Q&A

Moving to universal ACEs screening: Findings from a state advisory group on screening children for trauma Webinar

Below are the questions, along with answers brought up during the webinar. For questions about Trauma or ACEs screening implementation in the state of CA, please direct your message to AB340@dhcs.ca.gov. For more information about anything you heard on the webinar, please feel free to reach out to nppc@centerforyouthwellness.org.

Q: Is there a screener for resilience that you recommend or endorse?
A: The Whole Child Assessment (WCA) includes some questions about protective factors, but the support to build resilience really comes from the conversation that results from the screening tool.
At the Center for Youth Wellness (CYW), the CSSP protective factors survey tool is currently used for this purpose.
CYW's NPPC membership often express interest in the use of a parental ACE screen in conjunction with resilience questions from the The Connor-Davidson Resilience Scale (CD-RISC). There are a number of other tools and efforts across the country looking at resilience, including Dr. Christina Bethell's work on the National Survey of Children's Health which asks about resilience as a simple, single question about a child "staying calm and in control when faced with a challenge." Dr. Bethell and Dr. Bob Sege, of Project DULCE, have also developed a new framework called HOPE which includes screening for "positive childhood experiences."

Q: Would prenatal OB practices be eligible for the one time reimbursement if they screen for ACEs in their 18+ population? Or can this only be done through primary care?
A: DHCS is saying all kids and adults should be screened and referred for childhood trauma, which should include mothers in obstetrics.

Q: The work flow Dayna described is elegant. If we do not have the capacity in our clinic to have behavioral health providers or community health workers who can provide support based on family responses, do you think it is reasonable to screen or do we need to first build that capacity?
A: It's not only reasonable, it's recommended. Start with building your capacity for trauma informed care, identifying external resources that can be supports for patients who are identified as needing care, and outline a workflow that would work for you. If you already use paper or tablet based screening, the workflow could be similar. If this is completely new to you, we suggest creating a small and focused pilot once you have

outlined a workflow. The NPPC works with providers who are have various types of services and staffing embedded in their clinics. Feel free to reach out for additional guidance.

Q: Are you aware of any planned research into the efficacy of various interventions for children with high ACEs scores?
A: Yes, the Bay Area Research Consortium is currently studying the impact of ACE-informed interventions, including tech-enabled care coordination and a clinic designed to integrate evidence-base family supports, information, and interventions to mitigate toxic stress. In addition, CYW is constantly designing and developing new interventions. Currently we are working on clinical considerations for how one might treat/manage ACEs-attributable diseases, like asthma, differently. We all welcome opportunities to partner further on those designs and development, especially testing in clinical practice.

Q: What biomarkers are being tested/used?
A: The BARC biomarker panel measures for dysregulation across several biological systems (cardiovascular, metabolic, inflammatory, neuro-endocrine) to avoid dependence on one biomarker

Q: Are there efforts at the state to coordinate efforts around maternal mental health screening in pediatrics with toxic stress screening? They are so interconnected.
A: In Orange County recently, the Surgeon General announced that maternal mental health was a new focal point of her agenda.

Q: What is the icd-10 code?
A: DHCS has designated CPT Code: 96160

Q: What is the literacy level of the WCA and PEARLS tool?
A: The WCA is at a 4th grade reading level. The PEARLS is at a 6th grade reading level.

Q: Do you have examples of what type of client education materials were used to review ACEs and Toxic Stress?
A: The NPPC has several examples of patient education materials, including materials that were developed in a partnership with CYW and Health Steps - these are available on the member site or you can contact us as we will share them with you directly. ACESconnection and the AAP also have educational handouts.

Q: What is the training of a community health worker?

A: UCSF Benioff Children's Hospital Oakland trains their community health workers in cultural humility. They use a tech platform called www.findconnect.org to support screening referral and case management.

Q: Very interested in any considerations of a child self-report below age 12.
A: Depends upon what you want to know from child. I have noticed that teens often don't know about their own exposure to early adversity. Some studies point to a child being able to disclose their own experiences of child maltreatment as young as 7 or 8 but we have yet to see a tool that is design for self report younger than 12, which may be in part due to 12 being a designated age at which teens can start consenting for "sensitive" health care services in many states.

Q: How do we track various clinics where an individual child may be screened? How does the community service agency receive HIPAA protected ACEs results? How is this information shared with the school nurse /school?
A: This will vary by locale and the laws that govern each entity. One way to receive results may be for the parent or patient to report them directly to the community service agency/school/school nurse. Another way may be to establish partnership or release of information agreements between the healthcare providers and the community service agency.

Q: Has the Whole Child Assessment (WCA) been approved for use in all clinics as an alternative to the Staying Healthy Assessment (SHA) or was it just approved for use at Loma Linda? I'm wondering if we can just switch now or if we need to reach out to DHCS.
A: Yes, the WCA has been approved by the State of California as an approved alternative IHEBA, not just for Loma Linda but any clinic in the state. Clinics do need to notify their MediCal plan that they are using WCA instead of the SHA so that auditors know what to look for.