



**Intimate Partner Violence Institute:
Session 201: Leveraging RWHAP Funding Streams in Trauma-
Informed Systems of Care
2020 National Ryan White Conference on HIV Care and Treatment**

August 12, 2020

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Project Officer, Division of Community HIV/AIDS Programs
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HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



AGENDA: Leveraging RWHAP Funding Streams in Trauma-Informed Systems of Care

- Introduction from HRSA/HAB
- Panel Presentations from:
 - 1) **Mahelet Kebede, MPH**
Senior Manager, Health Care Access
National Alliance of State & Territorial AIDS Directors (NASTAD)

 - 1) **Holly Hanson, MA, CPM**
Ryan White Part B Program Manager
Iowa Department of Health

 - 2) **Jill York, DDS, MAS, FICD, FACD**
Associate Professor, Department of Community Health
Rutgers University School of Dentistry





I have no disclosures

Vision: Healthy Communities, Healthy People



Learning Objectives

- 1) Understand the importance of implementing a trauma-informed approach to HIV care and treatment
- 2) Recognize the benefits of utilizing a trauma-informed approach within the RWHAP.
- 3) Explore best practices in the implementation of a trauma-informed approach utilizing RWHAP funding streams and associated resources.

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Health Resources and Services Administration (HRSA)

Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



HRSA's HIV/AIDS Bureau (HAB) Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people with HIV/AIDS and their families.



HRSA's Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV
 - More than half of people with diagnosed HIV in the United States – nearly 519,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
 - Funds grants to states, cities/counties, and local community based organizations
 - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 87.1% of Ryan White HIV/AIDS Program clients were virally suppressed in 2018, exceeding national average of 62.7%



Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018; CDC. HIV Surveillance Supplemental Report 2018;21(No. 4)



What is Trauma-Informed Care?

The Substance Abuse and Mental Health Services Administration (SAMHSA) has defined a program, organization, or system that is trauma-informed as one that:

- 1) Realizes the widespread impact of trauma and understands potential paths for recovery.
- 2) Recognizes the signs and symptoms of trauma in clients, families, and staff involved with the system.
- 3) Responds by fully integrating knowledge about trauma into policies, procedures, and practices and seeks to actively resist re-traumatization.



Trauma-Informed Care and HIV?



- Trauma is prevalent among people with HIV.
- A trauma-informed approach to treatment is part of the comprehensive approach to care that is vital in achieving viral suppression

Panel of Presenters

1. Mahelet Kebede, MPH
Senior Manager, Health Care Access
National Alliance of State & Territorial AIDS Directors (NASTAD)
2. Holly Hanson, MA, CPM
Ryan White Part B Program Manager
Iowa Department of Health
3. Jill York, DDS, MAS, FICD, FACD
Associate Professor, Department of Community Health
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IPV Institute: Leveraging RWHAP Funding Streams in Trauma- Informed Systems of Care

Mahelet Kebede, MPH

Senior Manager, Health Care Access, NASTAD

About NASTAD



WHO: A non-profit, non-partisan national association founded in 1992 that represents public health officials who administer HIV and hepatitis programs funded by state and federal governments.

WHERE: All 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, seven local jurisdictions receiving direct funding from the Centers for Disease Control and Prevention (CDC), and the U.S. Pacific Island jurisdictions.

MISSION: NASTAD's mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions by strengthening domestic and global governmental public health through advocacy, capacity building, and social justice.

VISION: NASTAD's vision is a world free of HIV and viral hepatitis.

What is Trauma?



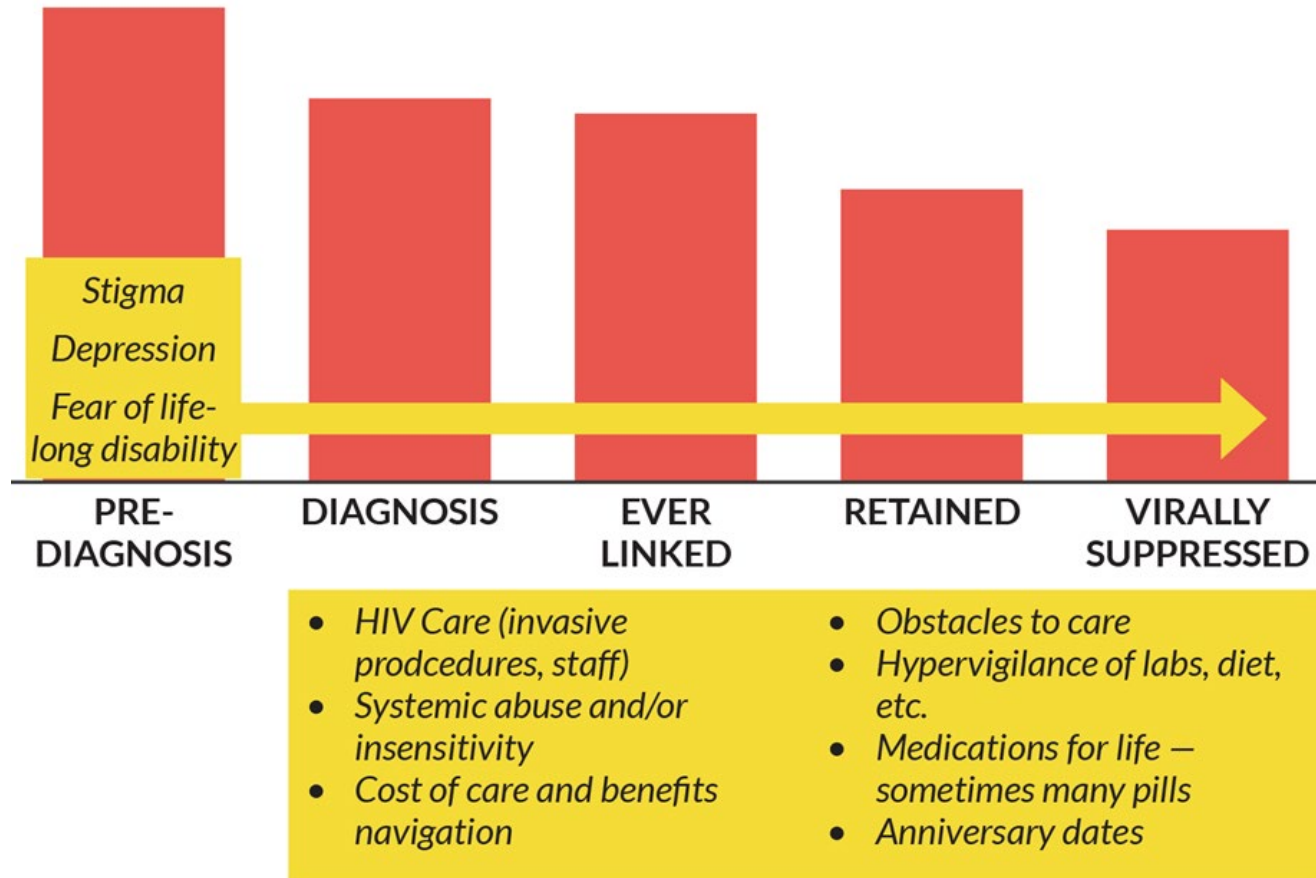
TRAUMA is broadly defined as experiences that produce intense emotional pain, fear, or distress, often resulting in long-term physiological and psychological consequences. Experiences of trauma, especially in childhood, can change a person's brain structure, contributing to long-term physical and behavioral health problems.

TRAUMA-INFORMED: Being trauma-informed is an approach to administering services in care and prevention that acknowledges that traumas may have occurred or may be active in clients' lives, and that those traumas can manifest physically, mentally, and/or behaviorally.

TIC vs TIA: trauma-informed care is one type of trauma-informed approach. There is SO much more you can do outside of the direct care you and/or your sub-recipients provide.

Trauma in the HIV Continuum

HIV Care Continuum & Trauma





Systems Level Focus

Opportunities to Implement TIA



- Leverage flexibility available to you from drug manufacturer rebates (Part Bs) and state funds
- Utilize RWHAP quality funds, e.g., TIA as part of a viral suppression quality improvement project
- Require TIA in sub-recipient contracts
- Leverage “free” technical assistance and training opportunities from federal partners, e.g., HRSA Center of Excellence for Behavioral Health Technical Assistance
- **Specific projects ideas:**
 - Integrate the Adverse Childhood Experiences (ACEs) Questionnaire into your needs assessment or client intake forms
 - Hire a consultant to coach/guide the TIA process in your agency
 - Incorporate TIA training into existing training plans



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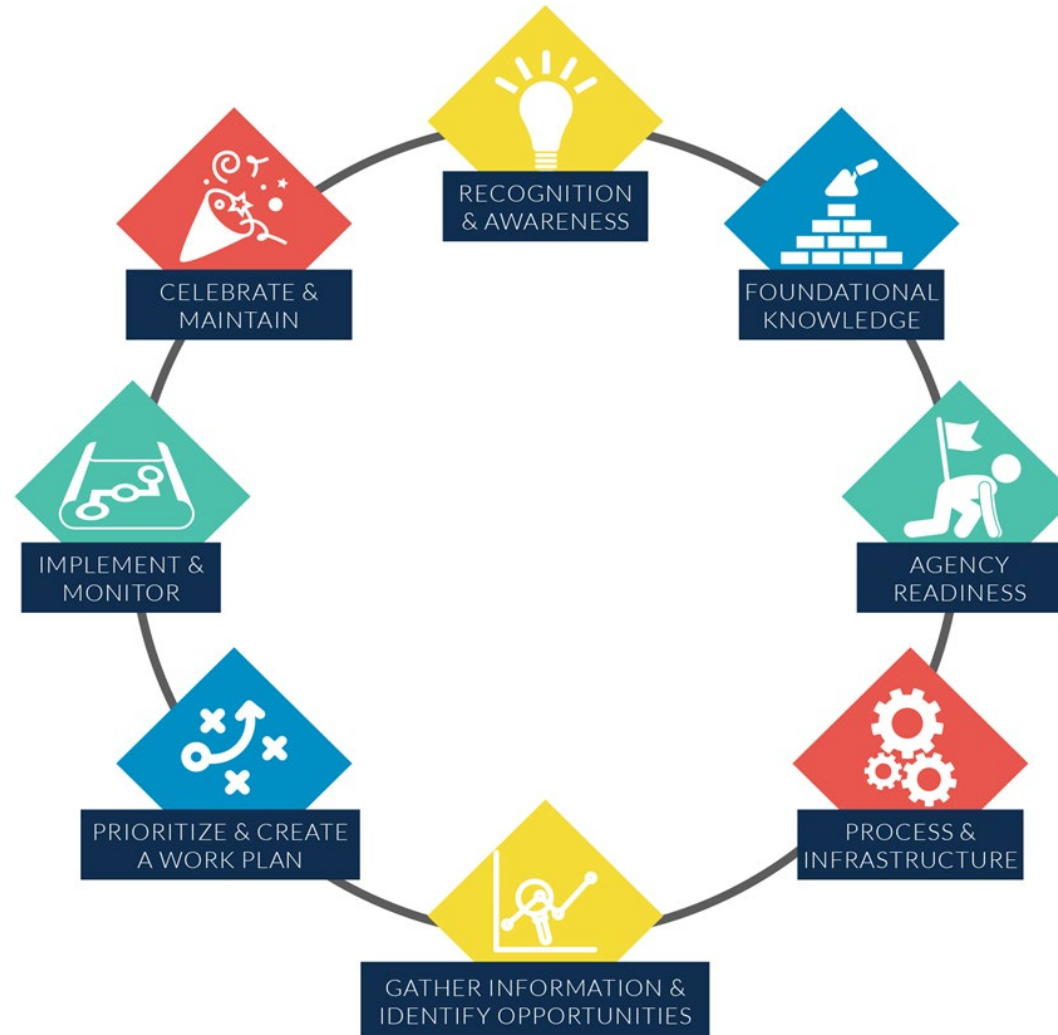


Trauma- Informed Approaches

TOOLKIT

DECEMBER 2018

TIA Modules



Contact Information



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Implementing a Trauma Informed Approach to End the HIV Epidemic

Holly Hanson, MA, Iowa Ryan White Part B Program Manager

August 12, 2020

Introduction



Holly Hanson, MA, Iowa Ryan White Part B Program Manager

Ending the HIV Epidemic



Focusing on integrating trauma-informed principles is **CRITICAL** to ending the HIV epidemic.

- Research shows that PLWH are **disproportionately impacted by trauma** due to high rates of lifetime sexual, physical, and emotional abuse, interpersonal violence, chronic toxic stress, and racism.
- This violence and abuse **negatively impacts** the quality of their lives as well as health outcomes along the HIV Care Continuum.

Insight into the Challenge



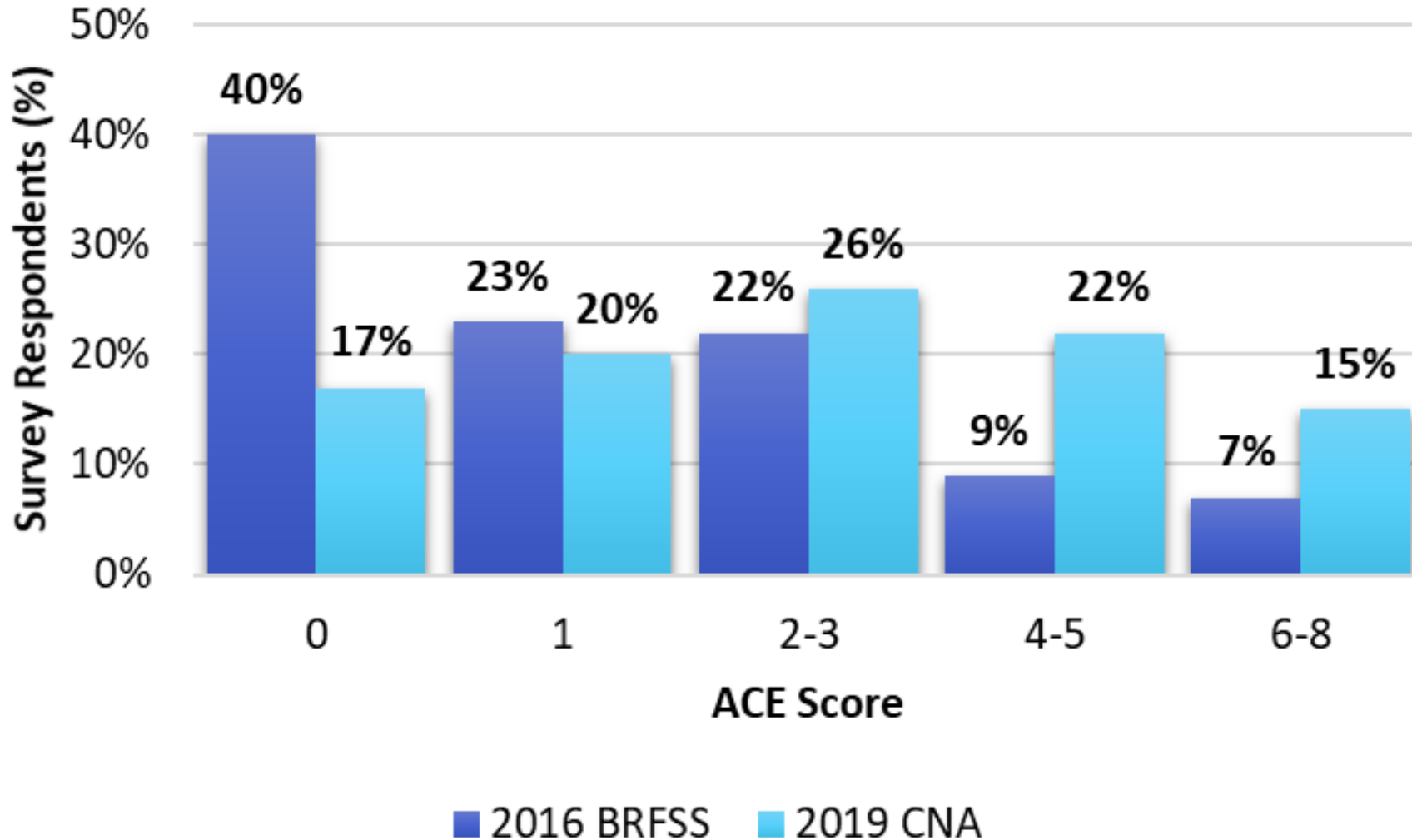
“In a forthcoming study looking at deaths in our program over the past decade, **only 16% were due to complications of HIV/AIDS,**” states Edward L. Machtinger, MD, Director of UCSF’s WHP.

Insight into the Challenge



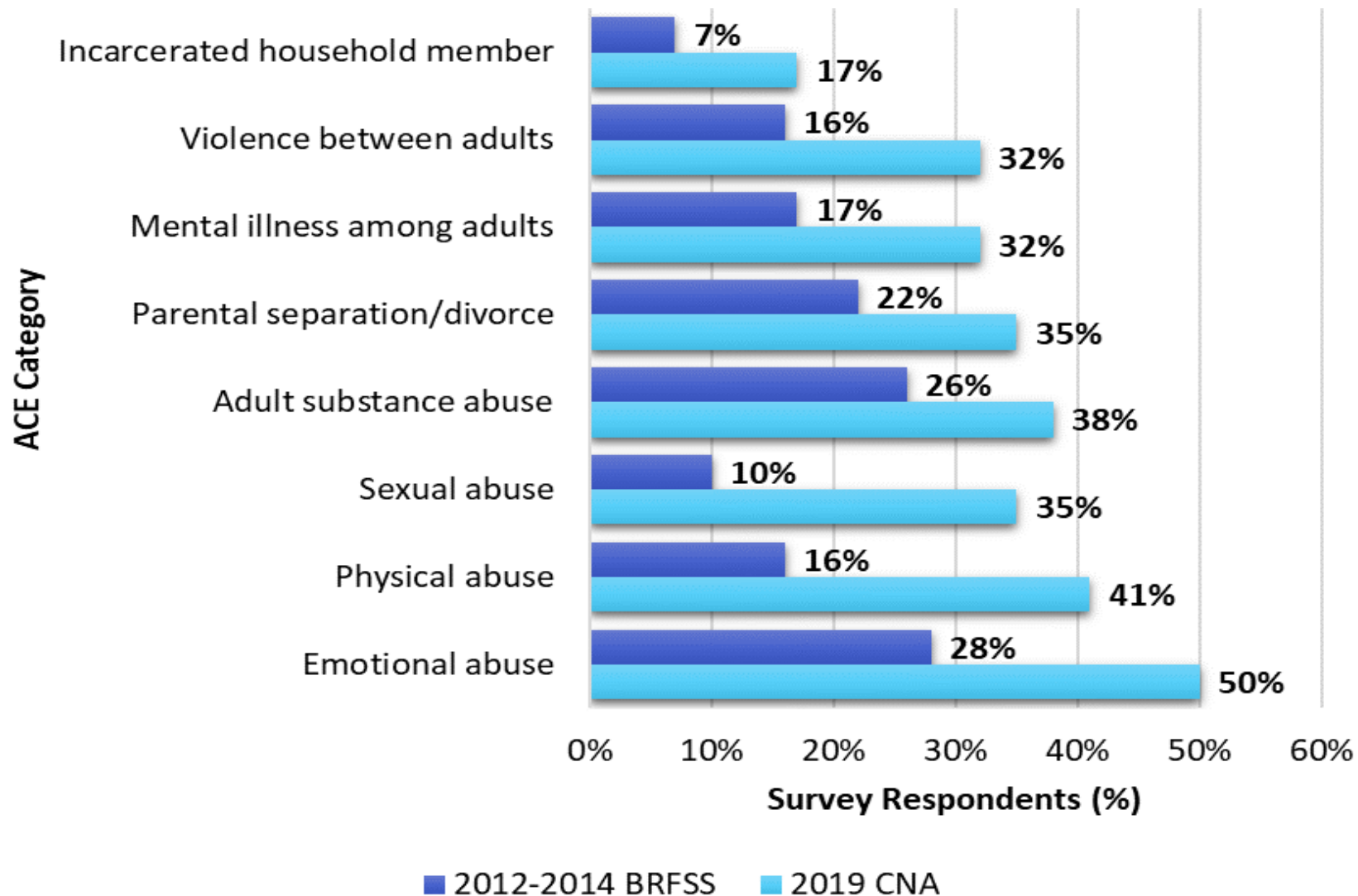
“The majority of the rest of these deaths were due to the effects of trauma: directly through murder; and indirectly through substance abuse, depression, isolation, and illnesses linked to trauma like obesity, diabetes, heart, lung, and liver disease.”

ACE Scores Among 2019 CNA Respondents (n=555) and 2016 BRFSS Respondents (n=7,257)



- IA General population more than **twice** as likely to have an ACE score of zero compared to 2019 CNA respondents
- 2019 CNA respondents were more than **twice** as likely to have an ACE score of four or more compared to IA general population

ACEs Among 2019 CNA Respondents (n=555) and 2012-2014 BRFSS Respondents (n=19,000+)

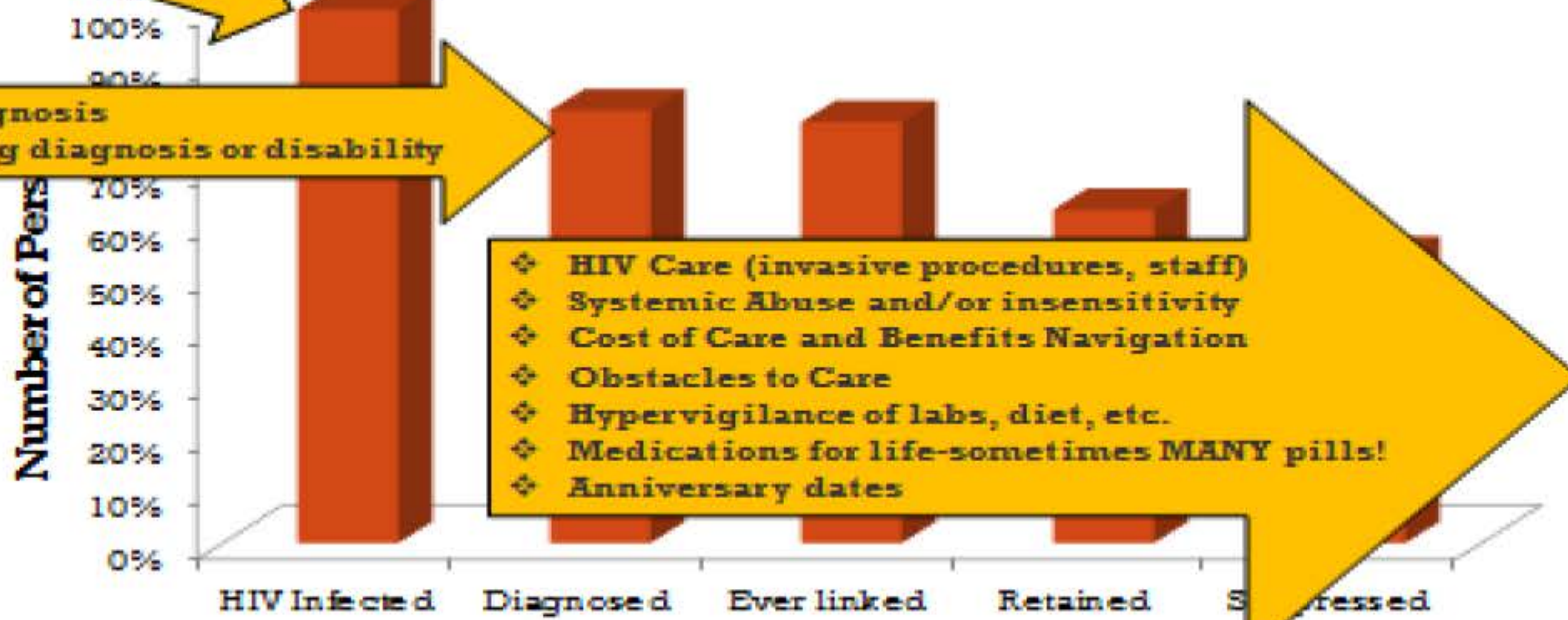


- 2019 CNA respondents were **twice** as likely to have experienced:
 - Incarcerated household member
 - Violence between adults
 - Mental illness among adults
 - Physical abuse
- 2019 CNA respondents were more than **three times** as likely to experience sexual abuse

HIV CARE CONTINUUM & TRAUMA

Past experience = Risky Behaviors

- ❖ Traumatic Diagnosis
- ❖ Fear of Life-long diagnosis or disability



STIGMA
DEPRESSION



Ryan White Organizations Need to Understand:



- The IMPACT of trauma on the lives of PLWH and any co-occurring mental or substance use disorder conditions.
- The impact of trauma and prior negative experiences in health care on PLWH's ability to trust care providers.
- That living with HIV may increase a person's sense of isolation, stress, fears, shame, and internalized stigma.
- The prevalence of ongoing trauma and toxic stress (e.g., IPV, workplace, or community violence)
- The impact of trauma on one's ability to self-manage HIV and other chronic conditions.
- The impact of structural factors such as racism, homophobia, and transphobia in the lives of PLWH

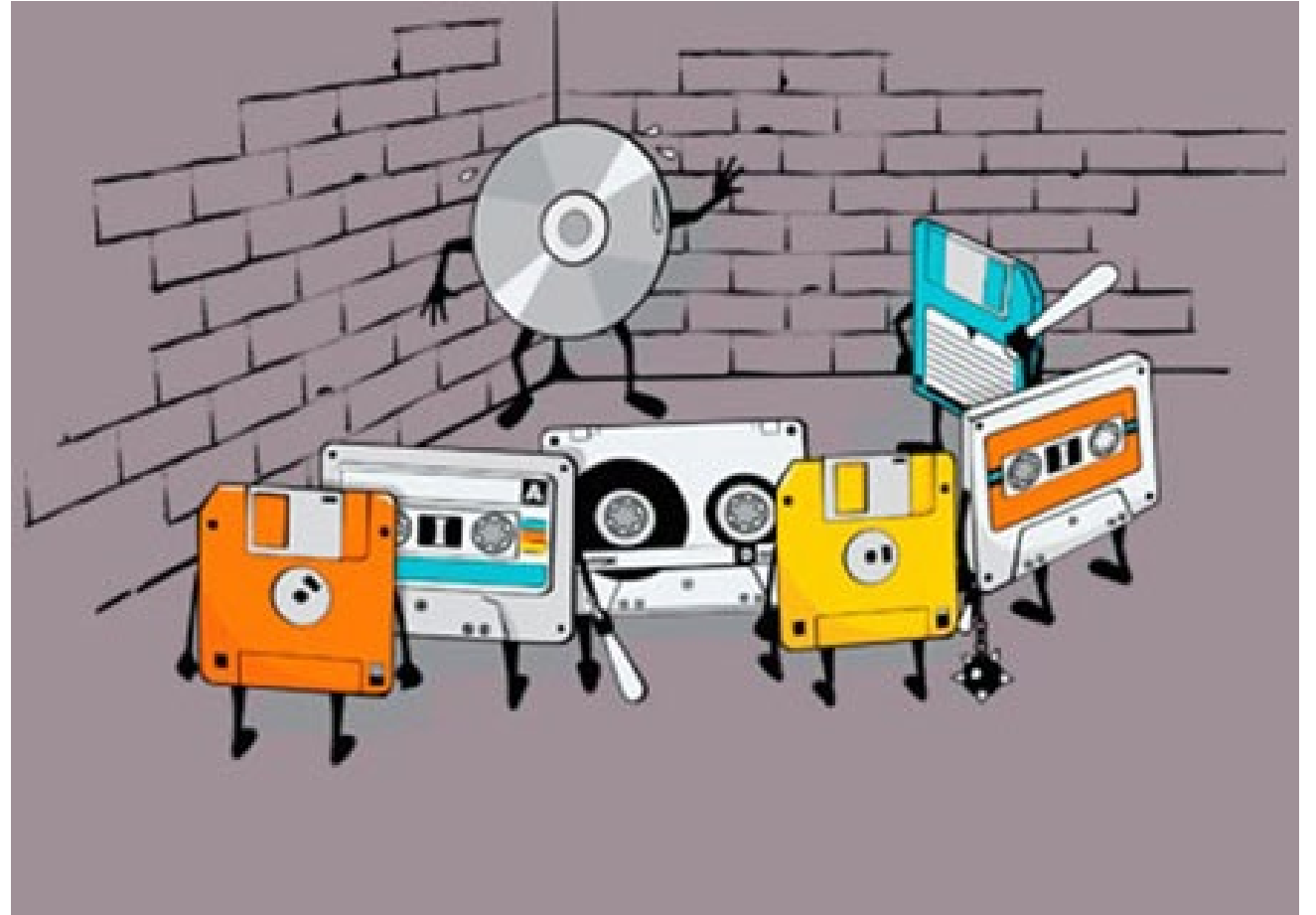
Summary:



- Trauma is very widespread in the lives of PLWH
- Violence and other forms of trauma, including all types of racism, further influence health and well being.
- Trauma affects the ability to effectively link to and engage in care.
- It's going to be critical to End the Epidemic to go beyond a focus on viral suppression to addressing the impact of trauma.

Implementation

So now that
we know...
what do we
do?





TRAUMA AWARE

Knowledge Building

Creation of TILT

Organizational
Implementation Capacity
(OIC) Administered

Trauma Responsive Domain
Organizational Assessment

TILT Gathers Baseline Data



TRAUMA RESPONSIVE

Hot Spot Identification

Prioritization and TIC
Domain Focus

Initial Work Plan
Established

Implementation Process
Initiated

Monthly Technical
Assistance Begins



TRAUMA HEALING

Implementation Occurring

Barriers Identified and
Addressed

Iterative Process Created by
CORE Team to Keep
Momentum

TIC CORE Team Has an
Ongoing Presence and
Support by Leadership

Policies and Procedures
Exist Now to Sustain Work

CQI Process Present



10

TRAUMA
INFORMED
DOMAINS



PHYSICAL ENVIRONMENT

5



CULTURALLY RELEVANT RESOURCES &
EDUCATION

6



CROSS SECTOR COLLABORATION

7



EQUITABLE ENGAGEMENT AND
INVOLVEMENT

8



ADDRESSING CULTURAL, HISTORICAL,
RACIAL AND GENDER BASED HEALTH
INEQUITIES

9



ORGANIZATIONAL CULTURE

10



WORKFORCE WELLNESS

1



WORKFORCE TRAINING &
DEVELOPMENT

2



PREVENTION ACTIVITIES

3



SERVICE DELIVERY & CAPACITY

4

| AWARENESS KEY ELEMENTS: LEARN & REDUCE STRESSORS | | RESPONSIVE KEY ELEMENTS: CONNECTION & IDENTIFY NEEDS | | HEALING KEY ELEMENTS: INTERVENTION & LINKAGE | |
|---|---|--|---|--|--|
| LEVEL 1 | LEVEL 2 | LEVEL 3 | LEVEL 4 | LEVEL 5 | LEVEL 6 |
| WORKFORCE WELLNESS | | | | | |
| No Wellness Programs | Basic Wellness Services | Individual Access to Health Services | Direct Administrative Support | Organization-Wide Wellness | Resilient Team Building |
| Wellness is responsibility of individual outside of the workplace | E-Service Wellness programs available Wellness newsletters available Wellness resource lists of employees provided (no linkage) | Employee Assistance Program (EAP) Health insurance acces with quality behavioral health providers Designated HR professionals provide linkage to mental health and wellness services | Regular supervision that offers time to process impact on work Professional development (face-to-face) offered to teach about impact of vicarious trauma | Gym and meditation rooms available onsite Wellness Committee that provides active education & health building Critical Debriefing offered Peer support programs offered | Reflective supervision taught and offered Self Care is promoted and active part of work culture Administration actively runs leadership groups for all employees |

Examples:



- 1) Workforce Wellness
- 2) Workforce Training and Development
- 3) Prevention Activities
- 4) Service Delivery & Capacity
- 5) Physical and Built Environment
- 6) Culturally Relevant Resources and Education
- 7) Cross-sector collaboration
- 8) Equitable Engagement and Collaboration
- 9) Addressing Cultural, Historical, Racial, and Gender Based Health Inequities
- 10) Organizational Culture
- 1) Reflective supervision taught and offered
- 2) TIE Training required
- 3) Integrating Resilience Assessment and Building
- 4) Development of TIC “crosswalk”
- 5) Agency remodeled
- 6) Need
- 7) TIPWG and TILT
- 8) Resurrecting or maintaining CABS and/or ensuring geographic parity on EtHE
- 9) Racial Equity Challenge
- 10) Implementation of *Organizational Health in Trauma-Exposed Environments*

A Word about Racial Justice

TRAUMA-INFORMED & EQUITY AND SOCIAL JUSTICE INTERSECTIONS



Developed by the Washington State Health Department, 2019

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Leveraging RWHAP Funding Streams in Trauma Informed Systems of Care

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Part F CBDP Program Director, Rutgers, The State University of New Jersey

Disclosures



Jill A. York has no relevant financial or non-financial interests to disclose.

Disclosure will be made when a product is discussed for an unapproved use.

This continuing education activity is managed and accredited by AffinityCE in cooperation with HRSA and LRG. AffinityCE, HRSA, and LRG Staff, as well as planners and reviewers, have no relevant financial or non-financial interests to disclose. Conflict of interest, when present, was resolved through peer review of content by a non-conflicting reviewer.

Commercial support was not received for this activity.

Learning Objectives



At the conclusion of this activity, the participant will be able to:

1. Provide an overview of the approach used by a Part F Community-Based Dental Partnership (CBDP) to integrate/implement trauma informed care into the program
2. Provide concrete examples of strategies participants can apply to create a more trauma informed practice to improve the delivery of dental care

TIC and the Dental Provider



- A landmark report by the Institute of Medicine suggests that dental practitioners work closely with other health professionals—particularly when patients have complex health conditions—and that this trend will continue in the future.
- The report also recommended the provision of holistic patient care and modeling of excellent clinical and communication skills as a teaching tool for dental students.
- The importance of interprofessional and patient collaboration is emphasized by the American Dental Association in its strategic plan.

TIC in the Dental Practice



- Trauma-informed care does not mean that you have to ask your patients sensitive or uncomfortable questions.
- Nor does it mean that a dentist has to take on the duties of a social worker or psychologist.
- Dentists have a responsibility to work with all patients to help them feel comfortable, safe, and connected which helps create optimal opportunities for recovery and healing.
- It is most importantly an overarching philosophy that guides staff in their interactions with patients and each other.

Common Experiences and Response



- Endocrine changes
- Neglect of oral hygiene
- Gingival circulation
- Alternation in salivary flow components
- Lowered host resistance
- Bruxism
- Acute Necrotizing Ulcerative Gingivitis (ANUG)
- Aggressive Periodontics
- Systemic inflammatory disease
- Poor wound healing
- Traumatic injury to head, neck and mouth

New Jersey TIC Project



- Purpose
 - Integrate trauma informed care into the culture, environment, and delivery of HIV care and support services.
 - Enhance care, service delivery and client outcomes
- Partnership and Collaboration
 - New Jersey Department of Health, Division of HIV, STD and TB Services
 - Cicatelli Associates, Inc.
 - Hyacinth AIDS Foundation
 - The Edward J. Bloustein School of Planning and Public Policy of Rutgers University

Community Based Dental Partnership Program



- Increase access to oral health care for clients with HIV in areas that remain underserved, especially in communities without dental programs
- Increase the number of dental providers capable of managing the oral health needs of clients with HIV, through community-based service-learning experiences

[Agency Profile, Cicatelli Associates, Inc.](#)

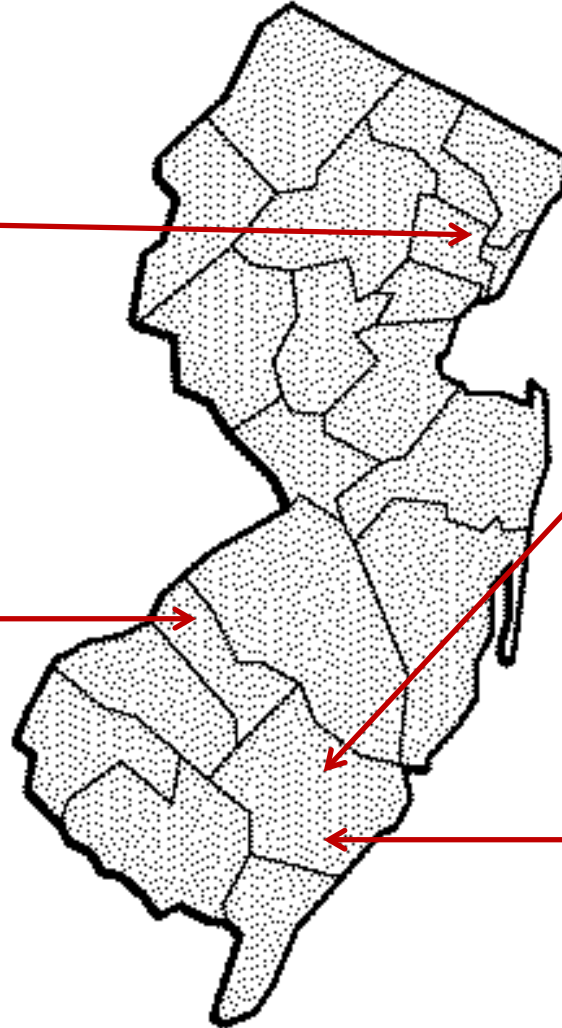
Community Clinics



Newark



Somerdale (87 miles)



Galloway (105 miles)



Northfield (113 miles)

Community Oriented Dental Education



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| CODE I | CODE II |
|---|---------------------------------------|
| Full Academic Year | Two Week Minimum |
| Voluntary (required application) | Mandatory (required questionnaire) |
| End of August / beginning of September | Summer Break / academic year |
| Primary Location: Northfield / Somerdale | Primary Location: Galloway |

Rutgers TIC Approach to HIV Care



- Realize
 - Trauma Informed Community Launch
 - NJ TIC Leadership Meeting
- Recognize
 - RSDM TIC Planning Meeting
 - RSDM TIC Baseline Training
 - RSDM Technical Assistance Training
 - Organizational Cultural Assessment
 - Physical Environment Assessment
- Respond
 - RSDM TIC Task Force
 - RSDM Physical Environment Action Plan
 - RSDM Organizational Cultural Action Plan
- Resist Re-Traumatization
 - RSDM Technical Assistance Meeting
 - Cultural Re-assessment
 - Environment Re-assessment

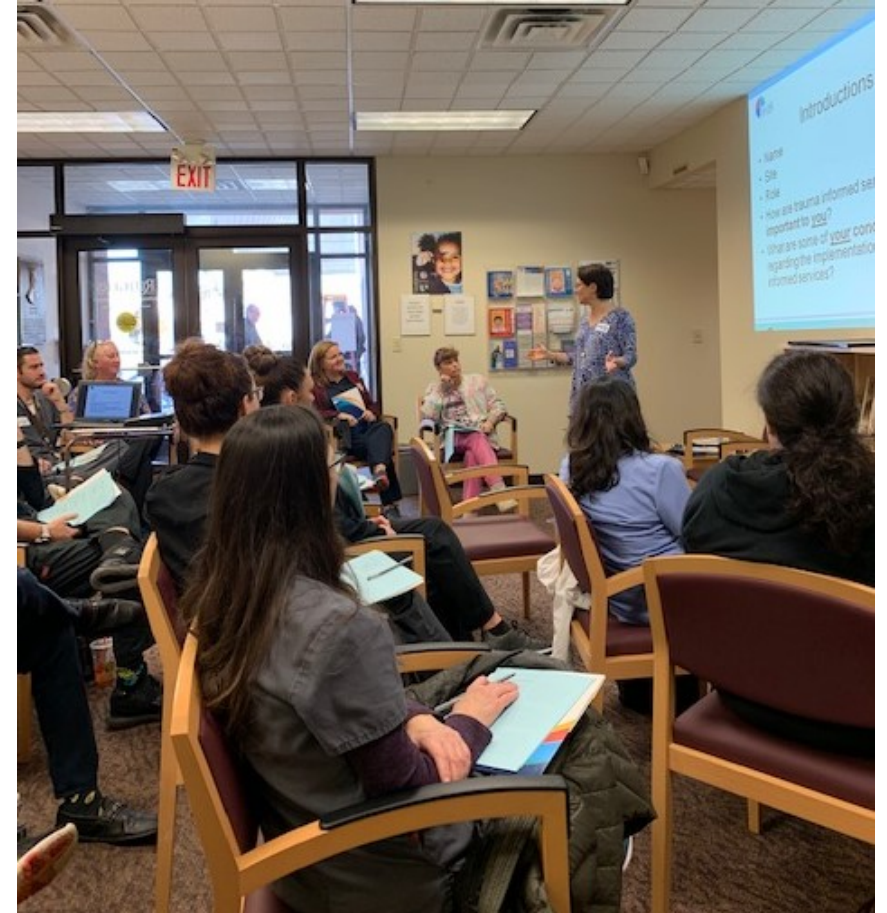
TIC Pilot Research Project



- Access current dental practices for trauma informed dental care for HIV-positive patients
- Interview dental professionals and staff regarding the practice of trauma informed care with HIV-positive patients
- Identify opportunities to define best practices for the implementation of trauma informed dental care

Findings

- Dental practitioners unknowingly practice trauma informed care
- The academic basis of trauma informed care is not well understood
- HIV status has little impact on dental interventions
- Elderly and female patients are more willing to open up about past incidents
- More information on trauma informed care is requested by the providers



Collaboration & Mutuality



- Ensure respect, connection and hope
- Recognize healing occurs in the context of interpersonal relationship
- Share in decision making
- Create a true partnership – level power difference between providers, staff and clients
- Recognize that everyone has a role in the trauma informed approach to care

[Organizational Cultural Assessment, Cicatelli Associates, Inc.](#)

Physical & Emotional Safety



- Be consistent and predictable
- Non-shaming, non-blaming, non-violent
- Ensure privacy and confidentiality
- Provide clear expectations about what is happening and why
- Create a safe and welcoming environment

[Physical Environment Assessment, Cicitelli Associates, Inc.](#)



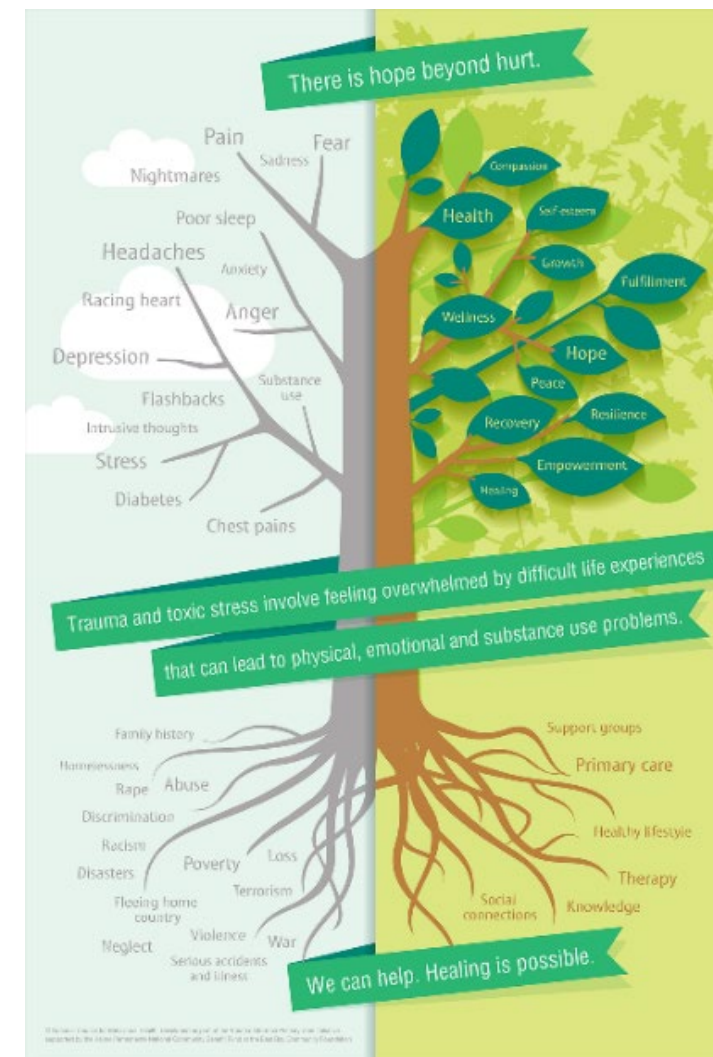
Provide a safe, calm and secure environment

WE CARE

National Domestic Violence Awareness Month

Rutgers School of Dental Medicine is turning the **CAMPUS PURPLE** with unified awareness of domestic violence and unhealthy, unsafe behavior by wearing **PURPLE**. We support our survivors, model healthy attitudes and promote healthy behavior.

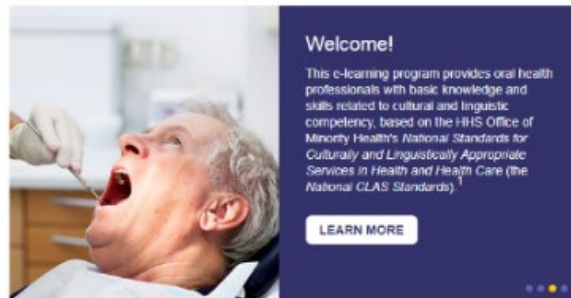
We show our support by coming together and **“TURNING THE CAMPUS PURPLE”**



Cultural, Historical & Gender Issues



- Actively move past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender geography, etc.)
- Incorporate policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of individuals served



- Course 1: Fundamentals of Cultural and Linguistically Appropriate Oral Health Care and Services
- Course 2: Culturally and Linguistically Appropriate Oral Health Practice Management
- Course 3: Communicating and Messaging in the Dental Chair

Trustworthiness & Transparency

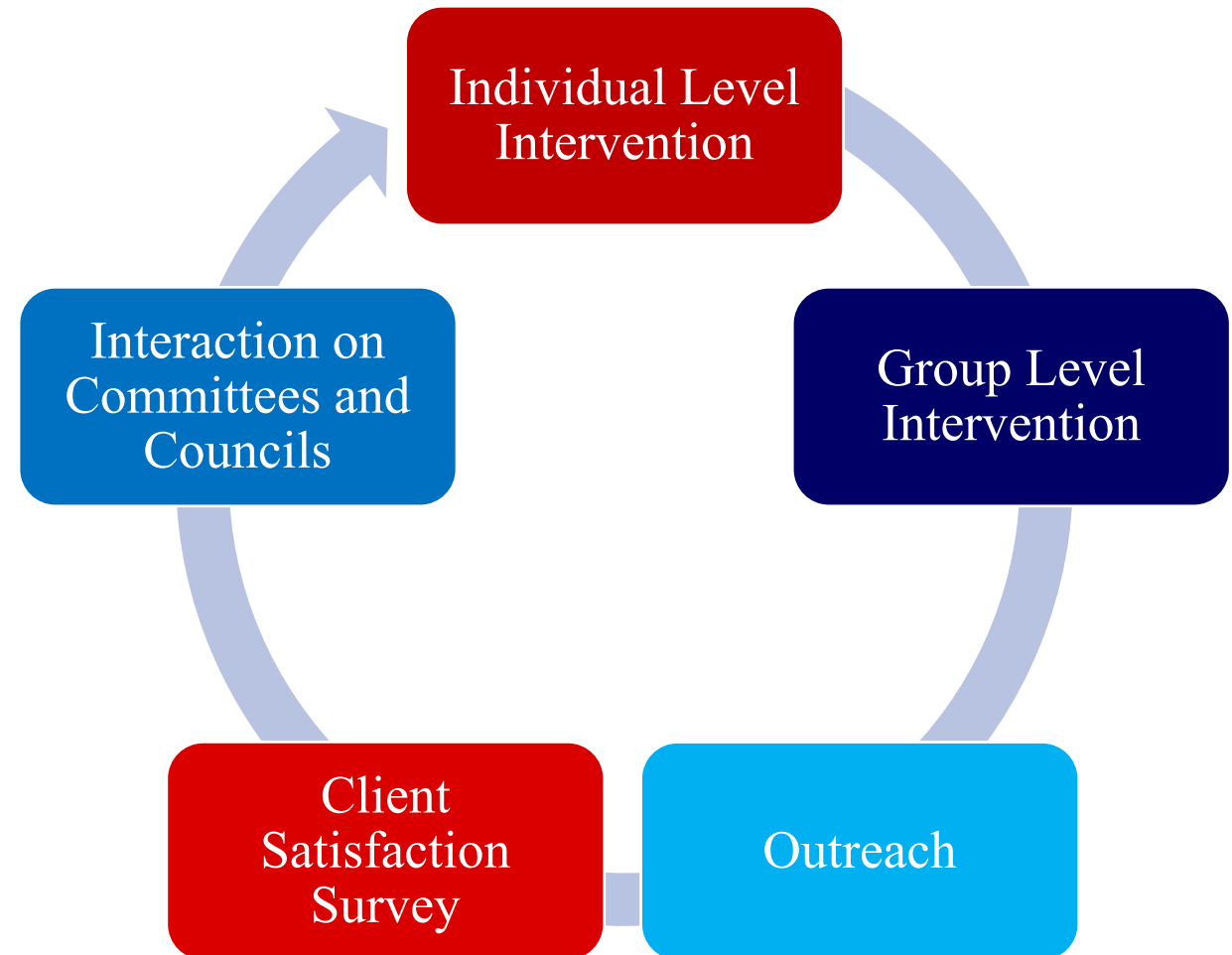


- Build and maintain trust among staff, clients, family members of those served
- Maintain professional boundaries
- Transparent policies and processes
- Roles are clear
- An informed consent and grievance process are present



Peer Support

- Establish safety and hope
- Build trust
- Use stories and lived experiences to promote recovery and healing
- Enhance collaboration



Empowerment, Voice & Choice



- Validate strengths and resilience
- Use strengths to build and enhance healthy coping skills
- Value social roles
- Increase and ensure individual control and autonomy
- Apply strength-based philosophy

“...fight the stigma regarding the disease and empower HIV positive people with the realization that we don’t have to live in the past.”

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