Kaiser Permanente & National Council for Behavioral Health

Trauma-Informed Primary Care Initiative

Learning Community Informational Webinar

April 15 & 16, 2015
How to Ask a Question

Type into the question box and click “send.”
Agenda

• Welcome and Introductions
• Kaiser Permanente and National Council for Behavioral Health Partnership
• Trauma and Its Impact
• Trauma-Informed Primary Care
• What is a Learning Community (LC)?)
• Expectations
• Next Steps/Important dates
  ✓ Application deadline
  ✓ Kickoff Dates
Kaiser Permanente

Kaiser Permanente is one of the nation’s largest not-for-profit health plans, serving more than 9.6 million members. Our aim is to be a leader in total health by making lives better, by making high quality care a goal we can all achieve.

We are committed to improving the health of our communities. Our work is driven by our conviction that good health is a fundamental right shared by all and by our heritage of prevention and health promotion. We are committed to high-quality, affordable, integrated care. Delivering real benefits to the community also requires accountability.

This means we not only share our resources, but also learn from our community partners, deliver on our promises, measure what we are doing, identify what is working and report regularly to the communities we serve.

Together, we can make healthy communities happen.
National Council

Over 2,300 Behavioral Health Organizations

750,000 staff serving 8 million adults, children, and families with mental illness and substance use disorders…
Polling Question #1:

Our clinic(s) have long understood that our patients have histories of trauma and/or complex trauma:

A) We know, but have not known how to address
B) We have begun addressing
C) We have a strong program that addresses trauma for patients with complex needs
What is Trauma?

Includes Three Key Elements

Individual trauma:

Results from an EVENT(S), series of events, or set of circumstances

EXPERIENCED by an individual as overwhelming or life-changing

EFFECTS profoundly impact the individual’s psychological development or well-being, often involving the physiological, social, and/or spirituality of the person.
Trauma Can Shape Us

Worldview

Spirituality

Identity

Approach to Services
Adverse Childhood Experiences (ACES)
<table>
<thead>
<tr>
<th>Outcomes Linked to ACEs</th>
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<tr>
<td>Alcohol, tobacco &amp; other drug addiction</td>
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<td>Auto-immune disease</td>
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<td>Chronic obstructive pulmonary disease &amp; ischemic heart disease</td>
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<td>Depression, anxiety &amp; other mental illness</td>
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<td>Diabetes</td>
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<td>Multiple divorces</td>
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<td>Fetal death</td>
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<td>High risk sexual activity, STDs &amp; unintended pregnancy</td>
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<td>Intimate partner violence—perpetration &amp; victimization</td>
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<td>Liver disease</td>
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<td>Lung cancer</td>
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<tr>
<td>Obesity</td>
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<td>Self-regulation &amp; anger management problems</td>
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<td>Skeletal fractures</td>
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<tr>
<td>Suicide attempts</td>
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<td>Work problems—including absenteeism, productivity &amp; on-the-job injury</td>
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Polling Question #2:

All staff in our clinics have had training on Adverse Childhood Experiences (ACEs) and the impact of trauma across the lifespan:

A) Extensive Training  
B) Some  
C) None
Defining a Trauma-Informed Approach

Realizing
Recognizing
Responding
Resisting Retraumatization
Trauma-Informed Approaches in Primary Care Can:

• Minimize reaction to triggers
• Improve adherence to treatment that addresses the over use or under use of services
• Help people understand how trauma impacts their current health
• Connect people with appropriate resources

Trauma-Informed Care is Now the *Expectation*, NOT the Exception
Polling Question #3:

All of our clinic staff are well versed on trauma-informed sensitive practices in a primary care setting:

A) Well versed
B) Not sure we know what this actually means, but are interested
C) We know what it means but just don’t have the time to respond in a trauma-informed way
Triggers in Healthcare Settings

**Definition:** An external event that causes internal discomfort or distress such as:

- **Sights** - white lab coats, medical equipment, restraints, X-ray bib, room temperature
- **Sounds** - dental drill, ambulance sirens, chaos in environment
- **Smells** - rubbing alcohol, antiseptic odors, latex gloves
Learning Community Faculty

Cheryl Sharp, MSW, MWT
Senior Advisor for Trauma-Informed Care
National Council for Behavioral Health

Tony Salerno, PhD
Senior Consultant
National Council for Behavioral Health
Learning Community Faculty

Virna Little, PsyD, LCSW-R, SAP
Senior Vice President for Psychosocial Services and Community Affairs
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Dr. Glenda Wrenn
Director of the Division of Behavioral Health
Satcher Health Leadership Institute (SHLI)
Morehouse School of Medicine
Learning Community Faculty

Linda Ligenza, LCSW
Clinical Services Director
National Council for Behavioral Health

Karen Johnson, MSW, LCSW
Director of Trauma-Informed Services
National Council for Behavioral Health
**What is a Learning Community (LC)?**

<table>
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<th>Description</th>
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<td>Group of organizations committed to improving services related to a specific area of quality</td>
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<td>Members communicate regularly to share experiences and to learn from each other</td>
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<td>National Council Trauma-Informed Learning Community Faculty provides guidance and support to members of the learning community</td>
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How is a Learning Community Organized?

Participants are organized into cohorts.

Each cohort has a LC Faculty Member as a liaison and facilitator.

Organizations identify a Core Implementation Team (CIT) interfacing with their fellow CITs in the Learning Community.
The following LC activities will be facilitated throughout this initiative:

• Kickoff webinar
• Two Face to Face Learning Community Meetings
• Individual and small group-based consultation calls
• Five webinars with national experts
• A Seeking Safety Training for behavioral health specialists
• Support to collect and submit data on a quarterly basis
Tentative Schedule of Trauma-Informed Primary Care Learning Community Activities

Kickoff webinar – Thursday, May 28, 2015, 2:00 – 3:00 EST

Two Face to Face Kick Off Meetings
  Kickoff Meeting – June 9-10, 2015, Washington, DC
  Summit Meeting – March 2016, Las Vegas, NV

Seeking Safety Training – June 8, 2015, Washington, DC

Three Individual Coaching Calls

Small Group Based Calls

Five Educational Webinars
The Learning Community activities are designed to be manageable, supportive and energy-building.
Learning Community: What’s In It For You?

Support to Implement TIC

- Real time answers to real time questions
- Organizational assessment and performance monitoring

Bounce ideas off of others

Motivating and enjoyable

Tools, resources and information

Addresses YOUR felt needs
What Will You Need To Do?

• Complete and submit an application by COB, Friday, April 24, 2015
• Identify one or more high priority patient cohorts to focus on
• Establish and empower a Core Implementation Team which will:
  ✓ Assess your organization and monitor your progress
  ✓ Attend/view all training and webinars
  ✓ Participate in individual and small group-based consultation calls
  ✓ Participate in data collection and other continuous quality improvement activities
Participation Criteria

- Organizations in one of the following Kaiser Permanente Service Areas:
  - Northern California
  - Southern California
  - Colorado
  - Georgia
  - Hawaii
  - Maryland, Virginia, Washington, DC
  - Oregon and Washington

- Support social-emotional well-being by providing one or more of the following behavioral health services on site: **individual, group, family, or couple therapy**
- Capable of providing both individual and group short-term, trauma-focused therapy
Any Questions?

Please type any questions you might have about the learning community or learning community activities into the chat box.
Patient Cohort

Organizations may choose to focus on patients who:

- Have poorly controlled chronic health conditions
- Display high levels of anxiety and stress
- Evidence of high risk pregnancy difficulties
- Rely heavily on emergency or hospital services
- Have unhealthy lifestyle habits
- Have difficulty adhering to treatment. Including; frequent missed appointments and poor follow up with treatment recommendations
Selecting Your Cohort

Leverage Existing Initiatives
- Primary Care Medical Homes or National Committee for Quality Assurance activities
- Accountability Car Organizations’ target population
- Risk or gainsharing contracts
- State or payer incentives
- High priority Accreditation Standards

Where can you get traction?
- Existing organizational champion for a certain cohort (e.g., prenatal risks)
- Smaller and easy to track measures (e.g., diabetes with high BMI)
- People with overuse of certain medical services (e.g., ER)
Data to Inform Quality Improvement

• For your organization
• For the field

On the shoulders of giants...
Data Collection

• Submit aggregated screening and assessment rates for target population
• Submit aggregated health information for your target population – include proposed measures in your application
• Conduct workforce surveys and organizational self-assessments
• Participate up to two focus groups
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Any Questions?

Please type any questions you might have regarding Data Collection into the chat box.
thank you
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Applications due Friday, April 24
www.TheNationalCouncil.org