

Addressing ACEs by Closing the Divide between Community Mental Health and Primary Care Screening: Training, Innovation, and Local Primary Care Partnerships

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 An OhioGuidestone Initiative

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SUMMARY

This white paper brief offers a glimpse of OhioGuidestone's commitment to addressing ACEs through innovation and community partnerships. Namely, OhioGuidestone's partnership with local primary care clinics to screen and respond to ACEs in children and pregnant women is featured.

OhioGuidestone's experience integrating ACEs screening and referrals with primary care screening and treatment demonstrates its unique qualification to up-scale such efforts in other primary care settings in Ohio.

WHO SHOULD USE THIS PAPER

- Behavioral & mental health providers
- Managed care organizations & health insurance providers
- Clinicians & mental health workers
- Researchers in health-related fields
- Policymakers & program directors
- Behavioral health clients & client advocates
- Family & Community Advocates
- Parents & Families

TAKEAWAYS & ACTION ITEMS

- OhioGuidestone has partnered to implement adverse childhood experiences (ACEs) screening into pediatric and women's health primary care clinics in northeast Ohio.
- Commitment to addressing ACEs at a community level should be demonstrated across clinical direction, innovation, research, and active community partnerships.
- Screening protocols must include brief intervention, warm hand-offs, and referrals for evidence based treatment, such as Child-Parent Psychotherapy (CPP) to mitigate effects of ACEs.
- Brief interventions offer interpersonal, non-judgmental support and warmth to families and patients following ACEs screening. And raises likelihood of successful referral completion.
- OhioGuidestone stands ready to spread ACEs screening and response protocols to other primary care clinics to further evaluate the impact of screening. And elucidate more data to inform strategies to prevent ACEs.

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WHERE NEW PATHS BEGIN

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Introduction

OhioGuidestone is committed to raising awareness on the impact of adversity, trauma and toxic stress on the developing brain and the opportunity presented in enhancing resiliency and supporting post-traumatic growth through relationships and healthy attachment between children and adults. Our demonstrated experience responding to children and families impacted by adverse childhood experiences (ACEs) is evident in our clinical theory of change, innovation, and community partnerships.

This white paper brief presents an overview of OhioGuidestone's position to prevent and respond to ACEs at an individual, family, and community level.



OhioGuidestone's Initiatives to Address ACEs: Primary Care ACEs Screening & Response Project



OhioGuidestone has partnered with the Northeast Ohio Neighborhood Health Services (NEON), a federally qualified health center (FQHC) in northeast Ohio, and University Hospitals Rainbow Center for Women and Children (UH) to implement adverse childhood experiences (ACEs) screening into primary care visits. This initiative elevates the importance of integrating ACEs screening and prompt referral for early intervention as a preventative measure similar to other screenings that occur during routine pediatric practice. Furthermore, best practic-

es of ensuring responsible screening) by providing prearranged response options (brief intervention, dedicated referral sources) (Schulman & Maul, 2019) are key to the program's model.

The current project integrates ACEs screening in primary care settings that serve children and families who have or are at risk of having experienced abuse and neglect, family separation, or family substance abuse; or parental divorce/separation, loss, incarceration, or mental illness; or witnessed interpersonal violence in their home, family, or com-

munity. Since 2016, we continue to implement this ACEs screening protocol in local greater Cleveland primary care pediatric practices to increase the availability and access to evidence-based treatment for childhood trauma and toxic stress. The project has recently been expanded to include ACEs screening in pregnant women seen within the women's health components in the same community clinics. Implementation of this ACEs screening and response protocol has required intensive trauma-informed care training, on-site consultation to medical staff at participating NEON and UH primary care offices, and sound referral procedures to connect patients to evidence-based mental health intervention.

OhioGuidestone therapists are co-located within participating NEON and UH community clinics to provide on-going professional education, consultation, support, and treatment referrals for children and pregnant women. Universal screening of pregnant women and children by their healthcare provider for ACEs occurs during routine health appointments. The screening tool indicates if children or women have experienced 1, 2, 3, or 4 or more ACEs. Although we offer case-by-case clinical consultation to providers, and referrals to any interested families, our targeted on-site response seeks to provide immediate, brief intervention for children and women with greater ACEs reported. This is informed by research that indicates the

OhioGuidestone's Innovation & Research to Address ACEs

OhioGuidestone's science informed theory of change has also driven innovation.

Joyful Together, a clinical innovation of OhioGuidestone's Institute for Family and Community Impact (IFCI), is a research-based model that builds childhood resiliency and reduces toxic stress in children by enhancing parent/caregiver relationships with joyful play. Joyful Together provides easy-to-do activities to coach parents and caregivers on playing with their children to create stronger bonds, lower stress, and prevent long-term consequences of ACEs.

Research outcomes on this ACE-fighting innovation have been positive: increased childhood protective factors, lowered parent stress, and improved parent-child relationships. Research on Joyful Together is ongoing, notably to demonstrate its preventative qualities over time, but outcomes thus far suggest that this play-based model is a promising evidence based prevention practice that can improve childhood outcomes and negate the many long-term impacts of childhood adversity, trauma and stress.

To learn more about OhioGuidestone's Institute of Family and Community Impact's Joyful Together and research initiatives, visit www.familyandcommunityimpact.org/clinical-

On-Site Brief Intervention

In addition to adding ACEs screening to routine pediatric visits, we have also implemented on-site brief intervention. Although a referral is offered to children with ACEs scores of three or more (and often the threshold is lowered to two or more ACEs if symptoms of dysregulation or behavioral concerns are present), the need to offer immediate response to mitigate any unease and possible reactivation of traumatic or stressful events is met with brief intervention- a short conversation with a trained staff member or behavioral health professional. Additionally, this brief intervention often serves as patient education, often introducing the concept of toxic stress and ACEs to families, and explaining briefly the impacts of adversity in childhood on health, relationships, education, and other domains that are often impacted.

Greater recognition of the need to screen children for ACEs is becoming evident, but often screening is not followed up with brief intervention, warm hand-offs and referrals for accessible, evidence and trauma informed care. Our ACEs screening protocol and partnership delivers the much needed connection of physical and mental health screening, referral, and treatment at an interpersonal level that offers non-judgmental support and warmth to families and patients.



greatest risk of lifelong co-morbidities correlates with a greater count of ACEs experienced (Crouch, et al., 2019; Hughes, et al., 2017). Therefore we work to swiftly intervene to prevent negative effects on children's development. Brief intervention with on-site therapists also helps to establish a connection with patients and families that lead to successful referral completion, also known as a warm hand-off.

Primary care providers also follow-up with patients and families who receive a referral for mental health intervention during subse-

quent appointments. This is vital as some patients and families are reluctant about mental healthcare, need more education, or simply are not ready to seek further care. At any point in the screening process, patients are reminded of their referral options to OhioGuidestone's strong early childhood mental health (ECMH) and maternal depression programming. Our ECMH program utilizes a range of evidence based childhood trauma interventions such as child parent psychotherapy, and is often sought out for consultation for other ECMH providers across Ohio.

Additionally, our maternal depression program consistently demonstrates strong outcomes, and ranks as the top referral site in greater Cleveland. Our maternal depression programming is both evidence based and culturally sound offering high quality care that considers the context of a woman's life as a caregiver and unique needs of mothers.

Within the last year over 4,300 women and children were screened. Program evaluation thus far demonstrates that partnership with community healthcare providers to implement ACEs screening into primary care is an effective method to identify and connect children and pregnant women in need of trauma-informed behavioral health services and connecting them to quality care. Further, these partnerships help close a divide between community mental health and primary care while addressing ACEs. Next steps for this project include identifying similar community and hospital health care providers to partner to screen even more women and children for ACEs and connect them to treatment to prevent long-term consequences.

OhioGuidestone is uniquely qualified to expand this ACEs training and primary care screening and treatment programming to other areas in Ohio. We expect to up-scale the ACEs primary care screening and referral program to other pediatric and women's health clinics across north Ohio. OhioGuidestone's expertise in ECMH and maternal depression, de-

livering evidence based care, and preventive practices alignment is evidenced in our partnerships and contributions across the state.

OhioGuidestone clinical leadership contributes to statewide efforts to address ACEs such as the Ohio HB12 Ohio's Children's Behavioral Health Prevention Network Stakeholder Group and Health Policy Institute of Ohio's ACEs task force. We look forward to opportunities to expand our initiatives to combat ACEs throughout Ohio and beyond to continue supporting healthy development of children, families, and communities.



OhioGuidestone’s Theory of Change Addresses ACEs

We believe that building and preserving healthy and successful families will build strong communities, and recognize that adverse childhood events disrupt this potential. Trauma and toxic stress impact the brain, most especially in early childhood, and negatively impacts development across childhood (National Scientific Council on the Developing Child, 2014). Recognition of the interconnection of a child’s environment and experiences, as well as the connection to increased mental and physical health morbidities prompted OhioGuidestone to create intensive training curriculum to raise the awareness on the impact of ACEs, trauma, and toxic stress.

OhioGuidestone asserts that the long-term implications of ACEs can be addressed through mental health treatment that combines cognitive behavioral therapy and key elements of neurobiology, interpersonal neurobiology, and affective science that drive co-regulatory processes to enhance resiliency. Additionally, we assert that ACEs can be prevented by raising awareness of the impact of adversity in childhood, and leveraging the potential of healthy attachments between children and adult caregivers to enhance resiliency. By doing so, a child’s stress response system- which is activated by adverse experiences- can be better regulated, and activated less; offering more space for a child’s body to dedicated to health developmental processes.

Since 2015, OhioGuidestone has partnered with local and statewide entities such as the Ohio Department of Health, the Ohio Association of County Boards of Developmental Disabilities, Educational Service Centers, and the Ohio Head Start Association, Inc. providing training to professionals in healthcare, education, and early care settings. Our intensive training curriculum, *Toxic Stress- How to Protect Children from Life-Long Impact*, introduces the phenomenon of toxic stress and its lifelong implications on brain development, focusing on the neural and physiological responses to the experience of adversity and trauma at a young age. Key components and brain structures a part of the Stress Response System are reviewed to provide insight on how protecting children from adversity supports healthy brain development. Further, the training emphasizes the impact of social engagement and nurturing relationships on child resiliency.

To learn more about OhioGuidestone’s clinical theory of change, including eight key strategies to build resiliency for children, families, and communities, read *Building Together: How Relationships Make Families and Communities More Resilient* available at www.familyandcommunityimpact.org.

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