanish radio). Examples of the billboards can be found on the [ACE Overcomers Year in Review](#).

Entities in small and rural areas developed creative methods like using local radio shows to play advertisements and taking community listener questions. Results from these methods were used to inform subsequent strategies including billboard and bus ads. **First 5 San Benito** used imagery on billboards that later became the symbol for their Network of Care — the [San Benito Resiliency Network](#).

First 5 Modoc effectively conducted a communications campaign focused on medical providers, local service agencies, and the community at large using

print media. Local advertisements were published in both English and Spanish and reached over 2,763 local readers weekly.

The ACEs Aware Training, Provider Engagement, and Communications grant program was designed to fund a range of activities to inform and educate Medi-Cal providers about the importance of screening for ACEs and toxic stress and responding with trauma-informed care. The highlighted results of the Communication grants represent only a fraction of work completed under the Round 1 grant program but demonstrate the impact funding and the work Grantees had on making California ACEs Aware.