**Category 2 Project Narrative**

**Hill Country MHDD – 133340307.2.2**

**Project Area, Option, and Title**: 2.13.1 Provide an intervention for a targeted behavioral health population to prevent unnecessary use of services in a specific setting: Trauma Informed Care

**RHP Project Identification Number:** 133340307.2.2

**Performing Provider Name:** Hill Country Community MHMR Center (dba Hill Country MHDD Centers)

**Performing Provider TPI #:** 133340307

**Project Summary:**

* **Provider Description:** Hill Country Community MHMR Center (Hill Country) is a community mental health center providing mental health, substance use disorder, early childhood intervention and intellectual and developmental disability services to the following counties of RHP 8: Blanco and Llano. Hill Country serves a 2,607 square mile area of RHP 8 with a population of approximately 30,582 in 2012.
* **Intervention:** This project will implement Trauma Informed Care Services within the 2 counties served by Hill Country in RHP 8 to meet the needs of individuals who have experienced trauma that is impacting their behavioral health. The project will incorporate community education on the impact of trauma through Mental Health First Aid training and Trauma Informed Care training, and provide trauma services through interventions such as Seeking Safety, Trust Based Relational Intervention and Cognitive Processing Therapy to help individuals deal with trauma they have experienced.
* **Project Status:** This is a new project in Blanco and Llano Counties.
* **Project Need:** Studies have shown that the majority of individuals who are incarcerated have suffered traumatic experiences and that individuals who suffer traumatic experiences are Kaiser’s Adverse Childhood Experiences Study shows that individuals are 300% more likely to develop ischemic heart disease. By treating trauma, individuals address the trauma in their life and reduce the chance of internalizing the trauma resulting in physical illnesses, a behavioral health crisis, or in reactions that may result in incarceration or inappropriate emergency department (ED) use. The 2011 Department of Family and Protective Services statistics, Llano County has 18.3 confirmed cases of child abuse per 1,000 children and Blanco County has 5.4 confirmed cases of child abuse per 1,000 children. This equates to 65 confirmed cases of trauma caused by child abuse or neglect each year.
* **Target Population:** The target population is individuals within Blanco and Llano counties who have suffered trauma. This project will target a minimum of 25 individuals who have suffered trauma to the degree that the trauma is impacting their daily life. Based on the population served in Hill Country’s behavioral health program in RHP 8, it is anticipated that approximately 26% of our patients in RHP 8 have Medicaid and another 60% have income below 200% of the Federal Poverty Level and do not have insurance.
* **Category 1 or 2 Expected Project Benefit for Patients:** The project seeks to provide services to a minimum of 25 individuals from the 2 counties served by Hill Country in RHP 8 by the end of DY5 (number anticipated beginning service by year, 6 in DY3; 8 in DY4; and 11 in DY5).
* **Category 3 Outcomes:** IT-11.25: The following Category 3 measures have been proposed in 2014 to describe improvements to the patient population. IT-11.25 Daily Living Activities (DLA-20) In DY4 and DY5 we will report the sum of the average DLA score of all DLA-20 questionnaires completed during the measurement period for a denominator subset of all completed DLAs at Hill Country MHDD Centers for individuals suffering from trauma divided by the total number of DLA-20 questionnaires completed during the measurement period for the same population. CMHC.5 Adherence to Antipsychotic Medications: In DY4 and DY5 will report adherence to antipsychotic medications in accordance with measure guidelines.
* **Collaboration:** TAMHSC’s Pass 1 allocation was not used for this project.

**Project** **Description:**

*Trauma Informed Care*

According to Dr. Eric Kandel’s New Intellectual Framework for Psychology, studies show that medication doesn’t change molecular structure of the brain – experiences do. When an individual is exposed to trauma over long periods, it drastically affects their mental health. Further research indicates that many children diagnosed with Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) are actually suffering from trauma and Post‐Traumatic Stress Disorder (PTSD). In the article *Diagnosis: ADHD – or Is It Trauma?,* it is noted that seven of 10 children have been exposed to at least one potentially traumatic event and that preschoolers who had experienced multiple traumatic events were 16 times more likely to have attention problems and 21 times more likely to be overly emotionally reactive including showing symptoms of depression and anxiety than children who had not had such experiences.

Traumatic experiences can be dehumanizing, shocking or terrifying, singular or multiple compounding events over time, and often include betrayal of a trusted person or institution and a loss of safety. Trauma can result from experiences of violence. Trauma includes physical, sexual and institutional abuse, neglect, intergenerational trauma, and disasters that induce powerlessness, fear, recurrent hopelessness, and a constant state of alert. Trauma impacts one's spirituality and relationships with self, others, communities and environment, often resulting in recurring feelings of shame, guilt, rage, isolation, and disconnection. In the July‐ Sept. 2012 Youth Law New, *Trauma‐Informed Care Emerging as Proven Treatment for Children, Adults with Behavioral, Mental Health Problems,* states, “Children who are physically or sexually abused, or who go through other trauma‐inducing experiences can develop mental health disorders and related problems. Indeed, trauma can fundamentally affect how a young person grows and develops”. According to a study cited in *Trauma among Girls in the Juvenile Justice System, a* person traumatized in childhood may resort to criminal behavior. When a survey of all juvenile detainees nationwide was conducted, 93.2% of males and 84% of females reported having had a traumatic experience. In Kaiser’s Adverse Childhood Experiences (ACE) study researchers looked at patients with ACE scores of 7 or higher who didn’t smoke, didn’t drink to excess, and weren’t overweight. The study revealed that the risk of ischemic heart disease (the most common cause of death in the United States) was 360 percent higher than for patients who scored a 0 on the ACE. (Paul Tough, *The Poverty Clinic: Can a Stressful Childhood Make You a Sick Adult?* The New Yorker, March 21, 2011).

Trauma‐informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. The National Center for Trauma Informed Care, a division of SAMHSA, facilitates the adoption of trauma‐informed environments in the delivery of a broad range of services including mental health, substance use, housing, vocational or employment support, domestic violence and victim assistance, and peer support.

In establishing the project, Hill Country will review literature and experiences regarding Trauma Informed Care to establish appropriate training for staff on the most effective interventions for trauma. Upon identifying needed training, Hill Country will recruit appropriate staff and provide targeted training for Trauma Informed services. As a means to determine the success of the interventions, a functional assessment (DLA‐20) determining what impact trauma has on the individuals daily lives will be completed upon entry into the program and at determined intervals during treatment. In order to track individuals receiving treatment in the program, Hill Country will establish specific units and subunits within its information technology system (Anasazi) that will enable reporting on Trauma Services delivered within the program as well as by location within the program.

**Goals and Relationship to Regional Goals:**

**Project Goals:**

The goal of this project is to establish Trauma Informed Care throughout the two counties served by Hill Country in RHP 8. The project will consist of developing Healthy Communities through the use of Mental Health First Aid Training and Trauma Informed Care training as a means to help the community understand the impact of trauma and to help identify symptoms of trauma for earlier treatment. In addition, a system of trauma counseling will be developed including practices such as Seeking Safety, Trust Based Relational Intervention, and Cognitive Processing Therapy in order to help individuals deal with trauma they have experienced. The primary challenge of the project will be recruitment and training of staff for initial implementation.

**Relationship to the Regional Goals:**

The goal of this project is to establish Co‐occurring Psychiatric and Substance Use Disorder services based on each individual’s needs within the community setting. By providing these services in the community, Hill Country will be meeting the regional goals of:

* Increasing coordination of prevention and care for residents, including those with behavioral and mental health needs; and
* Reducing inappropriate utilization of services.

**Challenges:**

The primary challenge for implementation of the project is recruiting behavioral health staff. Hill Country will address the challenge by offering incentives as necessary.

**5‐Year Expected Outcome for Provider and Patients:**

By the end of five years, Hill Country’s goal is to have trained at least 50 individuals in Mental Health First Aid and/or Trauma Informed Care and will have established Trauma Informed Care throughout Llano and Blanco counties and provided services to at least of 25 consumers within the community over the life of the project

**Starting Point/Baseline:**

Hill Country currently provides Cognitive Behavioral Therapy to individuals suffering from Major Depression and Cognitive Processing Therapy for individuals who have experienced a crisis episode and suffer from PTSD. During fiscal year 2011, Hill Country provided 1050 hours of Cognitive Behavioral Therapy and Cognitive Processing Therapy combined. This program would enable Hill Country to acquire and train additional clinicians to provide Cognitive Behavioral Therapy and Cognitive Processing Therapy to a broader population at an earlier stage to avoid the exacerbation of symptoms into a crisis episode resulting in utilization of Emergency Departments (ED), potential psychiatric hospitalizations and utilization of the criminal justice system. Activities of Daily Living (DLA‐20) assessments will be completed when individuals enter the program as a baseline and subsequent DLA‐20s will be conducted to show progress throughout treatment.

**Rationale:**

**Community Need Addressed:**

* Community Need Area: CN.2 ‐ Limited access to mental health/behavioral health services
* Specific Community Need: CN.2.19 ‐ Limited access to behavioral health services for individuals who have suffered trauma in Blanco and Llano counties

Based on the data provided in the project description, need for additional services for Trauma Informed Care is necessary in these areas. Hill Country will educate the community through Mental Health First Aid and Trauma Informed Care Training and identify and train clinical staff in the provision of Trauma Informed Care services such as Seeking Safety, Trust Based Relational Intervention and Cognitive Processing Therapy.

**Core Components:**

Through the Trauma Informed Care services, Hill Country MHDD Centers proposes to meet all required project components:

a. *Assess size, characteristics and needs of target population*. Hill Country will collect and analyze information on individuals who have issues due to an experienced trauma and review contributing factors such as homelessness, noncompliance with medication, diagnosis, unemployment, economic struggles and other factors contributing to trauma in order to determine appropriate staffing and skill sets necessary for service provision as well as specific locations for service providers.

*b. Review literature / experience with populations similar to target population to determine community‐based interventions that are effective in averting negative outcomes such as repeated or extended inpatient psychiatric hospitalization, decreased mental and physical functional status, nursing facility admission, forensic encounters and in promoting correspondingly positive health and social outcomes / quality of life.* Based on the size, characteristics and needs for the target population, Hill Country will review appropriate literature and experiences regarding serving individuals in Trauma Informed Care in order to provide targeted training for staff and to develop innovative wrap around services to help avert future impact of the trauma.

c. *Develop project evaluation plan using qualitative and quantitative metrics to determine outcomes*. Hill Country will develop a project evaluation plan that will review items such as the number of individuals served, the issues leading to the trauma, the services received, the number of individuals receiving follow up services, the number of individuals with recurring symptoms, and progression on the Activities of Daily Living (DLA‐20) assessment.

*d. Design models which include an appropriate range of community‐based services and residential supports.* Based on the size, characteristics and needs for the target population, Hill Country will train Trauma Informed staff in the most appropriate interventions to address the needs of the individuals and in connecting the individuals with other appropriate resources within the community.

*e. Assess the impact of interventions based on standardized quantitative measures and qualitative analysis relevant to the target population based on information from the Adult Needs and Strength Assessment and/or participant surveys, and identify opportunities to scale all or part of the intervention(s) to a broader patient population and identify key challenges associated with expansion of the intervention(s), including special considerations for safety‐net populations.* Hill Country will utilize the Activities of Daily Living assessment (DLA‐20) to determine progression of individuals receiving Trauma Informed Care. In addition, Hill Country will do follow up surveys with individuals who receive Trauma Informed Care services to determine satisfaction with services and to help ensure stabilization of symptoms in order to avert additional recurrence of trauma symptoms.

**Continuous Quality Improvement:**

Hill Country is committed to continuous quality improvement and learning related to this project. We will establish quality improvement activities such as rapid cycle improvement and will perform other activities such as “lessons learned” and identifying project impacts. In addition, we are participating in a regional learning collaborative which share information such as challenges, lessons learned and considerations for safety net populations.

**How the project represents a new initiative or significantly enhances an existing delivery system reform initiative:** Hill Country does not currently have a Trauma Informed Care initiative within RHP 8. The addition of the Trauma Informed Care would give committed staff to providing ongoing trauma services in order to reduce the number psychiatric hospitalizations and avert recurrence of the psychiatric crisis due to triggers related to past trauma.

Hill Country receives funding through the U.S. Department of Health and Human Services; however, none of those funds will be used for this project.

**Related Category 3 Outcome Measure(s):**

The following Category 3 measures have been proposed in 2014 to describe improvements to the patient population. IT-11.25 Daily Living Activities (DLA-20) In DY4 and DY5 we will report the sum of the average DLA score of all DLA-20 questionnaires completed during the measurement period for a denominator subset of all completed DLAs at Hill Country MHDD Centers for individuals suffering from trauma divided by the total number of DLA-20 questionnaires completed during the measurement period for the same population.

CMHC.5 Adherence to Antipsychotic Medications: In DY4 and DY5 will report adherence to antipsychotic medications in accordance with measure guidelines.

Reasons/rationale for selecting the outcome measure: Trauma impacts an individual’s mental health and thus their quality of life. It impacts the individual’s self‐care as well as their ability to cope with their environment. When an individual is unable to properly care for themselves or to cope with their local environment, they are at greater risk of unemployment and poor health. The Activities of Daily Living will be utilized to provide an overview of functional status, determine activity limitations, and establish a baseline for treatment, provide a guide for intervention planning, evaluate interventions and monitor progress and plan for future and for discharge. The Activities of Daily Living will be measured utilizing the DLA‐20.

The DLA‐20 Functional Assessment is a functional assessment, proven to be reliable and valid, designed to assess what daily living areas are impacted by mental illness or disability. The assessment tool identifies where outcomes are needed so clinicians can address those functional deficits on individualized service plans. THE DLA‐20 is intended to be used by all disabilities and ages. THE DLA‐20 utilizes the following 20 domains: Health Practices, Housing Stability and Maintenance, Communication, Safety, Managing Time, Nutrition, Problem Solving, Family Relationships, Alcohol/Drug Use, Leisure, Community Resources, Social Network, Sexuality, Productivity, Coping Skills, Behavior Norms, Personal Care/Hygiene, Grooming, and Dress. For the targeted population, individuals needing Trauma Informed Care, the DLA‐20 will help identify areas the trauma has impacted in their lives such as coping skills, problem solving, family relationships, communication, and safety and be able to track improvement in the areas of the course of treatment.

**Relationship to Other Projects:**

Provision of Trauma Informed Care services as an alternative to inpatient and emergency department services reinforces objectives for all other behavioral health services provided by Hill Country through RHP 8 by providing specialized services addressing trauma experienced by individuals that if not addressed in the community may result in needing inpatient psychiatric services. Addressing trauma symptoms in the community enables the individual to move forward with treatments and to be more successful in their recovery. In addition, by addressing trauma symptoms in the community, exacerbation of symptoms are reduced resulting in a reduction of Emergency Department utilization and potentially preventable hospital admissions (RD‐1‐3). In addition, Hill Country has several projects in RHP 8. These include:

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| *  | 133340307.2.1 | Co‐occurring Psychiatric and Substance Use |
| *  | 133340307.2.3 | Virtual Psychiatric and Clinical Guidance |
| *  | 133340307.2.4 | Whole Health Peer Support |
| *  | 133340307.2.5 | Veteran Mental Health Services |

**Relationship to Other Performing Providers’ Projects in RHP and Plan for Learning** **Collaborative:**

Hill Country MHDD Centers is the local mental health authority that provides services within the following counties of RHP 8: Blanco and Llano. The other three local mental health authorities (Bluebonnet Trails, Center for Life Resources and Central Counties) provides mental health services to the remaining counties within RHP 8 and service areas do not overlap. Hill Country is committed to ongoing advancement of services for the individuals we serve and is willing to participate in learning collaboratives with other providers within the region to continually improve services and data collection and to identify how to address additional needs that may arise. Hill Country MHDD Centers will participate in learning collaboratives that meet at least annually to discuss local disparities in care and the ways they have successfully gathered relevant data and ultimately better served the populations in the projects.

**Project Valuation:**

Project valuation is based on a weighted average of Achieving Waiver Goals, Addressing Community Needs, Project Scope, and Project Investment. The valuation is supported by cost‐ utility analysis which measures program cost in dollars and the health consequences in utility‐ weighted units called quality‐adjusted life‐years (QALYs). QALYs incorporate costs averted when known (e.g., emergency room visits that area avoided). The proposed program’s value is based on a monetary value of $50,000 per QALY gained due to the intervention multiplied by number of participants. The valuation on this project is based on 25 consumers over the life of the project.