

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



Housekeeping

- There is music currently playing. If you hear the music, your audio is working.
- Webinar 1 is currently posted on [Healthcare Integrated Services' website](#).
- 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 Our 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 Coordination of Care



February 25, 2021



Your Panel Today!



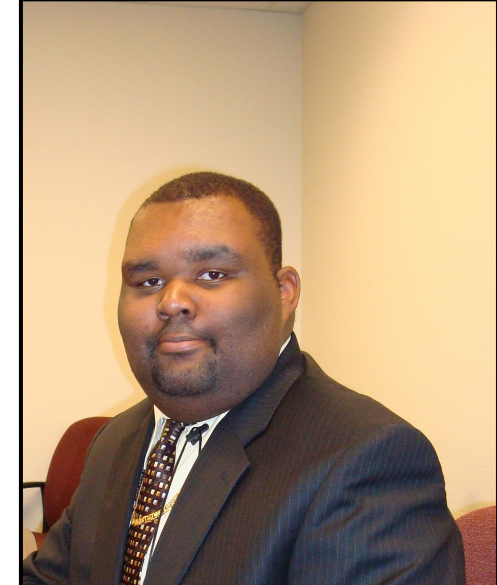
Dr. Edna Miller
Founder,
HCIS



Justin Miller
President,
HCIS



Dr. Bernard Hardy
Medical Director,
HCIS



Dwayne Thompson
Case Investigator,
San Diego County Dept.
of Public Health



Learning Objectives

1. Increase awareness about the ACEs Aware Initiative.
2. Be able to apply principles of trauma-informed care (including establishing trust, safety, and collaborative decision-making) in developing treatment plans for ACEs-affected students.
3. Share lessons learned from frontline experience.
4. Be able to apply knowledge in discussion of a case study.



Recapping **ACEs Aware Initiative**

What is ACEs Aware?

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

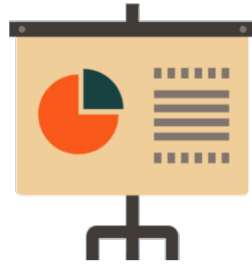
Leadership: The ACEs Aware initiative is part of a statewide effort, led by the Office of the California Surgeon General, to cut Adverse Childhood Experiences (ACEs) and toxic stress in half in one generation.

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 and Dr. Karen Mark.



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 for more information)

Get Certified!

Medi-Cal providers are eligible for a \$29 payment for conducting ACE screenings for child and adult patients with full-scope Medi-Cal, provided the following conditions are met:



Complete the Becoming ACEs Aware in California training

- 2-hour free training (available at <https://training.acesaware.org>)
- Eligible providers will receive 2.0 CEUs



Self-attest that you completed this training



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?

School health providers can play an important role in coordinating access to immunizations for children



truth

or



myth

Truth or Myth?

It is the responsibility of parents and families, not the school's, to mitigate the impact of community or school violence



truth

or



myth

Truth or Myth?

Once a school health provider uncovers a chronic medical condition (e.g. anemia), it is imperative to immediately stop services and allow the student's primary care provider to take



truth

over

or



myth

Truth or Myth?

If a school health provider uncovers physical abuse of any kind, it should immediately be documented, but it is a social worker's responsibility to follow-up with the youth



truth

or



myth

Truth or Myth?

Parents have the right to stop their child's care and handle issues of violence in the home on their own



truth

or



myth

You've Uncovered Previous Or
Ongoing Trauma
Now What?

HCIS' Coordination of Care Story



- Coordination of care for youth began with an operations plan established between HCIS and school administration. HCIS coordinated school staff training for implementation of ACEs screenings.
- HCIS began triage of patients based on consent on file for priority treatment (unless evidence of urgent distress or alarm).
- HCIS would schedule patients ranging from immediate/same day appointment for high intensity cases to scheduled follow-up appointments for medium to low intensity cases.
- In certain cases, HCIS would refer the patient for expedited emergency care or to an off-campus provider.

Student Intake

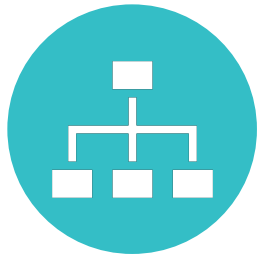
During a student's intake process, it is important to consider:



Confidentiality



Consent (minor consent 12 years+)



Medical triage (for integrated approach of emotional and physical aspects of screening)

Nurse Determination

Evaluate clients' physical or mental condition by **high intensity**, **medium intensity**, or **low intensity** based on review of client information.

The type of follow-up is dependent on the client's intensity

Immediate follow-up for **high intensity**

Follow-ups are scheduled for **medium** to **low intensity**

Act as client advocates in order to coordinate required services or to resolve emergency problems in **crisis situations**.

Physician Case Review

During a physician's case review, the following occur:



Physician will review nurse's case notes for details regarding the patient's ACEs intensity level.



Once the case is reviewed, the physician conducts a physical examination with the patient.



If warranted, the physician may either conduct 55/85 (psychiatric emergency team) review or refer to the physician's affiliated hospital for emergency medical conditions (911).

Developing Medical Treatment Plans & Referrals

- Four types of plans can emerge from treatment:

Crisis Referral

**Medical Referral
(HIPAA)**

**Behavioral Health
Referral**

Standard Referral

- Interdisciplinary referral: refers patients, clients, or family members to community resources as necessary to stabilize the client.
- What goes into a treatment plan is confidential.
- Guide clients in the development of skills and strategies in dealing with their problems.

Collaboration with the School

Collaborating with schools is a critical part of the process. Here are some considerations for that process:



Collaborate with other staff members to perform clinical assessments and develop treatment plans.



Coordinate with school administrative staff, while notifying the principal in high intensity cases.



Prepare incident reports when necessary.

Experiences with **Coordination of Care**

Things To Know About Coordination of Care



Coordination of care can involve school administration: For some students, disclosed ACEs may require reporting to a school principal. You should always defer to the school administration for their implemented protocols when disclosed ACEs requires a network of health care providers.



Confidentiality should always be protected, but at times you must involve the parents: There may be occurrences where the youth may be at risk for harm to self or others. In episodes where the patient must be put on 55/85 hold.



Students may have an emergency which warrants coordinating care with local PET team, social workers, campus police or 911 in high intensity cases.

Important Notes About Guardian Involvement in Coordinating Care



At times, guardians may object to required 55/85 emergencies.



Once an emergency ACE has been uncovered, guardians may demand the situation be handled within the internal family structure.

Lessons Learned

Issues & Lessons Learned

Issue

Patients reported their cases would worsen during school closure. Follow-ups were not occurring due to the school Health Center being closed after school hours, weekend and summer.



Issues Lessons Learned

Lesson Learned

Students' depression or other underlying issues do not stop after school, on weekends, or over summer break. It is important to develop protocols to work with social services, county mental health, community providers, hospitals, and or clinic providers to coordinate follow-ups during weekend and summer months.

Issues & Lessons Learned

Issue

Unexpected volume of uncovered ACEs revealed. Undetected ACEs and Lack of follow-up care leads to exasperated trauma and underlying health conditions.



Issues Lessons Learned

Lesson Learned

Have tentative metrics on the amount of staff required to address follow-up and oversight of ACEs patients. Consider implementation of coordinated care with multidisciplinary health professionals to prevent disconnect and follow-up care. Make certain all disciplines involved with students' care plans are informed.

Issues & Lessons Learned

Issue

Crucial to established protocols with school districts with uncovered ACEs related to gang activity, weapons, and suicidal ideations.



Issues Lessons Learned

Lesson Learned

HCIS established a protocol to work with school campus police, campus probation, and intervention officers, including Community Gang Prevention Providers to include intercession in clinical treatment plan.

Case Study **Part 2**

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

Case Study Part 1: Overview

- 16-year-old female patient.
- Came in for a pregnancy test.
- Patient completes intake, minor consent, routine trauma questionnaire, & self assessment.
- Revealed traumas around various forms of violence and reported sexual assault.
- Did not feel safe at school and reported thoughts of suicide, isolation, and sadness in the past six months.
- Urinalysis screening was negative for STDs, but was positive for pregnancy.

Case Study Part 1: What Did We Do?

- Asked patient to consent to universal screening.
- Once patient consented, she was universally screened through PEARL.



Case Study Part 2: Let's Discuss!

- What sorts of actionable steps would your district take after the student revealed trauma?



Case Study Part 2: Revealed

- Patient reminded of her rights to confidentiality and asked to complete no-harm contract
- Review of electronic health records for an IEP or an established counselor with district mental health team
- Coordination with school administration, campus police, and social services to complete a child abuse report
- Coordination with local PET team for 55/85 hold
- Coordination with school officials to contact guardians and make sure they were involved



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 3 of this webinar series, Continuity of Care, will occur on **March 11, 2021.**

- Ongoing Monitoring and Interventions
- Tele-Health Practices
- Issues of Provider Resilience and Self Care

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



Questions about ACEs Aware?

Contact Us



acesaware.org

Questions about HCIS?

Contact Us



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



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