Community Input on ACEs/Trauma Screening Implementation and Provider Training

INTRODUCTION

As of January 1, 2020, California has enabled providers to bill Medi-Cal for Adverse Childhood Experiences (ACEs) screening of children and adults. This step has been lauded as an opportunity to better serve communities by harnessing ACEs science to address health, social, and behavioral struggles that patients face. The passage of Assembly Bill 340 (AB 340), the "Early and Periodic Screening, Diagnosis, and Treatment Program: trauma screening" proposed by Representative Joaquin Arambula, with funding authorized through Proposition 56, expanding Medi-Cal patient screening protocols to include screening for trauma.

The subsequent passing of AB 340 generated a great deal of conversation among medical and behavioral health providers, as well as social services and family servicing organizations. Members of the California Campaign to Counter Childhood Adversity (4CA) felt the need, and recognized an opportunity, to elevate the voices of early adopters of ACEs/trauma screening, advocates and community members as implementation strategies were under development.

Since 2014, 4CA has worked to bring together the expertise and actions of individuals and organizations working to address childhood adversity across the state of California.

4CA's mission is to both raise awareness about the impacts of ACEs, as well as draw attention and call to action policy changes to address and mitigate childhood adversity.

4CA membership includes organizations across multiple systems that seek to address these issues. 4CA includes both a backbone organizing team, as well as a steering committee that helps shape and direct the campaign's priority activities. 4CA backbone partners include Center for Youth Wellness, Children Now, and ACEs Connection.

The 4CA backbone partners, as well as several members of the steering committee, discovered in their ongoing communications with medical clinicians, community based organizations, and community advocates, that each of these groups had questions, concerns and challenges related to the proposed ACEs/trauma screening initiative. 4CA partners realized there would be value in sharing provider and community feedback, and incorporated a feedback survey on this topic as one of the 2019 priority activities for the campaign.

To capture feedback about the rollout of screening program among California community members, 4CA conducted a survey of providers and community members to identify potential challenges of ACEs/trauma screening implementation, as well as ensure that implementation strategies benefit from community wisdom about the best ways to integrate screening into health and social service systems and communities at large. The California Department of Public Health (CDPH), Injury and Violence Prevention Branch provided assistance with data analysis.

WHAT WE FOUND

A convenience sample of California medical and non-medical providers, and trainers on ACEs/trauma screening was obtained through the network of partners distributed across California.

We had 138 surveys completed by California medical providers, both early adopters of ACEs screening (16) and those that are not screening their patients for ACEs (24), non-medical providers and community advocates (81) and ACEs trainers (17).

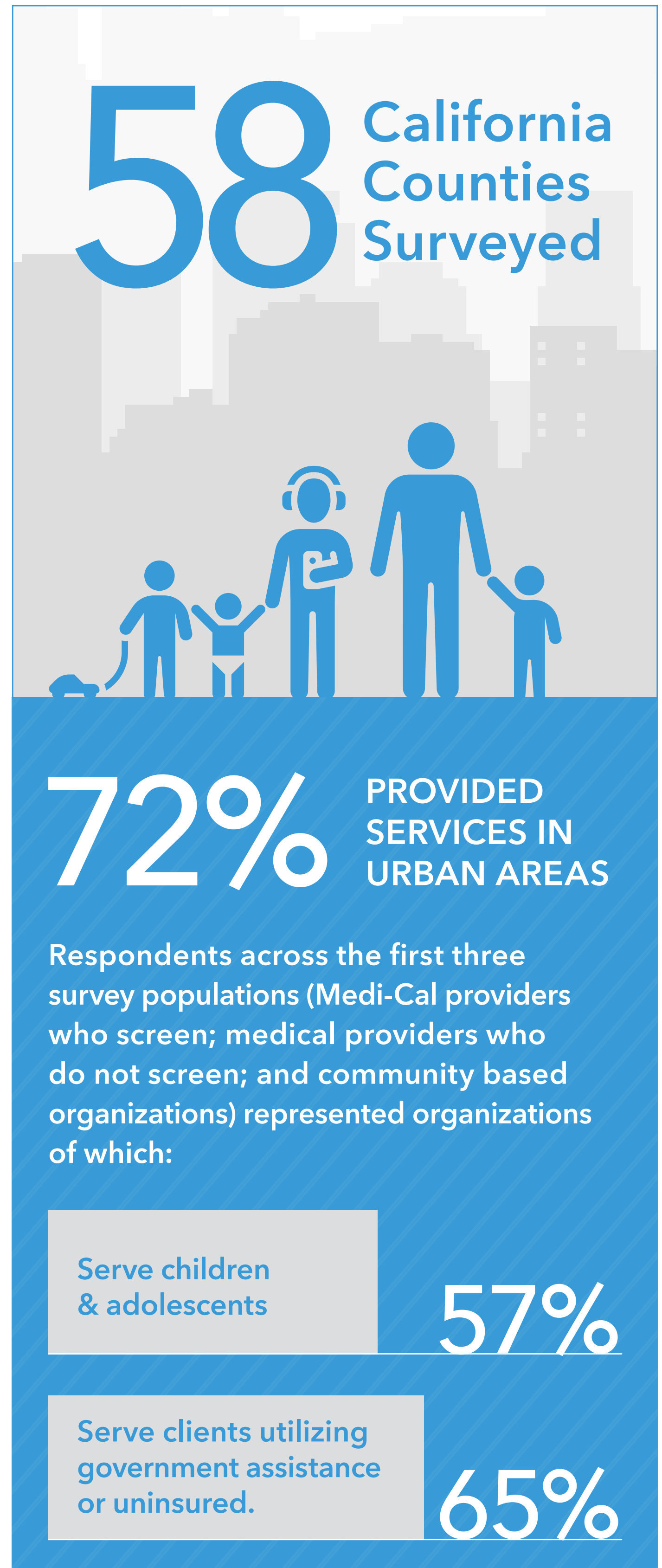
We asked providers...

Who were already screening, "What supports do you think are necessary for successful ACEs/Trauma screening implementation in your community?"

- Education and exposure to the new mandate for screening.
- Standardization of implementation process and county-wide campaign to address impact of trauma while publicly identifying symptoms of trauma (e.g., addiction, violence (gun and other), anxiety, sleep disturbances, ...etc.).
- Focus on having our practice become truly trauma-informed. It's not about filling out a survey, but changing a mindset.
- Embed screening questionnaire into electronic health record.
- Reimbursement for a choice of tools
- Training for providers that is independent of what tool used.

Who were not currently screening, to identify many of the same needs in the design of an ACEs/Trauma screening process:

- Education & training for staff and patients, initial as well as ongoing.
- Strong, coordinated referral system for adult and pediatric patients who screen positive for ACEs.
- Mental health providers who accept Medicaid.
- Requiring electronic health record systems to have built-in screening tools.
- Concerns about patient confidentiality.



Community organizations were asked what they view as necessary for a successful roll out of ACEs/Trauma screening in communities. Similarly to the surveyed providers, these respondents emphasized the need for education and training for providers who screen. They also emphasized the importance of education for the community at large, both about the need for ACEs/Trauma screening, as well as the need for trauma focused interventions and supports.

Community organizations in our sample called for:

- Comprehensive education and training on trauma focused interventions and supports for staff in all types of client serving agencies;
- Training that is culturally competent, including language inclusivity.
- Well-coordinated system of referral for patients who screen positive with their health care providers.
- Community campaign to educate about, and reduce stigma around ACEs/trauma screening.

Community based organizations were asked if they have observed any impact of ACEs/trauma screening on their clients. Responses included:

- Improved community education about ACEs
- Linkages to support services provided by these agencies
- Negative impact when providers are not well trained and without a referral plan

There is nothing worse than to be handed an ACEs/Trauma score with no action plan.

"We can figure out the screening. We need to identify services post screening and ensure that we have resources to support."

"There is nothing worse than to be handed an ACEs/Trauma score with no action plan."

ACEs trainers were asked about training components they offer and any challenges or suggestions for ACEs screening program adoption Trainers indicated the following as elements of a successful implementation:

- Inclusion of trauma-informed care and resiliency
- Identification of high-risk children and the barriers they face
- Efforts undertaken to ensure that all staff are trained and provide the support for understanding ACEs and trauma-informed practices
- Provision of support and services to strengthen families

WHAT WE LEARNED

The 4CA group launched this survey effort to organize the feedback many 4CA members were receiving anecdotally through their collective work with communities.

The survey revealed three major takeaways:

1. Despite the many concerns, nearly all survey respondents – healthcare providers, community-based organizations and cross-sector community partners – viewed education about ACEs science as vital, and the ACEs/trauma screening tool as a valuable component.
2. Respondents also agreed that there is a widespread need for additional education to cover the basics of ACEs science and the impact of trauma on children's lives, as well as practical tools and referral systems for those that have ACEs.

3. In particular, those surveyed believe that screening alone is insufficient. A system of referrals to supportive services for those who screen positive for ACEs is viewed as an essential part of any screening program. Survey respondents wanted more information about how a supportive services system would link to the ACEs screening program, and gave several suggestions for what the system should look like and address.

WHAT TO DO

Overall, all survey populations believed that ACEs and trauma education were important for healthcare providers, community-based organizations and cross sector community partners. Most were in favor of ACEs/trauma screening, but their concerns about several challenging issues were clear.

Based on these responses, 4CA has the following five policy recommendations:

1. **Education and training for medical providers.** Develop and expand education and training opportunities for a variety of medical care settings beyond an online provider trainings. Offer trainings for all medical staff (providers, office staff, support staff) on trauma-informed care principles and implementation.
2. **Education and training for non-medical providers.** Develop and expand a comprehensive education and training program for other agency providers who can offer the trauma-informed intervention and supports to patients who screen positive for ACEs. This training helps ensure these non-medical providers are educated on the science of ACEs and the importance of screening as a systematic tool for assessing clients' needs for social support.
3. **Community education.** Effective implementation of ACEs/trauma screening program must contain a public education and engagement campaign to help community members understand the value of screening to increase participation and buy-in into the program as well as further education and intervention resources that help address trauma. This education must include authentic community engagement, elevating those most impacted by systems trauma, to share their stories and actively guide the community education campaigns.
4. **Reduce implementation barriers (disruption of workflow, limited time, lack of referral resources, etc.).** Effective implementation requires equipping providers with comprehensive and tailored training and technical assistance on trauma-informed care. For providers, clear clinical guidance for treatment planning is a significant need, in order to increase comfort in administering an ACEs/trauma screening tool. It is also clear that this training must incorporate ethics and protocol around confidentiality, as well as include cultural and linguistic competency. These considerations will ensure that concerns from all respondents, whether providers, community organizations, or trainers, are meaningfully addressed.
5. **Support the identification of community resources and build referral networks to assist with care coordination and treatment planning.** A core concern of all respondents was that screening alone is not enough. Respondents urged the development of a coordinated referral system, and noted that the capacity of intervention services will likely be stretched, requiring intentional planning in order to expand to meet the increased need that screening is likely to identify.

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