SAMHSA MAI-CoC Webinar – May 23, 2017
Retention in Care 2: Best Practices in Trauma Informed Care for PLWH, In Recovery and People At-Risk

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Slides for today’s webinar are available on the CIHS website at:

http://www.integration.samhsa.gov/mai-coc-grantees-online-community/webinars

How to ask a question during the webinar

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. (right)

THIS WEBINAR IS BEING RECORDED
Disclaimer:

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

Disclosure

The faculty:
Mary Blake C.R.E., I.T.E., and Eugenia Sousa have no financial interests to disclose.
Learning Objectives

By the end of this session grantees will be able to:

• Understand what adverse childhood events (ACEs) are and their prevalence and impact on PLWH, in recovery and persons who are at risk.
• Recognize the link between client retention and providing trauma informed care.
• Identify the concrete steps their organization can take to provide trauma informed care.
• List the benefits of becoming a trauma informed care organization.
Goal: Implement and study a trauma-informed approach throughout health, behavioral health, and related systems.

SAMHSA’S Comprehensive Public Health Approach to Trauma
- Integrate an understanding of trauma and strategies for implementing a trauma-informed approach across SAMHSA, interested federal agencies, and other public service sectors.

SAMHSA’s Approach to Community and Historical Trauma
- Develop SAMHSA’s framework for community and historical trauma and a trauma-informed approach for communities

SAMHSA’s Trauma Technical Assistance Coordination Strategy
- Coordinate and align SAMHSA’s trauma technical assistance and training activities

SAMHSA’s Trauma Measurement Strategy
- Develop and implement measures for population surveillance, client level data, facilities surveys and quality measures

The Central Role of Trauma

School/Job/Workplace Issues

Substance Use Problems

Social and Relationship Problems

Family & Parenting Issues

Violence and Trauma

Chronic Health Problems

Homelessness, Housing Insecurity

Incarceration

Mental Health Problems

Suicide
PTSD
Depression
Schizophrenia
The Impact of Trauma

- Trauma is cumulative
- Trauma affects the developing neurophysiological system
- Trauma increases likelihood of health risk behaviors (smoking, drinking, overeating) as means of coping
- Trauma is directly related to mental health symptoms, substance abuse, chronic physical illness, early mortality
- Has impact at the molecular, clinical and population level

Adverse Childhood Experiences Study

- The ACE study was a research collaboration between CDC and the Kaiser Permanente Health Appraisal Clinic in San Diego that took place from 1995 to 1997.
- The study examined health outcomes of over 17,000 Kaiser members in relation to events in their childhood.
  - Each of the participants was asked a range of questions about Adverse Childhood Experiences (ACEs) and various health outcomes.
- The study found that adults who reported *multiple adverse experiences in childhood* were much *more likely to suffer a range of negative health and social outcomes in adulthood*
  - including depression, substance use, alcoholism, smoking, suicide, heart disease, lung disease, injuries, HIV/sexually transmitted diseases, and impaired work performance.
Impact of Trauma Over the Life Span

Effects of adverse childhood experiences:
- neurological
- biological
- psychological
- social

(Felitti et al., 1998)

Aces and Negative Outcomes

ACEs and Negative Outcomes

- Depressed Mood for 2+ Weeks in Past Year
- Current Smoker
- Ever Used Illicit Drugs
- Considers Self an Alcoholic
- Ever Attempted Suicide
Childhood Experiences and Adult Alcoholism

ACE Score and Intravenous Drug Use

N = 8,022   p<0.001
The Three E’s

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.
A Trauma-Informed Approach (Four R’s)

A trauma-informed program, organization, or system:

- **Realizes**
  - Realizes widespread impact of trauma and understands potential paths for recovery

- **Recognizes**
  - Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system

- **Responds**
  - Responds by fully integrating knowledge about trauma into policies, procedures, and practices

- **Resists**
  - Seeks to actively resist re-traumatization.

From SAMHSA’s Concept Paper

Key Principles of a Trauma-Informed Approach

- Safety
- Cultural, Historical, and Gender Issues
- Trustworthiness and Transparency
- Empowerment, Voice, and Choice
- Peer Support
- Collaboration and Mutuality
Guidance Domains for a Trauma-Informed Approach

- Governance and leadership
- Policy
- Physical environment of the organization
- Engagement and involvement
- Cross sector collaboration
- Screening, assessment, and interventions
- Training and workforce development
- Progress Monitoring and Quality assurance
- Financing
- Evaluation

What is Engagement in Care?

"Patient activation" refers to a patient's knowledge, skills, ability, and willingness to manage his or her own health and care.

"Patient engagement" is a broader concept that combines patient activation with interventions designed to increase activation and promote positive patient behavior, such as obtaining preventive care or exercising regularly. Patient engagement is one strategy to achieve the "triple aim" of improved health outcomes, better patient care, and lower costs. *

Trauma-Informed Engagement

It’s not just what you do, but also how you do it
### Engagement and Involvement

**Key Principles**

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<th>Safety</th>
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**10 Implementation Domains**

- How do people with lived experience have the opportunity to provide feedback to the organization on quality improvement processes for better engagement and services?
- How do staff members keep people fully informed of rules, procedures, activities, and schedules, while being mindful that people who are frightened or overwhelmed may have difficulty processing information?
- How is transparency and trust among staff and clients promoted?
- What strategies are used to reduce the sense of power differentials among staff and clients?
- How do staff members help people to identify strategies that contribute to feeling comforted and empowered?

### Policy

**Key Principles**

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**10 Implementation Domains**

- How do the agency’s written policies and procedures include a focus on trauma and issues of safety and confidentiality?
- How do the agency’s written policies and procedures recognize the pervasiveness of trauma in the lives of people using services, and express a commitment to reducing re-traumatization and promoting well-being and recovery?
- How do the agency’s staffing policies demonstrate a commitment to staff training on providing services and supports that are culturally relevant and trauma-informed as part of staff orientation and in-service training?
- How do human resources policies attend to the impact of working with people who have experienced trauma?
- What policies and procedures are in place for including trauma survivors/people receiving services and peer supports in meaningful and significant roles in agency planning, governance, policy making, services, and evaluation?
Physical Environment

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**10 IMPLEMENTATION DOMAINS**

**Physical Environment**

- How does the physical environment promote a sense of safety, calming, and de-escalation for clients and staff?
- In what ways do staff members recognize and address aspects of the physical environment that may be re-traumatizing, and work with people on developing strategies to deal with this?
- How has the agency provided space that both staff and people receiving services can use to practice self-care?
- How has the agency developed mechanisms to address gender-related physical and emotional safety concerns (e.g., gender-specific spaces and activities).

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Screening, Assessment, Treatment Services

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**10 IMPLEMENTATION DOMAINS**

**Screening, Assessment, Treatment Services**

- Is an individual’s own definition of emotional safety included in treatment plans?
- Is timely trauma-informed screening and assessment available and accessible to individuals receiving services?
- Does the organization have the capacity to provide trauma-specific treatment or refer to appropriate trauma-specific services?
- How are peer supports integrated into the service delivery approach?
- How does the agency address gender-based needs in the context of trauma screening, assessment, and treatment? For instance, are gender-specific trauma services and supports available for both men and women?
- Do staff members talk with people about the range of trauma reactions and work to minimize feelings of fear or shame and to increase self-understanding?
- How are these trauma-specific practices incorporated into the organization’s ongoing operations?
Training and Workforce Development

What is a Trauma Narrative?

- The traumatic event(s)
- The impact on one’s life
- The meaning one has made out of what happened
- The beliefs one carries about who one is and who one is capable of becoming
- The growth and healing journey
Story-telling and Healing

• Personal narratives:
  – Organize experience, help us make sense of what has taken place
  – Lay the groundwork for survivors to develop hope about the future
  – Can also be told through spoken word, music, dance or movement, drumming, art, and writing
  – Are on-going works in progress over the course of our lives

Contact Info

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Retention in Care 2: Best Practices in Trauma Informed Care for PLWH, In Recovery and People At-Risk

Eugenia Sousa
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Milwaukee, WI

United Community Center
Human Services Department
Dually Certified Mental Health & Substance Use Treatment Program

Meet a few of our staff.....

Ms. Laura Haas is a State Certified Peer Specialist; she joined UCC as a staff on 8/29/2016
In 2016, HSD served:

- 718 clients; including 213 through residential treatment
- 66% of the individuals served in residential treatment presented with opioid-related disorders
- Over 140 children and relatives with support services

Unique aspects

- 1 of 4 organizations that provide residential treatment in Milwaukee County; 1 of 2 organizations with the capability to accept mothers with their children and pregnant women into treatment
  - Only program with a complete continuum of care for men and women
  - Only program offering monolingual Spanish treatment/services at all levels of care
Unique aspects (cont.)

- Only treatment site that serves as an Access Point to Milwaukee County’s public sector substance use services delivery system
- Only community based treatment facility that has a collaborative engagement with a Federally Qualified Health Center (16th Street Community Health Center)

Unique aspects (cont.)

- Continuum of care ~ Residential; Day Treatment; SUD Outpatient Treatment
- Mental Health Care, Outpatient
- Alumni Group
- Culturally competent/Language specific
- Gender Specific/Responsive
- Co-occurring approach
- Family Focused approach
Unique aspects (cont.)

- Trauma Informed/Responsive Care
- EBPs ~
  - Trauma Recovery and Empowerment Model (TREM and MTREM)
  - Boston Consortium Model (BCM)
  - Helping Women Recover/Helping Men Recover (Dr. Stephanie Covington)

MAI-CoC

*Vida, Salud, Esperanza (VSE) project*

- Provides integrated behavioral health care, HIV/AIDS prevention and medical care
- Serves Hispanic men and women at high risk for behavioral health disorders (BHD) and high risk for or living with HIV
- Operates within the context of UCC’s “one-stop-shopping” multi-program community center serving Milwaukee’s Hispanic community
  - This is an integrated project with medical care integrated off site
Vida, Salud, Esperanza Goals

1) Provide HIV testing to identify BHD clients unaware of their HIV status
2) Diagnose HIV among BHD clients
3) Assist participants in adhering to and being retained in BHD treatment
4) Link clients to medical care and HIV care
5) Appropriately serve HIV+ clients:
   • Retain clients in HIV medical care
   • Facilitate clients receiving and adhering to antiretroviral therapy (ART)
   • Support clients in having sustained viral suppression

Vida, Salud, Esperanza
Trauma Services

• Trauma Recovery and Empowerment Model (TREM), an approach that considers the context of historical trauma within which a large proportion of both men and women develop behavioral health disorders (BHD)
• Boston Consortium Model (BCM): Trauma-Informed SUD Treatment for Women Program, which addresses gender-specific issues common to women with BHD
• Helping Women Recover/Helping Men Recover (Dr. Stephanie Covington)
Vida, Salud, Esperanza
Baseline Trauma Symptoms

- 80% of clients reported lifetime trauma (N=172 of 215)
- 78% of clients completing a measure of PTSD had scores consistent with a PTSD diagnosis (N=134 of 172)
- 85% of clients had PTSD scores considered moderate or severe (N=146 of 172)

Measure=PTSD Symptom Scale (PSS)
N=215 baseline PSS interviews completed through April 30, 2017

Vida, Salud, Esperanza
Lessons Learned

- Trauma informed care ~ across program
- Clinicians were trained on site
- Many clients entering treatment are not ready to address the traumatic events
- Building trust is essential
- We are in the process of bringing Seeking Safety into the residential level of care
- Building on safety concepts before addressing trauma
Resources

Seeking Safety curricula
http://www.treatment-innovations.org/seeking-safety.html

Dr. Stephanie Covington’s curricula

“Helping Women Recover”
http://www.stephaniecovington.com/helping-women-recover-a-program-for-treating-addiction.php

“Helping Men Recover”

Questions & Answers
Next Webinar

Tuesday, June 20, 2017
1:00-2:00PM
EBPs Supporting Quality of Life Improvements for PLWH with Substance Use and Mental Disorders

Onsite Trainings for MAI-CoC Grantees

- Motivational Interviewing
- Using GPRA/TRAC Data for Program Sustainability
- Trauma-Informed Care
- Whole Health Action Management
- SBIRT
- Integrated Practice Assessment Tool (IPAT) Consultation and Planning
- Medication Assisted Treatment 101
- Achieving Cultural Competence in Behavioral Health and HIV Service Delivery
- Case Management to Care Management Training
- Mastering Supervision
- Staff Wellness

https://form.jotform.com/63356260032952
Contact: integration@thenationalcouncil.org
2017 MAI-CoC Grantee Meeting

Reminder for Project Directors

Registration:
• Please register for the meeting by May 31 at this link: https://form.jotformpro.com/70746133235957
• Two participants from the MAI-CoC grant (FOA TI-14-013) must include the project director or project coordinator and one other staff member directly involved in the MAI-CoC. Participants must be cleared through their project director.

Hotel Accommodations:
• The cut-off date for making hotel reservations is June 9, 2017.
• A room-block at the government rate of $172 per night (plus tax and fees) has been reserved for your convenience at the EVEN Hotel Rockville for the nights of July 9 and 10 (check-in: July 9; check-out: July 11).
• Call the hotel at 855-879-3836 or 301-881-3836.
  • USE THE REFERENCE: “SAMHSA MAI-CoC Grantee Meeting” and Meeting Code # E54

For More Information & Resources

Visit www.integration.samhsa.gov or e-mail integration@thenationalcouncil.org
Thank you for joining us today.

Please take a moment to provide your feedback by completing the survey at the end of today’s webinar.