



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Trauma-Informed Care Innovation Community Webinar Report Out

Setting the Stage: Today's Moderator



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Associate

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

Our format:



Structure

Presentations from experts

Polling You

At designated intervals

Asking Questions

Responding to your written questions

Follow-up and Evaluation

Ask what you want/expect
and presentation evaluation

Listserv

Look for updates from:
[trauma_informed_care_ic](#)

Linda Ligenza, LCSW SAMHSA-HRSA Center for Integrated Health Solutions – TIC IC Facilitator





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Presentation Order

Sacopee Valley Health Center
Southern Illinois Healthcare Foundation
Stone Mountain Health Services
The Healthcare Connection
Westbrook Health Services

Trauma-Informed Care TIC Innovation Community: Organizational Report-Out

Sacopee Valley Health Center

August 17, 2016

Introduction

- Jennifer McCarthy, Behavioral Health Consultant
- Sacopee Valley Health Center
- Location - Porter, Maine
- Opened in 1976
- Federally Qualified Health Center (FQHC)
- Patients - 5,045
- Total staff - 60
- Serves 12 rural towns in 4 counties & two states
(Maine & New Hampshire)
- Service area population of + 23,500



Accomplishments

We are most proud of:

- Our entire organization starting with the Board of Directors has participated in a two-part training on trauma-informed care principles and practices
- We adopted the LEC-5 to help screen for trauma and “normalize” it as part of our integrated, whole person care



Lessons Learned

- We are so thankful that a patient has been a member of our team
- Patient perspective
- Male trauma perspective



Sustaining TIC

Two ways we plan to sustain and institutionalize TIC:

- We plan on continuing our core team
- We have added trauma-informed care to our long-range plan



Questions

- Question for fellow participants?
None at this time
- Challenge we are most worried about?
Resistance/hesitancy to administer LEC-5





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**Trauma-Informed Care
TIC Innovation
Community:
Southern Illinois
Healthcare Foundation
Report-Out**

August 17-18, 2016

Introduction

- Dale Fiedler, Corporate Director of Planning and Development and Kelli Canada, LSW for Behavioral Health Integration
- Southern Illinois Healthcare Foundation (SIHF)
- SIHF is a larger FQHC with 31 sites, over 100,000 patients and over 600 staff serving low income persons in East St. Louis and surrounding urban communities, as well as 9 rural counties.
- Started introduction of TIC program in 1 location which provides OB/GYN, Pediatrics, adult medicine and psychiatry.

Accomplishments

What are two accomplishments you are most proud of?

- The value of life it provided to the patient whom we asked to joined our team and listen to her opinions.
- Providing TIC training on two specifics groups: Healthy Start/Ryan White Case Managers and the Consortium team meeting.

Lessons Learned

What is one lesson you have learned about TIC or implementation that you would like to share with others?

- We do not know an individual's specific history unless we ask. This information is vital to the treatment or **lack of adherence** to treatment.

Sustaining TIC

What are 1 or 2 ways you plan to sustain and institutionalize TIC?

- Educating and training other sites
- Seek out TIC champions at other sites

Question

Is there a question you have for your fellow participants?

- Currently no further questions, but one may arise as we listen to others report on their progress.



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Trauma-Informed Care TIC Innovation Community: Organizational Report-Out

Stone Mountain Health Services

August 17-18, 2016

Introduction

- James Werth, Behavioral Health and Wellness Services Director, TIC Initiative Coordinator
- Stone Mountain Health Services, 11 primary care clinics across 7 of the Westernmost counties of Virginia (all rural)
- Federally Qualified Health Center, Behavioral Health Team and Patient Accounts Supervisor collaborating across sites

Accomplishments

- 1) Adapted 2 posters (Tree and Our Promise) and placed in all the clinics – have received referrals
- 2) Identified screening and assessment instruments and Behavioral Health Providers started using them

Lessons Learned

- 1) Include representatives across the organization
- 2) Build into naturally occurring activities

Sustaining TIC

- 1) Incorporate into Performance Improvement activities
- 2) Collaborate with Medical Director to include in annual training and quarterly provider meetings

Question

What materials have you used to help train medical providers and nurses?



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Trauma-Informed Care
TIC Innovation
Community:
The Healthcare
Connection Report-Out

August 17-18, 2016

Introduction

- The HealthCare Connection (THCC) and Greater Cincinnati Behavioral Health Services (GCBHS)
- Both located in several locations in Cincinnati OH and the Greater Cincinnati area
 - **Team:**
 - THCC-Barb Bailey, COO and Kyle Rife, Director of QI
 - GCBHS-Anne Combs, VP of The Children and Family Division, Tammie Hung, Behavioral Health Consultant and Rachael Feldman, Program Manager for Behavioral Health
- **Presenting: Rachael Feldman**



Description of THCC

The HealthCare Connection (THCC) began 49 years ago as Ohio's first community health center, located just north of Cincinnati. The Lincoln Heights Health Center first began serving low-income families in a four-room apartment with volunteer doctors and dentists. The HealthCare Connection is now comprised of the Lincoln Heights Health Center (founded in 1967), the Mt. Healthy Family Practice (established in 1987) and our pediatric site, the Forest Park Health Center (opened in 1996). By 2002, we were serving 10,500 patients in one year. When the new Lincoln Heights Health Center was built in 2003, it allowed us to expand our services to help more individuals and families in need. Early in 2007, we broadened our service area nearly to downtown Cincinnati, providing primary care at five behavioral health co-locations. The Viking School Based Health Centers (VSBHC) at Princeton Middle/High School opened in 2013, and another opened at Heritage Hill Elementary in 2014. The HealthCare Connection served over 18,000 patients in 2015.



Description of GCBHS

The GCB of today—a \$38 million organization with 500+ staff serving 15,000 people annually—is the sum of many parts. We officially became GCB in 2004, with the merger of two long-running mental health agencies, Cincinnati Restoration, Inc. and Queen City Case Management. In 2014, we merged with Clermont Recovery Center (a substance abuse treatment agency) and LifePoint Solutions (a social service agency dating back to 1879). **We're now the most comprehensive mental health agency in the Greater Cincinnati area, serving people of all ages and walks of life, through a menu of carefully honed programs.** Programs and services include: case management, counseling, addictions, employment, housing, benefits management, school based services, early childhood services, and behavioral health integration into primary care. The use of evidence based practices are many and populated with too many acronyms, however our services are focused on doing what is best, what is right and what works.

Accomplishments

- Accomplishment One: Gained awareness of the lack of knowledge staff actually have about trauma informed care
- Accomplishment Two: Developed a plan that we intend to use as a guide to continue to work toward once things have settled down and we have reduced the barriers
 - Developed patient satisfaction survey that includes TIC questions and need to develop a plan for distribution
 - Developed a Strong Vision Statement
 - “Our vision is to ensure access to high quality, trauma specific and patient driven services in a holistic, safe and secure environment with a focus on a collaborative, compassionate relationship.”

Barriers

- Implementation of TIC principles occurred as we were also implementing new services (behavioral health) into two THCC sites, as well as THCC implementing new primary care services into a GCBHS site
- Both THCC and GCBHS has staff turnover during this learning community, which took away from being able to move forward with putting TIC principles into practice

Lessons Learned

I think we learned how important and valuable TIC is in all aspects of the treatment of patients and simple changes can be made to ensure a more trauma informed work place exists. It is just something that needs to stay on the forefront, even though this can be difficult to do at times.

Sustaining TIC

- Still planning on doing staff trainings at THCC sites
- Find effective way to distribute patient survey
- Continue to look for trauma informed questionnaire for behavioral health to ask patients

Question

What barriers did other participants face?



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Trauma-Informed Care TIC Innovation Community: Westbrook Report-Out

August 17-18, 2016

Introduction

- Eric Limegrover, Ph.D., ALPS
- Westbrook Health Services - Parkersburg, WV
- Westbrook Health Services believes in promoting the well-being of individuals and families struggling with a wide range of challenges. Our agency serves the needs of nearly 6,000 people annually. Experienced and compassionate, we empower people to achieve wellness with our staff of psychiatrists, physicians, nurses, psychologists, professional counselors, social workers, and addiction counselors. Westbrook Health Services serves the Mid-Ohio Valley including: Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt and Wood counties.

Accomplishments

1. Having the Stephanie Covington Group come to our facility for a site evaluation and conduct a 4 day clinical training on the implementation of trauma groups for men, women, and adolescents.
2. The creation and implementation of a Trauma Informed Policy for Westbrook Health Services.

Lessons Learned

1. Have consumers involved in the process as soon as possible. Their feedback is invaluable and necessary for trauma informed processes to begin.

Sustaining TIC

1. Continue to meet twice a month, (one time as a full group and one time as a subcommittee). We have three subcommittees, a. Policy, b. Staff and c. Consumer.
2. Our next goal will be to improve our data collection and screening procedures. We are adding questions to our intake process and improving our consumer questionnaires.

Question

1. What screening tools do you use and how are you integrating their scores into your practice?



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Questions?



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Thank you!

Please be sure to complete the
survey following our webinar
today.