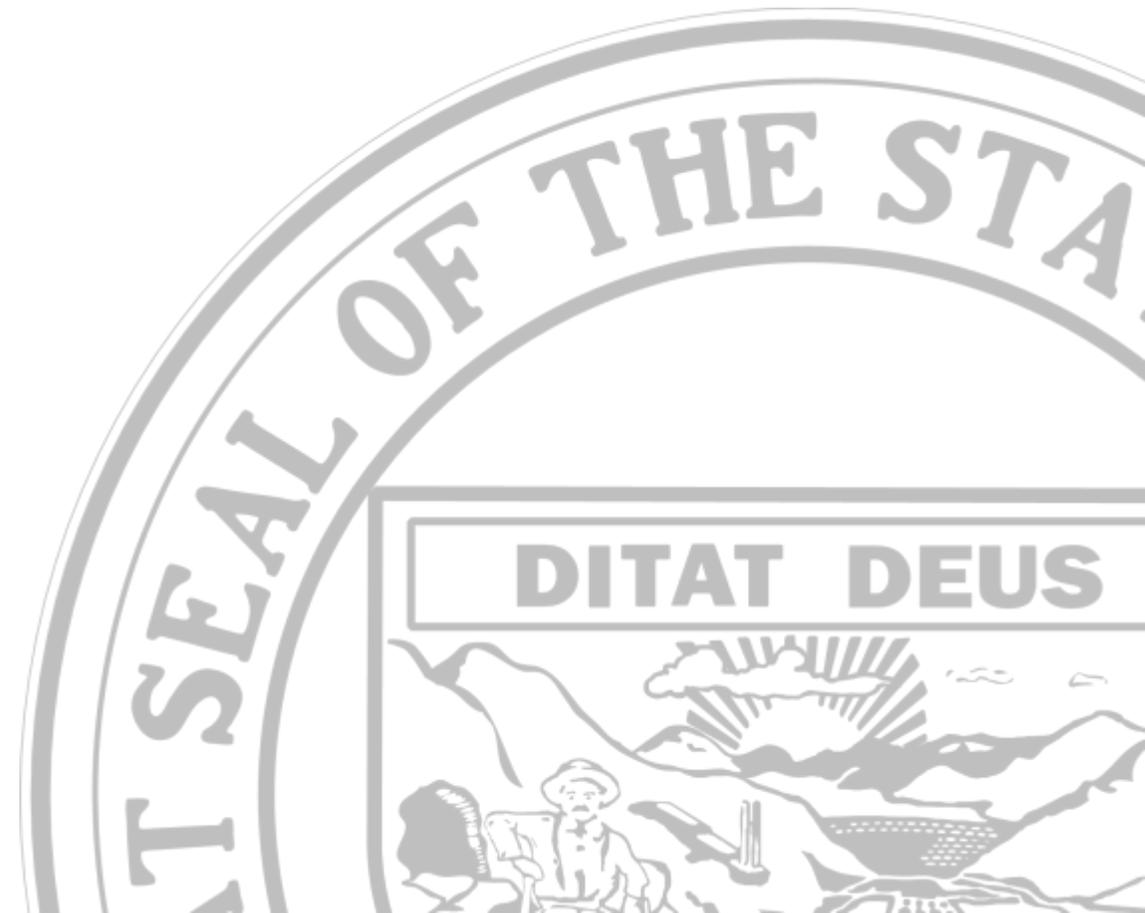
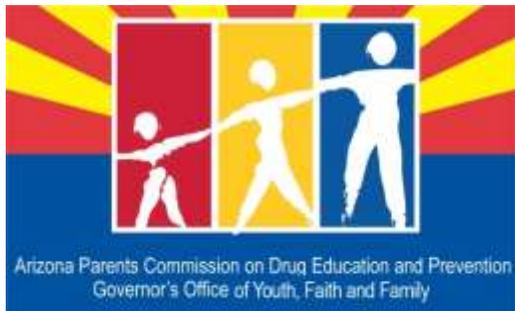


Arizona Parents Commission on Drug Education & Prevention

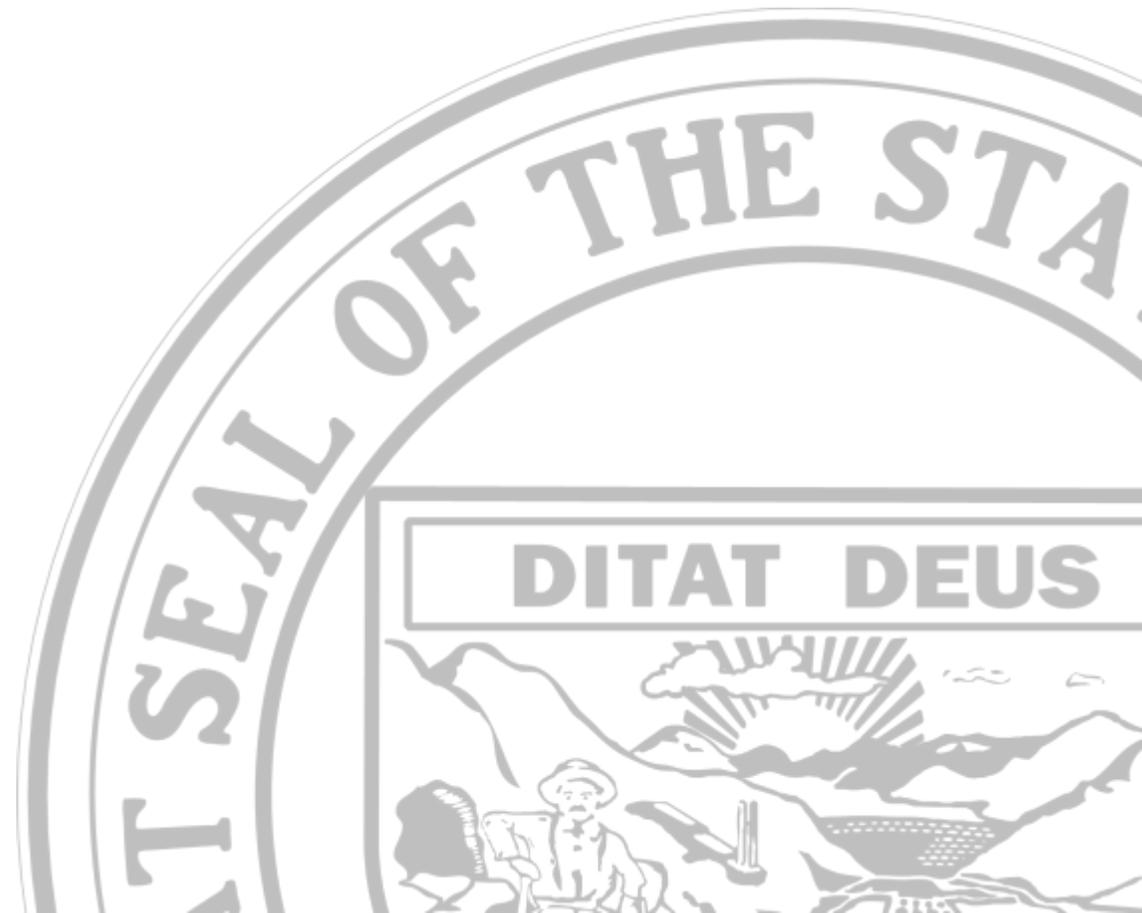
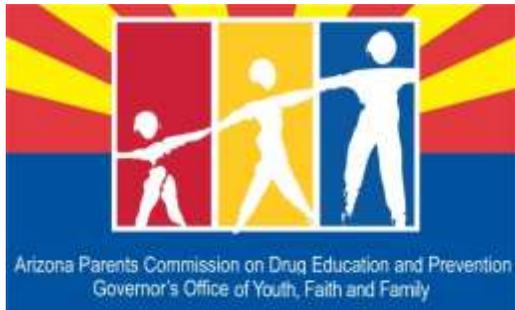
March 16, 2022



Arizona Parents Commission on Drug Education & Prevention

one•n•ten,

*Nate Rhoton, Executive Director &
Kado Steward, Deputy Director*





one·n·ten Overview

one•n•ten envisions a world where all LGBTQ youth and young adults are embraced for who they are, actively engaged in their communities, and empowered to lead.

Our mission is to serve LGBTQ youth and young adults ages 11-24. We enhance their lives by providing empowering social and service programs that promote self-expression, self-acceptance, leadership development, and healthy life choices.



Youth Center in downtown Phoenix

- Fun and educational programs 3-6 days a week
- Music room, computer stations, video games, art stations, and supportive staff members
- Free meals, snacks, showers, clothing, toiletries, & community resources
- Connection to services, such as medical & dental care, housing resources, and connection to care
- Identity based groups, such as Trans and Gender Non-Confirming group and Queer Youth of Color Group
- Mpowerment program, focused on HIV/AIDS education, de-stigmatization and support of HIV+ youth



Statewide Satellite Sites

- **15 Satellite sites throughout Arizona that are safe spaces for LGBTQ+ youth & allies living outside central Phoenix**
- **Community building, fun & educational programs**
- **Connection to resources and services**
- **Locations in: Anthem, Chandler, Flagstaff, Fountain Hills, Glendale, Litchfield Park, Maryvale, Mesa, Prescott, Queen Creek, Scottsdale, Yuma and beyond**

*Satellite sites are currently be re-opened in a phased approach, due to the Covid-19 pandemic



Digital Programs on Zoom, Discord & Twitch



- Fun & engaging weekly Zoom based programs
- Discord server, moderated by staff, open M-F, 2-7 PM
- Twitch video game streaming platform
- Online parents group operates as a Q & A space for parents and caregivers looking to support their LGBTQ+ youth. They can ask questions, find resources, talk to fellow parents, and more!



Health & Wellness Programs

- Offered at satellites, youth center and on digital programs

Sources of Strength Suicide Prevention programs

- Medically accurate, age appropriate, inclusive sexual health education programs
- Wellness programs on nutrition, mental health, mindfulness and movement
- Connections to LGBTQ+ inclusive medical and mental health service providers



Promise of a New Day (POND) Housing Program:

- Scattered site housing solutions for LGBTQIA+ and allied youth, ages 18-24, who are experiencing homelessness or housing instability.
- 9-12 month program, single occupancy apartments
- 1-on-1 wrap-around services and case management, support, referrals, and resources
- Employment and education coaching
- Navigation services, including connection to Mental health resources, connection to emergency housing, homeless court assistance and more



Promise of a New Day (POND) Workforce Program:

Life Skills, Education & Workforce Readiness

- **Life skills classes:** Goal setting, cooking classes, communication development, etc.
- **Workforce readiness classes:** Resume writing, applications, workplace conflict, etc.
- **Financial Literacy classes:** Opening a bank account, budgeting, savings, etc.
- **Coaching on jobs/schooling**





Camp OUTdoors! & Other Leadership Programs

- Empowering safe & fun outdoor summer camp environment for youth 11-24 years old
- Youth attend from across Arizona & beyond
- 50+ workshops each session on topics such as LGBTQ+ history, nonviolent communication, music, team building, building social skills, and more!
- OUTscouts! Leadership Program
- Annual Trans & Non-Binary weekend re-treat
- Youth Advisory Council at the organization



Important Statistics

2-12% of adults

20% of millennials

35% of gen z

2% of high school students

Gender Identity 3-4 years old

Realization 8 years old

Disclosure 15 years old

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@1n10org



@1n10

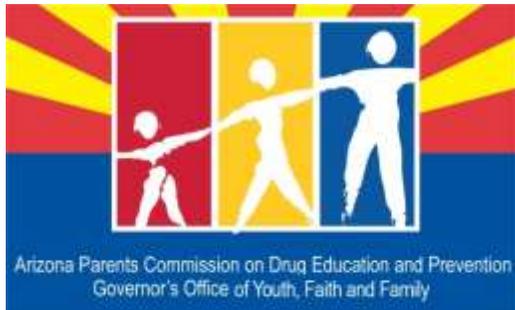


Arizona Parents Commission on Drug Education & Prevention

Mountain Park Health Center

Dr. Juan Gabriel Martinez, DO FAAP

*Ms. Amanda Williams, LCSW,
Behavior Health Manager*



ACES-ACT PROGRAM

ADVERSE CHILDHOOD EXPERIENCES-
ASSESS, COUNSEL, AND TREAT

Mountain Park Health Center
Maryvale

Juan Gabriel Martinez DO FAAP
Amanda Williams LCSW

OBJECTIVES

I. What are ACEs?

- ▶ **Original ACE study**
- ▶ **Science behind ACEs**
- ▶ **How ACEs manifest in children and teens**

II. Discuss ACES-ACT current workflow for ACE

- ▶ **Education/ screening workflow**

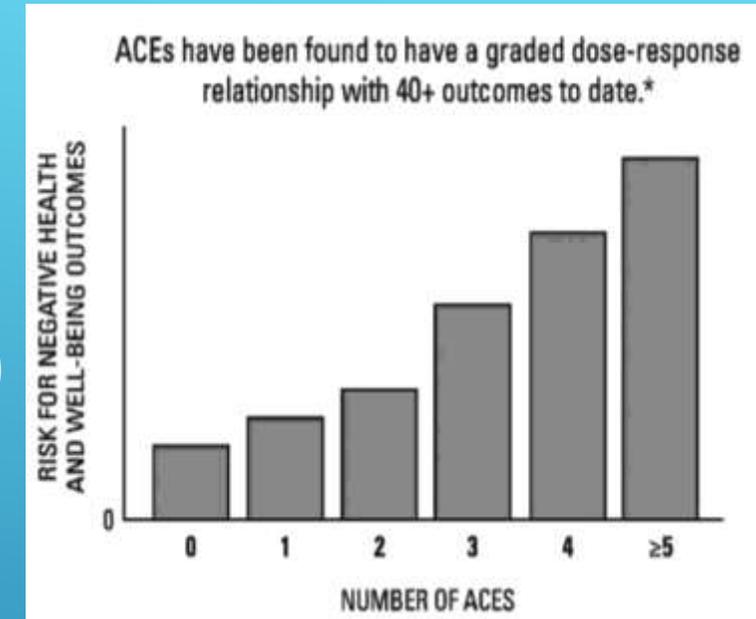
III. Intervention strategies and follow up

IV. GOYFF Grant

- ▶ **Data and surveys**

ADVERSE CHILDHOOD EXPERIENCES

- ▶ Series of studies looking at ACEs (starting 1998)
 - ▶ Dr. Vincent Felitti and Dr. Robert Anda (CDC)
 - ▶ Survey of childhood trauma (abuse, neglect, household dysfunction)
 - ▶ Graded Dose Dependent Relationship
 - ▶ 4 ≤ ACEs out of 10 =
 - ▶ increased risk of **7/10** of the most common causes of death
- ▶ Score of 4 or more (compared to a score of 0)
 - ▶ **309%** risk of ischemic heart disease and pulmonary disease
 - ▶ **240%** risk of liver disease, autoimmune disease, and cancer
 - ▶ **460%** risk of depression, substance abuse, and anxiety
 - ▶ **1220%*x*** risk of suicide



20 year
DECREASE in
average life
span

BIOLOGICAL EFFECTS OF ACES

▶ Hormonal Dysregulation

▶ Dysregulation of the

Hypothalamic- Pituitary- Adrenal Axis



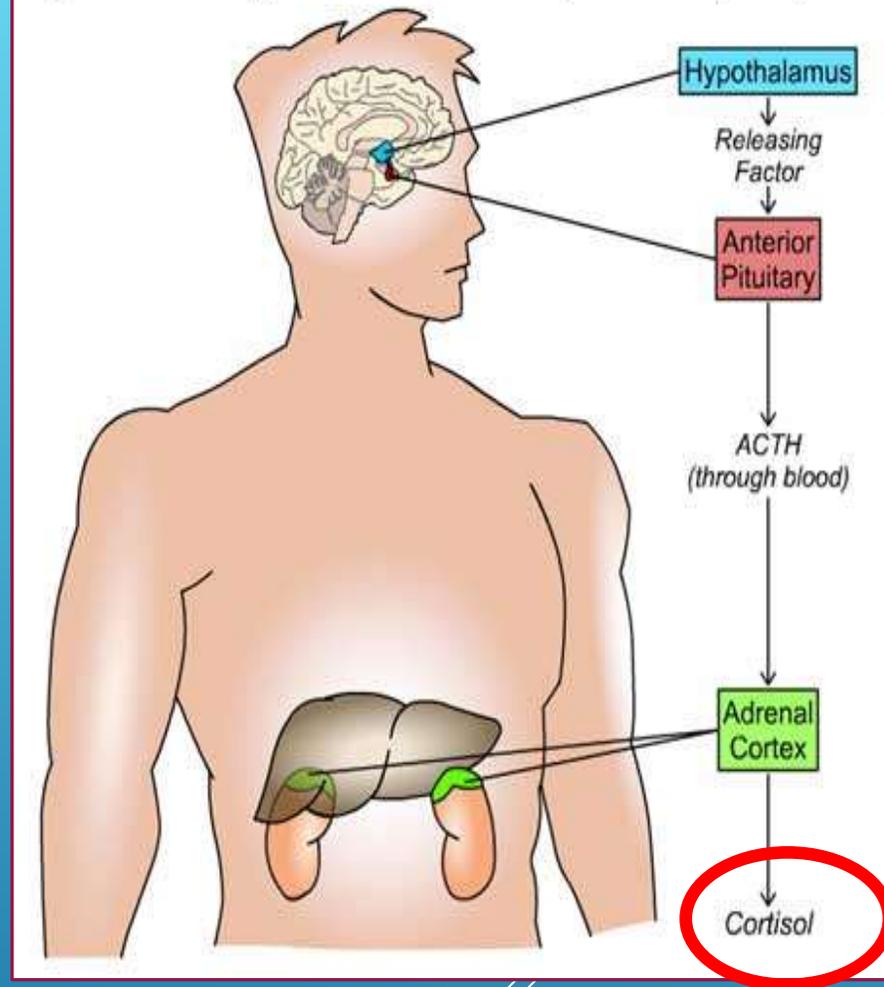
= ↑ **HPAA**

▶ Increased Cortisol, Adrenaline,
and Cytokine Activation

▶ Persistent overactive HPAA leading to...

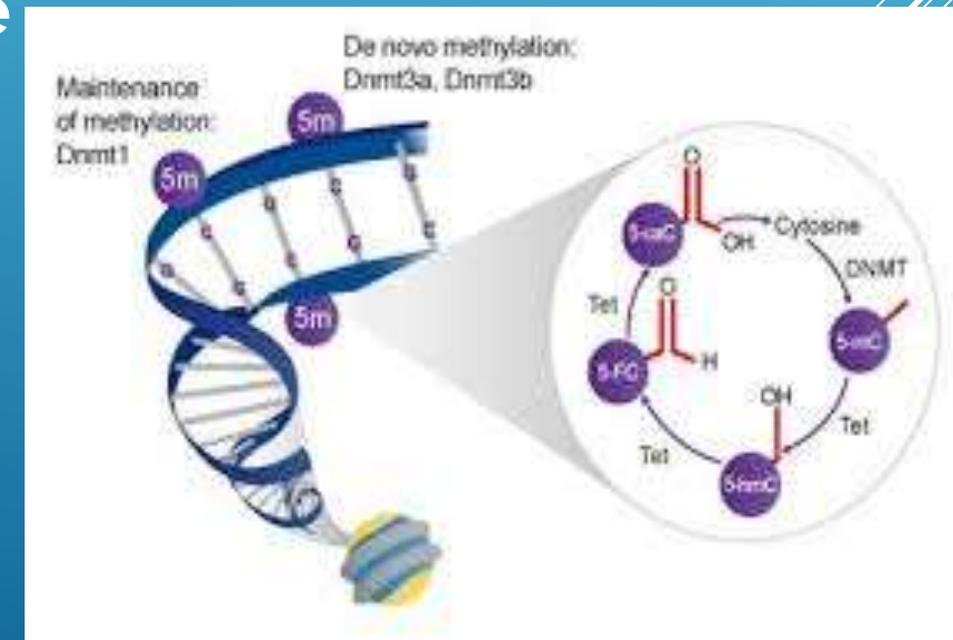
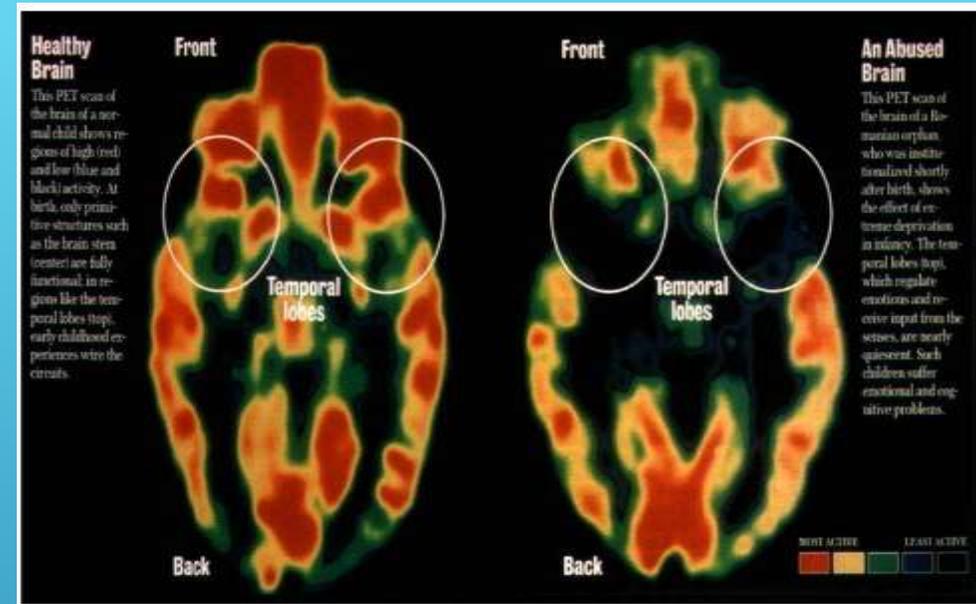
Chronic inflammation (“Toxic Stress”)

Figure AN-1: Hypothalamic-Pituitary-Adrenal (HPA) Axis



TOXIC STRESS EFFECTS OF ACES

- ▶ **Abnormal Brain Development**
 - ▶ Alters size and shape
 - ▶ Emotions, memory, addiction
 - ▶ Reason, logic, planning
- ▶ **Lowered Immune System**
 - ▶ Self destruction or inactivation of immune cells
- ▶ **Changes in DNA expression**
 - ▶ Changes the way DNA is read
 - ▶ Turn “on” or “off” certain genes
 - ▶ Length of Telomeres
 - ▶ Can be passed down to future generations



MANIFESTATIONS OF TOXIC STRESS IN CHILDREN

▶ Prenatal and Perinatal

- ▶ Maternal chronic diseases
- ▶ Maternal Risk Behaviors
- ▶ Pre-term birth
- ▶ Low Birthweight

▶ Development

- ▶ Development delays
- ▶ Learning difficulties
- ▶ Attention problems

Behavioral

- ▶ Dysregulation
- ▶ Sleep difficulties
- ▶ Adolescent
 - ▶ High Risk Behavior
 - ▶ Violence
 - ▶ Depression
 - ▶ Increase risk of suicide

▶ Somatic

- ▶ Neurological
 - ▶ Fatigue
 - ▶ Migraines
- ▶ Immune system
- ▶ Hormonal
 - ▶ Growth
 - ▶ HPAA
- ▶ Gastrointestinal
 - ▶ Failure to thrive
 - ▶ Obesity
 - ▶ IBD/Chron's

CURRENT WORKFLOW



CURRENT WORKFLOW

**WCC: 9 months,
18 months,
3 years, 6 years,
10 years**

- PEARLS Survey (Child)
- ACE Education
- Intervention

**WCC: 13 years,
16 years,
18 years**

- PEARLS Survey (Parent)
- PEARLS Survey (Teen)
- ACE Education
- Intervention

CURRENT WORKFLOW

MA

APC

Provider

APC

ROOMS/
VITALS

EDUCATES
ON ACES/
SCREENER

VISIT
(AS
USUAL)

REVIEWS SCORE
INFORMS
PROVIDER,
GUIDES NEXT
STEPS

**ACE Score of 0-3
(No concerns)**

- Education
- Anticipatory Guidance
- Inform of BH Services

**ACE Score of 1-3
(with concerns)**

- PCP refers for BHC Consult
- BHC provides safety assessment, intervention, self management goals, resources/follow up

ACE Score of ≥ 4

- PCP refers for BHC Consult
- BHC provides safety assessment, intervention, self management goals, resources/follow up and referral

SCREENER WORKFLOW

Patient completes vitals and is roomed for visits

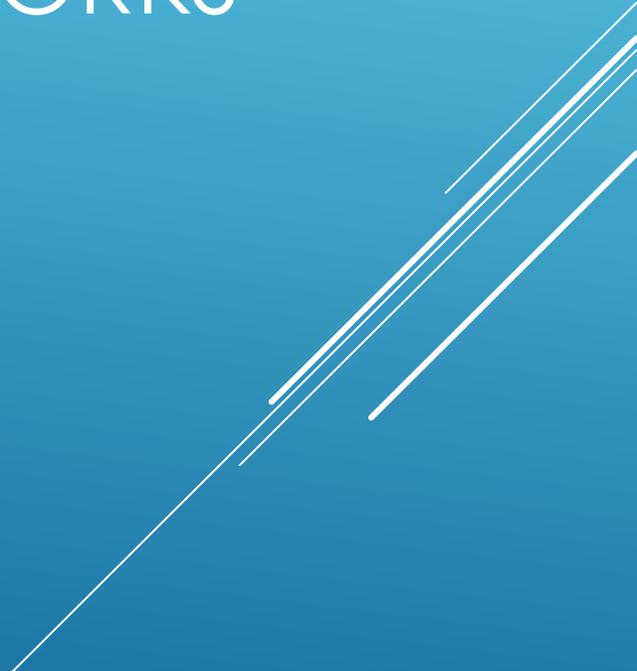
Aces Admin Assistant goes into exam room and introduces the Ace Questionnaire; the purpose and rationale behind asking; how the information will be used; and provide ACEs Handouts

PCP will see patient and family to address any medical concerns and review the ACEs Questionnaire

Behavior Health Consultant(if determined needed) will check in with PCP then go into the exam room to assess for needs, provide additional information and any clinical intervention necessary

Consult with PCP- schedule any follow ups needed

HOW IT WORKS



STRESS & EARLY BRAIN GROWTH

Understanding Adverse Childhood Experiences (ACEs)

What are ACEs?

ACEs are serious childhood traumas -- a list is shown below -- that result in toxic stress that can harm a child's brain. This toxic stress may prevent child from learning, from playing in a healthy way with other children, and can result in long-term health problems.

Adverse Childhood Experiences can include:

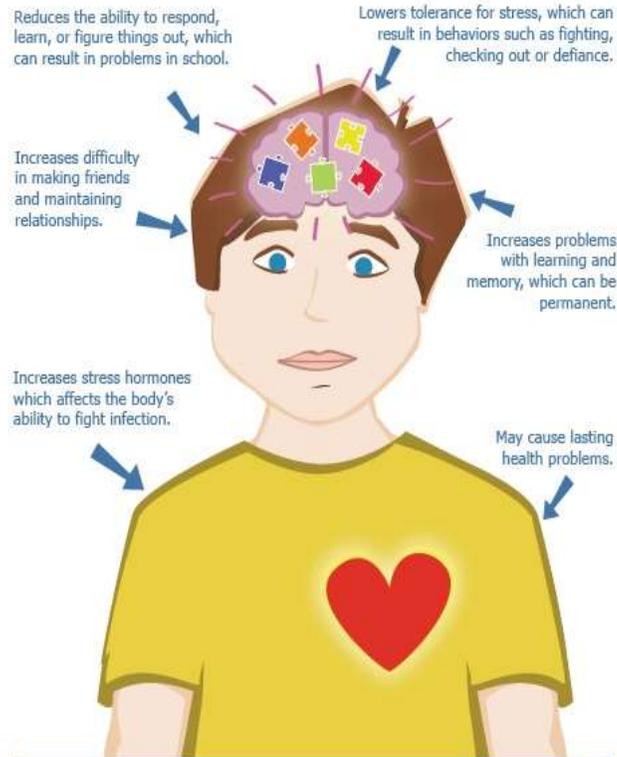
1. Emotional abuse
2. Physical abuse
3. Sexual abuse
4. Emotional neglect
5. Physical neglect
6. Mother treated violently
7. Household substance abuse
8. Household mental illness
9. Parental separation or divorce
10. Incarcerated household member
11. Bullying (by another child or adult)
12. Witnessing violence outside the home
13. Witness a brother or sister being abused
14. Racism, sexism, or any other form of discrimination
15. Being homeless
16. Natural disasters and war

Exposure to childhood ACEs can increase the risk of:

- Adolescent pregnancy
- Alcoholism and alcohol abuse
- Depression
- Illicit drug use
- Heart disease
- Liver disease
- Multiple sexual partners
- Intimate partner violence
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies

How do ACEs affect health?

Through stress. Frequent or prolonged exposure to ACEs can create toxic stress which can damage the developing brain of a child and affect overall health.



A Survival Mode Response to toxic stress increases a child's heart rate, blood pressure, breathing and muscle tension. Their thinking brain is knocked off-line. Self-protection is their priority. In other words:
"I can't hear you! I can't respond to you! I am just trying to be safe!"

The good news is resilience can bring back health and hope!

What is Resilience?

Resilience is the ability to return to being healthy and hopeful after bad things happen. Research shows that if parents provide a safe environment for their children and teach them how to be resilient, that helps reduce the effects of ACEs.

Resilience trumps ACEs!

Parents, teachers and caregivers can help children by:

- Gaining an understanding of ACEs
- Creating environments where children feel safe emotionally and physically
- Helping children identify feelings and manage emotions
- Creating a safe physical and emotional environment at home, in school, and in neighborhoods

What does resilience look like?

1. Having resilient parents

Parents who know how to solve problems, who have healthy relationships with other adults, and who build healthy relationships with their children.

2. Building attachment and nurturing relationships

Adults who listen and respond patiently to a child in a supportive way, and pay attention to a child's physical and emotional needs.

3. Building social connections

Having family, friends and/or neighbors who support, help and listen to children.

4. Meeting basic needs

Providing children with safe housing, nutritious food, appropriate clothing, and access to health care and good education.

5. Learning about parenting and how children grow

Understanding how parents can help their children grow in a healthy way, and what to expect from children as they grow.

6. Building social and emotional skills

Helping children interact in a healthy way with others, manage their emotions and communicate their feelings and needs.

Resources:

ACES 101
<http://aces101high.com/aces-101/>

Triple-P Parenting
www.triple-p-parenting.net/global/home/

Resilience Trumps ACEs
www.resiliencetrumpsACEs.com

CDC-Kaiser Adverse Childhood Experiences Study
www.cdc.gov/violenceprevention/acesstudy/

Zero to Three Guides for Parents
www.zerotothree.org/about-us/areas-of-expertise/free-parent-brochures-and-guides/



CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

To be completed by Parent/Caregiver

Today's Date: _____

Child's Name: _____ Date of birth: _____

Your Name: _____ Relationship to Child: _____

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child's doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number in the box provided.

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, **HOW MANY** apply to your child? Write the total number in the box.

Section 1. At any point since your child was born...

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

2) Of the statements in Section 2, **HOW MANY** apply to your child? Write the total number in the box.

Section 2. At any point since your child was born...

- Your child was in foster care
- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/his primary caregiver through deportation or immigration
- Your child had a serious medical procedure or life threatening illness
- Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion

CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Teen Self-Report

To be completed by Patient

Today's Date:

Your Name: Date of birth:

Many children experience stressful life events that can affect their health and development. The results from this questionnaire will assist your doctor in assessing your health and determining guidance. Please read the statements below. Count the number of statements that apply to you and write the total number in the box provided.

Please DO NOT mark or indicate which specific statements apply to you.

1) Of the statements in section 1, **HOW MANY** apply to you? Write the total number in the box.

Section 1. At any point since you were born...

- Your parents or guardians were separated or divorced
- You lived with a household member who served time in jail or prison
- You lived with a household member who was depressed, mentally ill or attempted suicide
- You saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put you down in a way that scared you OR a household member acted in a way that made you afraid that you might be physically hurt
- Someone touched your private parts or asked you to touch their private parts in a sexual way that was unwanted, against your will, or made you feel uncomfortable
- More than once, you went without food, clothing, a place to live, or had no one to protect you
- Someone pushed, grabbed, slapped or threw something at you OR you were hit so hard that you were injured or had marks
- You lived with someone who had a problem with drinking or using drugs
- You often felt unsupported, unloved and/or unprotected

2) Of the statements in section 2, **HOW MANY** apply to you? Write the total number in the box.

Section 2. At any point since you were born...

- You have been in foster care
- You have experienced harassment or bullying at school
- You have lived with a parent or guardian who died
- You have been separated from your primary caregiver through deportation or immigration
- You have had a serious medical procedure or life threatening illness
- You have often seen or heard violence in the neighborhood or in your school neighborhood
- You have been detained, arrested or incarcerated
- You have often been treated badly because of race, sexual orientation, place of birth, disability or religion
- You have experienced verbal or physical abuse or threats from a romantic partner (i.e. boyfriend or girlfriend)

INTERVENTIONS



EVIDENCE BASED INTERVENTIONS

Cognitive Behavior therapy

Motivaitonal Interviewing

Strengths Based approach

Safety assessment and Planning

Psychoeducation

Parenting support/education

Community resources

Mindfulness





Preventing ACEs

Strategy	Approach
Strengthen economic supports to families	<ul style="list-style-type: none">• Strengthening household financial security• Family-friendly work policies
Promote social norms that protect against violence and adversity	<ul style="list-style-type: none">• Public education campaigns• Legislative approaches to reduce corporal punishment• Bystander approaches• Men and boys as allies in prevention
Ensure a strong start for children	<ul style="list-style-type: none">• Early childhood home visitation• High-quality child care• Preschool enrichment with family engagement
Teach skills	<ul style="list-style-type: none">• Social-emotional learning• Safe dating and healthy relationship skill programs• Parenting skills and family relationship approaches
Connect youth to caring adults and activities	<ul style="list-style-type: none">• Mentoring programs• After-school programs
Intervene to lessen immediate and long-term harms	<ul style="list-style-type: none">• Enhanced primary care• Victim-centered services• Treatment to lessen the harms of ACEs• Treatment to prevent problem behavior and future involvement in violence• Family-centered treatment for substance use disorders

- ▶ Primary care settings offer a unique opportunity to identify and address ACE exposures. Randomized trials show environments that screen for ACE exposures in the family environment, have demonstrated a number of positive effects including **fewer reports to child protective services, fewer reported occurrences of harsh physical punishment by parents, better adherence to medical care, and more timely childhood immunizations**; less maternal psychological aggression, **fewer minor maternal physical assaults**; and **improvements among providers in addressing depression, substance misuse, intimate partner violence, and serious parental stress**
- ▶ Research suggests that public education campaigns to help parents understand the cycle of abuse and campaigns specifically targeting child physical abuse positively impact parenting practices, **reduce children's exposure to parental anger and conflict, reduce child behavior problems, and improve parental self-efficacy and knowledge of actions to prevent child abuse**
- ▶ Effective home visiting models, such as the Nurse Family Partnership Program® (NFP), have demonstrated many benefits for children and parents. NFP is associated with a **48% relative reduction in rates of child abuse and neglect**. Children participating in the program have **better cognitive and language development, better academic achievement, fewer behavioral problems, lower rates of substance use, and fewer arrests, convictions, and parole violations by age 19**. For mothers, NFP is associated with better pregnancy outcomes, **improved parenting practices, reductions in the use of welfare and other government assistance, greater employment, lower rates of substance use, and reduced exposure to intimate partner violence**.

▶ Children enrolled in preschool enrichment programs that actively involve and support parents have **better math, language, and social skills as they enter school**; require less special education services as they grow older; are **less likely to be held back a grade in school**; are more likely to **graduate high-school and attend college**; and are more likely to **be employed and have higher earnings as adults**. In addition to these documented benefits, programs such as Child Parent Centers are also associated with **lower rates of substantiated reports of child abuse and neglect and out-of-home placements; youth depression and substance use; and arrests for violent and nonviolent offenses, convictions, and incarceration** well into adulthood



- ▶ Dubowitz, H., Lane, W. G., Semiatin, J. N., & Magder, L. S. (2012). The SEEK model of pediatric primary care: can child maltreatment be prevented in a low-risk population? *Academic Pediatrics*, 12(4), 259-268.
- ▶ Poole,
- ▶ Sama-Miller, E., Akers, L., Mraz-Esposito, A., Zukiewicz, M., Avellar, S., Paulsell, D., & DeGrosso, P. (2017). Home visiting evidence of effectiveness review: Executive summary. Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services Retrieved from https://homvee.acf.hhs.gov/homvee_executive_summary_august_2017_final_508_compliant.pdf
- ▶ M. K., Seale, D. W., & Taylor, C. A. (2014). A systematic review of universal campaigns targeting child physical abuse. *Health Education Research*, 29(3), 388-432.
- ▶ Olds, D. L., Eckenrode, J., Henderson, C. R., Kitzman, H., Powers, J., Cole, R., Sidora, K., Morris, P., Pettitt, L. M., & Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect: fifteen-year follow-up of a randomized trial. *Journal of the American Medical Association*, 278(8), 637-643. 65. Olds, D. L., Henderson, C. R., & Kitzman, H. (1994). Does prenatal and infancy nurse home visitation have enduring effects on qualities of parental caregiving and child health at 25 to 50 months of life? *Pediatrics*, 93(1), 89-98. 66. Olds, D. L., Henderson, C. R., Cole, R., Eckenrode, J., Kitzman, H., Luckey, D., Pettitt, L., Sidora, K., Morris, P., & Powers, J. (1998). Long-term effects of Nurse Home Visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized controlled trial. *Journal of the American Medical Association*, 280(14), 1238-1244. 67. Eckenrode, J., Campa, M., Luckey, D. W., Henderson Jr., C. R., Cole, R., Kitzman, H., Anson, E., Sidora-Arcoleo, K., Powers, J., & Olds, D. L. (2010). Long-term effects of prenatal and infancy nurse home visitation on the life course of youths: 19-year follow-up of a randomized trial. *Archives of Pediatric and Adolescent Medicine*, 164(1), 9-15. 68. Olds, D. L., Kitzman, H., Hanks, C., Cole, R., Anson, E., Sidora-Arcoleo, K., Luckey, D. W., Henderson C. R. Jr., Holmberg, J., Tutt, R. A., Stevenson, A. J., & Bondy, J. (2007). Effects of nurse home visiting on maternal and child functioning: age-9 follow-up of a randomized trial. *Pediatrics*, 120(4), e832-e845. 69. Olds, D. L., Robinson, J., Pettitt, L., Luckey, D. W., Holmberg, J., Ng, R. K., Isaacs, K., Sheff, L., & Henderson, C. R. Jr. (2004). Effects of home visits by paraprofessionals and by nurses: age 4 follow-up results of a randomized trial. *Pediatrics*, 114(16), 1560-1568

RESOURCES

CASE EXAMPLE

Amanda Williams, LCSW

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CASE EXAMPLE

14-year-old female “ Anna” came to the clinic for her yearly check up

Anna is experiencing issues with weight management, difficulty sleeping, inattention and academic problems

ACE score was 5

Anna completed the PHQ screener and reported feeling down, low energy, lack of motivation, and feeling bad about self

* Name was changed to protect Pt confidentiality

CASE EXAMPLE CONT.

PCP referred to Behavior Health Consultant for additional assessment and intervention

Behavior Health Consultant built rapport and learned there has been high levels of stress at home due to financial issues, food insecurity, father is incarcerated(due to domestic violence) and experiencing bullying at school. History of DCS involvement.

BHC provided education on stress and trauma and related symptoms

Anna and BHC reviewed her strengths, hobbies and supports- reading, music, faith, and her mother and aunt are very supportive.

BHC provided family with resources for food and financial assistance

CASE EXAMPLE CONT.

Coping skills were reviewed and encouraged-
Strengths/protective factors

Mindfulness and relaxation techniques reviewed

Cognitive Behavior Therapy; Thought Triangle; Thought
Replacement

Sleep hygiene recommendations

Anna and her mother were interested in ongoing counseling
services; referral placed.



1 month after referral

3 months after referral

6 months after referral

12 months after referral

Any time they are in clinic seeing PCP

FOLLOW UP

RESULTS

Year One- September 2020- June 2021

Direct contact:

Youth- 1,164

Adults- 853

Indirect:

Youth- 984

Adults- 1,008

Behavior Health Consults -274

Patients referred to community behavior health- 62

Year Two-July 2021- November 2021

Direct contact:

Youth- 411

Adults- 265

Indirect:

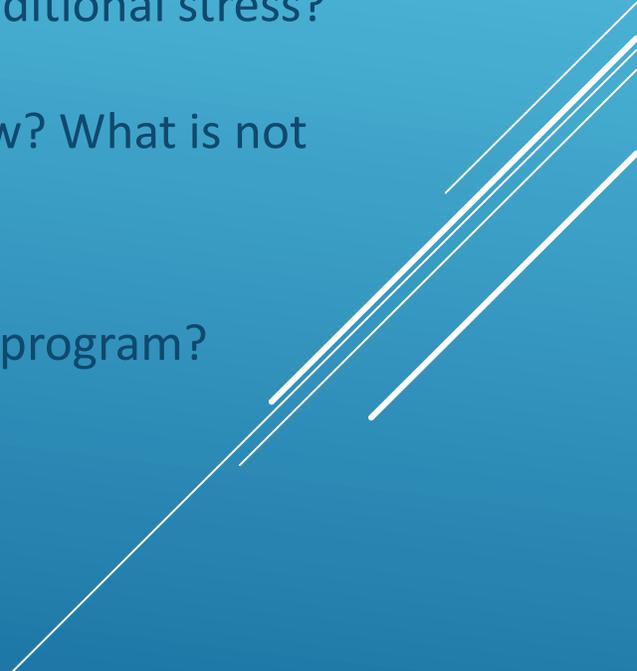
Youth- 413

Adults- 303

Behavior Health Consults - 75

Patients referred to community behavior health- 18

SURVEY FOR PROVIDERS

- Did the ACE screenings impact your workflow? If so, how?
 - Do you feel that knowing your patients ACE score changed your approach or understanding of your patient's needs?
 - Do you find that the ACE program adds additional stress?
 - What is working with the current workflow? What is not working?
 - Do you feel we should continue the ACE's program?
- 
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FOLLOW UP SURVEY FOR PATIENTS

- Did you find talking about Adverse Childhood Experiences to be helpful? Why or why not?
- Did answering any of the questions make you feel upset? Which question(s)?
- Were you or your family connected to resources or services as a result of the ACEs program?
- Would you say your family benefited from talking about ACEs or services provided? -How?
- Would you recommend for us to continue talking about ACEs and providing the screener you received during doctor visits?