



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**  
Office on Trafficking in Persons



# HHS Health and Human Trafficking Symposium

## Power Point and Resource List

November 28–29, 2018

### **Panel 1: Integrating Primary and Behavioral Health Services for Trafficking Survivors**

This panel highlights practical, concrete, and innovative approaches communities are taking to integrate primary and behavioral health care with a trauma-informed approach; why they prioritize such strategies; and how they position them for organizational success.

Following the Power Point presentation is a list of resources suggested by the HHS Health and Human Trafficking Symposium moderators and panelists. The list includes a wide variety of resources, ranging from published research, fact sheets, and tools such as trainings and curriculum.



## Integrating Primary and Behavioral Health Services for Trafficking Survivors

### Moderator/Panelists

- Moderator:
  - Dr. Sabrina Matoff-Stepp, Director, Office of Women's Health, Health Resources and Services Administration
- Panelists:
  - Dr. Kim Chang, Family Physician, Human Trafficking and Healthcare Policy Fellow, Asian Health Services
  - Dr. Annie Lewis O'Connor, Senior Nurse Scientist, Founder and Director of the Women's CARE Clinic
  - Holly Austin Gibbs, Human Trafficking Response Program Director, Dignity Health
  - Dr. Renée Ornelas, Tse'hoosooi' Medical Center

### Learning Objectives

- Define integrated care and trauma informed-care, and understand why it is important for this client/patient population.
- Identify models/frameworks that exist for integrating behavioral health and primary care in diverse settings for at-risk, currently trafficked, and previously trafficked individuals.
- Describe organizational conditions necessary for success in establishing and delivering trauma-informed integrated care models.
- Explore culturally specific supportive, wrap-around services that support integrated delivery of care.

Dr. Sabrina Matoff-Stepp, Director, Office of Women's Health, Health Resources and Services Administration

Dr. Kimberly Chang, Family Physician, Human Trafficking and Healthcare Policy Fellow, Asian Health Services

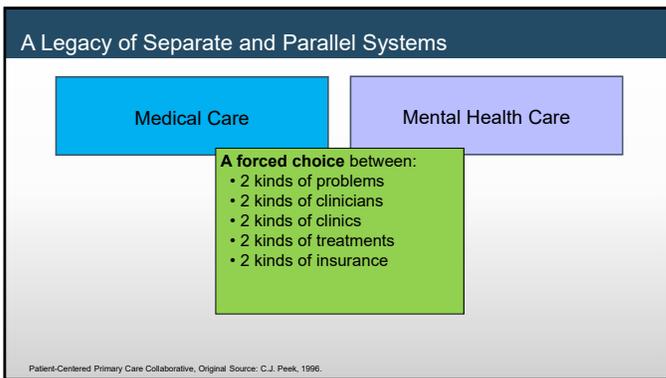
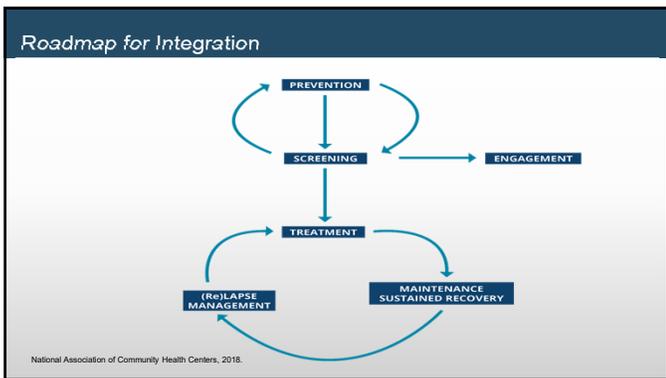
### Integration: What Does It Take?

"The integrated systems approach takes a fundamental redesign to justice, legal, medical, health, food, housing, and transportation."

"Patients enter the system based on what they need at that point in time within their life context."

"A whole re-do, where services are coordinated within an integrated system, include a continuum of care and are available 24/7."

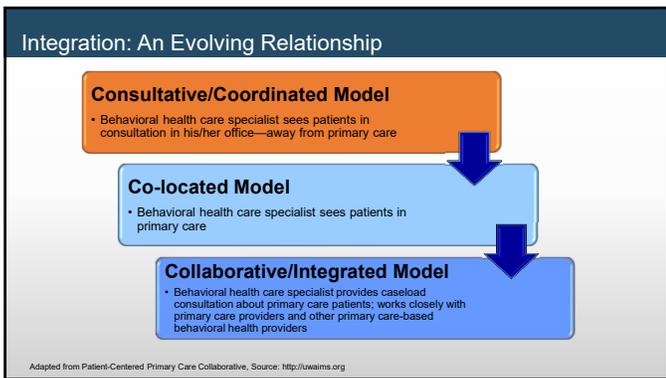
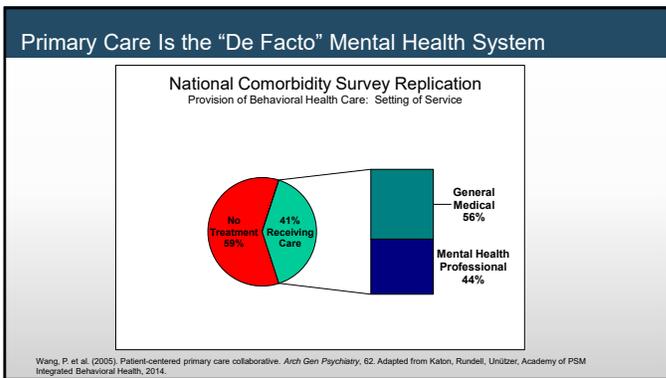
National Association of Community Health Centers, 2018.



### Why Should We Integrate Care?

- Mind and body connection
- Patients with mental/behavioral issues present to primary care providers
- Problems: mood, stress, relationship issues, thinking skills, challenges as new immigrant, or creating a healthy lifestyle
- Affect daily functioning/interpersonal relationships, poor coping skills
- Assessment and treatment focus on the present problems

Improving the Quality of Health Care for Mental and Substance-Use Conditions, Institute of Medicine, 2005

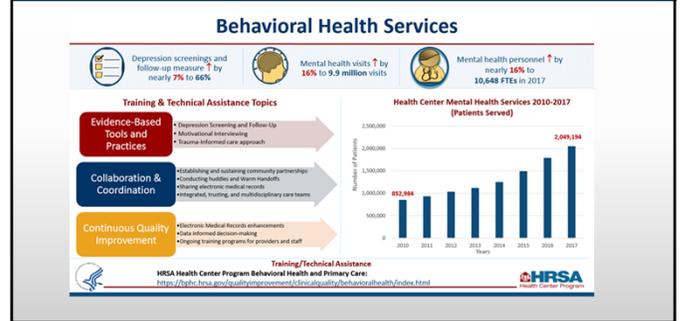


- ### Components for Integration
- Partnerships
  - Referral systems
  - Strong, well-trained competent—compassionate workforce
  - Support systems: group visits, nutrition, alternative medicine, exercise
  - Case management
  - Care coordination
  - Co-occurring morbidities, including chronic diseases, behavioral health, substance use and abuse, HIV, HBV, HCV, STIs

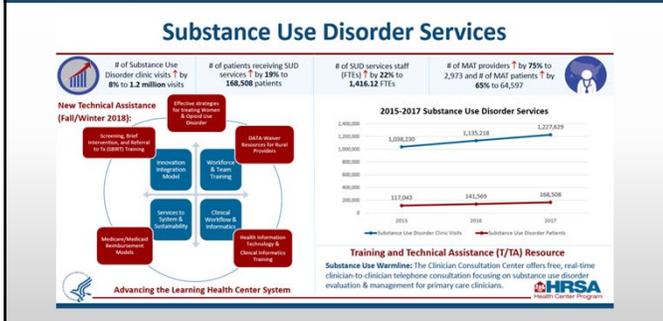
## Integration: Getting started

- Universal assessment/screening for:
  - Human trafficking
  - Childhood trauma
  - Depression, substance use disorders
  - Communicable disease (HIV, hepatitis, and sexually transmitted infections)
- Patient-centric models that are culturally, linguistically responsible
- Systems approach beginning with prevention, screening, care, treatment, and wellness across systems of care
- Standardized measures
- Remove policy barriers around reimbursement, 42CFR, and HIPAA

## FQHCs: National Impact



## FQHCs: Impact in Substance Use Disorder



Dr. Annie Lewis O'Connor, Senior Nurse Scientist, Founder and Director of the Women's CARE Clinic

## Financial Disclosures

- Partners Healthcare for supporting the Trauma-Informed Care Initiative
- ACO-Medicaid Funds
- Robert Wood Johnson Foundation
- Department of Justice, Office for Victims of Crime

## What Is Trauma?



## Six Guiding Principles of Trauma-Informed Care

Safety: Physical and psychological

Trustworthiness and transparency

Peer support

Collaboration and mutuality

Empowerment, voice, choice

Cultural, historical, and gender acknowledgment

## Basis for Measurement—Return on Investment

- Increase access and engagement with primary care
- Decrease emergency department utilizations
- Decrease no-show rates
- Decrease length of stay
- Improve health outcomes (physical and behavioral)
- Measure the impact of tiered screening, trauma-informed care plans, and warm handovers
- Decrease compassion fatigue for providers, staff

## Trauma Assessment and Inquiry

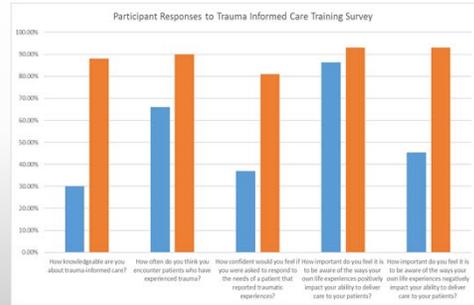
- How?
- Disclosure is NOT the goal
  - Provide a safe environment for people to share as much or as little as they want
  - Minimize need to retell the story
  - Include education about trauma and its effects
  - Balance trauma with resiliency

Tiered Approach:



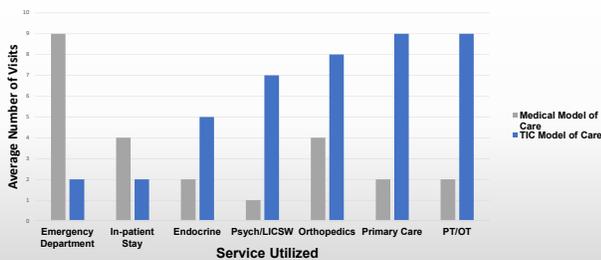
Leitch, L. (2017). Action steps using ACEs and trauma-informed care: A resilience model. *Health Justice*, 6(5).

## Trauma Assessment and Inquiry



Lewis-O'Connor, A., Rittenberg, E., & Grossman, S. (2017). N = 768

## Patient's Total Health Care Utilization



Lewis-O'Connor, A., (2017). (N = 10)

## Strengths of the Approach—Challenges or Barriers?

### Strengths

- Access to baseline data
- Institutional support
- Strong steering committee
- Research lab to develop an organizational tool assessment
- Process and outcome measures
- Funding

### Challenges

- Shifting the paradigm—change in current practice
- Long-term funding to support tool development
- Utilization of all resources
- Sustainability



Holly Austin Gibbs, Human Trafficking Response Program Director, Dignity Health

## A Trauma-Informed Approach—Core Principles

Center for Health Care Strategies recommends changing organizational *and* clinical practices to reflect the core principles:

- Patient empowerment: using individuals' strengths to empower them
- Choice: informing patients about treatment options
- Collaboration: maximizing collaboration among health care staff, patients, and families in organizational and treatment planning
- Safety: developing health care settings and activities that ensure safety
- Trustworthiness: creating clear expectations with patients about what proposed treatments entail and how care will be provided

Center for Health Care Strategies, Inc. (April 2016). Key ingredients for successful trauma-informed care implementation. Issue brief. [http://www.chcs.org/media/ATC\\_Whitepaper\\_040616.pdf](http://www.chcs.org/media/ATC_Whitepaper_040616.pdf)

## Implementing Change

How can **YOU** change your **patient interactions** to reflect the core principles of a trauma-informed approach?

**Patient empowerment**  
**Choice**  
**Collaboration**  
**Safety**  
**Trustworthiness**

## PEARR Tool

Dignity Health developed the "PEARR Tool" in partnership with HEAL Trafficking and Pacific Survivor Center. The PEARR Tool offers **key steps** to professionals on how to offer victim assistance to patients in a trauma-informed manner.

**PEARR stands for:**

- Provide privacy
- Educate
- Ask
- Respect and Respond



PEARR Tool: Download here: [dignityhealth.org/human-trafficking-response](http://dignityhealth.org/human-trafficking-response)  
(Image Credit: BanarsStock / Thinkstock)

## Dignity Health Initiatives

Trauma-Informed Care and Services for Victims/Survivors

- Implementing a "Medical Safe Haven" in Dignity Health residency clinics to provide longitudinal care and services to identified HT survivors
- Implementing a "Domestic Violence Traumatic Brain Injury Program" in the Barrow Neurological Institute to provide care to survivors of DV/HT
- Partnering with Phoenix Dream Center to provide care to HT survivors

Dr. Renée Ornelas, Tse'hootsooi' Medical Center

## Integrating Cultural Competency

The integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups as well as religious, spiritual, biological, geographical, or sociological characteristics. Culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetimes.

—The Office of Minority Health,  
U.S. Department of Health and Human Services



## Tsé hootsoof Medical Center, Fort Defiance, AZ Navajo Nation



## An Approach to Integrated Care on the Navajo Nation

- Learn about the culture, language, traditions and customs.
- Make your space culturally welcoming and familiar.
- Be humble and honest about your status as a newbie to the area.
- Learn about "local" IHS/638 medical facilities, providers, and programs.
- Identify and partner with tribal and local organizations who provide services.
- Partner with traditional healers.



## Spiritual Healing





## RESOURCES

### PANEL 1: INTEGRATING PRIMARY AND BEHAVIORAL HEALTH SERVICES FOR TRAFFICKING SURVIVORS

Brigham and Women's Hospital. (2018). Domestic & Sexual Trauma-Informed C.A.R.E. Clinic. <https://www.brighamandwomens.org/womens-health/connors-center/care-clinic/coordinated-approach-to-resilience-and-empowerment-c-a-r-e-clinic>

Burke Harris, N. (2018) *The Deepest Well: Healing the Long-term Effects of Childhood Adversity*. Harcourt, NY: Houghton Mifflin.

Chisolm-Straker, M., & Stocklosa, H. (Eds). (2017). *Human Trafficking is a Public Health Issue: A Paradigm Expansion in the United States*. New York: Springer.

Dignity Health, HEAL Trafficking & Pacific Survivor Center. (2018). PEARR Tool. <https://www.dignityhealth.org/-/media/Documents/PEARRToolm7.aspx?la=en&hash=48A3B50F89D4DE2752DD18A459666B6680B360EA>

Futures Without Violence. (2017). Intimate Partner Violence Health Partners Toolkit. <http://ipvhealthpartners.org/wp-content/uploads/2017/04/IPV-Health-Partners-Toolkit-4.24.pdf>

Galvin, G. (2017). *Doctors Need to Get Better at Diagnosing Human Trafficking. Here's Why*. <https://www.usnews.com/news/healthiest-communities/articles/2018-05-30/health-care-providers-fight-human-trafficking-on-the-front-lines>

Health Resources and Services Administration. (2017). The HRSA Strategy to Address Intimate Partner Violence. Office of Women's Health. <https://www.hrsa.gov/sites/default/files/hrsa/HRSA-strategy-intimate-partner-violence.pdf>

Health Resources and Services Administration. (2018). Special Edition: Intimate Partner Violence and Human Trafficking. <https://content.govdelivery.com/accounts/USHSHRSA/bulletins/2134f6b>