

Enhancing Trauma-Informed Care Through Collaboration & Routine Behavioral Health Screening



20
22

NATIONAL
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

Disclosures

Cori McMahon receives grant and/or research support from: Ryan White/HRSA

Pamela Gorman receives grant and/or research support from: Ryan White/HRSA & is a member of Ryan White planning Council, and functions as a clinical quality consultant for Ryan White Part C & D programs

Beth Hurly is employed by Cicatelli Associates, Inc. (CAI)

Mike DeAngelo receives grant and/or research support from: Ryan White/HRSA

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Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Identify main areas of focus for trauma-informed care in HIV care
2. Consider innovative approaches to behavioral health screening and triage to care
3. Determine what resources are needed in integrated care models to establish effective behavioral response teams

Agenda

- Introduction
- Cooper Expanded Early Intervention Care (CEEC) program overview
- Cicatelli Associates, Inc. (CAI) – Trauma-Informed Care project
- Cooper enhanced TIC implementation

Panelists



Cori McMahon, Psy.D., NCCE
Behavioral Med Psychologist
Assoc. Prof of Clin Medicine
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VP, Clinical Services
Tridium/NDBH



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Michael DeAngelo, Psy.D.
Behavioral Med Psychologist
Assistant Prof of Clin. Med
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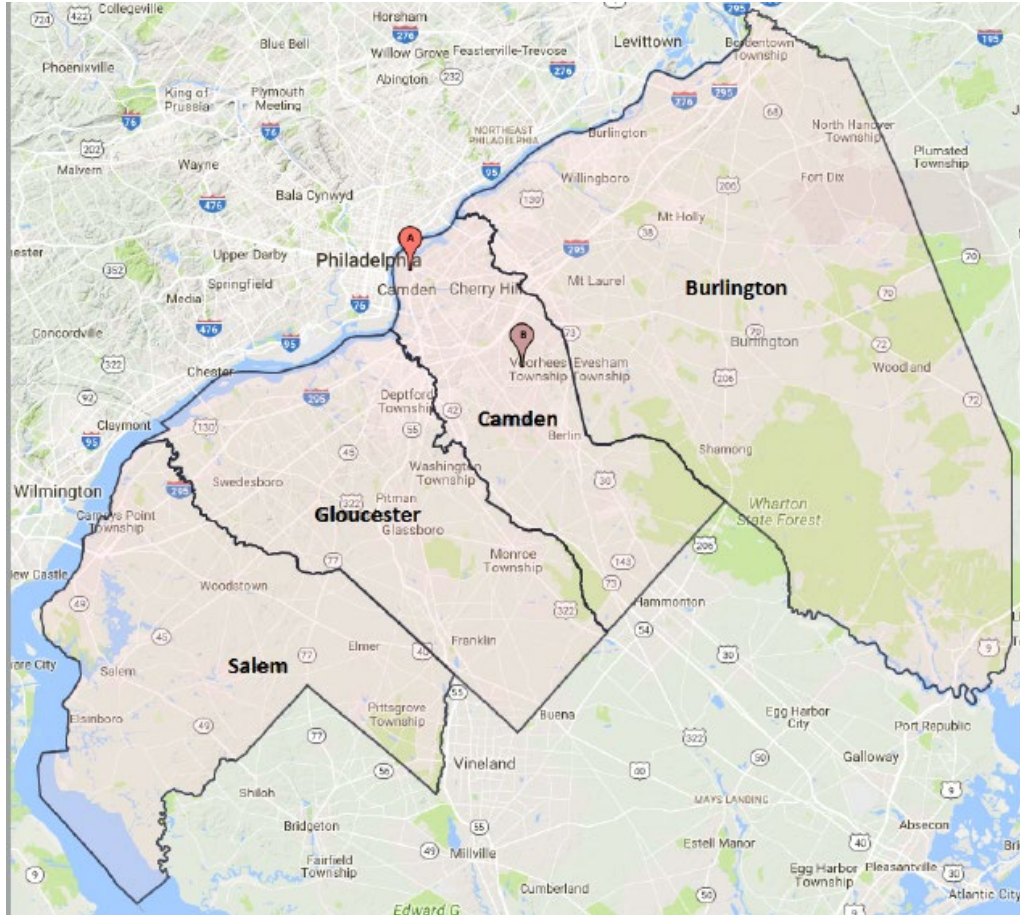
Clinical Supervisor
Postpartum Stress Center

Cooper EIP Expanded Care Center (CEEC)



- Hospital-based outpatient ambulatory care center
- Located in Camden, New Jersey
- Multidisciplinary “one-stop” shop approach to medical care and support services
- Funding sources: Ryan White Part A, Part C, MAI, AIDS United, and NJDOH – Division of HIV, STD and TB Services

Service Area



- Serves southern New Jersey including Burlington, Camden, Gloucester, and Salem counties
- Included within the City of Philadelphia Eligible Metropolitan Area (EMA)
- 1,181 PWH served during 2021

Medical Services

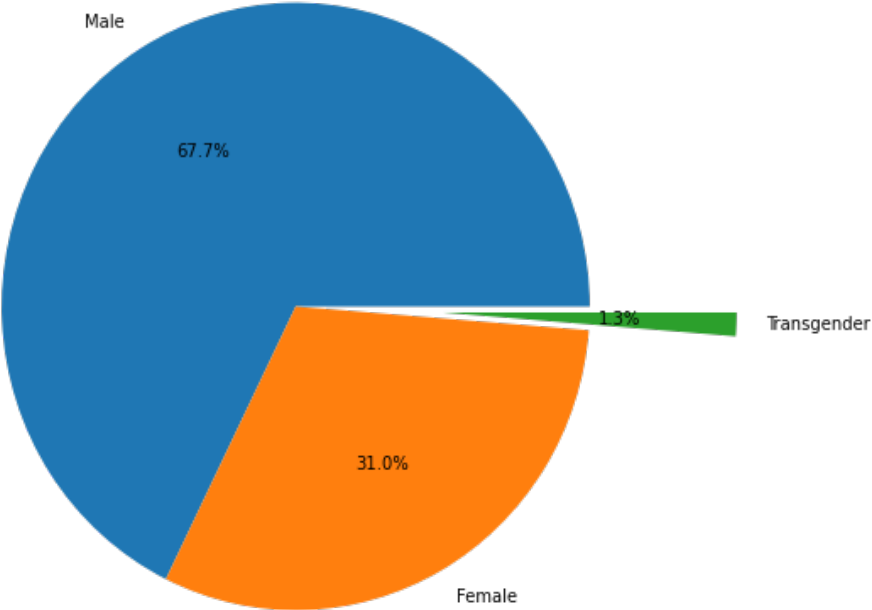
- Primary medical care provided by Internal Medicine Physicians and Advanced Practice Providers
- Infectious Diseases specialists provide care, treatment, and prevention services for HIV, STIs, HCV, TB, PrEP/PEP and other medical conditions
- Laboratory services with onsite phlebotomy and point of care tests for rapid HIV screening, pregnancy test, urine drug screen, glucose
- Mental Health and Substance Use Disorder services provided by psychiatrists, physicians certified for Addiction Medicine, clinical psychologists, and licensed certified drug and alcohol counselor

Supportive Services

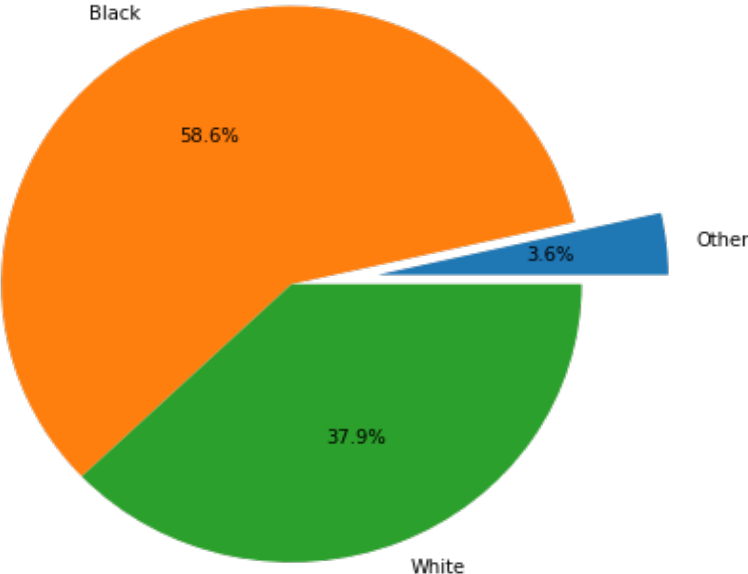
- Medical and Non-Medical Case Management
- Clinical Outreach and Nurse Navigation
- PrEP/PEP counseling services
- Support Group and Consumer focused education workshops
- Access to HIV Clinical Trials
- 340B Pharmacy Services and urgent prescription coverage
- Emergency Financial Services to support housing and food stability
- Transportation (bus tickets and cab services)
- Cell phones and data plans

Clinic Population Demographics

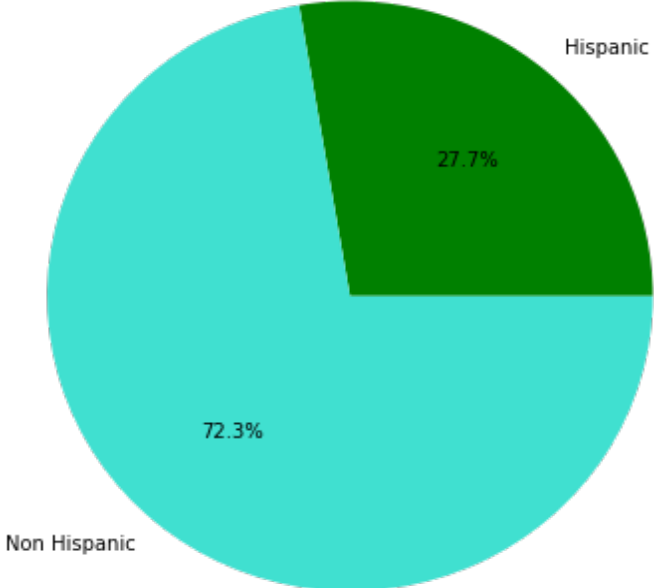
Gender Breakdown 2021



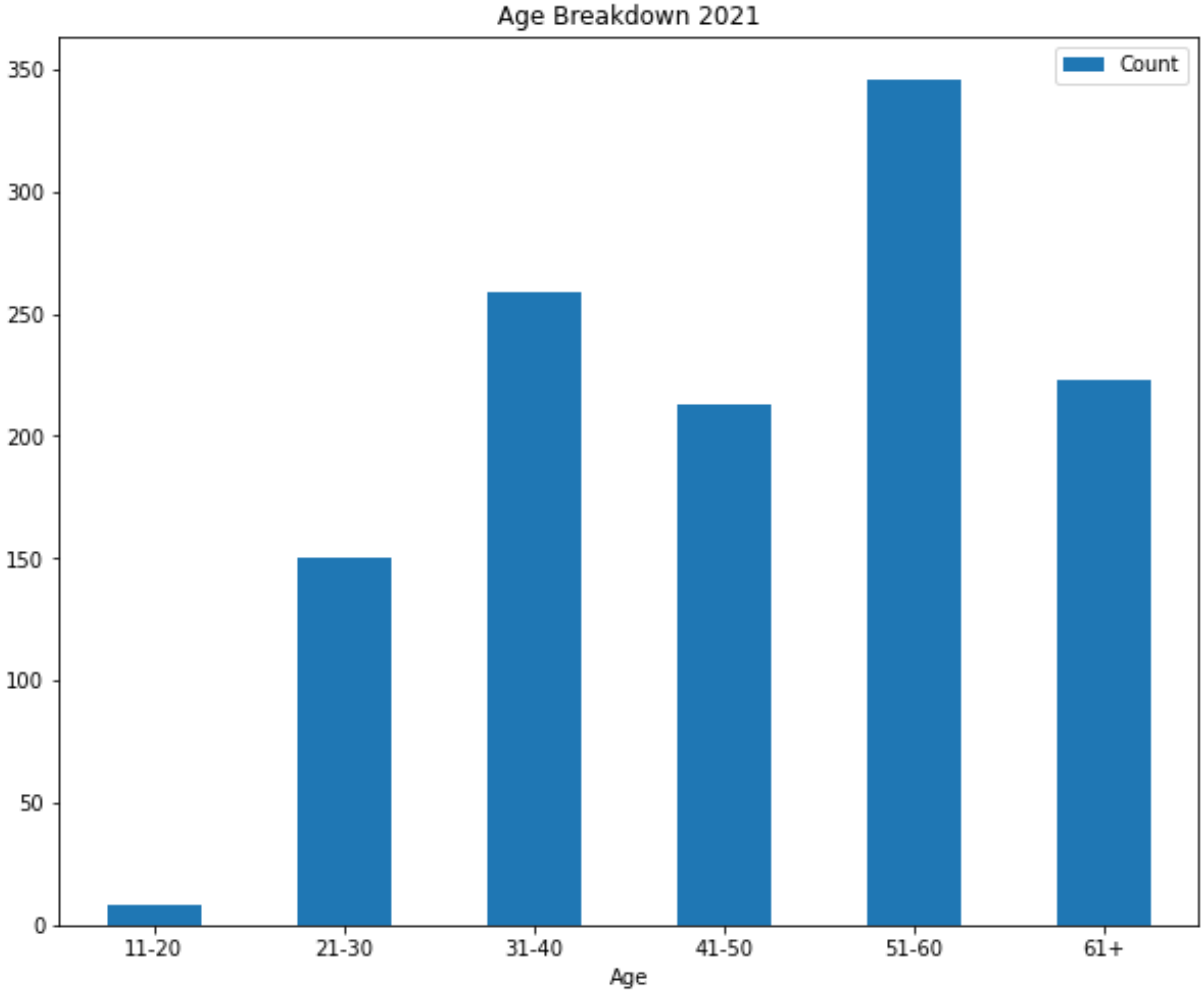
Race Breakdown 2021



Ethnicity Breakdown 2021



Clinic Population Age Ranges



Clinic Population Social Determinants: Housing Arrangements (In Care)

2019

Housing Status	Population
Permanent	871
Temporary	48
Unstable	28
Unknown	82

2021

Housing Status	Population
Permanent	1007
Temporary	41
Unstable	34
Unknown	87

2020

Housing Status	Population
Permanent	973
Temporary	49
Unstable	34
Unknown	27

Clinic Population Social Determinants: Population and FPL

2019

Client Type	Population
Total Clients	1125
HIV+ Clients	1051
New Clients	109
New Diagnosis	67
Below FPL (%)	66.98%

2020

Client Type	Population
Total Clients	1135
HIV+ Clients	1102
New Clients	102
New Diagnosis	47
Below FPL (%)	75.86%

2021

Client Type	Population
Total Clients	1199
HIV+ Clients	1181
New Clients	136
New Diagnosis	72
Below FPL (%)	71.63%

Clinic Population Social Determinants: Population Insurance Breakdown (In Care)

2019

Type of Insurance	Population
Medicaid	871
Medicare	48
Private/Employer	28
Uninsured	82

2020

Type of Insurance	Population
Medicaid	973
Medicare	49
Private/Employer	34
Uninsured	27

2021

Type of Insurance	Population
Medicaid	1007
Medicare	41
Private/Employer	34
Uninsured	87

Why Trauma?

Cicatelli Associates, Inc. TIC Project

Three Realms of ACEs

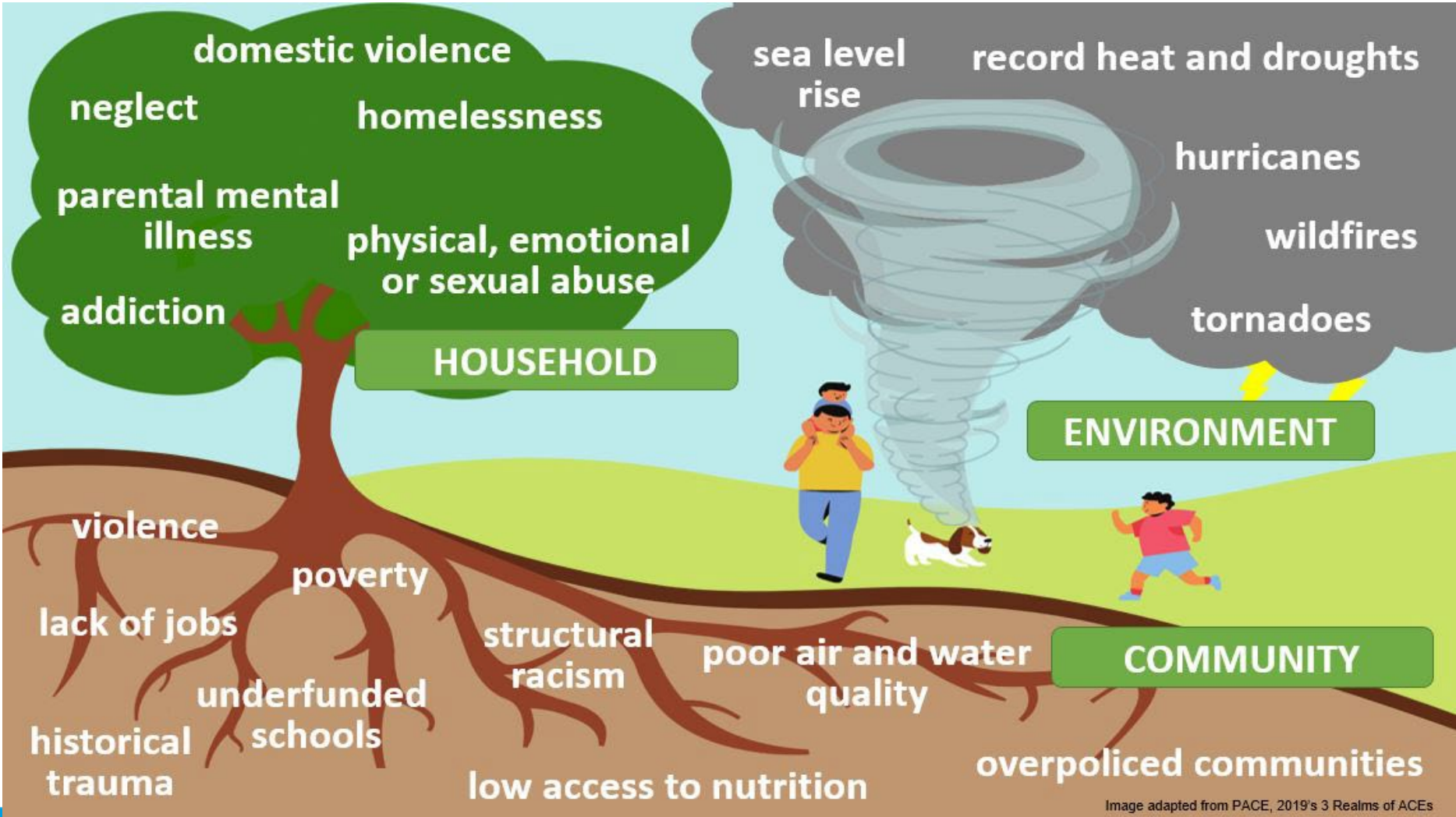


Image adapted from PACE, 2019's 3 Realms of ACEs

Trauma Informed Care

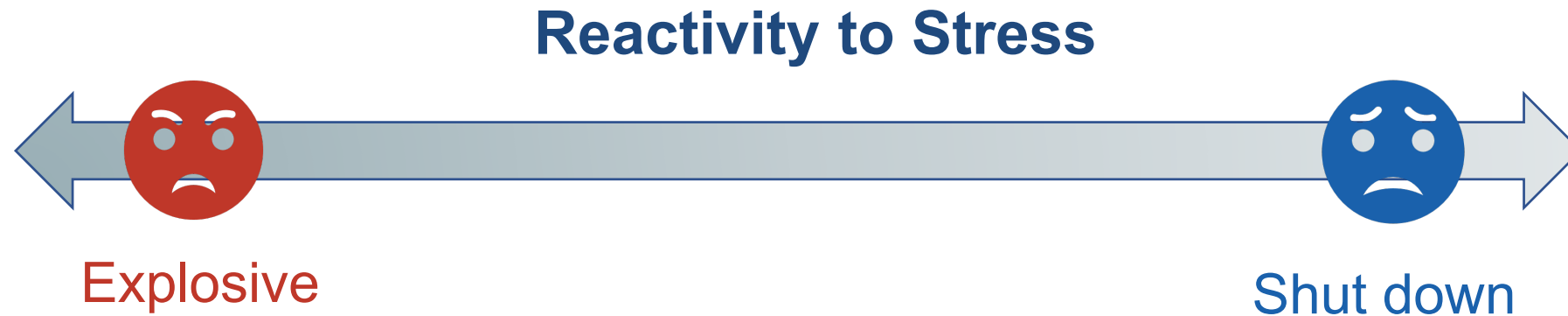
95% of people with HIV have experienced at least one traumatic stressor

Trauma can impact health outcomes for people with HIV, including:

- Retention in care,
- Adherence to HIV medication, and
- Viral suppression

(Felitti, Anda, et al., 1997; Nightingale et al., 2013; Sales et al., 2016; Brezing et al., 2015; Machtiger, et al., 2015; Pence, 2009)

Impact of Trauma: Emotional Dysregulation



Trauma can impact on a person's reactivity to everyday stress

Individuals can be extremely sensitive to stress and situations that are perceived as threatening or disrespectful

People Who Have Experienced Trauma May Behave...

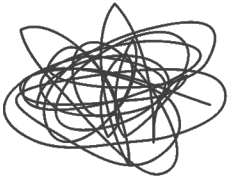
Aggressive

Angry

Disruptive

Belligerent

Hostile



Hypervigilant

Withdrawn

Numb

Flat affect

Passive

These over- or underreactions are clues that the behavior has to do with the impact of trauma

The NJ Trauma Informed Care Project – A Brief Overview

Trauma Informed Care 2

The NJ Trauma Informed Care Project at CAI seeks to:

- Support agencies as they integrate trauma informed care into their cultures, environments, and service delivery
- Emphasize education and awareness about trauma for staff and clients
- Improve client experience and health outcomes

Trauma Informed Care 3

A strengths-based organizational structure and intervention framework

Choice and
Empowerment

Collaboration

Safety

Recognizing and
Responding to
Trauma

Recognizing Cultural
and Historical Context

(Hopper, Bassuk, & Olivet, 2010)

Project Goal

To **strengthen the support** of clients and staff through the integration of a trauma informed care approach, in a way that is:

Realistic

Practical

Achievable

Collaborative

Trauma Informed Care is for All Staff and All Agencies

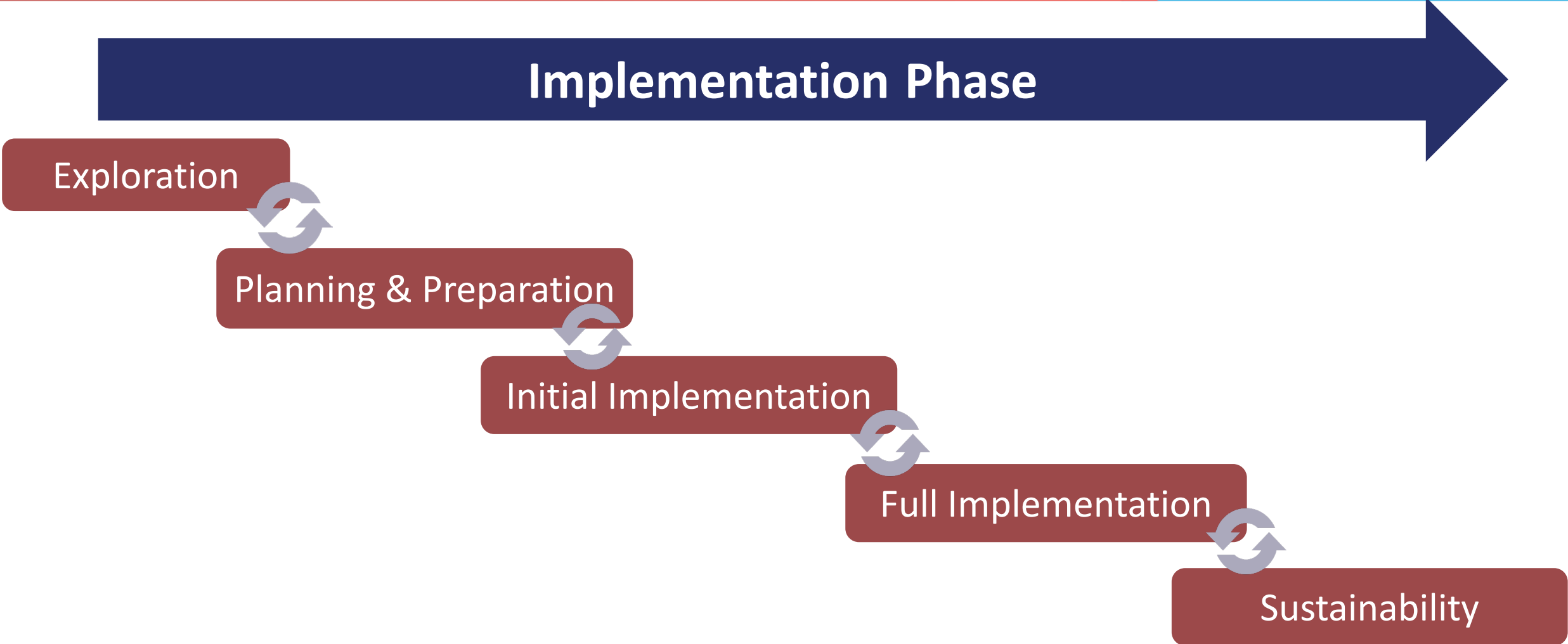
Utilizing a trauma informed lens

Evaluating alignment of policies and procedures

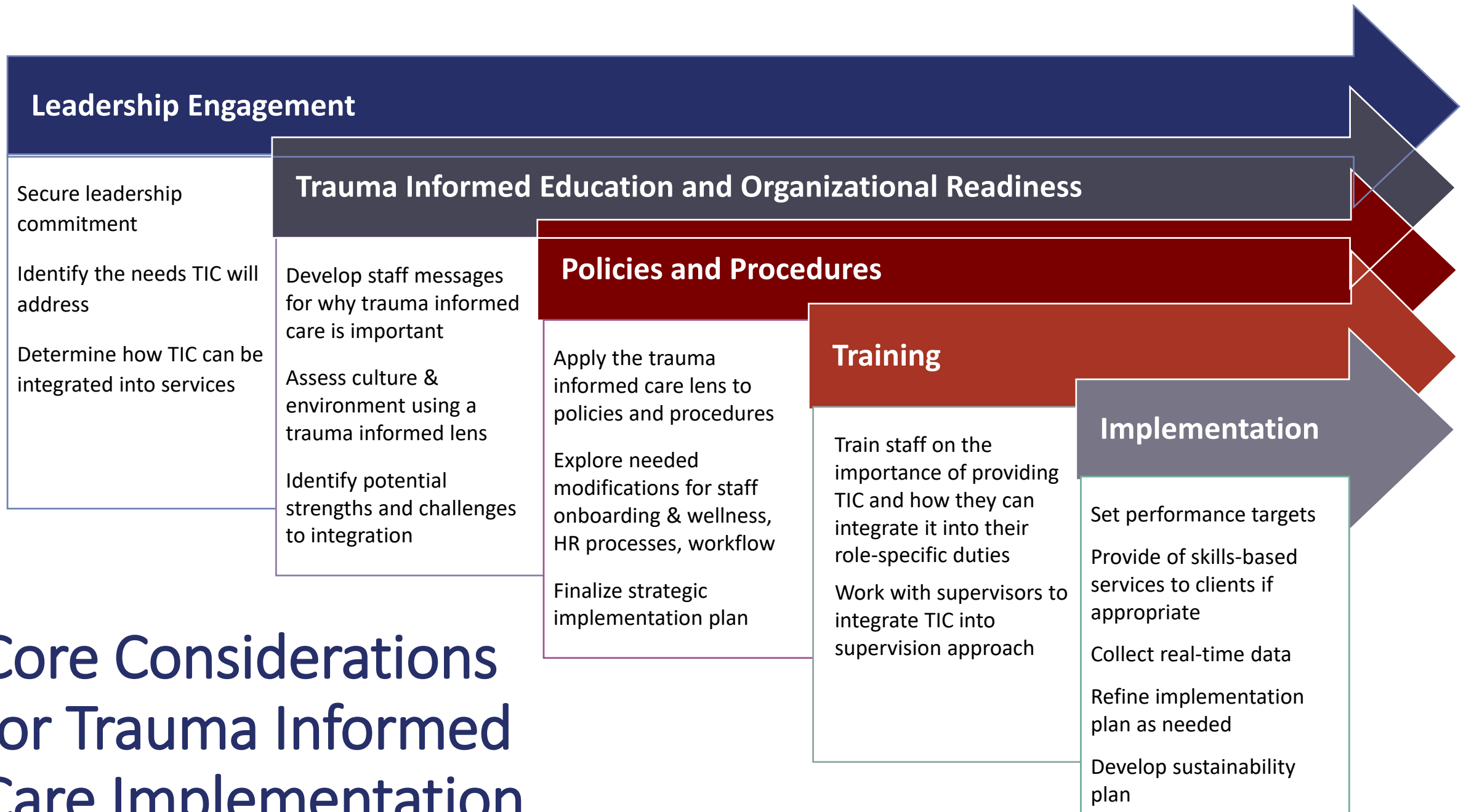
Establishing a trauma informed culture

CAI's Trauma Informed Care Implementation Process

Phased Implementation Approach



Core Considerations for Trauma Informed Care Implementation



Leadership Engagement

Obtain buy-in & commitment

Review and reflect on the agency and its practices

Introduce the TIC model and establish a communication plan



Trauma Informed Education and Organizational Readiness

All staff involvement in regular TIC readiness assessments

Completing readiness assessments assists agencies in:

- Identifying strengths and challenges to integration
- Developing action plans
- Monitoring TIC practices



Cultural Assessment

Element	Current Status	Priority	Timeframe to Address
27. All are equally welcomed at this agency regardless of race, ethnicity, sexual orientation, gender identity, and health status.	<input type="checkbox"/> Describes us well <input type="checkbox"/> Almost there <input type="checkbox"/> Just getting started <input type="checkbox"/> Does not describe us <input type="checkbox"/> Not Applicable <input type="checkbox"/> Don't Know	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Long (12+ m) <input type="checkbox"/> Medium (6-12 m) <input type="checkbox"/> Short (1-6 m)
28. Agency provides clients with opportunities to share learnings and experiences with each other (e.g., support groups, structured peer navigation opportunities, etc.).	<input type="checkbox"/> Describes us well <input type="checkbox"/> Almost there <input type="checkbox"/> Just getting started <input type="checkbox"/> Does not describe us <input type="checkbox"/> Not Applicable <input type="checkbox"/> Don't Know	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Long (12+ m) <input type="checkbox"/> Medium (6-12 m) <input type="checkbox"/> Short (1-6 m)
29. Agency policies emphasize respect for diversity in race, ethnicity, sexual orientation, gender identity, and health status among clients and staff.	<input type="checkbox"/> Describes us well <input type="checkbox"/> Almost there <input type="checkbox"/> Just getting started <input type="checkbox"/> Does not describe us <input type="checkbox"/> Not Applicable <input type="checkbox"/> Don't Know	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Long (12+ m) <input type="checkbox"/> Medium (6-12 m) <input type="checkbox"/> Short (1-6 m)

Physical Assessment

Element	Current Status	Priority	Timeframe to Address
8. Program information (e.g., flyers, client forms, health brochures) is offered in multiple languages.	<input type="checkbox"/> Present <input type="checkbox"/> Somewhat present <input type="checkbox"/> Not present <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Long (12+ m) <input type="checkbox"/> Medium (6-12 m) <input type="checkbox"/> Short (1-6 m)
9. Inside spaces have signage (e.g., to receptionist, offices, restrooms) that is clear, easy to locate, and in the languages spoken by clients.	<input type="checkbox"/> Present <input type="checkbox"/> Somewhat present <input type="checkbox"/> Not present <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Long (12+ m) <input type="checkbox"/> Medium (6-12 m) <input type="checkbox"/> Short (1-6 m)
10. Materials and signage posted in inside spaces reflect the population served.	<input type="checkbox"/> Present <input type="checkbox"/> Somewhat present <input type="checkbox"/> Not present <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Long (12+ m) <input type="checkbox"/> Medium (6-12 m) <input type="checkbox"/> Short (1-6 m)

Staff Training

Training helps all agency staff:

- Develop the trauma lens
- Build self-efficacy to integrate TIC and deliver services

For role/service-specific TIC services, it is important to:

- Identify current staff skills and competencies
- Build on existing strengths



Cooper EIP Cultural Assessment Results

- Over 22 responses from a variety of staff roles
- Used multidisciplinary team to review results and identify three goals:
 1. Self-care and staff wellness
 2. Staff education
 3. Improved Communication

Action Plan Results

- Every other month staff retreats
- Prioritization of de-escalation training for all staff
- Updated policies for care for disruptive patients
- Team huddles/case conferencing
- De-escalation quick guide reference chart
- Behavioral response team creation
- Installed intercom
- Better leveraging of EHR communication tools, EPIC “In Basket”

Implementation at CEEC

Improving TIC at Cooper CEEC

- 3 main projects focused on improving trauma-informed care
 - Trauma-Informed case presentations
 - BHATP project
 - Trauma Education Training
 - Behavioral Response Team (BRT)

Trauma-Informed Case Presentations

- Weekly Case conference
- Behavioral Medicine team case presentations – quarterly
- Complex cases – presented via trauma-informed lens
- Objective: staff education and exposure

Behavioral Health Assessment Tool Project (BHATP)

- Multidisciplinary team established
- Focus: improving standard of care in annual Mental Health Assessment (MHA)
- Opportunity: improve upon PTSD screening and linkage to care

Challenges to address

- Capture rate 60%
- 15-30 mins admin
- Manual data entry
- Manual referral process
- Patient comfort
- Workflow
- Outdated PTSD screener



Improving the Process

MENTAL HEALTH ASSESSMENT		DIVISION OF BEHAVIORAL MEDICINE	
Name:		DOB:	
Screening Date:		MRN:	
The following Mental Health Assessment should be completed at least once annually. Scores above cut-off on any section indicate the need for further evaluation by Behavioral Medicine.			
DEP			
1.	In the past year, were you ever on medication or antidepressants for depression or nerve problems?	Y	N
2.	In the past year, was there ever a time when you felt sad, blue, or depressed for more than 2 weeks in a row?	Y	N
3.	In the past year, was there ever a time lasting more than 2 weeks when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?	Y	N
ANX			
4.	In the past year, did you ever have a period lasting more than 1 month when most of the time you felt worried or anxious?	Y	N
5.	In the past year, did you have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy when most people would not be afraid or anxious?	Y	N
6.	In the past year, did you ever have a spell or attack when for no reason your heart suddenly started to race, you felt faint, or you couldn't catch your breath?	Y	N
PTSD			
Sometimes things happen to people that are especially frightening, horrible, or traumatic. For example:			
A serious fire or accident		Suicide by a loved one	
An earthquake, hurricane, or flood		Having a loved one die by overdose, suicide, or homicide	
Sexual assault or abuse		Homelessness	
Being physically attacked and/or seriously hurt or having someone close to you who was		Repeatedly seeing or hearing a parent or caregiver being screamed at, sworn at, insulted, humiliated	
Fighting in a war or living in a war zone		Current or former incarceration	
Shooting where someone was killed or seriously injured		Bad treatment or discrimination because of your race, ethnicity, sexual orientation, gender identity, or health status	
7.	Have you ever, in your whole life, experienced at least one event like any of the above?	Y	N
<i>(If NO, skip to question 11. If YES, continue with PTSD screening (8-12))</i>			
In the past month have you...			
8.	Had nightmares about the event(s) or thought about the event(s) when you did not want to?	Y	N
9.	Tried hard not to think about the events or gone out of your way to avoid situations that remind you of the event(s)?	Y	N



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COOPERCARE POC

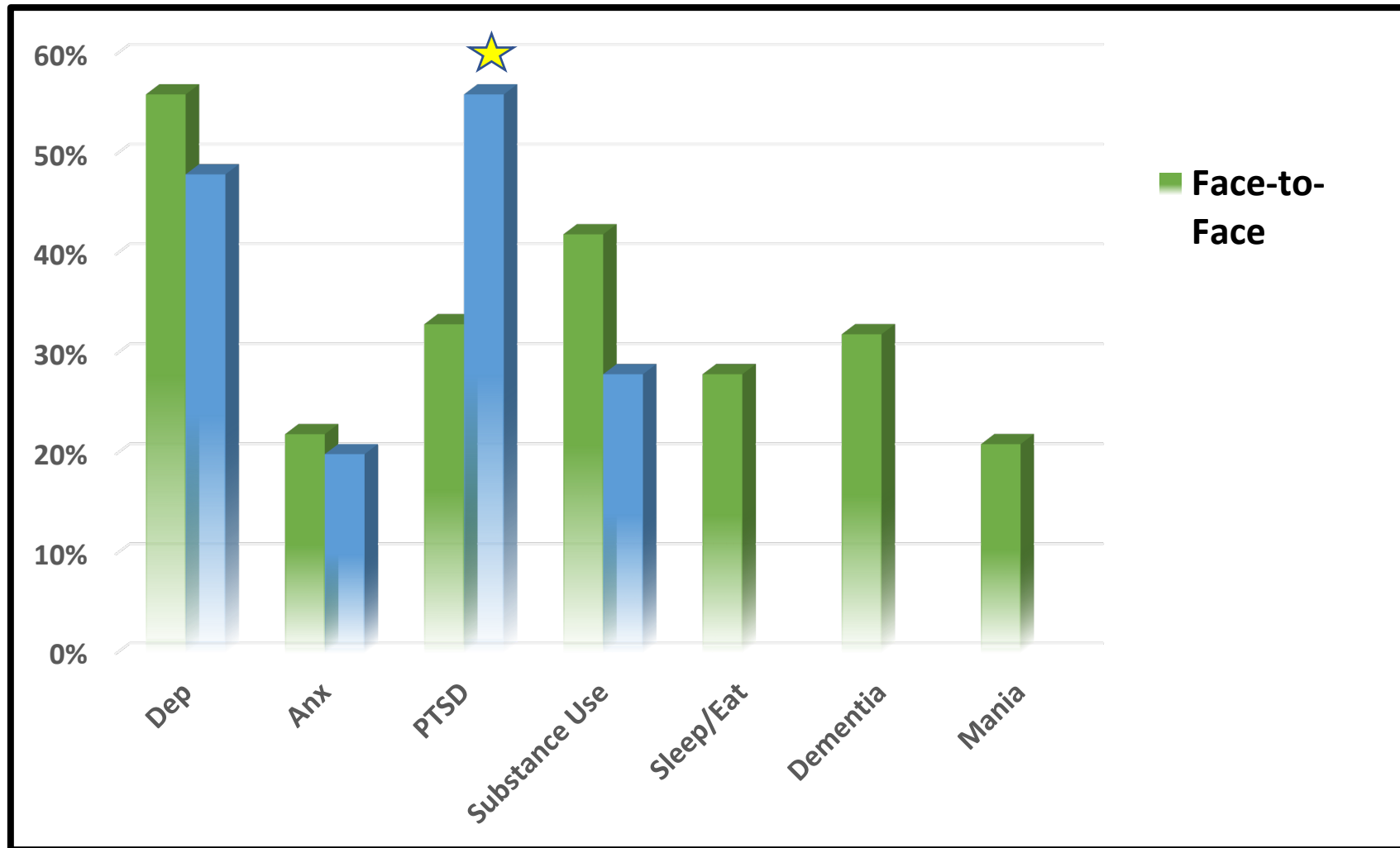
Hello

Insert your card or touch Start to begin

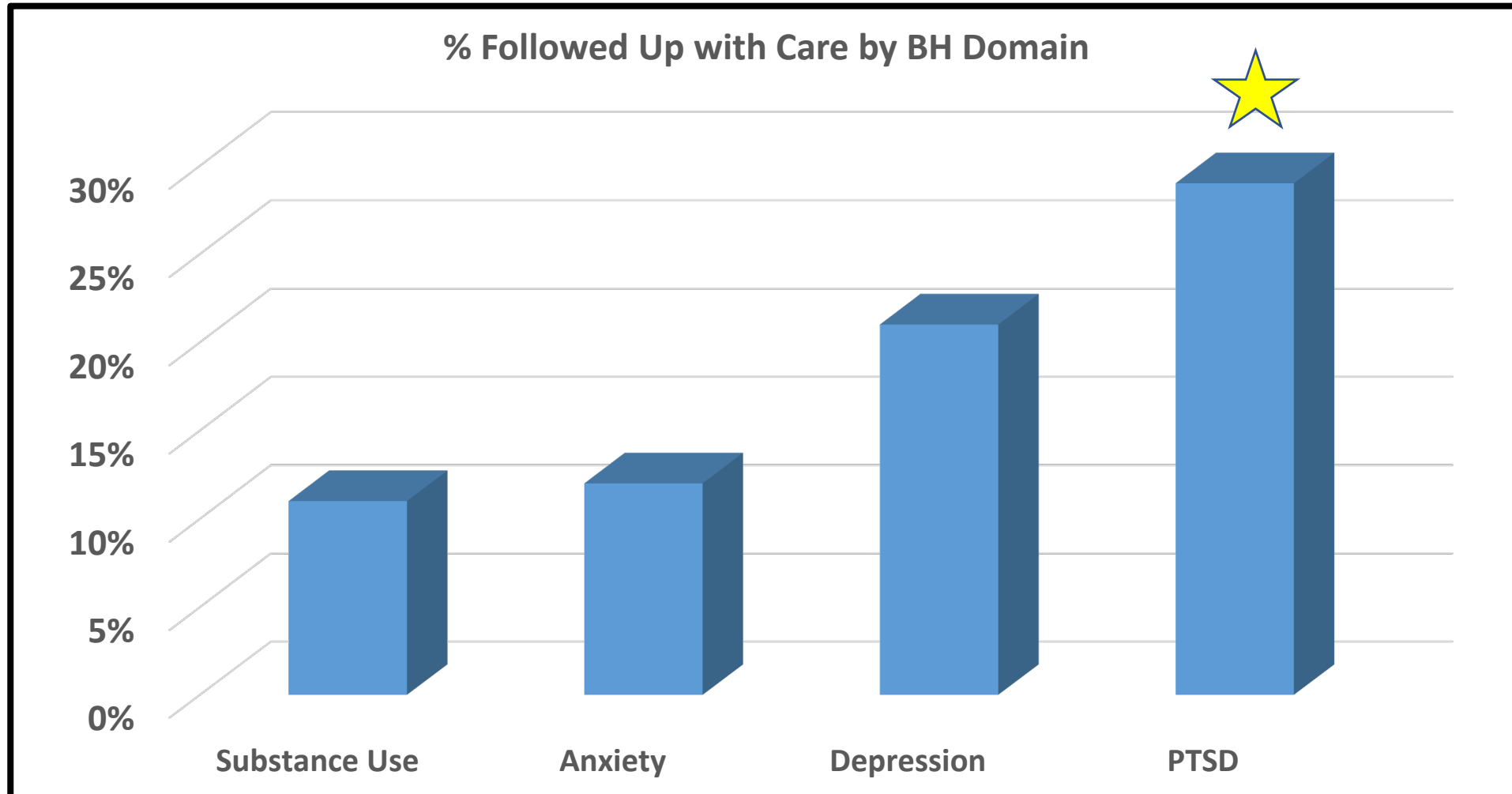
Start

BHATP Survey Video (1)

BH Domain Comparison



Linkage to Care



BHATP Findings - TIC

- Significant increase in positive PTSD screening (33% → 56%)
- 80% report sleep problems several days or more
- Screening & connection to trauma education – well-received
- Improving overall linkage to care
- Patient comfort with “anonymity” of tablet for administration

Behavioral Response Team (BRT)

- History
 - Modification of the Behavioral Rapid Response Team (BRRT)
 - Informed by our Trauma-Informed initiatives
 - Focused on patient *and* provider wellness
 - Caregiver fatigue/burnout
 - Built to match the specific needs of our patients with the services we provide
 - Feeling like 5% of our patients require 80% of our time/resources

- First Steps
 - Rapid Response Team
 - First issues were “legacy cases”
 - More focused on problem-behaviors
 - Violence, verbal & physical aggression
 - Reactionary

BRT: A Different Emphasis

RAPID

- Emphasis on speed
- Respond
- Address and/or remove
- Tell & talk

RESPONSE

- Taking time to understand
- Mindful
 - Of the context
 - Of the patient
 - Of the self
- Ask & Understand

- Rebranding
 - *All behaviors*
 - Responding vs Reaction
 - Most patient in turmoil are known to (some) staff
 - Reduction of implicit reinforcement
 - Diversity in patient-contact, service providers
 - Additional component of debriefing
 - For both staff and patient

- Our Team

- Keyandria Jenkins (PrEP Coordinator)
- Yolanda Smith (Research Coordinator)
- Cheryl Betteridge (Clinical Navigator)
- Tonya Shorter (Clinical Navigator)
- Elizabeth Munoz (Clinical Nurse)
- Kelly Williams (SILC Supervisor)
- Carley Schaffer (Addiction Medicine)
- Michael DeAngelo (Behavioral Medicine)

Steps to Call BRT

ONE

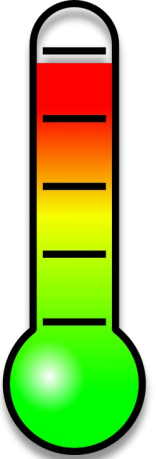
- Dial intercom system **1590092/00/Gray Folder** is needed at the location!!!

TWO

- BRT will respond to the location to identify the behavior and attempt to de-escalate the situation.

THREE

- If behavior continues and team is unable to de-escalate (Pink Folder) is to be called for security.



Note * Please DO NOT say security. Press the button for security. THE BUTTONS ARE LOCATED UNDER THE NURSES STATION DESK AND FRONT DESK!!!

What to Expect

EIP Clinic Staff

- Create a warm atmosphere; greet with a smile and a friendly voice
- Take notice of your own body language and emotions
- Respond with intent to help and des-escalate
- Be encouraging vs discouraging in responses

Behavioral Respond Team

- Last resort - not first response

What we've learned

- Awareness of behavioral reactions using trauma-informed lens
- Addressing staffing concerns:
 - Challenging behavior requiring escalation to security
 - Verbal outbursts and threatening behavior
 - Staff sensitivity to event/encounter
 - Attending to compassion fatigue/burnout
- Technological challenges with assessment build & notification
- Implementation takes time & flexibility

Outcomes

- Development of protocols to proactively identify/minimize the onset of a crisis situation
- Guidance and support for staff:
 - Education and training for staff on de-escalation of disruptive incidents and removing themselves from threatening situations
 - Collaboration with other departments for resources to reduce staff anxiety such as Employee Access Program and Security Workplace Violence training
 - Appropriate use of panic buttons located at reception area and clinic nurses station
 - Use of intercom system to call for assistance using coded messaging

Q&A

THANK YOU!

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