Screening for Adverse Childhood Experiences (ACEs) in an Adolescent Primary Care Setting

Katherine Hogan, PhD; Betsy Thompson, LPC; Casey Simon, MPH; Shamieka Dixon, MD
Levine Children’s Hospital
Teen Health Connection

Introduction

What are Adverse Childhood Experiences?

ACEs is a term to describe abuse, neglect, and other potential interpersonal, community, and institutional trauma experiences occurring before age 18. ACEs are linked with increased risk of injury (traumatic brain injury, fractures, burns), mental health problems (depression, anxiety, PTSD, suicide), maternal health challenges (unintended pregnancy, pregnancy complications, fetal death), infectious disease (HIV, STIs), chronic disease (cancer, diabetes), risky behaviors (alcohol & drug abuse, unsafe sex), life opportunities (education, occupation, income), and early death.

As the number of ACEs that a person has experienced increases, so does the risk for negative outcomes. The Center for Youth Wellness ACE Questionnaire provides an objective method of screening for ACEs in adolescents. The ACEs Score is the number of ACEs a person has experienced, with higher scores indicating a higher risk for negative outcomes. "Clinically efficient tools for screening and assessment of high ACE youth in primary care settings are lacking. Developing a process to assess ACEs, risk behaviors, and physical and mental health status...is an important step in providing holistic care to a challenging population."

Center for Youth Wellness ACE Questionnaire

Adapted by Burke Harris & Renscheier, 2015 from original Felitti, Anda, & Nordenberg (1998) ACE screener.

Teen Health Connection

Integrated Care Model
- Medical services
- Outpatient therapy
- Mental health triage
- Community programs
- SOl(i)c nonprofit

High Risk Population
- 65% Medicaid-insured
- Medical home for youth in foster care
- Unique community partnerships

Innovative Programming
- Levine Children’s Center for Gender Health
- Adolescent pregnancy prevention
- Teen-led, adult-guided prevention
- Teen Advisory Board
- Empower: Youth Leadership Summit
- The Big Picture
- Parenting the Love and Logic Way

Member of the 2019 Mecklenburg County Behavioral Health Collaborative through the National Council for Behavioral Health

Project Goals

Implement routine patient screening using the Center for Youth Wellness ACE-Questionnaire (CYW ACE-Q):

- Goal: Increase the weekly successful screening rate for new patient visits and physical exams to 90%
- Provide on-site response to high-ACE youth through additional assessment, psychoeducation, intervention, and referral
- Goal: Deliver one-on-one mental health triage to 75% of the patients reporting 4+ ACEs on a weekly basis
- Increase utilization of dedicated mental health triage clinician housed within medical practice
- Double the volume of mental health triage interventions provided monthly

Improvement Process

- Initially launched in September of 2018, 674 patients and 335 parents were screened between 9/17/18 and 3/11/19.
- Protocol enhanced existing psychosocial screening using HEADS, CRAFFT, PHQ-2, and other measures.
- Team employed the Model for Improvement (MFI) and multiple Plan-Do-Study-Act cycles to implement screening.
- When screening was not complete for a patient, potential reasons were reviewed by members of the implementation team and procedures were updated or training provided.

Most Impactful Clinic/Process Improvements:
- Day-prior review of provider schedules
- Preparation of new patient/physical welcome packet
- Inclusion of ACEs screening in cross-team meetings
- Expanded education and process training
- Value of screening over logistical process
- Onboarding for new staff and medical residents

Challenges:
- Staff turnover on registration, nursing, and triage teams
- Rotating monthly medical residents
- Documentation and communication with providers
- Unnecessary rescreening and re-traumatization

Discussion

- Higher exposure to ACEs reported by Teen Health Connection’s medical population compared to national estimates. This trend is not solely explained by high frequency of teens in foster care.
- The effect of the screening protocol on utilization of the MH triage program underscores the importance of formal screening mechanisms within an integrated healthcare model. ACEs screening and referral can lead to meaningful access to mental health services.
- Integrating screening into the responsibilities of existing mental health staff, particularly a student intern, helped to absorb costs associated with the intervention and contributes to ongoing sustainability of the project.
- Documentation and data monitoring can help reduce unnecessary re-screening and re-traumatization – Canopy template in process.
- Patient screening can yield reliable data on patient needs.

Patient Trends – ACE Scores

- 44% of NC teens experience 1+ ACEs; 11% experience 3+ ACEs.
- Initial implementation was successful but failed to reach the 90% goal. Training and re-evaluation were necessary.
- High Risk Population:
  - Section 1 – Household: 0%
  - Section 2 – Community: 0%
- Combined Score: 0%

Impact of the screening protocol on utilization of the MH triage program

Most Impactful Clinic/Process Improvements:
- Day-prior review of provider schedules
- Preparation of new patient/physical welcome packet
- Inclusion of ACEs screening in cross-team meetings
- Expanded education and process training
- Value of screening over logistical process
- Onboarding for new staff and medical residents

Challenges:
- Staff turnover on registration, nursing, and triage teams
- Rotating monthly medical residents
- Documentation and communication with providers
- Unnecessary rescreening and re-traumatization

Discussion

- Higher exposure to ACEs reported by Teen Health Connection’s medical population compared to national estimates. This trend is not solely explained by high frequency of teens in foster care.
- The effect of the screening protocol on utilization of the MH triage program underscores the importance of formal screening mechanisms within an integrated healthcare model. ACEs screening and referral can lead to meaningful access to mental health services.
- Integrating screening into the responsibilities of existing mental health staff, particularly a student intern, helped to absorb costs associated with the intervention and contributes to ongoing sustainability of the project.
- Documentation and data monitoring can help reduce unnecessary re-screening and re-traumatization – Canopy template in process.
- Patient screening can yield reliable data on patient needs.

Resource

1. Centers for Disease Control and Prevention
   https://www.cdc.gov/healthychildhoodexperiences/surveys/screening/surveys/adolescent복제.html

Contact Information

Betsy.Thompson@teenhealthconnection.org
704-381-9332

Resources

1. Centers for Disease Control and Prevention
   https://www.cdc.gov/healthychildhoodexperiences/surveys/screening/surveys/adolescent복제.html