

The Road to Trauma Informed Care In Primary Care



THURSDAY, DECEMBER 5, 2019



**Training and
Technical
Assistance**

**Research
and
Evaluation**

**Outreach and
Collaboration**

Disclaimer

The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Cooperative Agreement (NCA) for \$608,000, and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



MUTE



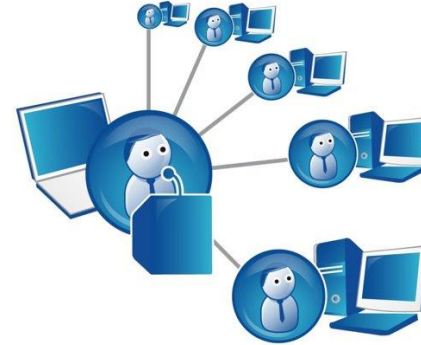
CHAT



RAISE HAND



Q&A



Learning Objectives



Discuss the National Council for Behavioral Health's Trauma-Informed Primary Care Initiative

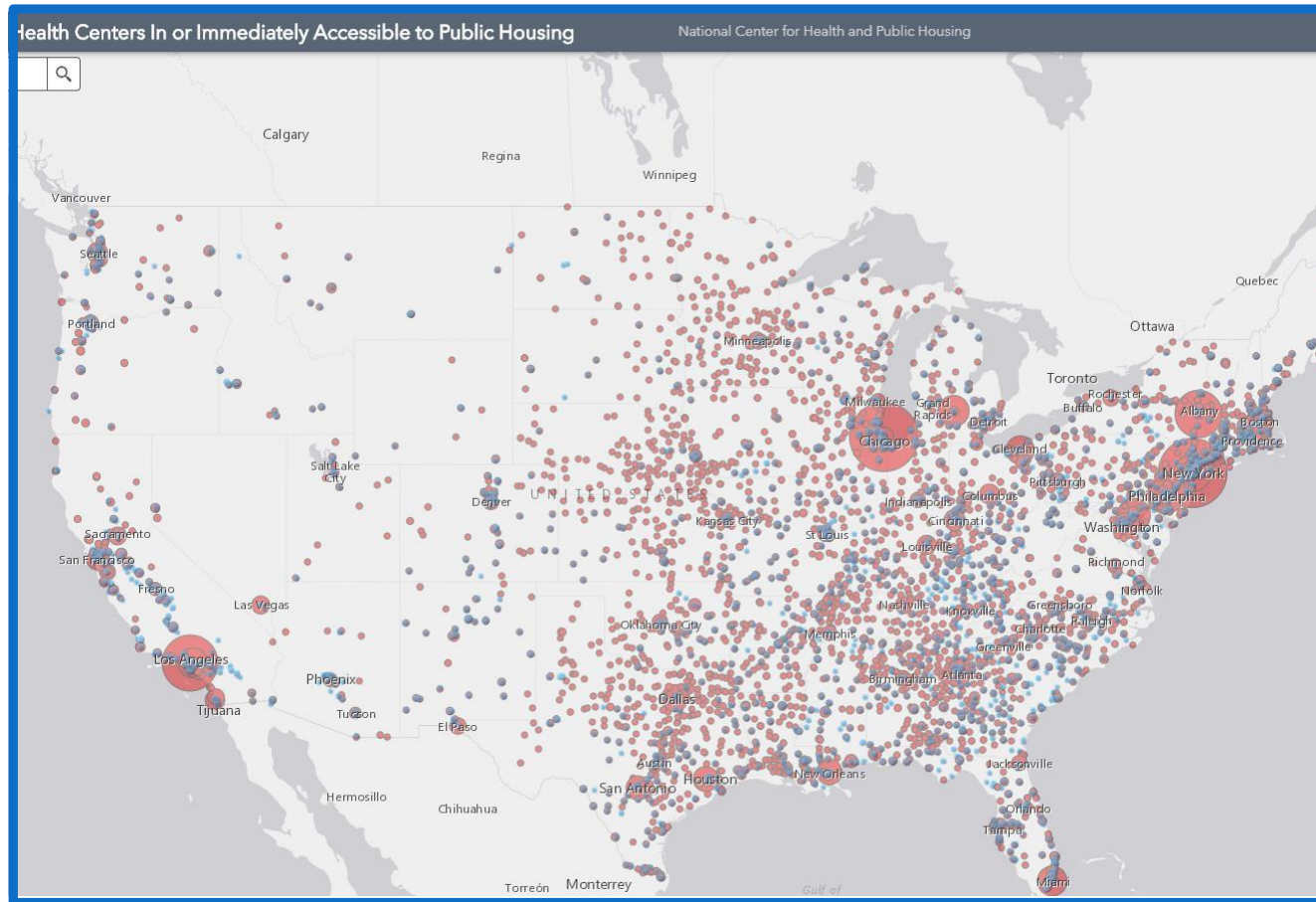


Review Change Management Strategies for Fostering Resilience and Recovery



Identify best practices on Trauma-Informed Care

Health Centers Close to Public Housing



- 1,400 Federally Qualified Health Centers (FQHC) = 28.4 million
- 385 FQHCs In or Accessible to Public Housing = 4.4 million patients
- 106 Public Housing Primary Care (PHPC) = 817,123 patients

Source: www.nchph.org

Poll Question 1

Have you adopted Trauma-Informed Care approaches in your organization?

a. Yes

b. No

Poll Question 2

Are you planning to adapt Trauma-Informed approached in your facility?

a. Yes

b. No

Poll Question 3

Do you see any major challenges to sustain Trauma-Informed Care measures in your facility?

- a. Yes
- b. No



Sharday Lewis, Project
Manager of Practice
Improvement



Kathy Orchen, Quality
Assurance Program
Manager





Trauma-Informed Primary Care: Fostering Resilience and Recovery



The Road to Trauma-Informed Care in Primary Care

Sponsored by National Center for Health in Public Housing

Date: December 5, 2019

Time: 1:00 pm – 2:00 pm EDT

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www.TheNationalCouncil.org



Trauma-Informed Primary Care: Fostering Resilience and Recovery



Presentation Objectives:

- Discuss the National Council for Behavioral Health's Trauma-Informed Primary Care Initiative
- Review the Change Package as a tool to drive Trauma- Informed Primary Care implementation



Trauma-Informed Primary Care: Fostering Resilience and Recovery



Acknowledgement



**KAISER
PERMANENTE**

Trauma-Informed Primary Care: Fostering Recovery and Resilience
is generously funded by
Kaiser Permanente National Community Benefit, Safety Net Partnerships

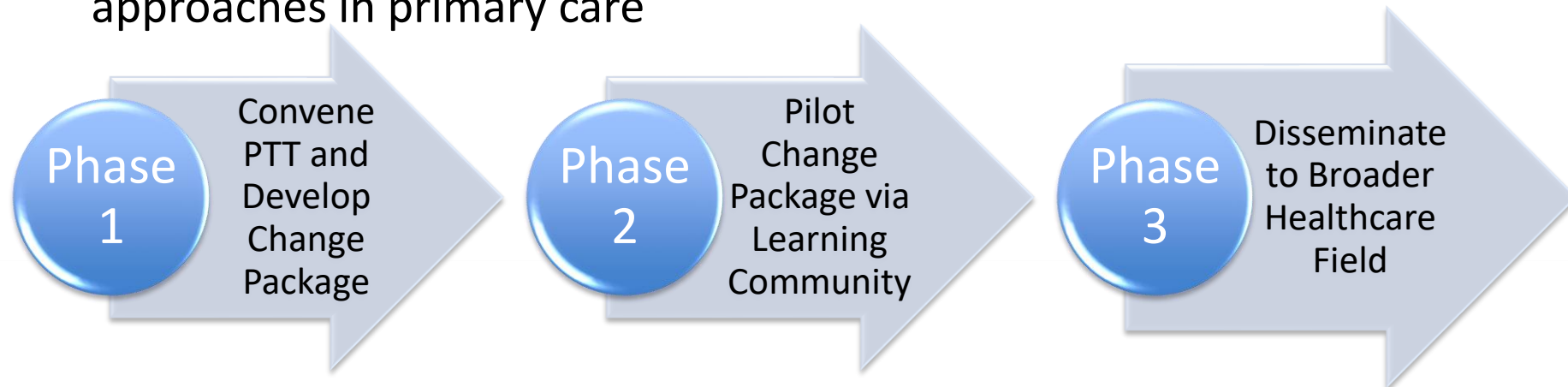


Trauma-Informed Primary Care: Fostering Resilience and Recovery



The three year **Trauma- Informed Primary Care: Fostering Resilience and Recovery** initiative, will develop, test and disseminate a change package, specifically focused on recommendations for:

- screening and assessment guidance
- evidence-based clinical interventions
- implementation processes
- relevant and replicable outcome measures
- potential critical policy changes, to expand trauma-informed approaches in primary care





Trauma-Informed Primary Care: Fostering Resilience and Recovery



Practice Transformation Team (PTT)

- Diverse group of national experts
- Leaders from primary care and trauma-informed care
- Researchers and educators
- Advocates
- Safety net representatives
- Federal agency representatives
- Reflective of Kaiser Permanente footprint





Trauma-Informed Primary Care: Fostering Resilience and Recovery



What is a Change Package?

A practical toolkit that is **specific** enough for clinicians and practices to **implement** and **measure** progress, and yet **generalizable** enough to be scaled in multiple settings

Implementation Guidance: Generalizable enough to be relevant across the primary care setting

paired with

Operational Changes: Clear-cut enough to spur specific actions and practice transformation on the individual agency level



Trauma-Informed Primary Care: Fostering Resilience and Recovery



Change Package Framework

**Step 1: Change Management Strategies:
Create the Conditions for Successful Change**



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Step 2: Trauma-Informed Actions – Change Concepts 1 through 5

Change Concept 1

Help all individuals feel safety, security and trust

Change Concept 2

Develop a trauma-informed workforce

Change Concept 3

Build compassion resilience in the workforce

Change Concept 4

Identify and respond to trauma among patients

Change Concept 5

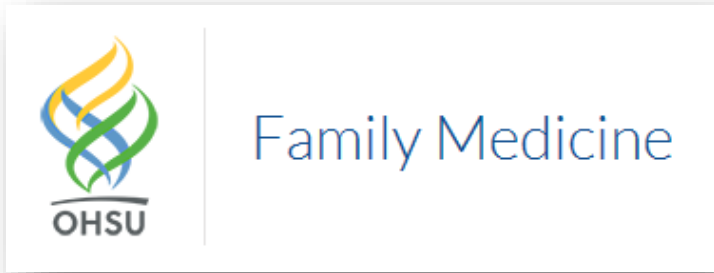
Finance and sustain trauma-informed approaches in primary care



Trauma-Informed Primary Care: Fostering Resilience and Recovery



Our Learning Community





Trauma-Informed Primary Care: Fostering Resilience and Recovery



Learning Community Activities

- Seven individual team coaching calls
- Four group calls
- Six webinars addressing trauma-informed elements or change concepts
- Two Organizational Self Assessments
- Three Performance Monitoring Tools
- Virtual Focus Groups
- Roundtable at Natcon19
- Monthly data reports
- Patient level data submissions
- Case study contributions

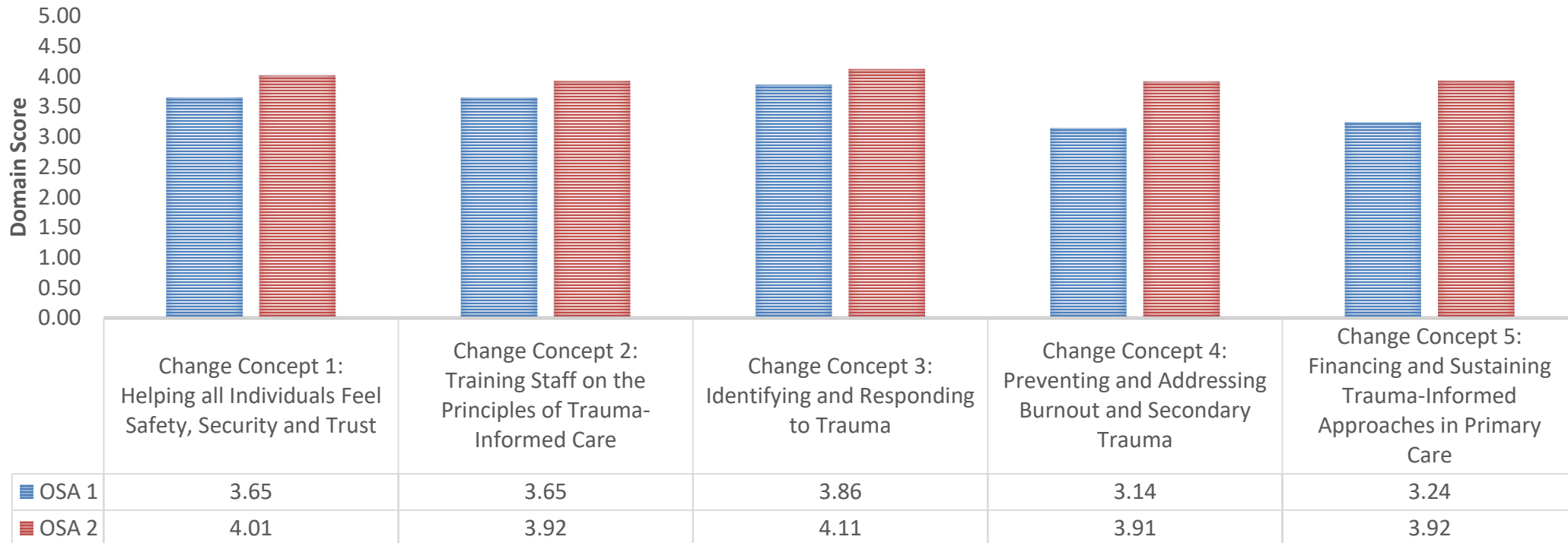


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Implementation Progress

OSA 1 AND OSA 2



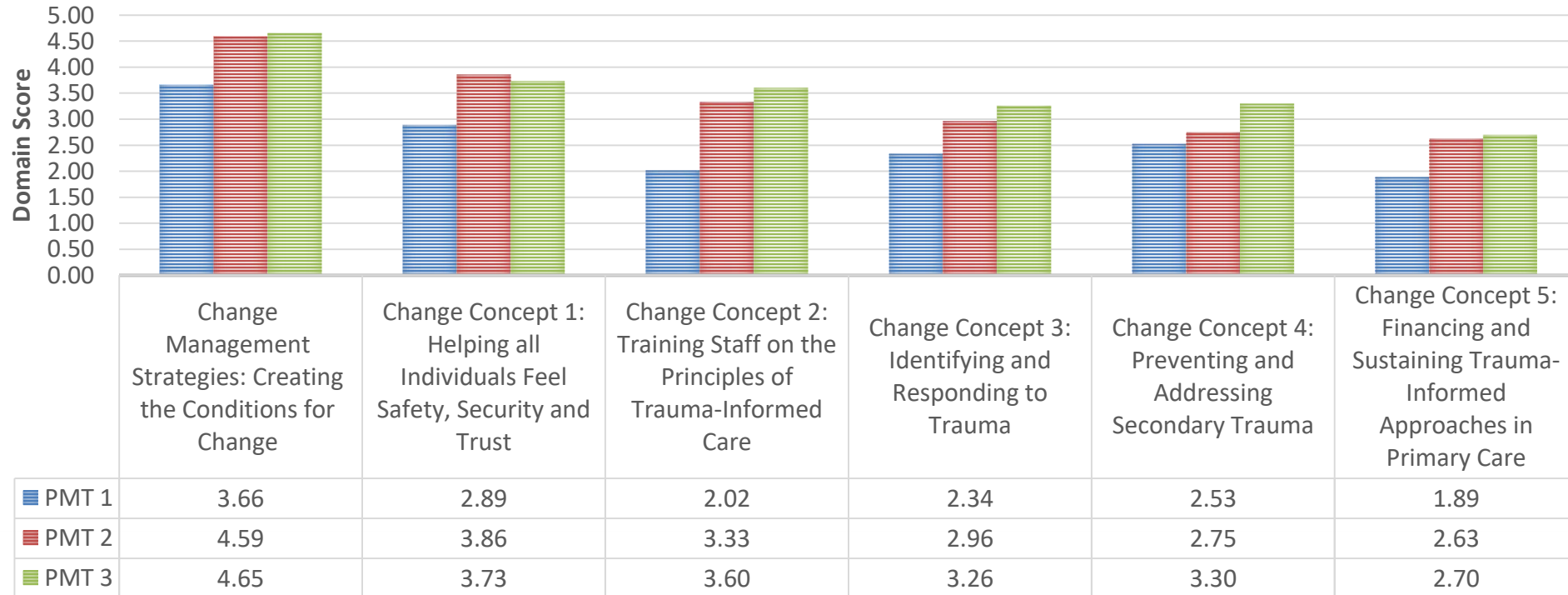


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Implementation Progress

PMT COMPARISON

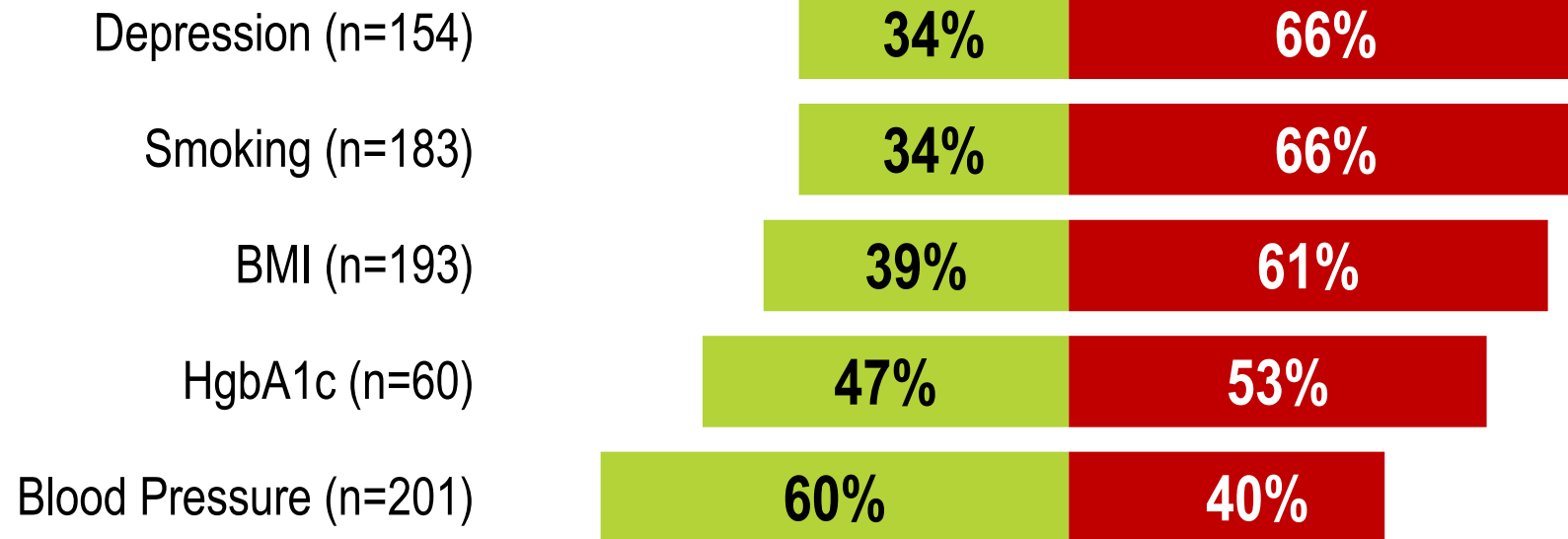




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■ % NOT at risk ■ % at risk

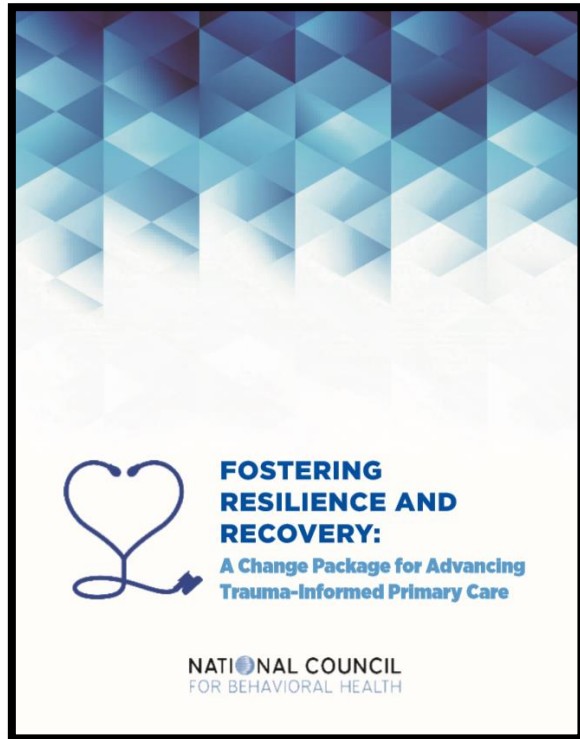




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Change Package Reveal

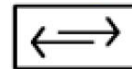


Add...



...more exact processes and forms, for example, add this to your agency policy. For example this is how TIC aligns with cultural competency, harm reduction, this is a script to use when responding to trauma, and so on...additional resources to deliver TIC for staff...recommendations for patient literature, specifically low literacy items...specific examples of how sites are implementing TIC into their workplaces...more specific examples of how sites can promote resilience amongst staff and patients. Basically what we do in the group cohort calls, where each group explains how they are implementing concepts... more checklists...make them stand out more. ...more examples of putting into action; more vignettes of how teams or organizations did one thing or implemented a change concept... more burnout tools for staff; ProQOL is long and it requires logging into a website, reference more childhood trauma screening tools.

Change...



...needs to be much more prescriptive, do this, say this. With permission to be creative. But people would benefit from being given a recipe that can be followed exactly...emphasize organic process and fluidity; not rigid recommendations; apply to current culture and NOT force timelines and strict rules to practice ... the focus of this project is helping our staff and patients become RESILIENT despite their traumas and/or HEAL from them. I believe that the name "Trauma-Informed Care" puts much more emphasis on the trauma itself rather than the skills need to overcome and we lose some of the impact that this program can have. I would suggest a new name that focuses on our goal, ie. "Resilience-Based Care" or "Healing-Centered Engagement" ...move the implementation tools below the explanation of the change package concept. They are now at the beginning of the sections and the tendency is not to open them or use them since the concepts have to be reviewed first.

Delete...



...test links and remove expired items; wish it were shorter; I like the resources but its got SO many inks it is easy to... get a little lost...reduce the Kaiser only lingo and loads of acronyms TIPC-PMT, OSA, CIT-OMG!



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Areas of Improvement



Screening Guidance

- Identifies four approaches for conducting screening
- Provides clearer guidance for responding to patients
- Outlines options for adapting care to meet patients needs and strengths



Cultural Responsiveness

- Added DEI language to change concepts
- Included DEI- specific training plan and resources in Change Concept 2



Resilience

- Integrated resilience- specific Change Concepts goals for each Change Concept and into OSA
- Added info on Family & Consumer Involvement and Community Partnership



Using the Change Package

- Combined OSA and PMT
- Increased elements for self- direction for utilization without a coach
- Embedded case studies to illustrate principles in practice



Data and CQI

- Added guidance on choosing data to track, including patient- level process and outcome measures and implementation progress
- Integrated data- specific goals into Change Concept Goals and OSA



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Change Package Components

| | | |
|-----------------------------|--|--|
| Action Steps | | Appear at the beginning of each section and detail planning and implementation steps. |
| Change Concept Goals | | Appear at the beginning of each Change Concept section and outline the objectives for that action. |
| Implementation Tools | | Guide the Core Implementation Team (CIT) to successfully implement the action steps and recommendations. |
| Key Considerations | | Questions for the CIT to resolve to guide implementation efforts. |
| Checklists | | Items that facilitate application such as Implementation Tools for each Change Concept. |
| Quick Tips | | Quick insights into different approaches and ideas for implementation. |
| Sample Scripts | | Examples of dialogue you may want to use in your organization. |
| Case Examples | | Real-world examples of trauma-informed approaches. |



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NATIONAL COUNCIL
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STEP 2

Change Concept 1: Help All Individuals Feel Safety, Security and Trust

Creating safe, secure and trusting environments enhances the ability of health care staff to provide services in a nontraumatizing manner and supports the health and wellness of employees and patients.³⁰ A trauma-informed organization strives to address psychological, emotional and physical safety in policy and practice and makes an effort to ensure patients, family members and staff feel safe at all times.³¹

Quick Tip: Safety

Safety, in the context of a trauma-informed approach, encompasses physical and psychological safety, which are equal priorities when creating a trauma-informed environment.

Action Steps

- Conduct an environmental assessment.
- Assess patient safety.
- Establish trauma-informed rooming policies.
- Foster trust through trauma-informed patient interactions.
- Provide universal education materials.
- Ensure staff safety.

Implementation Tools

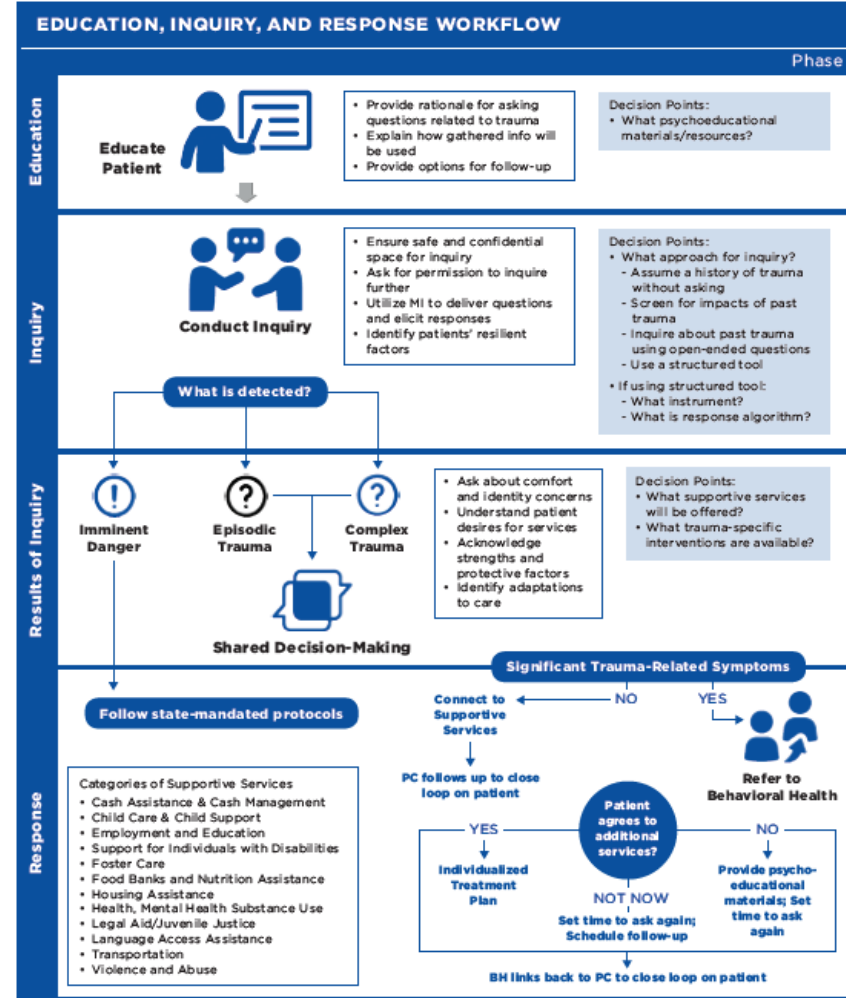
- Hotspots for Retraumatization or Activation for Patients Worksheet
- Environmental Assessment for Trauma-Informed Care
- Safe and Secure Environment Survey – for Patients
- Safe and Secure Environment – for Children and Adolescent Patients
- Psychoeducational Tools
 - o What do I say? Talking About What Happened with Others

- o Helping my Child Cope: What Parents Can Do
- o Video: What is Trauma-Informed Care?
- o 10 Key Ingredients for Trauma-Informed Care
- o Encouraging Staff Wellness in Trauma-Informed Organizations
- o Resources from Echo
- Template Psychoeducational Materials
- 20 Questions for Leaders About Workplace Psychological Health and Safety
- Staff Feedback Survey

Change Concept 1 Goals

1. Our primary care service team adequately addresses the three components of comprehensive safety: Psychological, emotional and physical.
2. Our primary care service team ensures a safe and secure physical and emotional environment.
3. Patients are engaged in efforts to assess the physical and emotional environment.
4. Our organization has a system in place to evaluate the social and emotional experience of patients and staff.
5. Our primary care service team develops, disseminates and displays TIC-related informational materials.
6. Our primary care service team has strategies to resolve conflict and address aggression between staff and between staff and patients.
7. Processes related to the environment of care are culturally and linguistically appropriate.
8. Our primary care service team promotes physical and emotional well-being through wellness-focused activities.

Step 2: Change Concept 1: Help All Individuals Feel Safety, Security and Trust



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Why use this Change Package?

The Change Package:

- Was developed by national experts through a collaborative process, and tested and revised by people in the primary care field
- Provides a roadmap for transforming your organization and achieving your outcomes
- Provides current and innovative guidance on complex processes
- Offers concrete tools and resources
- Focuses on promoting resilience for staff and patients
- Can be adapted to your organization's needs and goals
- Is free and in the public domain



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Accessing the Change Package

- Change Package available online –
 - Public website:
www.TheNationalCouncil.org/TIPC-Change-Package
 - Chapter Summaries
 - Downloadable resources and tools

The screenshot shows the website header with navigation links: POLICY ACTION CENTER, CONSULTING & TRAINING, TOPICS A-Z, ABOUT THE NATIONAL COUNCIL, EVENTS, SHOP. The main heading is 'Fostering Resilience and Recovery: A Change Package'. Below it, the sub-heading is 'Advancing Trauma – Informed Primary Care'. The main text describes the initiative and provides a link to download the full change package. A sidebar on the right lists the five change concepts: 1. Change Management Strategies, 2. Trauma-Informed Actions, 3. Help All Individuals Feel Safety, Security and Trust, 4. Develop a Trauma-Informed Workforce, and 5. Build Compassion Resilience in the Workforce. A 'SUBSCRIBE' button is visible at the bottom right of the page.

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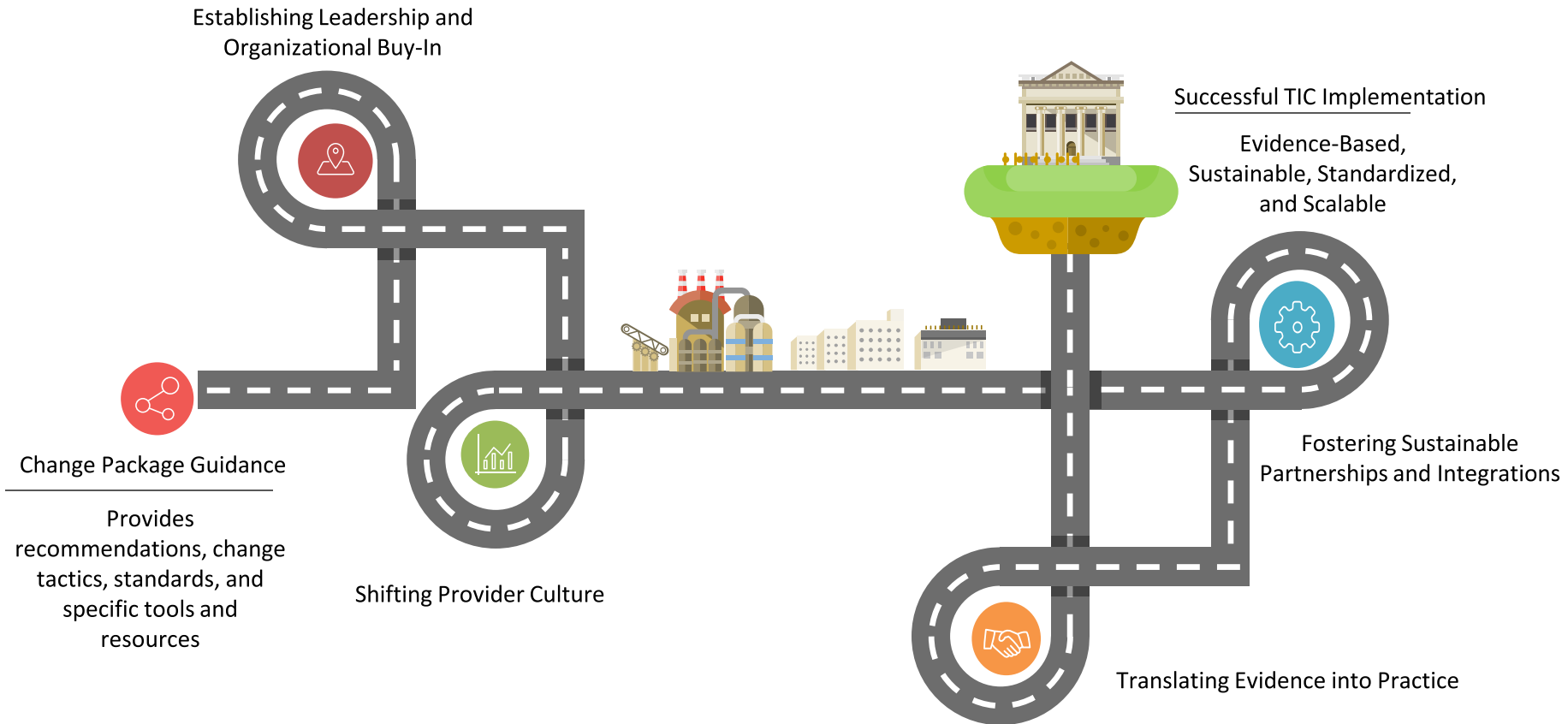
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Being Trauma – Informed: A Journey, Not a Destination



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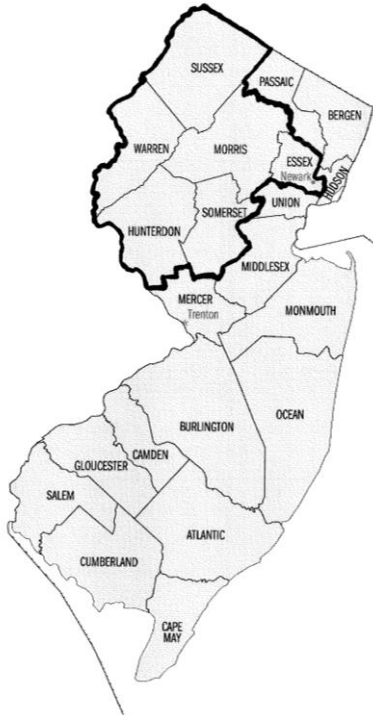
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Zufall Health Center



- FQHC in Northwest NJ serving 6 counties (suburban/urban) at 8 sites, 2 vans
- Primary Medical (Adult, Women’s Health, Prenatal, Pediatrics), Dental and Behavioral Health services at all sites; HIV program
- Served 40,000 patients with 140,000 visits in 2018
- Applied to the National Council’s Trauma-Informed Primary Care Learning Community in 2017
 - Concerned about staff and wellness
 - Did not have a dedicated committee and had little knowledge of trauma informed care



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Getting Started: Trauma-Informed Primary Care Transformation

- Started at Step 1: Change Management Strategies to lay the foundation for the introduction and implementation of the process
- Conducted the Organizational Self-Assessment to objectively identify areas that need attention
- Conducted an Environmental Assessment to evaluate physical space

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Getting Started: Trauma-Informed Primary Care Transformation



- Began the conversation around trauma-informed care with staff
- Initiate the use of trauma informed language in all areas of communication
 - Staff Meetings
 - Announcements
 - Zufall intranet messages





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Progress
to
Date

Leadership support, core team meeting and engaged

All staff introduction to TIC using videos, demonstrations

Two half-day staff trainings/retreat with focus on TIC concepts

Implemented twice daily breathing bell at all sites

Made changes in our policies and procedures, job descriptions

Addressing organizational culture

Continuing the process – beginning to screen for trauma

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Trauma-Informed Primary Care: Fostering Resilience and Recovery



Questions and Comments

Contact Information

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Q&A

If you would like to ask the presenter a question, please submit it through the questions box on your control panel.

If you are dialed in through your telephone and would like to verbally ask the presenter a question, use the “raise hand” icon on your control panel and your line will be unmuted.

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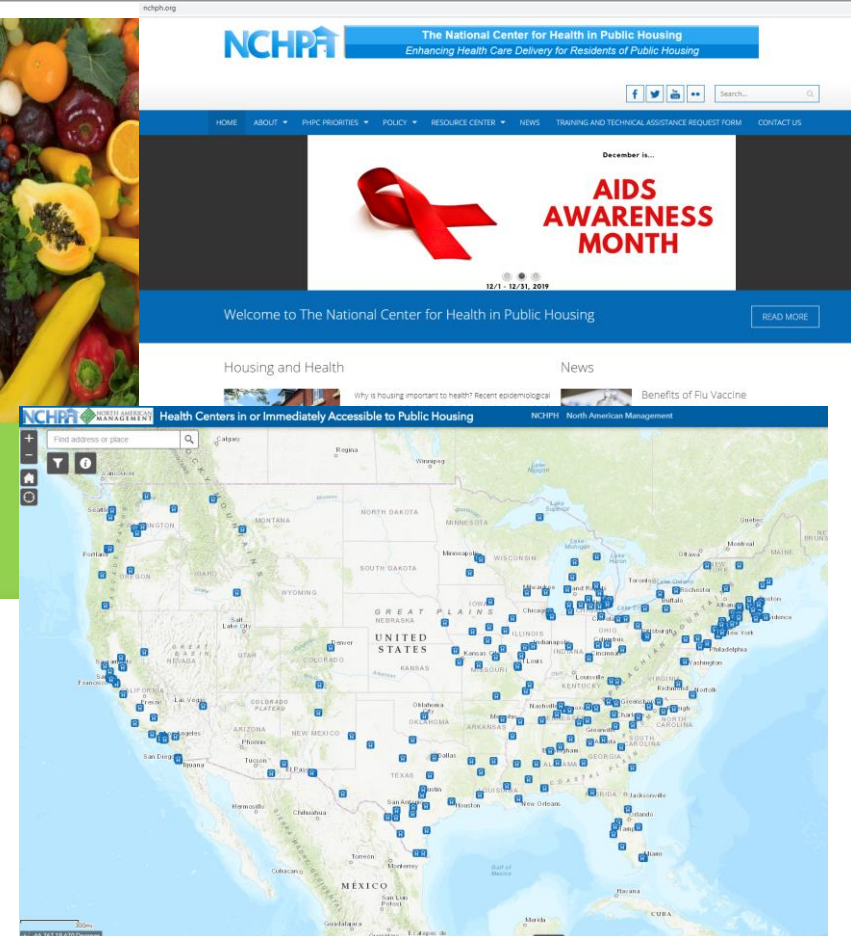
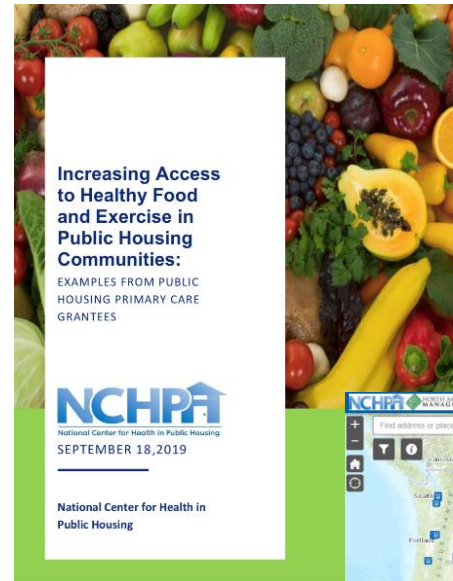
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