

# Webinar will start at 3:00 p.m. PST



## Housekeeping

- There is music currently playing. If you hear the music, your audio is working.
- This webinar will be recorded and posted on [Healthcare Integrated Services website](#) and [social media pages](#).
- Handouts and materials will be distributed via e-mail after today's meeting.
- A webinar evaluation survey will be sent to you via email tomorrow. We appreciate your feedback!



# About This Webinar Series

**What This Webinar Series Is About:** Our webinar series is about transforming schools through ACEs awareness.

**What We Are Doing:** HCIS and EvaluACT are engaging with school districts across Southern California to share our experiences and lessons learned when screening, identifying, and treating for ACEs.

**Why We Are Doing It:** HCIS and EvaluACT have experienced, through school-based health care, the detrimental effects of hidden ACEs can have on a youth's ability to thrive in our society. Thus, we are sharing our experiences in the hopes of expanding the practice of uncovering ACEs towards a healthier future for our youth.



# Special Thanks

**Debra Duardo**, MSW, Ed.D., Los Angeles County Superintendent of Schools

**Victor C. Thompson**, Ed.D., Former Director, Student Support Services

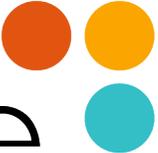
**Jose Gonzalez**, Director, Community Schools Development



**Los Angeles County  
Office of Education**

Serving Students ■ Supporting Communities ■ Leading Educators



aces aware 

GRANTEE

# Transforming Schools Through ACEs Awareness Screening and Disclosure



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February 11, 2021



# Your Panel Today!



**Dr. Edna Miller**  
Founder,  
HCIS



**Justin Miller**  
President,  
HCIS



**Dr. Bernard Hardy**  
Medical Director,  
HCIS



**Amy McConnell**  
Chief Nurse Practitioner (FNP)

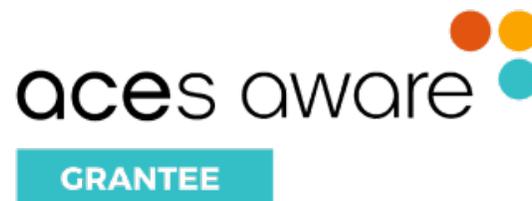


**Dr. Boyd Haley**  
Chief Scientist,  
EmeraMed



# Learning Objectives

1. Increase awareness about the ACEs Aware Initiative
2. Understand the provider's role and responsibility in responding to ACEs
3. Increase knowledge of complications with youth disclosure/screening
4. Share lessons learned from frontline experience
5. Apply knowledge in discussion of a case study



What is the **ACEs Aware Initiative**?

# What is ACEs Aware?

**Abbreviation:** ACEs = **A**dverse **C**hildhood **E**xperiences.

**Leadership:** The ACEs Aware initiative is part of a statewide effort, led by the Office of the California Surgeon General, to cut Adverse Childhood Experiences (ACEs) and toxic stress in half in one generation.

**Goal:** ACEs Aware seeks to help Medi-Cal providers understand the importance of screening for ACEs and training providers to respond with trauma-informed care.

**ACEs Pioneers:** This first-of-its-kind effort to enable early detection and mitigate health and societal impacts of ACEs is led by Dr. Nadine Burke Harris, California Surgeon General, and Dr. Karen Mark, Medical Director of the Department of Health Care Services



# What are the Ten ACEs?

## Abuse



Physical



Emotional



Sexual

## Neglect

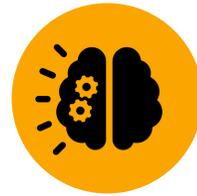


Physical



Emotional

## Household Challenges



Mental Illness



Abuse toward  
Parent



Divorce



Incarcerated  
Relative



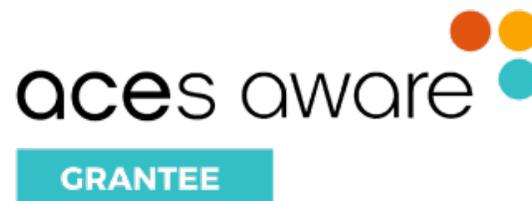
Substance  
Abuse

# How Childhood Trauma Affects Health Across a Lifetime

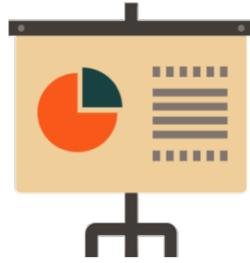
## Nadine Burke Harris – February 2015



That's what we do.



# What Does ACES Aware Offer to Medi-Cal Providers?



**Training**



**Screening Tools**



**Clinical Protocols**



**ACES Screening Payments (Adults and Children)**

Note: If a provider would like to receive Medi-Cal reimbursement for screening, they must complete a certified core ACE training (visit [www.acesaware.org](http://www.acesaware.org) for more information)

### Pediatric ACEs and Related Life Events Screener (PEARLS)

TEEN (Self-Report)- To be completed by: **Patient**

At any point in time since you were born, have you seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

#### PART 1: Please check "Yes" where apply.

1. Have you ever lived with a parent/caregiver who went to jail/prison?
2. Have you ever felt unsupported, unloved and/or unprotected?
3. Have you ever lived with a parent/caregiver who had mental health issues?  
(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
4. Has a parent/caregiver ever insulted, humiliated, or put you down?
5. Has your biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Have you ever lacked appropriate care by any caregiver?  
(for example, not being protected from unsafe situations, or not being cared for when sick or injured even when the resources were available)
7. Have you ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?   
Or have you ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at you?   
Or has any adult in the household ever hit you so hard that you had marks or were injured?  
Or has any adult in the household ever threatened you or acted in a way that made you afraid that you might be hurt?
9. Have you ever experienced sexual abuse?  
(for example, has anyone touched you or asked you to touch that person in a way that was unwanted, or made you feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with you)
10. Have there ever been significant changes in the relationship status of your caregiver(s)?  
(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)

#### PART 2: Please check "Yes" where apply.

1. Have you ever seen, heard, or been a victim of violence in your neighborhood, community or school?  
(for example, targeted bullying, assault or other violent actions, war or terrorism)
2. Have you experienced discrimination?  
(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)
3. Have you ever had problems with housing?  
(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)
4. Have you ever worried that you did not have enough food to eat or that food would run out before you or your parent/caregiver could buy more?
5. Have you ever been separated from your parent or caregiver due to foster care, or immigration?
6. Have you ever lived with a parent/caregiver who had a serious physical illness or disability?
7. Have you ever lived with a parent or caregiver who died?
8. Have you ever been detained, arrested or incarcerated?
9. Have you ever experienced verbal or physical abuse or threats from a romantic partners?  
(for example, a boyfriend or girlfriend)

How many "Yes" did you answer in Part 2?:

**Truth or Myth?**

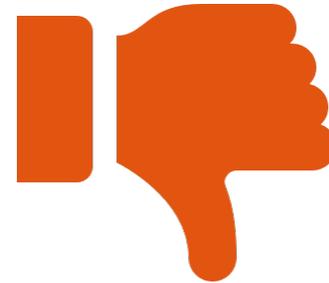
# Truth or Myth?

**ACEs and childhood trauma are interchangeable concepts.**



truth

or



myth

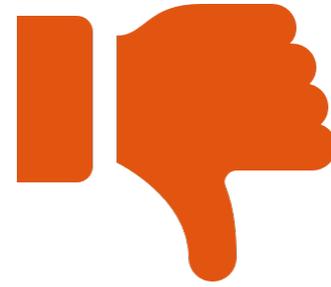
# Truth or Myth?

**Tiredness is not a symptom of adverse childhood experiences.**



truth

or



myth

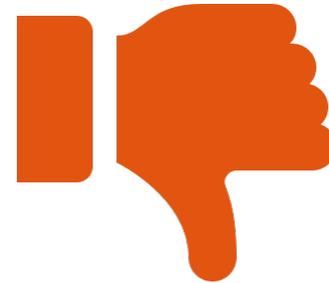
# Truth or Myth?

The best way to ensure physical and mental wellbeing is to physically heal from childhood trauma.



truth

or



myth

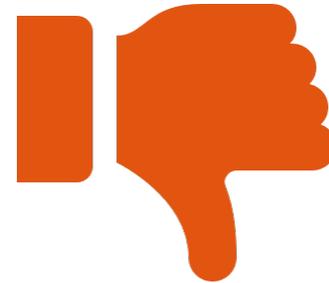
# Truth or Myth?

**If a student discloses that they are being bullied, immediately stopping future bullying occurrences is the most important priority.**



truth

or



myth



## The Science of ACEs & Toxic Stress

A consensus of scientific research demonstrates that cumulative adversity, especially when experienced during childhood development, is a root cause to some of the most harmful, persistent, and expensive health challenges facing our nation.

But there is hope. We can take action now to change and save lives. The impacts of ACEs and toxic stress are treatable.

# ACEs and Oxidative Stress Susceptibility

## What is “fight or flight” and how does it relate to trauma?

Reactions to trauma require a lot of physical and/or mental energy. “Fight or flight” is an autonomic response to trauma that activates the production of glucose which makes excess adenosine triphosphate (ATP) energy to help the body respond properly to trauma.

## What does this look like at the molecular level?



# ACEs and Oxidative Stress Susceptibility

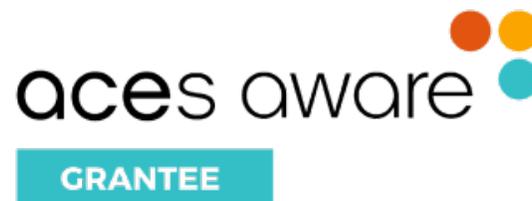
## What are the long-term negative effects of repeated trauma?

ACES can cause depletion of glycogen stores would diminish later “fight or flight” responses or other responses that require conversion of glycogen to glucose for production of cellular ATP.

One example, ATP is needed for the body to synthesize glutathione (GSH). GSH is a major antioxidant and toxin protection of the body that decreases the effect of toxic exposures.

- GSH is responsible for removing toxic mercury from the body.
- GSH is also responsible for protecting against oxidative stress at the cellular level to prevent illness and death.

Repeated ACEs leave children more vulnerable to physical and social difficulties in adulthood.

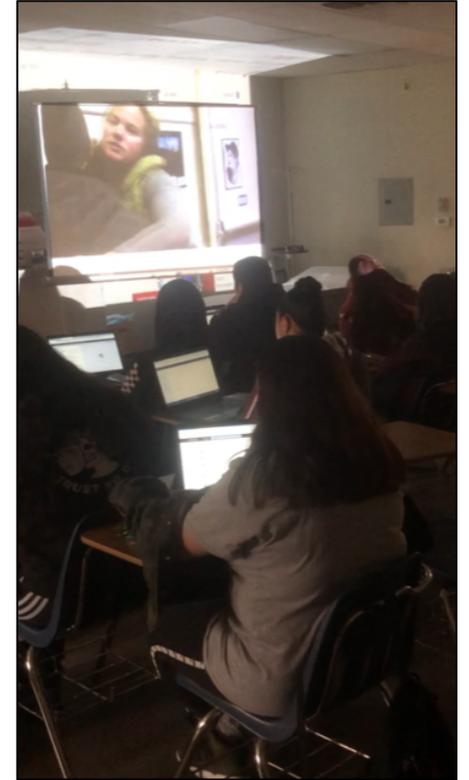


# School-Based Providers **When and How to Screen for ACEs**

# HCIS' Screening Story



- HCIS began implementation of ACEs screenings in a primary care clinic. Each student whose parent did not opt out received a physical health assessment and ACEs screening.
- Student orientation explained the purpose and importance of the self-assessment screening tool.
- HCIS emphasized that the information was confidential, unless the student endorsed harm to self or others, or the clinician has concerns regarding child abuse.
- HCIS then thanked the student for completing the tool or process, particularly if he or she disclosed a new trauma.



# What Is Trauma Screening?

# Trauma Screening



**What Is Trauma Screening?** Trauma screening refers to a tool or process that is a brief, focused inquiry to determine whether an individual has experienced one or more traumatic events, has reactions to such events, has specific mental or behavioral health needs, and/or needs a referral for comprehensive trauma-informed mental health services.



**Why Is Screening for Trauma Important?** Universal screening for trauma history and trauma-related symptoms can help behavioral health practitioners identify individuals at risk of developing more pervasive and severe symptoms of traumatic stress.

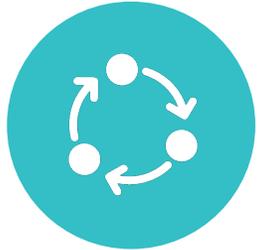
# How Do You Ask A Client About Trauma?

Seek the client's permission to ask him/her about exposure to traumatic events and advise the client that he/she does not have to talk about these experiences or provide any detail if he/she does not want to. Clearly communicate the reasons for asking about past trauma.



# Experiences with Youth Disclosure/Screening

# Things To Know About Students' Disclosure



**Disclosure is not necessarily an event, but a process** for some students. Disclosure may not happen in the first assessment. Following the ACEs model, you should conduct periodic screening since exposure may occur after initial screening and throughout the years of adolescence experiences.



You should verify reported ACEs with the student in a **comfortable and confidential setting with trained medical personnel**. These steps will provide a sense of care and trust.



**Students may have an emergency.** In these cases, follow-up with a behavioral specialist and/or medical doctor to identify underlying health conditions and/or trauma symptoms flagged as high intensity during the initial screening. Students reporting emergencies to you is a sign that the initial screening built rapport.

# Important Notes About Caretaker/Parent Involvement in Screening



Sometimes parents/caretakers completing the ACEs screening tool for younger children are the abusers.



Sometimes parents/caretakers will try to withdraw completed assessments once ACEs are uncovered.

# Lessons Learned

# Issues & Lessons Learned

## Issue

HCIS distributed Parent Information/Consent Letter for the parents to become aware of the beneficial services awarded to their children. Unfortunately, HCIS faced various difficulties in the return of parent information/consent forms.



## Issues Lessons Learned

## Lesson Learned

There needs to be a point of access to provide parents with the following knowledge:

- (1) What is ACEs?
- (2) How do ACEs affect academic performance?
- (3) What are the benefits of ACEs early intervention ?

# Issues & Lessons Learned

## Issue

Sometimes students may incorrectly report during their screening due to language barriers, undocumented IEPs, or misinterpretation of assessment questions.



**Issues**  
**Lessons**  
**Learned**

## Lesson Learned

To ensure students properly understand the questions, use tablets and electronic health records. Also, parents of IEP students should be required to complete all consent forms prior to student assessments

# Issues & Lessons Learned

## Issue

Facilitation of screenings for special needs children were challenging as there was an initial rule barring the screening of special needs children for ACEs.

## Issues Lessons Learned

## Lesson Learned

There are many special education students who present with ACEs and would benefit from screening. Special protocols were identified when screening Special Ed students, including interdisciplinary treatment meetings with education, leadership, and parents/guardians.

# Case Study **Part 1**

# Case Study

## Disclaimer

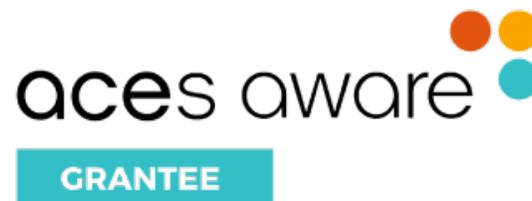
### **This is a work of fiction.**

Names, characters, places and incidents either are products of the author's imagination or are used fictitiously. Any resemblance to actual events or locales or persons, living or dead, is entirely coincidental.



# Case Study Part 1

A 16-year-old female patient is seen by her school-site primary physician to request a pregnancy test. Patient completes intake and minor consent, a routine trauma questionnaire, and self assessment. She reports decreases in grades and increases in absences. Also, she reports thoughts of suicide, isolation, and sadness in the past 6 months. She also reported feeling unsafe at school.



# Let's Discuss!

- Would your district or school site have a safe space to help the patient report her ACEs?
- Based on your district's policies and procedures, how would you approach this case?



# Case Study Part 1: Revealed

Once the patient consented to screening, the patient received universal screening through PEARL. In her screening, the patient reported that she has been repeatedly threatened and bullied by a popular male student as well as having experienced various forms of violence. The patient revealed that she has been sexually attacked, raped in girls' bathroom, and pressured to continue to engage in sexual acts on-going for the last 6 months. Urinalysis pregnancy screen was positive.



**Wrapping-Up Today's Webinar**



## Reminder!

An evaluation will be sent to participants following today's training. We would greatly appreciate your feedback!



## Upcoming Webinar!

Part 2 of this webinar series, Coordination of Care, will occur on **February 25, 2021**

If you have not yet registered, we will provide the registration link in the chat.



## Questions about ACEs Aware?

Contact Us



[acesaware.org](https://acesaware.org)

## Questions about HCIS?

Contact Us



[healthcareintegrated  
services.org](https://healthcareintegratedservices.org)



**“The ‘Anomaly’ that heals disparities”**

aces aware  
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## **What Makes HCIS© Different**

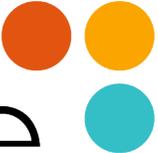
**Unlike any other school-based healthcare model today, the HCIS© approach is unique in that it provides early assessment and timely intervention of mental, physical and behavioral health issues, including post-traumatic stress disorders, and provides hands-on continuity of care for K-12 students. HCIS© is finding that when these impediments to learning (especially childhood trauma) are diagnosed early on and treated with best practices, he or she is given the best chance to learn and succeed academically and break the cycle of poverty, illiteracy, and unemployment.**

**Furthermore, the HCIS© enhanced model represents a new standard of comprehensive and holistic school health that brings a cost-effective opportunity to develop prevention and clinical public health interventions for economically disadvantaged communities that can be easily replicated in any school district globally.**

**Please call today if you would like to learn more about “how to implement school-based health services including ACEs Aware trauma screening” at your school. No cost to school, students or parents!**

**[www.healthcareintegratedservices.org](http://www.healthcareintegratedservices.org)**

**P.O. Box 213093 | Chula Vista, CA 91921 | P: 888.417.1563 | F: 888.417.5163 | [info@healthcareintegratedservices.org](mailto:info@healthcareintegratedservices.org)**

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