

Integrating Trauma Informed Care (TIC) into Three, Distinct HIV Care Settings: Successes and Promising Practices

Rachel Rice, MSW, LICSW, UAB 1917 Clinic

Lisa Siberón, MS HCM, Trinitas Regional Medical Center

Sarah Hackett, MA, NADAP

Emily Rebella, MA, CAI

Beth Hurley, MPH, CAI

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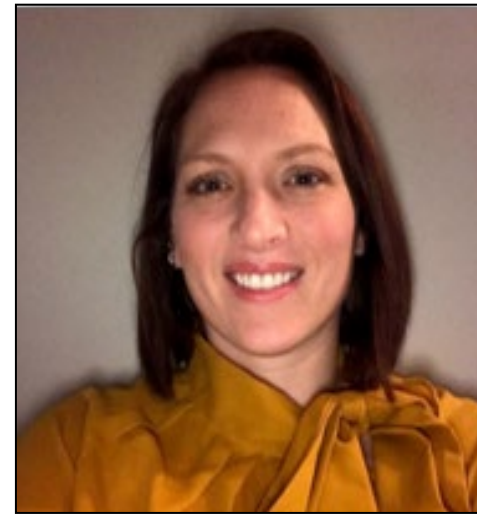
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Welcome!



Rachel Rice, MSW, LICSW
UAB Medicine 1917 Clinic

Trauma-Informed Care
Program Manager

Sarah Hackett, MA
NADAP

Director of Case
Management &
Employment Services

Lisa Siberón, MS HCM
Trinitas Regional
Medical Center

Supervisor of HIV
Services

Emily Rebella, MA
CAI

Director of TIC Division

Beth Hurley, MPH
CAI

Deputy Director of TIC
Division



Learning Objectives

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

1. Describe the need and opportunity for integrating trauma-informed care in settings serving people with HIV.
2. Describe how implementation science has shaped the TIC model to support agencies integrating TIC.
3. Identify supportive conditions and opportunities for integrating trauma-informed care at one's own agency.

Trauma Informed Care



Change and Inspiration

CAI is a leading mission-driven nonprofit organization, dedicated to improving the health and well-being of underserved populations worldwide.



Trauma Informed Care 1

95% of people with HIV have experienced at least one traumatic stressor

Trauma can impact health outcomes for people with HIV, including:

- Retention in care,
- Adherence to HIV medication, and
- Viral suppression

(Felitti, Anda, et al., 1997; Nightingale et al., 2013; Sales et al., 2016; Brezing et al., 2015; Machtiger, et al., 2015; Pence, 2009)

Trauma Informed Care 2

The Trauma Informed Care Projects at CAI seek to:

- Support agencies as they integrate trauma informed care into their cultures, environments, and service delivery
- Emphasize education and awareness about trauma for staff and clients
- Improve client experience and health outcomes

Trauma Informed Care 3

A strengths-based organizational structure and intervention framework

Choice and
Empowerment

Collaboration

Safety

Recognizing and
Responding to
Trauma

Recognizing Cultural
and Historical Context

(Hopper, Bassuk, & Olivet, 2010)

Project Goal

To **strengthen the support** of clients and staff through the integration of a trauma informed care approach, in a way that is:

Realistic

Practical

Achievable

Collaborative

Phased Implementation Approach

Implementation Phase

Exploration



Planning & Preparation



Initial Implementation



Full Implementation



Sustainability

Leadership Engagement

Secure leadership commitment

Identify the needs TIC will address

Determine how TIC can be integrated into services

Trauma Informed Education and Organizational Readiness

Develop staff messages for why trauma informed care is important

Assess culture & environment using a trauma informed lens

Identify potential strengths and challenges to integration

Policies and Procedures

Apply the trauma informed care lens to policies and procedures

Explore needed modifications for staff onboarding & wellness, HR processes, workflow

Finalize strategic implementation plan

Training

Train staff on the importance of providing TIC and how they can integrate it into their role-specific duties

Work with supervisors to integrate TIC into supervision approach

Implementation

Set performance targets

Provide of skills-based services to clients if appropriate

Collect real-time data

Refine implementation plan as needed

Develop sustainability plan

Technical Assistance

- Regular, ongoing communication
- Customized implementation pace
- Adaptations for agency specific realities



Agencies Implementing Trauma Informed Care

UAB MEDICINE

Trinitas Regional | **RWJ**Barnabas
Medical Center HEALTH

NADAP
Empowering Individuals and Strengthening
Communities through Healthcare and Employment

 **CAI**
Change and Inspiration

UAB Medicine 1917 Clinic

UAB Medicine 1917 Clinic Staff - 2018



Rachel Rice, MSW, LICSW



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UAB MEDICINE

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UAB Medicine 1917 Clinic continued

“We believe in celebrating birthdays through research, education, & care.”

- Opened January 28, 1988
- Original address: 1917 5th Ave South in Birmingham, Alabama
- Moved to current Birmingham location in January 2021



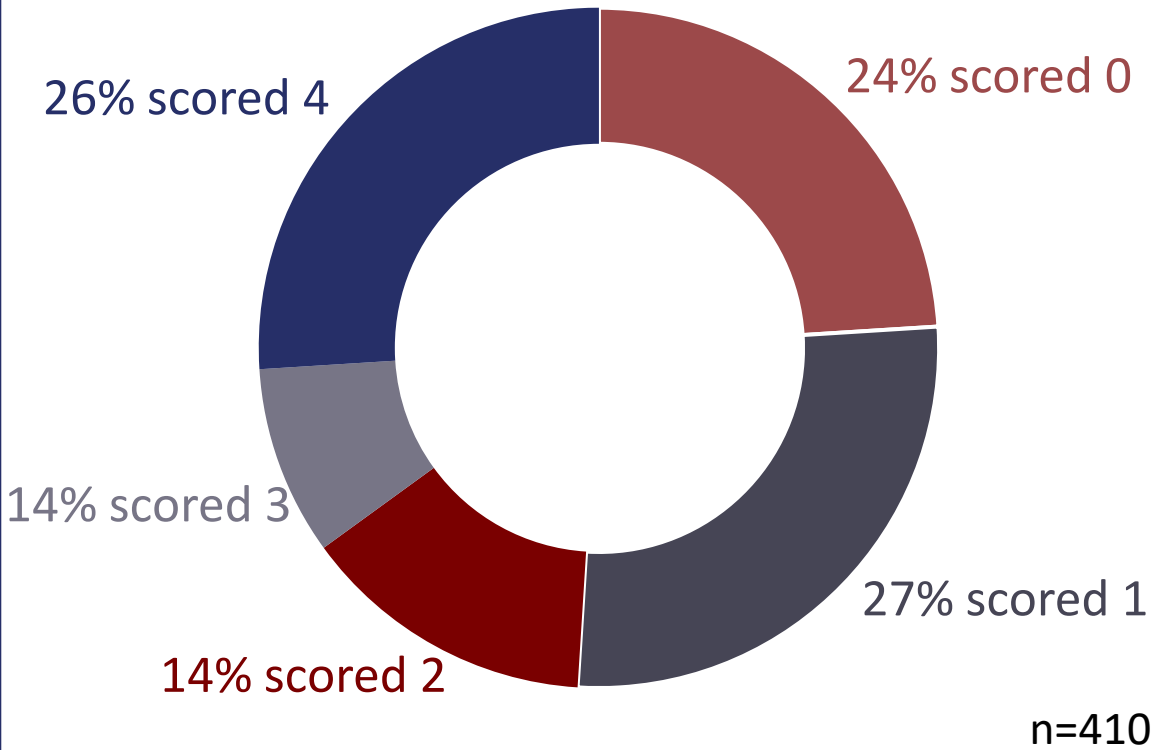
Population Served at 1917 Clinic

- We serve more than **3800** patients with comprehensive HIV care
- Prevention and testing services to our community (roughly **80** PrEP patients)
- Patient Demographics:
 - 66% Black/African-American, 31% White, 3% Another race
 - 75% Male, 23% Female, 1% Trans
 - 54% below 100% of the Federal Poverty Level

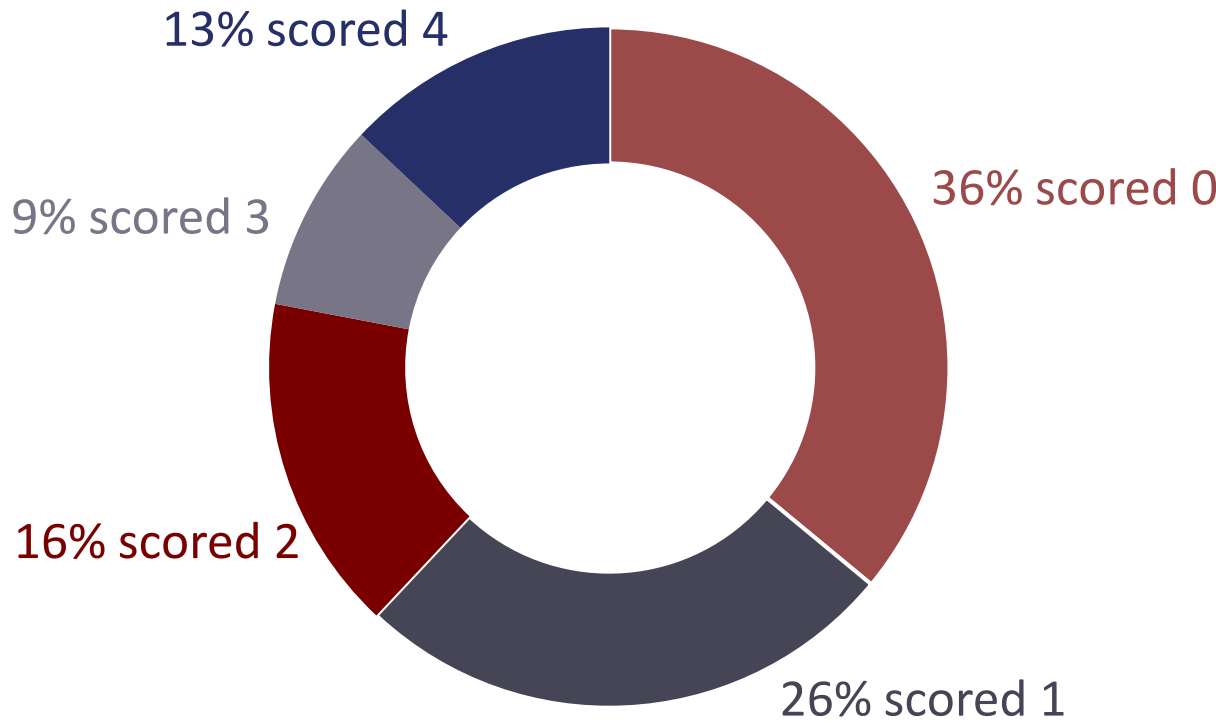
Insurance Type	Patients
Private/commercial	26%
Medicare/Medicaid	37%
Private paid for by Alabama Dept. of Public Health	24%
No insurance	11%

Adverse Childhood Experiences

Prevalence of ACEs Among 1917 Clinic Patients



ACE Study Data



1917 TIC Timeline

- In **2018** the ACE's is added tool to the New Patient Orientation to get a better understanding of how our patients have experienced trauma.
- In **2019** a multidisciplinary team was established to discuss implementing trauma-informed approaches at 1917 Clinic.
- TIC Committee Goal: To better support our patients, staff, and community by integrating trauma informed care into 1917 Clinic's culture, policies, environment, and delivery of HIV care and support services.
- In **2020**, 1917 Clinic formalized a partnership with CAI to achieve our project visions.

Achievements

- 10 sessions of staff trainings on Trauma-Informed Care & related topics over 13 months
- Cultural & Environmental Assessments completed and action plan developed
- Plans to hire a full time staff person to manage Trauma-Informed Care approaches at 1917 Clinic

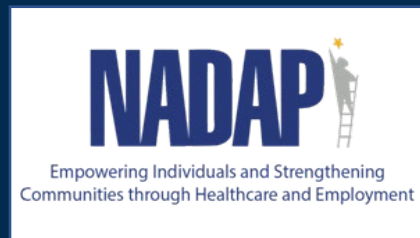


Questions?

Please contact **Rachel Rice**, rhanle@uabmc.edu
with questions or requests for additional information

NADAP

Sarah Hackett, MA
Director of Case
Management &
Employment Services



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NADAP – Project ACE 1

May 2021 marked **50 years** of helping underserved New Yorkers in and around the five boroughs sign up for healthcare, find work, receive community support, and access the resources they need to improve their mental, physical, emotional and financial well-being.

Project ACE (Assessment*Case Management*Employment)

- Located in Downtown Brooklyn, New York
- An intensive case management program funded by the *City of New York’s Human Resources Administration* since 2001

Program Goals are to assist clients with:

- Stabilizing in early recovery; connecting to treatment program
- Linking to appropriate medical and mental health care
- Obtaining and maintaining employment
- Addressing legal, housing, and familial issues
- Moving toward self-sufficiency

NADAP – Project ACE 2



Staff Composition



NADAP currently has **35** staff (and 7 vacancies), units consist of:

- Assessment (CASACs)
- Office Services
- Clinical
- Case Management*
- Housing*
- Employment
- Leadership

*field-based

Client Demographics

City of NY Public Assistance Clients: Residents of Brooklyn, Indicator of Substance Use History

Census Goal: 706

- Current census: 573

Sex

- Male: 78%
- Female: 22%

Age

- Average age is **43 years**

Housing Status

- 34% stable housing
- 66% unstable housing

Race/Ethnicity

- Black/African American: 52%
- Hispanic/Latino: 30%
- White: 11%
- Asian or Pacific Islander: 0%
- Caribbean American: 1%
- American Indian/Alaskan Native: 1%
- Another race: 5%

Commitment to TIC Work – January 2021 through Present

- Virtual Trainings for All Staff have been *required* and *encouraged*
- Routine Review Meetings with the CAI Team have provided insight and guidance for ACE's Leadership Team
- Incorporation of TIC conversations in Team and Staff Meetings have strengthened ACE's programming and operations

Highlights of ACE's involvement with the TIC initiative through CAI

- Staff better informed and trained on a variety of TIC topics – Trauma 101; De-Escalation Techniques; Conducting Trauma Assessments; Helping Clients Manage their Emotions; Vicarious Trauma and Compassion Fatigue
- Cultural and Physical Space Assessments completed by Staff in Jan. 2021 and July 2022 that provided insight into staff perspective

NADAP – Project ACE 5

Highlights of ACE's involvement with the TIC initiative through CAI

- Formation of **PAVE** Committee (**Project ACE VoicES**) of ~ 7 line staff and 2 Supervisors, which reviewed and made recommendations on three key items identified in the Jan 2021 cultural assessment feedback:
 - Welcoming Signage in the Office
 - Staff Professional Development and Staff Training including Leadership Committee formation
 - Safety in the Office and Field – COVID protocols and recommendations
- Inclusion of Brief Trauma Surveys and Trauma Education into routine programming – workflow of referrals from the survey taker to our Clinical Manager (an LCSW) for complete mental health assessment and external treatment referrals

Questions? – Sarah Hackett

Please contact **Sarah Hackett**, shackett@nadap.org
with questions or requests for additional information

TRINITAS EARLY INTERVENTION PROGRAM

Trinitas Regional Medical Center | RWJBarnabas HEALTH



Lisa Siberón MS HCM
Supervisor of HIV Services
Employed with TRINITAS for 9 years
5 years as the Linkage to Care Coordinator and
4 years as the Supervisor

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TRINIITAS EARLY INTERVENTION PROGRAM

655 Livingston Street, Elizabeth, NJ, 70206



Agency Demographics



The Early Intervention Program at Trinitas has been open and serving the community for over **30 years**.



Trinitas EIP currently has **14** Full time staff, consisting of :

- 1 Director, 1 Doctor, 1 Supervisor, 3 Medical Case Managers, 1 PrEP counselor, 1 HIV tester, 1 office manager, 2 Clerical staff, 1 nurse, 1 Medical Assistant and 1 community outreach worker.



Trinitas EIP currently has approximately **500-550** registered patients.

Patient Demographics

The Trinitas EIP primarily treats HIV + adults who reside in **Union and Essex counties**, but we also provide care to anyone who seeks treatment in New Jersey.

Sex

- Male: 70%
- Female: 30%

Age

- 62% are over 40 years of age

Sexual Orientation

- 60% identify as heterosexual
- 30% identify as homosexual
- 10% identify as bisexual

Race/Ethnicity

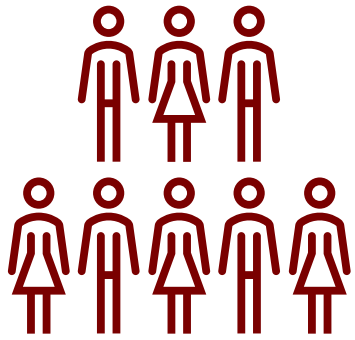
- Black/African American: 53%
- Hispanic/Latino: 47%

PrEP Patients

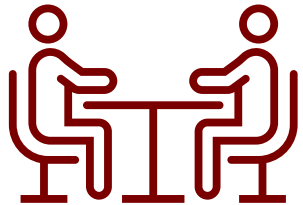
- Active: 109 / Inactive: 11
- Males: 111 / Females: 9

Monitoring TIC Service Delivery

1



216 unique clients provided TIC services



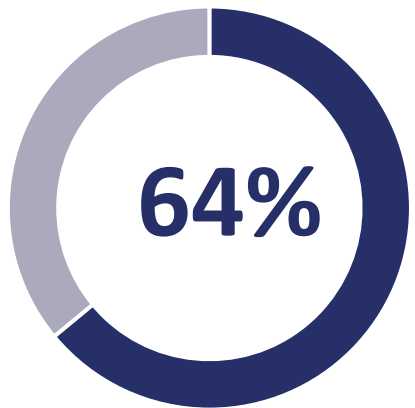
329 encounters

Monitoring TIC Service Delivery

2



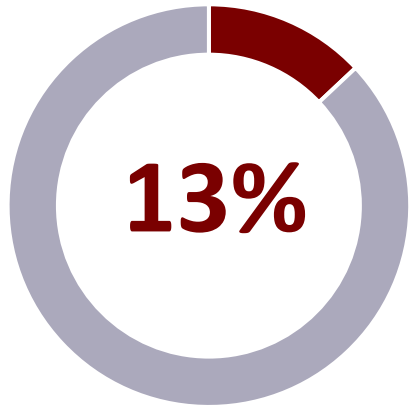
212 clients participated in TIC Screening at their first visit



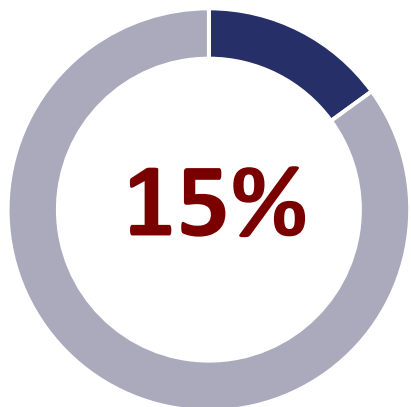
64% (n=138) of clients who were screened received TIC Brief Client Education

Monitoring TIC Service Delivery

3



13% (n=27) of clients scored 3 or above on the TIC Screening, indicating they had experienced symptoms related to trauma in the past month



15% (n=4) of clients who scored ≥ 3 participated in at least one TIC Psychoeducational Skills-Building Class

Questions? Lisa Siberón

Please contact **Lisa Siberón**, lsiberon@trinitas.org
with questions or requests for additional information

Panel Discussion



Thank you!

Please contact **Emily Rebella**, erebella@caiglobal.org with questions or requests for additional information



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