Strengths and Barriers in Implementing the ACES Screening Tool in Tribal, Urban Indian, and Rural Settings

ACES AWARE PRACTICE PAPER

Acknowledgement

ACEs Aware Practice Paper award to the Center for Healthy Children and Communities, Inc., Sacramento, CA, via Aurrera Health Group, LLC


aces aware
SCREEN. TREAT. HEAL.

Introduction & Background

Impetus for Practice Paper

- Higher ACE scores = greater likelihood of health/social problems.
- California is providing Medi-Cal reimbursement for ACE screenings.
- Goal: detect and connect patients with resources.
- Many rural, tribal, and urban Indian communities experience barriers to implementing the ACEs screening tool.

Methods

12 Key Informant Interviews

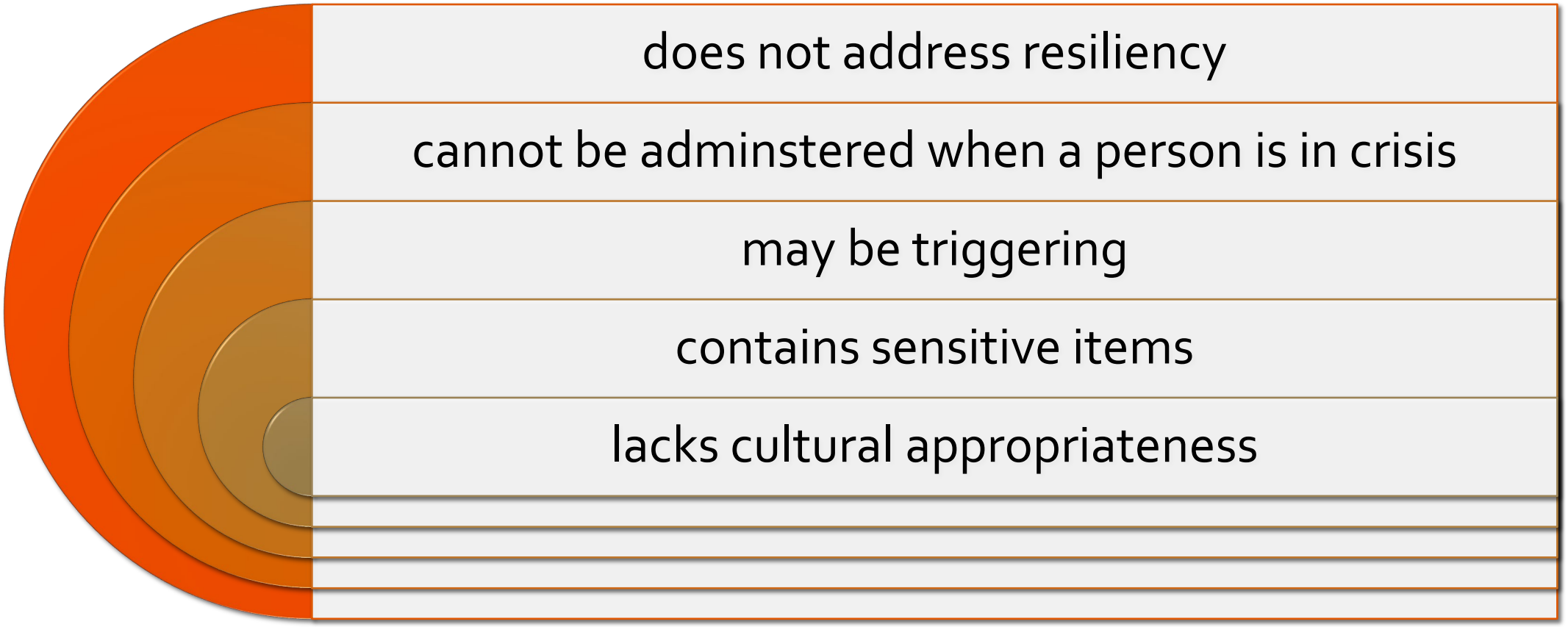
- Rural County Health Departments
- First Five
- Urban Indian Health Organizations
- Tribal Health Programs
- Providers, Directors, LCSWs, Community Workers

Results

Major Topics

- Screening Instrument Considerations
- Infrastructure for Screening
- Post-Screening Treatment & Follow-Up
- Cultural Distrust and Community Stigma

Screening Instrument Considerations



Key Informants

"The mere asking of ACE questions can actually cause some of our clients to become a little dysregulated."

"We had an external organization approach a clinic regarding administering a survey [...] at a community event. Our center declined their request because it included the ACES questions, and, because the facility would not be able to provide counseling services on site if the participant became upset as a result of completing the survey."

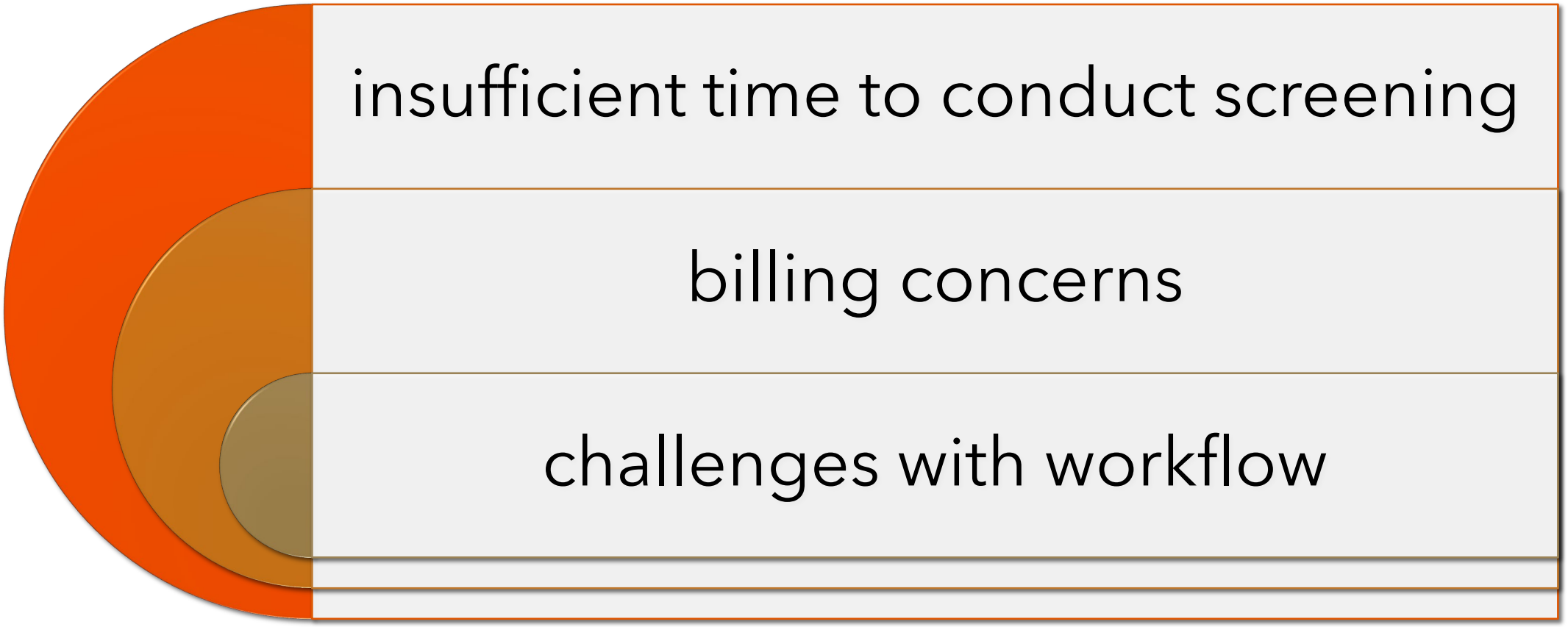
Recommendations: Screening Instrument Considerations

1. Assess individual resiliency as well as community strengths and adverse experiences.
2. Allow for cultural adaptations to the instrument (e.g., adding cultural resiliency questions, being able to describe the tool within a cultural context or story).
3. Develop culturally appropriate/customizable resources to introduce the screening and accompany its administration. This includes handouts, resource guides, and culturally based referrals and mental health services.

Recommendations: Screening Instrument Considerations

4. Provide guidance on the appropriate setting to administer the tool and who should administer it in case a patient is triggered by its content.
5. Allow providers to use their discretion and judgement on when a screener is implemented rather than standardizing its use at intake.

Infrastructure for Screening



Key Informant

"Just the burden on clinic administration – creating the system to be able to bill for the ACEs screening and setting up all the systems to capture and report the data safely and responsibly, is daunting."

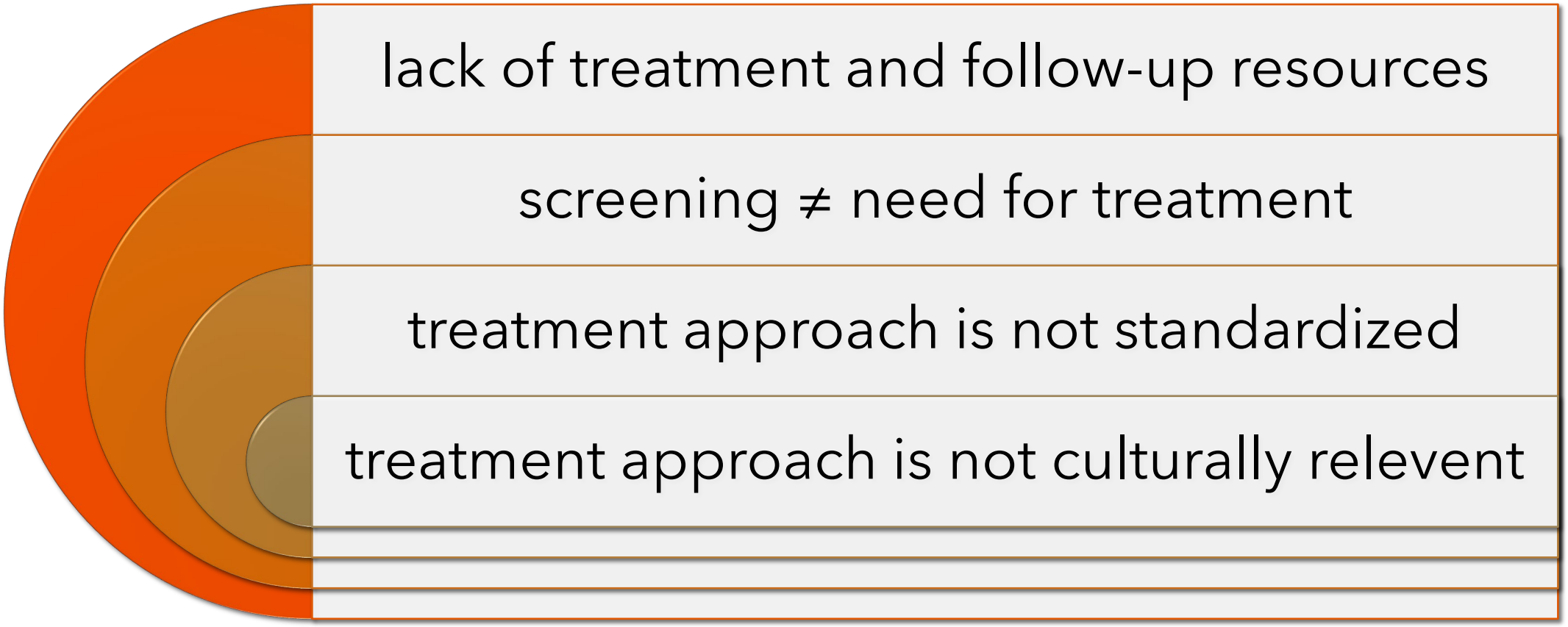
Recommendations: Infrastructure for Screening

1. Reimburse sites at higher rates for conducting multiple screenings including ACEs in one visit rather than requiring patients to attend multiple appointments.
2. Provide funding to sites to provide behavioral health care to patients with high ACE scores but no identifiable behavioral health diagnoses.
3. Provide logistical guidance (i.e., technical assistance, trainings, toolkits) about incorporating ACEs into clinic workflows, including how to build into electronic health record systems, appropriate data storage and security, and scanning and reporting to the ACEs Aware initiative.

Recommendations: Infrastructure for Screening

4. Whenever possible, duplicate screening and assessment workflows being utilized by other state-funded systems, such as CalFresh, translation services, etc.
5. Promote strategies to reduce the chances of patients and community members being screened multiple times across settings. **This may involve restricting community screenings or investing in collaborative data entry tools**.

Post-Screening Treatment and Follow-Up



Key Informants

"The more we screen, the more we get answers, the more we have a responsibility to provide support and interventions."

"It is not ethical to screen someone and then not have anywhere to send them for support."

"What's interesting in the hand off is that the client is assumed to need behavioral health support."

"The big question is, 'So what? We do the screening- what now? We see high ACE scores. What now? What do we do with this information?'"

Key Informants

"[…] people here use [the tribal clinic] as their primary point of medical care. Part of that is cost, part of that is a cultural connection. Like anywhere else, there is a long history of discrimination and genocide here, and it is fresh in people's minds. We have people whose parents were taken to boarding schools against their will – there's that memory of what government means – that is still alive in this county."

"[Staff] may not feel confident if they're responding to a call on a reservation – this makes it harder – they don't have experience in that community. No established relationships. They're reluctant to engage, so they don't. Not because of a lack of desire, but a lack of an entry point or relationship."

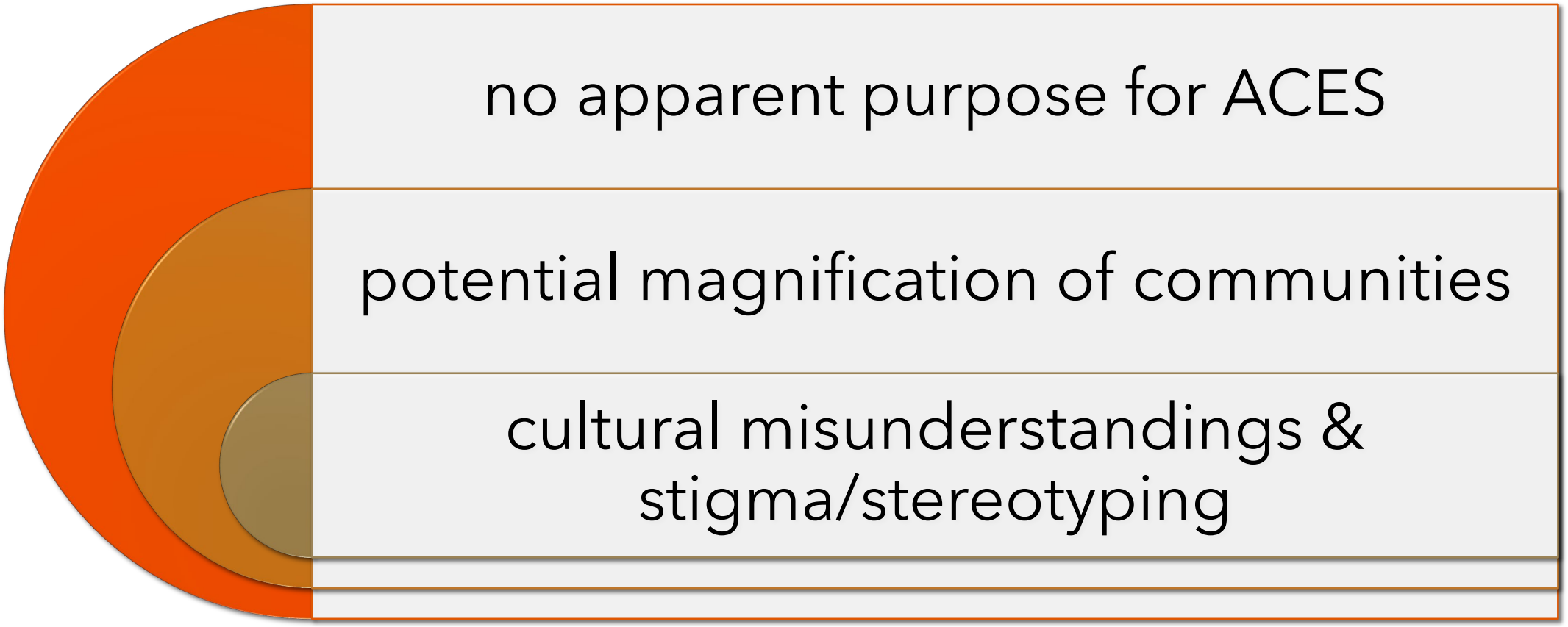
Recommendations: Post-Screening Treatment and Follow-Up

1. Fund rural resources in behavioral health before overlaying ACEs screenings on top of limited resource system. This will limit staff turnover and prevent fatigue among existing providers.
2. Pay for post-screening health navigators to assist individuals from rural settings access appropriate treatment and follow-up services.
3. Fund statewide digital literacy training programs and device distribution so that all can access needed healthcare.

Recommendations: Post-Screening Treatment and Follow-Up

4. Standardize treatment for ACEs, including trauma-informed, culture-based interventions for individuals with specific scores. Pay for providers to receive training in these approaches.
5. Incentivize sites that provide holistic care in one location. For example, train and fund trusted providers in tribal and urban Indian health centers to conduct screenings and follow-up treatment all in one location.

Cultural Distrust and Community Stigma



Key Informants

"If they are looking to prove that low-income people of color are struggling, we don't need [the ACEs screener] to identify that."

"I want to understand how the data is being used. Statewide? Representing all AIAN? Do areas with bad scores end up with additional funding?"

"ACE scores are between 1 and 10. I don't want kids walking around with an assigned number, having that determine how they seem themselves, how they self-identify."

Key Informants

"We have a rancher, strong, rural mentality. Folks don't want to seem weak or like they're not able to cope."

"Historical trauma creates sensitivity around identification."

"We see people who are undocumented, and there is a lot of sensitivity at being identified."

Key Informants

"[…] patients that 800 call numbers [are] reaching someone who is not AIAN, not culturally competent, and cannot meet their need with a culturally informed response."

"I really feel like the home visiting program for the tribal community would be the best way. Sometimes when [people] go to the doctor, they feel judged."

"There's a long history of AIAN having decisions taken out of their hands, labeled or categorized, distressed with predominant cultural authority figures and systems."

Recommendations: Cultural Distrust and Community Stigma

1. Engage in listening sessions/conversations about trauma with people from communities of color and rural communities. Adapt the ACES screening model based on feedback obtained during these sessions.
2. Reach consensus on the purpose of ACES Aware, whether it is for screening or treatment or both. Publicize this rationale using campaigns tailored for tribal, urban Indian, and rural settings.
3. Fund trusted cultural and community leaders to provide ACES education outreach, screening, and treatment in various settings including the clinic and at home.

Summary and Thoughts

- Rural, Urban Indian, and Tribal areas have unique strengths and needs.
- ACEs initiatives MUST be tailored to be successful in rural, urban Indian, and Tribal areas of California.
- Talking about ACEs and mental health is an important first step.
- Understanding barriers leads to better solutions.
- Trauma is sacred and should be honored.
- Communities are eager to continue these conversations.
- De-stigmatizing mental health is critical to success.

Want to read the Practice Paper ?

[Link to Practice Paper]

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Gratitude

Thank you to our 12 key informants.

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