



## Our ACEs Implementation

# [What Are You Proud of?]



What is something that you worked on, accomplished, or a challenge you overcame throughout CALQIC that you want to share with your peers? Think about a patient or staff story, a tangible artifact or tool you created (i.e. policy, workflow, videos, etc), or something visual that you can share.

## Our Providers

- Samantha Nigro PA-C:
  - “What was most impactful to me and one of my patients was when I screened a patient that resulted in a 10/10 score. Through a motivational interview I was able to introduce the patient to multiple resources. I was able to connect to my patient and develop rapport in a way that now she’s less hesitant, more open to discuss her concerns and is now visiting our Behavioral Health team. This ACEs screening is a staple of whole-person, trauma informed care.”
- Emerita Banuelos LCSW:
  - Surveyed prenatal patients
  - Some patients made the connection between childhood traumas and their current health

## Harmony Health

- Thanks to feedback from our wonderful providers, we are now reviewing the time allotment per visit for ACEs screenings
- We introduced the ACEs screenings through a system of breaking patients into cohorts (Diabetic, Prenatal, MAT, etc.), to facilitate a seamless workflow to eventually include our entire patient population
- We implemented *Health Campaigns*, a tool used to provide links to resources and newsletters to those screened for ACEs

# [Top 3 Takeaways]

What are your top 3 takeaways or learnings from CALQIC? These takeaways can be tools or concepts you learned about through CALQIC, or learnings from implementing ACEs screening and response in your clinics.

## **Implementing the ACE screening to ALL patients**

Harmony Health believes that ACEs screenings will provide insight into the relationship between childhood trauma and clinical outcomes.

We now believe ACEs screenings allow patients to assess their past which guides in understanding their present health status.

We have found that once this connection is made, patients seem to be more proactive about decisions that impact their mental and physical health.

**CALQIC shined the light on just how cohesive and altruistic our team is.**

The roleplay between Christina Bradley and Alicia Lieberman was paramount in reflection of our own practice. It was interesting to see how closely we have followed the TRIADS framework.

**Our commitment to the TRIADS framework has proven beneficial in improving patients' sense of self-efficacy regarding their mental and physical health.**

We have used the framework relational language in such a way that patients who may have been a little uneasy going into the visit were able to understand how their past experiences and traumas have shaped their present environment. Some patients have taken steps to visit our behavioral health team, and some have developed valuable rapport with our providers.

# [Our Vision & What Comes Next]

As a team and an organization, what's your vision for your ACEs screening and response work moving forward? What are your next steps to ensure your work continues?

**Harmony Health will continue to strive to improve our ACEs screening program in partnership with CALQIC.**

- This program has become embedded into our workflow and Harmony Health is committed to following any developments and evidence-based advancements to screening methods and approaches to TIC (Trauma Informed Care).
- We would like to maintain strong communication with our friends and partners at CALQIC and continue to improve the efficiency of our workflow and ensure effectiveness of our approach to the TRIADS framework.



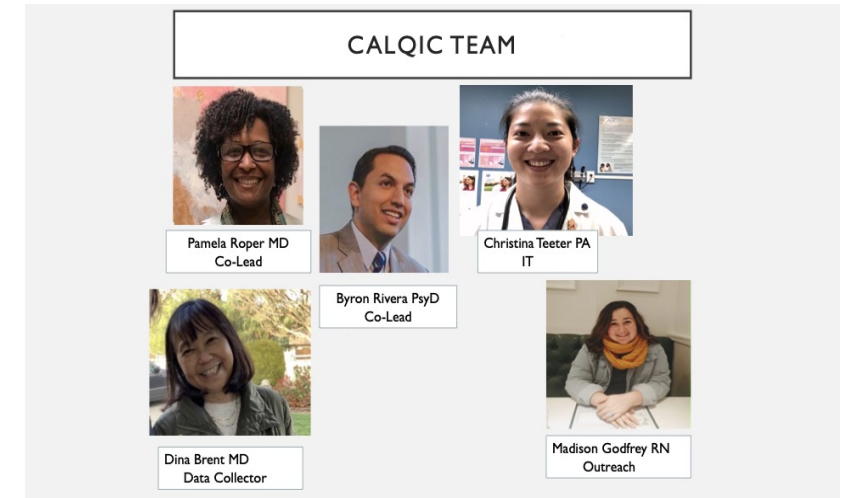
# LOS ANGELES CHRISTIAN HEALTH CENTERS



# We are Proud of...



- Screening across all levels pediatric, adults and in our mental health department
- Workflows and scripts for the staff
- Staff has improved knowledge and awareness of ACES
- Trainings developed for various departments
- Mental Health and Case management in house
- Case Management resource guide maintained and regularly updated that is available for our providers online
- Support of our leadership





# Our Takeaways



Reinforce

Review

Retrain

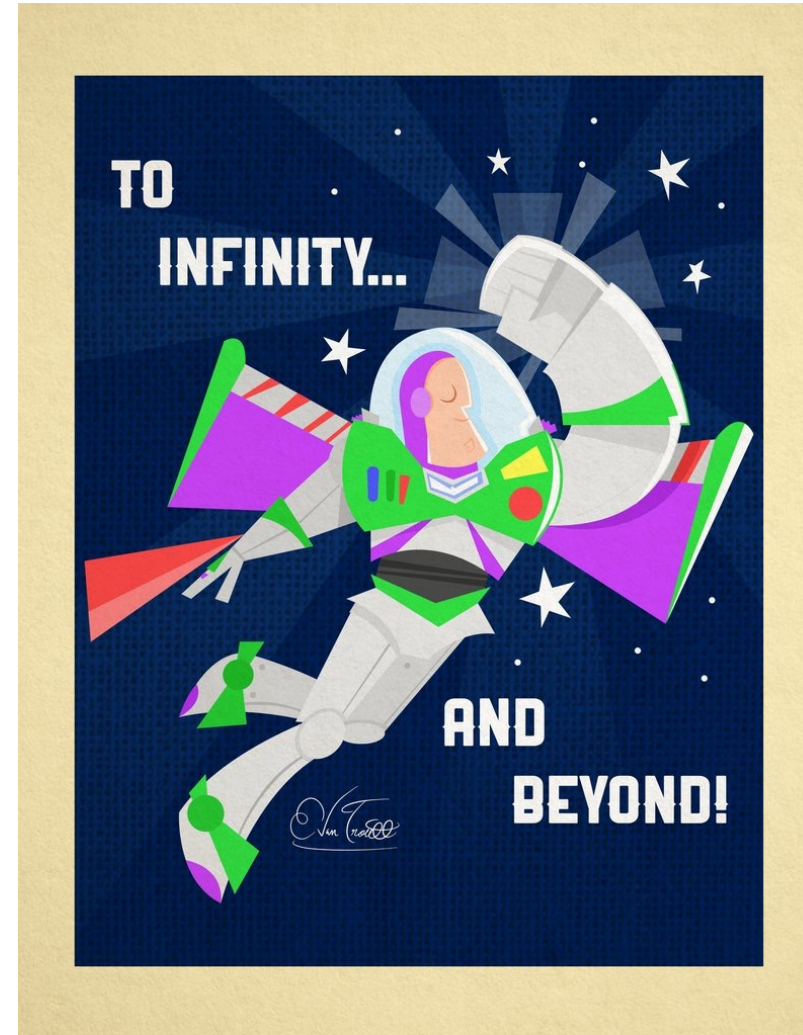


Started Screening with Adults



The provider is not solving the problem but providing space to help normalize the idea that trauma is a common experience.

# What's Next



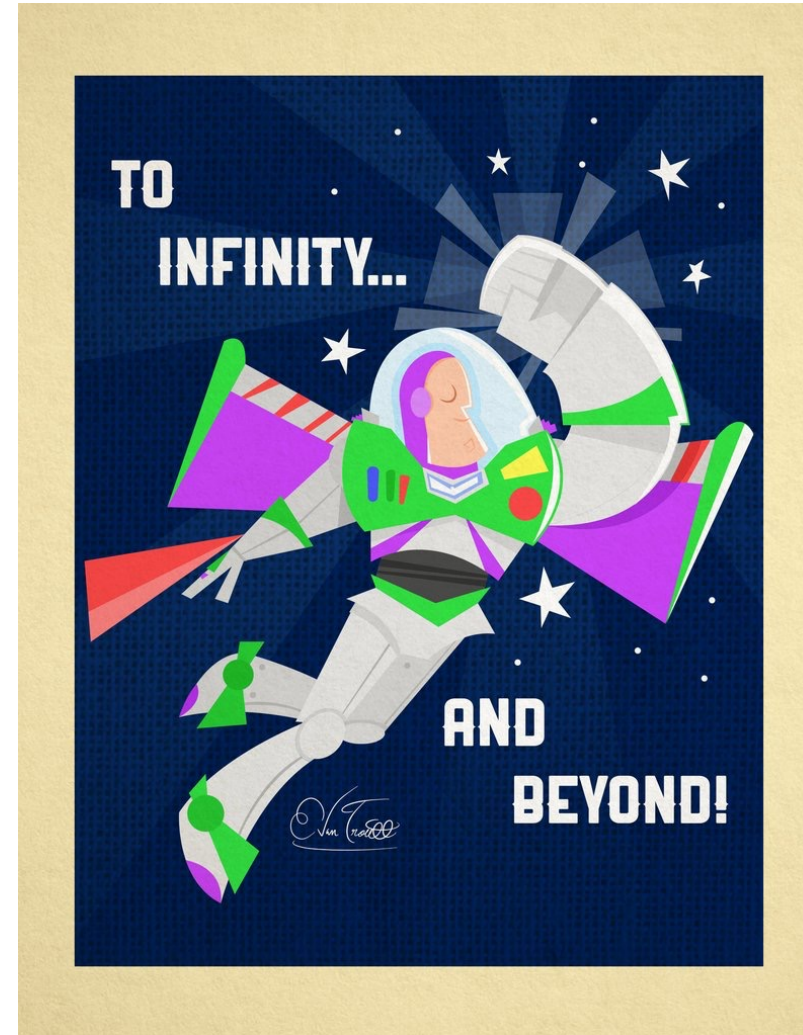


# What's Next

Universal Screening

Staff Wellness Program

Reinforcement/Review/Retrain





**Sonoma County Indian Health Project, Inc.**

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I found this project challenging. People's experiences of trauma are so complicated and intense, I had a hard time understanding how I could give it proper attention in the context of a 20 minute appt when we already have so much to do. I was concerned about a Pandora's Box problem where broaching the important issue of trauma in such a brief window would give it it's just due. – Dr. Almond

We worked to tailor our scripts to our specific community in regards to what ACEs are as well as responses to FAQs. – Kellie Kozel, FNP

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David  
Almond, MD  
(Medical  
Dept.)

On a couple of occasions, I was able to engage patients productively in a discussion of trauma via the ACES questionnaire, so I do see some value, I'm just not sure that a top-down approach to trauma-informed care via a mandate to administer ACES makes the most sense as a way to engage our patients around this critical topic. I think I would have focused on just educating providers and staff on trauma-informed care and allowing each clinic to develop its own organic approach to implementation.

Kellie Kozel,  
FNP  
(Medical  
Dept)

We learned that despite some initial reticence, patients are often open to learning about ACEs and it can help remove the onus or guilt/sense of failure associated with certain disease processes.

Kurt  
Schweigman,  
MPH  
(BH Dept)

As a tribal health clinic, we face unique challenges to historical traumas of our population and in our communities. These traumas manifest across generations to the current. ACEs awareness is a viable tool to educate Native Americans, not only on the clinical level screening/referral, but through community awareness and engagement, including clinic staff. Given many are Native American and local tribal members.



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Going forward I think I would devote my energy to a program/menu of therapies we can engage patients in for help in working through their traumas.  
– Dr. Almond

We have been screening specific populations within our clinic, so the next natural step is to continue to expand out until all of our patients are screened regularly. – Kellie Kozel, FNP

Continue community efforts to bring awareness to ACEs for our tribal communities and Native American population as whole through outreach programming. Provide wellness activities outside the traditional clinical referral to BH services. For example, provide Chair Yoga classes as a wellness alternative. – Kurt Schweigman, BH Director