

# THE TRANSITION FROM PRIMARY CARE TO TRAUMA-INFORMED CARE:

A template for change

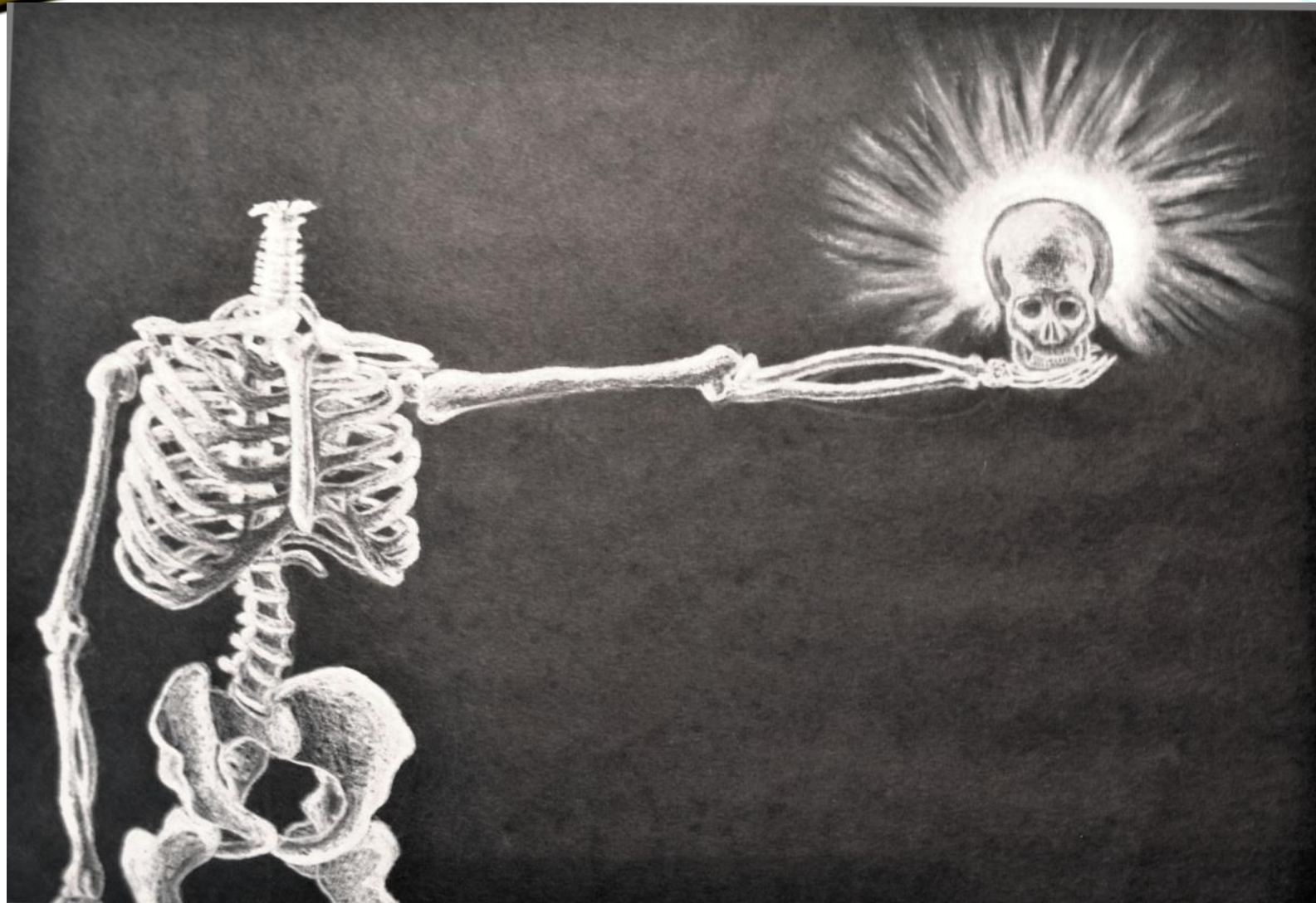


Leon Altamirano, Psy.D.  
Director of Integrated Behavioral Health

**Why?**

**Basically, . . .  
Healthcare has been  
practiced the same way  
for the past 100 years.**

**Medical Model = Body, muscles, organs  
AND bones – The Brain has been a  
Mystery, . . .**



Developing The Healthcare System of the NEXT 100 Years



# Topics for Today

1. Step 1: Establishing Common Ground
2. Step 2: Wooing The Bean Counters
3. Step 3: Creating A Culture that Supports TIC
4. Step 4: T.I.C. Integration into Primary Care

# 1) Establishing Common Ground

Approx.  
2013



## Making a Case for Behavioral Health Services

1 Prescriber, 1 Psychologist and 1 Social Worker  
was not enough for approx. 65,000 patients



# Models of Medical AND Behavioral Healthcare were/are Becoming Obsolete

***The W.H.O. said:***

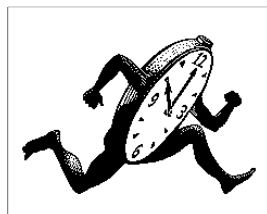
***‘By 2020, Behavioral Health Disorders Will  
Surpass ALL Medical Disorders as The  
Leading Cause of Disability World Wide’***

~ World Health Organization





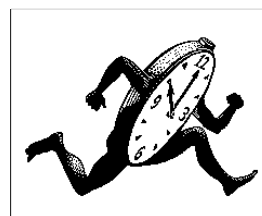
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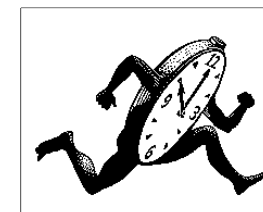
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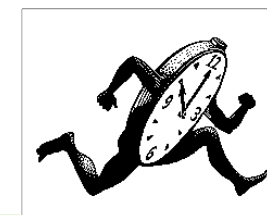
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For NCHS, . . . the Clock Started Ticking, . . .

BUT, . . . There was a Lack of Consensus on Prioritization of  
Primary Care, Behavioral Health, Whole Person Healthcare  
And Ways to Integrate Concepts, . . .



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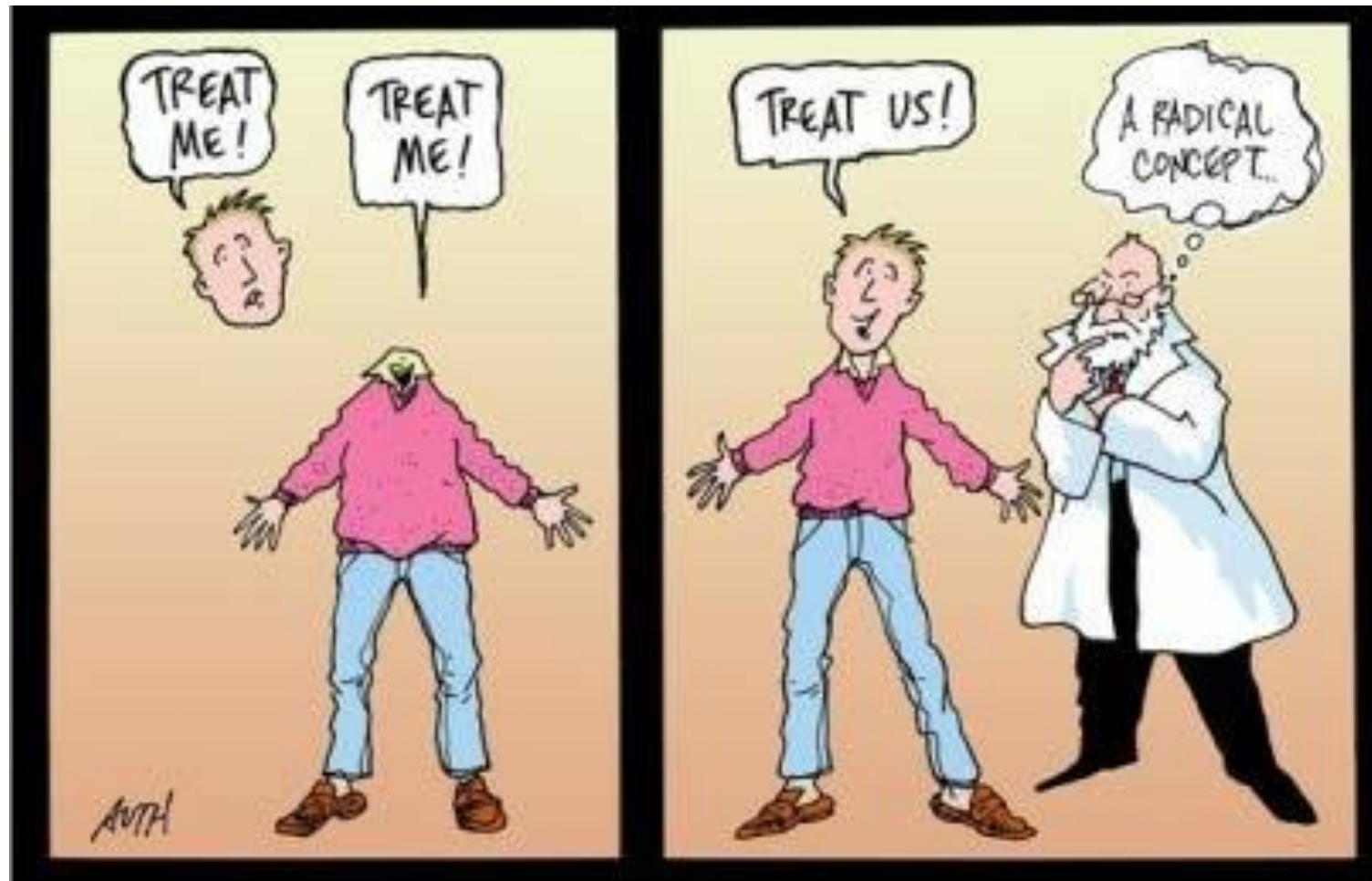
Behavioral Health



Primary Care

Common Ground = Integrating BH into Primary Care



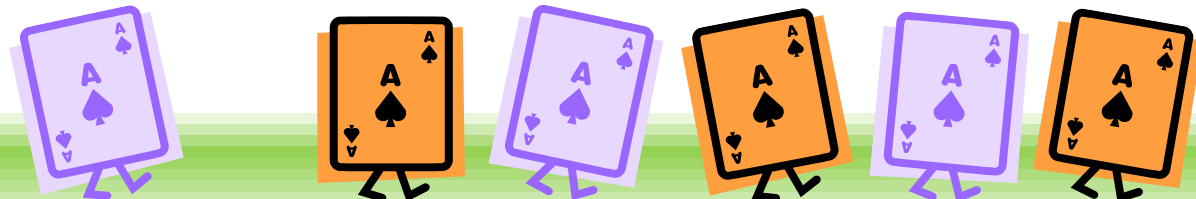


But Why Integrate Instead of Refer, . . .

# (ACE'S)

Vincent Felitti, MD & Robert Anda, MD  
<< [www.acestudy.org](http://www.acestudy.org) >>

- Abuse
  - Emotional – recurrent threats, humiliation
  - Physical—beating, not spanking
  - Contact sexual abuse
- Household Dysfunction
  - Mother treated violently
  - Household member was alcoholic or drug user
  - Household member was imprisoned
  - Household member was chronically depressed, suicidal, mentally ill, or in psychiatric hospital
  - Not raised by both biological parents
- Neglect
  - Physical
  - Emotional

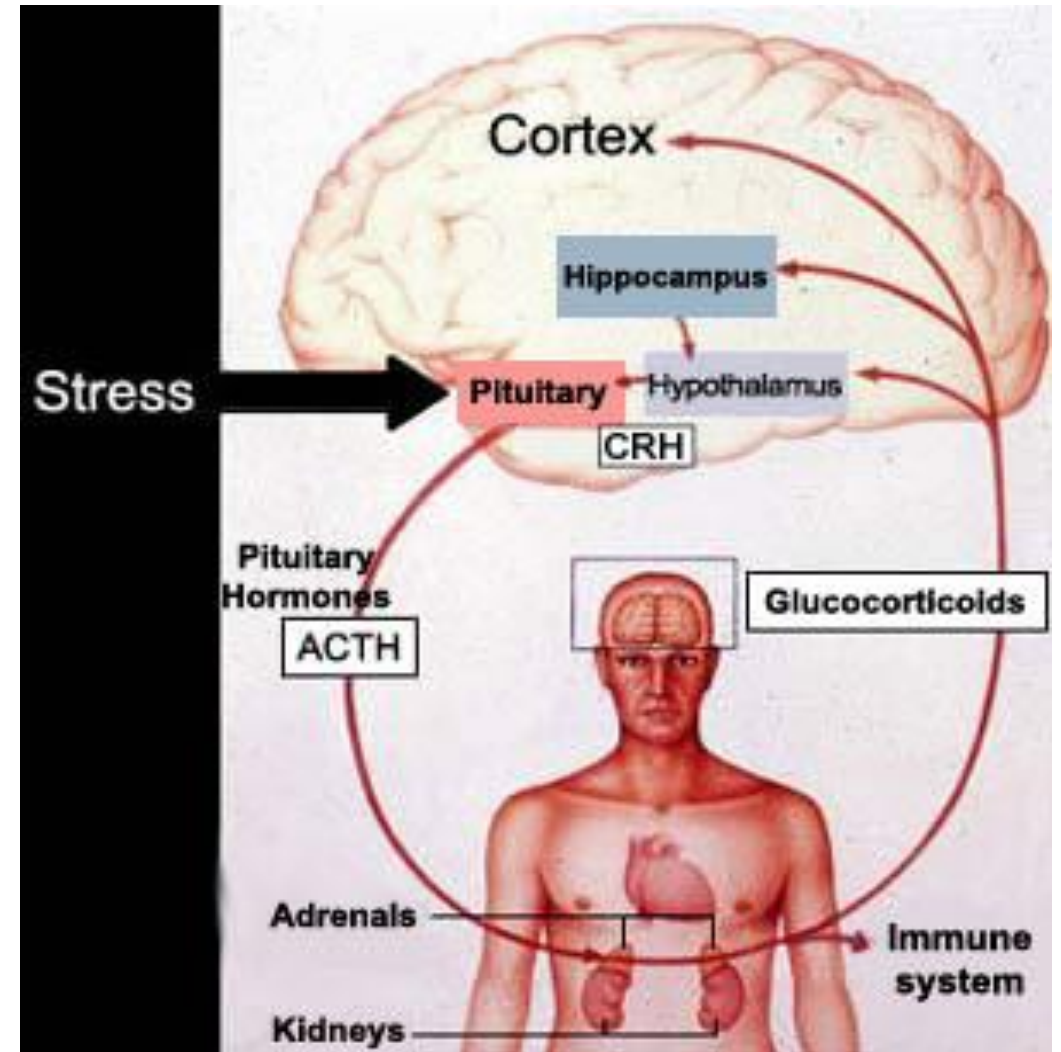


The Bridge to Comprehensive Healthcare

## THE GENERAL PROBLEM:

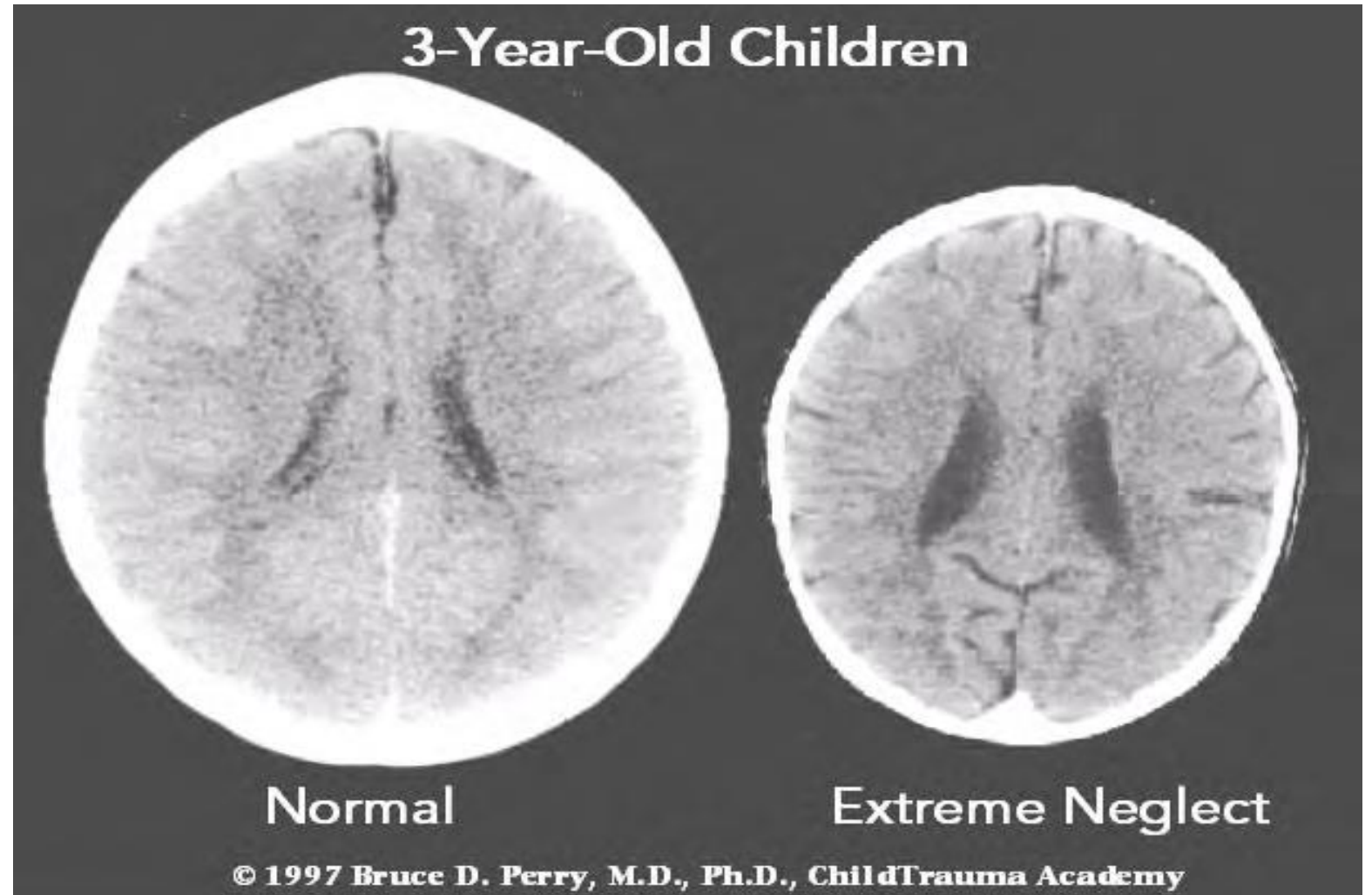
MEDICAL TEAM DIDN'T ENTIRELY  
UNDERSTAND THE POWER OF TRAUMA.

ESPECIALLY, THE IMPACT OF TOXIC STRESS  
DURING PERIODS OF BRAIN DEVELOPMENT  
(BIRTH to 18-24ish).



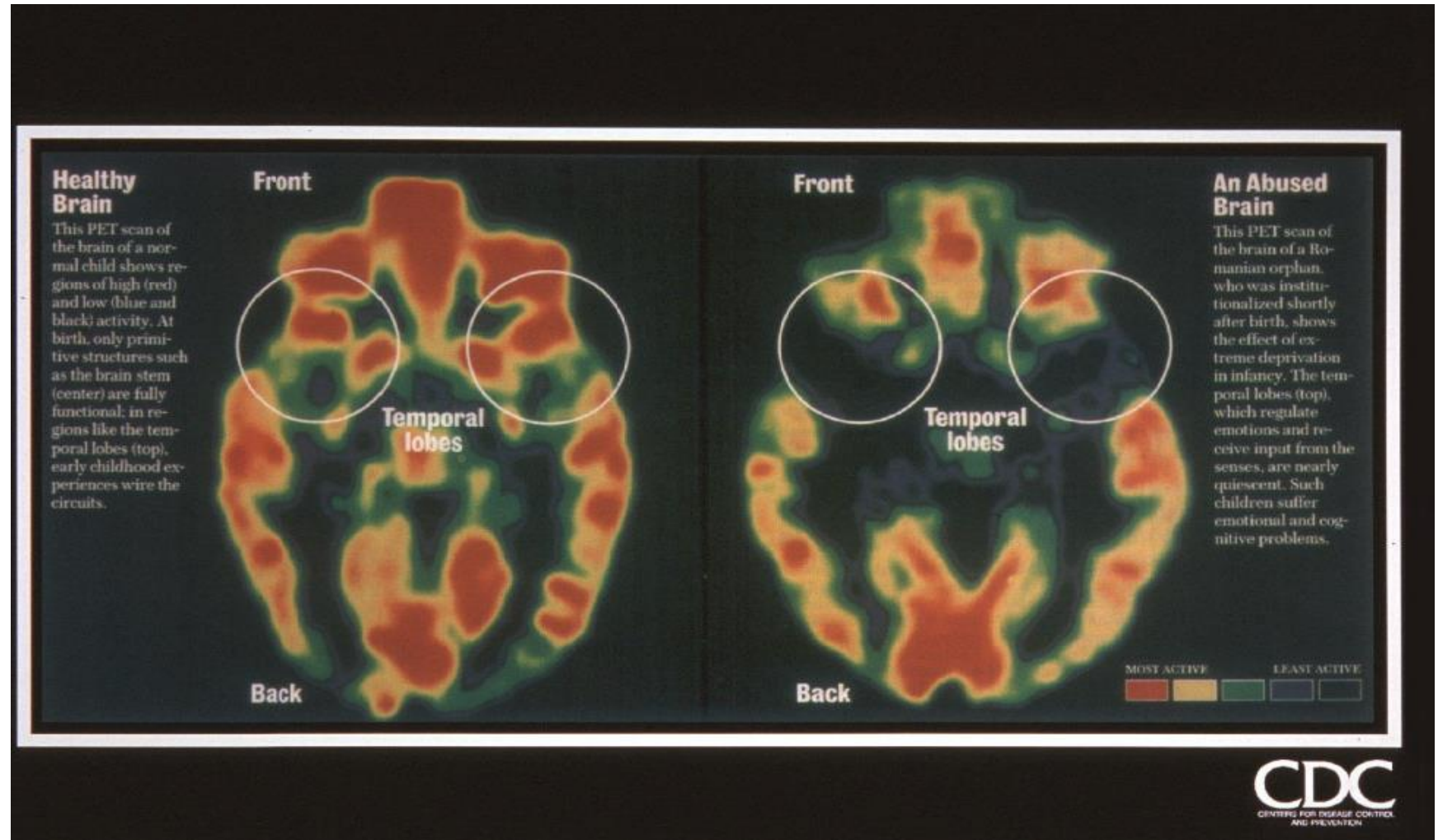


**We Emphasized that ACE's Impact  
Developmental Brain Structure,...**



**Early Trauma Impacts the Rest of our Life by Altering Brain Development**

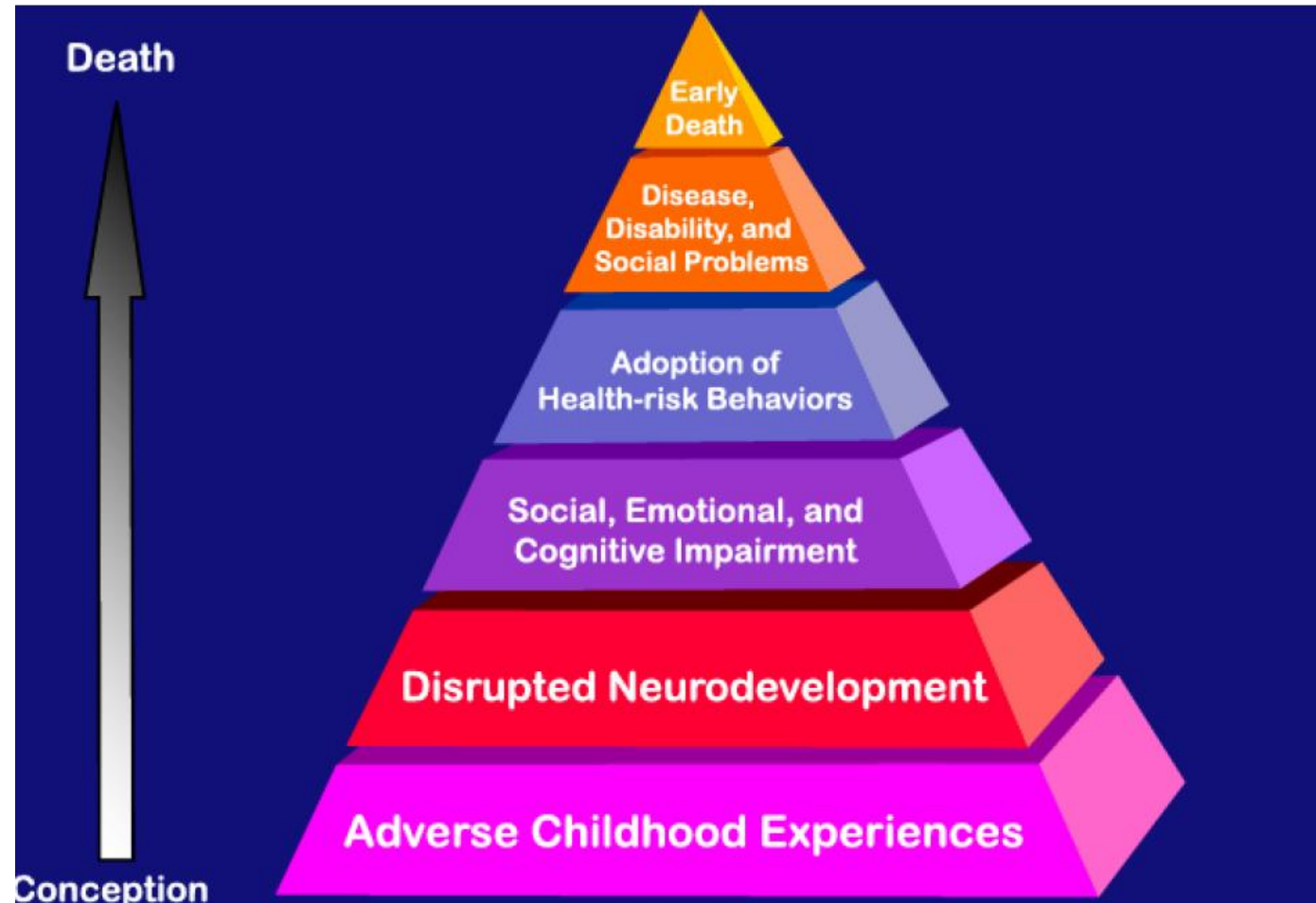
## AND, Also that ACE's Impact Brain Function



## ACE Study Helped Demonstrate Part of The Story, . . .



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All Accepted The Impact of Trauma: BH Integration OK'd, but WAIT, . . . ???





General Resistance Was, . . .

*No More Forms, . . . No More Screeners, . . .*

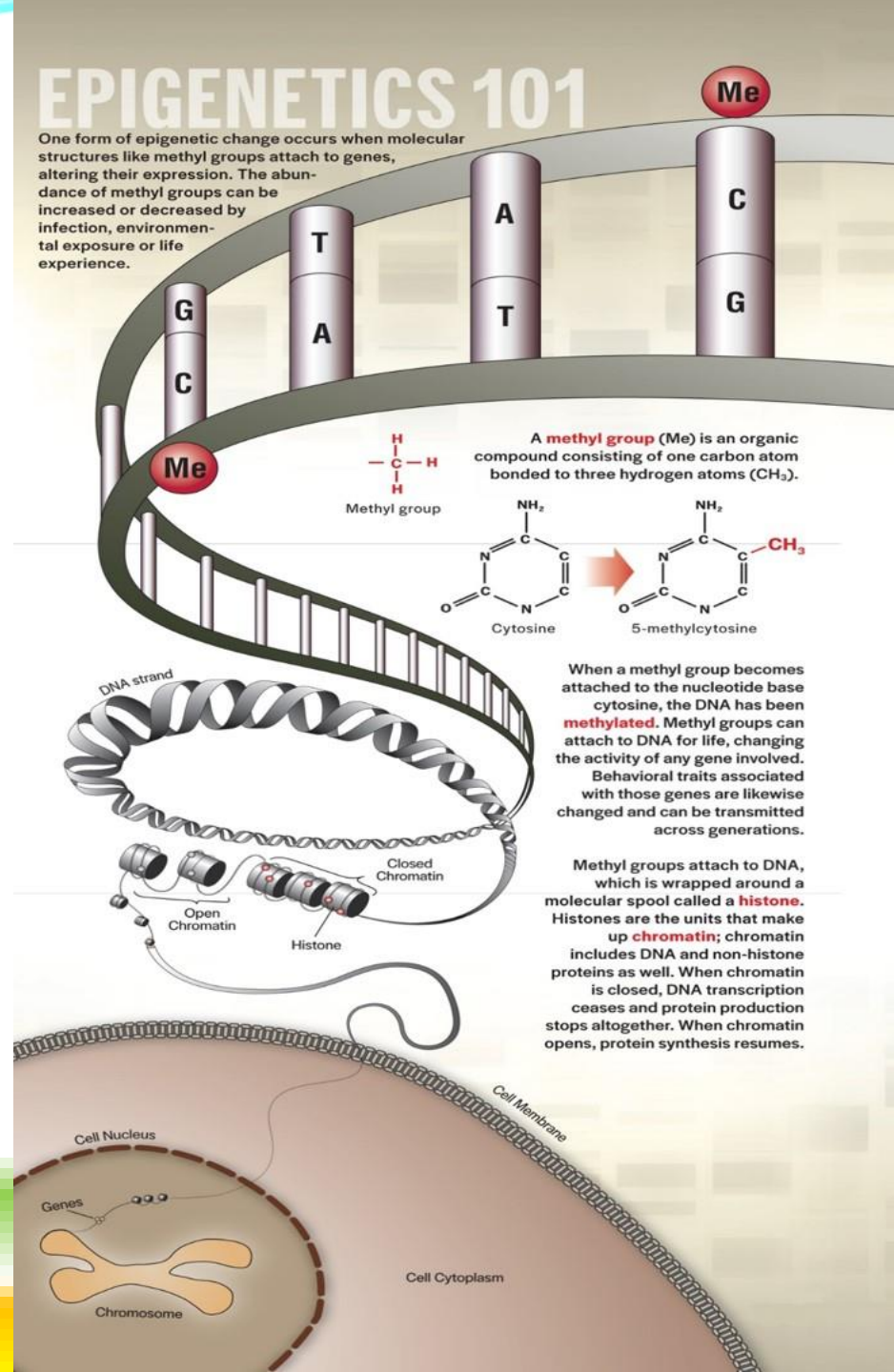
*No More Forms, . . . No More Screeners*

*No More Forms, . . . No More Screeners, . . .*

*No More Forms, . . . No More Screeners*

So, To Reduce Resistance, . . .

# EPIGENETICS: Connecting Trauma, Intergenerational Trauma and the Top 10 Leading Causes of Death and Public Health.



### **American Indians / Alaska Natives**

- 1) Heart disease
- 2) Cancer
- 3) Unintentional Injuries
- 4) Diabetes
- 5) Chronic Liver Disease & Cirrhosis
- 6) Stroke
- 7) Chronic lower respiratory diseases
- 8) Suicide
- 9) Nephritis, Nephrotic syndrome, and Nephrosis
- 10) Influenza and Pneumonia

### **Everyone Else**

- 1) Heart disease
- 2) Cancer
- 3) Stroke
- 4) Chronic lower respiratory diseases
- 5) Unintentional injuries
- 6) Alzheimer's disease
- 7) Diabetes
- 8) Influenza and Pneumonia
- 9) Nephritis, Nephrotic syndrome, and Nephrosis
- 10) Septicemia

**Top 10 Leading Causes of Death in the Context of Intergenerational Trauma:**



# EPIGENETICS AND INTERGENERATIONAL TRAUMA

**THIS Bridged  
the gap to  
Primary Care**

- 1) Heart disease (1.4 x the national average)
- 2) Cancer (1.5-2.5x national average depending on type and gender)
- 3) Unintentional Injuries (Ages 1-44 = leading cause of death)
- 4) Diabetes (2x the national average; Pima Indians = Highest rate in world)
- 5) Chronic Liver Disease and Cirrhosis (3x the national average)
- 6) Stroke (40% higher chance of dying than Caucasians)
- 7) Chronic lower respiratory diseases (COPD, Emphysema, Chronic Bronchitis)
- 8) Suicide (2-9x the national average)
- 9) Nephritis, Nephrotic syndrome, and Nephrosis  
(Women 40% higher kidney/pelvic cancer death)
- 10) Influenza and Pneumonia

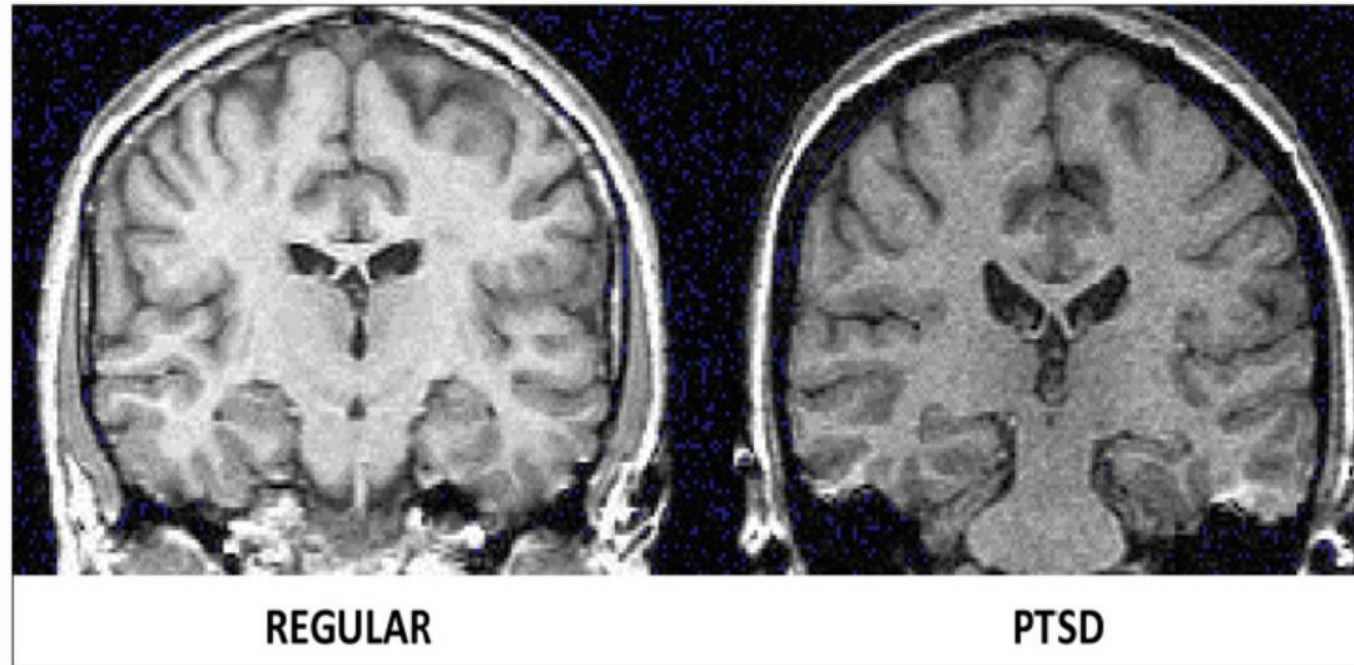
## Indian Infant Death Rate

(40% higher than Caucasians)

## Lowest Life Expectancy in North America

(2<sup>nd</sup> Lowest in Northern Hemisphere)

# **PTSD IS A REAL PHYSICAL INJURY**



## **NOT A SOCIAL OR POLITICAL OPINION.**



What about Addiction. . . ?

***“It’s Hard To Give Up  
Something That  
ALMOST Works!”***

~ Vincent Felitti, MD

Relief Seeking Behaviors:  
Symptoms of ACE’s and Toxic Stress







Provided ACE In-service at Annual Provider Trainings, . . .

Provided ACE In-service at Annual All Staff Trainings, . . .

Invited Dr. Felitti to speak at annual providers retreat, . . .

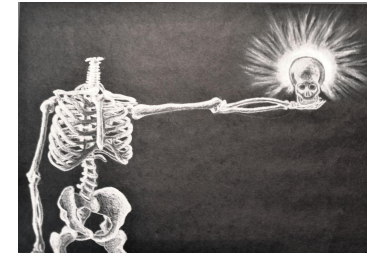
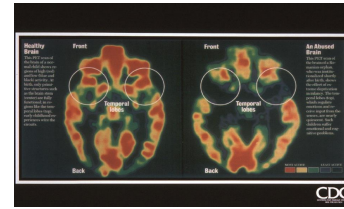
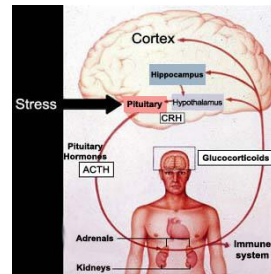
**Established common ground among Providers and Staff, . . .**



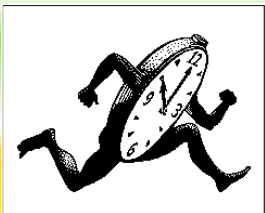
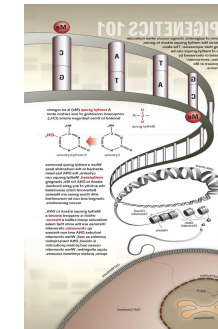
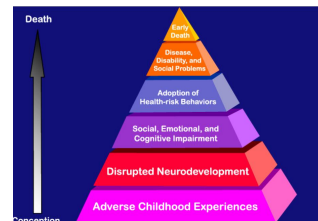
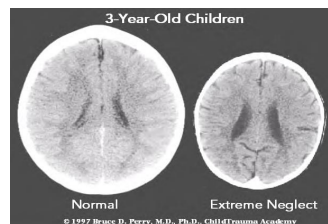


## 2) Wooing The Bean Counters

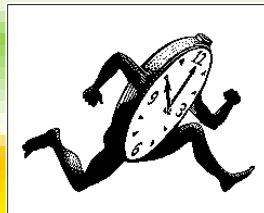
Stigma Is Only Part Of The Behavioral Health Price Tag!



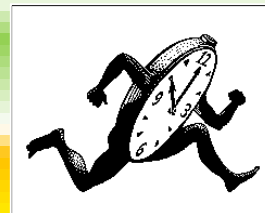
## Presented Case for BH Integration & TIC to Board of Directors , . . .



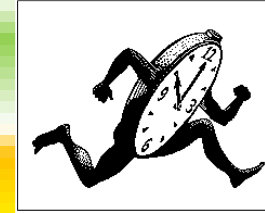
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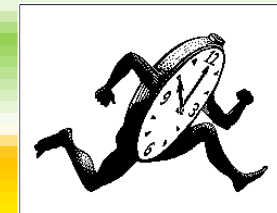
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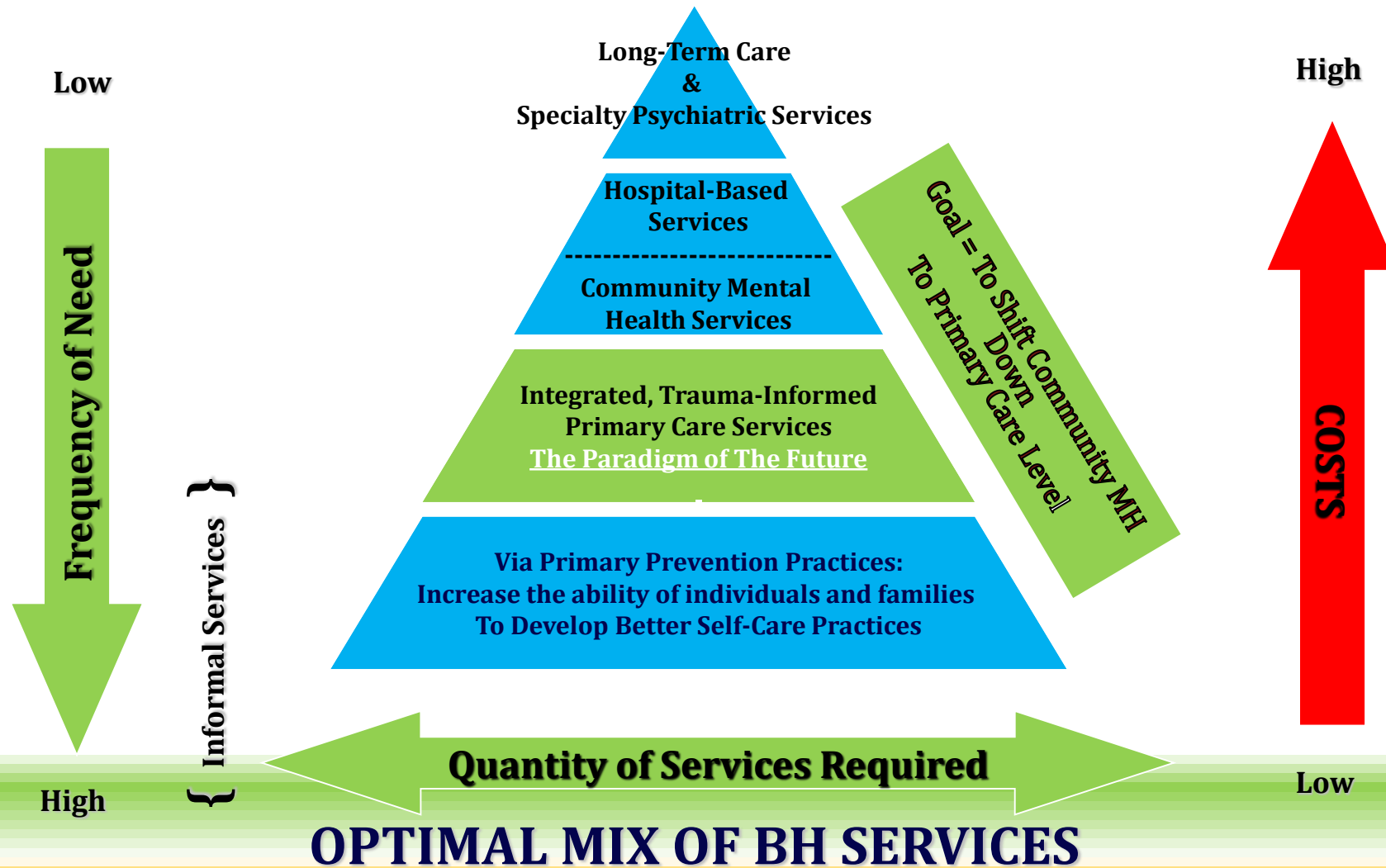


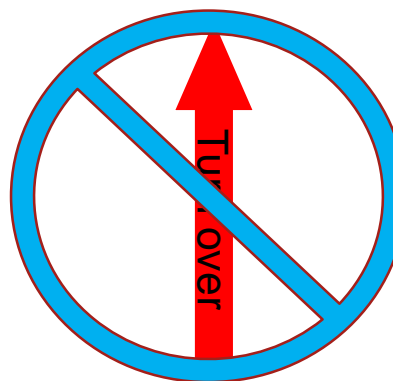
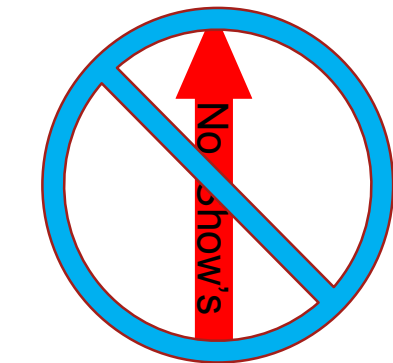
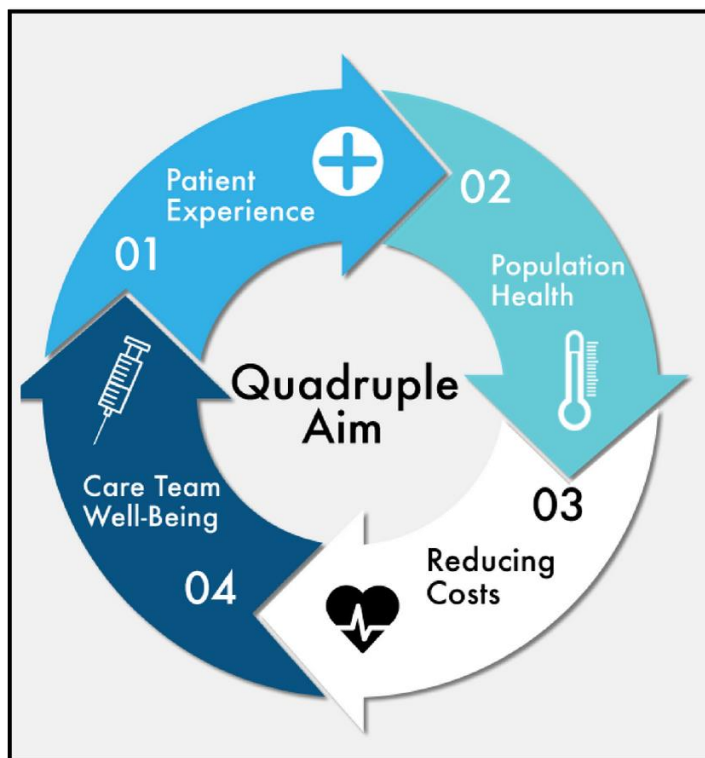
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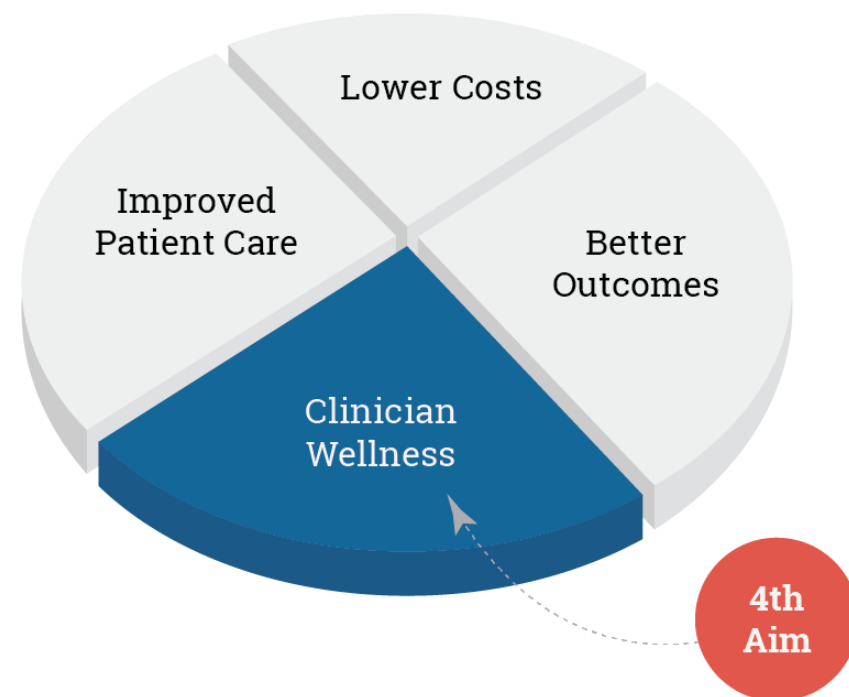


**\$444 BILLION PER YEAR**  
**GOT ATTENTION OF THE BEAN COUNTERS**



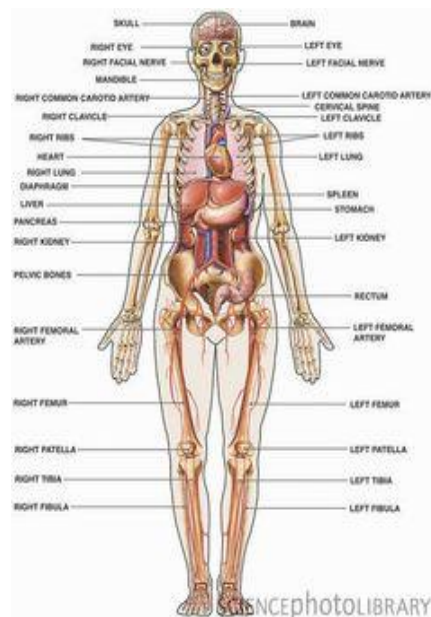


## The Quadruple Aim

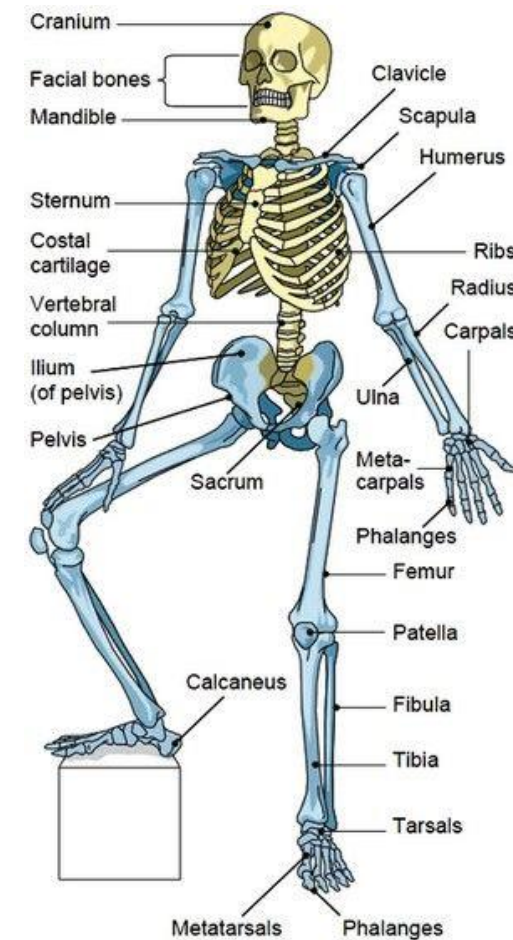
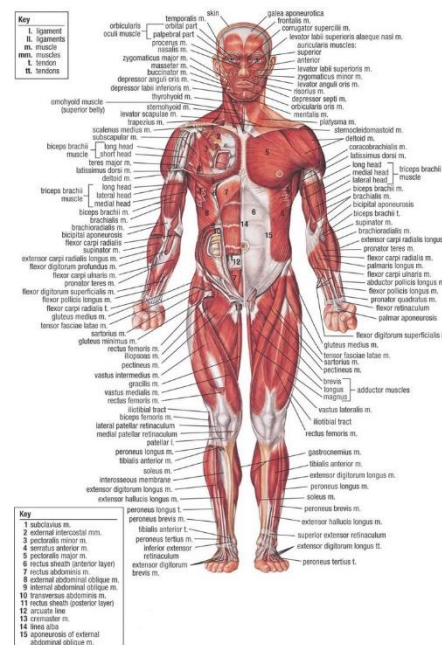
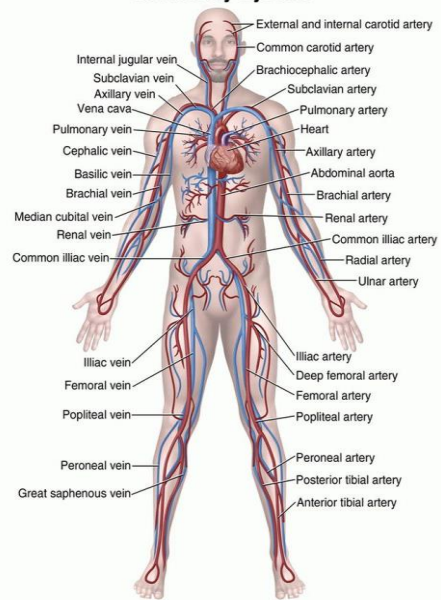


National Objectives Provided Further Support





## Circulatory System



## Step 2 =





## **Step 3: Creating A Culture that Supports TIC**

**The Transition from Primary Care to T.I.C.  
REQUIRED  
A Culture Evaluation**



**A Trauma-Informed Approach is distinct from trauma specific services and is inclusive of trauma-specific interventions based on these key principles:**

- – Safety
- – Trustworthiness and Transparency
- – Peer Support
- – Collaboration and Mutuality
- – Empowerment, Voice and Change
- – Cultural, Historical, and Gender Issues

**KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH**







*We're here for you.*

## **BGR and C.A.R.E. University**

**Building Great Relationships (BGR) – It is what we do!**

**C.A.R.E. – It is how we do it!**

## Building Great Relationships (BGR) – ALL NEW HIRE TRAINING

- BGR Standard 1: Have a positive attitude
- BGR Standard 2: Be up front
- BGR Standard 3: Make it right
- BGR Standard 4: Keep it confidential
- BGR Standard 5: Look good
- BGR Standard 6: Work together
- BGR Standard 7: Embrace Diversity
- BGR Standard 8: Work Smarter

*It's what we do!*

– **BGR University** – To ensure all employees are working together each day to extend BGR to our patients, fellow employees and our community and business partners.

## C.A.R.E. – ALL NEW HIRE TRAINING

*It's how we do it!*

- **Connect** - Make a personal connection to the patient and their family.
- **Appreciate** - Patients feel they have been heard, understood & their situation has been acknowledged.
- **Respond** - Respond to patients and families in ways that would be helpful.
- **Empower** - Inspire patients to have confidence in their ability to contribute to their health and care.

**C.A.R.E.** - Our staff strives to help each patient take a more active role in their care plan to ensure the best possible outcomes.





## Step 4: T.I.C. Integration Into Primary Care

### The Transition from Primary Care to Trauma-Informed

## Initiated Staff Trainings on Screening Tools

- Introduced in 1<sup>st</sup> Phase of T.I.C. Training:
  - PHQ-9
  - GAD-7
  - Slowly Implemented Screening Tools:
- Introduced 2<sup>nd</sup> Phase of T.I.C. Focus - ACE Screening Tool Training
  - Multidisciplinary ACE Task Force Headed by Pediatric Department – “Fire Starters”
  - Developed Electronic Training and Handbook on tool implementation (scripts)
  - Screening Tool eventually implemented in ALL Departments and electronically tracked

## Expanded New Hire Trainings

- **ALL New Hire Training Expanded to Include** (Mandatory re-training):
  - ACE / Trauma-Informed Care
  - QPR Suicide Prevention Certification
  - Crisis Intervention
  - Health Literacy

4 Hour Mandatory Training Held every 1-2 months (Phase 2)



- **Evaluated Access to BH**
  - Considered Interdepartmental Gaps from a BH Perspective
  - Considered Interdepartmental Gaps from a Medical Perspective
  - Established Ongoing BH / T.I.C. workforce growth - 3 (2014) to 27 (2018)
- **Embedded BHC's in All Locations**
  - Women's Health
  - Pediatrics
  - Adult Medicine
  - Family Medicine
  - Some Access to Dental, WIC, Chiropractics, Pharmacy, Quick Care
- **Implementing Remote Access via Telemedicine to ALL sites (W.H.O.'s and Psychiatry)**



# BH Provider Training and Development

## **ALL BH Staff Trained at least 1 Trauma Treatment Modality:**

- EMDR
- TF - CBT
- DBT
- Contextual Therapy
- Family Therapy
- Crisis Intervention
- SBIRT
- ATRIUM (SUD & Trauma)
- Neurofeedback
- Trauma / Chronic Pain Reduction
- Others, . . .

- **Approx. 800 employees & 150 Providers**
- **New Hire Trainings**
  - BGR and CARE University Trainings
  - T.I.C. / A.C.E.
  - QPR Suicide Prevention Certification Training
  - Assertive Customer Service / Crisis Intervention Training
  - Health Literacy Training
- **Screeners / Testing**
  - PHQ-9
  - GAD-7
  - ACE
  - Others As Needed
  - TOVA Computerized ADD / ADHD
- **Embedded BHC's in Every Department**  
(Except Dental)
- **Tele-Psychiatry and Tele-BH Ax's**  
(Remote W.H.O.'s)
- **Social Determinants of Health and Other Data Collection**
- **NEW in 2019 – BH IT Specialist for BH Reporting to inform Program Decisions**
- **NEW in 2019 – Expanded M.A.T. and Project Management**
- **More . . .**



**Primary Care has been practiced the same way for the past 100 years...**



**NCHS is Developing Primary Care For the NEXT 100 Years.**



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*We're here for you.*