PEDIATRIC SYMPOSIUM

OCTOBER 20

Clinical Models:

Overview of ACEs screening and intervention as part of pediatric medicine

CENTER FOR YOUTH WELLNESS

health begins with hope

Everychild Bright Beginnings Initiative

Because every child deserves a bright and healthy beginning

Elisa Nicholas, MD, MSPH, FAAP
Chief Executive Officer

The Children's Clinic
"Serving Children & Their Families"

Associate Clinical Professor of Pediatrics
University of California, Irvine – School of Medicine

Pediatric Symposium on ACEs and Toxic Stress
October 20, 2016

Disclosure

- I have no relevant financial relationships with commercial interests to disclose.

40,000+ patients served by over 123,000 visits in 2016.

The Children's Clinic
"Serving Children & Their Families"

Who We Are

A community Health Center System serving the greater Long Beach, CA community.

- 11 sites
  - 4 school-based health centers
  - 4 free-standing clinics
  - 1 in Multi-Service center for the homeless
  - 1 in permanent homeless housing
  - 1 adjacent to major Children's Hospital campus
  - 1 mobile health center

The Children's Clinic
"Serving Children & Their Families"

Our Mission

To provide quality integrated, innovative health care that will contribute to a healthy community, focusing on those in need and working with patients and the community as partners in their overall well being.

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Transforming Care of Children & Families

Everychild Bright Beginnings Initiative

Because every child deserves a bright and healthy beginning

Step 1

Capacity Building & Training in Trauma Informed Care

- Advisory Council
- EBBI Program Staff
- Clinical Leadership
- All Clinic Staff
- All Staff with Patient Contact

Step 2

Identify Target Population

- Prenatal Patients
- Children ages 0 to 4
- Parents of Children ages 0 to 4

Step 3

Screening

For the Child

- PEDS
- MCHAT
- Sensitive and Probing Questions

For Parents or Prenatal

- Family/Pregnancy Wellbeing Survey
- Sensitive and Probing Questions
- Edinburg Postnatal Depression Scale

Step 4

Assessment & Stratification

High Risk

- Intake Interview & Assessment which includes the Patient Health Questionnaire (PHQ9) for depression, and the Generalized Anxiety Disorder Assessment (GAD7)
- Referrals & Linkage

Medium Risk

- Intake Interview & Assessment
- Referrals & Linkage

Low Risk

- Resources
- Referrals & Linkage

Step 5

Patient Care Plan Interventions

Based on Intervention Level

- Multidisciplinary Case Consultation
- Case Management, including Intensive Case Management
- Mental health Services & Referrals
- Medical Legal Partnership Services
- Home Visits
- Mediation
- Resources
- Parenting Classes *Parent Cafes, Group Counseling, Parent Institute, Project Fatherhood*
- Recreational Classes *Parent & Mommy & Me Yoga, Cooking & Nutrition, Walking Clubs*

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EBBI Advisory Council

Made up of over 40 community-based consumer and professional partners to make strides towards fully-implementing TIA into TCC.

Children Institute, Inc., End Abuse Long Beach, First 5 LA, For The Child, Headstart, LA County Sheriff Jim McDonnell, Legal Aid Foundation of Los Angeles, Long Beach Department of Health and Human Services, Long Beach Unified School District, Long Beach Violence Prevention Taskforce, Los Angeles Department of Mental Health, Former Assemblywoman Bonnie Lowenthal, Lullaby Lounge, Post Partum Support Group, Memorial Medical Center, Mental Health America, Miller Children's Hospital, Pacific Asian Counseling Services, Perinatal Mental Health Task Force, Perinatal Psychiatrist, Reverend O. Leon Wood, Staff of Congressman Alan Lowenthal, Su Casa, Ending Domestic Violence, St. Mary's Hospital, TCC Patient Advisors, The California Endowment, The Guidance Center, UCLA Center for Children and Families, Welcome Baby Hospitals, Women's Shelter Long Beach, Zero to Three

Step 1

Capacity Building & Training in Trauma Informed Care

- Advisory Council
- EBBI Program Staff
- Clinical Leadership
- All Clinic Staff
- All Staff with Patient Contact

Trauma-Informed Approach (TIA) at TCC

TCC was the first health center in **Los Angeles County** to obtain **Trauma Informed Care (TIC) certification** from the **National Council of Behavioral Health.**

TCC is trauma-informed in that it:

- ***realizes*** *the widespread impact of trauma and understands potential paths for recovery;*
- ***recognizes*** *the signs and symptoms of trauma in clients, families, staff, and others involved with the system;*
- ***responds*** *by fully integrating knowledge about trauma into policies, procedures, and practices,*
- *and seeks to actively* ***resist re-traumatization****."*

Step 1

Capacity Building & Training in Trauma Informed Care

- Advisory Council
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- Clinical Leadership
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- All Staff with Patient Contact

Substance Abuse and Mental Health Services Administration SAMHSA

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Promoting a Trauma-Informed Workforce & Workplace

- Ongoing training of 500+ staff in Trauma-Informed Care.
- Screen and assess for trauma.
- Communicate a sensitivity to trauma issues.
- Create a safe and secure environment
- Provide services in a trauma informed manner.
- Redesigned care processes, policies and procedures to incorporate a Trauma-Informed Approach (TIA).
- Received continuous input from EBBI Advisory Council.

Step 1

Capacity Building & Training in Trauma Informed Care

- Advisory Council
- EBBI Program Staff
- Clinical Leadership
- All Clinic Staff
- All Staff with Patient Contact

Trauma Informed Care Approach

Clinical Provider Training

- 4-hour TIC training from the **National Council of Behavioral Health (NCBH).**
- Bi-monthly education on Trauma Informed Approach, ACEs and Toxic Stress.
- Recognition of signs and symptoms of trauma.
- Paid provider staff for time to review the **American Academy of Pediatrics Trauma Toolkit.**

Trauma Informed Approach (TIA)

Staff/Treaters

- Often have their own traumatic histories, including cultural and historical trauma.
- Seek to avoid re-experiencing their own emotions.
- Respond personally to others' emotional states.
- Perceive behavior as personal threat or provocation rather than as re-enactment.
- Perceive client's simultaneous need for and fear of closeness as a trigger of their own loss, rejection, and anger.

Identify Target Population

- Importance of health and development prenatally and during the first 4 years.
- Vital role of health care professionals during this period.
- Screens of pregnant women and parents of children 0-4 years.

Step 2

Identify Target Population

- Prenatal Patients
- Children ages 0 to 4
- Parents of Children ages 0 to 4

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Screening & ACEs Survey

Administration

- Medical Assistants use a script to introduce the surveys, and then give patients the forms to complete.
- MD/NP reviews the forms, clarifies the answers and determines risk.
- Risk is noted in chart on problem list:
  - “EBBI completed – risk notation”
- Referred to appropriate services based on risk stratification.

Step 3

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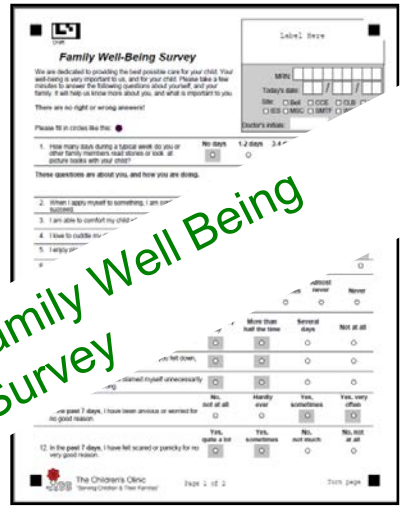
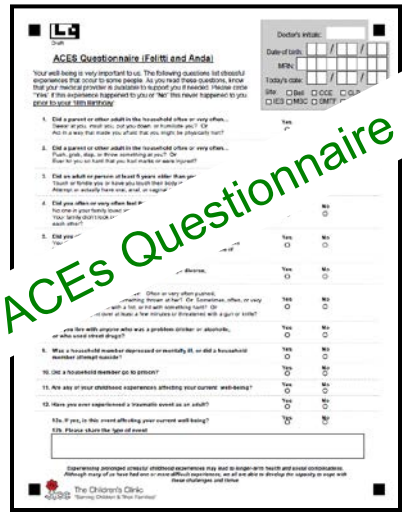
- Edinburg Postnatal Depression Scale

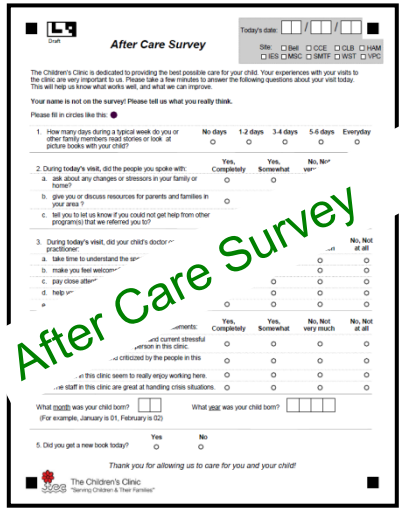
Screening & ACEs Survey

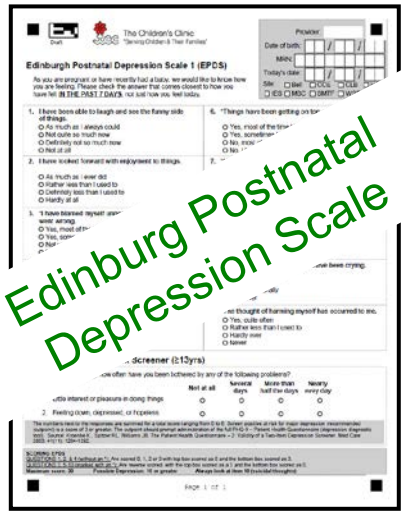
MDs Provided to all





Provided to high-risk patients by Behavioral Health Team





Step 3

Screening

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Screening: Introductory Questions

- “I have begun to ask all of the women/parent/ caregivers in my practice about their family life as it affects their health and safety, and that of their children. May I ask you a few questions?”

- “Violence is an issue that unfortunately affects everyone today and thus I have begin to ask all families in my practice about exposure to violence. May I ask you a few questions?

Step 3

Screening

For the Child
- PEDS
- MCHAT
- Sensitive and Probing Questions

For Parents or Prenatal
- Family/Pregnancy Wellbeing Survey
- Sensitive and Probing Questions
- Edinburg Postnatal Depression Scale

Identifying and Responding to Domestic Violence: Consensus Recommendations for Child and Adolescent Health. From www.futureswithoutviolence.org

Screening by Medical Providers (MD/NP/PEDS/OB)

EBBI Screening Survey Domains

Family Well-Being Survey

Early Literacy

Parental Self-Efficacy

Parent-Child Attachment

Parental Stress

Mental Health: Depression, Anxiety

Parental Social Support

Food Insecurity

Housing

Substance Abuse

Caregiver:
Exposure to trauma as a child
Exposure to trauma as an adult
"What are your hopes and dreams for your child?"

ACEs Questionnaire

Step 3

Screening

For the Child
- PEDS
- MCHAT
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For Parents or Prenatal
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Assessment & Stratification

- Question coded by risk.
- Provider stratifies risk low, medium and high.
- Developed and implemented new training in and responses to intimate partner violence.
- All staff have been trained in how to respond appropriately to trauma disclosures.

Step 4

Assessment & Stratification

High Risk
- Intake Interview & Assessment which includes the Patient Health Questionnaire (PHQ9) for depression, and the Generalized Anxiety Disorder Assessment (GAD7)
- Referrals & Linkage

Medium Risk
- Intake Interview & Assessment
- Referrals & Linkage

Low Risk
- Resources
- Referrals & Linkage

Patient Care Intervention Plans

- Interventions range from evidence based behavioral health treatments to parent child bonding, which are determined by interest and risk.
- Intervention offered through our Behavioral Health and Health Education & Outreach departments, as well as our Medical-Legal Partnership and community partnerships.
- New relationships and collaboration with domestic violence agencies.

Step 5

Patient Care Plan Interventions

Based on Intervention Level

- Multidisciplinary Case Consultation
- Case Management, including Intensive Case Management
- Mental health Services & Referrals
- Medical Legal Partnership Services
- Home Visits
- Mediation
- Resources
- Parenting Classes *Parent Cafes, Group Counseling, Parent Institute, Project Fatherhood*
- Recreational Classes *Parent & Mommy & Me Yoga, Cooking & Nutrition, Walking Clubs*

Patient Care Intervention Plans

Interventions support the five **Protective Factors**

1. Enhance Parental Resilience
2. Develop Social Connections
3. Build Knowledge of Parenting and Child Development
4. Offer Concrete Support in Times of Need
5. Foster Social and Emotional Competence

All of which Promote Healthy Parent-Child Relationships!

Step 5

Patient Care Plan Interventions

Based on Intervention Level

- Multidisciplinary Case Consultation
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Outcomes

- **Staff Training**
- 350+ staff received initial and ongoing trauma-informed care and EBBI trainings at new hire orientation, all staff and provider meetings and departmental case conferences.
- **Patients Screened**
  - ~3,500 unique patients were screened
  - 10% were moderate to high risk
  - Over 1,000 (30%) were referred to social workers
- **Moderate to High Risk Pre and Post surveys found:**
  - Increase in reading with child in a typical week (28% Baseline to 48% Post)
  - Decreased depression on the PHQ2 (24% Baseline to 19% Post)
  - Decreased stress over the past week
- **Referrals**
  - Groups: 400
  - Home visitation by TCC: 100
  - Therapy at TCC: 200
  - Linkage to other community services:
    - Welcome Baby, Healthy Families of America (HFA), Early Head Start
    - Evidenced based therapies

Outcomes

TCC Focused on Addressing Identified Needs

- **Food Insecurity**
  - Certified 22 staff as Cal Fresh Enrollers
  - Collaborated with Long Beach Department of Health and Human Services and local food banks (Food Finders) to address issue
- **Strengthened partnerships and collaboration with domestic violence agencies and mental health providers**
- **Secured permanent funding for our Medical-Legal Partnership with LAFLA**
  - ihelp social determinants of health screening tool
- **Identified New Resources**
  - Baby2Baby

Challenges

- Difficulty in engaging families post-identification of risk
  - Need for warm hand-off
- Many parents have never been asked about their childhoods or trauma/adversity
  - Getting families to open up is challenging, but worthwhile
- Staff discomfort discussing trauma and adversity
- Risk of vicarious trauma in staff
- Need for advocacy to increase services in the community
  - Early head start
  - Affordable daycare
  - Quality and adequate housing
  - Access to healthy food

Unexpected, Positive Outcomes

There is a rapidly growing interest in the community regarding Trauma Informed Approach and the effects of trauma and childhood adversity

- The development of the Long Beach Trauma Informed Task Force
- Participation in the Safe Long Beach Violence Prevention Plan, funded by the US Department of Justice
- City-wide training and engagement
- City-wide public awareness campaign
- Trauma-informed care and screenings can be transformative for some staff and challenging for others.
- Prevention, screening, and treatment can be embedded in existing systems that service children and families.

Acknowledgments

The Children's Clinic
"Serving Children & Their Families"

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&

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Phoenix Children's Hospital ACE Screening – Proposed Model

Scott Grant MD, MPH

Disclosure

- I have no relevant financial relationships with commercial interests to disclose.

Clinical Program Overview

- Hospital-based
- Outpatient General Pediatrics
- Most patients seen by residents/learners

- Serves >5000 patients/year
- 4500 Well Child Visits
- 59% AHCCCS (Medicaid) coverage

- Clinic Data Provided by PCH data analyst on 2015 data

Current Practices Research

- Last year, we sent a survey to experts in the subject matter, as well as practices using ACEs in their routine care

- Screening practices varied widely
  - Most were targeting Parental ACEs as opportunity for intervention
  - ACE questionnaire was the most common tool; some also used a resiliency inventory
  - Most reported positive impact on physician/family relationship

- Perceived Barriers
  - Provider buy-in, role of pediatrician
  - Availability/Knowledge of Community Resources
  - Ability to discuss ACEs and potential for “opening old wounds”
  - Importance of continuity of provider with family for routine care

- We used this data to develop the concept for our model

ACEs Screening Tool

- Our proposal would utilize the initial Adverse Childhood Experiences Questionnaire
- We are also exploring how to incorporate a resiliency tool to empower parents and identify “at-risk” families
- Screening would be performed to determine the degree of parental ACE exposure

Screening Protocol

- Administration
  - targeted screening of parents
  - 2, 4, or 6 month Well Child Checks (not first visit)
  - Parents given forms to complete as they wait
  - results discussed by resident and attending as part of visit

- Documentation
  - Initially: Free text in HPI or Plan portion of EMR
  - Working to develop a comprehensive template
  - Similar to our Food Insecurity screening template

Screening Protocol

What do you do with ACE Screening results?

- Real-time motivational interviewing by residents
- Discussion of how ACE in parents affects children and parenting styles and biases

- Hoping to have Case Managers for following high-risk families
  - cut off still to be determined based on ACE/Resiliency,
  - possibly ≥4 based on ACE, FM literature

- Community Resources
  - Parenting Classes
  - Recently added Triple P Parenting Class to our clinic
  - Birth-to-Five Hotline
  - Outpatient Counseling/Developmental Support

Barriers to Implementation at PCH

- Provider Buy-in
  - Differing views of role of pediatrician
- Training/Competence
  - Trauma-Informed Care
  - Provider Awareness of Community Resources
- Continuity
  - Family Comfort with Provider(s)
  - Resident Comfort with Interpretation/Intervention
- Funding
  - Trauma-Informed Care Training for Residents
  - Case Management support
  - Data Collection, Outcome Follow-up

Pilot Study

- Continuing to work on grant funding and IRB approval for continuity clinic ACE protocol
- Outcomes of Interest:
  - Prevalence of ACEs within our patient population
  - Number of referrals to community resources
  - Resident and Parent perceptions of screening

Special Thanks to the Injury Prevention Center at Phoenix Children’s Hospital and the team who contributed to our research project

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Roseland Pediatrics/FQHC

Meredith Kieschnick, MD

Disclosure

- I have no relevant financial relationships with commercial interests to disclose.

Clinical Program Overview

- FQHC in Santa Rosa, California. Low-income, largely Mexican-American community.
- 19,000 visits annually
- Most children have Medi-cal insurance
- FQHC gives us wrap around rate, more than being free-standing pediatric clinic, also one of 8 sites for health care, good access to administrative support, grant writing, and budgeting, with support for ACE’s screening

ACEs Screening Tool

- Teen ACE, with questions/wording added at our Teen Clinic Pilot – includes slang teens understand

- Child ACE asks parents to answer for themselves as well as their child

Screening Protocol

How is ACE screening conducted in your setting?

- Administration – on paper, annually at well child checks, new patients, and anytime it seems appropriate.
- Workflow: Paper screen given on clipboard in the exam room and introduced by a trained medical assistant. Parent or teen completes. Provider reviews with individual answers and discusses care.
- Documentation – answers entered into HER structured fields by MA as part of the visit
- Provider enters diagnosis and referral plan if screen is positive

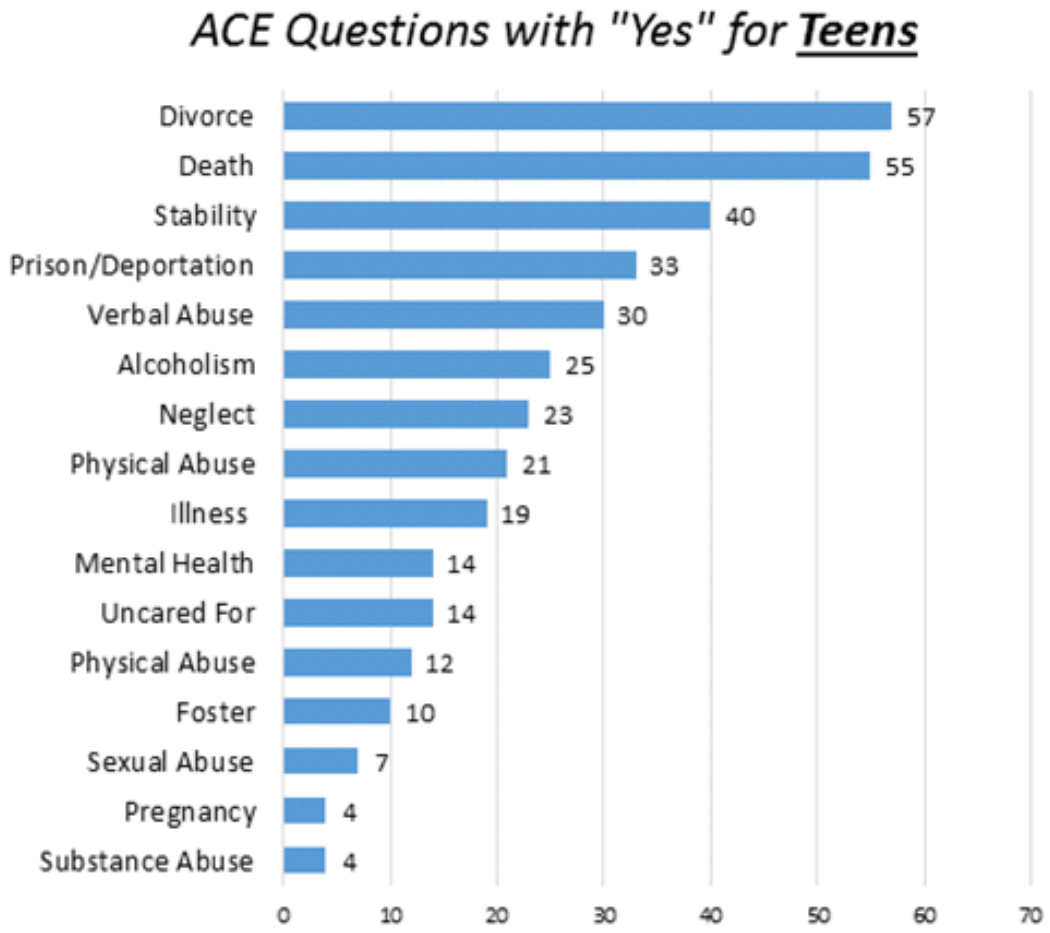
Screening Protocol

What do you do with your ACE screening results?

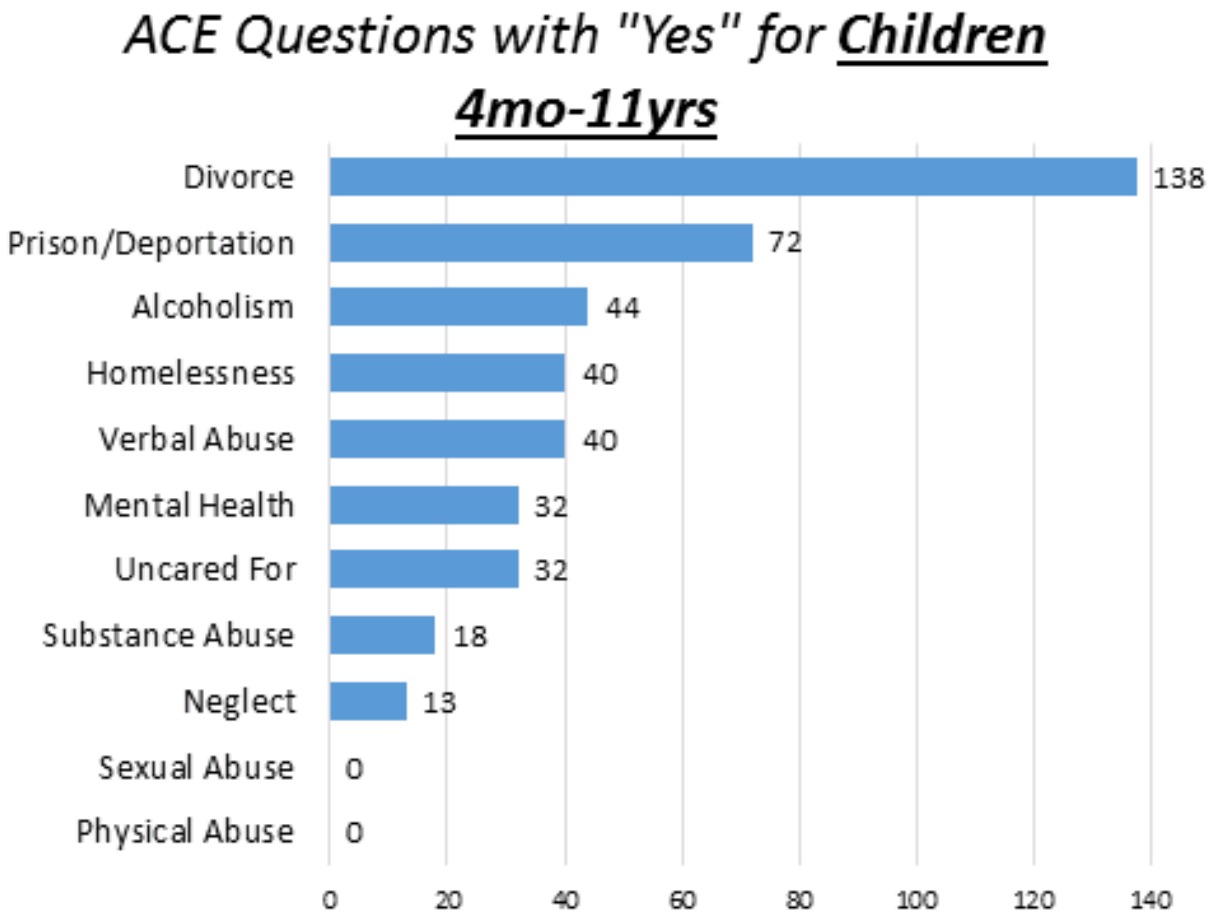
- Provider interprets during visit
- Warm-handoff to Integrated Behavioral Health offered
- Referral to case manager for resources as needed – staff trained in community resources
- Clinic offers Triple P classes

Evaluation & Outcomes

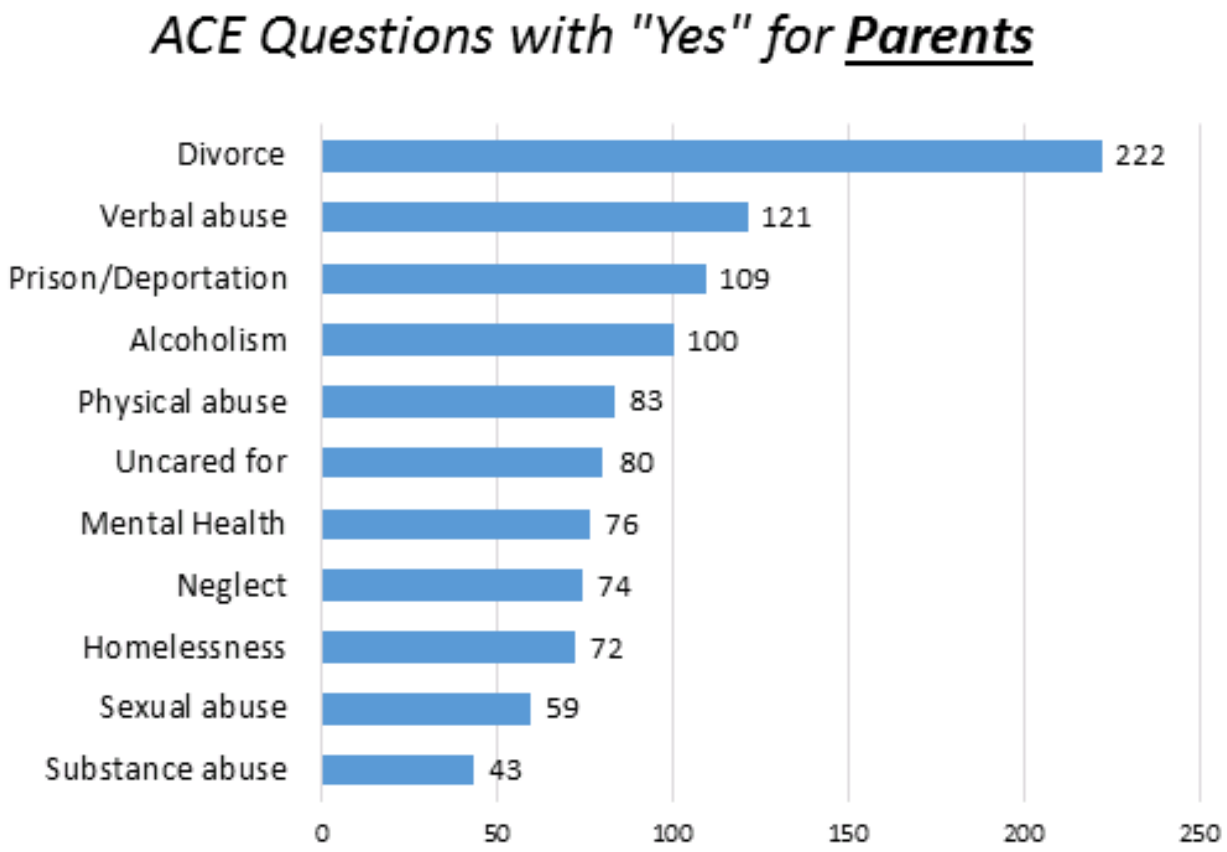
- Formal screening gives us more complete trauma history than previous careful Social History
- Teens only answer honestly when parent not in room – we now room Teens alone to administer screenings and then include parent after
- Better tool to assess readiness and need for referrals/services is needed eg. New classes on parenting through divorce, deportation, self regulation, etc
- 2000 screens completed in first year
- Staff screening for compassion fatigue, staff feedback and input vital to program
- Patient advisory group – ongoing assessment



Teen Positives



0-11yo Positives



Data: Parent Positives

We ask *everyone*.

Don't be surprised when we ask you about problems or trauma in your family.

Understanding your life events is part of giving you good care.

Remember that trauma takes many forms — not just accidents or broken bones.

Santa Rosa Community Health Centers
a california health center

- American Academy of Pediatrics for Healthy Tomorrows Grant

- Pediatric Integrated Care Collaborative, Johns Hopkins Bloomberg School of Public Health for Learning Collaborative

- Meredith Kieschnick, MD

  Staff Pediatrician, Roseland Pediatrics

  and Elsie Allen Health Center

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Loma Linda University Whole Child Assessment

Ariane Marie-Mitchell, MD, PhD, MPH

Disclosure

- I have no relevant financial relationships with commercial interests to disclose.

Patient Story “Patrick”

AAP Policy Statement

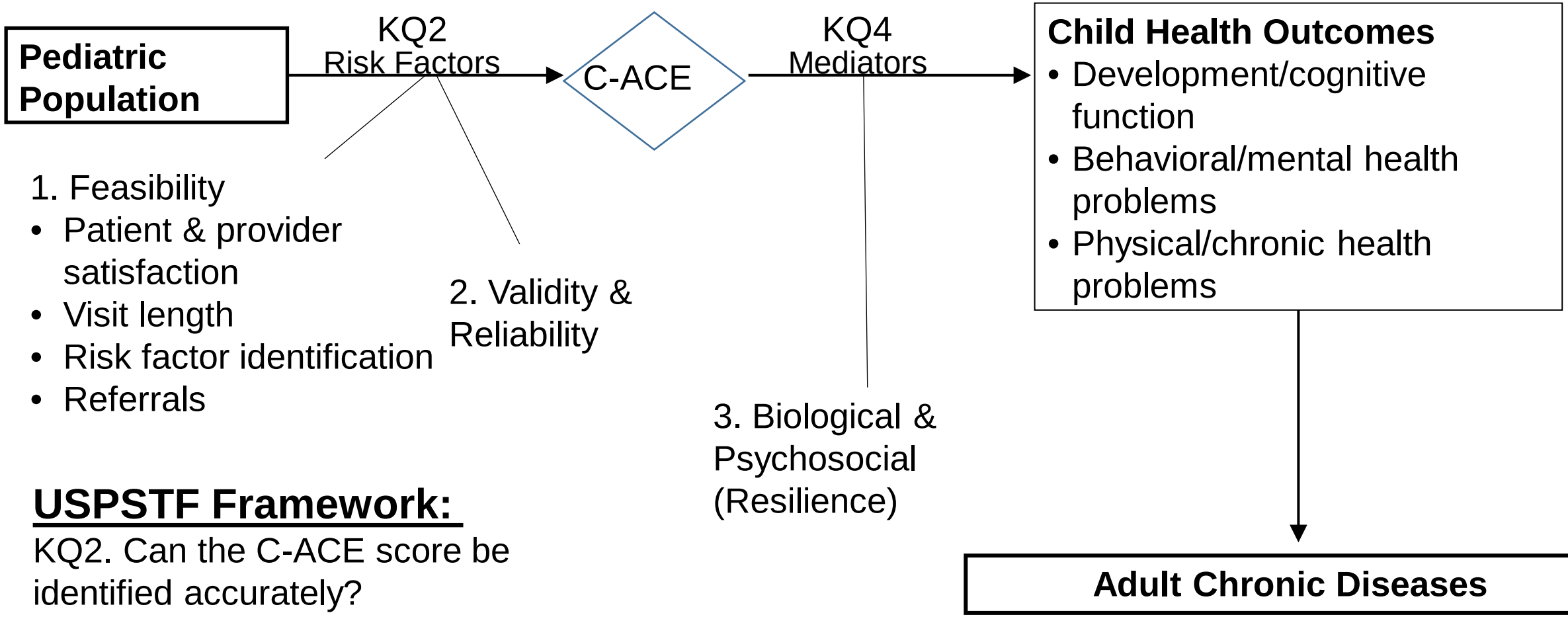
Pediatrics 2012;129:e224–e231

Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health

*actively screen for precipitants of toxic stress that are common in their particular practices;

*develop, help secure funding, and participate in innovative service-delivery adaptations that expand the ability of the medical home to support children at risk

Analytic Framework for Child-Adverse Childhood Experiences (C-ACE) Screening



USPSTF Framework:

KQ2. Can the C-ACE score be identified accurately?

KQ4. Is treatment effective in reducing morbidity or mortality associated with C-ACE?

- Located in San Bernardino County
- Pediatric Teaching Office is at a FQHC and staffed by ~70 residents who provide >3000 well-child visits/year, primarily Medicaid patients
- Pediatric Faculty Clinics are at 5 different sites and staffed by ~15 faculty who provide >4000 well-child visits/year, both private and Medicaid patients

San Bernardino County

- Largest county in the United States by area
- Population size >2 million
- Second most financially compromised area in the nation, 26% are children living below the federal poverty level
- Ethnically diverse: 50% Latino of any race, 32% White, 8% Black or African American, 7% Asian or Pacific Islander, 3% two or more races
- Age-adjusted death rates are higher than the state average for heart disease, diabetes, chronic lower respiratory disease, and cancer

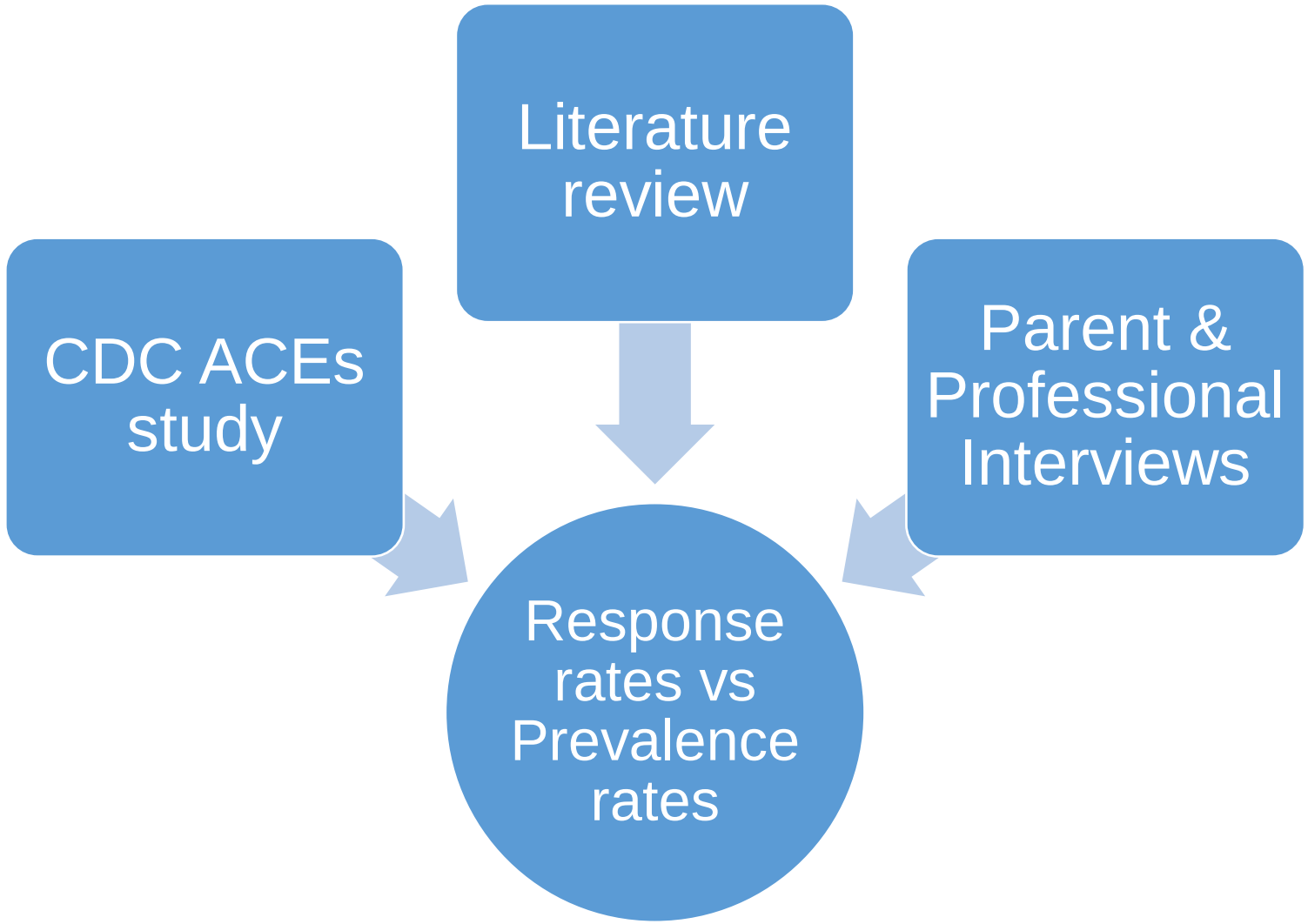
QI PROJECT
Feasibility of Screening for C-ACES

- How can LLU practice increase the number of family risk factors identified during WCC?
- How can LLU practice increase the number of community interventions referred to during WCC?
- How can we do this without impacting visit duration or patient satisfaction?

Improvement Requirements to Screen for C-ACEs

1. Does NOT rely on memory of provider or parent e.g. structured screening tool
2. Maximizes patient willingness to identify sensitive issues (high sensitivity)
3. Community resource lists available e.g. all WCC
4. Documentation of risk factors easily accomplished e.g. sign pre-visit questionnaire
5. Does NOT extend WCC duration for parent or provider
6. Available in English and Spanish

Development of C-ACEs Screening Tool
LLU's Whole Child Assessment



Strategies to Maximize Sensitivity

1. Culturally sensitive wording
2. Age-appropriate questions
3. Questions about risk (not just incidence)
4. Expanded response options

   “Yes, Unsure, No” or “Never, Sometimes, Often”
5. More than one question for most constructs

C-ACE Screening Protocol

Pre-Visit (Well-Child) paper questionnaires handed out by front desk

Questionnaires reviewed, signed and scanned

- Can you tell me more about this?
- Advise and refer as indicated

Review of questionnaires documented in note

ICD-10 codes included in smart sets

ICD-10 Codes related to C-ACEs

Z59.4 Lack of adequate food or safe drinking water

Z63.0 Relationship problem between spouse or partners

Z62.819 History of abuse in childhood

Z63.5 Family disruption due to divorce or legal separation

Z63.32 Absence of family member

Z81.9 Family history of mental and behavioral disorder

Z63.72 Alcoholism and drug addiction in the family

Z63.9 Problem related to primary support group

Feasibility Data

One pre-visit questionnaire better than multiple to sustain provider and patient satisfaction

- California’s Staying Healthy Assessment

None to minimal impact on well-child visit total times

C-ACEs	Section	Resources
Food insecurity (neglect)	Nutrition	Food assistance
Partner (domestic) violence	Safety	Safety- Relationships
Child abuse (verbal, physical, sexual, neglect)	Safety, Parenting stress, Sexual issues	Parenting- Discipline
Incarceration	Parenting stress	Parenting- Solo
Single or divorced parenting	Parenting stress	Parenting- Solo
Mental health of parent	Mental health	Mental Health
Substance abuse by parent	Substance use	Drugs and Alcohol
Lack of social support	Parenting stress	Parenting- Solo
Maternal education (low SES)	Other	-

Risk Factor Identification*(initial data)*

C-ACE	Baseline	Screening
Food insecurity (risk)	0	12%
Domestic violence	1%	4%
Maltreatment	2%	12%
Parenting stress (risk)	0	4%
Single/solo parent	0	22%
Incarceration	0	6%
FH Mental Illness	0	11%
FH Substance abuse	0.5%	7%
Lack family support	0	20%
3+ C-ACEs	0	10%

Referrals to Resources

Baseline <1%

- Nutrition services

Screening >6%, 100% given resource handout

- Food programs
- Mental/behavioral health
- Smoking cessation

Research Update

Validity & Reliability Study (KQ2)

To determine whether children with high Child-ACEs scores can be identified accurately

-Administer C-ACE in pediatric clinic

-At research visit repeat C-ACE (reliability)

-Measure gold standards (validity)

To result in Version 2.0

Intervention Study (KQ4)

To determine whether and which treatments are effective in reducing morbidity or mortality associated with C-ACEs

In development

Contact information:

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Bayview Child Health Center (BCHC) and Center for Youth Wellness (CYW)

CYW Adverse Childhood Experiences Questionnaire (CYW ACE-Q)

Susan Briner, MD
BCHC-CYW Medical Director

Lisa Gutiérrez Wang, PhD
CYW Director of Clinical Programs

Disclosure

- We have no relevant financial relationships with commercial interests to disclose.

BCHC-CYW Clinical Model

- Co-located integrated pediatric care model in San Francisco's Bayview Hunters Point
  - Bayview Child Health Center (BCHC) is a Federally-Qualified Health Center
  - Center for Youth Wellness (CYW) accepts referrals from BCHC for the provision of:
    - Consultation
    - Information and Referral
    - Multi-Disciplinary Treatment

SCREENING FOR ACES

CYW ACE-Q

- Clinical screening tool that calculates cumulative exposure to Adverse Childhood Experiences (ACEs) in patients age 0 to 19.
- De-Identified - Respondents are asked to report **how many** experience types (or categories) apply to them or their child, **not which experiences apply**
- Intended for use in pediatric and family practice settings
- Tool is available in three age-specific versions, and in English and Spanish.
- Takes approximately two to five minutes to complete.

CYW ACE-Q Versions

- **CYW Adverse Childhood Experiences Questionnaire for Children** (CYW ACE-Q Child)
  - 17 item instrument completed by the parent/caregiver for children age 0 to 12

- **CYW Adverse Childhood Experiences Questionnaire for Adolescents** (CYW ACE-Q Teen)
  - 19 item instrument completed by the parent/caregiver for youth age 13 to 19

- **CYW Adverse Childhood Experiences Questionnaire for Adolescents – Self Report** (CYW ACE-Q Teen SR)
  - 19 item instrument completed by youth age 13 to 19

CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

Today's Date: _____

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 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 s/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 her/him
- 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.

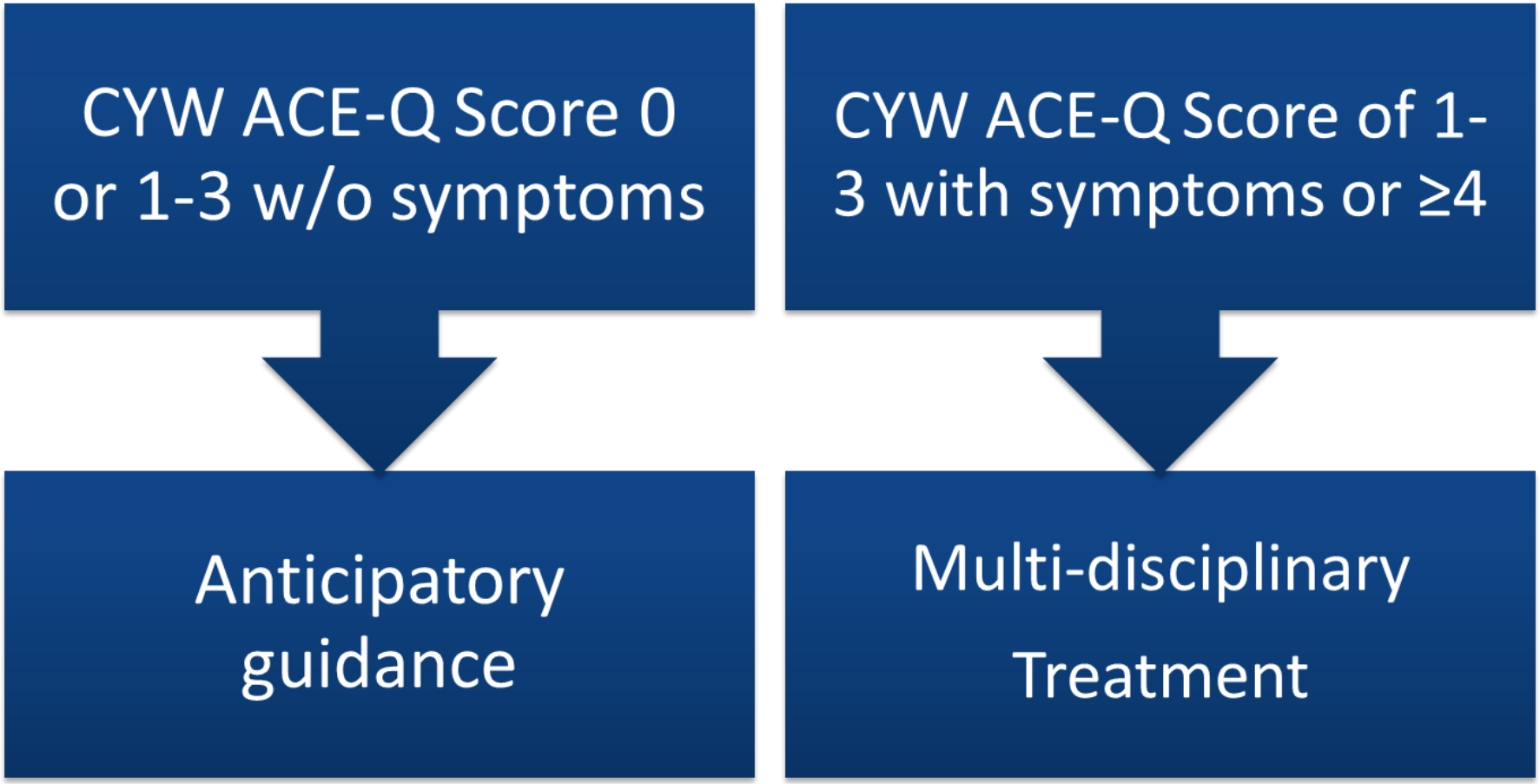
CYW Adverse Childhood Experiences Questionnaire (ACE-Q)

Screening Protocol

TABLE 2. **ADMINISTRATION SCHEDULES**

	CYW ACE-Q CHILD	CYW ACE-Q TEEN SR	CYW ACE-Q TEEN
REGISTRATION 1ST APPOINTMENT AT CLINIC	●	●	●
9 MONTH WELL CHILD CHECK	●		
24 MONTH WELL CHILD CHECK	●		
YEARLY FOR AGES 3-12	●		
YEARLY FOR AGES 13-19		●	●

Screening Protocol



Evaluation & Outcomes

- Patient and provider preference for de-identified screening
- Importance of training and professional development for medical staff
- Significance of Warm Hand-Offs in clinic

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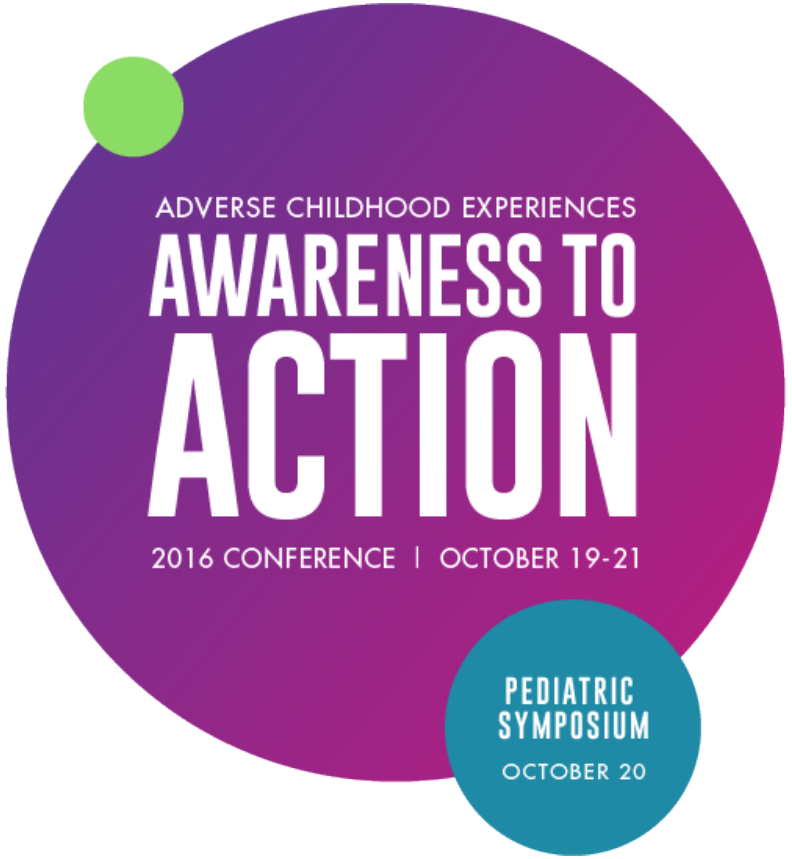
South of Market Health Center (SOMHC)

- Our FQHC partner

Annie E. Casey Foundation

- For support in the development and evaluation of the CYW ACE-Q Protocol

THE ANNIE E. CASEY FOUNDATION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