



Putting It All Together — Your ACE Screening & Clinical Response Approach

Stage 2 Workbook

Stage 2 Workbook

Introduction

This workbook accompanies the [ACEs Aware ACE Screening How-To Guide](#) (How-To Guide). These workbook materials will support you and your implementation team through each step of Stage 2. You can download the full workbook or sections at the start of each stage.

Stage 2: Select Your Approach

Stage 2 provides the implementation team with considerations for selecting your clinic's approach to ACE screening and the clinical response.

In Stage 2 you will:

- Determine who you will screen and how
- Prepare your clinical response for treating toxic stress
- Map out how you will integrate ACE screening into your workflow

Purpose

The purpose of this workbook is to pull together all decisions your implementation team is making throughout Stage 2 about your ACE screening approach into one, easy-to-reference document. Consider this a “living document” that will continue to be refined and updated as you make decisions.

Each section of the worksheet provides instructions for information to include and sample topics to address.

Key Concepts

ACEs Aware Screening Goal for Primary Care Clinics

The ACEs Aware goal is for primary care clinics to screen every patient without selection bias (not based on known or perceived risk factors or the presence of symptoms/illness).

Medi-Cal payment is available for ACE screenings annually for children and adolescents (per provider, per Managed Care Plan) and for adults once in their lifetime (per provider, per Managed Care Plan).

ACE Screening Purpose and Elements

The purpose of ACE screening is to determine a patient's clinical risk for toxic stress to guide an appropriately tailored treatment and follow-up plan to prevent or mitigate the toxic stress response.

A complete ACE screening involves understanding a patient's:

1. Exposure to adversity as indicated by the ACE score;
2. Clinical manifestations of toxic stress (the presence or absence of ACE-Associated Health Conditions); and
3. Presence of protective factors.

The first two components are used in assessing clinical risk for toxic stress and all three help to guide effective responses.¹

ACE Screening & Clinical Response Approach for

Insert clinic name

Developed on:

Insert date

Updated on:

Insert date

Restate Your Clinic's Rationale for ACE Screening (from [Stage 1, Step 4 Worksheet](#))

Insert clinic's rationale for ACE screening

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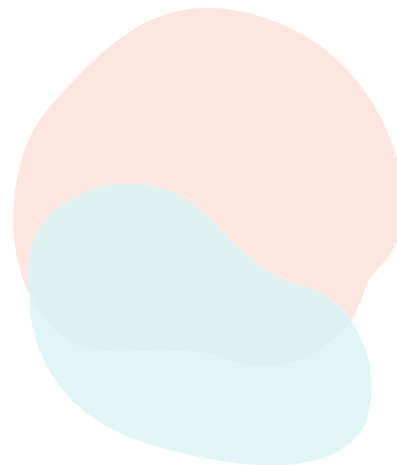
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Step 1. Determine Who and How to Screen

In this step, you will describe the key features of screening administration, including who and when to screen, which screening tool to use, and how and where to screen.

The ACEs Aware initiative recommends universal and routine screening without selection bias (not based on known or perceived risk factors or the presence of symptoms/illness). However, many clinics start ACE screening with a pilot project and then expand it over time. Before completing this section, make sure you have reviewed the reference materials below.

Step 1 Reference Materials

- [Why Should My Practice Screen for ACEs and Risk of Toxic Stress?](#)
The rationale for screening children/adolescents, adults, and patients seeking reproductive health care.
- [No One Size Fits All: Different Approaches to Piloting ACE Screening and Toxic Stress Treatment](#)
- [Medi-Cal Billing and Payment information](#)
- [ACEs Aware Principles of Trauma-Informed Care](#)
- [How ACE Screening, Toxic Stress Treatment, and Trauma-Informed Care Work Together](#)
- [Information on screening tools](#)

A. Who and When to Screen

Start by identifying who you will screen and when. Indicate if you are offering universal and routine screening at your clinic. If you are starting with a pilot, what will be your clinic's approach? For an overview of different pilot approaches to ACE screening implementation, review [No One Size Fits All: Different Approaches to Piloting ACE Screening and Toxic Stress Treatment](#).

Instructions: Fill out i. below if your clinic is ready to offer universal and routine screening. Fill out ii. below if your clinic is planning to do a pilot. Use checkboxes and free text to fill in decisions made. Check all that apply below or add your approach if you do not see it. Text in light gray is a sample approach / language. Ignore sample language that does not apply.

i. Your Clinic is Ready to Offer Universal and Routine Screening

Our clinic will screen:

- At new patient intake
- For established patients, all children, and adolescents annually at the following well-child visits:

≤ 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	36 mo	4–18 yrs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annually <input type="text"/>

- All adults once (per provider, per managed care plan)
 - At new patient intake
 - At annual physical exam
- All pregnant adults once
 - At prenatal visit

ii. Your Clinic is Starting with a Pilot

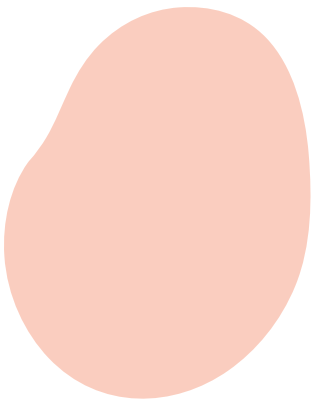
- Certain days of the week – e.g., *Screen patients on Tuesdays and Fridays*
- Certain times of the day – e.g., *Screen patients in the morning during the attending physician’s clinic or in resident clinics in the afternoon*

- Designated clinician(s) – e.g., *Only certain clinician(s) conduct ACE screenings*

 - Clinic type – e.g., *Screen in adolescent clinic, asthma clinic, or weight management clinic*

 - Age or special populations:
 - Pilot: Children, ages
 - Pilot: Adolescents, ages
 - Pilot: Pregnant adolescents
 - Pilot: Pregnant adult
 - Pilot: Adults, ages
 - Pilot: Parents
 - Other:

 - At certain patient visits
 - At new patient intake
 - Catch up for existing patients at next visit
 - At year well-child visit
 - At prenatal visit
 - Other

 - Other
- 

B. Which Screening Tool to Use

To receive Medi-Cal payment for conducting ACE screenings, clinical teams must use the PEARLS or the ACE Questionnaire for Adults (or an alternative that contains questions on the 10 original categories of ACEs) depending on the patient's age. These tools are available in 17 languages and in de-identified and identified formats so clinicians can choose the format that works best for them and their patients. Review [additional information on the screening tools](#).

Clinics/clinicians may choose whether to use de-identified or identified screening tools. However, ACE screening implementation research in a large, urban pediatric setting has indicated that the de-identified format of the ACE screening facilitates higher rates of disclosure and greater patient comfort, compared with identified screening.²

Instructions: Identify the screening tool to be used at your clinic, including whether it will be the de-identified or identified version. For PEARLS, determine whether you will use a combination of de-identified and identified versions for Part 1 and Part 2. Discuss with your clinicians the pros and cons of using each tool in your particular clinic environment and have them decide which tool they would be most comfortable using. Check the tool(s) below that you plan to use.

PEARLS for children ages 0–11:

- De-Identified Child—caregiver report
- Identified Child—caregiver report
- Combined Identified & De-identified for Parts 1 and 2
Child—caregiver report

PEARLS for adolescents ages 12–19:

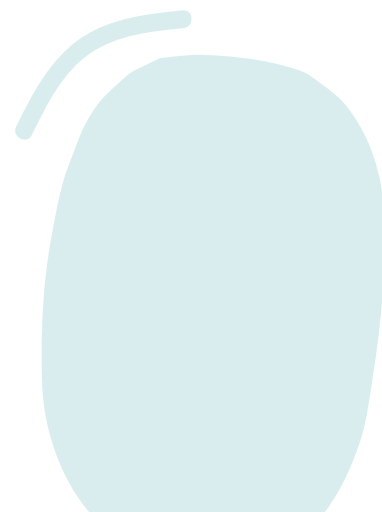
- De-Identified Adolescent—self report
- Identified Adolescent—self report
- Combined Identified & De-identified for Parts 1 and 2 Adolescent—self report
- De-Identified Adolescent—caregiver report
- Identified Adolescent—caregiver report
- Combined Identified & De-identified for Parts 1 and 2 Adolescent—caregiver report

For Adolescents ages 18 & 19:

- PEARLS De-Identified Adolescent—self report
- PEARLS Identified Adolescent—self report
- PEARLS Combined Identified & De-Identified Adolescent—self report
- ACE Questionnaire for Adults—De-Identified
- ACE Questionnaire for Adults—Identified

ACE Questionnaire for adults ages 18–64:

- De-identified
- Identified



C. How and Where to Administer Screening Tool

Consider how your clinic will incorporate trauma-informed care principles into ACE screening. Identify the modality for patients to complete the ACE screening tool. Identify where in the clinic/office the patient/caregiver will complete the screening tool, ideally in a private space. Below are some considerations.

Instructions: Use check boxes and free text to fill in decisions made. Review and evaluate your clinic’s strategy for achieving each of the following ACEs Aware trauma-informed care principles. Make a note of how you will expand or improve your strategy where needed. (To inform your approach, review [How ACE Screening, Toxic Stress Treatment, and Trauma-Informed Care Work Together.](#))

Establish the physical and emotional **safety** of patients and staff

Build **trust** between providers and patients

Recognize the signs and **symptoms of trauma exposure** on physical and mental health

Promote **patient-centered, evidence-based care**

Ensure **provider and patient collaboration** by bringing patients into the treatment process and discussing mutually agreed upon goals for treatment

Provide care that is sensitive to the patient's **racial, ethnic, and cultural background, and gender identity**

The Screening Tool Modality Your Clinic Will Use

- Patient completes tool on paper
- Patient completes tool electronically
- Other

Where Patients Will Complete Screening Tool – *E.g., In the patient room while waiting for the clinician, another private space, or in the lobby while waiting to be roomed.*

Step 2. Prepare Your Clinical Response

In this step, you will explore key considerations for ensuring your team is prepared to gather patient information and conduct the clinical assessment related to ACEs and toxic stress. You will also begin to outline your team’s clinical response to ACEs and toxic stress – including patient education, interventions, and access to additional support services.

Step 2 Reference Materials

- [ACE Screening, Clinical Assessment, and Treatment Planning for Toxic Stress](#)
- [An Overview: A Tiered Clinical Response Framework for Addressing Toxic Stress](#)
- [ACEs Aware ACEs and Toxic Stress Risk Assessment Algorithms for Pediatrics and Adults](#)
- [ACEs Aware Trauma-Informed Network of Care Roadmap](#) (including Section 3 - Milestones for Clinical Care Teams)

A. General Considerations

Below are some key considerations for ensuring your clinic is prepared to begin screening for ACEs and risk of toxic stress.

Instructions: Use checkboxes and free text to fill in decisions made.

- All clinical team members obtained ACEs Aware training certification
- Staff trained in a trauma-informed care approach for talking with patients/caregivers
- Clinical teams have access to and have reviewed the [ACEs and Toxic Stress Risk Assessment Algorithms for pediatrics and/or adults](#)
- Clinical teams have access to patient education materials such as handouts (See B below and [“Appendix A. Patient Education on How to Prevent and Treat Toxic Stress” on page 24](#))
- Clinical teams have access to information and have discussed how to support providing clinical interventions for toxic stress? (See Table A below and [“Appendix B. Community-Based Support Services” on page 26](#))
- Clinical teams know all of the support services available to their patients (See table below.)
- Clinical teams have a streamlined process to refer patients to and communicate with support services
 - Electronic Health Record
 - Local resource navigator phone number:
 - Online resource navigator:
 - Other
- Clinical team staff know where they can receive emotional support if they are struggling with burnout, vicarious trauma, or their own ACEs
 - EAP contact information:
 - Other supports within your organization:
- Your team has a plan for documenting ACE screenings and treatment plans and billing Medi-Cal? (For information, see the [ACEs Aware billing and payment information](#)).

B. Identify Materials for Patient Education

Patient education is a critical element of the clinical response to ACE screening. For more information, review [ACE Screening, Clinical Assessment, and Treatment Planning for Toxic Stress](#) and [An Overview: A Tiered Clinical Response Framework for Addressing Toxic Stress](#).

Make a list of what patient education materials you have for clinical care teams to share with their patients on the following topics:

- General education on ACEs, toxic stress, and self-care
- Supportive relationships
- High-quality, sufficient sleep
- Balanced nutrition
- Regular physical activity
- Mindfulness and meditation
- Experiencing nature
- Mental health care

[“Appendix A. Patient Education on How to Prevent and Treat Toxic Stress”](#) provides patient education materials that are currently available on the [ACEs Aware website](#). ACEs Aware plans to develop additional materials.

It is important to note that you should always vet your resources before referring patients to them. Patient education materials should be accurate, science-based, understandable, culturally relevant, and actionable for patients and/or caregivers.

It is important to recognize that there is substantial research linking the original 10 ACEs with increased risk for poor health outcomes and toxic stress physiology. While there are a number of additional adversities that can impact health outcomes, the research as to whether they operate through a toxic stress pathway is less clear. Thus, in reviewing patient education materials, ensure they accurately reflect the science of the original 10 ACEs and social determinants of health. Patient education materials regarding ACEs and toxic stress should explain what ACEs are, how the toxic stress response can impact health, and specific actions patients/caregivers can take to build on their strengths to regulate the toxic stress response and improve their health.

C. Outline Your Interventions and Support Services

Before launching the screening process, the screening implementation team should collectively assess and outline the interventions and support services that are available to patients to prevent and treat toxic stress. What your clinical team recommends to patients will depend on the resources at your clinic and in your community – it will also help you identify where additional support services may be needed.

This process may take some time and effort, including conducting some outreach to community-based organizations. Ideally, someone from your clinic should connect with someone in the leadership at that organization to make sure they are willing and able to support your patients when they are referred. Having a clearly defined resource list prepared ahead of the screening implementation will help the clinical team more effectively respond to screening results.

Partner with community-based organizations that may already be in your network of care. See [“Appendix B. Community-Based Support Services”](#) for examples of organization types with whom you may want to partner.

For information on interventions and support services, review:

- [ACE Screening, Clinical Assessment, and Treatment Planning for Toxic Stress](#)
- [An Overview: A Tiered Clinical Response Framework for Addressing Toxic Stress](#)
- [ACEs Aware Trauma-Informed Care Network of Care Roadmap](#)

Instructions: Using the table below, map out what resources are already available for patients in your clinic, and connections you already have to external support services to promote each toxic stress-mitigation strategy. You might be surprised to find that you already have a robust network of care to support your patients in mitigating toxic stress. Some additional outreach may also be needed. Where are gaps where additional resources are needed to support patients? Ensure that you have comprehensive information about each internal and external intervention and support service (ideally in the EHR).

Interventions and Support Services by Toxic Stress-Mitigation Strategy

Toxic Stress-Mitigation Strategy	Interventions and Support Services
Supportive Relationships	<i>Fill in – e.g., Talk, Read, Sing; Reach Out & Read; Home visiting program</i>
High-Quality, Sufficient Sleep	<i>Fill in – e.g., Exercise, yoga, meditation class or app, medication, sleep specialist</i>

Toxic Stress-Mitigation Strategy	Interventions and Support Services
Balanced Nutrition	<i>Fill in – e.g., Trauma-informed weight loss program, nutritionist, dietician, specialist</i>
Regular Physical Activity	<i>Fill in – e.g., Sports team, yoga, martial arts, support group, clinic-based exercise program</i>
Mindfulness and Meditation	<i>Fill in – e.g., Apps, mind-body practices (tai chi, yoga, acupuncture, breathing techniques, massage therapy), Mindfulness-based stress reduction</i>
Experiencing Nature	<i>Fill in – e.g., Park programs, park prescriptions, ecotherapy or adventure-based treatment programs</i>
Mental Healthcare, including psychotherapy or psychiatric care, and substance use disorder treatment, when indicated	<i>Fill in – e.g., Apps, mental & behavioral health programs, Developmental & Behavioral Pediatrician, Mental health care, neurofeedback</i>

Step 3. Integrate ACE Screening into Your Workflow

Consider how screening for ACEs can be incorporated into your clinic's in-person workflow. In this step, you will identify who on your clinical/staff team will carry out each step of the ACE screening process from start to finish and make the workflow visual.

Remember, a complete ACE screening includes understanding a patient's: 1) Exposure to adversity as indicated by the ACE score; 2) Clinical manifestations of toxic stress (i.e. ACE-Associated Health Conditions); and 3) Protective factors. The workflow should address all of these elements.

A. Who Will Carry Out the ACE Screening Process

Consider what actions are required as part of the ACE screening process, who is responsible for carrying out each action, and where each action will take place.

Instructions: Using the table below, fill out which role/team member will complete each part of the ACE screening process and the location where the action will take place. Sample language is provided as examples.

1. Assess for Exposure to Adversity (i.e. ACE score)

Action	Role/Team Member	Location
Identify patients who should be given the ACE screening tool	<i>Receptionist/Leah S.</i>	<i>Front desk</i>
Introduce the ACE screening tool to patients/caregivers	<i>Medical Assistant/Sally R.</i>	<i>Patient room, other private location, lobby</i>

Action	Role/Team Member	Location
Receive ACE screening tool back from patient and confirm completion or provide education if not complete	<i>Medical Assistant/Sally R. or Clinician</i>	<i>Private location</i>

2. Assess for Clinical Manifestations of Toxic Stress and Protective Factors; Develop Treatment & Follow-Up Plan

Action	Role/Team Member	Location
Gather information, conduct clinical assessment, apply ACEs and Toxic Stress Risk Assessment Algorithm	<i>Clinician</i>	<i>Exam room</i>
Work with patient/caregiver to jointly form a treatment plan	<i>Clinician</i>	<i>Exam room</i>
Develop a follow-up plan	<i>Clinician</i>	<i>Exam room</i>

3. Documentation and Medi-Cal Billing

Action	Role/Team Member	Location
Transcribe ACE score into EMR	<i>Medical Assistant/Sally R. Clinician</i>	<i>Exam room, Staff room</i>

Action	Role/Team Member	Location
Document ACE screening/visit results and plans in visit note	<i>Clinician, Medical Assistant/Sally R.</i>	<i>Exam room, Staff room</i>
Submit claim to Medi-Cal	<i>Billing staff</i>	<i>Billing office</i>

4. Follow-Up

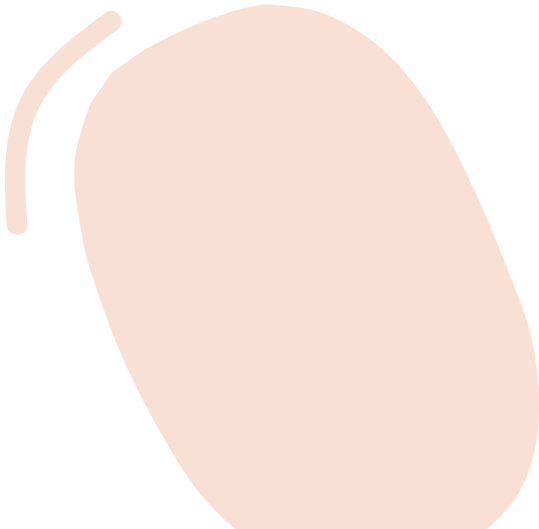
Action	Role/Team Member	Location
Clinical team follows up with patient/caregiver and Network of Care entity(ies) according to plan	<i>Clinician, Nurse, Social worker, care coordinator, etc.</i>	<i>Staff room</i>
Clinical team reviews ACE score, treatment plan, and follow-up prior to next visit; at next visit, update information and plans as needed.	<i>Clinician, Nurse, Social worker, care coordinator, etc.</i>	<i>Staff room</i>

**Numbers 1-4 correspond to the ACE Screening Clinical Workflow Template below.*

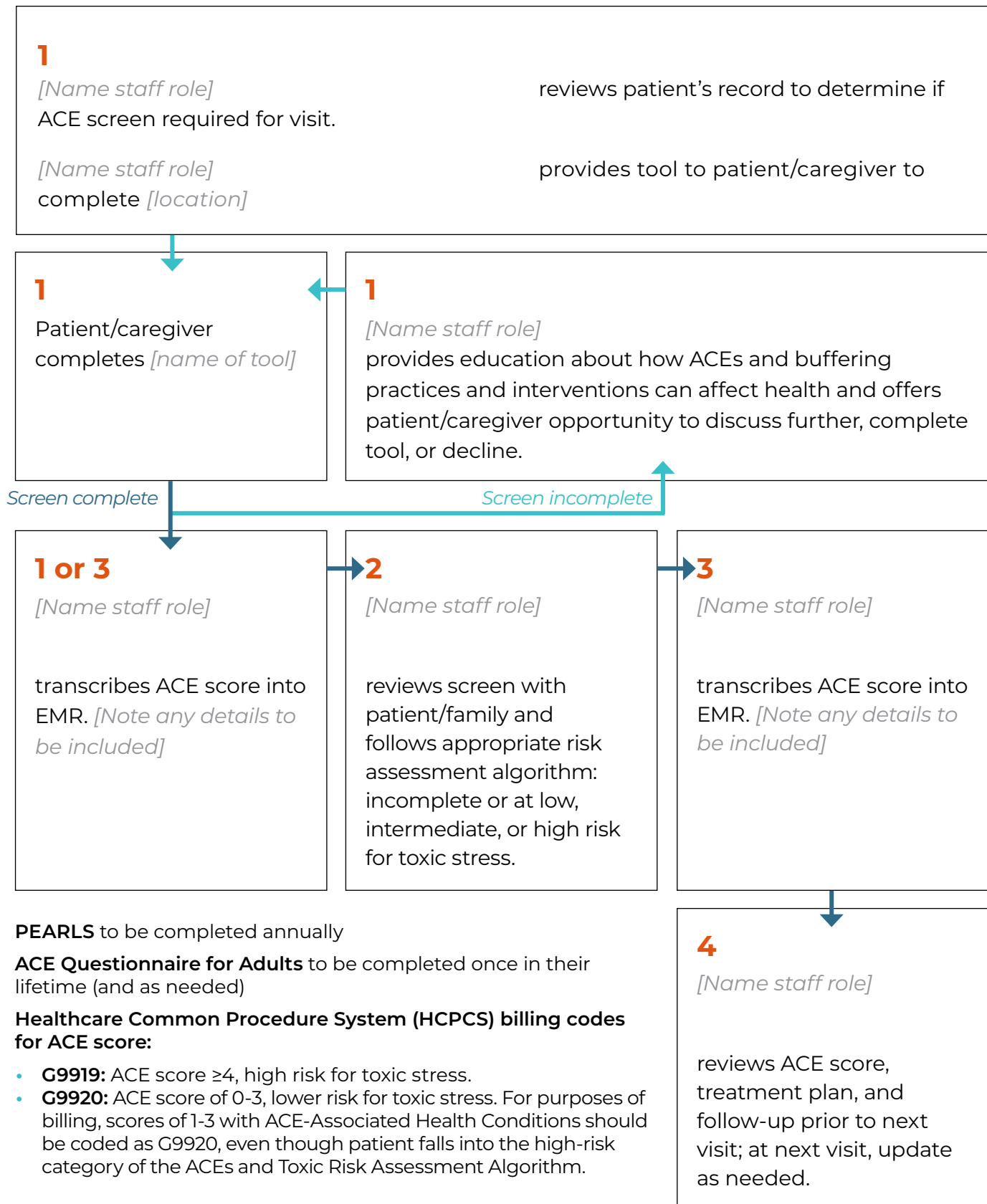
B. Make the Workflow Visual

It can be helpful to make your workflow visual to communicate it to your clinical team and staff. Use the template below which corresponds with the table you should have completed. The template below is based on the ACEs Aware sample workflows for pediatrics and adults).

Instructions: Fill in key information in the template below. Grey text indicates what information is being asked for. If this workflow template does not quite fit your needs, use it as a starting point to customize a workflow specific to your clinic.



ACE Screening Clinical Workflow Template



Appendix A. Patient Education on How to Prevent and Treat Toxic Stress

Visit the [ACEs Aware Resources section](#) for patient handouts you can provide to your patients on general education and on each of the seven toxic stress-mitigation strategies. Below is a sample of these resources. This website also has tips for clinical teams on ways to approach families when screening for ACEs and risk of toxic stress.

General Education on ACEs, Toxic Stress, and Self-Care for Patients

Resource Name	Audience	Webpage
ACEs Aware-Number Story Exam Room Poster	Adolescents/Adults	English Poster Spanish Poster
ACEs Aware Self-Care Tool for Pediatrics	Children/Adolescents/ Caregivers	English Tool
ACEs Aware Self-Care Tool for Adults	Adults	English Tool
How to Reduce the Effects of ACEs and Toxic Stress (on Children) (Center for Youth Wellness)	Parents/Caregivers	English Handout Spanish Handout Portuguese Handout
When Things Aren't Perfect: Caring for Yourself and Your Children (AAP)	Parents/Caregivers	Article

Education on Toxic Stress Mitigation Strategies for Patients

Toxic Stress Mitigation Strategy	Resource Name	Audience	Webpage
Supportive Relationships	The Benefit of Supportive Relationships (Center for Youth Wellness)	Parents/ Caregivers	English Handout Spanish Handout Portuguese Handout
High-Quality, Sufficient Sleep	How Much Sleep Do I Need? (CDC)	All	English webpage
High-Quality, Sufficient Sleep	Good Sleep Habits (Center for Youth Wellness)	Parents/ Caregivers	English Handout Spanish Handout Portuguese Handout
Balanced Nutrition	Tips for Nutrition (Center for Youth Wellness)	Parents/ Caregivers	English Handout Spanish Handout Portuguese Handout
Regular Physical Activity	Promoting Exercise (Center for Youth Wellness)	Parents/ Caregivers	English Handout Spanish Handout Portuguese Handout
Mindfulness & Meditation	Using Mindfulness (Center for Youth Wellness)	Parents/ Caregivers	English Handout Spanish Handout Portuguese Handout
Mindfulness & Meditation	UCLA Mindful App (free)	All	Mindful App Webpage
Mindfulness & Meditation	Meditation Apps List	All	Meditation Apps List

Toxic Stress Mitigation Strategy	Resource Name	Audience	Webpage
Experiencing Nature	Spending Time with Nature (Center for Youth Wellness)	All	English Handout (p. 8) Spanish Handout (p. 8)
Experiencing Nature	Park Prescriptions Poster (ParkRx)	All	English Poster
Mental Healthcare	Improving Mental Health (Center for Youth Wellness)	Parents/ Caregivers	English Handout Spanish Handout Portuguese Handout

Appendix B. Community-Based Support Services

Below are a wide variety of organization types that can partner with clinics to promote the seven evidence-based toxic stress-mitigation strategies. For a more comprehensive list of organization types, see Table 1 on page 22 in [The Trauma-Informed Network of Care Roadmap](#).

Clinical Teams/Organization Types: Examples

Primary Care Clinical Team Members and Subspecialists

E.g., Pediatricians, Family Physicians, Obstetrician-Gynecologists, Physician Assistants, Nurse Practitioners, Community Health Workers, and Social Workers; specialists in Pulmonology, Endocrinology, Immunology, and GI; and other medical specialists who manage aspects of the toxic stress response

Behavioral Health Clinical Team Members

E.g., County mental health clinicians, therapists and counselors, psychiatrists, psychologists, substance use disorder treatment clinicians, social workers, peer support specialists

Schools/Education Services

E.g., Pupil Personnel services - Credentialed Professionals, School-based Health Centers, Early Childhood Education Programs

Early Intervention Services

E.g., Help Me Grow organizations, ACE Collaboratives, Child Advocacy Centers, Healthy Steps, Family Justice Centers

Social Service Programs

E.g., Family Resource Centers, Home Visiting Programs, Women, Infants & Children (WIC) Program, Homeless Services, Domestic Violence Services & Shelters, Sexual Violence Services, Child Advocacy Center, Child Abuse Pediatrician

Local and County Government Programs

E.g., First 5, Black Infant Health, Child Abuse Prevention Coordinating Councils, Services for Victims of Violent Crime, Parks & Recreation, Adult Protective Services

Tribal Organizations

E.g., CA Tribal Communities, Urban-Indian Health Agencies, Family Violence Prevention, Tribal Justice System

Legal/Justice System

E.g., Juvenile Justice & Probation, Family Courts, Professionals trained in Collaborative Practice (such as mediation and collaborative divorce teams), Domestic Violence Support Services, Family Reunification Services, Medical-Legal Partnerships

Managed Care Networks

E.g., Independent Practice Associations, Medi-Cal Managed Care Plans, County Mental Health Plans, Dental Managed Care Plans, Drug Medi-Cal Organized Delivery System

Community-Based Organizations

E.g., National Alliance on Mental Illness (NAMI); Culturally-Specific Clinical Team Members; Organizations focused on trauma-informed care, specific ACEs, or certain communities

Faith-Based Organizations

E.g., Faith-based Institutions, Faith-Affiliated Social Service Organizations

Digital Health Technology Platforms

E.g., Systems designed to connect people to services (e.g., Unite Us, Aunt Bertha, FindConnect), Care coordination services, Mindfulness services (e.g., apps)

Congratulations,
you have completed Stage 2!



Endnotes

- 1 Bhushan D, Kotz K, McCall J, Wirtz S, Gilgoff R, Dube SR, Powers C, Olson-Morgan J, Galeste M, Patterson K, Harris L, Mills A, Bethell C, Burke Harris N, Office of the California Surgeon General. Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020. DOI: 10.48019/PEAM8812
- 2 University of California, San Francisco. Bay Area Research Consortium on Toxic Stress and Health (BARC). The Regents of the University of California. 2019. <https://globalprojects.ucsf.edu/project/bay-area-research-consortium-toxic-stress-and-health>.