

MOVING TOWARDS UNIVERSAL SCREENING

# Findings from a State Advisory Group on Screening Children for Trauma

APRIL 23, 2019

AN INITIATIVE OF

 CENTER *for*  
YOUTH  
WELLNESS

# Who you'll be hearing from today



Leena Singh, DrPH, MPH  
NPPC Program Director,  
Center for Youth Wellness



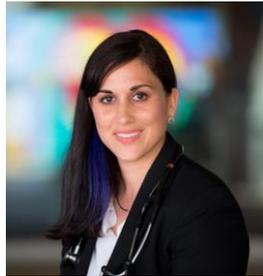
Sara Marques, DrPH, MPH  
Director of Strategic Initiatives,  
Center for Youth Wellness



Jonathan Goldfinger, MD, MPH  
Chief Medical Officer, VP Innovation  
Center for Youth Wellness



Dayna Long, MD  
UCSF Benioff Children's Hospital  
Oakland



Neeta Thakur, MD  
UCSF School of Medicine



Ariane Marie-Mitchell, MD  
Loma Linda University

# NPPC Overview



Website (Resource Hub)

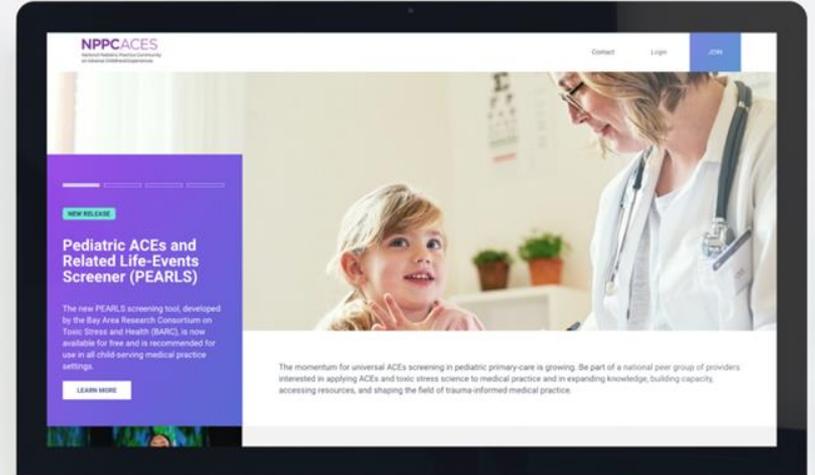


Training and Technical Assistance



Peer to Peer Exchange

[www.nppcaces.org](http://www.nppcaces.org)





# California's journey towards universal ACEs Screening

AB 340 Advisory Group  
Recommendations

Sara Marques, DrPH  
Center for Youth Wellness

# Timeline

**2017**

- AB 340 Legislation passed

**2018**

- April 20 • AB 340 Advisory Group convened by DHCS
- June 21 • AB 340 Advisory Group meeting #2
- September 13 • AB 340 Advisory Group meeting #3
- November 28 • AB 340 Advisory Group meeting #4

**2019**

- January 22 • AB 340 Recommendations submitted
- February 25 • AB 340 presented at Assembly Budget SubCommittee on Health Hearing

# Advisory Group Task



*“Update, amend, or develop, if appropriate, tools and protocols for the screening of children for trauma, within the EPSDT benefit.”*

AB340 Workgroup proceedings and notes - <https://www.dhcs.ca.gov/Pages/AB340.aspx>

# Advisory Group Members

Convened by Department of Health Care Services

Included:

- County behavioral health, social services, and public health
- Medical, mental, and behavioral health providers
- Experts in childhood trauma and ACEs
- Child welfare
- Child health advocates
- Representation from Assemblymember Arambula's office
- Representation from DHCS and DSS

# Workgroup Activities & Discussions

- 1**
  - What is “Trauma Screening”
  - Exposures vs symptoms
  - Screening vs assessment
- 2**
  - Review of existing screening tools used by the state and other tools available
- 3**
  - Discussion of other critical considerations for implementation

# Tool Selection Criteria

Feasibility and acceptability for use in pediatric primary care

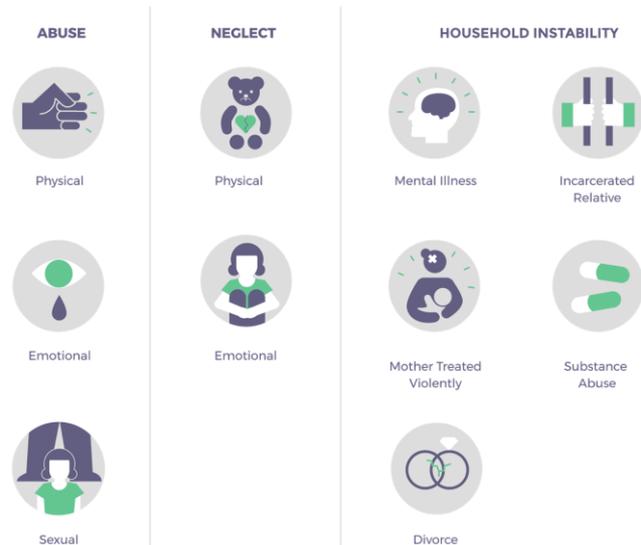
Inclusive, at a minimum, of these categories of trauma experience:

- Child Abuse
- Child Neglect
- Household Dysfunction

Other Potentially Traumatic Events and Social Determinants of Health, such as:

- Major Stressful Events
- Community Violence
- Discrimination
- Poverty

## Adverse Childhood Experiences Study Categories



Source: Centers for Disease Control and Prevention  
Credit: Robert Wood Johnson Foundation

# Tools Reviewed

Brief self-report tools that screen for ACEs across all pediatric age groups, selected based upon literature review in fall 2018

- CYW ACE-Q
- BARC Tool (later renamed the PEARLS)
- Whole Child Assessment (WCA)
- Childhood Trust Events Survey
- Yale-Vermont Adversity in Childhood Scale
- Montefiore Clinical ACE-Q

No tool had published data to distinguish validity or reliability

The PEARLS and WCA were used by pediatric practices in California with supportive preliminary data

# Recommendations

- 1 Utilize PEARLS
- 2 Utilize Whole Child Assessment
- 3 Request approval from DHCS to use an alternative tool

# Key Features

	PEARLS	WCA
<b>Overview</b>	Focused tool to screen for exposure to adversity as part of well-child care	Comprehensive tool designed to integrate adversity screening with broader well-child assessment (SHA)
<b>ACEs, Other stressors</b>	ACEs + community violence, <b>discrimination</b> , housing instability, food insecurity, parental separation due to foster care or immigration, death of caregiver / 17-19 total questions	ACEs + neighborhood safety, housing instability, food insecurity, parental separation due to foster care or immigration, death of caregiver, <b>acute stressors</b> / 12-15 ACEs and other stressors questions
<b>Additional items</b>	Sister symptom checklist under development (pending)	Integrated risk of maltreatment and <b>symptoms of trauma</b>
<b>Ages / Reporter</b>	0-11y / Caregiver report 12-19y / Caregiver and self report	0-6m; 7-12m; 13-23m; 2-3y; 4-5; 6-8; 9-11/ Caregiver report 12-17y; 18-20 / Self report

# Additional Considerations

- Training for providers
- Intervention / Referral services alignment
- Coding & tracking
- ACEs as an intergenerational concern

# Upcoming Events

- Today Hearing on AB 741 (Training)
- April 25 Hearing in front of Senate about ACEs screening/AB 340 recommendations
- May 1 Policymaker education day hosted by 4CA (*register by contacting [counteradversity@gmail.com](mailto:counteradversity@gmail.com)*)

## Policymaker Education Day



**Wednesday,  
May 1, 2019  
Sacramento, CA**

Click below (or type link) to register:  
<http://bit.ly/4CA2019Register>

For general information  
about Policymaker  
Education Day, Contact 4CA  
at:  
[counteradversity@gmail.com](mailto:counteradversity@gmail.com)

The California Campaign to Counter Childhood Adversity (4CA) invites you to participate in our 3rd Annual Policymaker Education Day. This is your opportunity to share with elected officials how childhood adversity impacts your community, and what they can do to address it. In previous years, 4CA advocates were often the first educators that legislators and their staffs had on this issue. You make a difference!

This year, join advocates from all over the state to engage elected officials on this important issue. 4CA will provide you with tools and training to prepare you for successful office visits with legislators and agency officials. Join us!



# Pediatric ACES and Related Life -Events Screener (PEARLS)

Bay Area Research Consortium on  
Toxic Stress and Health (BARC)

Jonathan Goldfinger, MD

*Center for Youth Wellness*

Dayna Long, MD

*UCSF Benioff Children's Hospital Oakland*

Neeta Thakur, MD

*UCSF School of Medicine*



# Bay Area Research Consortium on Toxic Stress and Health (BARC)

- Center for Youth Wellness + UCSF Benioff Children's Hospital Oakland + UCSF Department of Medicine, School of Medicine
- Goals:
  - Validate a screening tool to identify exposure to ACEs and other adversities (SDoH) from birth
  - Explore associations with health outcomes, including early signs of biologic dysregulation
  - Develop and test the feasibility and acceptability of ACEs interventions in pediatric primary care
- Funded by Tara Health Foundation

# Rapid Cycle Integration-FIT Pilot

- 10 original ACES questions from 3 domains
- Added a 4th domain for SDOH
  - Food Insecurity
  - Housing Instability
  - Discrimination and Bullying
  - Violence outside of the home

# Current PEARLS Versions

## Age and Reporter

- Child Parent/Caregiver Report (Child P/C): ages 0-11; includes 17 questions
- Teen Parent/Caregiver Report (Teen P/C): ages 12-19; includes 19 questions
- Teen Self-report (Teen SR): ages 12-19 self-reports; includes 19 questions

## Formats

- “De-identified”
- “Identified”

## Teen version: additional two items

- Two additional items, includes self-report and caregiver report

### Self-report

- Have you ever been **detained, arrested or incarcerated**?
- Have you ever **experienced verbal or physical abuse or threats from a romantic partners** (for example a boyfriend or girlfriend)?

### Caregiver report

- Has your child ever been detained, arrested or incarcerated?
- Has your child ever experienced verbal or physical abuse or threats from a romantic partners (for example a boyfriend or girlfriend)?

## Pediatric ACEs and Related Life Events Screener (PEARLS)

CHILD - To be completed by: **Caregiver**

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."*

### PART 1: Please check "Yes" where apply.

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. 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)
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Has your child ever lacked 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)?
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?  
*OR* has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child?  
Or has any adult in the household ever hit your child so hard that your child had marks or was injured?  
Or has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
9. Has your child ever experienced sexual abuse? (for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child?)
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)? (for example a parent/caregiver got a divorce or separated, or a romantic partner moved in or out?)

How many "Yes" did you answer in Part 1?:



This tool was created in partnership with UCSF School of Medicine.

Child (Parent/Caregiver Report) – Identified

Please continue to the other side for the rest of questionnaire →

### PART 2: Please check "Yes" where apply.

1. 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 actions, war or terrorism)
2. 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)?
3. 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, faced eviction or foreclosure, or had to live with multiple families or family members)?
4. Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more?
5. Has your child ever lived with a parent/caregiver who had a serious physical illness or disability?
6. Has your child ever been separated from their parent or caregiver due to foster care, or immigration?
7. Has your child ever lived with a parent or caregiver who died?

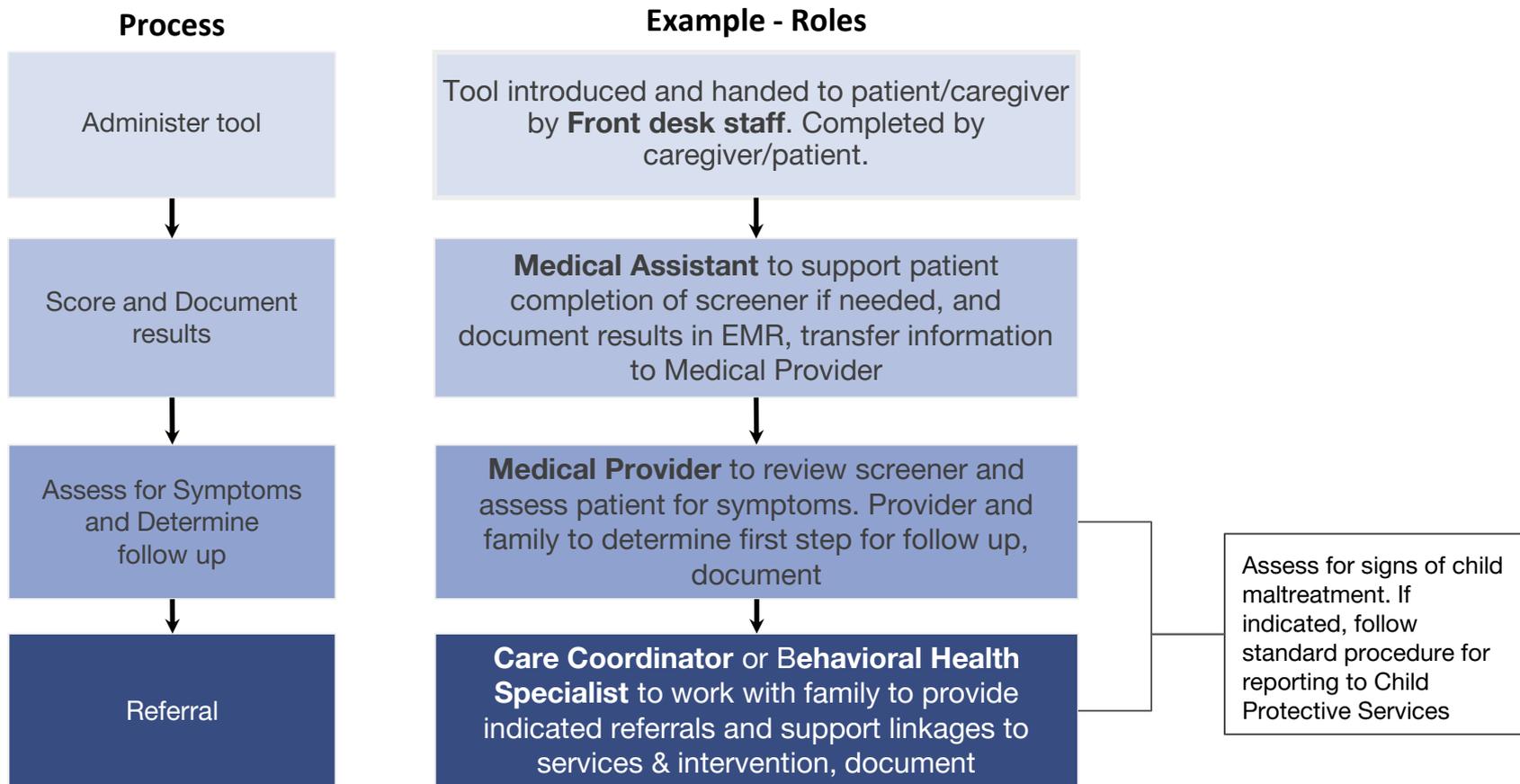
How many "Yes" did you answer in Part 2?:



This tool was created in partnership with UCSF School of Medicine.

Child (Parent/Caregiver Report) – Identified

# NPPC Screening Workflow



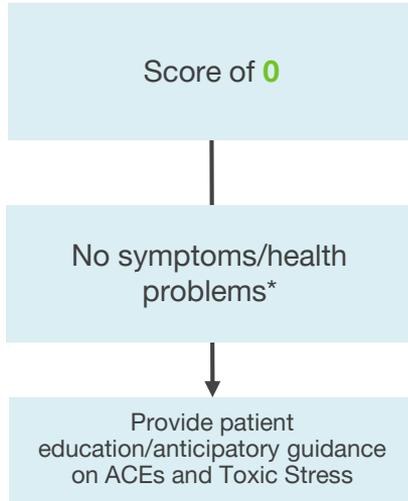
# Team Based Medical Homes at BCHO

**NPPCACES**  
National Pediatric Practice Community  
on Adverse Childhood Experiences

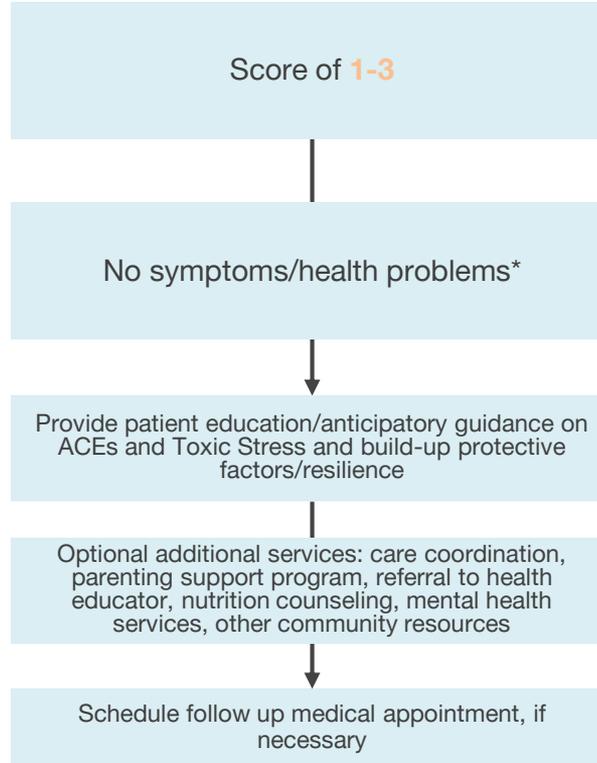


# CYW ACEs Screening Scoring Algorithm

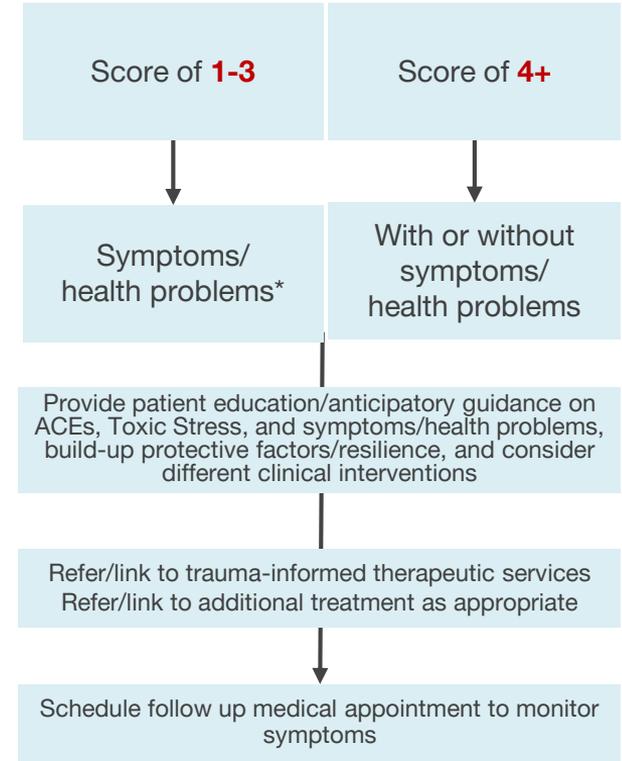
## Low Risk



## Intermediate Risk



## High Risk



\*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.

# Next Steps for PEARLS Research

## Three Directions

1

ACEs and future health risk via longitudinal studies

- Current PEARLS Study
- Statewide data
- New partnerships

2

ACEs and early signs of biologic dysregulation (Toxic Stress)

- Current PEARLS Study

3

Develop a pediatric risk assessment tool that combines screening with biomarkers of stress to identify at-risk children

- Current PEARLS Study
- New Partnerships

# PEARLS - 1 Findings: ACEs and Health

Our preliminary findings show:

- 80% of those screened have at least 1 adversity (out of 17)
  - Of original 10 ACEs, 68% endorsed at least 1 ACE
- 45% have 4 or more (out of 17)
  - Of original 10 ACEs, 22% endorsed 4 or more ACEs
- ACEs are associated with childhood asthma, obesity, and missed school days
- ACEs are associated with poor self report of health and increased perceived stress



**Positive stress**

*Brief* increases in heart rate  
*Mild* elevations in stress hormones

**Tolerable stress**

Serious, *temporary* stress  
responses  
*Buffered* by supportive  
relationships

**Toxic stress**

*Prolonged* stress response  
activation  
*Absence* of protective relationships

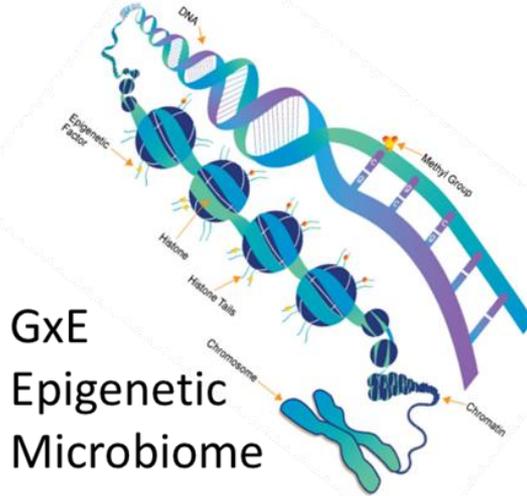
# Types of Biological Response

## Neuro-hormonal and Inflammatory



Allostatic Load

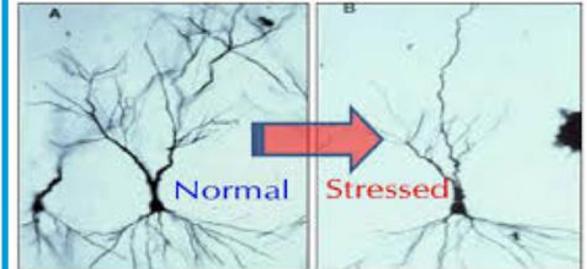
## Genetic



GxE  
Epigenetic  
Microbiome

## Neuroplasticity

Adversity Shrinks Brain Networks



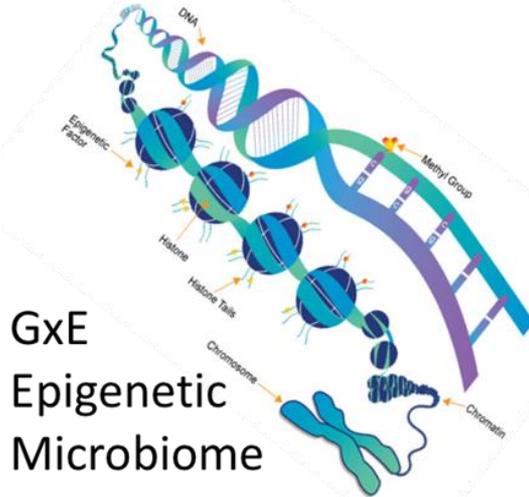
# Types of Biological Response

## Neuro-hormonal and Inflammatory



Allostatic Load

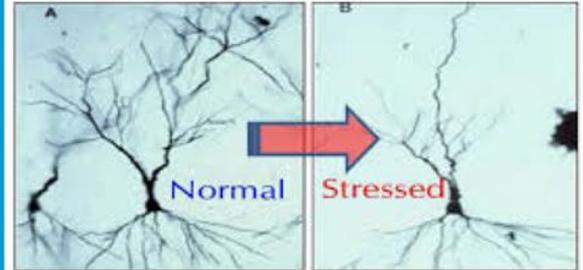
## Genetic



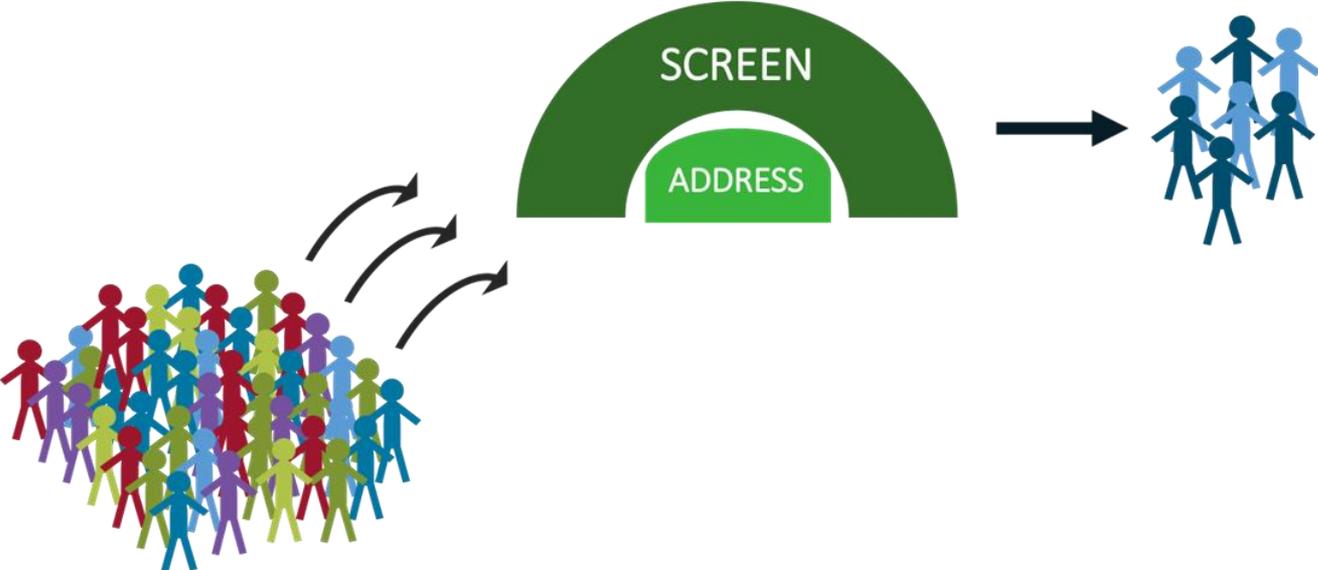
GxE  
Epigenetic  
Microbiome

## Neuroplasticity

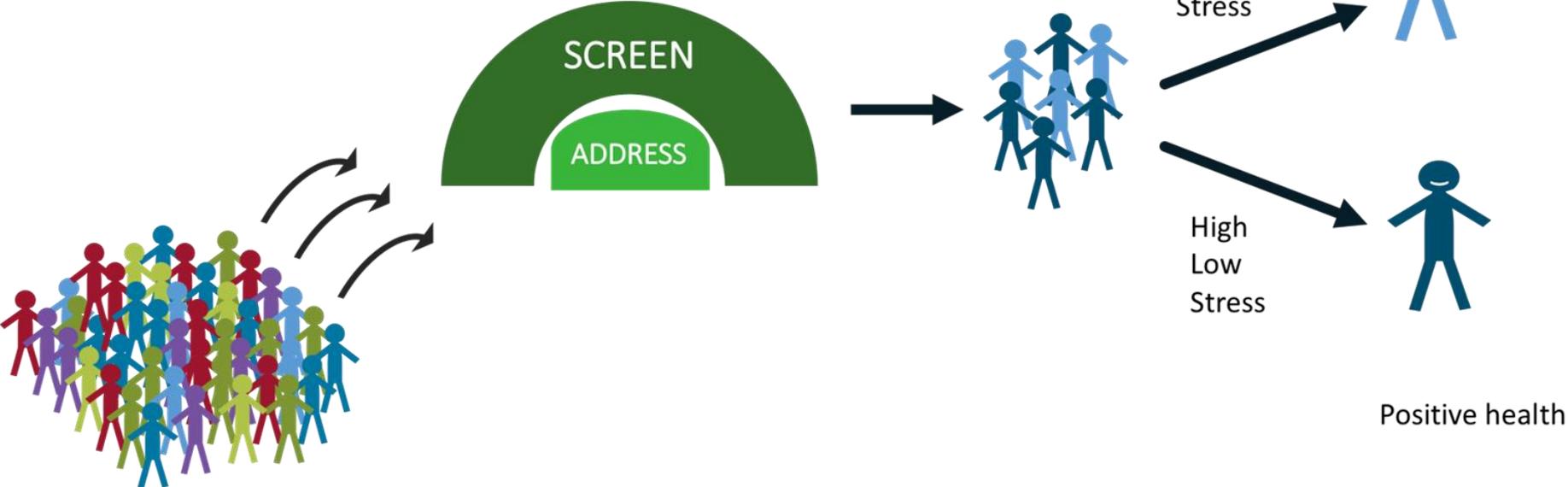
Adversity Shrinks Brain Networks



# PEARLS Pediatric risk assessment tool



# PEARLS Pediatric risk assessment tool



Poor health

High  
Toxic  
Stress

High  
Low  
Stress

Positive health

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For more information go to -

[www.nppcaces.org/faq](http://www.nppcaces.org/faq)

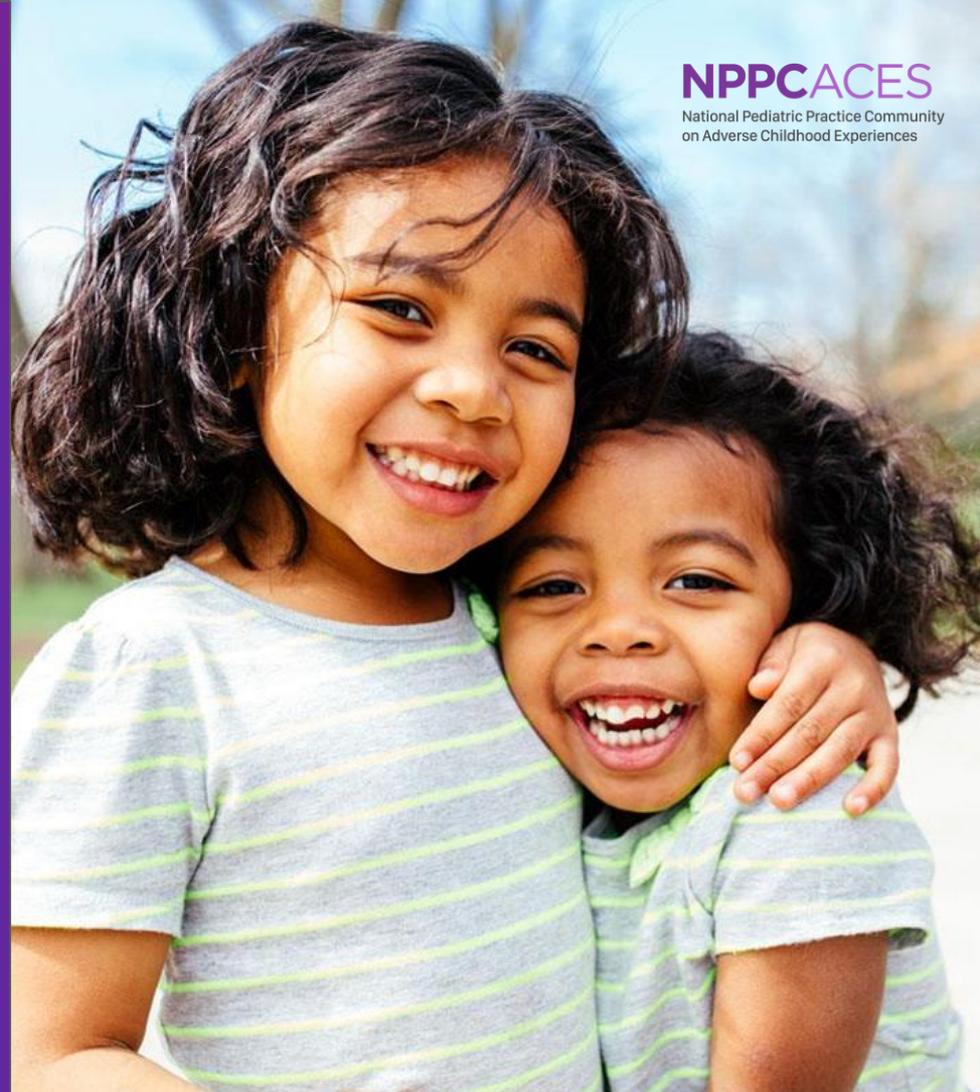


PEARLS was created in partnership with the UCSF School of Medicine

# Whole Child Assessment

Ariane Marie-Mitchell, MD, PhD, MPH  
*Loma Linda University*

**NPPCACES**  
National Pediatric Practice Community  
on Adverse Childhood Experiences



# Development of the WCA

## Adverse Childhood Experiences: Translating Knowledge into Identification of Children at Risk for Poor Outcomes

Ariane Marie-Mitchell, MD, PhD, MPH; Thomas G. O'Connor, PhD

From Loma Linda University, Preventive Medicine Department, Loma Linda, Calif (Dr Marie-Mitchell); and University of Rochester, Psychiatry Department, Rochester, NY (Dr O'Connor)  
Address correspondence to Ariane Marie-Mitchell, MD, PhD, MPH, Loma Linda University, Preventive Medicine Department, 24785 Stewart St, Ste 101, Loma Linda, CA 92354 (e-mail: amariemitchell@llu.edu).  
Received for publication March 5, 2012; accepted October 23, 2012.

### ABSTRACT

**OBJECTIVE:** To pilot test a tool to screen for adverse childhood experiences (ACE), and to explore the ability of this tool to distinguish early child outcomes among lower- and higher-risk children.

**METHODS:** This cross-sectional study used data collected of 102 children between the ages of 4 and 5 years presenting for well-child visits at an urban federally qualified health center. Logistic regression analyses adjusted for child sex, ethnicity,

lems was higher for children with a higher compared to a lower 7-item Child ACE score (adjusted odds ratio [aOR] 3.12, 95% confidence interval [CI] 1.34–7.22), as was the odds of developmental delay (aOR 3.66, 95% CI 1.10–12.17), and injury visits (aOR 5.65, 95% CI 1.13–28.24), but lower for obesity (aOR 0.32, 95% CI 0.11–0.92).

**CONCLUSIONS:** Brief tools can be used to screen for ACE and identify specific early child outcomes associated with ACE.



## CHILD HOUSEHOLD SURVEY

*Dear Parent or Primary Caregiver: Being a parent is not always easy. We want to help parents create a safe environment for their kids. So, we're asking everyone these questions. They are about problems that affect many families. This will help us identify risks to your child's health, and ways in which we might be able to help your family. All questions are voluntary. You do not have to answer any question you prefer not to answer, and you may add explanations if desired.*

Today's date:                    /                    /  
Child's date of birth:         /                    /

Your date of birth:                    /                    /

## TUBERCULOSIS RISK ASSESSMENT

### Staying Healthy Assessment

5 – 8 Years

This form will help assess your risk for tuberculosis

Tuberculosis (TB) is an infectious disease that develops who are infected with TB do not develop "active" TB sick. However, if their immune system later is weak spread mainly through the air.

Sometimes there are no symptoms. Other times the can screen for TB with a tuberculosis skin test. After hours.

To assess your risk, please answer the following questions.

## PATIENT HEALTH QUESTIONNAIRE - 9 (PHQ-9)

Over the last 2 weeks, how often by any of the following problems (Use "✓" to indicate your answer)

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless

## Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Your Date of Birth: \_\_\_\_\_  
Baby's Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

Child's Name (first & last)	Date of Birth
Person Completing Form	<input type="checkbox"/> Parent <input type="checkbox"/> Other (Specify)

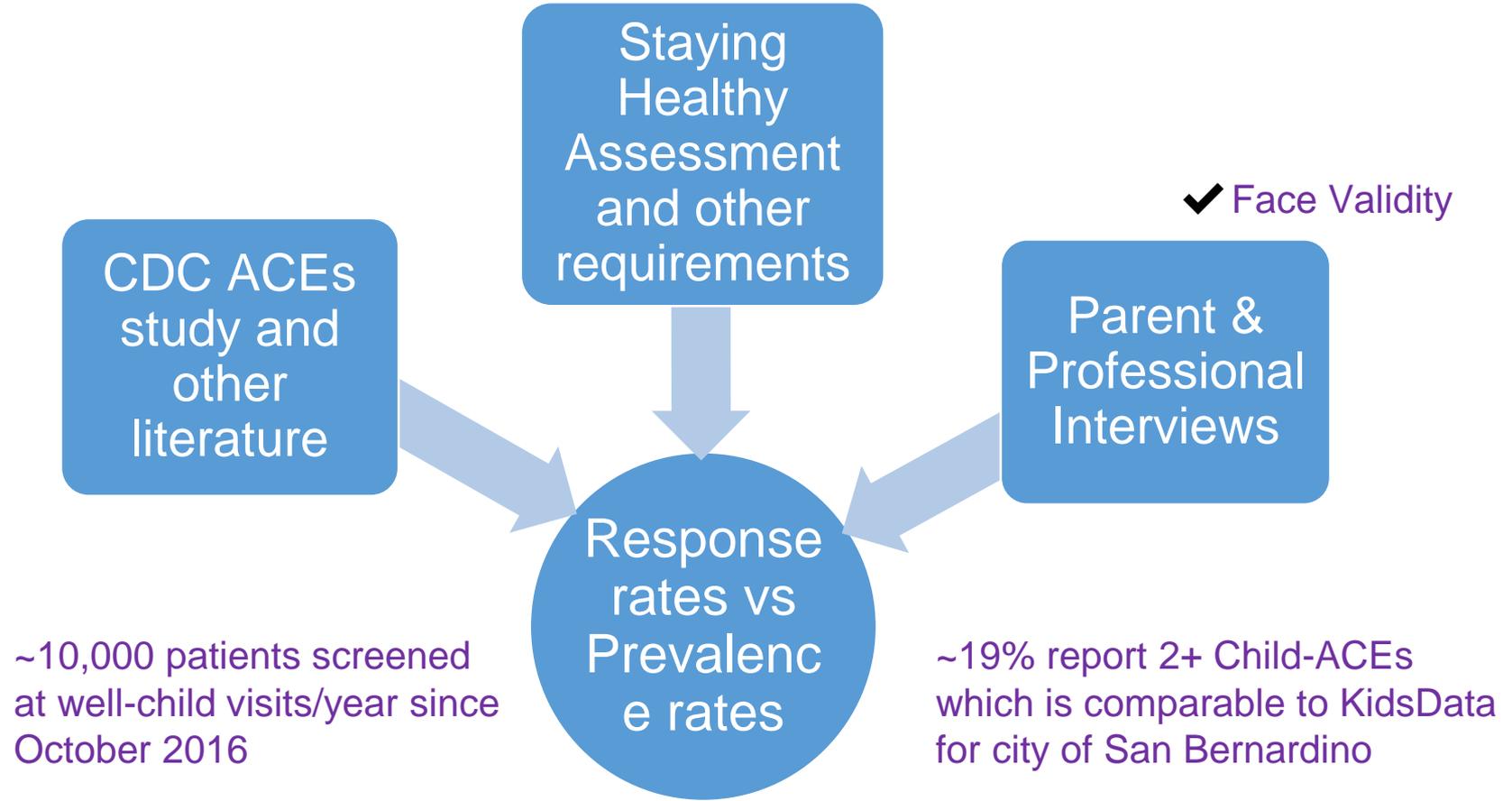
Please answer all the questions on this form as best an answer or do not wish to answer. Be sure to talk about anything on this form. Your answers will be private.

1	Does your child drink or eat 3 servings of calcium daily, such as milk, cheese, yogurt, soy milk
2	Does your child eat fruits and vegetables at 1 per day?

1. Do you (or this patient) have a family member or suspected of being sick with active TB disease

2. Do you (or this patient) have family members or visitors who were born in high TB prevalence countries (such as those in Asia, Africa, Latin America, or parts of Eastern Europe)

# Development of Child-ACEs Screening: LLU's Whole Child Assessment



# WCA version 2

## Age and Reporter

- Child Caregiver Report:

- ages 0-6m; total 32 questions
- ages 7-12m; total 34 questions
- ages 13-23m; total 41 questions

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- Teen Self-Report

- ages 12-17y; total 50 questions

- ages 2-3y; total 42 questions
- ages 4-5y; total 48 questions
- ages 6-8y; total 48 questions
- ages 9-11y; total 49 questions

- ages 18-20y; total 48 questions

## Formats

- Paper tool in use
- Electronic version in development

### Whole Child Assessment- Version 2 for 2 – 3 Years

Please answer all the questions on this form as best you can. It will help us know how we can help your child be healthy. You may skip any question if you do not know an answer or do not want to answer. You may add comments to explain your answers. We will keep this information confidential, unless there is concern that your child is being hurt.

1	Person completing form	<input type="checkbox"/> Biological Parent(s) <input type="checkbox"/> Friend(s)	<input type="checkbox"/> Step Parent(s)	<input type="checkbox"/> Adopted Parent(s)	<input type="checkbox"/> Foster Parent(s)	
2	Does your child go to daycare or preschool?		Yes	Unsure	No	1 Interval History
3	Since the last visit, has your child <ul style="list-style-type: none"> <li>• Been seen in another clinic?</li> <li>• Developed a new illness?</li> <li>• Been seen in the Emergency Room?</li> <li>• Been hospitalized?</li> <li>• Had an operation?</li> </ul>	No	No	Unsure	Yes	
4	Since the last visit, have there been any changes or events that were stressful, scary, or upsetting to your child?	No	Unsure	Yes		
5	Do you have any questions or concerns about your child's health, development, or behavior? <i>If yes, please describe:</i>	No	Unsure	Yes		
6	Has a family member or close contact had tuberculosis disease during your child's lifetime?	No	Unsure	Yes		
7	Was your child born in the United States?	Yes	Unsure	No	10 Tuberculosis	
8	Has your child lived or traveled outside of the United States for at least a month?	No	Unsure	Yes		
9	Do you help your child brush her/his teeth twice daily?	Often	Sometimes	Never	9 Dental	
10	In the past year, has your child been seen twice by a dentist?	Yes	Unsure	No		
11	How many servings of fruit OR vegetables (about the size of your child's fist) does your child eat each day?	5+	2-4	0-1		
12	How many servings a day does your child drink or eat of calcium-rich foods, such as milk, cheese, yogurt, soy milk, OR tofu?	3+	2	0-1		
13	How many times a day does your child drink a cup (about 8 oz) of juice, soda, sports drinks, energy drinks, OR other sweetened drinks?	0-1	2	3+		
14	How many times a week does your child eat breakfast?	6-7	3-5	0-2	8 Nutrition	
15	How many times a week does your child eat high-fat foods, such as fried foods, pizza, OR other fast food?	0-1	2-3	4+		
16	Is your child enrolled in WIC?	Yes	Unsure	No		

PATIENT STICKER HERE

Page 2 of 3

### Whole Child Assessment- Version 2 for 2 – 3 Years

Does your child play actively for at least 1 hour each day?	Yes	Unsure	No	7 Physical Activity
How many hours a day does your child spend on screen time (TV, phone, computer, tablet, video games, etc.)?	0-1	2+	2+	6 Sleep
Does your child have trouble falling asleep or staying asleep?	Never	Sometimes	Often	
Do you feel your child is difficult to take care of?	Never	Sometimes	Often	5 Relationships
Do you find you need to shout or yell at your child?	Never	Sometimes	Often	
Do you find you need to hit or spank your child?	Never	Sometimes	Often	4 Mental Health
Are your child's parents separated, divorced, or not living together?	No	Deceased parent	Unsure	
Does your family look out for each other, feel close to each other, and support each other?	Often	Sometimes	Never	3 Substances
Did a parent or household member get arrested, deported, go to prison, jail, or other correctional facility during your child's lifetime?	No	Unsure	Yes	
Do you know or are you concerned that anyone touched your child, or forced your child to touch that person, in a sexual way?	No	Unsure	Yes	2 Safety
Is your child fussy or irritable?	Never	Sometimes	Often	
Was a parent or household member ever depressed, mentally ill, OR suicidal?	No	Unsure	Yes	A: B:
How about you— Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	
A1. Little interest or pleasure in doing things	0	1	2	3
A2. Feeling down, depressed, or hopeless	0	1	2	3
B1. Feeling nervous, anxious, or on edge	0	1	2	3
B2. Not being able to stop or control worrying	0	1	2	3
Does your child spend time with anyone who smokes, vapes, OR uses e-cigarettes?	No	Unsure	Yes	2 Safety
In the past year, how many times have you had 4 or more drinks containing alcohol in one day?	0	1	2+	
Did a parent or household member ever have a problem with drugs OR alcohol?	No	Unsure	Yes	1 Safety
Does your home have a working smoke detector and carbon monoxide detector?	Yes	Unsure	No	
Does your home have cleaning supplies, medicines, and matches locked away?	Yes	Unsure	No	1 Safety
Do you always stay with your child when she/he is in the bathtub?	Yes	Unsure	No	
Do you always place your child in a forward-facing car seat in the back seat?	Yes	Unsure	No	1 Safety
Does your child always wear a helmet when on a bike, skateboard, scooter, or roller blades?	Yes	Does not ride	No	
38 Does your child spend time near a swimming pool, river, lake, or hot tub?	No	Unsure	Yes	1 Safety
39 Does your child spend time in a home where a gun is kept?	No	Unsure	Yes	

ge 3 of 3

### Whole Child Assessment- Version 2 for 2 – 3 Years

is in the home threatening each	No	Unsure	Yes	2 Safety	
other adult who	No	Unsure	Yes	1 Safety	
family to meet and housing in	Not at all	A little	Somewhat		Fairly

tions, please describe here:

42 = 23 = 25 = 28 or 29 = 31 or 32 = 40 =

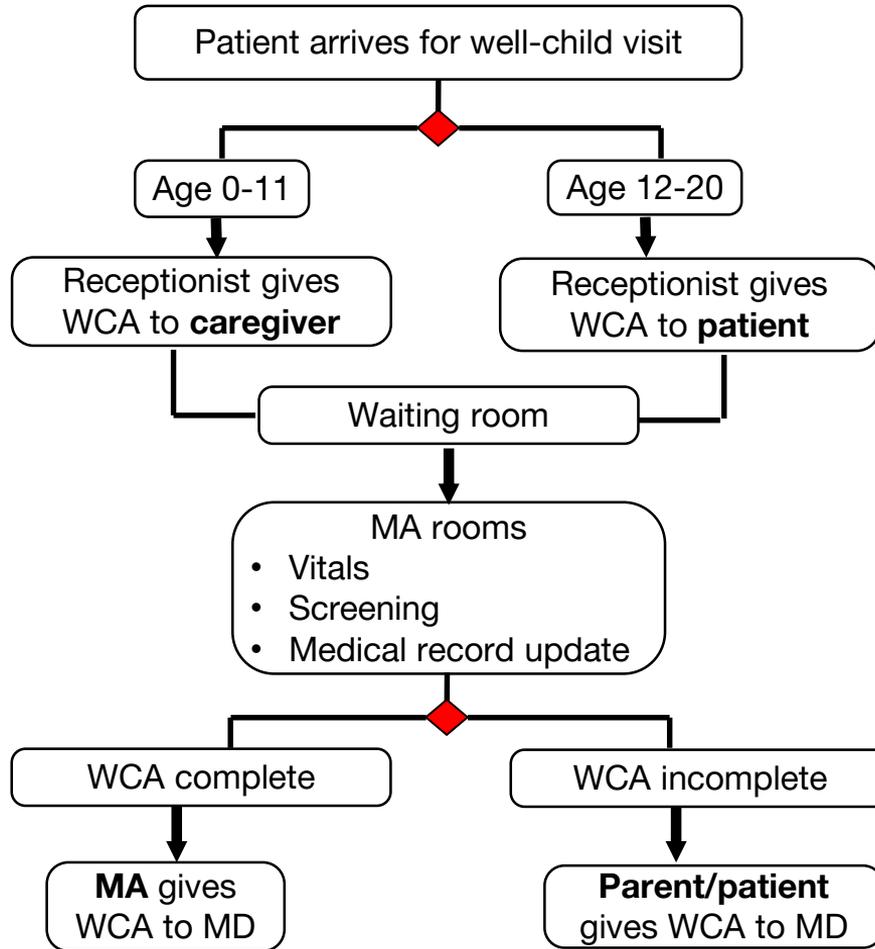
Σ =Child-ACE

PCP's Signature

Print Name

Date

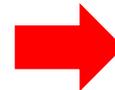
# Whole Child Assessment (WCA) Workflow



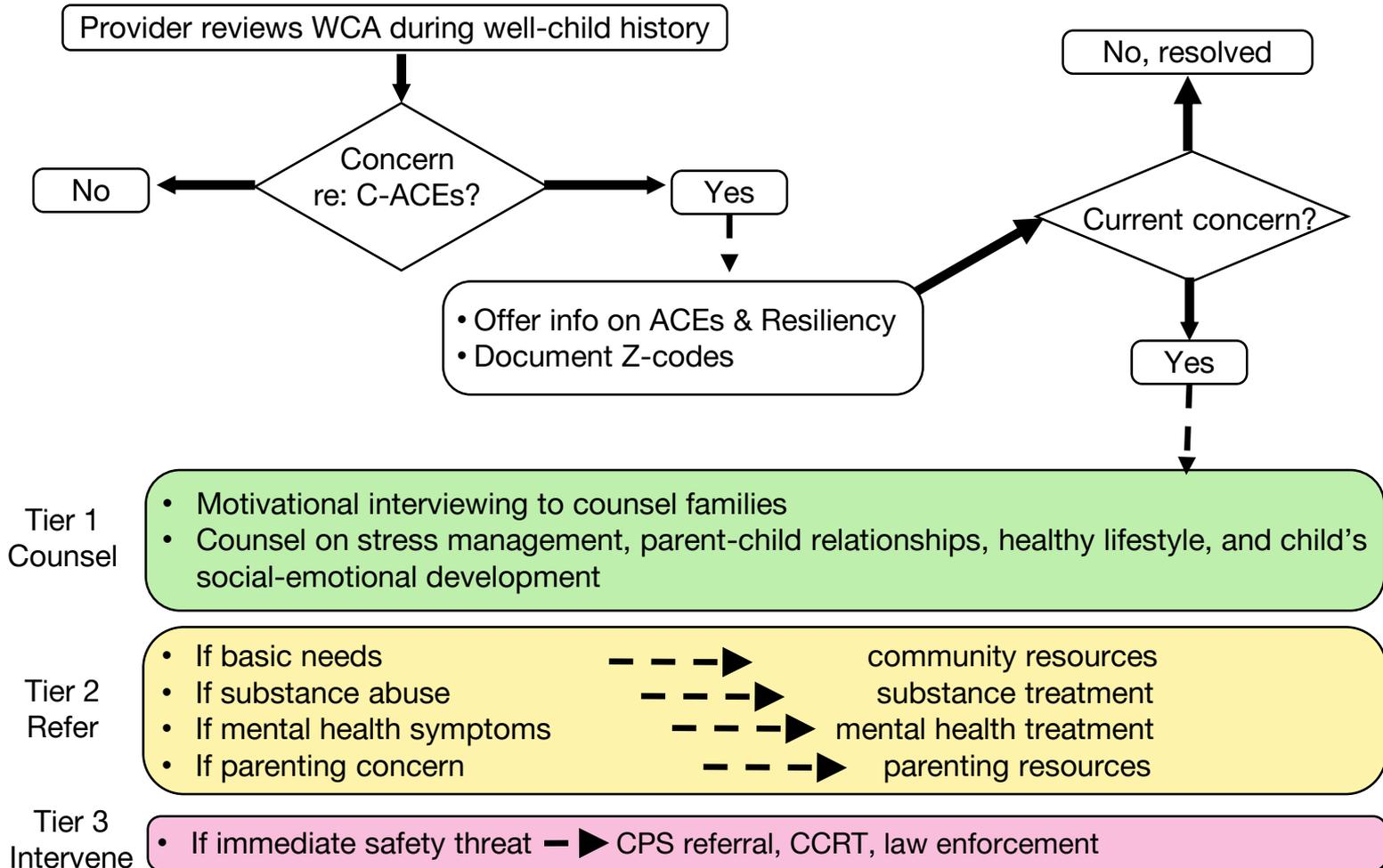
*Please fill this out. It is highly important that these forms are completely filled out and handed to the Medical Assistant before the doctor enters the room. This will avoid any delays today. If your child is over age 11, it is important they fill out the forms themselves*

*The front desk gave you a form. Are you finished completing it? (If no) It is highly important that this forms be completely filled out before the doctor enters the room. This will avoid any delays today*

Continue on next slide



# Screen for Child-Adverse Childhood Experiences (Child-ACEs)



# Review WCA (version 2)

- Topic domains presented in patient-friendly order
  - But numbered to assist provider with prioritizing topics to discuss
1. Interval History (1<sup>st</sup> page)
  10. Tuberculosis
  9. Dental
  8. Nutrition
  7. Physical activity
  6. Sleep
  5. Relationships
  4. Mental Health
  3. Substances
  2. Safety (last page)

# Calculating Child-ACE Score

- See question items by ACE category listed in box at end of each form
- Circle question items with a high risk response
  - Middle or right column except for:
  - “Does your family look out for each other...” only right column; and
  - “On average, how difficult was it for you to meet expenses...” only count “fairly” or “very”
- Put a 1 next to the equal sign for each ACE category that has one or more circled question items
- Add up the number of ACE categories with a 1. This is the Child-ACE score

<i>Clinic Use Only</i>									
1 or 30 =	24 or 25 =	26 or 46 =	28 =	48 =	27 =	29 =	35 or 36 =	38 or 39 =	45 =
									∑ =Child-ACE
PCP's Signature			Print Name				Date		

# Add to AVS Smart text “ACES” or “ACCESSPA”

## What are ACEs?

ACEs are childhood experiences that may prevent a child from learning or cause long-term health problems.

## Adverse Childhood Experiences include:

- Emotional, Physical, Sexual abuse
- Emotional and Physical neglect
- Witnessing violence at home
- Substance abuse by an adult caregiver
- Mental illness of an adult caregiver
- Separation or divorce of parents
- Incarceration of a household member

## ACEs increase risk of:

- Language delays
- Behavior problems
- Depression and Suicide attempts
- Tobacco, Alcohol or Drug problems
- Sexually transmitted diseases (STDs)
- Heart disease
- Cancer
- Obesity
- And many other problems, including school failure and homelessness.

## How do ACEs affect health?

Frequent or prolonged exposure to ACEs may create toxic stress, which damages the developing brain and the body's ability to maintain health. ACEs can also result in unhealthy habits, like poor diet and exercise, which in turn increase risk of health problems.

The good news is, resilience can bring back health and hope!

## What is Resilience?

Resilience is the ability to return to being healthy and hopeful after bad things happen.

## Resilience trumps ACEs!

Parents, other relatives, teachers, coaches and mentors can help children by

Scan QR code or visit link to access resources by area



[bit.ly/acesbcentral](http://bit.ly/acesbcentral)

### **Basic Needs**

Food, clothing and shelter are important for growing minds and bodies. Here are some resources for your family:

- **WIC** for pregnant women and children age 5 or younger, 1-800-472-2321 or 909-252-5170
- **SNAP** (food stamps) for low-income families, [www.fns.usda.gov/snap](http://www.fns.usda.gov/snap) or call 1-877-847-3663
- **Helping Hands Pantry** Pick up groceries 7 days a week, 8:30 – 11:30 AM on weekdays. Located at 1455 E Third St, San Bernardino, CA 92408
- **Additional Resources** including food, clothing, shelter and more call 2-1-1 or in San Bernardino visit [www.211sb.org](http://www.211sb.org) and in Riverside visit [www.connectriverside.org](http://www.connectriverside.org)

### **Safety**

You don't deserve to be physically hurt or emotionally controlled. Here are some resources to help make your family a place of love, not violence:

- **National Domestic Violence Hotline**, 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY) or from a safe computer [www.thehotline.org](http://www.thehotline.org).
- **Option House**, shelter to help people suffering domestic abuse, 813 N D St. #3, San Bernardino (909) 381-3471
- **Bureau of Victim Services**, 316 N. Mt. View Ave., San Bernardino; or call 909-387-6540
- **Family Service Agency**, 1669 N E Street, San Bernardino; or call 909-886-6737
- **Alternatives to Domestic Violence** – for resources in Riverside 951-320-1370 or Desert 760-288-3313

### **Substances & Addiction**

referrals at 1-800-950-6264 or [www.nami.org](http://www.nami.org)

- **Loma Linda Behavioral Health Institute**, 1686 Barton Road, Redlands; or call 909-558-9500
- **Victor Community Support Services**, 1908 Business Center Drive, San Bernardino; or call 909-890-5930
- **Christian Counseling Service**, 101 E Redlands Blvd, Ste. 215, Redlands; or call 909-793-1078
- **Phoenix Community Counseling Center**, 820 E Gilbert St, San Bernardino; or call 909-387-7200
- **SACHS Behavioral Health Services** Offers psychotherapy (age 18+) and psychiatric services. Call 909-382-7135
- **Riverside University Health Services Behavioral Health Children's services** admin 951-358-4520, Desert 760-863-8455 & Mid-County 951-443-2200.
- **Individual therapists**, to look up a therapist near you go to <http://therapists.psychologytoday.com>

### **Relationships- Parenting**

Being a parent isn't always easy, nor is it always obvious how to teach kids to behave. Here are some resources to help:

- **National Parent Helpline** at 855-427-2736 or visit [www.nationalparenthelpline.org](http://www.nationalparenthelpline.org)
- **Triple P Positive Parenting**, online info and resources at 803-451-2278 or visit [www.triplep-parenting.net](http://www.triplep-parenting.net)
- **Nurturing Parenting Classes** for parents ages 13-24 of children ages 0-5, Walden Family Services, 255 North D St, San Bernardino; or call 909-264-6742
- **Incredible Years Parenting Programs** for parents of children ages 0-12, Victor Community Support Services, 1908 Business Center Dr, Ste. 220, San Bernardino; or call

## Next Steps on tool/upcoming studies

- “Implementation of the WCA...” – describes development of tool and clinic-based reporting rates (*manuscript submitted*)
- “Use of a tool at well-child visits...” – describes associations between Child-ACE score and health outcomes (*manuscript in preparation*)
- Additional data on sensitivity, specificity, reliability, and biomarkers
- Evaluate and further develop the teen self-report version, as well as electronic administrations

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*Email if interested in WCA training  
webinar*

For more information go to

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[www.lluch.org/health-professionals/whole-child-assessment-wca](http://www.lluch.org/health-professionals/whole-child-assessment-wca)



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# Resources on ACEs, ACEs Screening, and Intervention

National Pediatric Practice Community on ACEs - [www.nppcaces.org](http://www.nppcaces.org)

Stress Health Public / Parent Education Campaign – [www.stresshealth.org](http://www.stresshealth.org)

ACEs Connection - [www.ACEsconnection.com](http://www.ACEsconnection.com)

California Campaign to Counter Childhood Adversity (4CA) - [www.4cakids.org](http://www.4cakids.org)

National Traumatic Stress Network - [www.nctsn.org](http://www.nctsn.org)



**NPPCACES**

National Pediatric Practice Community  
on Adverse Childhood Experiences

[nppc@centerforyouthwellness.org](mailto:nppc@centerforyouthwellness.org)