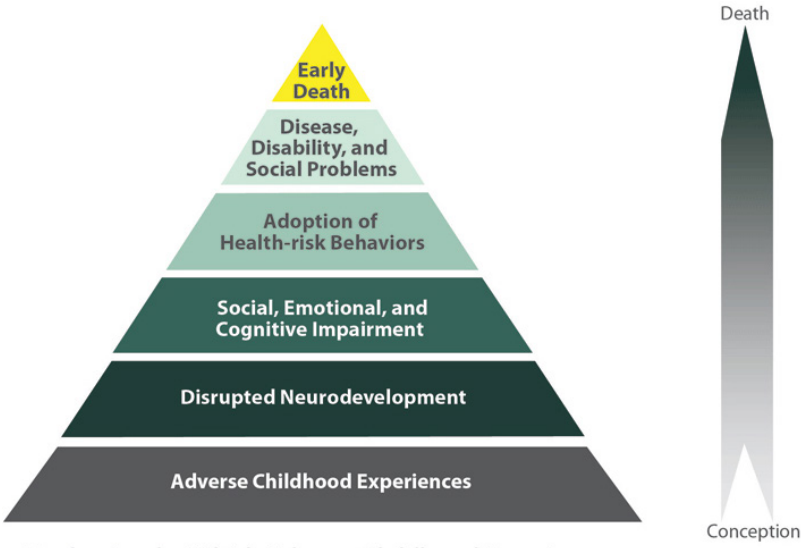
Integration of Trauma-Informed Care in Primary Care Settings

Community health centers are the primary provider of critical health care services to over 1.4 million Texans. Among these patients the majority are uninsured, live below the poverty line, and are otherwise medically underserved. Primary care providers and front-line staff are most often the first to interact with patients experiencing behavioral health challenges well before those issues are diagnosed. Health center patients are at a greater risk for exposure to traumatic events such as homelessness, food insecurity, or domestic violence. It is well documented that exposure to trauma has a significant impact on psychological and biological well-being.[1]

Repeated exposure to adverse childhood experiences (ACEs) can lead to trauma and increase the likelihood of chronic illness, high-risk behavior such as smoking, drug use and risky sexual behavior, which can lead to high cost medical and mental health conditions. By intervening early with behavioral health prevention strategies like trauma-informed care, health centers can work with patients to recover from trauma before developing costly long term physical and mental health problems, improving patient lives and potentially saving costs in the health care system.



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan [3]

Adverse Childhood Experiences (ACE) and Trauma-Informed Care (TIC)

In 1998, Dr. Vincent Felitti and the Centers for Disease Control and Prevention performed a study involving more than 17,000 people insured by Kaiser Permanente.[2] About 70 percent of survey respondents were Caucasian, college-educated with well-paying jobs. Each was asked about ten types of adverse childhood experiences (ACEs). The study found that at least 67 percent of people questioned had at least one ACE, and 12.6 percent had four or more. The research showed that the higher a patient's "ACE score" the worse their health outcomes tended to be. Those who had four or more ACEs were 2.5 times more likely to have chronic obstructive pulmonary disease. Those with six or more ACEs could expect a reduced life expectancy of 20 years on average.[3] This landmark ACE study also showed a clear connection between childhood traumas and later substance use disorder (SUD).[4]

When an individual develops trauma secondary to adverse childhood experiences, the person may develop maladaptive coping mechanisms leading to SUD, mental health issues, high-risk sexual behaviors, and/or criminal behavior. In addition to being intrinsically related to individual and public health, the long-term effects of adverse childhood experiences affect business profitability and even national productivity.[5] Chronic back pain in the workforce is estimated to cost US businesses as much as $28 billion per year;[6] depression and its work-related outcomes—absenteeism, reduced productivity, and medical expenses—are estimated to cost as much as $44 billion per year;[7] and chemical dependency is estimated to cost $246 billion per year.[8] These massive losses occur despite widespread workplace safety and wellness programs, and the most expensive health care system in the world.[9] Therefore, TIC is an important tool to support individual recovery from ACEs and to reduce state spending.

Continued →

[1]Fazel, Mina & Stein, Alan. (2003). Mental Health of Refugee Children: comparative study. BMJ (Clinical research ed.). 327. 134. 10.1136/bmj.327.7407.134.
[2]Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults Felitti, Vincent J et al. American Journal of Preventive Medicine , Volume 14 , Issue 4 , 245 - 258
[3]"ADVERSE CHILDHOOD EXPERIENCES - Looking at How ACES Affect Our Lives & Society." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html.
[4]Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults Felitti, Vincent J et al. American Journal of Preventive Medicine , Volume 14 , Issue 4 , 245 - 258
[5]Board of Governors of the Federal Reserve System Monetary policy report to the Congress pursuant to the Full Employment and Balanced Growth Act of 1978, July 22, 1999. Available from: www.federalreserve.gov/boarddocs/hh/1999/July/FullReport.pdf

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TRAUMA-INFORMED CARE is an organizational approach that strives to prevent re-traumatization among both staff and patients while promoting healing. The TIC service provider approaches each client with the assumption the individual may have experienced trauma, and provides treatment accordingly.[10] The Substance Abuse and Mental Health Services Administration (SAMHSA) has defined six key principles of a trauma-informed approach: 1) Safety, 2) Trustworthiness and Transparency, 3) Peer Support, 4) Collaboration and Mutuality, 5) Empowerment, Voice, and Choice and 6) Cultural Historical and Gender Issues. Implementation of TIC will require additional training for staff, changes to the physical environment of a facility, modifying clinical tools used in a behavioral health program, and more.

Health centers that implement a TIC approach can not only provide patients with the critical physical and mental health care they need, but can play a role in long-term healing from traumatic experiences. Over the coming three-year period, the Texas Association of Community Health Centers (TACHC) will be working to support health centers in becoming trauma-informed environments. It is expected that TIC practices will integrate well into existing health center workflows. This project will, however, require a significant investment from the State, as health centers will have to provide ongoing TIC-specific training to all staff in order to support this cultural shift.

Current Texas Policy/Practice

Texas has already enacted several statutory provisions around TIC. The Health and Human Services Commission (HHSC) requires Managed Care Organizations (MCOs) to offer TIC training to each contracted physician or provider working with STAR Health clients in Medicaid.[11] HHSC and the Department of Family and Protective Services (DFPS) also have rules to ensure that a foster child, for whom the state has been appointed managing conservator, receives appropriate services while the child is committed to the department or released under supervision by the department.[12] Before a state hospital direct care employee begins to perform their duties, the Department of State Health Services must provide the employee with TIC training.[13] It is clear that the State recognizes the importance of TIC, as the legislature has spent a considerable amount of time and energy codifying these laws. However, currently there is no model for prevention or universal precautions in Texas, nor is there a certification for entities that become trauma-informed.

Policy Recommendations

During the 86th legislative session, the House Human Services committee will be proposing several pieces of legislation around TIC. Specifically, the committee intends to institute TIC training across the full spectrum of the DFPS/Child Protective Services network for every individual who interacts with children in the foster care program on a regional basis. Statutory definitions for 'trauma" and "trauma-informed care" will also be proposed. Community health centers strongly believe that in addition to the above recommendations, the legislature should consider broadening the scope of the state-funded TIC training to medical providers serving under-served patients. Providing direct patient care in a TIC environment will lead to improved long-term health outcomes by reducing potential effects of adverse events in vulnerable populations. **The state should study the development of a Texas based certification for trauma-informed entities as well as study a payment enhancement in Medicaid and CHIP claims for primary care providers who are certified in trauma-informed care. Increasing access to trauma-informed primary care will ultimately reduce state health care and associated costs by preventing both acute and chronic illness exacerbated by untreated trauma.**

[6]Rizzo JA, Abbott TA, 3rd, Berger ML. The labor productivity effects of chronic backache in the United States. Med Care. 1998 Oct;36(10):1471–88

[7]Stewart WF, Ricci JA, Chee E, Hahn SR, Morganstein D. Cost of lost productive work time among US workers with depression. JAMA. 2003 Jun 18;289(23):3135–44

[8]National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism. The economic costs of alcohol and drug abuse in the United States, 1992. Rockville (MD): US Department of Health and Human Services; 1998. Available from: www.nida.nih.gov/economiccosts/index.html

[9]Smith S, Freeland M, Heffler S, McKusick D. The next ten years of health spending: what does the future hold? The Health Expenditures Projection Team. Health Aff (Millwood) 1998 Sep-Oct;17(5):128–40

[10]Wolf, Green, Nochajski, Mendel & Kusmaul, 2014

[11]Tex. Government Code § 533.0052

[12]Tex. Human Resources Code § 244.0106

[13]Tex. Health & Safety Code § 552.052

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