

Guiding Principles and Questions for Integrating ACE Screening and Treatment of Toxic Stress into Organizational Practice: A Systems Perspective for Community-based Clinics and Organizations

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Acknowledgements

Cardea is grateful to the Office of the California Surgeon General (CA-OSG) for leading the ACEs Aware initiative and to Aurrera Health Group and our Grantee Liaison, Tere Veloz, for the support and guidance. We would like to thank our community partners, La Clinica de La Raza and California Rural Indian Health Board, for their commitment to expanding services and support for communities affected by adverse childhood experiences.

Funding Statement

This paper was produced with grant funding support from the California ACEs Aware Initiative, led by the Department of Health Care Services and the Office of the California Surgeon General, to create a better world for children, families, and communities by addressing the impact of ACEs and toxic stress. The bold goal of this initiative is to reduce ACEs and toxic stress by half in one generation. For more information, visit the [ACEs Aware website](#).

Purpose

This practice paper provides the starting point for care teams and administrators at community-based clinics and organizations who intend to implement ACE screening and treatment of toxic stress with a strategy for planning and implementation. This paper also provides practical tools and templates to help organizations explore how to thoughtfully approach the addition or expansion of ACE screening and treatment of toxic stress within their clinics.

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Executive Summary

Cardea is grateful to the Office of the California Surgeon General (CA-OSG) for leading the ACEs Aware initiative and to Aurrera Health Group and our Grantee Liaison, Tere Veloz, for the support and guidance. We would like to thank our community partners, La Clínica de La Raza and California Rural Indian Health Board, for their commitment to expanding services and support for communities affected by adverse childhood experiences.

Methodology

Cardea is a national, women of color-led organization with 50 years of experience in capacity development, professional learning, policy advancement, and social impact evaluation. We envision a world in which optimal health and well-being, equity, and justice are realities for all communities, and our mission is to address complex program, policy, and systems issues by co-creating solutions that center community strengths and wisdom. Our core values are collective humanity, humility, compassion, collaboration, and innovation.

In our recent collaboration, we implemented a roadmap approach to convene providers that are a part of the Bay Area's La Clínica de la Raza's (La Clínica) network. In addition to clinical providers at La Clínica, we have also worked with non-clinical staff and teams who deliver important resources and support to Medi-Cal providers as they respond to the need for community-level ACEs resources.

The outcome of our engagement with these partners was the development of a strategic framework, or roadmap, to guide ACE integration efforts. This toolkit is guided by our work with La Clínica and other community-based organizations we have supported to develop their roadmap to ACE integration.

The toolkit serves as a technical assistance guide synthesizing learnings, perspectives, and ultimately, providing an enduring tool to support sustainability. This toolkit provides practical steps to assist community-based clinics and organizations* to outline a strategy for thoughtful integration of ACE screening and treatment of toxic stress.

It is structured around the idea of a Roadmap and five guiding questions:



The toolkit will ask these questions with the aim of creating an equitable integration process that ensures community voice is included, the Social Determinants of Health and Equity are understood and acknowledged, and the integration remains sustainable.

At the end of this toolkit is a Toolkit Workbook that includes a number of worksheets and discussion questions that your team can revisit throughout the integration process.

**For the purposes of this toolkit, community-based clinics and organizations are entities that work at the local level to improve the lives of people in their surrounding neighborhoods or communities. These are smaller clinics that support a range of needs beyond health care services.*



Overview

| How to Use This Toolkit

Integrating ACE screening and treatment of toxic stress requires careful attention to the ways in which the clinic or organization collaborates within and across teams, departments, and other operating units. It requires the input and support of everyone — people from all parts of and roles within your clinic or organizational system. For this reason, we suggest involving as many members of your clinic or organization as you can (e.g., 10 or more) in the steps that we have outlined in this toolkit. Specifically, consider opportunities to look beyond clinic or organizational leadership and elevate the role and voice of others in the clinic or organization, including community members (patients), front desk teams, and other support service staff.

At the end of this journey, you will have the starting point of a strategy to guide the integration of ACE screening and treatment of toxic stress. To ensure that you get the most out of this toolkit, we recommend the following:

Convene a small team with diverse representation across clinics, organizational teams, and/or departments. In addition to individuals that support decision-making, consider community representation. Choosing individuals from various levels within your clinic or organization is critical to gaining buy-in and implementing lasting change. This small team will serve as clinic or organizational champions, helping to lead the journey. We recommend considering a team of at least 10 people.

Outline guiding principles or values that the team will use to guide integration efforts. This should include a discussion regarding preferred language and terminology (see [Considerations Regarding Language](#)).

Determine operational procedures including how often the team will meet, key tasks that the team considers important, and roles and responsibilities. Team roles can rotate but it is important to identify a point person that will manage a determined task, at least initially. Operational procedures are important because they will support team momentum and accountability.

Establish a timeline to support forward momentum on identified tasks. While there are sure to be competing priorities along the way, establishing a timeline that provides a cushion for the unexpected, will help the team maintain focus and keep task completion manageable. A realistic timeline is nine to 12 months.

Plan for regular updates with all staff across the clinic or organization. Bringing all staff together, at regular intervals, will support buy-in and provide a venue for gathering input, discussing ideas, and celebrating short-term wins. We recommend hosting quarterly all staff updates and using already established events or meetings where staff regularly gather — such as staff meetings or lunch events.



While the toolkit can be processed with the small team that you have assembled, for your meetings to be as productive as possible, consider reviewing the toolkit individually. In advance of each team meeting, take the time to read through the materials, taking notes as you go. Along the way, we've highlighted specific Reflection Opportunities that you may find helpful to engage on your own, ahead of your small team meetings. The Appendix section of the toolkit can serve as your workbook to capture notes, decision points, and action items along the way.


Language and Terminology

Through the toolkit, you will notice reference to the following acronyms and terminology. We have included them here for easy reference.

- ACE – Adverse Childhood Experiences
- Community member – clinic or organizational patient or client. This term can also extend to family members (biological or chosen)
- SDOE – Social Determinants of Equity
- SDOH – Social Determinants of Health
- TIC – Trauma-Informed Care
- Trusted Partner – clinic or organizational stakeholder or invested partner

Considerations

Language and terms have personal and professional meaning. At best, they can support collaboration and discussion and, at worst, they can alienate, offend, or retraumatize. What and how we say it can have a powerful impact on the people, particularly those who have gone through trauma. This is why it is important to discuss trauma sensitive language as a part of developing your program.



Spend some time in your small team discussing language that is best suited for your community as it relates to ACE integration and trauma-informed care. As you move along your journey to ACE integration, think about the use of language and terminology and consider terms that are trauma sensitive and bring cohesion to the work that you are doing. Look for opportunities to lead with words that honor the relationship building aspect of your work. Think about ways to integrate the perspectives, thoughts, and wisdom of your various communities. Consider asking the following questions:

- What words should we change?
- What words should we reframe?
- What words should we not use?

Continue to revisit language as you move forward in your work together. Ask for feedback from the community for trauma sensitive and cohesion building language.

Introduction

Understanding ACEs

Adverse Childhood Experiences (ACEs) comes from the landmark 1998 study conducted among more than 17,000 adult patients by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente, referred to as the ACE Study. The information below is as described on the ACEs Aware website.

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood (up to age 18). Though often used colloquially to refer to a variety of adversities in childhood, when capitalized, the term ACEs specifically refers to 10 categories of adversities in three domains — abuse, neglect, and household challenges:

- **Abuse:** physical, emotional, and sexual abuse.
- **Neglect:** physical and emotional neglect.
- **Household challenges:** growing up in a household with incarceration, mental illness, substance misuse or dependence, absence due to parental separation or divorce, or intimate partner violence.

ACEs are highly prevalent. In the United States, 60% of adults have experienced at least one ACE and 16% have experienced four or more ACEs.¹ While ACEs affect all communities across



ethnic, socioeconomic, gender, and geographic lines, some populations are disproportionately affected.

It is now known that one important way in which ACEs increase the risk of poor physical, mental and behavioral health is through prolonged activation of the biological stress response and associated changes to brain development as well as immune, hormonal, immune, and genetic regulation. These long-term changes are known as the toxic stress response.²

Repeated or prolonged activation of a child's stress response, without the buffering of trusted, nurturing caregivers and safe, stable environments, leads to long-term changes in

¹ California Department of Public Health, Injury and Violence Prevention Branch (CDPH/IVPB), University of California, Davis, Violence Prevention Research Program, California Behavioral Risk Factor Surveillance System (BRFSS), 2011-2017.

² Bhushan D, Kotz K, McCall J, Wirtz S, Gilgoff R, Dube SR, Powers C, Olson Morgan J, Galeste M, Patterson K, Harris L, Mills A, Bethell C, Burke Harris N, Office of the California Surgeon General. Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020. DOI: 10.48019/PEAM8812.

the structure and functioning of the developing brain, metabolic, immune, and neuroendocrine responses, and even the way DNA is read and transcribed. Development of the toxic stress response is influenced by a combination of cumulative adversity, buffering or protective factors, and predisposing vulnerability.

People with four or more ACEs are³:

- **2 – 2.3 times** as likely to have a stroke, cancer, or heart disease
- **3.1 times** as likely to have chronic lower respiratory disease
- **11.2 times** as likely to have Alzheimer’s or dementia⁴
- **1.4 times** as likely to have diabetes
- **37.5 times** as likely to attempt suicide

About Trauma-Informed Care

Trauma-Informed Care (TIC) is a framework through which clinics and organizations can more effectively connect with community members that have ACEs.⁵ Ensuring that the clinic or organizational response to ACEs and toxic stress is comprehensive and centered on the needs of the individual, requires that it be implemented using the principles of trauma-informed care. Some grounding in principles of TIC may be a helpful foundation, particularly as you consider opportunities to connect

internally across staff, teams, and departments and, importantly, as you engage communities and community members in this work.

These principles and questions for consideration include the following. A worksheet is included in the toolkit workbook, located in the Appendix.

1. **Safety:** Throughout the clinic or organization, how safe do staff and the people you serve feel both physically and psychologically?
2. **Trustworthiness and transparency:** How transparent are clinic or organizational operations and decision-making? How do you build and maintain trust among staff, community members, and family members of those receiving services?
3. **Peer support:** How does your clinic or organization use peer support and peer strategies to build trust, establish safety, and elevate community voice and wisdom?
4. **Collaboration and mutuality:** In what ways does your clinic or organization recognize the value that everyone brings to TIC discussions and planning?
5. **Empowerment, voice, and choice:** In what ways does your clinic or organization strengthen the staff, community member, and family member’s experience of choice? How does your clinic or organization elevate community voice and wisdom?
6. **Cultural, historical, and gender issues:** How does your clinic or organization move past cultural stereotypes and biases and offer culturally responsive services? In what ways does your clinic or organization leverage the healing value of traditional cultural connections and recognize and address historical trauma?



Reflection Question: Reflect on the strengths of your clinic or organization’s TIC approach. How would you respond to each of the principles discussed? What opportunities exist?

3 Hughes K, Bellis MA, Hardcastle KA, et al. The Effect of Multiple Adverse Childhood Experiences on Health: A Systematic Review and Meta-Analysis. *The Lancet Public Health* 2017; 2: e356–66

4 Center for Youth Wellness. Data Report: A Hidden Crisis. Findings on Adverse Childhood Experiences in California. 2014.

5 Substance Abuse and Mental Health Services Administration. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Making the Case for ACEs Screening

Many experts in the field agree that screening for adverse childhood experiences (ACEs) and trauma is an integral component of a trauma-informed approach to care. Routine screening for ACEs helps to provide more effective and equitable health care with opportunities to provide needed interventions. ACE screening has been successfully integrated into a wide range of clinical settings, including pediatric primary care, adult primary care, family medicine, and women’s health and prenatal care.

Organizations that embark on their journey to ACEs integration will need to engage in the development of a strategic framework, or

roadmap, to guide their ACE integration efforts. This toolkit, guided by our work with La Clínica and other community-based organizations we have supported to develop their roadmap to ACE integration, will serve as a technical assistance guide synthesizing learnings, perspectives, and, ultimately, providing an enduring tool to support sustainability. This toolkit provides practical steps to assist community-based clinics and organizations with outlining a strategy for thoughtful integration of ACE screening and treatment of toxic stress.

In the next part of this toolkit, we will explore five guiding questions to support in the development of an ACE integration roadmap:



Sections of the Toolkit

The ACEs Integration Journey (Roadmap) includes practical steps to support development of a plan of action for the integration of ACE screening, treatment of toxic stress [RG1] and preventing ACEs. ACEs Aware defines ACE screening as a triad that includes the ACE score, ACE-Associated Health Conditions, and Protective Factors. Additionally, ACEs Aware emphasizes screening for toxic stress, not ACEs per se, to better understand an individual's risk for toxic stress. While this document describes strategies and services to address ACEs as well as mental health approaches, it does not include ways that the medical provider can help community members regulate their stress responses through evidence-based stress mitigation strategies including supportive relationships, sleep, nutrition, physical activity, mindfulness, nature and mental health.

See additional resources at acesaware.org including:

- [ACE Screening Implementation How-To Guide](#)
- [ACE Screening, Clinical Assessment, and Treatment Planning for Toxic Stress](#)
- [Overview: A Tiered Clinical Response Framework for Addressing Toxic Stress](#)
- [The Trauma-Informed Network of Care Roadmap: A Guide for Strengthening Community Relationships](#)

The Roadmap is a starting point for discussion and planning that can be tailored based on your clinic or organization's needs, environment, or other variables. By organizing the roadmap along key steps, discussions regarding ACE screening and treatment of toxic stress service integration should be manageable and collaborative. See Figure 1 for an overview of the roadmap and key stops along the journey.



Figure 1: The ACEs Integration Journey

At the end of the journey, the team that has been assembled will have answered each question along the way, resulting in a completed roadmap. To complete your own roadmap, a fillable version is included in the toolkit workbook, located in the Appendix.

Where are we going?

Understanding Strengths, Opportunities, Aspirations, and Results

It may seem overwhelming to think about how your clinic or organization will travel along this journey ... or perhaps it's exciting! Either way, the intent of this toolkit is to reassure you that the tasks and effort are manageable. The good news ... most clinics or organizations already have strengths or assets that can serve as starting points to answer the question — where are we going? But what are these strengths? How can these strengths be leveraged to support your opportunities, to dream, to aspire to the outcomes that the team envisions for ACE screening and treatment of toxic stress service integration? To answer the question, where are we going, we will use the SOAR framework as the starting point for planning.

The SOAR Framework, created by Jacqueline Stavros and Gina Hinrichs, is a strategic planning tool that focuses on what an organization already does well (2009). It works by leveraging strengths to take advantage of opportunities rather than focusing on weaknesses. Ultimately, it is a tool that can be used to create and execute a clinic or organization's strategy. At its simplest, the SOAR Framework asks the following questions:

- **Strengths:** What can we build on?
- **Opportunities:** What are our best opportunities?
- **Aspirations:** What is our preferred future?
- **Results:** How will we know that we are succeeding?



To implement the SOAR framework and support team conversations, consider using the [SOAR Planning worksheet](#) in the Appendix. The worksheet is organized using the questions below. This section of the toolkit will explore the first three steps of the SOAR framework — Strengths, Opportunities, and Aspirations. The Results component of the SOAR framework will be discussed in Section 3 of the toolkit, What is Our Destination: Defining Success.

Clinic or Organizational Strengths

Let's start by identifying clinic or organizational strengths. Questions to ask during this step include:

- What are we most proud of as a clinic or organization?
- What is our clinic or organization's greatest strength and what makes us unique?
- How do we use this strength to improve the quality of life of our community and its members?
- What practices already exist in our community that align with our goal of integrating ACE screening and treatment of toxic stress?

Clinic or Organizational Opportunities

Once your team has identified strengths, the next step is to explore opportunities. Questions to ask during this step include:

- What are key opportunities (e.g., activities, services, programs, or materials) that we have seen in our clinic or organization that can be used to support ACE screening and treatment of toxic stress?
- What are challenges to implementing ACE screening and treatment of toxic stress? Consider policies, practices, services, and stigma that affect the availability or implementation of services.
- How can our team reframe the challenges into opportunities?
- What are opportunities to involve our community members in designing and implementing ACE screening and treatment of toxic stress?

Clinic or Organizational Aspirations

Identifying strengths and opportunities will provide a starting point for envisioning your preferred future regarding ACE screening and treatment of toxic stress integration. Aspirations are what you hope your clinic or organization can accomplish. Imagine that one year from now, you are celebrating your clinic or organization's success integrating ACE screening and treatment of toxic stress. What does it look like? Questions to ask during this step include:

- How will you build on your strengths?
- What improvements do you want to see?
- What capacities do you need to have?
- What new things do you want to consider? What programs or services would support your aspirations?

Determining Next Steps

The team's SOAR-related conversations are sure to result in a number of strengths that can be leveraged, opportunities to consider, and desired aspirations. The results of your conversations will tell a story about who you are as a clinic or organization and how you can grow in your desire to implement ACE screening and treatment of toxic stress.

To complete this step of the journey, come up with at least three actionable items that the team can take to move to a desired reality for implementation of ACE screening and treatment of toxic stress. Actionable items can include a staff training plan, implementation of ACE screening tools, learning more from community members and the community at large, or improving the look and feel of the clinic or organization's common areas, such as waiting rooms. The actionable items that you list in this step are initial thoughts and ideas that the team will revisit again after a discussion regarding community input and systems readiness.

Let's move to the next stop along our journey, ***Centering Community Voice and Wisdom.***

For Whom are We Doing This?

Centering Community Voice and Wisdom

Centering community member voices and perspectives to uplift areas of strength and identify person-directed opportunities for ACE integration is critical. As a reminder, the term community member is used to reference patients, clients, and family members of the people that you serve. This section explores opportunities to leverage community member voice and wisdom to ensure responsive ACE integration efforts. After your SOAR conversations, it may be especially helpful to focus on the question: For whom are we doing this?

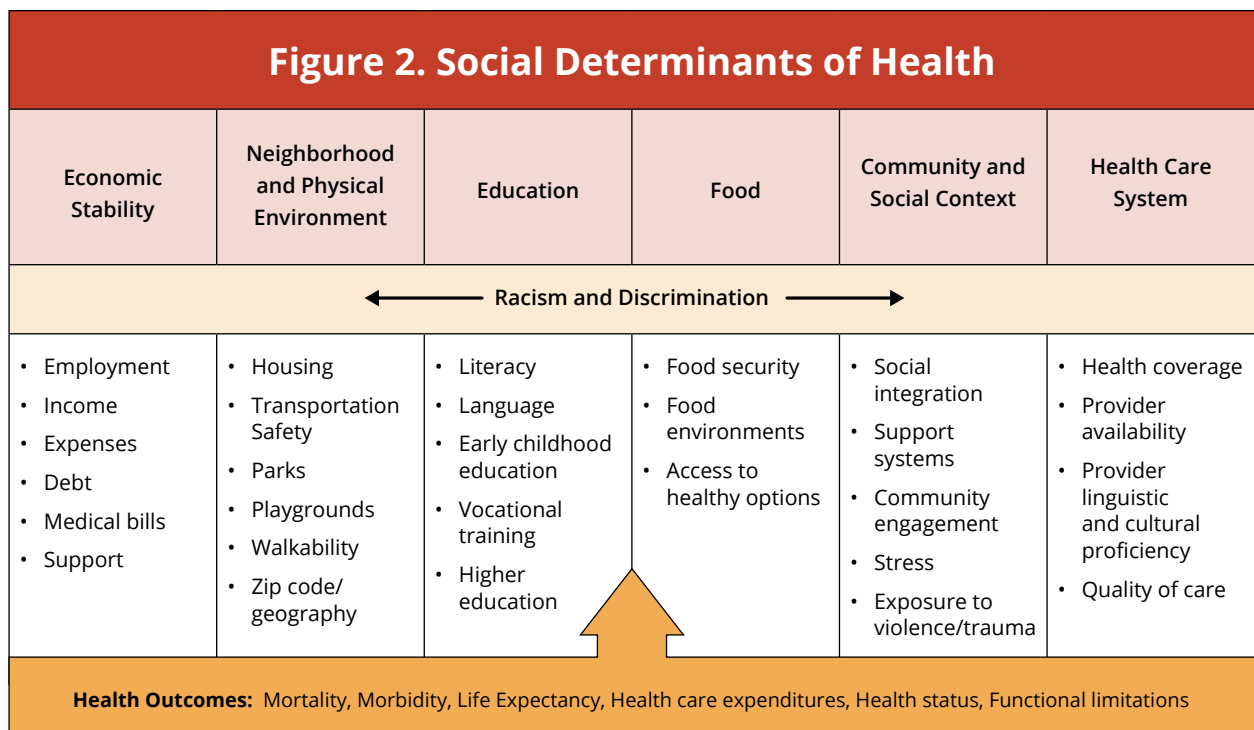
Community members and community feedback are critical to ensuring that ACE screening and strategies used to treat toxic stress are designed and implemented in ways that consider what they need and desire. Co-designing services in collaboration with community members can be incredibly motivating. However, it is easy to get stuck in the “how” of community engagement (e.g., the strategies for collecting feedback). It requires a more thoughtful approach when you think about how to actually integrate work alongside community members to design new programs or services — to co-design and co-create. This step of the toolkit digs deeper, beyond surveys and annual requests for feedback, to explore what it means to meaningfully engage community members in the process of determining the need for ACE screening and treatment of toxic stress, with an added step, a starting point for deeper involvement to design and co-create these new services.



Before diving into methods for engaging community members and strategies for meaningfully incorporating community voices and perspectives, it's necessary to discuss how ACEs, Social Determinants of Equity, and Social Determinants of Health impact community member access to health care, how they receive services, and their ability or desire to remain engaged in care.

Social Determinants of Health (SDOH)

Social Determinants of Health, shared in Figure 2, are the conditions in which people are born, grow, live, work, and age that shape health. They also include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care. Social determinants are beyond genetics and individual behaviors and focus on the environment and contexts within which people live, work, and play, and how these impact health and well-being.



Source: Kaiser Family Foundation, *Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity*, May 2018.

Social Determinants of Health impact the overall, day-to-day health of community members, from the availability of safe places to live and work to access to healthy food. Each of these factors contributes to not only the long-term health outcomes of community members, but also how they are able to access, receive, and continue to care for their health. It is important to keep in mind how the Social Determinants of Health and Equity intersect.



Reflection Question: How does your clinic or organization consider or address Social Determinants of Health within its system of care?

Social Determinants of Equity (SDOE)

The Social Determinants of Equity are the systems of power and forms of oppression that include all the isms — sexism, classism, homophobia, transphobia, etc. It is difficult to talk comprehensively about Social Determinants of Health without talking about equity. Racism and discrimination or racism and

oppression influence all variables in the top row; the Social Determinants of Health. While you can address Social Determinants of Health and think about integrating ways to make your services more accessible, it is important to consider how systems of racism and oppression show up in the community or within the clinic or organizational system to realize the impact on Social Determinants of Health.



Reflection Question: How does your clinic or organization consider or address Social Determinants of Equity within its system of care?

Understanding the systems and environments in which community members live and are affected by SDOH and SDOE provides a foundation to explore ways to meaningfully engage community members. Taking time to understand these structural and systemic challenges can lead to improvements or new ways to design and implement services and programs.

Toward Co-Design and Co-Creation

Now that we have discussed the big picture, considerations regarding the Social Determinants of Equity and Social Determinants of Health, let’s shift to strategies to engage community members. The strategies that you see in Figure 3 are from an article from the Commonwealth Fund, entitled Beyond the Survey: Engaging Patients and Communities as Partners. In the article, the authors challenge the standard ways that most health systems connect with communities and community members. While surveys, suggestion boxes, and other feedback forms collect information to improve a program or service or to address

staff engagement opportunities, to really honor community perspectives and wisdom, the article encourages health centers to think about strategies that incorporate community knowledge.

Consider the examples that you see in Figure 3. Focus on the second and third rows of the graphic — attending conferences together, as partners on improvement projects, advisory councils, community members helping to train staff. Some of these options challenge the very way that a clinic or organization thinks about community engagement. It is still rare for health care organizations to collaborate with community members in the design, development, and implementation of services, even though doing so could improve health care and outcomes. Also, consider that there are no standard measures associated with patient or community member engagement so there are no standard measurements for gauging gold standards toward engagement. For reference, the table below highlights the differences between community feedback and community engagement.

Community Feedback	VS.	Community Engagement
<ul style="list-style-type: none"> • Reactive • Associated with program, service, or staff satisfaction • Information used to correct a problem (deficit-based) 		<ul style="list-style-type: none"> • Co-design/Co-creation • Integrating community wisdom • Collaborative learning • Space to understand the interplay of social determinants of health and equity

Advisory Councils: Opportunities for Co-design and Co-creation

Advisory Councils are often the “go to” for health centers and other community programs, beyond checking the box, so to speak, to demonstrate that you are including community perspectives. It’s important to think about opportunities that exist to involve council members in identifying the need for new services, co-designing this new service or program, or training staff on how best to design and implement a new service or program.

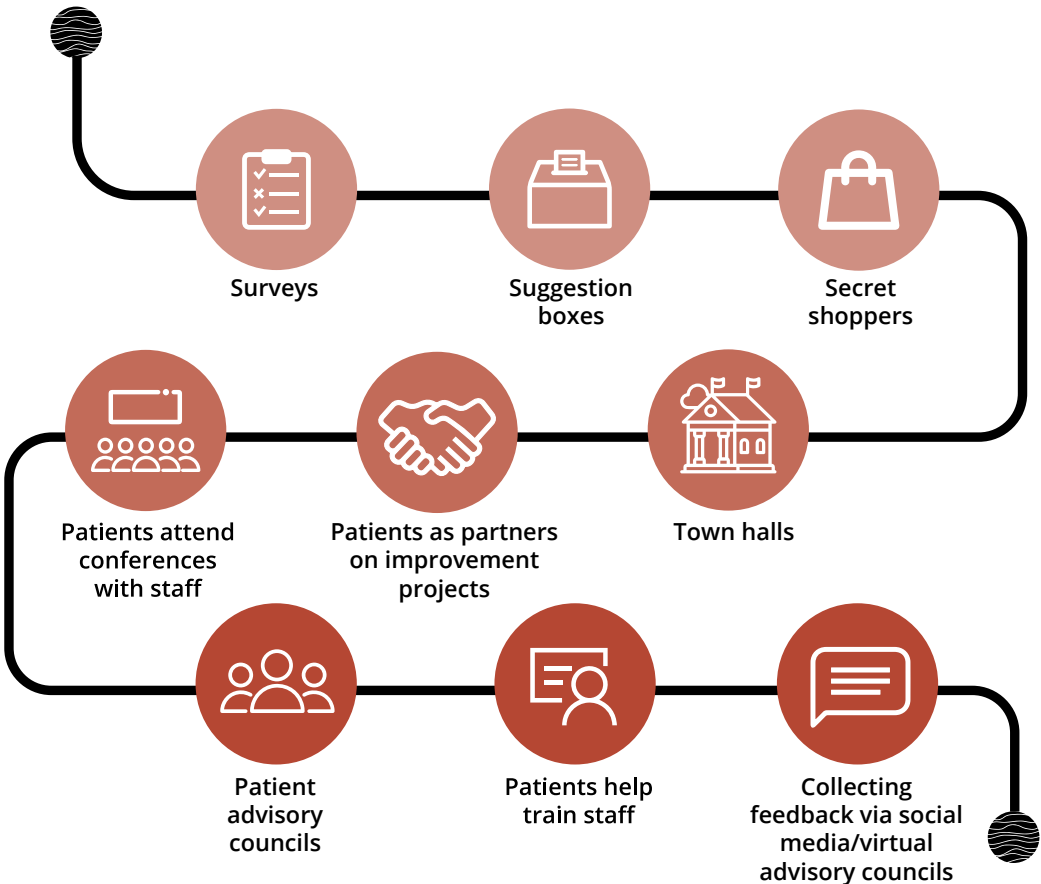


Figure 3. Community Member Engagement Strategies Adapted from <https://www.commonwealthfund.org/publications/2021/apr/beyond-survey-engaging-patients-and-communities-partners>

 **Reflection Question:** Which of these strategies, if any, does your clinic or organization employ to engage community members?

Ideally, your clinic or organization will want to move from simply checking a box for community member feedback to providing opportunities for community members to identify a need for a new service and to co-design that new service or program in collaboration with your clinic or organization

staff. Engaging community members in training staff on how best to design and implement a new service or program, gives thoughtful attention to not just Social Determinants of Health, but also those factors that relate to the Social Determinants of Equity.



Reflection Question: Who within your clinic or organization holds the tasks associated with community engagement? How does or can your clinic or organization think about community engagement from a team-based perspective?

You may be thinking, “how do we move the needle from community feedback to community engagement? How can we know if our clinic or organization is ready to meaningfully engage community members beyond a survey or feedback form?” To answer these questions, first consider who at your clinic or organization holds the decision-making power. Determine the opportunities that exist to shift that power dynamic through community engagement. Think about the opportunities to factor in Social Determinants of Equity and Social Determinants of Health in conversations and planning to build the case for meaningful community member engagement. Figure 4 shows the spectrum of community member engagement. Imagine the possibilities that exist in the third configuration, where community members are at the decision-making table and professionals, providers, and other clinic or organizational staff have an adjacent seat.

Consider the following questions as you move forward. Note that a [Moving Toward Co-Design](#)

and Co-Creation Worksheet is included in the toolkit workbook, located in the Appendix.

Who are you accountable to?

In your clinic or organization, who decides what programs/services exist and how they function?

Who holds decision-making power?

Describe the community members that you serve:

- What matters to them? How do you know?
- How do they define health or think about wellness?
- How do they want to access health and wellness?
- How do you know this about them (e.g., anecdotal evidence, surveys, other data, etc.)?

After you have analyzed some of your systems and structures, you must take on the task of building and sustaining trust with community members and the community. Many clinics and organizations are attempting to engage people and communities in systems that have historically not been kind to them. Medical models are not equity-based and have been

traumatizing for some communities. Focused attention on the trust-building aspect of community engagement will be critical, particularly if you are shifting the culture of community engagement and the ways in which you engage. This is a particularly important consideration when attempting to integrate a service or program that is meant to address trauma and a range of life's experiences, such as ACE screening and treatment of toxic stress. Revisit the questions aligned with the Principles

of Trauma Informed Care as a starting point. Consider other frameworks, such as SCARF, to determine how your clinic or organization factors in variables associated with **S**tatus, **C**ertainty, **A**utonomy, **R**elatedness, and **F**airness. Use the worksheet below to brainstorm how your clinic or organization responds to each variable in the SCARF model. A full page of the [Scarf Worksheet](#) is available in the toolkit workbook, located in the Appendix.

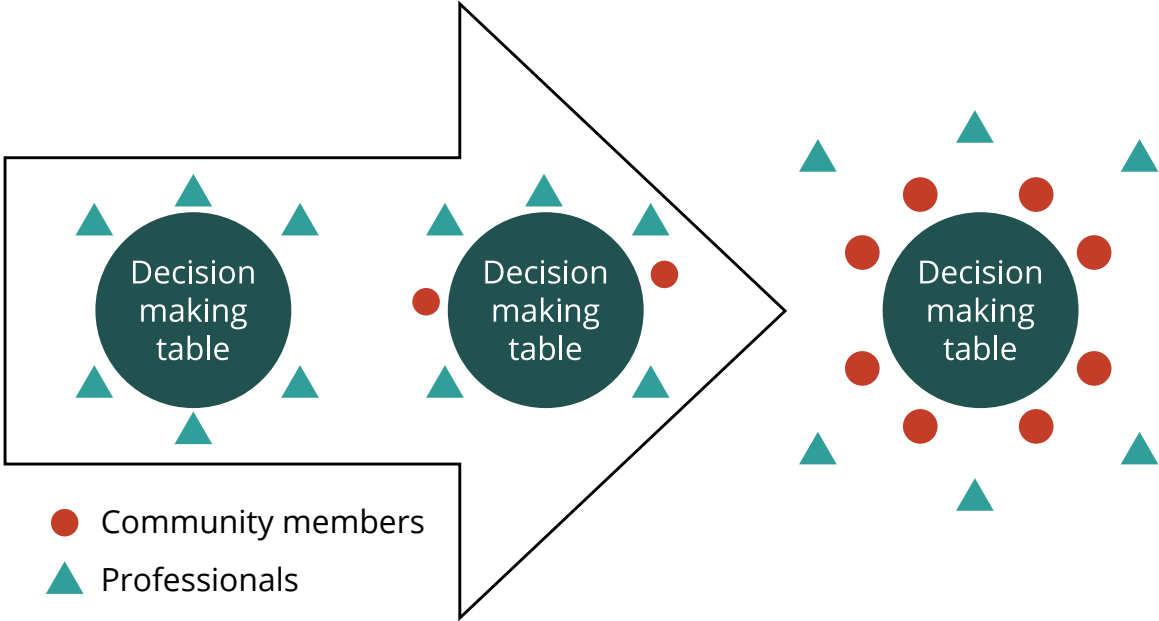


Figure 4. Spectrum of Community Member Engagement, Source: Duncan, 2016, p. 4) <https://sustainingcommunity.files.wordpress.com/2019/03/abcd-decision-making-tables.jpg>

Compensation is another important consideration. Before engaging community members, discuss opportunities for compensation and potential options that are available to reimburse community members for their expertise, wisdom, time, and effort.

S	C	A	R	F
STATUS	CERTAINTY	AUTONOMY	RELATEDNESS	FAIRNESS
Looks at the relative importance of people	Looks at our ability to predict the future. How certain are we?	Looks at our preception of having control over our environment	Looks at our relationships and sense of Ptting in	Looks at our perception of being treated fairly; for you and for others
I am valuable	I know where I stand or what will happen	I have a choice	I belong	I am treated fairly and others are treated fairly
Our clinic or organization demonstrates value in our community members by ...	Our clinic or organization plans ahead to address community members' needs by...	Our clinic or organization gives our community members choice or control over care by ...	Our clinic or organization creates a welcoming environment for community members by ...	Our clinic or organization determines community member perceptions of fairness by ...

Figure 5. Spectrum of Community Member Engagement, Source: Duncan, 2016, p. 4) <https://sustainingcommunity.files.wordpress.com/2019/03/abcd-decision-making-tables.jpg>

Conclusion

This section of the toolkit aimed to provide meaningful and practical considerations for incorporating community member voice and wisdom into the planning for ACE screening and treatment of toxic stress. After your small team conversations and planning regarding involvement of community members, and before moving to the next session, spend some time answering the following questions. The questions are available as a [Centering Community Voice and Wisdom: Conclusion Questions](#) in the toolkit workbook, located in the Appendix.

- What supports and hinders the integration of community voice and wisdom (keeping in mind SDOH and SDOE)?
- How can we incorporate community member voice and wisdom? How can we compensate community members for their time, wisdom, and expertise?
- What are some steps we can take to better understand and respond to community needs, given the resources that we have right now?
- How do we define person-centered?
- How will our ACEs-related programming be more person-centered?
- What opportunities exist to co-design ACE integration efforts with community members?
- What could a community member-driven ACE action plan look like — collaborative goal setting, barriers, resource connection?

What Do We Need to Get There?

Understanding Systems Design

Understanding systems design is a crucial part of getting to your goal of ACE-integration. The introduction of a new service or process, or changes to existing services and processes, involve an understanding of the elements of that system and how they interact. Systems design and systems mapping are approaches to understand aspects of your current structure, the relationship between them, and how they may be affected and/or leveraged when implementing ACE screening and treatment of toxic stress.

Systems Design

Systems design is nothing new. You use it all of the time, when you plan an event or when you start a new project. Here's how we think about systems design:

- The process of defining, developing, and designing systems that satisfy an organization's specific needs.
- Allows you to look at the big picture (the system) as well as the fine detail (the components).
- Components may be organizations, departments, people, communities, processes, and organizational culture or beliefs.
- Looks at the relationships between these components.

Let's look at planning an event, a vacation, as a simple example.

For the family (the system) to add a new component (the vacation) to the system, they will have to consider other components that are interconnected within the system. This would



include school and work schedules, the likes and dislikes of the family members (the people), the financial feasibility of the trip, and other elements such as weather, destination safety, and travel options.

So, you see, system design is nothing new for most. Systems design recognizes the interconnectedness between the components within the system. Components can include trusted partners, institutions, people, processes, rules, culture, mindsets, and ideas.

Systems Mapping

A systems map is one approach for helping you better understand your system. It can help you to identify current capacity, including the levers that you can push and pull to build upon what works. It can also help you identify opportunities for change, where things are not working, relationships that you hadn't considered, and help you dismantle parts of the system that could be harmful to implementing ACE screening and treatment of toxic stress.

To complete your own systems map, consider facilitating conversations with a range of trusted partners that should include staff representing all aspects and functions within the organization or clinic—including front office staff, maintenance engineers, and security personnel. During these conversations, consider discussing the following:

1. How are trusted partners currently working together and separately to provide ACE screening and treatment of toxic stress? What are these services?
2. What current efforts are underway to review how ACE screening and treatment of toxic stress are being provided? What previous efforts have been attempted?
3. How do teams, groups, or departments interact and overlap when it comes to ACE screening and treatment of toxic stress?
4. How have you engaged community members to understand current experience and what is needed regarding ACE services and support?
5. How do we ensure that staff and community members are cared for to avoid re-traumatization?
6. What successful models of integration and collaboration exist within our system? What successful examples exist outside of our system that we should consider?

The results of these conversations can elevate the strengths, opportunities, and aspirations, conversations that were mentioned in the SOAR section of the toolkit. You may find it helpful to visualize these connections via a literal map, linking together existing and aspirational actors and actions. Whatever your findings, understanding these aspects of your system will make its layers more obvious and easier to analyze. ACEs Aware has many resources on their website to help you answer these questions for your clinic:

- [ACE Screening Implementation How-To Guide](#)
- [The Trauma-Informed Network of Care Roadmap: A Guide for Strengthening Community Relationships](#)
- [ACE Screening Clinical Workflows, ACEs and Toxic Stress Risk Assessment Algorithm, and ACE-Associated Health Conditions: For Pediatrics and Adults](#)
- [Additional resources](#)

Unpacking the Layers of a System

Looking at the layers of your system, in the context of what you learned in conversation with your trusted partners, will help you gain a richer understanding of how your system functions or could function to provide ACE screening and treatment of toxic stress. You will have an initial understanding regarding potential opportunities to enhance your system to support ACE screening and treatment of toxic stress, and some understanding regarding components that are disruptive, inefficient, and potentially harmful or re-traumatizing to staff and community members alike.

To give meaning to the conversations with your trusted partners, consider aligning what you've learned during the systems mapping discussion, along the following systems layers—people, policy, community members (i.e., patients), and the overall system narrative. Through this alignment you may gain greater insight into assets and possible roadblocks along the ACE integration pathway. The questions below are included in [Unpacking the Layers of a System Worksheet](#), located in the Appendix.

People: What aspects of the systems mapping discussion related to people or the community at large?

- Who are the people and other trusted partners affected by the system?
- Who has or should have influence?
- What is important to them and how do you know?

Policy: What aspects of the systems mapping discussion related to policies, laws, and regulations that will affect our ACE-integration efforts?

- What policies, laws, regulations, and rules might affect the system?
- How do these affect different parts of the community?
- What policies, laws, and regulations are on the horizon that might affect the system?
- How might you integrate new policies and ensure alignment with organizational goals and values?

Community Member: What aspects of the systems mapping discussion related to our community members or the individuals that we serve?

- What solutions are currently available to people, particularly our community members?
- What is on the horizon or is possible?
- What feels impossible but should be done?
- What do community members need and how do you know? What solutions are important?

System Narrative: What aspects of the systems mapping discussion related to assumptions that we make about our clinic or organization?

- What stories do you tell about the current system? To yourself and to others in your organization?
- What bias exists in the narrative? Where might the system be enhanced to facilitate equity?
- Is there more than one narrative?
- What narrative do we want to tell about the current system?

Source: Adapted from: <https://www.ideo.com/blogs/inspiration/what-is-systems-design-how-to-surface-opportunities-for-change>

The Complete Picture — Zooming in and Zooming Out

Now that you have gathered information from your trusted partners during the systems mapping conversations and considered the results in the context of key systems layers (e.g., people, policy, community members, and system narrative), how do you prioritize what to address? You could start big, by Zooming Out and considering the larger picture, or you could decide that Zooming In and focusing on the finer details is the best route for your clinic or organization. Read below for a deeper description of both of these options.

Zooming Out	Zooming In
<p>Zooming out is essential to thoughtful decision-making regarding what your system needs to effectively implement ACE screening and treatment of toxic stress. Zooming out will help you see the system as a whole, before taking specific action. Let’s think about adding a new ACE screening tool or providing warm referrals in a clinical setting. It requires more than just becoming familiar with the tool and referral process. It must also be added to the workflow, schedules will need to be adjusted to add additional time for implementation of the screening tool; the buy-in of staff must be sought; training must be provided to ensure consistency and understanding; and IT staff will need to be involved in the discussion. With longer appointments required for screening and referral making, fewer community members may be seen, resulting in a potential impact on revenue. Zooming out will keep you focused on these larger systems considerations and perhaps identify an aligned effort that requires a similar approach, a set of related principles, values, or policies.</p>	<p>Zooming in looks at the specific details regarding an aspect of ACE screening and treatment of toxic stress service integration. Zooming in often focuses on the relational aspect of a decision. If we want to look closely at a particular system impact, we could consider the impact on the individual — how will adding the additional screening and referral process affect community members? Would a longer appointment change the cost of parking? Would community members be available for longer appointments? How will the referral process affect engagement? Would adding additional processes for staff create a better community member experience, or would already time-stretched staff rush through screening and referrals, affecting quality?</p>



Reflection Question: When thinking about ACE integration for your clinic or organization, what could it look like to zoom out? What ideas or issues come up? Write these down. Take another minute to zoom in on a specific aspect of ACE integration. What ideas or issues come up? Write these down.

Conclusion

As you move forward, take with you the outcomes of the discussions and activities previously shared. Also, consider how your system aligns with the following clinical and organizational characteristics that support ACE screening and treatment of toxic stress service integration. You can do this by asking, how does our system plan for ACE screening and treatment of toxic stress in a way that ...

- Aligns with our clinic or organizational goals and values.
- Considers our clinic or organizational history, culture, and reputation.
- Considers readiness, resiliency, and current strengths — from a staff and systems perspective.
- Identifies and addresses barriers of clinical/organizational and other frontline staff.

- Coordinates across internal departments/teams.
- Considers infrastructure and systems needs, including health information technology integration.
- Considers payment and cost reimbursement strategies.
- Understands needed collaboration with external partners.
- Considers burden — cost, risk, and implementation complexity.
- Considers sustainability.

With a few systems design tools in your toolbox, your team is ready to start the process of understanding how to integrate ACE screening and treatment of toxic stress from a systems perspective, which will, ultimately, optimize your success.

Mid-journey Activity: Revisiting your Map

Understanding the systems within which you, your community members, and your clinic or organization exist, is essential to enacting change. It's time to revisit your map and use your findings thus far to answer some of the questions. After your systems readiness conversations, it may be especially helpful to focus in on the questions under **What do we need to get there?** and **What is our destination?** Including:

- Exploring factors that support and hinder ACE screening and treatment of toxic stress service integration (keeping in mind Social Determinants of Equity and Social Determinants of Health).
- Discussing alignment with clinic or organizational goals and values.
- Revisiting the improvements or outcomes that you want to see.

What is Our Destination?

Defining Success

To understand efforts to integrate ACE screening and treatment of toxic stress, the practices of monitoring and evaluation are essential. They are necessary for tracking the implementation of established processes that guide services and for measuring the effectiveness of a service. Evaluation helps clinics or organizations determine if a service is on the right track in achieving the desired goals, make changes when needed, and hold themselves accountable to their communities and community members.

Monitoring and evaluation are also essential components that can support teams in gathering information to make accurately informed decisions about service operations. It also helps teams to identify the most important and efficient use of resources.

Evaluation is key to determining the effectiveness and success of ACE screening and treatment of toxic stress. Creating a system that supports ACE screening and treatment of toxic stress can be complex and will require deliberate clinic or organizational accountability to support evaluation tasks. In this section, we revisit the SOAR framework, with a specific focus on the Results component. We explore evaluation tasks that can be used to design an effective evaluation for ACE screening and treatment of toxic stress service integration based on the results that you hope to achieve.



In developing an evaluation approach, it is important to acknowledge and recognize the diverse ways of doing evaluation. With this in mind, it is important to:

- Understand the community's ways of assessing progress based on already established traditional values and cultural expressions. This knowledge should inform how your evaluation will be conducted and used.
- Understand and acknowledge already established values in the community and remain flexible and responsive to traditions and cultures.
- Define evaluation, its meaning, practices, and usefulness, and take ownership of the work; be intentional in your work.
- Respect and serve the community.
- Use evaluation as an opportunity to learn about the effectiveness of services by using the gathered information to continue to build strong and resilient communities

Source: <https://portalcentral.aihec.org/Indigeval/Book%20Chapters/1-FramingEvaluationInOurCommunities.pdf>

Developing an Initial Evaluation Plan

The overall purpose of evaluation is to support your journey to ACE screening and treatment of toxic stress by determining how well you are implementing a service and the outcomes of that service. The first step is to decide how you will conduct the evaluation — the evaluation plan. During this step, you will work to get clearer about what you want the evaluation to accomplish. To understand why you are conducting an evaluation, you will need to set and clarify the goals of the evaluation, create questions to guide the evaluation, and start to think about the resources you need to answer your evaluation questions. Remember, this is not a linear process. Your initial evaluation plan is a flexible document and can be updated as your evaluation activities unfold. For example, depending on the evaluation questions that you develop, you can decide to change the goals or intended results of the evaluation. The questions below can also be found in [Preparing for your Evaluation Journey Worksheet](#), located in the Appendix.

Preparing for your Evaluation Journey — Developing an Initial Evaluation Plan

To determine an initial evaluation plan to support your ACE screening and treatment of toxic stress journey, begin by exploring these questions with your team:

Results

- What will success look like? What results are you hoping to achieve?
- What are your common goals? What do you hope to accomplish via your evaluation?
- What questions do you want to answer?

Planning

- Why are you planning the evaluation? Is it for accountability, to document the progress of your ACE-integration efforts, to improve your ACE-integration efforts, all of the above, or something else?
- Who will use the evaluation results? Who are your audiences?
- What kind of data do you need to collect to meet the needs of your audiences? What information would they find easy to understand?

Implementation

- Who will be doing the evaluation work? Do you understand your team's perspective and capacity?

Types of Evaluation

Evaluations that seek to measure the success of your ACE-integration efforts may ask questions focusing on how well the service or program is being implemented, if the service or program is achieving its intended outcomes, and if there are any recommendations for improvement. There should also be a specific focus on ensuring community member involvement and that community voices are heard.

Revisit some of the strategies discussed in Section 2, Centering Community Voice and Wisdom. There are a number of evaluation methods that you can consider. The one that you pick will depend on the goals of your evaluation and how you hope to use the evaluation results. Consider the following evaluation methods.

- **Process evaluation:** Questions focus on how well the service is being implemented. Process evaluation will focus on the number of community members served, the number of ACE screens and type of interventions to treat toxic stress offered (including evidence-based strategies, like supportive relationships, quality sleep, balanced nutrition, physical activity, practicing mindfulness, experiencing nature, and mental health services), and the community's satisfaction with the services provided. Process evaluation will not tell you

the outcomes of your ACE screening and treatment of toxic stress service but how well you are implementing it.

- **Outcome evaluation:** Questions focus on the evidence that the services are truly benefiting your community members. The questions look for evidence of a change in the well-being of the community members being served.
- **Impact evaluation:** Questions are more focused on the long-term changes the service has on the community members. The questions look for evidence that the quality of life of the community members has improved over time.
- **Appreciative inquiry:** Questions take a different approach by focusing on the strengths of a service rather than weaknesses. This evaluation uses a strengths-based approach, which is also collaborative in nature, to draw on a service's strengths and assets and consider ways to continue to improve the service.
- **Community-based participatory research:** Questions focus on a partnership approach to evaluation that equitably involves service team members, community members, clinic or organizational leadership, and evaluation staff in all the aspects of the evaluation process. All partners can contribute and share in the decision-making process.

Source: <https://meera.snre.umich.edu/step3>



Reflection Question: Using your initial evaluation plan, what evaluation method or methods will help you address the results that you have outlined? What team members or staff can provide guidance on the selected evaluation method or methods?

Data Collection and Analysis

After you have developed your questions and determined the goals of your evaluation, the next step is to think about how you will collect data to answer these questions. It is important that you are always honoring diverse ways of being and knowing. There is no “one size fits all” approach to collecting data because data can be collected through many means.

Remember that using a trauma-informed approach for collecting ACE screening and treatment of toxic stress data is important to ensure that, when you are collecting sensitive data, you are approaching the topic carefully. Some data collection methods include:

- **Focus groups or facilitated discussions:** This is a great data collection method for more open-ended and broad questions. This method is not recommended for situations where the participants will be asked to speak about more individual experiences that might trigger their trauma.
- **Interviews:** This is a great data collection method for more personal and individual questions. The interviewer can monitor and address the emotions of the participant, allow the participant to process their thoughts and feelings, and build rapport with the participant by ensuring that they feel heard and listened to.
- **Self-administered surveys:** Surveys allow the participants to be anonymous and foster privacy in responding to questions that might be sensitive or difficult to speak about with another person. They are not as useful for more open-ended questions, and cannot provide as much detail as an interview would.
- **Secondary analysis of program data:** This method involves a researcher using the information that has already been gathered to answer their evaluation questions. This method can be useful in trying to understand how a service operates.
- **Document review:** This method involves the collection of service-specific documents to analyze and interpret already existing data.
- **Learning circles:** This method involves a group of individuals with a common interest who meet regularly to learn from each other. These individuals could include community members, leadership, team members, funders, etc. who come together to share resources, engage in shared inquiry, and develop collective knowledge on how best to support and evaluate programs with a primary focus on improvement.
- **Talking circles:** This method is a safe space that can be used to gather data with the consent of the community members. These spaces can be used for discussion, problem solving, decision-making, or a way to get feedback and insight into the needs of the community and how services can be improved. The purpose of a Talking Circle is to create a safe and non-judgmental space where participants can talk as much as they want on issues important to them as a way that can be used to promote healing.
- **Photovoice:** This is a data method used to document and reflect reality. Participants are encouraged to take photos and explore the reasons, emotions or experiences that caused them to either take or choose the photo. Through this process, participants can bring new insights and perspectives, and raise awareness of issues that affect the community.

Source: https://www.wilder.org/sites/default/files/imports/TraumaTipSheet_10-16.pdf

It is important to note that an evaluation can use several types of data collection methods, depending on the questions that you want to answer. While collecting data from community members, remember that some of these questions may re-traumatize, so ensure that you are providing and recommending therapeutic resources along the way.

After collecting data, the next step is to analyze the data that you have collected. Data analysis and interpretation is the process of determining the meaning of the information collected and understanding the significance and implication of the findings. Some ways to analyze and interpret data include:

- **Qualitative analysis:** This analysis includes collecting and analyzing non-numerical data, such as data collected through text, video, audio, etc., to understand the concepts or opinions of the information collected. This is a useful method in collecting in-depth insights that could be helpful in answering your evaluation questions.
- **Quantitative analysis:** This analysis includes collecting and analyzing numerical data that uses mathematical and statistical modeling to understand the information collected.



Reflection Question: Based on your initial evaluation plan and the evaluation method or methods selected, what data collection options will the team explore? What data collection options will help you answer the evaluation questions included in your initial evaluation plan? What capacity exists to support data analysis?

Are We There Yet?

Finalizing your Roadmap

Telling your Story

At this point in the journey, the team will have new insights and ideas. You will have information to complete an initial integration plan. How will you share the information that you have learned with others in your clinic or organization, which should include the audiences identified in your evaluation plan? Determining how you will tell your ACE integration story is an important final step in this initial journey.

To determine how best to share your story, reflect on the following areas:

What does your audience need to know?

- What kind of information would they need?
- Why is this information important?
- What recommendations do you want to make?
- When is the best time to share recommendations?
- What actions should you take based on the information gathered?
- If there are different findings for the different audiences, how will those be captured?
- How can you put all of your findings together to tell a story, for example, will the deliverable be a written report, an infographic, or a presentation?



How do you develop your story?

- Draw on key themes.
- Focus on your experiences.
- Reflect on the limitations of your findings while also celebrating your success.

What format(s) is/are best for sharing your story?

- Written reports.
- Presentations.
- Podcasts.
- Videos.
- Blogs and newsletters.
- Other visual formats, such as Canva etc.

Source: <https://www.inspiringimpact.org/learn-to-measure/review/share-your-findings/>



Reflection Question: Think of the results you and your team have gathered from your evaluation: How will you share the results back with your community? Who will you share the information with?

Reflection and Celebration

Once you have reached the milestone of sharing the results of your ACE integration, it is time to pause and reflect. Reflection at this period is crucial to ensure you are effectively capturing the highlights and lessons learned of the integration process. This will be helpful if you are planning to scale your ACE-integration effort or applying the same process to different changes within your clinic or organization.

Return to the beginning of your journey and consider:

- What were your initial hopes for ACE integration? How have they changed throughout the journey?
- What do you wish you had known at the beginning of your journey?
- Are there trusted partners that you wish you had included at earlier points in the process? Who are they?
- What did you learn from navigating systems in your clinic or organization that might be applicable for future initiatives?
- What short-term wins can you celebrate?

These questions can also be found in the Reflection and Celebration Worksheet, located in the Appendix.

Lastly, do not forget to celebrate the accomplishments of you and your ACE-integration team! If you've worked through this toolkit, you have done significant work to bring ACE-integration to your clinic or organization.

You have reached the end of the ACE Integration Toolkit. Ideally, the team that has been assembled will have an initial roadmap to achieve integration of these essential services. As you continue your path toward integration, remember to stay connected to ACEs Aware Initiative for a wealth of resources and information to support and sustain your efforts.

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About Cardea

With grant funding support from the ACEs Aware Initiative, an effort of California's Surgeon General and the Department of Health Care Services, Cardea developed this toolkit recognizing the need for a practical starting point for the many community-based clinics and organizations wishing to integrate ACE screening and treatment of toxic stress into clinical practice. As a women of color-led organization, Cardea leans into their team's life experiences, envisioning a world in which optimal health and well-being, equity, and justice are realities for all communities. Cardea understands the impact of historical, systemic, structural, and institutional issues on health, economic, and social conditions. We seamlessly integrate these considerations throughout this toolkit to help clinics and organizations thoughtfully understand the context within which ACE screening and the treatment of toxic stress will be provided. Cardea created this toolkit to support clinics and organizations along their ACE integration journey.



Appendix. ACE Integration Toolkit Workbook

Overview

This workbook is meant to be used in conjunction with the ACE Integration: A Practical Journey for Community-based Clinics and Organizations toolkit. It is comprised of worksheets and templates to use with the small team that has been assembled to guide ACE integration efforts. The worksheets and templates are organized by each section of the toolkit.

Section—Overview

Principles of Trauma-Informed Care: Questions for Consideration

- 1. Safety:** Throughout the clinic or organization, how safe do staff and the people you serve feel both physically and psychologically?
- 2. Trustworthiness and transparency:** How transparent are clinic or organizational operations and decision-making? How do you build and maintain trust among staff, community members, and family members of those receiving services?
- 3. Peer support:** How does your clinic or organization use peer support and peer strategies to build trust, establish safety, and elevate community voice and wisdom?
- 4. Collaboration and mutuality:** In what ways does your clinic or organization recognize the value that everyone brings to TIC discussions and planning?
- 5. Empowerment, voice, and choice:** In what ways does your clinic or organization strengthen the staff, community member, and family member's experience of choice? How does your clinic or organization elevate community voice and wisdom?
- 6. Cultural, historical, and gender issues:** How does your clinic or organization move past cultural stereotypes and biases and offer culturally responsive services? In what ways does your clinic or organization leverage the healing value of traditional cultural connections, and recognize and address historical trauma?

The ACEs Integration Roadmap

The ACEs Integration Roadmap (Roadmap) includes practical steps to support development of a plan of action for the integration of ACE screening and treatment of toxic stress. The Roadmap is a starting point for discussion and planning that can be tailored based on your clinic or organization's needs, environment, or other variables. By organizing the roadmap along key steps, discussions regarding ACE screening and treatment of toxic stress service integration should be manageable and collaborative.



Community Feedback	
Why trauma-informed care (TIC)?	
What are your goals for becoming a Trauma-Informed (TI) organization?	
What are your goals for integrating ACEs screening within different departments?	

For whom are we doing this?	
What are your strengths and how can you build on them?	
What are opportunities to incorporate TI programming?	
How can you incorporate community member wisdom and feedback?	

What do we need to get there?	
What supports and hinders TIC integration?	
How will you align TI programming with organizational goals and values?	
What needs to be done to ensure readiness and sustainability?	
What coordination and collaboration needs to happen?	
What are your training needs?	

What is our destination?	
What improvements do you want to see?	
What is the plan for monitoring and evaluation?	
How will you ensure community voice is included in metrics and indicators?	

Are we there yet?	
What are your strengths and how can you build on them?	
What are opportunities to incorporate TI programming?	
How can you incorporate community member wisdom and feedback?	

Section—Where are We Going:

Understanding Strengths, Opportunities, Aspirations, and Results

The SOAR Planning Worksheet

<p style="text-align: center;">Clinic or Organizational Strengths</p> <p style="text-align: center;">Identify clinic or organizational strengths. Questions to consider during this step include:</p>	
<p>What are we most proud of as a clinic or organization?</p>	
<p>What is our clinic or organization's greatest strength and what makes us unique?</p>	
<p>How do we use this strength to improve the quality of life of our community and its members?</p>	
<p>What practices already exist in our community that align with our goal of integrating ACE screening and treatment of toxic stress?</p>	

Clinic or Organizational Opportunities

Explore opportunities. Questions to consider during this step include:

<p>What are key opportunities (e.g., activities, services, programs, materials) that we have seen in our clinic or organization that can be used to support ACE screening and treatment of toxic stress?</p>	
<p>What are challenges to implementing or providing trauma or ACE screening and treatment of toxic stress — consider policies, practices, services, and stigma that affect the availability or implementation of services.</p>	
<p>How can our team reframe the challenges into opportunities?</p>	
<p>What are opportunities to involve our community members in designing and implementing ACE screening and treatment of toxic stress?</p>	

Clinic or Organizational Aspirations

Aspirations are what you hope your clinic or organization can accomplish. Imagine that one year from now, you are celebrating your clinic or organization’s success integrating ACE screening and treatment of toxic stress. What does this look like?

Questions to consider during this step include:

<p>How will you build on your strengths?</p>	
<p>What improvements do you want to see?</p>	
<p>What capacities do you need to have?</p>	
<p>What new things do you want to consider? What programs or services would support your aspirations?</p>	

Determining Next Steps

To complete this step of the journey, come up with at least three actionable items that the team can take to move to a desired reality for implementation of ACE screening and treatment of toxic stress. Actionable items can include a staff training plan, implementation of ACE screening and treatment of toxic stress screening tools, learning more from community members and the community at large, or improving the look and feel of the clinic or organization's common areas, such as waiting rooms. The actionable items that you list in this step are initial thoughts and ideas that the team will revisit again after a discussion regarding community input and systems readiness.

Section—For Whom are We Doing This

Centering Community Voice and Wisdom

Moving Toward Co-Design and Co-Creation Worksheet

Who are you accountable to?

In your clinic or organization, who decides what programs/services exist and how they function?

Who holds decision-making power?

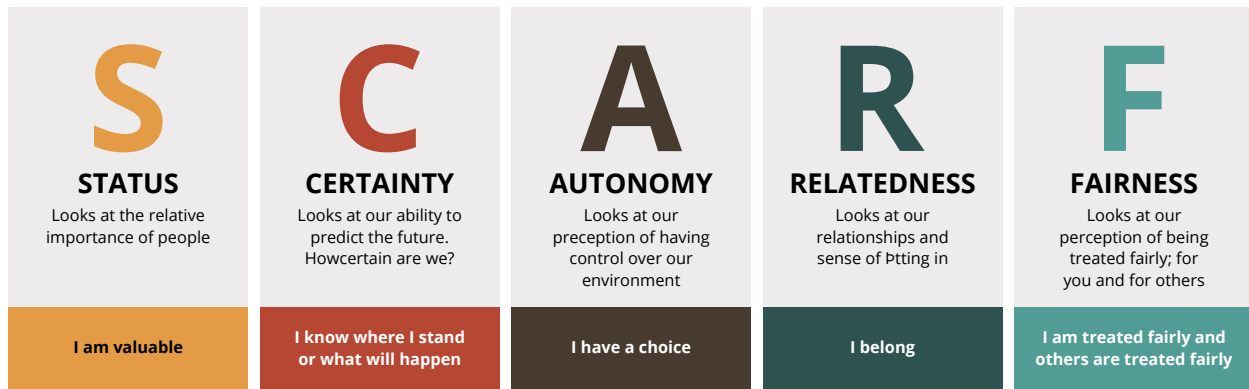
Describe the community members you serve:

- What matters to them? How do you know?

- How do they define health or think about wellness?

- How do they want to access health and wellness?

- How do you know this about them (e.g., anecdotal evidence, surveys, other data)



SCARF Worksheet	
<p>SCARF is a framework that can be used to determine how your clinic or organization factors in variables associated with Status, Certainty, Autonomy, Relatedness, and Fairness. The worksheet below can be used to brainstorm how your clinic or organization responds to each variable in the SCARF model.</p>	
Our clinic or organization demonstrates value in our community members by ...	
Our clinic or organization plans ahead to address community members' needs by ...	
Our clinic or organization gives our community members choice or control over care by ...	
Our clinic or organization creates a welcoming environment for community members by ...	
Our clinic or organization determines community member perceptions of fairness by ...	

Source: <https://medicalaffairs.org/wp-content/uploads/2020/10/Screen-Shot-2020-11-09-at-1.03.42-PM.png>

Centering Community Voice and Wisdom: Conclusion Questions

What supports and hinders the integration of community voice and wisdom (keeping in mind SDOH and SDOE)?

How can we incorporate community member voice and wisdom?

What are some steps we can take to better understand and respond to community needs, given the resources that we have right now?

How do we define person-centered?

How will our ACEs-related programming be more person-centered?

What opportunities exist to co-design ACE integration efforts with community members?

What could a community member-driven ACE action plan look like — collaborative goal setting, barriers, resource connection?

Section—What do We Need to Get There:

Understanding Systems Design

Unpacking the Layers of a System Worksheet

People: What aspects of the systems mapping discussion related to people or the community at large?

- Who are the people and other trusted partners affected by the system?
- Who has or should have influence?
- What is important to them and how do you know?

Policy: What aspects of the systems mapping discussion related to policies, laws, and regulations that will affect our ACE-integration efforts?

- What policies, laws, regulations, and rules might affect the system?
- How do these affect different parts of the community?
- What policies, laws, and regulations are on the horizon that might affect the system?
- How might you integrate new policies and ensure alignment with organizational goals and values?

Community Member: What aspects of the systems mapping discussion related to our community members or the individuals that we serve?

- What solutions are currently available to people, particularly our community members?
- What is on the horizon or is possible?
- What feels impossible but should be done?
- What do community members need and how do you know? What solutions are important?

System Narrative: What aspects of the systems mapping discussion related to assumptions that we make about our clinic or organization?

- What stories do you tell about the current system? To yourself and to others in your clinic or organization?
- What bias exists in the narrative? Where might the system be enhanced to facilitate equity?
- Is there more than one narrative?
- What narrative do we want to tell about the current system?

Section—What is Our Destination: Defining Success

Preparing for your Evaluation Journey Worksheet

Developing an Initial Evaluation Plan

Results:

What will success look like? What results are you hoping to achieve?

What are your common goals? What do you hope to accomplish via your evaluation?

What questions do you want to answer?

Planning:

Why are you planning the evaluation? Is it for accountability, to document the progress of your ACE-integration efforts, to improve your ACE-integration efforts, all of the above, or something else?

Who will use the evaluation results? Who are your audiences?

What kind of data do you need to collect to meet the needs of your audiences? What information would they find easy to understand?

Implementation:

Who will be doing the evaluation work? Do you understand your team's perspective and capacity?

Section—Are We There Yet: Finalizing Your Roadmap

Reflection and Celebration Worksheet

Once you have reached the milestone of sharing the results of your ACE integration, it is time to pause and reflect. Reflection at this period is crucial to ensure you are effectively capturing the highlights and lessons learned of the integration process. This will be helpful if you are planning to scale your ACE-integration effort or apply the same process to different changes within your clinic or organization.

Return to the beginning of your journey and consider:

What were your initial hopes for ACE integration? How have they changed throughout the journey?

What do you wish you had known at the beginning of your journey?

Are there trusted partners that you wish you had included at earlier points in the process? Who are they?

What did you learn from navigating systems in your clinic or organization that might be applicable for future initiatives?

What short-term wins can you celebrate?