

California's ACEs Aware Program & the Urgent Need for Trauma-Informed Care

California's children and families, especially those from historically marginalized communities, are facing multiple and escalating threats to their health and well-being: the federal administration's use of anti-immigrant rhetoric, policies and actions; the devastating fires in Los Angeles that threaten to deepen the state's housing crisis for hundreds of thousands of children and families, including those from historically redlined Black communities in Altadena; and the ongoing uncertainty of an increasingly challenging economy disproportionately impacting families of color and low-income families.

The Medi-Cal provider payment for Adverse Childhood Experiences (ACEs) screenings is an important state investment in upstream prevention by identifying children who may be at risk for poor outcomes, without waiting for the child to display symptoms of distress. However, a screening is not itself an intervention service on its own.



The full value of screening children for ACEs is realized when a provider trained on the physiological effects of trauma and adverse experiences can appropriately educate families on screening results, and a community-based system of care is rapidly recruited to support a trauma-informed response to both clinical and social needs uncovered in the screening.

For infants and toddlers, ACEs screenings could serve as more direct pathways to infant and early childhood mental health support, [such as dyadic care/family therapy](#) and [Enhanced Care Management](#).

Such systems require a sustained commitment to ensure the necessary shifts in practice and culture are made to achieve a coordinated partnership between health, human services, education and non-profit sectors that fully embraces the collective wisdom of the communities they serve and leverages children and families' protective factors in culturally responsive healing.

We strongly urge the Newsom administration to restore \$25 million in state funds, to be matched with \$25 million in federal funds, for a full program investment of \$50 million in the ACEs Aware initiative for the 2025-2026 fiscal year.

The following brief summarizes ACEs and their effects on child well-being and long-term adult health, as well as the impacts of the ACEs Aware initiative and the opportunity to truly transform California's Medi-Cal program.

What Are ACEs? Unpacking the Early Adversities That Shape Lifelong Outcomes

Adverse Childhood Experiences (ACEs) are traumatic events or circumstances before the age of 18 that disrupt a child's development and impact mental and physical health into adulthood.

ACEs are divided into 10 categories across three domains:

1. Child abuse

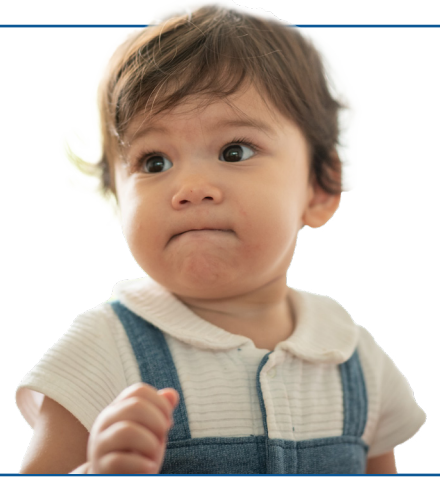
Physical, emotional or sexual

2. Neglect

Physical or emotional

3. Household challenges

Growing up in a household where the impacts of incarceration, mental illness, substance misuse or dependence, parental separation or divorce, or intimate partner violence are present.¹



ACEs are deeply connected to the social-emotional development of young children, often leading to mental health and behavioral challenges later in life.² ACEs are cumulative, meaning that the more adversities a child experiences, the greater their likelihood of poor outcomes, including chronic disease, mental illness and substance use disorders. Individuals with ACEs are also more likely to face educational disparities, unemployment and involvement with the legal system, creating a cycle of systemic challenges as a result of inequities.



Prevalence of ACEs in California - Adults¹



72%
have experienced
at least 1 ACE



20%
have experienced
4 or more ACEs

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



34%
have experienced
at least 1 ACE



4%
have experienced
4 or more ACEs

3

From Childhood Adversity to Lifelong Health Challenges: How ACEs Disrupt Biological Systems and Drive Long-Term Risks

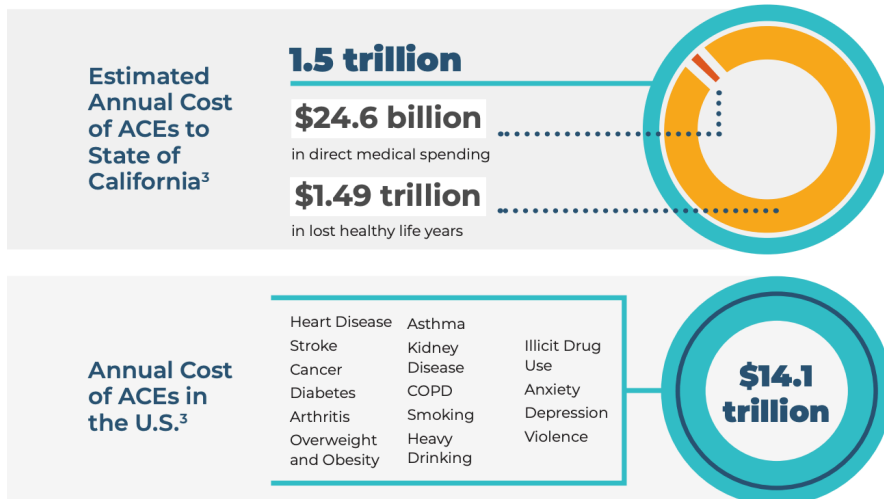
Research confirms that exposure to ACEs can activate the biological stress response for prolonged periods, leading to long-term neurological, metabolic, endocrine and immune system disruption. These conditions alongside epigenetic changes, caused by genetic regulatory mechanisms in response to the environment, constitute toxic stress.

By triggering the toxic stress response, ACEs significantly increase the risk of harmful health conditions including nine of the 10 leading causes of death in the United States. In addition to heart disease, cancer, diabetes, kidney problems, lower respiratory ailments and chronic illnesses, toxic stress from ACEs also raises the risk of suicide.

The High Cost of Inaction: How Unaddressed ACEs Strain Health Care Systems and Erode Productivity in California

ACEs and their consequences create significant costs for individuals and families, as well as public systems. By raising the risk of preventable health conditions, ACEs increase the demand for more substantial health care, impacting the economic standing of individuals and families while putting unnecessary stress on the health care system.⁴ When individuals lose healthy years of life to these conditions, ACEs have a cascading effect on the productivity and well-being of our society as a whole.⁵

The CDC's recent estimates show unaddressed ACEs cost California \$1.5 trillion annually in medical spending and lost healthy years of life, a figure that rivals expenditures on other major public health crises.⁶ With each ACE an individual goes through, their health care costs rise dramatically. The cost of health care for people who have four or more ACEs is more than double the amount of those with just one.⁷



Addressing ACEs through targeted prevention and early intervention strategies can alleviate health care costs, reduce strain on public systems and improve the long-term well-being of individuals and communities across California.

The original Adverse Childhood Experiences (ACEs) study has faced criticism, particularly regarding the way it applies to children, uninsured individuals and marginalized people, including BIPOC (Black, Indigenous and people of color) communities. Due to these oversights, the data can be susceptible to misinterpretation, and interventions may be ineffective for diverse populations.⁹

1. The initial ACEs study predominantly involved an insured, white, middle-class, adult population. This narrow demographic focus overlooked the unique adversities that BIPOC communities and those from different socioeconomic backgrounds experience.¹⁰ Subsequent studies have found a higher prevalence of ACEs among groups who are racially marginalized and those who are uninsured or underinsured, among other factors.
2. The original framework did not sufficiently account for ACEs related to broad systemic issues, including racism, community violence and poverty, overlooking how these factors perpetuate toxic stress. These environmental conditions are significant sources of trauma for many children and youth, especially in marginalized communities where systemic inequities exacerbate the prevalence and impact of ACEs and limit access to critical buffering resources.¹¹

To address the complex realities of childhood adversity and trauma across California's diverse communities, it is essential to enhance the ACEs screening model with culturally sensitive and healing-centered services through ACEs Aware investments in community-based capacity-building. **Preventing, identifying and responding to ACEs requires acknowledging the structural inequities that disproportionately expose marginalized communities to toxic stress and taking action to mitigate them.**

Challenge: Gaps in Trauma-Informed and Culturally Responsive Care for Children of Color

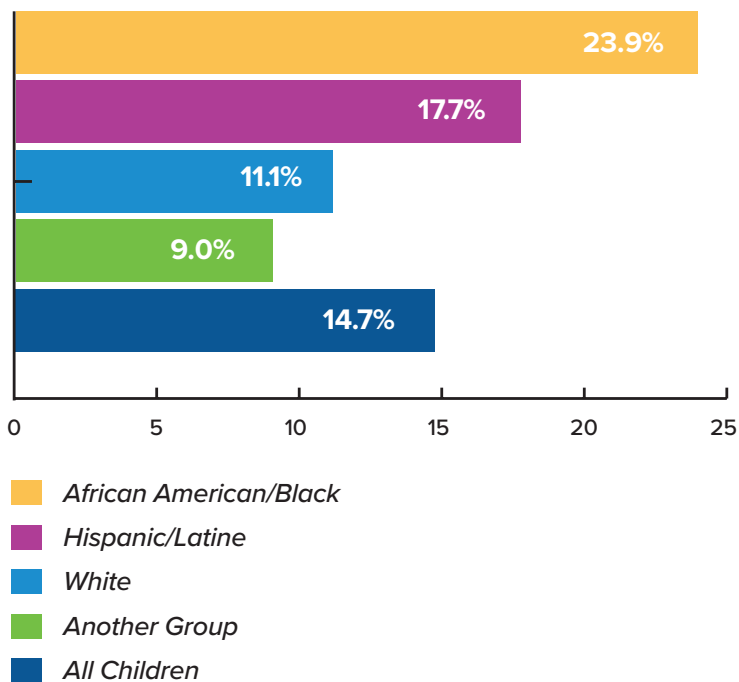
Even in childhood, there are wide racial disparities in exposure to adversity. While 11.1% of white children experience multiple adversities, that number is 23.9% for Black children and 17.7% among Hispanic/Latine children.¹²

Low-income children of color disproportionately experience both ACEs and poor mental health outcomes, including suicide.¹³

Building Trust and Equity: Addressing Systemic Barriers to Trauma-Informed and Culturally Responsive Care

In addition to the severe impact adverse experiences have on public health, there is a long history of discrimination, abuse and lack of representation that has undermined trust in the medical system in marginalized communities. As a result, preventive services are often underutilized in these populations. Fears around immigration enforcement, mandated reporting and child welfare involvement have reinforced reluctance to seek care.¹⁴

Percentage of children ages 0-17 by race/ethnicity with two or more ACEs.



Dismantling these barriers and building a trauma-informed, culturally responsive system will require health plans and the state to invest in community-based care that facilitates collaboration between physicians, clinics and insurance companies to meet the needs of low-income families of color. ACE screenings are critical tools for identifying toxic stress and intervening early by providing support and resources. **Integrating screenings into community-based care networks can transform routine well-child visits into opportunities to address toxic stress and even heal generational trauma. Through coordinated efforts across health care, education, social services and nonprofits, the state can create a robust foundation for reducing the long-term impact of ACEs and allowing families to thrive.**

ACEs Aware: A First-in-the-Nation Initiative

At its core, ACEs Aware is dedicated to reducing the prevalence and impact of ACEs and toxic stress by equipping health care teams with the tools, training and resources necessary to identify them and respond effectively.

California's first Surgeon General, Dr. Nadine Burke Harris, and the Department of Health Care Services have championed the ACEs Aware program as a first-in-the-nation early detection and intervention initiative for ACEs in children. This initiative equips health care teams to screen and respond to ACEs and catalyzes Trauma-Informed Networks of Care across the health, social services, education and nonprofit sectors to implement treatment plans that mitigate the long-term effects of trauma and toxic stress. **ACEs Aware supports stronger ties between health care providers and community partners, such as community health workers and community-based organizations, transforming standard clinical visits into whole-child interventions.**



Dr. Nadine Burke Harris

The program envisions a continuum of care that uses ACE screenings to identify risks and connect children and families to services before poor outcomes become more likely. With its training and system-wide capacity building, ACEs Aware aims to transform screening visits by educating providers on the physiological effects of adverse experiences and the appropriate therapeutic and trauma-informed care. Funds from ACEs Aware also strengthen connections between clinics and communities to promote culturally responsive networks of healing that help families receive more timely and comprehensive care.



Number of people who completed the Becoming ACEs AWARE in California training.

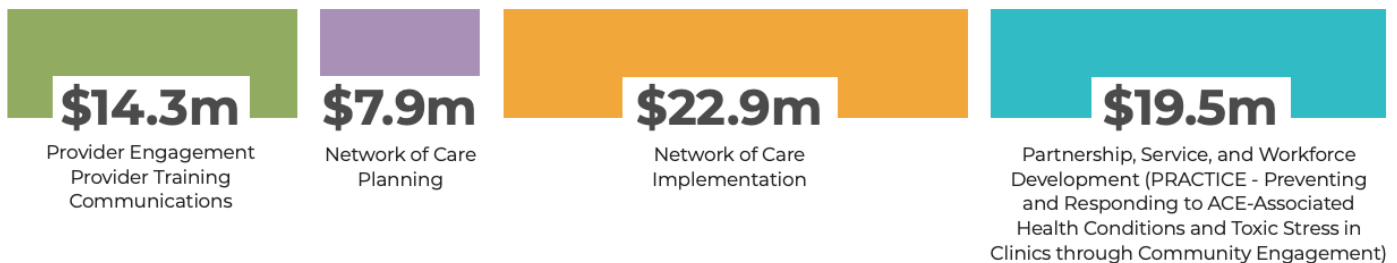


Since its inception, over 42,000 Californian care providers have been through the Becoming ACEs Aware core training, and provided over 3 million screenings to over 2 million Medi-Cal members. These milestones highlight the program’s broad reach and impact on advancing trauma-informed care across the state.¹⁵

Since 2020, ACEs Aware has also invested over \$65 million in clinics and communities across the state to prevent, identify and respond to toxic stress at local and regional levels.¹⁷

\$65 million

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



ACEs Aware networks strengthen the state’s “no-wrong door” policy at the local level. Within the Medi-Cal behavioral health care system, children and families dealing with trauma can access specialty mental health services without needing a diagnosis first. When ACE screenings are conducted by trauma-responsive providers, referrals for timely mental and behavioral health services will likely increase. Early findings from the ACEs Aware initiative highlight its impact on care delivery and patient outcomes. **Data from Los Angeles County reveals that regardless of how many ACEs are identified, patients who undergo ACE screenings are more likely to meet key preventive care metrics, including pediatric wellness visits, developmental milestones and up-to-date vaccination status. Additionally, clinics that implement ACE screenings report higher family retention rates and fewer missed appointments.** This shows evidence that care continuity across health networks provides significant benefits.¹⁷

Researchers estimate **adverse childhood experiences cost the state of California \$1.5 trillion each year in medical expenses, lost productivity and reduced quality of life.**¹⁸ While programs like ACEs Aware can deliver long-term economic benefits by reducing these costs, these benefits can only be realized if medical facilities, community organizations and social services are properly integrated. ACEs Aware grants currently fund these networks, but continued success depends on statewide implementation and sustained investments.

ACEs Screenings as a Foundation for Culturally Informed Provider Training

While the Medi-Cal payment for ACE screenings represents a critical state investment in identifying children who are at risk of toxic stress, **screenings alone are not interventions. They are tools to guide providers toward the appropriate follow-up services.** Connecting children and families to preventive programming and interventions is a key component of ACEs Aware’s strategy to promote healing and transform systems of care. Screenings alone are important for gathering data, but without additional support, they do not provide a meaningful benefit to patients.



To maximize the impact of ACE screenings, providers must also be trained to engage in culturally sensitive and trauma-informed conversations to address the underlying social and clinical needs these screenings reveal. This requires training on asking follow-up questions, beyond the screening’s standard framework, and exploring systemic racism, cultural norms, family dynamics and other factors that influence a child’s health. Training should equip providers with a clear understanding of toxic stress as a medical condition that can be addressed and treated, ensuring that they are prepared to guide families toward the appropriate support.

Finally, and most importantly, the investment in local trauma-informed networks of care as an ACE screening response system is critical to ensuring that ACE screenings are tools to secure equitable access to healing services and whole-child support. **By embedding ACE screenings within a robust and culturally responsive framework, the state can empower providers to foster resilience, promote healing and advance health equity for all children and families.**

A Need to Invest in Whole-Child Systems of Care: Policy Recommendations

ACEs Aware is the connective tissue between clinical investments in children's health, such as the Medi-Cal provider payment for screenings, and a whole-child, whole-family system of community-based, trauma-informed care that addresses the social and systemic needs of historically marginalized children and families. If ACEs Aware, and subsequently the provider training requirement to receive the Medi-Cal payment, is lost, California loses a structural means to ensuring screenings are administered to families who have experienced systemic racism in a trauma-informed, culturally affirming manner. This increases the likelihood that families of color who are screened by unsupported providers will face greater stigma and judgment, medical discrimination, and increased reluctance to engage with the health care system or providers. ACEs Aware is the state's commitment to investing in a more coherent and healing ecosystem for children and families.

Policy Recommendation 1: Continue and expand funding for ACEs Aware and trauma-informed care

It is important that the state continues to fully fund ACEs Aware with the expected annual \$50 million needed to maintain the program and sustain local collaborations between community members and the health care system as a trauma-informed response to trauma and toxic stress. Furthermore, the state should strongly consider expanding ACEs Aware's trauma-informed networks of care grants to ensure that every county has a regional collaborative adapting trauma-informed networks of care to the community's needs. The state could also leverage Proposition 1 funds, particularly upstream prevention funds administered by the Department of Public Health, as one strand in a braided funding mechanism that includes health care payers from Medi-Cal and commercial plans, and public health.

Policy Recommendation 2: Maximize investments in ACEs Aware to enhance ongoing physical and behavioral health reforms aimed at reducing health inequities and promoting equitable outcomes for children and families

The Department of Health Care Services (DHCS) has created several new benefits, including dyadic care/family therapy, enhanced care management, and community health workers with the goal of strengthening care coordination and better meeting Medi-Cal families' health-related social needs. Although these benefits have the potential to serve California's children and families, they are severely under-utilized by the families who need them most.

Likewise, expanding the eligibility criteria for children's specialty mental health services under Medi-Cal created an essential, but not yet fully realized path to more timely and trauma-responsive care. California's ACEs Aware program offers DHCS an opportunity to bring children, families and providers together to utilize these new models of care.¹⁹

The Chilling Effect

The chilling effect refers to situations where individuals or groups are discouraged or deterred from exercising their rights, accessing services or engaging in specific behaviors due to fearing negative consequences. In the context of ACEs, the chilling effect emerges when BIPOC, LGBTQ, immigrant or other marginalized communities avoid seeking care or services due to systemic barriers, distrust or fears tied to discrimination, or punitive policies and practices within systems.

To learn more about the effects of racism and policing on children's health, go to

bit.ly/StopPolicingChildren

To learn about the effects of hostile immigration policies on children's health, go to

bit.ly/ImmigrationPolicyEffects



An Urgent Call to Action

ACE screenings, when utilized as a means to facilitate more relational, trauma-informed encounters with the health care system, provide an opening to deliver children and caregivers the culturally responsive, community-based support they need to thrive. In conjunction with individual provider training, investing in ACEs Aware networks is essential to building a more trustworthy health care system. **Comprehensive funding for ACEs Aware efforts will move California toward a more equitable and trauma-informed health care system that understands the complex health and social needs of marginalized communities and works assertively to address trauma and toxic stress for children and families.**

Notes and Acknowledgments

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¹⁹ Continuing the ACEs Aware program can support the following benefits:

Community Health Workers (CHWs): Implementing community health workers, promotores and representatives (CHWP/R) is an anti-racist solution in health care delivery for children. These workers are part of a conscious and deliberate effort to address and eradicate historic and present marginalization and inequality in the health care system by delivering more culturally responsive services. As California looks to advance the integration of community health workers, ACEs Aware and the communities of practice it has established provide a foundation for more coordinated programs, policies and services. By promoting prevention and early intervention, CHWs can respond to the needs of children and their families and support healthy development.

California's Medi-Cal dyadic care benefit has faced challenges to achieving its anticipated scale, partly due to systemic barriers and policy limitations. Despite the clear need to support young children and families with mental health services and social-emotional interventions, many providers and families lack effective methods to address the needs of both children and caregivers together.

SCAN FOR WORKS CITED



bit.ly/tcpACEsWorksCited