THE TRANSITION FROM PRIMARY CARE TO TRAUMA-INFORMED CARE:

A template for change

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

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
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, . . .
Common Ground = Integrating BH into Primary Care
But Why Integrate Instead of Refer, . . .
(ACE'S)

Vincent Felitti, MD & Robert Anda, MD
<< 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).
Early Trauma Impacts the Rest of our Life by Altering Brain Development

We Emphasized that ACE’s Impact Developmental Brain Structure,…

© 1997 Bruce D. Perry, M.D. Ph.D., ChildTrauma Academy
AND, Also that ACE’s Impact Brain Function
ACE Study Helped Demonstrate Part of The Story, . . .
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.
<table>
<thead>
<tr>
<th>American Indians / Alaska Natives</th>
<th>Everyone Else</th>
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</thead>
<tbody>
<tr>
<td>1) Heart disease</td>
<td>1) Heart disease</td>
</tr>
<tr>
<td>2) Cancer</td>
<td>2) Cancer</td>
</tr>
<tr>
<td>3) Unintentional Injuries</td>
<td>3) Stroke</td>
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<tr>
<td>4) Diabetes</td>
<td>4) Chronic lower respiratory diseases</td>
</tr>
<tr>
<td>5) Chronic Liver Disease &amp; Cirrhosis</td>
<td>5) Unintentional injuries</td>
</tr>
<tr>
<td>6) Stroke</td>
<td>6) Alzheimer's disease</td>
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<tr>
<td>7) Chronic lower respiratory diseases</td>
<td>7) Diabetes</td>
</tr>
<tr>
<td>8) Suicide</td>
<td>8) Influenza and Pneumonia</td>
</tr>
<tr>
<td>9) Nephritis, Nephrotic syndrome, and Nephrosis</td>
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</tr>
<tr>
<td>10) Influenza and Pneumonia</td>
<td>10) Septicemia</td>
</tr>
</tbody>
</table>
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
(2nd 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
SO, WHOSE SIDE ARE YOU ON?
OPTIMAL MIX OF BH SERVICES

$444 BILLION PER YEAR
GOT ATTENTION OF THE BEAN COUNTERS

- Long-Term Care & Specialty Psychiatric Services
- Hospital-Based Services
- Community Mental Health Services
- Integrated, Trauma-Informed Primary Care Services
  - The Paradigm of The Future
  - Goal = Shift Community MH To Primary Care Level
- Via Primary Prevention Practices: Increase the ability of individuals and families To Develop Better Self-Care Practices

Quantity of Services Required

Frequency of Need

Low

Informal Services

High

COSTS

Low

High
National Objectives Provided Further Support
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
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

– 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

• 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 1st Phase of T.I.C. Training:
  • PHQ-9
  • GAD-7
  • Slowly Implemented Screening Tools:

• Introduced 2nd 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
• **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

• **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.
Leon Altamirano, Psy.D.

Director of Integrated Behavioral Health

leon.altamirano@NCHS-Health.org

(760) 736-6767