# California ACEs Learning and Quality Improvement Collaborative: Clinic capacity assessment

# Assessment overview

The CALQIC capacity assessment aims to assess your clinic site’s capacity related to effectively integrating education, screening and response for recent and past traumatic experiences (ACEs).

***Why are we doing this assessment?*** The goal of screening is to enhance connection between patients and providers, help connect patients to services that they want and need, contribute to better outcomes, reduced disparities, and more positive experiences of care for all involved. As you know, there are a lot of factors that influence successful screening practice.

This assessment focuses on the extent to which practices and systems that contribute to effectively implementing and responding to ACEs screening are currently in place at your clinic. The results will help identify strengths and opportunities to improve clinical practice or organizational culture. Collectively, the results from all participating clinics, will help us to learn together about clinics’ capacity for screening and inform the program regarding what support is needed related to ACEs education, screening and response.

This assessment was informed by the CALQIC TRIAD framework along with existing tools for assessing organizational capacity related to ACEs screening and trauma- and resilience-informed care.

***When and how often will you complete the assessment?*** The assessment will be administered to clinics participating in CALQIC at the beginning (August 2020) and end of program participation (September 2021). You’re receiving this assessment because your organization indicated that your clinic site will be implementing or spreading ACEs screening as part of CALQIC.

***Who will participate in the assessment?*** This is an assessment for individual clinic sites. Clinics should identify a multi-disciplinary team with various perspectives to complete the assessment collaboratively.

***What happens with the results?*** The information you provide will help you, your coach, and the CALQIC program better understand where you are related to key factors that influence education, screening, and response to care for patients who have experienced past and current trauma. Your organization will receive a report back that includes its overall results along with your clinic site’s individual results. You will also have an opportunity to discuss results, strengths, and opportunities with your CALQIC coach.

# Administration guidance – how to complete the assessment

We have found the following steps to be most effective in completing the assessment:

1. **Engage your clinic site’s multi-disciplinary team in completing the assessment**. Your team should include 4-6 representatives including a provider champion for ACEs screening, front line or clinical staff supporting ACEs screening, clinic leadership, and data or QI staff, if available. The team may include additional people if you determine other input would be useful in completing the assessment. You will be asked to list the individuals that participated in the assessment when your response is submitted.
2. **Each participant completes a printed-out copy of the assessment individually.** The assessment is included in the following pages. The last page (Clinic characteristics) only needs to be completed by one person (likely the team lead or data/QI representative).
3. **The team comes together (virtually) to discus responses and come to consensus on each question.** Discussion should focus on questions where there was variation in response to reach agreement on a team response for that item. We hope that the process of completing this assessment will generate meaningful discussions between team members and be useful to you as well.
4. **One team member then enters final scores into a web-based survey (REDCap) and submits to CCHE.** We suggest anytime there is wide variation in individual scores, that this is noted in the “comments” section. This variation is important information as well.

CCHE is available and happy to answer questions or provide support at any time throughout the process. Please don’t hesitate to contact Lisa Schafer at [lisa.m.schafer@kp.org](mailto:lisa.m.schafer@kp.org).

# Clinic capabilities related to ACEs screening and response

## **Foundation**

The questions in this section relate to the essential practices and structures that a healthcare team needs to educate, screen, assess, and respond to ACEs and other traumatic experiences.

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| **No** This is not in place or doesn’t happen as part of our operations |  |  |  | **Sometimes/somewhat** This is somewhat in place or sometimes happens, but is not standard practice |  |  |  | **Yes** This is consistently in place/ usually happens as part of our standard practice and/or our culture |

1. Understanding of and commitment to trauma and resilience-informed care and supporting practices

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|  | **1**  **No** | **2** | **3**  **Sometimes/ somewhat** | **4** | **5**  **Yes** | **Unsure** |
| Our clinic provides education or training to all staff and providers on trauma and resilience and implications for care | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Our clinic’s formal policies and procedures reflect language and practice of trauma and resilience-informed care | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

#### Leadership is supportive of screening and response to ACEs and actively promotes trauma and resilience-informed care

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|  | **1**  **No** | **2** | **3**  **Sometimes/ somewhat** | **4** | **5**  **Yes** | **Unsure** |
| Leadership expresses commitment to implementing trauma and resilience-informed care | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Leadership focuses on recruitment and retention of diverse health care team members (i.e., providers that reflect the racial, ethnic, and cultural diversity of our patient population) with trauma-informed care experience | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Leadership engages in training activities related to trauma informed care/systems with health care teams | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Leadership practices cultural humility (including engaging in training and open discussions related to individual and institutional power and privilege) to reduce implicit bias and create a culture of equity and collaboration | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

#### Clinic champions and/or core implementation team identified and supported to lead the implementation of education, screening, assessment, and response for ACEs/traumatic experiences

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|  | **1**  **No** | **2** | **3**  **Sometimes/ somewhat** | **4** | **5**  **Yes** | **Unsure** |
| Leadership provides the resources (technology, staffing, training) for implementation of trauma and resilience-informed care | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Clinic champions/core team engages clinic staff in trauma-informed care activities (e.g., solicits and incorporates feedback, communicates about progress related to education, screening and assessment, and response for ACEs and other traumatic experiences) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

#### Practicing as an interdisciplinary, integrated team

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|  | **1**  **No** | **2** | **3**  **Sometimes/ somewhat** | **4** | **5**  **Yes** | **Unsure** |
| Our clinic builds, supports, and embraces coordinated, interdisciplinary, integrated team healthcare | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Our clinic has behavioral health staff, services and supports integrated into primary care delivery | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

#### Patient, family, community engagement

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|  | **1**  **No** | **2** | **3**  **Sometimes/ somewhat** | **4** | **5**  **Yes** | **Unsure** |
| Our clinic solicits input from patients, families, and other relevant community groups, and keeps them apprised of progress | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Our clinic solicits input from community partners and keeps them apprised of progress | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Our clinic continually examines the impact of power dynamics on the relationships between healthcare team, patients, families, and community | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Leadership commits time and resources to patient/family involvement. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Our clinic engages patient and family member advisers who represent the diversity of the population we serve | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Patient and family input helps shape strategic goals or priorities and/or has resulted in policy or program changes at our clinic | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

#### Plans for measuring trauma and resilience-informed activities and services

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|  | **1**  **No** | **2** | **3**  **Sometimes/ somewhat** | **4** | **5**  **Yes** | **Unsure** |
| Data related to trauma and resilience-informed care is tracked, analyzed and used to address challenges and/or reinforce progress | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

Notes and comments

## **Environment**

The following questions relate to the essential physical, attitudinal, and preparatory processes that a healthcare organization adopts to create a calm, safe, empowering experience of ACEs screening and response. This includes establishing a safe physical or virtual setting, ensuring the care team’s knowledge and preparedness for ACEs education, screening/response, and supporting care team members’ well-being.

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| **No** This is not in place or doesn’t happen as part of our operations |  |  |  | **Sometimes/somewhat** This is somewhat in place or sometimes happens, but is not standard practice |  |  |  | **Yes** This is consistently in place/ usually happens as part of our standard practice and/or our culture |

#### Safe, calm, empowering physical or virtual (telehealth) environment for patients, families, staff and providers

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|  | **1**  **No** | **2** | **3**  **Sometimes/ somewhat** | **4** | **5**  **Yes** | **Unsure** |
| Our clinic establishes safety and privacy practices for patient interactions whether they are in person or virtual | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Our clinic prioritizes accessibility for all patients and families | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

#### Health care team has the knowledge about the science and health impacts of ACEs, current trauma, and toxic stress and how to address them in a culturally responsive and trauma-informed way

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|  | **1**  **No** | **2** | **3**  **Sometimes/ somewhat** | **4** | **5**  **Yes** | **Unsure** |
| People at my clinic have a shared understanding or common definition of trauma and resilience | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| People at my clinic understand the prevalence of trauma exposure and related issues (e.g., adverse childhood experiences, toxic stress) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| People at my clinic understand the importance of addressing trauma-related risk and health issues in the primary care setting | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| People at my clinic are comfortable talking to patients and caregivers about trauma | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| People at my clinic understand the importance of paying attention to patients’ cultural and racial backgrounds and experience of historical trauma | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

#### Well-being of all healthcare team members is supported

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|  | **1**  **No** | **2** | **3**  **Sometimes/ somewhat** | **4** | **5**  **Yes** | **Unsure** |
| Our clinic understands how working with trauma survivors can affect staff | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Our clinic assesses and/or invites regular feedback from staff on compassion fatigue, secondary traumatic stress, and burnout | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Our clinic supports healthcare teams with relationship-based, trauma-informed supervision that is consistent and reflective and de-emphasizes power differentials | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Clinic staff and providers can access adequate behavioral health supports and services for themselves when needed | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

Notes and comments

## **Patient education**

The questions in this section relate to patient education for **all patients**, which consists of the necessary ingredients for patients and families to understand the connections between traumatic experiences and health, the role of protective factors, the rationale and options for ACEs screening and response, and opportunities for healing.

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| **No** This is not in place or doesn’t happen as part of our operations |  |  |  | **Sometimes/somewhat**  This is somewhat in place or sometimes happens, but is not standard practice |  |  |  | **Yes** This is consistently in place/ usually happens as part of standard practice and/or our culture |

#### Implementation of universal education (i.e., education/information provided to all patients and families)

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|  | **1**  **No** | **2** | **3**  **Sometimes/ somewhat** | **4** | **5**  **Yes** | **Unsure** |
| Patients and families receive information about current and past trauma (ACEs) and toxic stress and how they impact health and behavior | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Patients and families receive information about establishing and sustaining immediate safety in the face of current stressors and trauma | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Patients and families receive information about the common physical and emotional distress reactions to trauma across different ages and the difference between manageable stress and traumatic stress | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Patients and families receive information about the role of protective factors in promoting health and healing | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

#### Education related to screening rationale and procedures

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|  | **1**  **No** | **2** | **3**  **Sometimes/ somewhat** | **4** | **5**  **Yes** | **Unsure** |
| The health care team clearly explains to patients and families why screening questions are being asked | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Patients are able to decide how, when, and if they will be screened | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

#### Education related to patient and families’ own physical and mental health concerns

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|  | **1**  **No** | **2** | **3**  **Sometimes/ somewhat** | **4** | **5**  **Yes** | **Unsure** |
| Healthcare team supports patients and families in identifying and integrating their personal community resources and supports into care planning | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Healthcare team provides information to patients and families based on individual patient/family priorities and goals for their health | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

### Notes and comments

## **Screening and assessment**

The following questions relate to the necessary team-based practices and policies to safely and compassionately screen patients and families for ACEs. This includes four areas of screening: 1) immediate safety/current stressors, 2) current symptoms of distress, 3) past traumatic experiences, 4) protective factors. Screening and assessing these factors can be done by using a structured screening tool and/or conversation. This process may occur during one visit or over the course of multiple interactions.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** This is not in place or doesn’t happen as part of our operations |  |  |  | **Sometimes/somewhat** This is somewhat in place or sometimes happens, but is not standard practice |  |  |  | **Yes** This is consistently in place/ usually happens as part of our standard practice and/or our culture |

#### Polices and protocols for screening and assessment

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|  | **1**  **No** | **2** | **3**  **Sometimes/ somewhat** | **4** | **5**  **Yes** | **Unsure** |
| Our organization has a consistent screening or assessment process to identify individuals who have been exposed to trauma (e.g., using PEARLS, ACE-Q in a structured screening and referral workflow) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Processes related to identifying and responding to trauma are culturally and linguistically appropriate | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| The organization recognizes that some patients may not be able or willing to reveal traumatic life experiences early on in the intake/assessment process, given the sensitive nature of the topic | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Healthcare team is trained on and understands the criteria for mandated reporting and how to sensitively include and support patients and families when a CPS or APS report is required | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Organization defines the roles, responsibilities and workflows for all healthcare team members related to screening and assessment processes | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Organization has clearly established electronic health record documentation and reporting practices and processes related to ACEs screening and response | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

#### Other related screening/assessment practices

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|  | **1**  **No** | **2** | **3**  **Sometimes/ somewhat** | **4** | **5**  **Yes** | **Unsure** |
| Our organization systematically screens for traumatic experiences or ACEs (e.g., uses a set protocol or tool) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Our organization systematically screens or assesses for immediate safety issues and basic needs affecting patients and families (e.g. COVID-related prevention and care, IPV, food/economic insecurity, safe/stable housing) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Our organization systematically screens or assesses for current symptoms of distress that impact health, safety, and daily functioning (e.g. anxiety, depression, substance use, PTSD) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Our organization systematically identifies protective factors and preferred coping strategies (e.g. supportive relationships with family, friends, people in community, engagement in activities that promote hope and sense of belonging, preferred coping strategies; other domains of wellness) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

Notes and comments

## **Response**

The questions in this section relate to the healthcare team’s response to patient/family disclosure of trauma in both actions and attitudes/approach. This includes both response that occurs immediately during the visit, as well as linkage to internal or external resources for additional support.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** This is not in place or doesn’t happen as part of our operations |  |  |  | **Sometimes/somewhat** This is sometimes in place or sometimes happens, but it is not standard practice |  |  |  | **Yes** This is consistently in place/ usually happens as part of our standard practice and/or our culture |

#### Care team attitudes and approach

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|  | **1**  **No** | **2** | **3**  **Sometimes/ somewhat** | **4** | **5**  **Yes** | **Unsure** |
| Care teams are generally confident and competent in using a strengths-based, person-centered approach in their interactions with patients/caregivers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Designated care team members discuss screening results with patients and/or families to foster shared decision making and work with the patient and/or family to develop a plan | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Treatment planning and interventions are individualized and tailored to each patient and family and are developmentally and culturally appropriate | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

#### Utilization of internal resources and referral network

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|  | **1**  **No** | **2** | **3**  **Sometimes/ somewhat** | **4** | **5**  **Yes** | **Unsure** |
| Care team members do warm handoffs to internal supports or resources (e.g., co-located mental health personnel) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Our clinic provides a warm hand-off for referrals to community-based specialists | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Our clinic works with partners to determine needs and provide integrated care for each child and family | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

#### Ensuring ongoing care and follow-up

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|  | **1**  **No** | **2** | **3**  **Sometimes/ somewhat** | **4** | **5**  **Yes** | **Unsure** |
| Healthcare team plans post-screening follow-up visit or phone/video call with patient to assess whether referrals were successful and appropriately adjust plan to ensure connection to desired resources and supports | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Healthcare team develops service plans that build on patient strengths and address physical and emotional wellness | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Organization builds and strengthens relationships with community partners, such as behavioral health providers, schools, early childhood education and support centers, and substance use treatment facilities | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Organization monitors healthcare team, patient, family, and community experience of screening and response approach | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

Notes and comments