

# Trauma-Informed Approaches to the Ryan White HIV/AIDS Program: Centering Healing and Resilience

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NATIONAL  
**RYAN WHITE**  
CONFERENCE  
ON HIV CARE & TREATMENT

# Disclosures

Mahelet Kebede has no relevant financial interests to disclose.

Lydia Guy Ortiz has no relevant financial interests to disclose.

Yehoshua Ventura has no relevant financial interests to disclose.

Yanitza Soto has no relevant financial interests to disclose.

Rose Wall has no relevant financial interests to disclose.

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There was no commercial support for this activity.

# Learning Objectives

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

1. Discuss strategies that RWHAP Parts can implement to take a trauma-informed approach to the provision of care and treatment services for people living with HIV.
2. Compare RWHAP Parts' approaches to providing HIV care and treatment services with a trauma-informed approach.
3. Explain the impact of trauma and resilience of people living with HIV.

# Session Agenda

- Key Terms
- TIA Toolkit Overview
  - Organizational Culture
  - Tools & Assessments
- RWHAP Part B/ADAP Examples
  - Washington State Department of Health
  - Arizona Department of Health Services
- Q&A/Discussion

- **TRAUMA:** broadly defined as experiences that produce intense emotional pain, fear, or distress, often resulting in long-term physiological and psychological consequences.
  - Trauma can be a *one-time event* (e.g., natural disaster or loss of a loved one), *repeated events* (e.g., abuse or neglect), or a *vicarious event* (e.g., witnessing trauma experienced by another).
  - Traumas can be experienced by a *single individual* (e.g., sexual assault) or *an entire population* (e.g., slavery).
- **RESILIENCE:** one's ability to cope with a crisis or recover from difficulty.
  - **Collective resilience** are the bonds and networks that hold communities together, provide support and protection, and facilitate recovery during traumatic events

# Key Terms

- **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.
- **HEALING-CENTERED:** non-clinical strength-based approach that advances a holistic view of healing and recenters culture and identity as a central feature in well being. – Dr. Shawn Ginwright

# Trauma-Informed Principles

## 6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's [Office of Public Health Preparedness and Response \(OPHPR\)](#), in collaboration with SAMHSA's [National Center for Trauma-Informed Care \(NCTIC\)](#), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by [OPHPR](#) and [NCTIC](#) was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

# Organizational Culture

## Organizational Trauma

- Organizational amnesia
- Unrecognized wounding
- Stress contagion
- Unproductive relationships between organizations and environment
- Depression, despair, and loss of hope

## Organizational Resilience

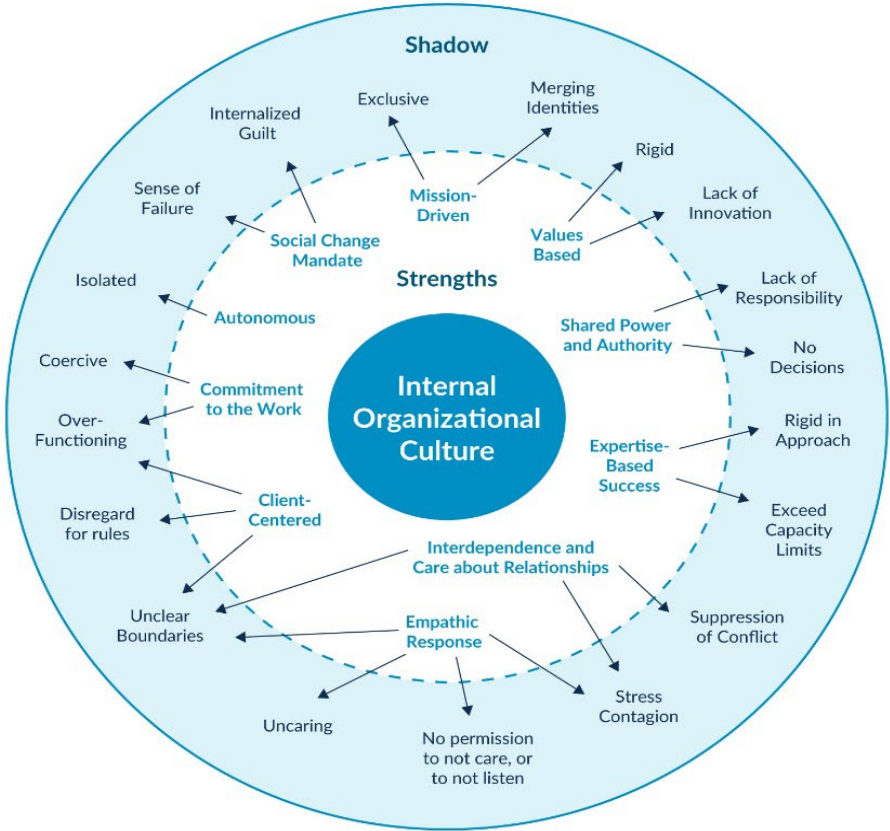
- Recognize/acknowledge existence of organizational trauma
- Contain anxiety
- Act as an example
- Remember history and interrupt amnesia
- Strengthen organizational identity and esteem



# Organizational Culture

## ORGANIZATIONAL CULTURE

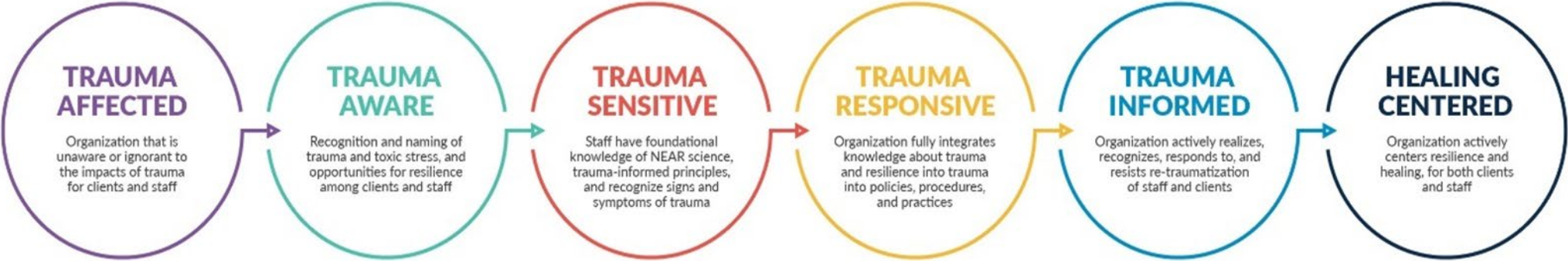
The "Strengths and Shadows" graphic illustrates the impact of organizational culture on internal dynamics. "Strengths" refers to values and assumptions that support an organization's successful accomplishment of its mission. "Shadow" refers to elements that are denied, rejected, hidden, and undiscussable.



# Workforce Considerations

<b>VICARIOUS TRAUMA</b>	<b>BURNOUT</b>
Affects people who work with trauma survivors	Affects anyone
Reaction to the trauma experienced by clients	Reaction to overload
Can have an abrupt and sudden onset	Progressive onset
Results in changes in expression of empathy	Results in detachment and depression

# Organizational Roadmap to Healing



## Tools

- Workplace Wellness Strategies
- TI Principles in Practice
- Considerations for Healing-Centered Intake & Psychosocial Assessments
- \*Roadmap to Healing modules

## Assessments

- Vicarious Trauma Assessment and Prevention Tool
- Division/Bureau Readiness Assessment Tool

# Washington State Department of Health

Lydia Guy Ortiz and Yehoshua Ventura

# Trauma-Informed & Equity and Social Justice Intersections



Source: Washington State Department of Health

# Arizona Department of Health Services

Yanitza Soto, MPH and Rose Wall, LPC

- The Toolkit created momentum to help us:
  - Worry less about already knowing what Trauma Informed Care & Healing Centered Approaches practices were
  - Consider psychosocial, systemic, and societal barriers Ryan White Clients experience
  - Acknowledge the expertise of the Case Managers who would be using the tool everyday (Supportive vs. Burdensome)
  - Identify multiple ways of being and knowing, ***no one right way***



- Readiness Assessment
  - Score Average: 3.5 – Readiness in Need of Support
- Scoring breakdown
  - Tells us we are ready for change and have started to gather information d plan change
- Activity: Updates to Acuity Scale tool to measure client support

# Goals & SAMHSA Trauma-Informed Principles

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## Goals:

- Updates made to current tool used to determine client needs
- Engage Ryan White Providers in multiple feedback sessions
- Align with recent Eligibility changes for Ryan White Services

## SAMHSA Principles:

- **Trustworthiness & Transparency**
- **Empowerment, Voice & Choice**

# AZ Ryan White & ADAP Acuity Scale

## Joint Arizona Ryan White & ADAP Acuity Scale

Client Name: \_\_\_\_\_

**Instructions:** While administering this scale, listen for and acknowledge strengths and resiliency to empower your client to overcome obstacles in their life. Systems of oppression impact people differently on their identities. Additional intersecting identities can create higher burdens and levels of resiliency.

Check one level (1-4) in each *Life Area* category. Add total checkmarks for each level, and multiply the number of checkmarks by the level number to calculate total points.

Life Areas	1	2	3	4
<b>Language &amp; literacy</b>	<input type="checkbox"/> No identified language or literacy needs.	<input type="checkbox"/> Language or literacy needs have <b>minimal impact</b> on engagement with HIV care and treatment.	<input type="checkbox"/> Language or literacy needs have <b>some impact</b> on engagement with HIV care and treatment.	<input type="checkbox"/> Language or literacy needs have <b>significant impact</b> on engagement with HIV care and treatment.
<b>MEDICAL NEEDS</b>				
<b>Knowledge &amp; understanding of HIV</b>	<input type="checkbox"/> Fully knowledgeable about HIV process and treatment.	<input type="checkbox"/> Minor gaps in knowledge and understanding have <b>minimal impact</b> on HIV care and treatment.	<input type="checkbox"/> Substantial gaps in knowledge and understanding have <b>some impact</b> on HIV care and treatment and requires periodic education.	<input type="checkbox"/> Significant knowledge and understanding have <b>severe impact</b> on HIV care and treatment and requires ongoing education.
<b>Health care coverage</b>	<input type="checkbox"/> Insured with no current gaps in coverage for HIV care and treatment.	<input type="checkbox"/> Insured with minor gaps in coverage. Current <b>minimal impact</b> on HIV care and treatment.	<input type="checkbox"/> Substantial gaps in coverage. <b>Some impact</b> on HIV care and treatment and requires support.	<input type="checkbox"/> Significant coverage. <b>Severe impact</b> on HIV care and treatment and requires ongoing support.
<b>Utilization of care</b>	<input type="checkbox"/> All HIV related primary & specialty care needs are independently met.	<input type="checkbox"/> Most HIV-related primary & specialty care needs are independently met. <b>Minimal impact</b> on care and treatment.	<input type="checkbox"/> Substantial gaps in HIV-related primary & specialty care needs. <b>Some impact</b> on care and treatment.	<input type="checkbox"/> Significant HIV-related primary & specialty care needs. <b>Severe impact</b> on care and treatment.
<b>Ability to manage viral load</b>	<input type="checkbox"/> Virally suppressed for over 1 year. No issues with obtaining and/or taking medication.	<input type="checkbox"/> Virally suppressed for less than 1 year. <b>Minimal issues</b> with obtaining and/or taking medication. <b>OR</b> Unable to achieve viral suppression despite adherence.	<input type="checkbox"/> Virally suppressed for less than 1 year. <b>Monthly issues</b> with obtaining and/or taking medication.	<input type="checkbox"/> Not currently suppressed. <b>Significant issues</b> with obtaining and/or taking medication.

## Joint Arizona Ryan White & ADAP Acuity Scale

Life Areas	1	2	3	4
<b>Access to prevention resources</b>	<input type="checkbox"/> Client is knowledgeable of risk, and empowered to use harm reduction strategies.	<input type="checkbox"/> Some understanding of risk. Has <b>little to no exposure</b> to high risk situations.	<input type="checkbox"/> Some understanding of risk. Has <b>monthly exposure</b> to high risk situations.	<input type="checkbox"/> Significant gaps in understanding of risk. <b>Currently engages</b> in high risk behavior.
<b>OTHER HEALTH CONDITIONS</b>				
<b>Dental/Oral health</b>	<input type="checkbox"/> No current oral health concerns and can access coverage.	<input type="checkbox"/> Current oral health concerns, with <b>minimal impact</b> on engagement with HIV care and treatment and/or interruption to daily life.	<input type="checkbox"/> Current oral health concerns causing <b>some impact</b> on engagement with HIV care and treatment and/or interruption to daily life.	<input type="checkbox"/> Current oral health concerns causing <b>significant impact</b> on engagement with HIV care and treatment and/or interruption to daily life.
<b>Substance use</b>	<input type="checkbox"/> No current alcohol or other drug use and/or in self defined recovery.	<input type="checkbox"/> Current alcohol or other drug use, with <b>minimal impact</b> on engagement with HIV care and treatment and/or interruption to daily life.	<input type="checkbox"/> Current alcohol or other drug use causing <b>some impact</b> on engagement with HIV care and treatment and/or interruption to daily life.	<input type="checkbox"/> Current alcohol or other drug use causing <b>significant impact</b> on engagement with HIV care and treatment and/or interruption to daily life.
<b>Mental health</b>	<input type="checkbox"/> No current mental health concerns.	<input type="checkbox"/> Current mental health concerns, with <b>minimal impact</b> on engagement with HIV care and treatment and/or interruption to daily life.	<input type="checkbox"/> Current mental health concerns causing <b>some impact</b> on engagement with HIV care and treatment and/or interruption to daily life.	<input type="checkbox"/> Current mental health concerns causing <b>significant impact</b> on engagement with HIV care and treatment and/or interruption to daily life.
<b>Hepatitis C (hep C) and syphilis</b>	<input type="checkbox"/> <b>Confirmed negative status</b> for hep C and syphilis, and has access to routine screening.	<input type="checkbox"/> <b>Unknown status</b> for hep C or syphilis.	<input type="checkbox"/> <b>Unknown status</b> for hep C or syphilis with exposure to high risk situations, <b>OR receiving treatment</b> for confirmed hep C or syphilis.	<input type="checkbox"/> Confirmed positive for hep C or syphilis but <b>not receiving treatment</b> .
<b>BASIC NEEDS</b>				
<b>Transportation</b>	<input type="checkbox"/> Has reliable transportation.	<input type="checkbox"/> Utilizes transportation services with <b>minimal impact</b> on HIV care and treatment.	<input type="checkbox"/> Current transportation needs, with <b>some impact</b> on HIV care and treatment.	<input type="checkbox"/> Consistent transportation needs, with <b>significant impact</b> on HIV care and treatment.

## Joint Arizona Ryan White & ADAP Acuity Scale

Life Areas	1	2	3	4
<b>Food</b>	<input type="checkbox"/> Has reliable access to food without utilizing nutritional programs.	<input type="checkbox"/> Utilizes nutritional programs, and <b>nutritional needs are met</b> .	<input type="checkbox"/> Needs frequent support to utilize nutritional programs, or has <b>difficulty meeting nutritional needs</b> .	<input type="checkbox"/> Does not have access to or unable to utilize nutritional programs, and nutritional needs currently <b>not being met</b> .
<b>Housing</b>	<input type="checkbox"/> Living in clean, stable housing with full use of utilities, and does not need housing or utilities assistance.	<input type="checkbox"/> Stable housing (subsidized or not) but needs <b>occasional assistance</b> with housing or utilities. (1-2 times per year)	<input type="checkbox"/> Unstable housing (subsidized or not); housing subsidy violation or eviction imminent; needs <b>frequent assistance</b> with housing or utilities. (3-4 times per year)	<input type="checkbox"/> Severe barriers to maintaining stable housing; recently evicted; homeless or living in temporary housing; needs <b>ongoing assistance</b> with housing or utilities. (5+ times per year)
<b>Legal</b>	<input type="checkbox"/> No recent or current legal needs.	<input type="checkbox"/> Possible recent or current legal needs, with <b>minimal impact</b> on HIV care and treatment.	<input type="checkbox"/> Current legal involvement or needs, with <b>some impact</b> on HIV care and treatment.	<input type="checkbox"/> Current legal crisis with <b>significant impact</b> on HIV care and treatment.
<b>Safety</b>	<input type="checkbox"/> Client feels safe and experiences no fear in all areas of life.	<input type="checkbox"/> Client has history of feeling unsafe but no current safety concerns, with <b>minimal impact</b> on HIV care and treatment.	<input type="checkbox"/> Client currently experiencing fear and/or feels unsafe in an area of their life, <b>some impact</b> on HIV care and treatment.	<input type="checkbox"/> Client currently experiencing fear and/or feels unsafe in an area of their life, has <b>significant impact</b> on HIV care and treatment.
<b>Impact</b>	<input type="checkbox"/> No impact.	<input type="checkbox"/> Minimal impact.	<input type="checkbox"/> Some impact.	<input type="checkbox"/> Significant impact.
<b>Notes:</b>	_____			
<b>PERCENTAGE</b>				
<b>Total Points:</b> _____				

# Companion Guide

## COMPANION GUIDE

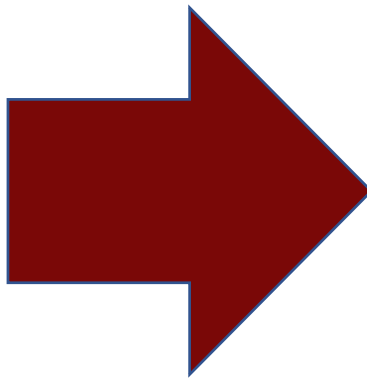
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Maricopa County Department of Public Health Ryan White Part A  
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Arizona Department of Health Services (ADHS) Office of Disease &  
Integration Services Ryan White Part B

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Last Updated: April 2022



## Language & Literacy

### Why is this Life Area highlighted?

Language and Literacy are necessary for a client to understand their HIV diagnosis, to know what is said during appointments and phone calls, and to communicate with case managers, eligibility staff, and many others. Although supports exist for clients with language and literacy needs, they are often underutilized.

### What to look out for in this Life Area:

- Needing an interpreter
  - Interpretation may be during medical appointments, pharmacy pick-ups, lab appointments, phone calls for scheduling appointments or pick ups, etc.
  - Clients may speak basic English, but still need an interpreter for medical appointments
  - Providers and pharmacists may not automatically use interpretation services, ESPECIALLY if a client speaks basic English or doesn't ask for an interpreter
- Needing translation services
  - Clients may need translations for their paperwork, labs, medication instructions, etc.
- Health literacy, even for English-speaking clients
  - Clients may not understand medical terminology, medication instructions, lab information, etc.
  - Clients with limited health literacy may only partially understand their treatment, referrals, and medications

### Sample questions and probing statements:

- Which words does your provider use that you don't know the meaning of?
- Are you ever left with unanswered questions after your medical appointments?
- When you need to make appointments, do you know how to do this?
- Do providers and pharmacists explain the reason for all referrals and medications in words/ways that you understand?
- Have you had any appointments where a needed interpreter did not show?
- Have you been provided with any written materials that you could not understand?

### Resources available:

- Use interpretation services as needed
  - RWHAP-funded organizations are required to provide interpretation during case management visits for clients who do not speak English
  - RWHAP is the payor of last resort for medical appointments for clients with AHCCCS (AHCCCS should pay first)
    - Language Line & interpreter services are available through AHCCCS
- Attend appointments with clients who have challenges with health literacy or understanding their provider
- Follow up with a patient after their appointment to check their understanding/comprehension of their appointment, referrals, medications, labwork, etc.
- [Free Continuing Education \(CE\) courses from CDC](#) on health literacy

Significant changes in these areas helped shift the tone of the acuity scale

- Substance Use
- Safety
- Mental Health
- Strengths

# Life Area Example: Substance Use

## Updated

<b>Substance use</b>	<input type="checkbox"/> No current alcohol or other drug use and/or in self defined recovery.	<input type="checkbox"/> Current alcohol or other drug use, with <b>minimal impact</b> on engagement with HIV care and treatment and/or interruption to daily life.	<input type="checkbox"/> Current alcohol or other drug use causing <b>some impact</b> on engagement with HIV care and treatment and/or interruption to daily life.	<input type="checkbox"/> Current alcohol or other drug use causing <b>significant impact</b> on engagement with HIV care and treatment and/or interruption to daily life.
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## Former

Substance Use	<input type="checkbox"/> No difficulties with substance abuse; no need for referral	<input type="checkbox"/> Past difficulties with substance abuse and <1 year of recovery; recurrent problems; no impact on ability to pay bills or access medical care	<input type="checkbox"/> Current substance use and is willing to seek help; impacts ability to pay bills and access medical care	<input type="checkbox"/> Current substance use and is not willing to seek help; unable to pay bills or access medical care
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# Life Area Example: Substance Use

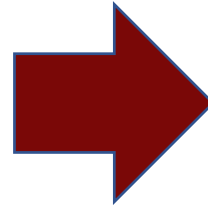
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Last Updated: April 2022



## Substance Use

### Why is this Life Area highlighted?

For some clients, substance use may hinder their ability to adhere to HIV medications, attend appointments, consistently attend work, or participate in other daily life activities. Case managers and eligibility staff are encouraged to adopt a harm reduction approach to substance use, in order to reduce the negative and/or unintended consequences of substance use, particularly those impacting HIV care and treatment.

Many people who use substances have a history of being stigmatized for their drug use, including by people claiming to care about them and acting with the best of intentions. When drug use is illegal, people develop survival strategies, such as concealing their use. People who use drugs, in particular illegal substances, are often and understandably distrustful when asked questions about their drug use and lifestyle.

It is essential that case managers and eligibility staff establish a trusting and non-judgmental environment for individuals before asking them to discuss their substance use. Case managers and eligibility staff should approach potential substance use disorders (SUD) as health conditions, and build familiarity with various support and treatment options to refer clients to as needed.

It is important to keep in mind that this acuity scale is **NOT** a screening tool and cannot diagnose SUD.

### What to look out for in this Life Area:

- Substance use impacting:
  - Client's ability to attend appointments
  - Client's ability to stay consistent with their daily HIV medications
  - Client's work performance and/or ability to attend work
- Client reports history of substance use or a history of substance use in their family
- Client identifies concerns related to their substance use
- Client self-identifies a desire to adjust their substance use or set goals related to their use
  - This adjustment or goal does **NOT** need to be restricted to abstinence from all substances or a particular type of substance.

### Additional considerations for this Life Area:

→ Case managers and eligibility staff should utilize their own ability to assess the impact of substance use, regardless of disclosure by client. Some clients may be unwilling to disclose substance use due to stigma.

→ Consider focusing on information gathering instead of promoting/encouraging change during your initial conversation with a client. Consider allowing clients to initiate conversations about change, and/or wait until your 3rd or 4th conversation to introduce the Wheel of Change.

→ Consider the chronic and relapsing nature of substance use. An individual's substance use is rarely linear or sequential, and therefore it is appropriate to periodically discuss use, changes in use, and/or a client's use behaviors.

# Life Area Example: Safety

## Updated

<b>Safety</b>	<input type="checkbox"/> Clients feels safe and experiences no fear in all areas of life.	<input type="checkbox"/> Client has history of feeling unsafe but no current safety concerns, with <b>minimal impact</b> on HIV care and treatment.	<input type="checkbox"/> Client currently experiencing fear and/or feels unsafe in an area of their life, <b>some impact</b> on HIV care and treatment.	<input type="checkbox"/> Client currently experiencing fear and/or feels unsafe in an area of their life, has <b>significant impact</b> on HIV care and treatment.
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## Former

*\*New Life Area\**



# Life Area Example: Safety

## COMPANION GUIDE

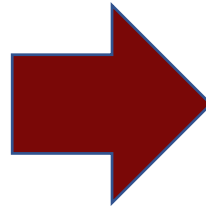
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Last Updated: April 2022



## Safety

### Why is this Life Area highlighted?

If a client feels unsafe at their work, home, or in their neighborhood, they may have difficulty managing daily life activities and prioritizing their HIV care and treatment. Clients experiencing domestic violence (DV) should be supported to utilize DV resources and housing options. Due to the stigma and discrimination surrounding people with HIV, along with people of racial, gender, and sexual minorities, safety may be an intersectional issue for people with HIV.

### What to look out for in this Life Area:

- Client is experiencing fear or safety concerns at a place of employment, housing, medical care, etc.
  - **NOTE:** this is a particular concern if the client engages in consensual or survival sex work
- Client is experiencing fear or safety concerns walking in their neighborhood
- Client reports past, current, or potential domestic violence and/or interpersonal violence
  - Particularly if violence is related to their HIV status, HIV medication adherence, or HIV medical care

### Sample questions and probing statements:

- Where in your life do you feel unsafe?
- What has been your exposure to abuse, both physical and emotional?
- What are your safety concerns related to your HIV diagnosis?
- How do you create safety in your life?

### Resources available:

- For clients experiencing domestic violence:
  - Help clients utilize their [local domestic violence shelters](#)
  - Connect clients with the [National Domestic Violence hotline](#): 1-800-799-7233
- Connect clients with Victim Witness Services, which offer free and confidential support to all victims
  - Separate programs are available by county - search for "Victim Witness Services" within your county or city
- For clients who engage in consensual or survival sex work and live in Pima County, connect them with the [Sex Workers Outreach Project \(SWOP\)](#) in Tucson

# Life Area Example: Mental Health

## Updated

<b>Mental health</b>	<input type="checkbox"/> No current mental health concerns.	<input type="checkbox"/> Current mental health concerns, with <b>minimal impact</b> on engagement with HIV care and treatment and/or interruption to daily life.	<input type="checkbox"/> Current mental health concerns causing <b>some impact</b> on engagement with HIV care and treatment and/or interruption to daily life.	<input type="checkbox"/> Current mental health concerns causing <b>significant impact</b> on engagement with HIV care and treatment and/or interruption to daily life.
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## Former

Mental Health	<input type="checkbox"/> No history of mental health concerns; no need for referral	<input type="checkbox"/> Past mental health concerns and/or reports current difficulties or stress; functioning and/or already engaged in mental health services	<input type="checkbox"/> Experiencing severe difficulty in day-to-day functioning; needs referral for mental health services; requires significant support	<input type="checkbox"/> Danger to self or others; needs immediate intervention
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# Life Area Example: Mental Health

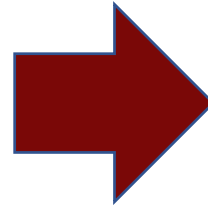
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Last Updated: April 2022



## Mental Health

### Why is this Life Area highlighted?

For some clients, mental health concerns may hinder their ability to adhere to HIV medications, attend appointments, consistently attend work, or participate in other daily life activities. Case managers and eligibility staff can encourage and help clients seek mental health services or support.

### What to look out for in this Life Area:

- Client has missed or delayed appointments despite resources being available to attend them
- Client reports history of mental health issues or mental health issues in their family
- Client expresses feelings of hopelessness
- Client shows noticeable mood change (i.e. withdrawn, tearful, noticeably upbeat, talking quickly)
  - **NOTE:** focus is on a **CHANGE** in mood, not whether the mood is positive or negative
- Client reports difficulties in many interactions with others

### Sample questions and probing statements:

- How have you been feeling lately?
- How do you cope with life's ups and downs?
- How do you create mental wellness in your life?
- What are your thoughts about mental health treatment?
- What have been your experiences with mental health treatment in the past?

### Resources available:

Mental Health Services provide psychological and psychiatric treatment and counseling to support clients in staying engaged in medical care and treatment.

Psychosocial Support Services provide group or individual support and counseling to address behavioral and physical health concerns helping clients receive and stay in care.

- Connect clients to [RHBA services](#) through their AHCCCS plan (note that these will vary by region)
- For Phoenix & Flagstaff area clients, connect them to [Terros Health crisis services](#)
- Connect your client to a warm line for anonymous support
  - Maricopa County: [Solari 24/7 Warm Line](#) (peer support specialists) at 602-347-1100
  - Pima County: [HOPE, Inc Warm Line](#) at 520-770-9909
  - All other Southern AZ counties: [HOPE, Inc Warm Line](#) at 844-733-9912
  - Northern AZ: [NAZCARE Warm Line](#) at 1-888-404-5530
- Connect client experiencing a crisis (suicidal thoughts or other urgent concerns) with [Crisis Lines](#)
  - Northern Arizona: 877-756-4090
  - Central Arizona: call 800-631-1314 or text 800-327-9254
  - Pima County: 520-622-6000
  - Additional crisis lines for Arizona counties can be found [here](#)
- Nationwide toll-free crisis line: **1-800-273-8255**
- For insured clients, contact a mental health [treatment placement specialist](#)
  - Nathan Mundt can be reached at 480-861-0585 to help locate available programs that align with your client's insurance, and to support navigating into these programs

# Life Area Example: Strengths

## Updated

<b>Safety</b>	<input type="checkbox"/> Clients feels safe and experiences no fear in all areas of life.	<input type="checkbox"/> Client has history of feeling unsafe but no current safety concerns, with <b>minimal impact</b> on HIV care and treatment.	<input type="checkbox"/> Client currently experiencing fear and/or feels unsafe in an area of their life, <b>some impact</b> on HIV care and treatment.	<input type="checkbox"/> Client currently experiencing fear and/or feels unsafe in an area of their life, has <b>significant impact</b> on HIV care and treatment.
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## Former

*\*New Life Area\**

# Life Area Example: Strengths

- An authentic conversation about strengths can have a client leave their intake/renewal appointment feeling empowered.
- If appointment is only centered around needs, client's can be left with feelings of hopelessness and frustration.

# \*Trustworthiness & Transparency\*

## The What

- *Policies created with transparency, clear expectations*
- *Intent & rationale explained*
- *Use visuals and plain language, speed of trust*

## The How

- Supplemental Companion Guide “Whys” and “Hows”, TIA definitions
- Timely communication
- Trainings, recordings, scenarios, resources

## The What

- *Decisions made with, instead of for*
- *Experiences respected*
- *Validating strengths*

## The How

- Feedback from Case Management agencies integrated in to updates
- Encourage client & Case Manager Autonomy
- Include new Strengths section

# Issue(s) or Challenge(s) Experienced or Foreseen

- Part A Planning Council buy- in process lengthier than anticipated
- Letting go of methodically making edits
  - *No one right way to do this*
- Window of opportunity to announce changes
- Many changes at once
  - *Less urgency to "get it" and more reflection and understanding*
- Editing former document which to new Trauma Informed lens



# Next Steps

- Additional TIA trainings
- Consistent follow up to see how implementation is going
- Video walk through of how to use the Acuity Scale
- Create vignettes of client intake with Acuity Scale demonstrating a missed opportunity example versus a thorough completion
- Selecting a new project to keep the TIA-HC momentum going ...

# How To Claim CE Credit

If you would like to receive continuing education credit for this activity, please visit:

[ryanwhite.cds.pesgce.com](https://ryanwhite.cds.pesgce.com)

# Question & Answer/Discussion

# Thank you!

For questions regarding this presentation or NASTAD's TIA portfolio, please contact Mahelet Kebede, Senior Manager, Health Care Access, [mkebede@NASTAD.org](mailto:mkebede@NASTAD.org)