



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Trauma-Informed Care Innovation Community Webinar Report Out

August 18, 2016

Setting the Stage: Today's Moderator



Madhana Pandian
Associate

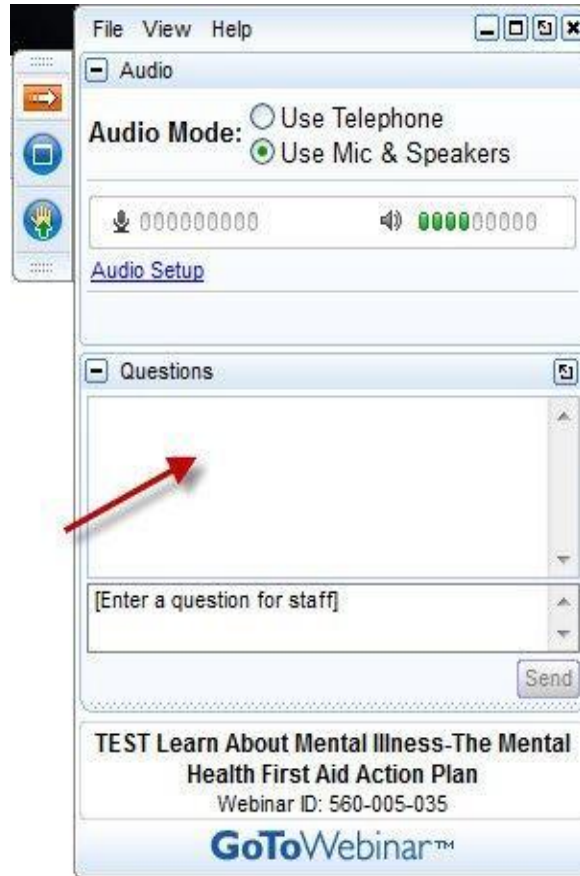
SAMHSA-HRSA Center for Integrated Health Solutions

**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](#)

Evaluation

Due to

madhanap@thenationalcouncil.org

by August 24th

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





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Presentation Order

Berks Counseling Center

Comprehensive Community Action, Inc.

Salt River Pima-Maricopa Indian
Community BH Division

Family Services of RI

Health Partners of Western Ohio

Rockbridge Area Health Center



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Trauma-Informed Care TIC Innovation Community: Berks Counseling Center Report-Out

Introduction

- Presenter's name and role

Fatima Kerr LSW, Recovery Supports Coordinator, TIC Core Team Member and Leader of TIC Education Sub-Committee

- Name and location of organization

Berks Counseling Center

645 Penn Street

Reading, PA 19601

- Brief description of agency and program where you have been implementing TIC

BCC offers Mental Health, Drug and Alcohol, Peer Services, Primary Care, Housing and other Supportive Services in the community. We have been implementing TIC strategies across all departments.

Accomplishments

What are two accomplishments you are most proud of?

- 1) At Berks Counseling Center we are proud that we have completed an agency wide Trauma Informed Training and it was received well.
- 2) The initiation of a Peer Committee to provide feedback to the agency.

Lessons Learned

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

One lesson is that the training was needed across all disciplines in the agency and we learned that many of our staff are experiencing their own trauma and that our HR Department is working on getting an Employee Assistance Program.

Sustaining TIC

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

- 1) Ongoing Agency Wide Training and Continue meeting as the TIC Core Team
- 2) Implementation of Screening Tools
- 3) Peer Committee
- 4) Evidence Based Training

Question

Is there a question you have for your fellow participants?

- 1) At what point in treatment are other agencies using the Screening Tool?



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Trauma-Informed Care TIC Innovation Community: Comprehensive Community Action, Inc.

Introduction

- Rick Ford, LICSW-Clinical Director
- CCAP, Cranston Rhode Island
- Community Action Program-TIC being implemented in behavioral health, family health, case-management and dental clinic(s).

Accomplishments

What are two accomplishments you are most proud of?

1. Conducting introductory trainings to all of health center sites, our dental clinic, senior leadership and a large case-management component at our agency.
2. Conducting and evaluating a staff survey sent to all training attendees.

Lessons Learned

What is one lesson you have learned about TIC or implementation that you would like to share with others?-The importance of taking care of staff and being supportive/attentive and respectful of how our personal experiences may shape our work culture(s) and patient care.

Sustaining TIC

What are 1 or 2 ways you plan to sustain and institutionalize TIC? We intend on meeting as a group at least 1x/month and combining with our integrated care team. We intend on having a TIC topic at each staff meeting.

Question

Is there a question you have for your fellow participants?

What suggestions to fellow participants have about keeping the TIC group motivated and supportive of future TIC initiatives?



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Trauma-Informed Care TIC Innovation Community: Salt River Pima-Maricopa Indian Community

Introduction



- Jordanna L. Saunders, MC, LPC, BHS
Program Manager, Trauma Based Services
- Salt River Pima-Maricopa Indian Community,
Scottsdale, Arizona.
- Under HHS and the Division of Behavioral Health,
we've begun behavioral health integration in the Salt
River medical clinic and have begun to transition to
Trauma Informed in our behavioral and tribal
programs.

Accomplishments

What are two accomplishments you are most proud of?

- We have hired our BHC and she is on track to complete her 6 month probationary period next month. (Integrated BH.)
- We are concluding our PSA video (client voice and choice) & presented about our TIC transition at the National Indian Health Services conference in Portland on 8/10/16.

Lessons Learned (& continuing)

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



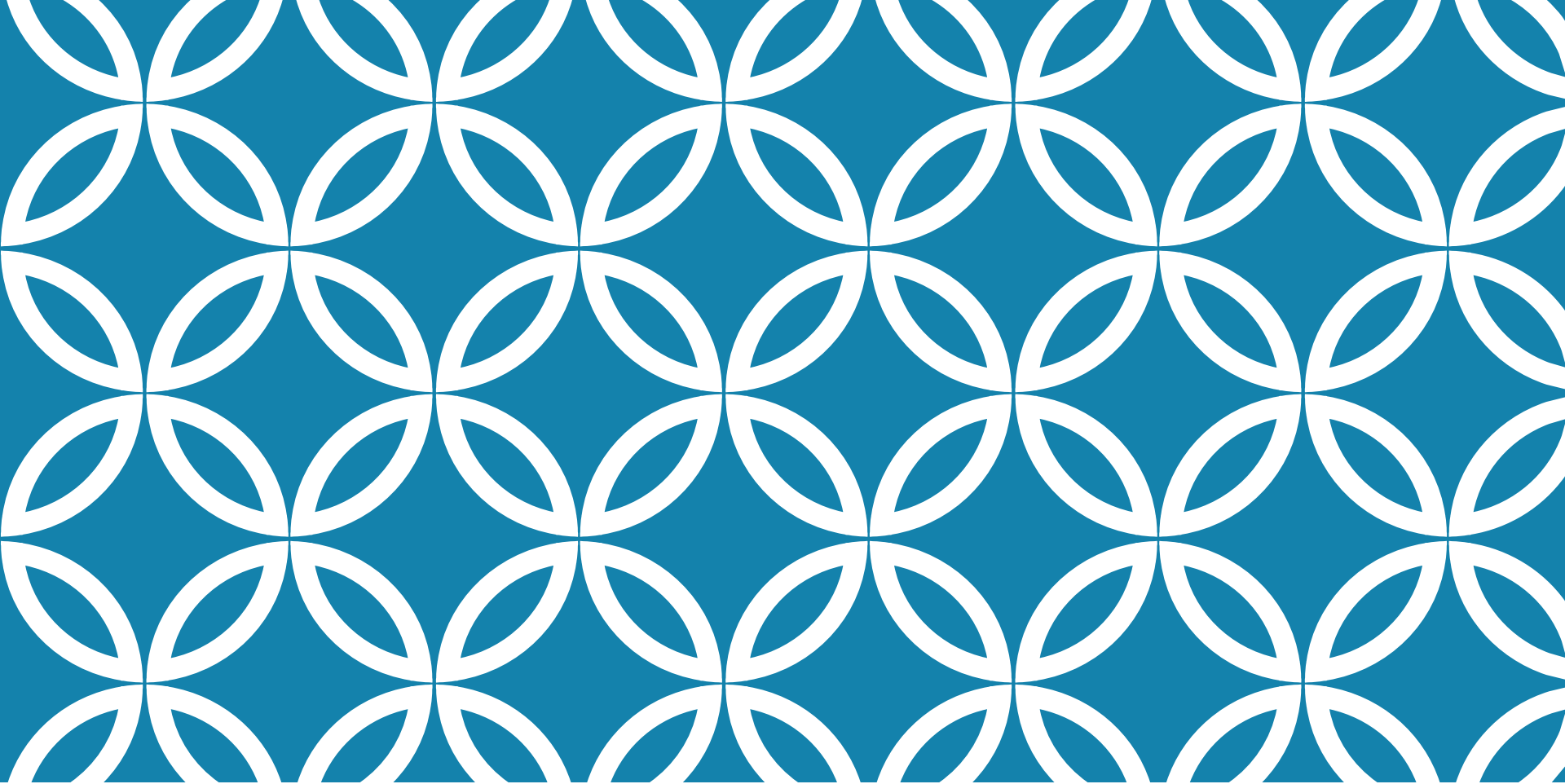
Sustaining TIC

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

- We have firmed up our TIC committee and the committee is committed to meeting once a month.
- We have identified successes & goals.

Question

Is there a question you have for your fellow participants?



DEVELOPING TRAUMA-INFORMED CARE

Family Service of Rhode
Island (FSRI)
August 2016

FAMILY SERVICE OF RHODE ISLAND OVERVIEW

Presenter: Sarah Kelly-Palmer, Senior Clinical Administrator

Non-profit, founded in 1893, serving Rhode Island, with a strong focus on Providence, Rhode Island (the capital and largest city).

Services include behavioral health services (outpatient, homebased), care coordination (Cedar, AIDS Project Rhode Island), educational (Mount Pleasant Academy), child welfare (5 residential programs, therapeutic foster care, family coaching, community-based Trauma Systems Therapy), early childhood (Early Intervention, Providence Talks, Healthy Families America) and a variety of community-oriented programs (Go-team, Providence Children's Initiative)

FSRI strives to provide comprehensive services and to partner to develop high-quality and high-impact programs to meet community-needs.

FSRI IS A LEADER IN PROVIDING TRAUMA-INFORMED BEHAVIORAL HEALTH CARE

National Child Traumatic Stress Network Site.

Came to the TIC IC project late in the game.

FSRI trains in trauma-informed, evidence-based treatments and practices, and delivers behavioral health services through a trauma-informed lens.

We train the provider community as a whole and participate in National initiatives to improve trauma-informed care.

- NCTSN
- ACF
- OVC

Partnering with health-care to reach clients in need and in-turn educating systems about child trauma.

ACCOMPLISHMENTS

We identified a **gap** in the level of comfort, commitment, and integration of trauma-informed care between our behavioral health services, and our services which were more health-focused.

Constructed a plan to implement training and trauma screening into two identified programs

LESSONS LEARNED!

Global organizational knowledge and capacity does not guarantee that all parts of a complex organization share the same values and understandings.

SUSTAINING TIC

- Incorporating trauma screening agency-wide
- New employee orientation will have time dedicated to trauma-informed practice
- Have a trauma-informed working group that meets at least quarterly (more often as specific projects arise)

QUESTION FOR OTHERS PARTICIPATING

-How can a trauma-informed behavioral health partner have the most impact in your primary care setting?

As Family Service of Rhode Island is embarking on partnering with more health organizations we want to be able to disseminate trauma-informed information and skills with our partners in an effective way.

QUESTIONS???

SARAH KELLY-PALMER

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Trauma-Informed Care TIC Innovation Community: Health Partners of Western Ohio

Introduction

- Beth West, Chief Operations Officer
- Health Partners of Western Ohio, located in Lima, Ohio
 - Federally Qualified Health Center
 - 12 locations
 - 2015, served 25,019 patients with 95,848 visits
 - 260 employees and growing
 - TIC implementation within our entire organization
 - Main focusing has been on our employees.

Accomplishments

What are two accomplishments you are most proud of?

- Implementing TIC across our entire organization, across all disciplines, and with all staff new and seasoned at one time.
- Implementing innovative staff wellness and resilience strategies at every location during daily briefs.

Lessons Learned

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

- We wish we would have started our implementation from the very beginning by using the term resilience rather than Trauma Informed Care.

Sustaining TIC

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

- Maintain the focus on resilience and increase our capacity to add value to our staff by continuing our implementation of staff wellness at our daily briefs.
- Making TIC part of our day long orientation for new hires.

Question

Is there a question you have for your fellow participants?

- For those of you who have implemented TIC with your patient population, what is one lesson learned you could share as we work towards spreading this to our patient population?



**Rockbridge Area
Health Center**

**TRAUMA-INFORMED CARE
TIC Innovation Community:
Organizational Report-Out**

August 18, 2016

www.rockahc.org



Introduction

- **Presenter:** Shana Colwell, MSW, QMHP—Behavioral Health Consultant
- **Program:** Rockbridge Area Health Center—Lexington, VA
- **FQHC:** in our second year of operation as an FQHC, previously operated as a Free Clinic 1992-2014
- **Mission:** to provide comprehensive, high quality, accessible, affordable health care that is coordinated, culturally competent, and community directed



Accomplishments

- **Culture Shift:** changing the overall staff perception of our patients and moving from “blame and shame” to “empathy and understanding”
- **Staff education** on trauma and its effects that led to the development of provider “Resiliency Stations”



Lesson Learned

We realized we were starting from the bottom rung and that we have more to do and opportunities for growth.



Sustaining and Institutionalizing TIC

- **Policy Changes:** revised and renamed our “No Show” policy to be more trauma informed thus becoming our “Missed Appointment” policy; ongoing review and revision of current policies
- **Use of Patient Focus Groups and Patient Surveys** to evaluate our services/facilities and implement improvement processes



Question for others...

What issue did you find your agency struggled with the most during this process?



Contact information:

540.464.8700

www.rockahc.org

Find us on Facebook:

search “Rockbridge Area Health Center”



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Questions?



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**Thank you all for
sharing today!**

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