



CQC Toolkit: **Implement Adverse Childhood Experiences (ACE) Screening in Primary Care**

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The authors of this paper are grateful to the California Office of the Surgeon General (CA-OSG) for spearheading the effort regarding Adverse Childhood Experiences (ACE) screening and for developing or supporting so many foundational reports and documents. In particular, the CA-OSG [Roadmap for Resilience](#) and [Trauma-Informed Network of Care Roadmap](#) informed numerous change strategies throughout this toolkit.

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This toolkit was produced with grant funding support from the California ACEs Aware initiative, a first-in-the-nation effort to screen children and adults for ACEs in primary care, and to treat the impacts of toxic stress with trauma-informed care. The bold goal of this initiative is to reduce ACEs and toxic stress by half in one generation. For more information, visit the [ACES Aware website](#).



The [California Quality Collaborative \(CQC\)](#), a program of the [Purchaser Business Group on Health](#), is a health care improvement organization dedicated to advancing the quality and efficiency of the health care delivery system across all payers, and its multiple initiatives bring together providers, health plans, purchasers and patients to align goals and take action to improve the value of health care for Californians.

About the Toolkit

This toolkit is a guide for primary care providers and care teams who intend to implement routine screening for Adverse Childhood Experiences (ACE) into practice. It offers a framework for planning and implementing these screenings, provides context that is essential to effective implementation, describes change concepts and offers resources to support practice changes.

This toolkit organizes resources to implement ACE screening around five strategies: program planning, screening for ACEs, treating ACE-Associated Health Conditions and symptomatology, working on individual and community healing and managing and improving the approach to routine ACE screening. It also defines a series of foundational resources that offer data and insights into trauma-informed care (TIC), the science behind ACEs and toxic stress and effective approaches to implement an approach to routine screening. Resources were reviewed by the authors and used by key informants. These include trainings, journal articles, web pages, videos, webinars, presentations, publications and care team and patient decision tools.

The toolkit is part of the ACEs Aware initiative of the Office of the California Surgeon General (CA-OSG) and the California Department of Health Care Services. The ACEs Aware initiative offers Medi-Cal providers training, screening tools, clinical protocols and payment for screening children and adults for ACEs. Screening for ACEs, assessing risk for toxic stress and responding with evidence-based interventions and TIC can significantly improve the health and well-being of individuals and families. The California Surgeon General set a bold goal to cut ACEs in half in one generation. The ACEs Aware effort is part of Governor Newsom's California for All initiative.



Training



Blog Post



Video



Report



Tool



Webinar



Journal Article



Presentation



Web Page



Template

Introduction

The term Adverse Childhood Experiences (ACE) comes from the landmark 1998 study conducted among more than 17,000 adult patients by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente, referred to as the ACE Study.¹ ACEs are potentially traumatic events that occur in childhood (up to age 18).

Though often used colloquially to refer to a variety of adversities in childhood, when capitalized, the term ACEs specifically refers to 10 categories of adversities in three domains — abuse, neglect and household challenges:

- **Abuse:** physical, emotional or sexual abuse
- **Neglect:** physical or emotional neglect
- **Household challenges:** growing up in a household with incarceration, mental illness, substance misuse or dependence, absence due to parental separation or divorce or intimate partner violence

ACEs occur in all communities; however, they disproportionately affect individuals who are racially marginalized (Black, Latinx, Native American, multi-racial or other), high school nongraduates, unemployed or unable to work, in lower income brackets, uninsured or underinsured, justice-involved, women and identify as lesbian, gay, bisexual or transgender.^{2,3} ACEs are also risk factors for toxic stress and poor health outcomes.⁴ Complicating matters, patients reporting ACEs have lower odds of having health insurance coverage and a personal doctor. Further, patients reporting certain types of ACEs have reduced odds of receiving certain preventive care services and regular check-ups.⁵

Exposure to ACEs has been linked to more than 40 negative health conditions, including poor mental health, substance use disorder, adverse health behaviors, chronic physical disease and shortened life span.¹

1. Felitti, V.J., et al. (1998). "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study." *American journal of Preventive Medicine* 14(4), 245-258
2. 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.
3. Schnarrs PW, Stone AL, Salcido R Jr, Baldwin A, Georgiou C, Nemeroff CB. Differences in adverse childhood experiences (ACEs) and quality of physical and mental health between transgender and cisgender sexual minorities. *J Psychiatry Res.* 2019 Dec;119:1-6. doi: 10.1016/j.jpsychires.2019.09.001. Epub 2019 Sep 6. PMID: 31518909.
4. Selvaraj, K. et al. Screening For Adverse Childhood Experiences & Social Determinants of Health in the Pediatric Medical Home: Parental Perspectives & Recommendations. *Pediatrics*, July 2020, 146(1). Meeting Abstract.
5. Alcala, H., Valdez-Dadia, A., & von Ehrenstein, O.S., (2018). "Adverse childhood experiences and access and utilization of health care. *J Public Health.* 2018 Dec; 40(4): 694-692.

“We now understand that a key mechanism by which ACEs lead to increased health risks is through a health condition called the toxic stress response. When significant adversity is experienced during critical and sensitive periods of early life development, without adequate buffering protections of safe, stable, and nurturing relationships and environments, it can lead to prolonged activation of the biological stress response, and to long-term disruption of neuro-endocrine-immune-metabolic and genetic regulatory mechanisms. These biological changes can also be transmitted to the next generation.”

– Office of the California Surgeon General’s *Roadmap for Resilience*

A recent study estimated the total annual cost of ACEs in California to be \$112.5 billion, including \$10.5 billion in personal health care spending and \$102 billion in years of productive life lost due to early death and disability. Estimates include only the ACE-attributable costs associated with the ACE-Associated Health Conditions, which are some of the most common and serious conditions associated with ACEs – cardiovascular disease, asthma, arthritis, depression, chronic obstructive pulmonary disease, obesity, smoking and heavy drinking. The study included only these eight ACE-Associated Health Conditions – the cost would likely be much greater if all ACE-Associated Health Conditions were included.⁶

6. Miller TR, Waehrer GM, Oh DL, Purewal Boparai S, Ohlsson Walker S, Silverio Marques S, et al. (2020) Adult health burden and costs in California during 2013 associated with prior adverse childhood experiences. PLoS ONE 15(1): e0228019. <https://doi.org/10.1371/journal.pone.0228019>

The landmark ACE study found a direct correlation between ACEs and future health complications.⁷ Since this study was published, investigation of the impact of ACEs and how to address its harmful effects has increased. These efforts revealed that early identification and management of ACEs can mitigate harmful effects.⁸ The findings remain consistent with later research from the lead author of the 1998 study on the impact of addressing ACEs on health care utilization. He found that patients who completed an ACE questionnaire as part of their medical history had a 35% reduction in outpatient visits and an 11% reduction in emergency room visits.⁹ In addition to these studies, there has been a proliferation of research on the impact of ACEs on health care, socioeconomic status and other factors concomitant with a better understanding of how to mitigate the impact of trauma. In response, many primary care systems and providers are now exploring how to effectively integrate screening for ACEs into clinical practice.

In response to a better understanding of the impact of ACEs and the ability address the consequences of early trauma, the state of California announced that clinicians could receive payment for providing qualified ACE screenings to Medi-Cal enrollees. While the new rules did not mandate screening, California officials offered resources to support provider education and training needs. There has also been a growing awareness of steps to take beyond screening, including activities to treat symptoms associated with ACEs and achieve healing.

This toolkit offers a framework for the implementation of three aspects of ACEs into primary care practices, mirroring the CA-OSG framework: Screen. Treat. Heal. The toolkit provides foundational resources, ideas for practice-level changes and tools and templates that can be leveraged in both planning and implementation stages.

7. Felitti, V.J., et al. (1998). "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study." *American journal of Preventive Medicine* 14(4), 245-258
8. Selvaraj, K. et al. Screening For Adverse Childhood Experiences & Social Determinants of Health in the Pediatric Medical Home: Parental Perspectives & Recommendations. *Pediatrics*, July 2020, 146(1). Meeting Abstract.
9. Felitti, V.J. (2019). "Health Appraisal and the Adverse Childhood Experiences Study: National Implications for Health Care, Cost, and Utilization." *Perm J* 2019;23;18-026.

Framework

This toolkit is organized around strategies and change concepts to support the design and implementation of routine ACE screening into primary care. The key strategies include:

Strategy 1: Plan

Training providers and staff, analyzing physical environment of primary care offices for changes that reflect a trauma-informed approach and engaging patients and families in planning

Strategy 2: Screen

Identifying which tools will be used for screening, exploring ways to conduct screening efficiently while remaining sensitive to patient experience and understanding effective methods to communicate with patients and families

Strategy 3: Treat

Exploring ways to elicit additional symptoms that patients may experience, forming a strong therapeutic alliance, assessing milestone development and connecting patients to local resources and support

Strategy 4: Heal

Collaborating with parents to adopt healing techniques, connecting patients to community resources and support and teaching coping and problem-solving skills

Strategy 5: Manage

Maintaining resilience among providers and staff to reduce the likelihood of burnout and secondary trauma, sharing data with community partners to improve whole-person care and care coordination and assessing the impact of external factors on screening programs and patient symptoms (e.g., COVID-19)

The framework is built on the foundation of a trauma informed approach to health care. TIC is grounded in a healing perspective, shifting the conversation from what's wrong with you to what life experiences have impacted you.¹⁰ Such an approach embraces principles around safety, building trust and collaboration.¹¹ These core principles are supported by a broad range of clinical and non-clinical changes, such as educating practice staff about trauma, creating a psychologically safe environment for employees and patients, supporting shared decision making between care teams and patients and integrating peers and persons with lived experience into the care experience to help create authentic connections.



10. Center for Health Care Strategies. Trauma-Informed Care Implementation Resource Center: What is Trauma-Informed Care [web page]. Accessed January 14, 2021 from: <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>
11. Center for Health Care Strategies. Trauma-Informed Care Implementation Resource Center: What is Trauma-Informed Care [web page]. Accessed January 14, 2021 from: <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>

Strategies

Getting Started

Successful integration of ACE screening into practice is predicated upon the same foundation as other practice transformation efforts: assessing the readiness for change; ensuring that practice leaders, providers and staff understand the fundamentals of the change; engaging providers and staff in the design of changes and designing and implementing the changes, ideally using the model for improvement or another quality improvement methodology.

ACE screening presents additional challenges, due in part to the lack of training and education on toxic stress, TIC and the association between ACEs and chronic disease. Authors of a recent ACE medical school curriculum found that there is a relative lack of tools and resources to teach medical students about ACEs.¹² Medical schools and residency programs are only now beginning to offer training on TIC, the clinical manifestations of toxic stress and the importance of connecting patients to resources and building resilience. Nursing education has similarly lacked this training.¹³ Due to the lack of attention ACE screening and response have received, a greater emphasis on understanding the prevalence of ACEs, its association with chronic disease, linkages to health care disparities and the neuroscience of toxic stress is essential to effective implementation of screening and response in primary care.

As part of establishing ACE screening in the clinical practice setting, this toolkit offers six resources that cover many aspects of the Screen. Treat. Heal. framework and offer foundational insight. These resources describe concepts essential to effective implementation, along with tools that can be adapted to each organization's specific needs and environment.

Principles of Trauma-Informed Care

1. Establish the physical and emotional safety of patients and staff.
2. Build trust between providers and patients.
3. Recognize the signs and symptoms of trauma exposure on physical and mental health.
4. Promote patient-centered, evidence-based care.
5. Ensure provider and patient collaboration by bringing patients into the treatment process and discussing mutually agreed upon goals for treatment.
6. Provide care that is sensitive to the patient's racial, ethnic and cultural background and gender identity.

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12. Onigu-Otite, Edore & Idicula, Sindhu. "Introducing ACEs (Adverse Childhood Experiences) and Resilience to First-Year Medical Students." *MedEdPORTAL*. 2020; 16: 10964. Published online 2020 Sep 15.
 13. Muire, A. et al. (2019, February 25). Building an Evidence-Based Model to Integrate ACEs in Baccalaureate Nursing Education: A Proposed Literature Review. Accessed January 13, 2021 from: <https://stti.confex.com/stti/chwe19/webprogram/Paper96496.html>

Getting Started: Resources

Resource	Concepts and Tools
California ACEs Aware website	<ul style="list-style-type: none">• Learn fundamentals on the science of ACEs and toxic stress for children and adults.• Review the ACEs Aware provider toolkit that includes an overview of California's ACEs Aware initiative, training, the screening process, clinical treatment and connecting patients to resources.• Access screening tools for adults and children, including information on identified and de-identified approaches.• Explore the ACEs Aware Screening Implementation How-To Guide.• Follow the steps to become eligible for Medi-Cal payment.• Build trauma-informed connections using telehealth.• Continue deeper learning through ACEs Aware webinar learning events.• Reference resources for clinicians on ACE screening and clinical response.
Roadmap for Resilience: Webinar and Report [California Office of the Surgeon General]	<ul style="list-style-type: none">• Explore the scientific basis and California's public health approach to preventing ACEs and healing toxic stress.• Understand how ACE screening fits into a public health approach.• Adopt primary, secondary and tertiary prevention strategies.• Build a trauma-informed network of care.• Learn from clinical case studies and identify ways to address systems-level implementation considerations.
Fostering Resilience and Recovery: A Change Package [National Council for Behavioral Health]	<ul style="list-style-type: none">• Improve the way trauma is identified and treated in primary care.• Take action steps to create the conditions for change, establish patient safety, develop a trauma-informed workforce, build compassion and resilience and more.
TRIADS Framework (Trauma and Resilience-Informed Inquiry for Adversity, Distress and Strengths) [UCSF Center to Advance Trauma-Informed Care]	<ul style="list-style-type: none">• Understand the goals, strategies and resources for the elements of the TRIADS framework: foundation, environment, patient education, screening and assessment and response.

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Getting Started: Resources

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Resource	Concepts and Tools
<p>Trauma Toolbox for Primary Care [American Academy of Pediatrics]</p>	<ul style="list-style-type: none">• Assess the readiness for change.• Create a practice environment that recognizes the importance of ACEs.• Prepare physicians and staff and protect wellness.• Evaluate when symptoms may be trauma related.• Understand the biology of trauma and the effect of trauma on parenting ability.
<p>Introduction to Trauma, Trauma-Informed Care and ACEs for Small Practices Webinar Series [Primary Care Development Corporation]</p>	<ul style="list-style-type: none">• Learn the impact of trauma on short- and long-term health.• Identify the elements of TIC.• Explore staff roles, responsibilities and trauma-informed methods to work with patients.• Understand intimate partner violence in the context of ACE screening.• Explore staff wellness and vicarious trauma.

Strategy 1: Plan

Prior to implementing ACE screening into primary care, practices can undertake several activities to effectively set the stage for screening. At the outset, the education and training needs of providers and staff should be identified and addressed. These activities can include foundational concepts like the importance of TIC, the science of toxic stress, linkages between ACEs and serious health problems and how trauma can present. Practices can explore ways to minimize environmental factors that may trigger patients, including simple changes like adjusting seating and creating friendly signage. It's also essential that patients and families are involved in the process of implementing screening and designing a trauma-informed approach to care, so establishing methods to engage them in planning at the outset activities should be explored.



Changes That Can Result in Improvement		
Change Category	Change Ideas	Resources
Training and Engagement	<ul style="list-style-type: none"> Identify organizational changes that are key to ensuring a trauma-informed approach to care (e.g., safety, building trust, collaboration, etc.). Build a culture that embraces TIC strategies and skills and ensure that it is culturally responsive. Educate providers and staff on the science linking ACEs, toxic stress and health care status. Develop shared goals for screening, treatment and healing activities. Identify staff and clinical champions. Participate in free ACEs Aware training and attest to completion to get certified to receive Medi-Cal payment. Understand the clinical manifestations of toxic stress. Learn lessons from early adopters. 	<ul style="list-style-type: none"> Free Case-Based Two-Hour Provider Training [ACEs Aware] ACEs Aware Additional Training Opportunities [ACEs Aware] Provider Training Presentation Template [ACEs Aware] How Do These Pediatricians Do ACE Screening? Early Adopters Tell All. [PACEs Connection] What Is Trauma-Informed Care? [Center for Health Care Strategies] Treatment Improvement Protocol (TIP) 61: Behavioral Health Services for American Indians and Alaska Natives [SAMHSA] The 12 Core Concepts: Concepts for Understanding Traumatic Stress Responses in Children and Families [The National Child Traumatic Stress Network]
Physical Environment	<ul style="list-style-type: none"> Use trauma-informed interior design elements to redesign the physical environment of primary care practices. Adapt your physical setting to reflect a trauma-informed perspective. 	<ul style="list-style-type: none"> Trauma-Informed Design for Health Care [Soderstrom] Trauma-Informed Environmental Scan [Trauma Transformed] Setting the Stage for ACE Screening and Trauma-Informed Care in Small Practices: The Physical Environment and the Front Desk [Primary Care Development Corporation]
Patient, Family and Community Engagement in Planning and Design	<ul style="list-style-type: none"> Partner with patients, families and communities as part of patient-centered care. Equalize the power dynamic between providers and patients/families. 	<ul style="list-style-type: none"> Working with Patients and Families as Advisors [AHRQ] Sharing Power: A Tool for Reflection [NCTSN] Invisible Scars: America's Childhood Trauma Crisis mini-series [PBS]

Strategy 2: Screen

Several factors should be considered when launching the screening process. Practices should design workflows and determine the specific responsibilities of staff. California's ACEs Aware initiative has made screeners for adults and children available for download, along with sample workflows (see below). Beyond simply accessing the tool, practices can consider the best way to initiate conversations around trauma and toxic stress during patient visits, address perceived stigma among patients about trauma and household challenges and explore effective ways to address trauma that may be revealed by the screening process.



Changes That Can Result in Improvement		
Change Category	Change Ideas	Resources
Screening Protocols and Workflow Design	<ul style="list-style-type: none"> Engage patients and families in the process of developing screening workflows. Designate the target population for screening, both for initial implementation and efforts to expand screening to new populations over time. Design a workflow for pediatrics and adults. Define clinical roles and tasks. Design non-clinical roles and tasks. Ensure proper coding and documentation, particularly for Medi-Cal payment. 	<ul style="list-style-type: none"> ACE Screening Clinical Workflows, ACEs and Toxic Stress Risk Assessment Algorithm, and ACE-Associated Health Conditions for Pediatrics and Adults [ACEs Aware] Medi-Cal Payment for ACE Screening [ACEs Aware] ICD-10 Code for Documenting Toxic Stress
Conduct Screening: Determine the ACE Score	<ul style="list-style-type: none"> Ensure all staff are trained and comfortable in introducing the screening tool, its purpose and goals. Access screening tools for children, adolescents and adults (in 17 languages): <ul style="list-style-type: none"> Children and Adolescents: Pediatric ACEs and Related Life-events Screener (PEARLS) Adults: ACE Questionnaire for Adults Train providers and staff to attend to a patient's discomfort or distress during the screening process Integrate ACE screening as standard practice in all levels of patient care – prenatal care, pediatric primary care and adult primary care. 	<ul style="list-style-type: none"> Screening Tools for Children, Adolescents, and Adults [ACEs Aware] How to Screen for ACEs in an Efficient, Sensitive, and Effective Manner [Paediatrics and Child Health] Feasibility and Acceptability of Screening for Adverse Childhood Experiences in Prenatal Care [Journal of Women's Health]

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Strategy 2: Screen

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Changes That Can Result in Improvement		
Change Category	Change Ideas	Resources
Conduct Screening: Assess for ACE-Associated Health Conditions and Protective Factors	<ul style="list-style-type: none"> Determine the presence of ACE-Associated Health Conditions. Assess for protective factors that may buffer toxic stress and increase family strengths. Implement the ACEs Aware toxic stress risk assessment algorithm or develop your own algorithm. 	<ul style="list-style-type: none"> Strengthening Families and the Protective Factors Framework [Center for the Study of Social Policy]
Communicate with Patients and Families	<ul style="list-style-type: none"> Develop scripts that introduce ACE screening, address the screening process and review of the completed screening tool. Effectively engage patients and families, leveraging results from the screening. Use patient education materials as conversation starters. Help patients understand their resilience score and factors related to resilience. 	<ul style="list-style-type: none"> Patient Scripts from Communicating about ACEs with Patients and Families (slides 26-31) [Center for Youth Wellness] ACE Screening Sample Scripts for Pediatric Clinical Teams [ACEs Aware] Assessing Trauma Related Health Problems (Module 5, pages 162-163) [Johns Hopkins Pediatric Integrated Care Collaborative] Got Your ACE Score? [ACES Too High] Patient/Family Education Handouts [ACEs Aware]

Strategy 3: Treat

Once trauma or toxic stress has been identified, in conjunction with patients and families, providers should develop a treatment strategy that reflects a patient's risk of toxic stress physiology and the presence of ACE-Associated Health Conditions.¹⁴ Providers and staff can engage in conversations that elicit symptoms that have yet to be identified and help support the development of a strong therapeutic alliance and assess milestone development for children. Care teams can be mindful that strategies may vary depending on the patient's age and other factors and can also include efforts from the 'Stress Busters' strategies to build resilience among children and families, regardless of the outcome of the screening.

14. Office of the Surgeon General, California Department of Health Care Services. ACEs Aware: Clinical Assessment & Treatment Planning [web page]. Accessed January 14, 2021 from: <https://www.ACEsAware.org/treat/clinical-assessment-treatment-planning/>



Changes That Can Result in Improvement

Change Category	Change Ideas	Resources
Support Patients at the Point of Care	<ul style="list-style-type: none"> • Provide an empathetic response and elicit further symptoms. • Develop a treatment strategy. • Form a strong therapeutic alliance using relational skills. • Help families offer consistent care and reduce children's stress levels. • Educate families on buffering interventions (e.g., physical activity, nutrition, sleep, etc.) from the seven strategies for toxic stress regulation, as noted in the 'Stress Busters' image (see next page). 	<ul style="list-style-type: none"> The Medical Home Approach to Identifying and Responding to Exposure to Trauma [American Academy of Pediatrics] Clinical Assessment and Treatment Planning [ACEs Aware] Self-Care Patient Tools [ACEs Aware] Self-Care Tool for Pediatrics and Adults [ACEs Aware] Ongoing Pediatric Health Care for the Child Who Has Been Maltreated [Pediatrics Journal] Regulating the Stress Response for Kids: Practice Tips for Primary Care Providers [ACEs Aware] Best Practices in Relational Skills Training for Medical Providers [Academic Pediatrics] How to Reduce the Effects of ACEs and Toxic Stress Patient Handout [Center for Youth Wellness]
Connect Patients to Local Support	<ul style="list-style-type: none"> • Create asset maps to determine community resources. • Build relationships with community members and organizations to support ongoing growth and knowledge of resources. • Identify frequent referral resources and invite them to staff meetings or conduct outreach calls to learn about their services in more depth. • Connect families to early intervention services to help children accelerate skills acquisition. 	<ul style="list-style-type: none"> The Community Opportunity Map [Casey Family Programs] Community Mapmaker [Healthy City] ACEs Aware Clinician Directory [ACEs Aware] Trauma-Informed Network of Care Roadmap [ACEs Aware]

Strategy 3: Treat



15. Busan D. et al. The Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the Surgeon General, 2020. DOI: 10.48019/PEAM8812 Page 88. https://www.acesaware.org/wp-content/uploads/2020/12/Roadmap-For-Resilience_CA-Surgeon-Generals-Report-on-ACEs-Toxic-Stress-and-Health.pdf

Strategy 4: Heal

The healing process reflects a longitudinal approach to patient care, as well as broader work within the community to address toxic stress. While treatment strategies focus on what is happening at the point of care and in between visits, healing strategies build resilience, further goals around prevention and identify collaboration points with the community to address critical issues that impact overall health and wellness. This can include violence prevention, building capacity for community services and collaborating on outreach to children and families in need. Care teams can work with families to facilitate the adoption of healing techniques and access external services. Partnering with community organizations that support patients and/or work on infrastructure issues such as violence prevention is also important. Networks of care play a critical role in providing supports, such as balanced nutrition, mental health care and other evidence-based strategies for toxic stress regulation,¹⁶ in an ongoing manner outside the primary care practice.¹⁷



Changes That Can Result in Improvement		
Change Category	Change Ideas	Resources
Integrate Healing Strategies at the Point of Care	<ul style="list-style-type: none"> Understand how children of various ages may express distress. Facilitate the adoption of healing techniques and stress mitigating skills (e.g., making eye contact, helping children express hard feelings). Talk with patients about referrals and community connections. 	<ul style="list-style-type: none"> Age-Related Reactions to a Traumatic Event [NCTSN] Children's Books on Trauma and Other Resources for Children [Piplo Productions] Parent Handouts for Understanding ACEs, Parenting to Prevent and Heal ACEs [PACEs Connection] Parental Resilience: Action Sheet [Center for the Study of Social Policy]
Explore Approaches for Healing Within Your Community	<ul style="list-style-type: none"> Understand how children of various ages may express distress. Facilitate the adoption of healing techniques and stress mitigating skills (e.g., making eye contact, helping children express hard feelings). Talk with patients about referrals and community connections. 	<ul style="list-style-type: none"> Beyond Screening: Achieving California's Bold Goal of Reducing Exposure to Childhood Trauma [Prevention Institute] Healing Hurt People Program [Drexel University] Racism and Discrimination as Risk Factors for Toxic Stress [ACEs Aware]
Address Prevention	<ul style="list-style-type: none"> Teach coping and problem-solving skills. Strengthen access and delivery of TIC across the health system and community. 	<ul style="list-style-type: none"> We All Have a Role in Preventing ACEs [CDC] Violence Prevention in Practice: Strategies and Approaches [CDC]

16. 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. Page 88. DOI: 10.48019/PEAM8812.

17. ACEs Aware. June 2021. ACEs Aware Trauma-Informed Network of Care Roadmap. Accessed October 1, 2021 from: <https://www.acesaware.org/wp-content/uploads/2021/06/Aces-Aware-Network-of-Care-Roadmap.pdf>

Strategy 5: Manage

As reflected in the previous strategies, implementing ACE screening extends beyond the time spent with patients assessing their ACE score. It is important to consider staffing and programmatic factors, like supporting the resilience of staff to prevent burnout and secondary trauma. Practices should also explore options to share data with external partners to support whole-person care, improve care coordination and improve management of referrals. Finally, COVID-19 presents both opportunities and challenges. California's ACEs Aware initiative explores how increased time at home because of the stay-at-home orders can be leveraged to enhance self-care.



Changes That Can Result in Improvement		
Change Category	Change Ideas	Resources
Maintain Resilience Among Providers and Staff	<ul style="list-style-type: none"> • Explore the concept of compassion fatigue and how it can manifest. • Implement activities and approaches that protect against burnout. • Identify ways to improve both physical and emotional safety. • Leverage trust, choice, collaboration and encouragement to improve resilience and reduce burnout. • Mitigate the effects of secondary traumatic stress. 	<ul style="list-style-type: none"> Assessing Readiness and Building Resilience in the Clinical Workforce: A Foundation for ACE Screening Integration [ACEs Aware] Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals [NCTSN] Vicarious Trauma and Burnout in Healthcare Providers and How a Trauma Informed System Can Help [University of New Mexico]
Data Sharing	<ul style="list-style-type: none"> • Develop a data strategy to track the success of and improve your efforts and interventions. • Engage in data partnerships with child-serving sectors. 	<ul style="list-style-type: none"> Data Sharing Across Child-Serving Sectors: Key Lessons and Resources [Nemours]
Outcomes	<ul style="list-style-type: none"> • Explore the science behind positive ACE screens and understand that positive ACE screens may more accurately predict general outcomes versus specific symptoms. 	<ul style="list-style-type: none"> Methods to Assess Adverse Childhood Experiences of Children and Families: Toward Approaches to Promote Child Well-Being in Policy and Practice [Academic Pediatrics]
External Factors – COVID-19	<ul style="list-style-type: none"> • Assist patients with addressing the stress and anxiety of COVID-19, as well as leveraging time in quarantine to explore self-healing modalities. 	<ul style="list-style-type: none"> Sheltering in Place: ACEs-Informed Tips for Self-Care During a Pandemic [Center for Youth Wellness] COVID-19 and Stress [ACEs Aware]

Implementation Stories



Los Angeles County Department of Health Services

Los Angeles County Department of Health Services (LA DHS) operates more than 25 ambulatory care clinics in LA County. A centralized program office – referred to as ACEs-LA – has supported the implementation of routine screening in five clinics: High Desert Pediatrics, Olive View Pediatric Primary Care, Olive View Hub Clinic, East San Gabriel Hub Clinic and Hubert Humphrey Pediatrics. Screening rates for the eligible population range from a low of 7% to a high of 73%. Nearly all the screens to date have been in pediatric patients.

With support from ACEs-LA, each clinic designed its own workflow based on a consistent set of activities: introducing the screening process and interacting with patients; defining the steps for how the tool is administered, who discusses the score and the screening result (e.g., the definition of a positive screen, responsibility for documenting the result); and supporting patient healing (e.g., who works with the patient and family, providing and documenting referrals to community services).

LA DHS makes the following recommendations to clinics implementing routine screening:

Planning

- Start small and choose what is doable for your organization. For example, start with new patients, teens, pregnant moms and 9-, 18- and 30-month-olds. Getting creative is important too! Don't let your limitations as an organization define success.
- Establish a measurement strategy at the outset, including clearly defining the types of visits that would be considered eligible for screening.
- Define eligible populations for each clinic (e.g., pediatrics, children under age 18, parents).
- When implementing across a network of sites, support each site with their process to design a workflow. Offer a high-level framework that is consistent across clinics but includes flexibility for sites to adapt to their own needs.

Workforce Training and Engagement

- Support a culture that places equivalent value on the contributions and roles of medical assistants, community health workers, navigators and other staff. They will play a significant role in the screening process, and their contributions to the design of trainings, workflow changes, communication tools, etc. are critical to success.
- Identify clinicians who are interested in TIC and who want to implement screening. Begin design and implementation work with the patients in their panel.
- Educate staff and providers and work on getting buy-in. Consider offering ongoing training and education through monthly lunch and learns.
- Support ongoing collaboration between clinics and wellness coordinators to develop strategies to support resilience and innovative response measures.

Implementation Stories



Santa Rosa Community Health

Santa Rosa Community Health (SRCH) is a system of eight community health centers in Sonoma County, California. In addition to clinics that care for patients of all ages, SRCH has campuses that specifically target services to children, teens and patients experiencing homelessness. In 2014, two campuses initiated universal ACE screening and a TIC transformation with grant support from the American Academy of Pediatrics Healthy Tomorrows Program and Kaiser Community Benefit. Currently, their three large family medicine campuses are also working toward implementation. More than 15,000 patients have been screened for ACEs, and SRCH is working to integrate ACEs into their electronic health record and to adapt screening to telehealth visits.

SRCH makes the following recommendations to clinics implementing routine screening:

Planning

- Involve patients in planning from the outset, including the creation of a parent advisory group to advise on implementation.
- Integrate a trauma-informed approach to care across the clinic, including embracing small changes to the physical environment (e.g., friendly signage, re-organizing chairs into small groupings instead of rows).

- Begin with de-identified screeners to decrease patient discomfort. Use the results of the screen to ask patients if they are comfortable sharing more information.
- Take cues from quality improvement methodology by starting small. Have one or two clinicians begin screening one patient per day.

Workforce Training and Engagement

- Identify program champions at each site, ideally multiple champions that represent different roles (e.g., clinical, operational, front-line). Acknowledge medical assistants and care navigators as primary roles on the planning team, as they often have the best sense of how to overcome early challenges related to workflow redesign.
- Design a care team that includes behavioral health providers for counseling and a community resources coordinator to focus on referrals that address social risk factors (e.g., housing instability).
- Recognize that issues related to secondary trauma will inevitably come up and integrate it into trainings in an anticipatory way, rather than only responding after it is expressed.

- Coach care team members to ask permission at every opportunity as a way to communicate respect for patient preferences (e.g., whether a patient prefers to have the door closed while waiting for the provider).
- Develop bidirectional relationships with key referrals. For organizations that you frequently refer to, considering inviting representatives to attend a staff meeting. Clinic staff can ask questions (e.g., how to prioritize high-needs patients), and it establishes trust and collaboration between the two organizations.

To learn more

about experiences implementing ACE screening into practice, listen to the ACEs Aware webinar '[Implementing ACE Screenings: How-To Guide and Lessons from the Field.](#)'

Appendix

Abbreviations

ACE	Adverse Childhood Experiences
AHRQ	Agency for Healthcare Research and Quality
CA-OSG	California Office of the Surgeon General
CDC	Centers for Disease Control and Prevention
CQC	California Quality Collaborative
LA DHS	Los Angeles County Department of Healthcare Services
NCTSN	National Child Traumatic Stress Network
PBGH	Purchaser Business Group on Health
PBS	Public Broadcasting Service
SAMHSA	Substance Abuse and Mental Health Services Administration
SRCH	Santa Rosa Community Health
TIC	Trauma-Informed Care

CQC is a program of the Purchaser Business Group on Health.



Join Us

Learn more about CQC and its quality improvement initiatives and resources at www.pbgh.org/california-quality-collaborative

We are very interested in hearing from learners who have used this toolkit and its resources or are implementing ACE screening. If you have feedback, insights, any accessibility issues or need to report a broken link, please email cqcinfo@pbgh.org.

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