Adverse Childhood Experiences
Best Practices for Screening Implementation
The Center for Youth Wellness

December 2nd, 2020          Karissa Luckett RN, BSN, MSW
Presenter

• Karissa Luckett RN, BSN, MSW

• Proud to be a Nurse for over 25 years

• Has worked in the quality arena and part-time for the Joint Commission for the past 12 years

• Doesn’t know what she wants to be when she grows up

• Momma Bear to a lovely 15-year-old daughter, and a 1 year old Cavalier King Charles
Today’s Objectives

- Review of ACEs science, Toxic Stress, & adverse health outcomes
- Describe the best practices for ACEs screening in medical settings
- Review case studies and patient education principles
- Overview of California legislation around ACEs screening
- Discuss stress responses of COVID-19 and specific strategies to increase resilience through the domains of wellness
Center for Youth Wellness History & Background

- Founded in 2012 by California’s first and current Surgeon General, Dr. Nadine Burke Harris

- Center for Youth Wellness (CYW) has led the conversation on improving the health of children and families by addressing Adverse Childhood Experiences (ACEs) and toxic stress through screening, interventions, and building resilience

- CYW seeks to build healthier lives for children and families through multifaceted programming, the core of which, takes place at our clinic located in San Francisco’s most disadvantaged neighborhood of Bayview Hunters Point (Bayview)

- CYW provides comprehensive mental health care to children and families exposed to ACEs and toxic stress using an innovative Ecosystem of Care approach that knits together clinical services, family supports, and social services coordination, all in collaboration with the co-located Bayview Child Health Center (BCHC) medical clinic.
A little bit about CYW ….

CYW operates as the collaboration catalyst across the entire community landscape to build capacity and remove barriers to care and treatment for children and families exposed to ACEs and toxic stress.
Adverse Childhood Experiences

Abuse
- Physical
- Emotional
- Sexual

Neglect
- Physical
- Emotional

Household instability
- Mental Illness
- Mother treated violently
- Incarcerated Relative
- Substance Abuse
- Divorce
Additional Adversities

Hardship

- Food insecurity
- Housing instability

Other significant life events

- Caregiver’s serious physical illness or death
- Community or school violence
- Bullying
- Separation from a caregiver
- Discrimination
ACEs are common

- Nearly 2 out of 3 adults have at least one ACE
- Nearly half of children (34.8 million) have at least one ACE

Source: CDC-Kaiser ACE Study (1998)

Early Adversity has Lasting Impacts

Adverse Childhood Experiences

- Traumatic Brain Injury
- Fractures
- Burns
- Depression
- Anxiety
- Suicide
- PTSD
- Unintended pregnancy
- Pregnancy complications
- Fetal death
- HIV
- STDs
- Cancer
- Diabetes
- Alcohol & Drug Abuse
- Unsafe Sex
- Education
- Occupation
- Income
Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
ACEs have strong association with negative health outcomes in adults:

<table>
<thead>
<tr>
<th>Leading Causes of Death in US, 2013</th>
<th>Odds Ratio Associated with ≥ 4 ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>2.1</td>
</tr>
<tr>
<td>Cancer</td>
<td>2.3</td>
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<tr>
<td>Chronic Lower Respiratory Diseases</td>
<td>3.0</td>
</tr>
<tr>
<td>Accidents</td>
<td></td>
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<tr>
<td>Stroke</td>
<td>2.4</td>
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<td>Diabetes</td>
<td>1.5</td>
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<tr>
<td>Influenza and Pneumonia</td>
<td></td>
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<tr>
<td>Kidney Disease</td>
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<tr>
<td>Suicide</td>
<td>30.1</td>
</tr>
</tbody>
</table>
Biological mechanism: Toxic stress

Adverse Childhood Experiences
- Protective Factors
- Predisposed Vulnerability

Clinical Implications
- Endocrine Metabolic Reproductive
- Neurologic Psychiatric Behavioral
- Immune Inflammatory Cardiovascular
- Epigenetic
The impact: Variability in symptomatology
Not all stress is bad

Positive stress response:
This is the body’s response to temporary stress. Stress hormones help the body do what’s needed in the moment. Once the event passes, the stress response turns off and the body goes back to its normal state. For example, starting a new child care arrangement or getting shots might lead to a positive stress response. Children can gain confidence and learn coping skills when supported through this type of stress.

Tolerable stress response:
This is the body’s response to more lasting and serious stress. With tolerable stress, a child needs the help of a supportive caregiver to help her stay calm and turn down the stress response. With this support in place, the body can more easily return to its normal state. Tolerable stress can occur during events like an injury or natural disaster.

Toxic stress response:
This is the body’s response to lasting and serious stress, without enough support from a caregiver. When a child doesn’t get the help he needs, his body can’t turn off the stress response normally. This lasting stress can harm a child’s body and brain and can cause lifelong health problems. This type of stress results from exposure to things like abuse and neglect.

Bucci et al., 2016
Not all individuals experience toxic stress as a result of negative experiences.

http://www.albertafamilywellness.org/what-we-know/resilience-scale
Factors to Build Resilience and Buffer Trauma through the Domains of Wellness

- Supportive Relationships
- Eating Healthy
- Sleeping Well
- Using Movement
- Practicing Mindfulness
- Supporting Mental Health
- Spending Time with Nature
Questions?
ACEs Screening Protocol Development
ACEs Screening Protocol Development

- Establish clear rationale for ACEs screening
- Identify screening tool to be utilized
- Population and screening intervals selected
- Outline workflow
- Outline scoring algorithm
- Develop referral and intervention plan
- Establish data measures and reporting process for coaching
Screening tool/interval & target population

CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

Today’s Date: ___________________________ Date of birth: ___________________________
Name: ___________________________ Relationship to Child: ___________________________

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child’s doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number on the line provided.

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box.

Section 1: At any point since your child was born...

- Your child’s parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that he might be physically hurt
- Someone touched your child’s private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect him/her
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box.

Pediatric ACEs and Related Life Events Screener (PEARLS) - Child (Parent/Caregiver Report)

Today’s Date: ___________________________ Date of birth: ___________________________
Name: ___________________________ Relationship to Child: ___________________________

Many families experience stressful life events. Over time, these experiences can affect your child’s health and wellbeing. We would like to ask you questions about your child so we can help them be as healthy as possible.

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences. Please note, some questions have more than one part separated by “OR.” If any part of the question is answered “Yes,” then the answer to the entire question is “Yes.”

- Has your child ever lived with a parent/caregiver who went to jail/prison?
- Has your child ever lived with a parent/caregiver who had mental health issues? (for example depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
- Has a parent/caregiver ever insulted, humiliated, or put down your child?
- Has your child’s biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications?
- Has your child ever been neglected appropriate care by any caregiver (for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)?
- Has your child ever seen or heard a parent/caregiver being screamed at, insulted, humiliated or by another adult? Or does your child ever see or hear a parent/caregiver being slapped, kicked, punched, beaten, thrown or hurt with a weapon?
- Has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might hurt you?
- Has your child ever experienced sexual abuse? For example, anyone touched your child or asked your child to touch someone in a way that was unwanted, or made your child feel uncomfortable, or any one attempted or actually had oral, anal, or vaginal sex with your child?
- Has there ever been significant changes in the relationship status of the child’s caregivers? For example, a parent/caregiver got divorced, separated, or a romantic partner moved in or out?

Add up the “yes” answers for this first section:

- Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school? (for example targeted bullying, assault or other violent acts, war or terrorism)
- Has your child experienced discrimination (for example being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)?
- Has your child ever had problems with housing (for example being homeless, not having a stable place to live, moved more than two times in a six-month period, lived in a shelter, on the streets, in an impaired mobile home, or had to live with multiple families or family members)?
- Have you ever worried that your child did not have enough food to eat or that the food your child would run out before you could buy more?
- Has your child ever been separated from their parent or caregiver due to foster care, or immigration?
- Has your child ever lived with a parent/caregiver who had a serious physical illness or disability?
- Has your child ever lived with a parent or caregiver who died?

Add up the “yes” answers for the second section:
Center for Youth Wellness Tool

CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

Today’s Date: __________________________ Date of birth: __________________________
Child’s Name: __________________________
Your Name: __________________________ Relationship to Child: __________________________

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Supplemental Community Based Adversity/Determinant Questions

Core 10 Items
Clinical Symptoms Associated with ACEs

**Inflammatory Responses**
- Frequent asthma exacerbations
- Frequent eczema flaring
- Frequent colds
- Frequent infections such as ear infections or pneumonia

**Endocrine System Responses**
- Diabetes
- Difficulty keeping weight on
- Frequent abdominal pain
- Obesity
- Poor growth
- Constipation
- Weight gain or loss
- Difficult/irregular menses
- Early or late onset of menses/puberty

**Neurological System Responses**
- New onset, or recent increase in anxiety
- New onset, or recent increase in depression
- Enuresis/Encopresis
- Behavior problems- impulsivity, oppositional defiance
- Frequent headaches/migraines
- Inconsolable crying
- Difficulty sleeping or nightmares
- Disassociation/apathy
- Regular Drug, alcohol, tobacco use
- Risky sexual behavior- frequent sexual activity, multiple partners, lack of use of condoms/contraception
- Self-Harm –cutting, suicidal Ideation/attempt
- School problems- school avoidance, frequent absence, poor/failing grades
- Learning problems- increase in ADD, ADHD symptoms
**Scoring Algorithm**

### Low Risk

- **Score of 0**
  - No symptoms/health problems*
    - Provide patient education/anticipatory guidance on ACEs and Toxic Stress

### Intermediate Risk

- **Score of 1-3**
  - No symptoms/health problems*
    - Provide patient education/anticipatory guidance on ACEs and Toxic Stress and build-up protective factors/resilience
    - Optional additional services: care coordination, parenting support program, referral to health educator, nutrition counseling, mental health services, other community resources
    - Schedule follow up medical appointment, if necessary

### High Risk

- **Score of 1-3**
  - Symptoms/health problems*
    - Provide patient education/anticipatory guidance on ACEs, Toxic Stress, and symptoms/health problems, build-up protective factors/resilience, and consider different clinical interventions

- **Score of 4+**
  - With or without symptoms/health problems
    - Refer/link to trauma-informed therapeutic services
    - Refer/link to additional treatment as appropriate
    - Schedule follow up medical appointment to monitor symptoms

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*Symptoms and health problems associated with ACEs and trauma

**Note:** If child or family reports or shows signs of child maltreatment, provider should follow standard procedures to assess for required reporting to Child Protective Services.
Referral & Intervention Plan – 3 Tiers

• Clinical Response
  • Early detection through screening
  • Increased rapport via Patient Education & Anticipatory Guidance
  • Clinical management & considerations using an ACEs lens

• 7 Domains of Intervention (sleep, nutrition, exercise, mindfulness, mental health, and healthy relationships, time spent in nature)
  • Prompt therapeutic interventions & enhancing protective family factors

• Additional intervention supports
  • Modifiable factors (housing, food, etc.)
  • Parenting support
  • Maternal depression screening and treatment
Making screening a reality

- Acknowledge and address the challenges and opportunities for ACEs screening
- Start with a pilot population
- Incorporate into annual well-child visits
- Utilize resources provided for you
  - Sample Scripts
  - Patient Education and Teaching Aids
- Develop a standardized protocol
Key Concepts to Address with Patients and Families about ACEs and Toxic Stress

- ACEs are common
- More ACEs means ↑ chance of toxic stress
- ACEs accumulate over time (we can’t unexperience something)
- ACEs without protective factors at key developmental ages can increase risk of toxic stress
- Toxic Stress can bring illness-- physically and mentally
Sample Script for Staff Administering the ACE Questionnaire

We have some forms that we’d like for you to fill out, so your doctor understands how your child is doing.

This one is called the ACEs screening. We screen all of our patients for adverse childhood experiences.

When you fill out the form write the number (just the number) of things your child experienced. You don’t need to circle any, just write the total number in the box on the form.....

Your provider will go over the form with you and answer any questions.
We now understand that exposure to stressful experiences like the ones listed here can increase the amount of some hormones that a child’s body makes. This can increase their risk for health or developmental problems. When we about this, we can work with you to provide the best care possible to you and your child.

Because of what your child has experienced, I am concerned that this may be tied to some of the problems we have been discussing (like…)

The earlier we can address these stressors the faster the body can begin to work to adjust and heal.
Conversation starters when you get told a patients has a “Positive ACE” …

“When you filled out this questionnaire you marked you have been through some difficult things. (Pause) Many people in our community have been through a lot” (if you feel ok, and it is true, you can say, even me/or even people in my family). “Some people have experiences that lead to something we call toxic stress.”

“Do you think the things your child has experienced could be affecting him”

“Can you tell me what is causing your family stress, so that I can know how to help you in the best way possible? “

“What is the most important thing to you that I can help with today?”
Using Patient Education materials as conversation starters

“When I first heard of ACEs I didn’t understand them. We always have to have a fancy name for something in the medical field don’t we?

So, ACEs are really difficult or stressful times in our lives. There are some examples on this sheet.”
Using Patient Education materials as conversation starters….

“Having a lot of stress over a long time, can make some people sick. Do you think this could be happening in your family? We want understand so we can help.”
### Case Study I

**CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child**

**To be completed by Parent/Caregiver**

| Today's Date: | | Date of birth: | |
|----------------|--------------------------|
| Child's Name: | | Date of birth: | |
| Your Name: | Relationship to Child: | |

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child’s doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number in the box provided.

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1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box. **3**

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- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected
What are we going to do???

- If the patient doesn’t seem receptive start with using handouts to talk about ACEs or Toxic Stress
- Don’t be afraid to ask What the Patient is Most Concerned about….
- Use your OARS (open ended questions, active listening, reflective statements, summarizing)
- Use not only the verbal summary of patient’s plan, but also put it in writing! (people are at least 5x more likely to follow through when plan is written)
The patient is a 3 year old female who has been seen 4 times in the clinic in the past 6 months for stomach aches.

Mom has reported to the MA, that she has been called 3 times from the preschool in past 6 weeks related to behavior incidents.
Case Study IV

CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

To be completed by Parent/Caregiver

Today’s Date: __________________________
Child’s Name: __________________________ Date of birth: __________________________
Your Name: __________________________ Relationship to Child: __________________________

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- Your child often felt unsupported, unloved and/or unprotected
Rationale: Why screen for ACEs in primary care?

- Ideal setting for screening, health promotion, and disease prevention (definition of a medical home)
- Some evidence shows that early detection can prevent negative health outcomes.
- The provider and patient relationship creates an atmosphere to discuss adverse childhood experiences
- Patient families identify being simply asked about their ACEs as an intervention
California’s journey towards universal ACEs screening
Policy Timeline

2017: AB 340, a legislation sponsored by Californians for Safety and Justice
   • The intent of the bill was to require that screening services provided under the Early and
     Periodic Screening, Diagnosis, and Treatment

2018: DHCS convened an AB340 advisory group that met over the year to provide recommendations around
screening purpose and tools
   • January 2019: Recommendations from the group were submitted
   • $45 million allocated for screening reimbursement and $50 million for provider training in Governor Gavin
     Newsom’s 2020 budget

● January 2019: Nadine Burke Harris (CYW’s founder and CEO) appointed as California Surgeon General by
  Governor Gavin Newsom

● Summer 2019 – Winter 2020: Multiple advisory groups convened by the Office of Surgeon General and CA
  Department of Health Care Services around implementation plan, clinical guidance, curriculum development,
  provider engagement and networks of care

● December 4, 2019: Phase 1 of ACEs Aware Initiative & website launches – ACEsAware.org

● January 1, 2020: Medi-Cal Providers able to seek screening reimbursement
The following Healthcare Common Procedure Coding System (HCPCS) should be used to bill Medi-Cal based on ACE screening results:

- **HCPCS: G9919** - Screening performed – result indicates patient is at high risk for toxic stress; education and interventions (as necessary) provided*

- Providers must bill this HCPCS code when the patient’s ACE score is 4 or greater (high risk)  Payment: $29

- **HCPCS: G9920** - Screening performed – result indicates patient is at lower risk for toxic stress; education and interventions (as necessary) provided*

- Providers must bill this HCPCS code when the patient’s ACE score is between 0 – 3 (lower risk)  Payment: $29
Thank You!