

# Advancing Health Centers through Trauma Informed Care: The TACHC Model



**TACHC**  
— TEXAS ASSOCIATION OF —  
COMMUNITY HEALTH CENTERS



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No relevant financial relationships to disclose

# Objectives



- 1. Define the need for trauma informed care in community health centers.**
- 2. Describe why TIC is able to holistically address complex concerns of patients, staff, and organizations.**
- 3. Explain how TIC can improve patient and staff outcomes, as evidenced by TACHC.**

# Self-Care



At times, the materials presented in this session can be difficult to **view** or **hear**.

Please take a **break** at any time and seek decompression support if needed  
*(breathing exercise, turning camera off, taking a pause, etc.).*

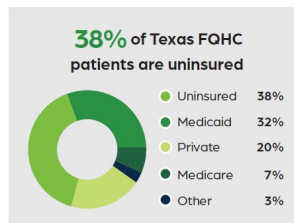
[Mindfulness Minute: The 5-4-3-2-1 Technique](#)

# Texas Association of Community Health Centers (TACHC)



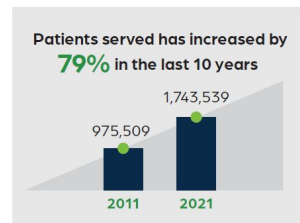
Formed in 1983, the Texas Association of Community Health Centers (TACHC) is the federally designated primary care association for Texas. Members operate in Texas's urban, rural, and frontier areas, all with the mission of advancing access to healthcare for all Texans.

**Our mission is to strengthen and support community health centers to speak with a unified voice and drive healthcare transformation by exemplifying innovation, access and equity.**



Health Centers Provide High-Quality Care for Low Costs—Average Annual Cost per Patient:

MEDICAL	\$682
DENTAL	\$618
MENTAL HEALTH	\$798





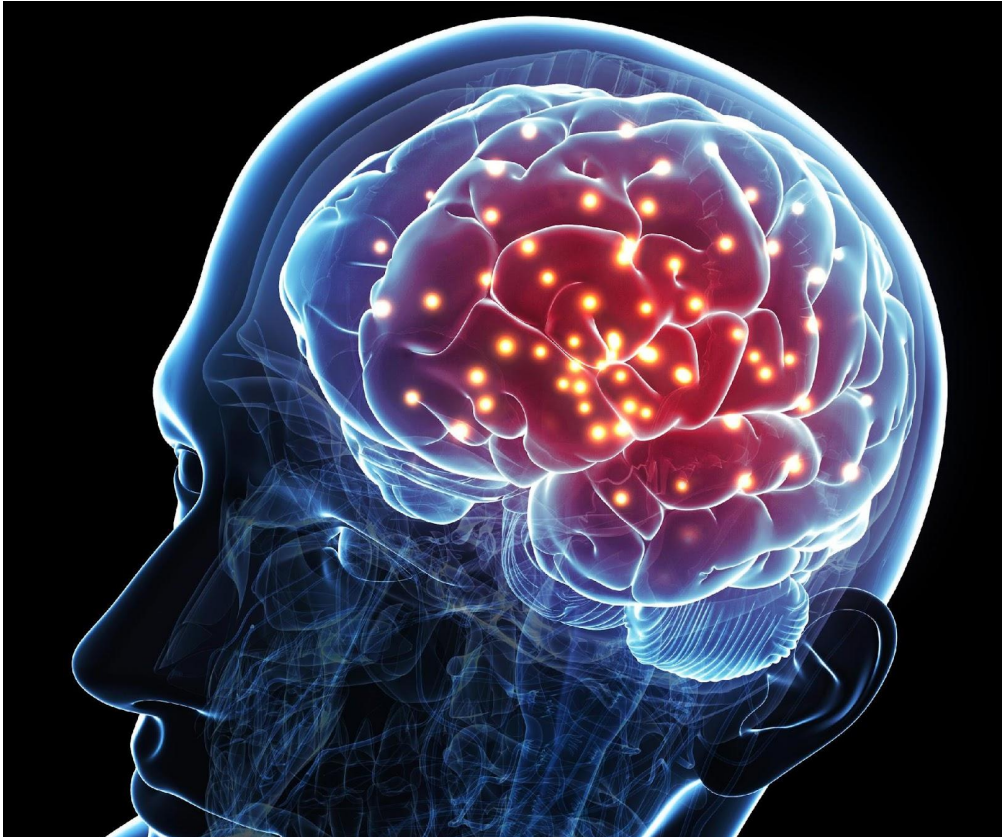
# The NEED

# Trauma Defined

- Event(s)
- Experienced directly or witnessed
- Harmful or life threatening
- Lasting adverse effect(s)
- Impactful to overall wellbeing



Source: SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014



- Alert System
- Survival Response
- Stress Hormones
- Degrees of Stress:
  - Positive
  - Tolerable
  - Toxic



# Survival Responses

- Fight
- Flight
- Freeze
- Fawn



# Expressions of Survival Responses



EMOTIONAL



SPIRITUAL



INTELLECTUAL



PHYSICAL



ENVIRONMENTAL



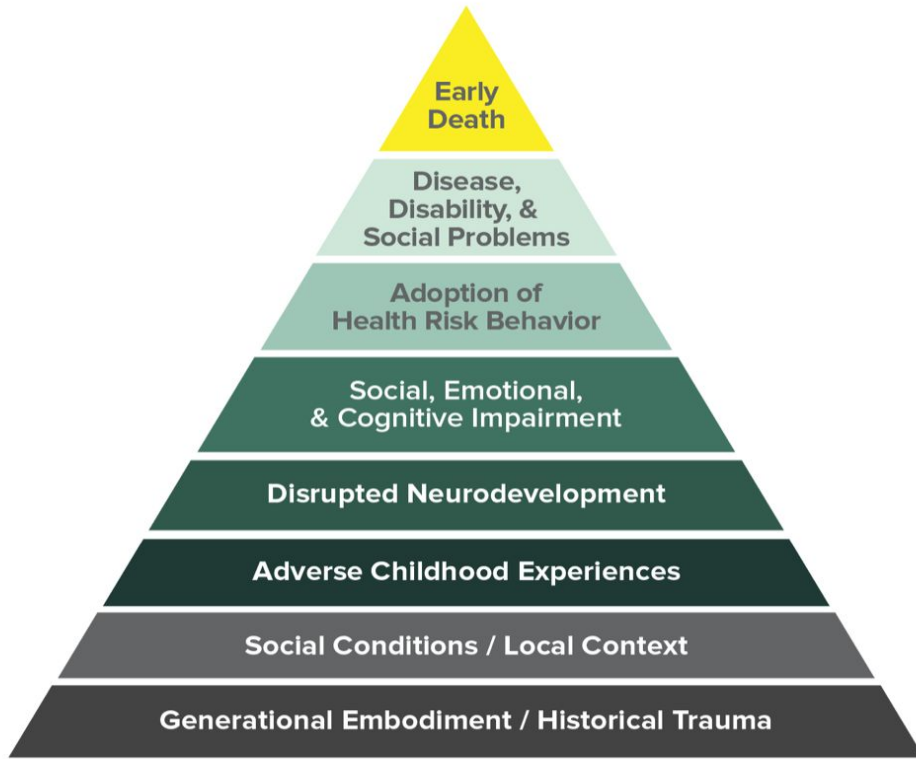
FINANCIAL



OCCUPATIONAL



SOCIAL



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

© 2021, CDC [National Center for Injury Prevention and Control, Division of Violence Prevention](#)



- ACEs are **highly prevalent**.
- ACEs affect **all communities**.
- ACEs are strongly associated, in a **dose-response fashion, with common and serious health conditions**.



- Adversity is interrelated.
- Adversity is cumulative.
- Adversity effects are predictable.
- Adversity affects relational health.
- Adversity is not destiny.

Adapted from (c) 2013, ACE Interface, The Progressive Nature of Adversity in the Life-Course

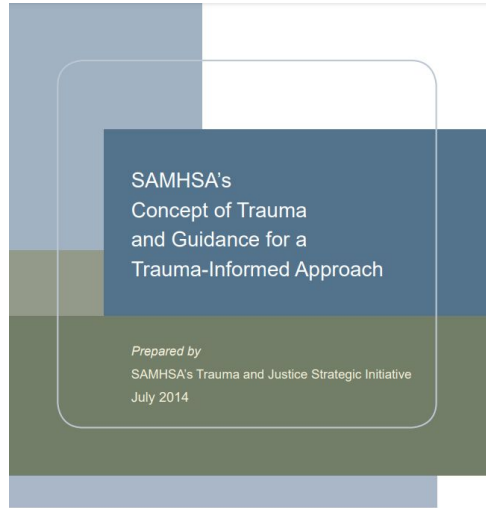


# The WHY

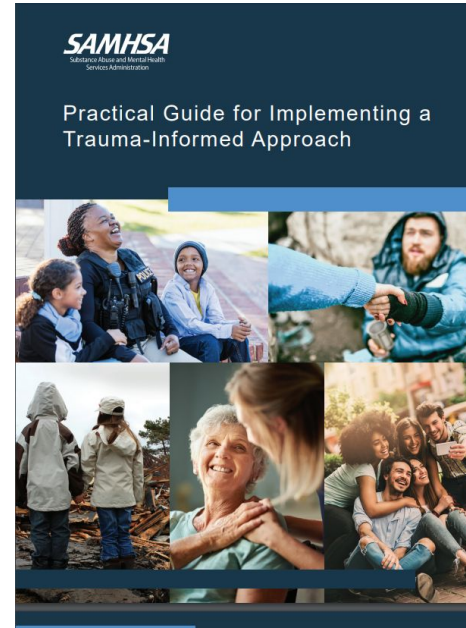
# Curiosity & Humility



# Evidence-Based & Ever-Evolving



July 2014



June 2023

# Trauma Informed Care (TIC)



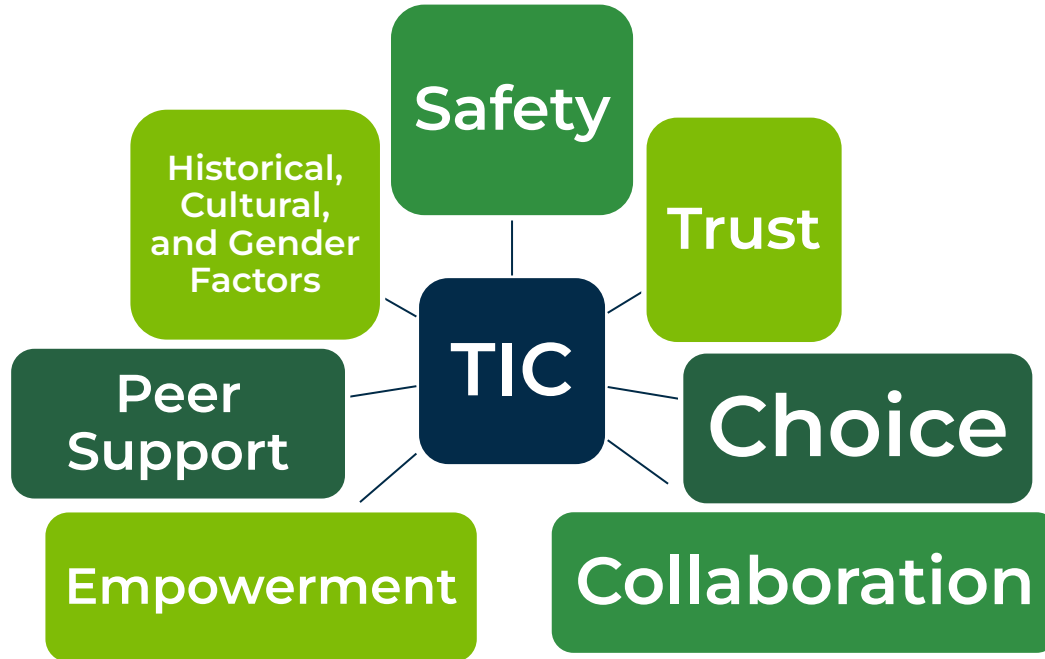
- Framework
- Strength-Based
- Recognition of Impacts
- Safety for all
- Opportunity to Rebuild



Source: SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014



# TIC Pillars



Adapted from: SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014

# Intentional Response



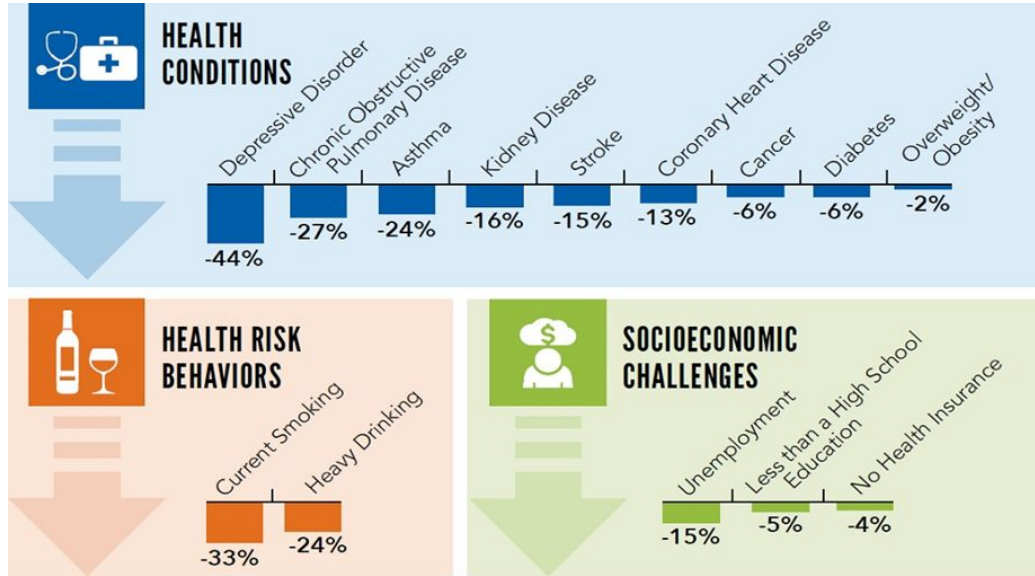
- Justice
- Equity
- Diversity
- Inclusion

# Pieces to the Puzzle



- Value-Based Care
- Non-Medical Drivers of Health (SDoH)
- Chronic Disease Management
- Substance Use Support
- Emergency Management

# Getting Upstream



SOURCE: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.

- Lower risk
- Increase healing
- Improve potential
- Impact generations

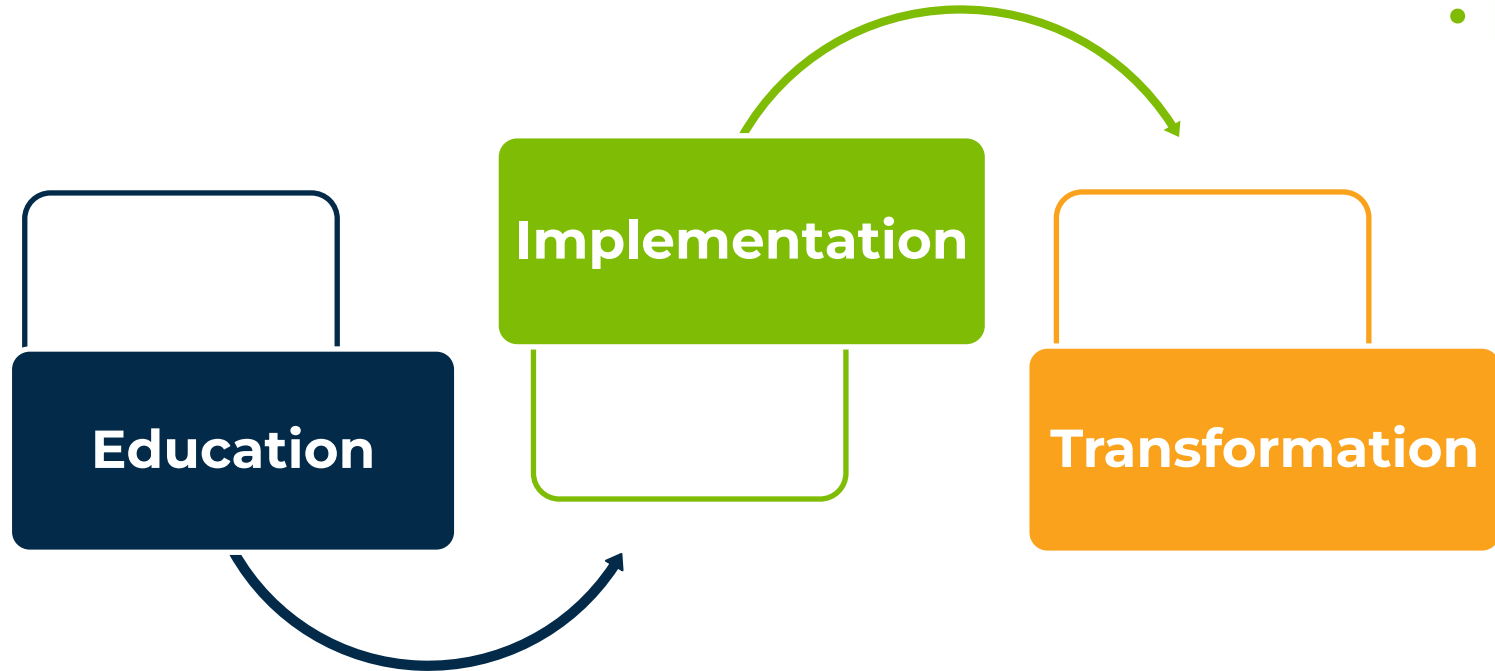


# The HOW

# TACHC's Journey to Trauma Informed Care



# Our Best Hope



# TIC Program Mission



- Educate & support Health Center Staff to **realize** that trauma is real and pervasive.
- Train Clinicians and Staff to **recognize** the signs and symptoms of trauma.
- Empower teams to know how to **respond** to individuals who have experienced trauma.
- **Resist re-traumatization** through changes to policies, practices, and procedures.



# Program End Goals



1. Establish TIC as critical for TACHC health centers.
2. Ensure safety.
3. Evidence of trustworthiness and transparency.
4. Empower a trauma informed workforce.
5. Integrate systems of care for collaboration.
6. Historical, cultural, and gender factors to provide choice.

# TIC Model



## EDUCATION

Inquiry-based model fosters empowerment and deep knowledge gain by learners.



## IMPLEMENTATION

Coaching Calls, peer support, and ongoing assessment propel tailored plans.



## TRANSFORMATION

Ongoing support and leveled-trainings empower health centers to grow.

# TIC Program



**Face-to-Face  
Cohort  
Trainings**

**Coaching  
Calls**

**Champion  
Teams**

**Learning  
Community  
Sessions**

**Provocation  
&  
Formative  
Assessment**

# Built to Sustain & Spread



Trainers



Champions



Departments

# TIC Program Goals & Outcomes



**Disseminate  
Knowledge**

**Increase  
Workforce  
Retention**

**Improve  
Health  
Outcomes**

# Evaluation Aims

- Determine whether the trauma-informed care program was effective in improving patient and employee health outcomes in 4 cohorts of participating health centers
- Assess the fidelity of program implementation in participating health centers using both quantitative and qualitative evaluation methods

# Framework: RE-AIM



## Reach

### Construct

### Measures/ metrics

- Proportion of patients treated with a trauma-informed approach



## Effectiveness

- Pre-/post-initiation of TIC training
- ICD-10-CM codes
  - Behavioral health referrals
  - Treatment adherence behavioral health
  - Employee retention rates



## Adoption

- Number of health centers invited
- Number of health centers completing organizational assessments



## Implementation

- **Engagement:** Proportion of staff completing pre-/post-surveys; number of CEs attained
  - **Dose:** Number of training sessions completed
  - **Fidelity:** Degree to which Trainers and Champions are training TIC; proportion of patients referred to behavioral services
- Staff survey items
  - TIC training records
  - Key informant interviews
  - HC EHRs



## Maintenance

- Number of health center policies adapted or modified to incorporate TIC approaches

### Data sources

- Patient survey items
- HC EHRs
- HC personnel records

- Organizational assessments

- HC operations manuals

# Study Design

## MODIFIED STEPPED WEDGE DESIGN

- A crossover design in which clusters cross over in one direction (from control to intervention) at different time points.
- Widely used in healthcare and public health research
- Intervention impact measured at intervals

- Outcome measures:
  - **Health outcomes of interest**
    - Controlled/Uncontrolled Diabetes
    - Asthma/Asthma with exacerbation
    - SUD (adults)
    - ADD/ADHD (youth)
  - **Behavioral health referrals & treatment adherence**
  - **Staff retention**

	T1 Apr 2018	T2 Oct 2018	T3 Apr 2019	T4 Oct 2019	T5 Apr 2020	T6 Oct 2020	T7 Apr 2021	T8 Oct 2021	T9 Apr 2022	T10 Oct 2022
Cohort 1	C	C	I	P	P	P	P	P	P	P
Cohort 2	C	C	C	I	P	P	P	P	P	P
Cohort 4	C	C	C	C	C	C	C	C	I	P
	T1 Jun 2018	T2 Dec 2018	T3 Jun 2019	T4 Dec 2019	T5 Jun 2020	T6 Dec 2020	T7 Jun 2021	T8 Dec 2021	T9 Jun 2022	T10 Dec 2022
Cohort 3	C	C	C	C	C	I	P	P	P	P

C: Pre-initiation of TIC training (control period/baseline); I: Initiation of TIC training (dates excluded from analyses); P: Post-initiation of TIC training



# Study Outcome Measures

## Electronic Health Records

### Health outcomes of interest

- Rate changes of health conditions associated with trauma risk factors pre-/post-initiation of TIC training.
- Data were classified using binary variables to identify encounters with an outcome **present** or **not present**.

### Behavioral health treatment adherence

- Patients' adherence to medication-assisted treatment (ADD/ADHD) and behavioral health visits pre-/post-initiation of TIC training.
- Appointment adherence was classified as appointments **kept** or **not kept** (cancelled/rescheduled/no-show).

## Personnel Records

### Staff retention

- Staff retention in participating health centers was used as a proxy for job satisfaction pre-/post-initiation of TIC training.

### Health outcomes of interest

Counts (%) of each outcome, stratified by patient age group and TIC training initiation status

### Behavioral health treatment adherence

Counts (%) of appointments kept and not kept for each outcome, stratified by patient age group and TIC training initiation status

### Staff retention

Average length of service

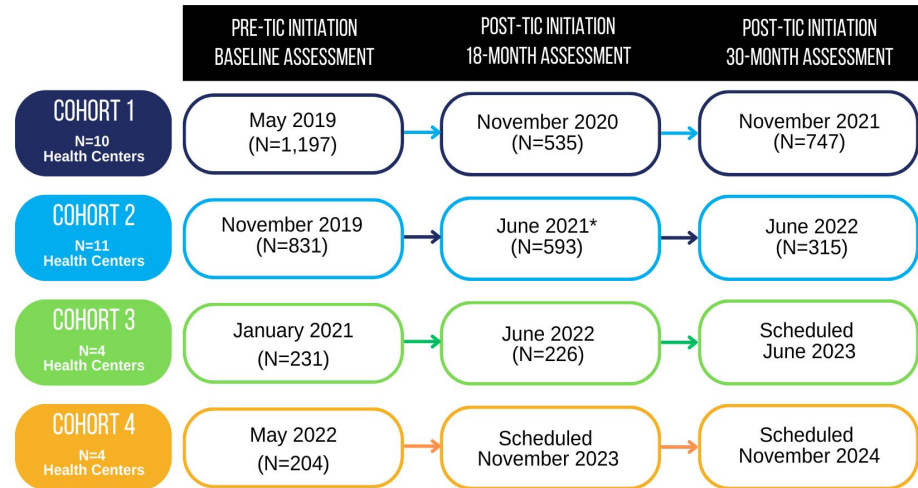
Average monthly rate of termination

Average monthly rate of rehires

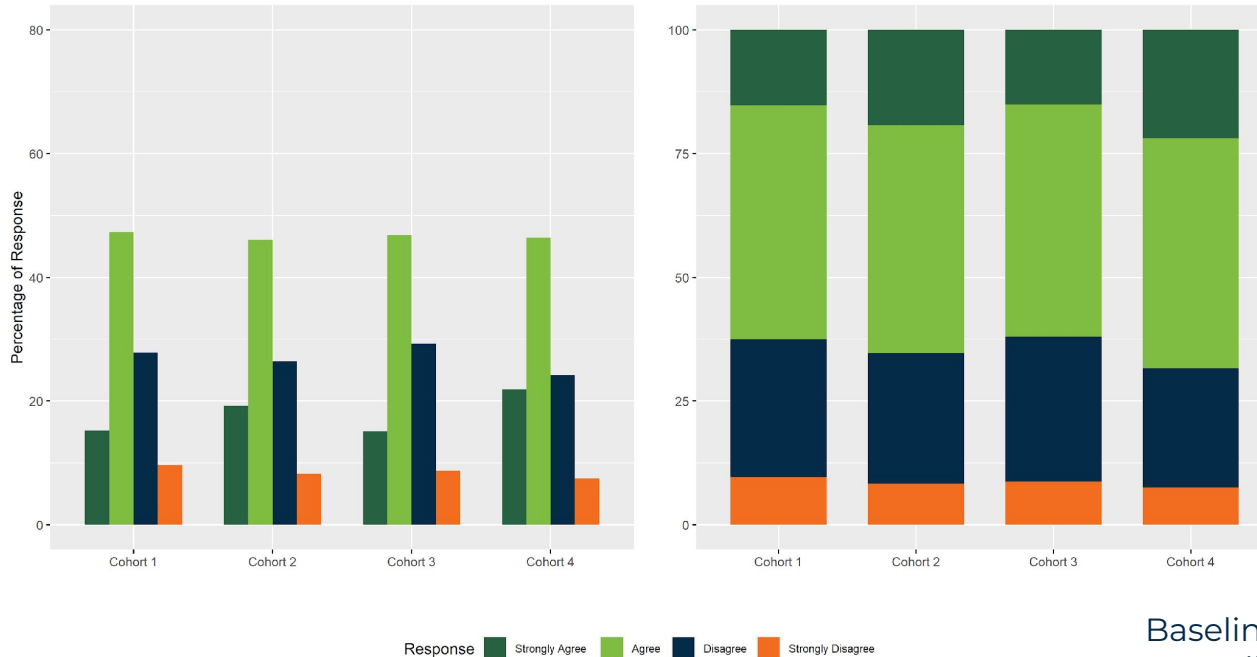
# Study Outcome Measures

## Organizational assessment survey

- The organizational assessment tool is administered prior to the initiation of TIC training and re-administered at intervals following training.
- Results provide snapshots at fixed intervals to assess the organizational transformation regarding topics/practices listed under each of the five domains.



# Organizational Assessment: Training and Education



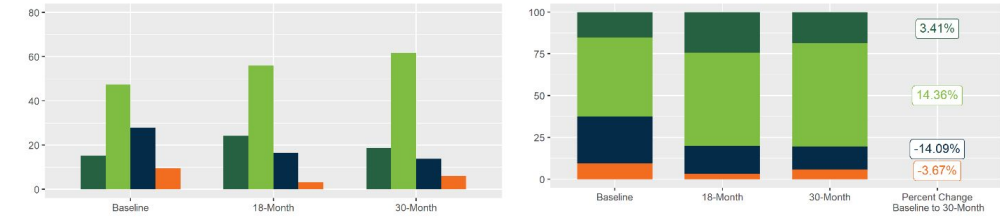
Baseline Comparison for  
all TIC Cohorts

# Training and Education

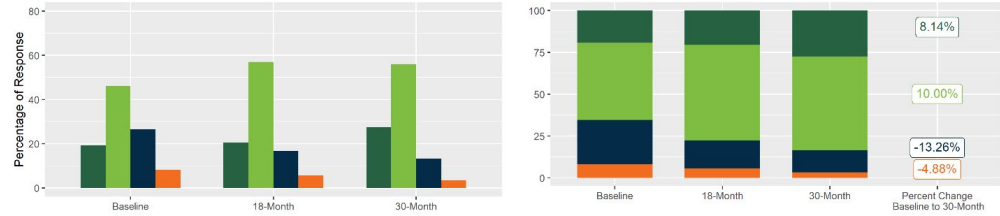


## Organizational Significance:

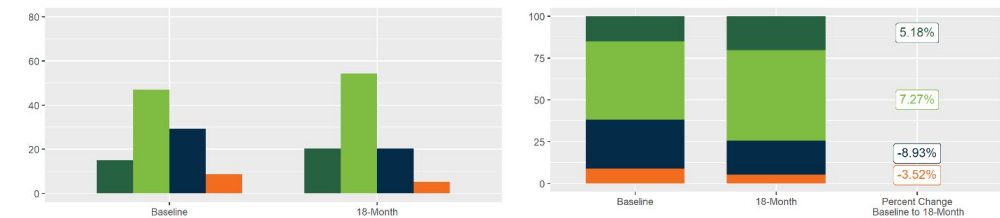
- Safety
- Empowerment
- Diversity
- Inclusion



Cohort 2



Cohort 3



Response: Strongly Agree (Dark Green), Agree (Light Green), Disagree (Dark Blue), Strongly Disagree (Orange)

# Staff Retention

	Before initiation of TIC training (N=2339)	After initiation of TIC training (N=4021)
Appt. kept	1109 (47.4%)	2883 (71.7%)
Appt. not kept	1230 (52.6%)	1138 (28.3%)
Aggregated $\Delta$	24.3%	
Fixed effect ( $\beta$ )	0.3345	
p-value	<b>0.0001</b>	

## Economic Significance:

- Empowerment
- Collaboration
- Justice

# Child Adherence: Appointments for ADD/ADHD

	Before initiation of TIC training (N=2339)	After initiation of TIC training (N=4021)
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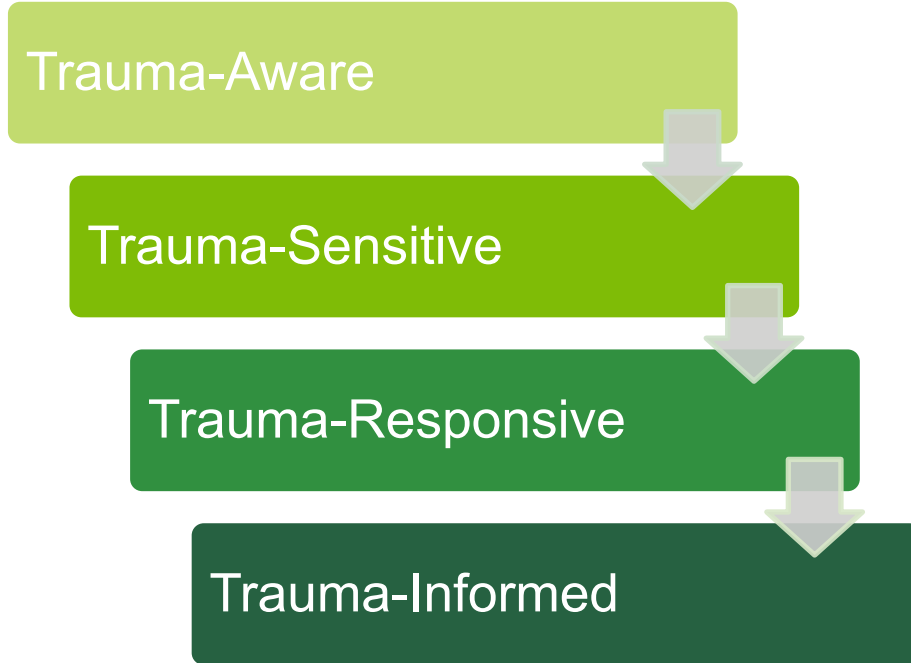
## Clinical Significance:

- Safety
- Trust
- Equity



# The CALL

# Identify your Destination



- Change
- Transition
- Transformation



# Join the TACHC TIC Movement!



- **Innovative Practice Transformation**
- **Evidence-based curriculum**
- **Value-focused strategy**
- **Aligned for advancement & integration**
- **Significant Shifts in Outcomes:**



**Staff Knowledge**



**Workforce Retention**



**Patient Health Outcomes**



# Questions

# Thank you!



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