Leveraging Technology to Integrate Trauma Informed Care in Everyday Practice.

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Disclaimer

- No Conflicts to Disclose
- This project was funded in part by the New York City Department of Health and Mental Hygiene through a contract with Public Health Solutions. Its contents are solely the responsibility of Bridging Access to Care and not necessarily represent the official views of the funders.
- The use of the eCR Electronic Health Record (EHR) system on facilitating integration of trauma informed care in daily practices will be discussed.
Learning Objectives

- Explain how integrating trauma informed activities into delivery of care can be supported by technology and inform trauma plans of care (POCs).

- Demonstrate how a systematic approach and reliable tools can facilitate trauma informed care.

- Evaluate the effectiveness of routinizing trauma informed care in hard-to-reach populations using a person-centered approach.
BAC on Trauma Informed Care

Trauma Informed Care is embraced as a framework for best practices that recognizes and addresses the impact of trauma on access to care and health outcomes of those we serve.
Trauma Informed Care Positioning

...“Realizes the widespread impact of trauma and understands potential paths to recovery; Recognizes the signs and symptoms of trauma in clients, families, staffs, and others involved with the system; Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and Seeks to actively resist re-traumatization.” (SAMHSA, 2015)
Cultural Perspectives of Trauma Informed Care

- Sociocultural Perspective
- Organizational Culture Perspective
Trauma is a risk factor in nearly all behavioral health and substance use disorders.
Facilitating Trauma Informed Care using technology

• Purpose:
  – Routinization
  – Augment POC with Trauma Objectives

• Plan:
  – Systematization
  – Automation
  – Tool Identification
  – Information Sharing
Scope & Vision

• Identify Specific Problems
• Define Trauma-informed care readiness
• Deep dive into developing the trauma wizard
• Select Cohort for implementation and testing
BAC’s Strategies

1. Define Tools and Best Practices
2. Integrate Trauma Informed Care
3. Incorporate Best Practices & Tools into an electronic Trauma Wizard
Trauma Informed Treatment Wizard

Foundational Framework
3 Principles of the Treatment Wizard

• Decision Tree Assessments
• Service referrals and Linkage
• Agency-wide Access to Trauma Profile
3 Pillars of the Treatment Wizard

- Assessments
- Referrals & Linkage to Care
- Information Sharing
TIC Treatment Wizard Tools

Quality of Life Assessment
• DLA-20

Presumptive Assessment
• PCLS
• PCL-5

Assumptive Assessment
• CAPS-5
• LEC-5
Treatment Wizard For Trauma
Informed Care Matrix

- QOL ASSESSMENT
- PTSD SCREENING/ASSESSMENT
- REFERRAL, LINKAGE, MAINTENANCE
- PTSD FOLLOW UP
Integrating the 3 Foundational Principles

HOW DOES IT WORK?
Quality of Life (QOL) Assessment

Instructions: Using the scale below, rate how often or how well the consumer independently performed or managed each of the 20 Activities of Daily Living (ADLs) in the community during the last 30 days. If the consumer's level of functioning varied, rate the lower score. Consider impairments in functioning due to physical limitations as well as those due to mental impairments. Do not consider environmental limitations (e.g., "no jobs available"). Strengths are scored >95 in an activity and indicate functioning "within normal limits" (WNL) for that activity. Enter N/A only if the activity was not assessed or do not exceed 5 N/A ADLs.

1. None of the time; extremely severe impairment or problems in functioning; pervasive level of continuous paid supports needed
2. A little of the time; severe impairment or problems in functioning; extensive level of continuous paid supports needed
3. Occasionally; serious to moderately severe impairment or problems in functioning; moderate level of continuous paid supports needed
4. Some of the time; moderate impairment or problems in functioning; low level of continuous paid supports needed
5. (WNL) A good bit of the time; mild impairment or problems in functioning; moderate level of intermittent paid supports needed
6. (WNL) Most of the time; strength, very mild impairment or problems in functioning; low level of intermittent paid supports needed
7. (WNL) All of the time; independently managed DLA (in community); no impairment or problem in functioning requiring paid supports

Scoring Instructions: Ratings for all 20 DLAs can be added then divided in half to estimate mGAF or:
Step 1. Add scores from applicable column.
Step 2. Divide sum by number of activities actually rated. This is the average DLA score.
Step 3. To count disturbances for DSM-5, compute mGAF: multiply the average DLA by 10. Range of error is DLA +/− 3 points for Modified GAF (mGAF).
Step 4. 'Severity of Illness' is correlated for ICD-10 4th digit modifier of 0, 1, 2, 3 (see DLA-20 conversion)

Severity of Illness

Route To:

Date: 08/30/2016 01:09 PM

Credential: CASAC, LCSW, NPS

Signature of Staff:
Name: Esther Obanero
Title: IT Consultant

Please Sign Here
**Presumptive PTSD Screen**

**Patient: Angelo, Michael**
- **Gender:** M
- **Date of Birth:** 08/30/1977
- **Age:** 39
- **Admit Date:**
- **Med Rec #:** F74P20TW/C0

**Instructions to Patient:** Below is a list of problems and complaints that people sometimes have in response to stressful experiences. Please read each one carefully, put an X in the box to indicate how much you have been bothered by that problem in the past month.

1. Repeated, disturbing memories, thoughts, or images of the stressful experience?
   - [ ] 1 - Not at all
   - [ ] 2 - A little bit
   - [ ] 3 - Moderately
   - [ ] 4 - Quite a bit
   - [ ] 5 - Extremely

2. Feeling very upset when something reminded you of the stressful experience?
   - [ ] 1 - Not at all
   - [ ] 2 - A little bit
   - [ ] 3 - Moderately
   - [ ] 4 - Quite a bit
   - [ ] 5 - Extremely

3. Avoiding activities or situations because they reminded you of the stressful experience?
   - [ ] 1 - Not at all
   - [ ] 2 - A little bit
   - [ ] 3 - Moderately
   - [ ] 4 - Quite a bit
   - [ ] 5 - Extremely

4. Feeling distant or cut off from other people?
   - [ ] 1 - Not at all
   - [ ] 2 - A little bit
   - [ ] 3 - Moderately
   - [ ] 4 - Quite a bit
   - [ ] 5 - Extremely

5. Feeling irritable or having angry outbursts?
   - [ ] 1 - Not at all
   - [ ] 2 - A little bit
   - [ ] 3 - Moderately
   - [ ] 4 - Quite a bit
   - [ ] 5 - Extremely

6. Having difficulty concentrating?
   - [ ] 1 - Not at all
   - [ ] 2 - A little bit
   - [ ] 3 - Moderately
   - [ ] 4 - Quite a bit
   - [ ] 5 - Extremely

**Score:** 18

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**Signature:**
- **Name:** Esther Obanero
- **Title:** IT Consultant
- **Date:** 09/30/2016 01:11 PM
- **Credential:** CASAC, LCSW, NPS
PTSD Screen (PCL-5) Positive Score

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

16. Taking too many risks or doing things that could cause you harm?
   - 0 - Not at all
   - 1 - A little bit
   - 2 - Moderately
   - 3 - Quite a bit
   - 4 - Extremely

17. Being "superalert" or watchful or on guard?
   - 0 - Not at all
   - 1 - A little bit
   - 2 - Moderately
   - 3 - Quite a bit
   - 4 - Extremely

18. Feeling jumpy or easily startled?
   - 0 - Not at all
   - 1 - A little bit
   - 2 - Moderately
   - 3 - Quite a bit
   - 4 - Extremely

19. Having difficulty concentrating?
   - 0 - Not at all
   - 1 - A little bit
   - 2 - Moderately
   - 3 - Quite a bit
   - 4 - Extremely

20. Trouble falling or staying asleep?
   - 0 - Not at all
   - 1 - A little bit
   - 2 - Moderately
   - 3 - Quite a bit
   - 4 - Extremely

Score: 86

Signature: [Signature]
Name: Esther Obanero
Title: IT Consultant
Date: 06/30/2016 01:12 PM
Route To: [Route To]
Credential: CASAC, LCSW, NPS
Assess Degree of Exposure (LEC-5)

<table>
<thead>
<tr>
<th>Event</th>
<th>Happened to me</th>
<th>Witnessed it</th>
<th>Learned about it</th>
<th>Not Sure</th>
<th>Doesn't apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Combat or exposure to a war-zone (in the military or as a civilian)</td>
<td></td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Life-threatening illness or injury</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Severe human suffering</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Sudden, violent death (for example, homicide, suicide)</td>
<td></td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Sudden, unexpected death of someone close to you</td>
<td></td>
<td></td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Serious injury, harm, or death you caused to someone else</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Any other very stressful event or experience</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Staff Signature:
Name: Esther Obanero  
Title: IT Consultant  
Date: 08/30/2016 01:13 PM  
Credential: CASAC, LCSW, NPS
Assumptive PTSD Assessment (CAPS-5)–DSM-5
Referral & Linkage to Care
Retention in Care

<table>
<thead>
<tr>
<th>Initial QoLA</th>
<th>Start Date / Time</th>
<th>End Date / Time</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8/30/2016 8:00 AM</td>
<td>8/30/2016 8:45 AM</td>
<td>Checked In</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PCL-S</th>
<th>Start Date / Time</th>
<th>End Date / Time</th>
<th>Status</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>9/20/2016 8:00 AM</td>
<td>9/20/2016 8:45 AM</td>
<td>Checked In</td>
<td></td>
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<tr>
<td></td>
<td>9/13/2016 8:00 AM</td>
<td>9/13/2016 8:30 AM</td>
<td>Checked In</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PCL-5</th>
<th>Start Date / Time</th>
<th>End Date / Time</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9/26/2016 8:00 AM</td>
<td>9/26/2016 8:30 AM</td>
<td>Checked In</td>
<td></td>
</tr>
</tbody>
</table>
# Maintenance in Care

## Treatment Wizard™

<table>
<thead>
<tr>
<th>ID</th>
<th>DOS</th>
<th>Visit Type</th>
<th>Staff (Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>491</td>
<td>09/26/2016</td>
<td>MH Psychotherapy Individual</td>
<td>Esther Obanero</td>
</tr>
<tr>
<td>498</td>
<td>09/20/2016</td>
<td>MH Initial Assessment</td>
<td>Esther Obanero</td>
</tr>
<tr>
<td>498</td>
<td>09/20/2016</td>
<td>MH Initial Assessment</td>
<td>Esther Obanero</td>
</tr>
<tr>
<td>499</td>
<td>09/13/2016</td>
<td>MH Psychotherapy Individual</td>
<td>Esther Obanero</td>
</tr>
<tr>
<td>490</td>
<td>09/06/2016</td>
<td>MH Psychotherapy Individual</td>
<td>Esther Obanero</td>
</tr>
<tr>
<td>Form / Details</td>
<td>Completed</td>
<td>Completed Date</td>
<td>Completed By</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------</td>
<td>----------------</td>
<td>--------------</td>
</tr>
<tr>
<td>PCL-5 - Score: 66</td>
<td>✓</td>
<td>8/30/2016</td>
<td>Esther Obanero</td>
</tr>
<tr>
<td>PCL-5 - Score: 46</td>
<td>✓</td>
<td>9/27/2016</td>
<td>Esther Obanero</td>
</tr>
</tbody>
</table>
Ticklers & Reminders

You have 2 days to complete the next PCL-5 form.
Conceptual Framework of the Trauma-Informed Treatment Wizard

- Improve awareness and linkage to trauma sensitive care
- Trend treatment progress
- Trauma Informed Care
- Improve Health Outcomes
Implementation Evaluation

Results
Pre Trauma Informed Care Implementation

- 0% of HRM Clients Screened for trauma
- 18% of HRM Clients received Seeking Safety Intervention
- 23% of HRM Clients received Mental Health Services
Post Trauma Informed Care Implementation

- 37% of HRM Clients Screened positive for trauma
- 92% of HRM Clients Screened received Seeking Safety Intervention
- 42% of HRM Clients Screened received Mental Health Services
Referral & Linkage to Care

Referrals & Linkages Pre/Post Trauma Screening Implementation

<table>
<thead>
<tr>
<th>% Clients Referred to MH Services</th>
<th>% Clients Receiving MH Services</th>
<th>% Clients Receiving Seeking Safety</th>
<th>% Clients Screened for Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre TIC 23%</td>
<td>Post TIC 42%</td>
<td>% Change 19%</td>
<td>67%</td>
</tr>
<tr>
<td>Pre TIC 33%</td>
<td>Post TIC 67%</td>
<td>% Change 18%</td>
<td>74%</td>
</tr>
<tr>
<td>Pre TIC 0</td>
<td>Post TIC 67%</td>
<td>% Change 0</td>
<td>67%</td>
</tr>
</tbody>
</table>

Pre TIC = Pre Trauma Intervention Control; Post TIC = Post Trauma Intervention Control
Trauma Assessment Results

Trauma Screens/Assessments

Baseline vs. Follow-up

- PCLS
- PCL5
- CAPS 5
- DLA 20
How do we Get there?

INTEGRATING TRAUMA INFORMED CARE
Key Steps to Implementation

- Steering Committee
- Assess trauma readiness
- Analyze trauma tools
- Select EHR vendor
- Ensure best fit with workflow
Key Steps to Implementation

- Define, describe, design module with EHR vendor
- Staff Training
- Pilot test
- Routinize and hardwire
Barriers and Challenges

- Time Constraints and Cost
- Choosing the right vendor
- Staff buy-in
- Communication.
Effectiveness of Routinizing Trauma Informed Care

- Impact of trauma on treatment
- Increased Linkage and referrals to necessary services
- Improved functioning and decreased symptoms of trauma.
- Individualize trauma plans of care
Our Thoughts
What we are doing and what we want to do
Ideas for POC

Providers will be able to flag needs identified in CAPS-5 and DLA-20 as Trauma Related. These needs will be made available in the client’s Plan Of Care.

Utilize the Goals and Objectives library to set pre-defined trauma related Goals and Objectives that may be included in a client’s Plan of Care by clicking on the “Select Goal” button.
Data Analytics

- Reporting and Trending
  - Trend health outcomes and progression
  - Compare results (i.e. PCL5 vs DLA-20; FACT-GP vs. DLA-20, PHQ-9 vs. DLA-20 etc.).
  - Ad Hoc reports of outcome measures

- Dashboard
  - Display charts and graphs trending consumer outcomes
  - Provides a snapshot of consumer progress
Data Analytics

Trauma Informed Care analytic report comparing results from PCL-5, CAPS-5 and DLA-20
Data Analytics

Example of Dashboard detailing Patient Improvement Matrix
Present & Future

LESSONS AND DIRECTION
Lessons Learned

- Systematizing trauma informed care is essential
- Training and retraining is critical
- Frequent communication is necessary
- EHR can augment trauma-sensitive care.
- Integrating trauma goals in the POC is important
Where Do We Want to Go?

- Routinize Trauma Screens
- Ongoing data analysis
- Implement a Trauma Specific Plan of Care (POC)
- Improve health outcome dashboard
Where Do We Want to Go?

- Identify areas of improvement
- Enhance the value of care
- Enhance decision support mechanisms
- Person-Centered Approach
Our Aspirations

Impose an organizational culture change that transforms the agency into a trauma-informed, value based, data-driven entity that integrates trauma-informed approaches into everyday activities and tracks trauma outcomes to improve quality of care in all programs.
Contact Information

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Resources