Trauma-Informed Care Innovation Community Report-Out

Linda Ligenza
Clinical Services Director
SAMHSA-HRSA Center for Integrated Health Solutions

Setting the Stage:
Today’s Moderator

Keila Barber, M.H.S.
Senior Project Coordinator
SAMHSA-HRSA Center for Integrated Health Solutions
Slides for today’s webinar will be available on the CIHS website:

www.integration.samhsa.gov
Under About Us/Innovation Communities 2018

Listserv

- Look for updates from: trauma_informed_care_ic@nationalcouncilcommunities.org
- Add this email to your contacts to prevent emails from going to your spam
- Email us any team members that should be added to the listserv
- Just email the listserv link to engage with fellow participants outside of webinars
To participate

Use the chat box to communicate with other attendees

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).
Families First and Support Center
Report Out

Rachel Kradin, MSW
TIC Program Specialist
rkradin@goodwinch.org

Brief Description of Organization

- Rachel Kradin, MSW, TIC Program Specialist
- Families First Health and Support Center, Portsmouth, NH
- FQHC with 3 sites serving the NH/ME Seacoast Area (newly merged (Jan 2018) with Goodwin Community Health Center in Somersworth, NH)
- Implementation team includes: Program Specialist*, Dir. of BH*, Dir. Family Support Center*, Dir of Communications* (assisting w/ project coordination), Chief Medical Officer, Dir of BH (Goodwin), Dir QI (Goodwin), Certified Recovery Health Worker (Goodwin)
- TIC Planning and implementation started Mar 2017 at Portsmouth site (original implementation team members asterisk)
Main objective of participation was to connect with other FQHC's also implementing TIC who understood limitations of payment model, revenue generation, time constraints etc. that we were not seeing in research we'd conducted.

Had been working independently without much success connecting with other health centers on this path for almost a full year before joining IC.

Special interest in successful implementation of screening tools in FQHC settings with integrated behavioral health programs.

Aim of our Implementation Team

Focused on Workforce Development:

- Implementation of a twelve person multidisciplinary advisory committee of staff from varying departments and tiers of the agency's org chart (aka TIC Staff Task Force)
  - Acts as Focus Group analyzing data previously collected (staff survey, client focus group)
  - Prioritizes areas of need for trainings and trauma sensitivity in policies/procedures
- Deeper Understanding of Screening Tools
- Access to Innovation Community resources
- Using ‘hot spot’ exercise
- Identifying trauma-champions around the organization
- Utilizing trauma posters
- Increased conversations among staff re-trauma

What we Learned/Achieved
Results we’ve Noticed

• Unexpected level of engagement from Staff Taskforce
• Focus on review of policies for sensitivity
• Need for more staff training time

Next Steps/Actions

• Continue meeting of Staff Task Force
• Pilot trauma screening/client education process in prenatal department
• Replication of implementation process at other sites
• Continued TIC trainings for staff – Compassion Fatigue Training Scheduled
Impact on Clients of Organization

- Participation in IC benefits to staff and clients:
  - More tools available to staff
  - Greater opportunities to learn best practices from other FQHC’s
  - Greater awareness of need for trauma sensitivity from staff/providers will increase quality of services

Q & A
Community Action Health Center Report Out

Betsy Vidlak  
Supportive Health Services Director  
bvidlak@capwn.org

Brief Description of Organization

- Betsy Vidlak, Supportive Health Services Director
- Supportive Services address social determinants of health including case management for chronic disease, homelessness, youth programming
- Community Action Health Center in Gering Nebraska
- FQHC and Community Action Agency. Medical, Dental, and Behavioral Health along with supportive programming
- Diverse implementation team: Nan Cushing-LMHP, Jeff Tracy-COO, Erika Guerrero-Minority Health, Becky Corona-Medical Support Staff, Christopher Wiles-APRN. Betsy Vidlak
- Began Trauma Informed Care within youth programming over 10 years ago, clinical services are most recent
Aim of our Implementation Team

- History of Trauma Informed Care in Supportive and Community Health Services
- Interested in expansion into Clinical Services
- Always seeking to improve patient experience and use best practices

What we Learned/Achieved

- Workforce Development: Training, education for staff, policy and procedure updates
- Environment: Employee Satisfaction Surveys, building improvements
- Screening/materials: Patient education, assessment of current screening tools
### Results we’ve Noticed

- Staff awareness of client behavior and understanding of behavior
- Staff interest in policy development and revision of procedures
- Changes in language across different departments

### Next Steps/Actions

- Training of staff across the clinic
- Updating of policies/procedures
- Potential adjustments to current screening process
- Enhance materials located in EHR
- Continued focus on staff wellness and vicarious trauma
### Impact on Clients and Organization

- Schedule changes to better support patients/clients experiencing trauma
- When staff take care of themselves, patient care will improve
- Improved facility environment

### Q & A
Kokua Kalihi Valley
Comprehensive Family Service
Report Out

Sara K. Bauer, RN, MN, MA
TIC Project Coordinator (VOCA Grant)
sbauer@kkv.net

The Connections Initiative

• TIC: Innovation Community:
  Megan Inada, DrPH, Research Coordinator
  Lisa Ho, Psy.D.
  Sara Bauer, PHN, TIC Project Coordinator
• KKV is located in Kalihi Valley, Honolulu, on O‘ahu.
• 9 locations throughout the valley
• We serve over 10,000 community members/year, with staff fluent in 20 Asian and Pacific Island languages and dialects

Together we work toward healing, reconciliation and the alleviation of suffering in Kalihi Valley, by serving communities, families and individuals through strong relationships that honor culture and foster health and harmony.

“Neighbors being Neighborly to Neighbors”
Aim of our Implementation Team

- Reconnect to our CHW roots
- Encounters with trauma in the community are healing opportunities
- “The Enlightened Witness” – Deep listening is healing
- Connections Initiative – TIC fits within a larger organizational framework and view of health

What we Learned/Achieved

- Talking about resilience and healing is just as important as talking about trauma
- Have engaged staff by what is feasible, where there is need and where interest lies:
- Pathways Network/Providers/MAs
Results we’ve Noticed

- Greater awareness for the need for self-care opportunities, skills training needed, and healing opportunities for staff and community
- Relationships strengthened between different departments
- Increased opportunity for staff to dream and voice concerns

Next Steps/Actions

- Rotate all staff through our Connections Curriculum
- Continue to develop Pathways Network
- Begin skills and education learning opportunities
- Update policies and procedures
- Incorporate community
Impact on Clients and Organization

- Pathways Network is reinvigorating connectedness
- Incorporation of TIC language in work spaces

Q & A
Final Updates

• TIC IC Listserv – will end soon but all can join the National Council TIC Listserv

• TIC IC Website – will remain available

• TIC Consultation/Check-in – available any time
• Innovation Community Evaluation Form

CIHS News and Resources

Visit [www.integration.samhsa.gov](http://www.integration.samhsa.gov)
or e-mail integration@thenationalcouncil.org

Free consultation on any integration-related topic!
SAMHSA-HRSA Center for Integrated Health Solutions

WHO WE ARE

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) is a national training and technical assistance center dedicated to the planning and development of integration of primary and behavioral health care for those with mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety-net provider Settings across the country.

CIHS is jointly funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources Services Administration (HRSA), and is run by the National Council for Behavioral Health, the unifying voice of America's healthcare organizations that deliver mental health and addictions treatment and services.

Thank You

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

The mission of HRSA is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs.

integration.samhsa.gov