

Greetings from East Tennessee



Our Mission...

To improve the quality of life
for our patients through the blending of
primary care and behavioral health.

Together...Enhancing Life



Primary Service Area



Cherokee Health Systems

Last Year:

73,953 patients 353,552 Services 23,720 New Patients

Number of Employees: 758

Provider Staff:

Psychologists - 50
Primary Care Physicians - 37
NP/PA (Primary Care) - 50
Community Workers - 41

Cardiologist - 1
Nephrologist - 1
Pharmacists - 12
Dentist - 2

Psychiatrists - 7
NP (Psych) - 10
LCSWs - 62

Our Journey



Initial Goals

1. Increase **staff knowledge** about impact of trauma, importance of screening, and what staff can do to help foster a trauma informed environment
2. Implement **universal screening for trauma** and linked behavioral health follow-up plan for positive screens
3. Increase **community and patient awareness** of the impact of trauma

Staff Training

- Developed 90 minute training focused on:
 - **Why** we are focused on this now
 - Viewed Dr. Nadine Burke Harris's Ted Talk
 - Discussed how it related to our patient population
 - Importance of prevention/early intervention
 - **What** we are going to do about it
 - ACE and Trauma Symptom Screen
 - Workflow for when/how to link in BHC
 - Training on validation to de-escalate dysregulated patients and families
 - **How** our plan will be rolled out
 - Each clinic role out led by BHCs in that clinic

Universal Screening

PCL - C

The next questions are about problems and complaints that people sometimes have in response to stressful life experiences. Please indicate how much your child has been bothered by each problem in the past month.

1 = Not at all

2 = A little bit

3 = Moderately

4 = Quite a bit

5 = Extremely

1. How much has your child been bothered by repeated, disturbing memories, thoughts, or images of a stressful experience from the past? Please circle:

1 2 3 4 5

2. How often has your child felt very upset when something reminded your child of a stressful experience from the past? Please circle:

1 2 3 4 5

CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

To be completed by Parent/Caregiver

Today's Date: _____

Child's Name: _____ Date of birth: _____

Your Name: _____ Relationship to Child: _____

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child's doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number in the box provided.

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box.

Section 1. At any point since your child was born...

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box.

Section 2. At any point since your child was born...

- Your child was in foster care
- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/his primary caregiver through deportation or immigration
- Your child had a serious medical procedure or life threatening illness
- Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion

Community/Patient Education

- Provided scripts to nursing staff to help with patient education for those patients not screening positive for ACEs
- Engaged partnerships seeking opportunities to share information with other agencies:
 - UT Audiology and Speech Pathology
 - UT Ob/Gyn Residency Program
 - UT Dept of Social Work
 - Knoxville Metro Drug Council
 - Meharry Medical College
 - Emerald Youth Foundation

The Reaction

- PCPs' Initial **Concerns**
 - Hesitancy about perceived invasiveness of asking these questions
 - Concerned about the possible increase in time spent per patient
- PCPs' Current **Experience**
 - "No impact on my day"
 - Overall view is very positive

The Reaction

- Nurses' Initial **Concerns**
 - Thought patients/parents would lie
 - Felt sure patients/parents would complain
- Nurses' Current **Experience**
 - Absolutely, there are some complaints
 - Have been very surprised at how honest people have been
 - Nurses mentioned that it seems like people really want help with this issue, and never would have known how to ask for it before
 - "Even if you have only 1 person telling the truth for 5 people who don't, that's one more person you can help."

The Reaction

- BHCs' Initial **Concerns**
 - Overwhelmed by the likely increase in identified patients who need care
 - Concerned about how families would react
 - Felt responsible for helping nurses and PCPs be comfortable with implementation
- BHCs' Current **Experience**
 - There has been a definite increase in patients identified in our clinic
 - We have had to make some adjustments
 - The more you talk about trauma, the more comfortable it feels
 - Overall, families have been either neutral about the screening or willing to discuss their concerns

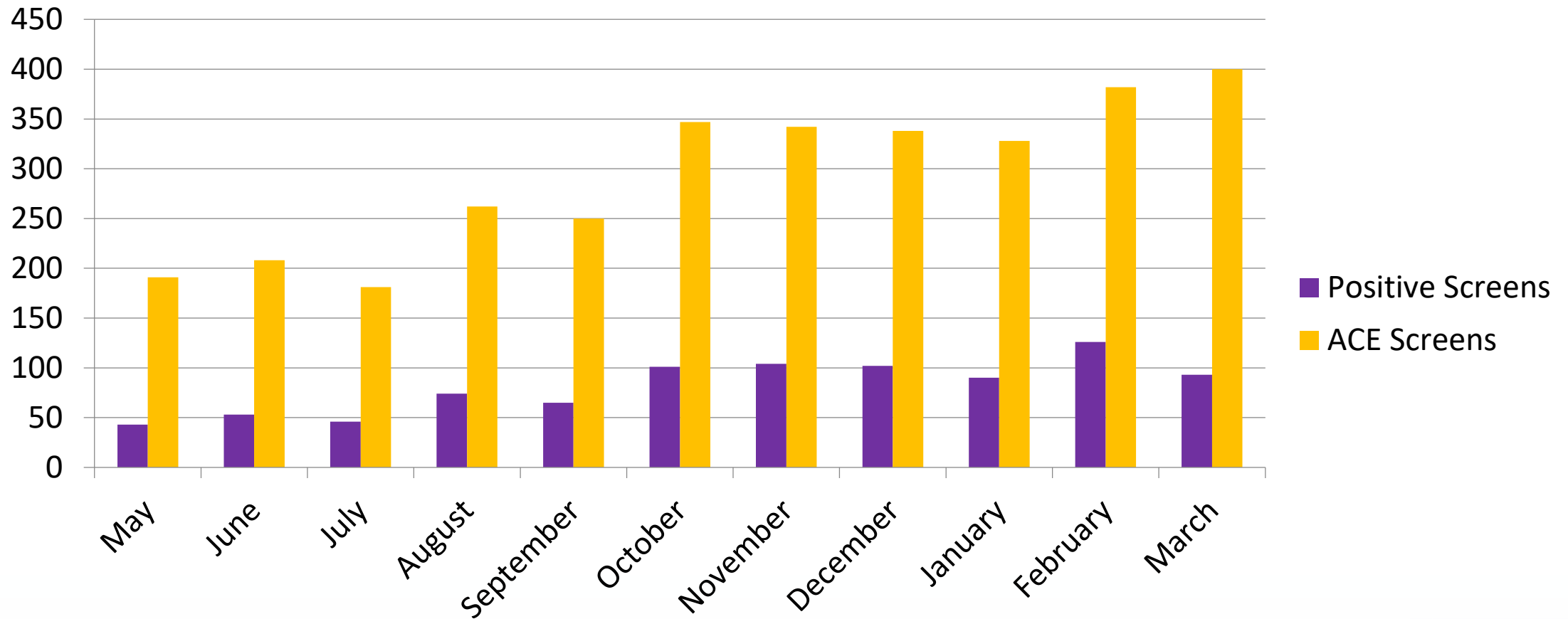
The Reaction

- Patients and Families
 - Overwhelmingly positive or neutral
 - Many families have said they are glad we are asking these questions
 - When families have had questions, or even seemed defensive, they have responded very well to learning about why we felt the need to ask these questions

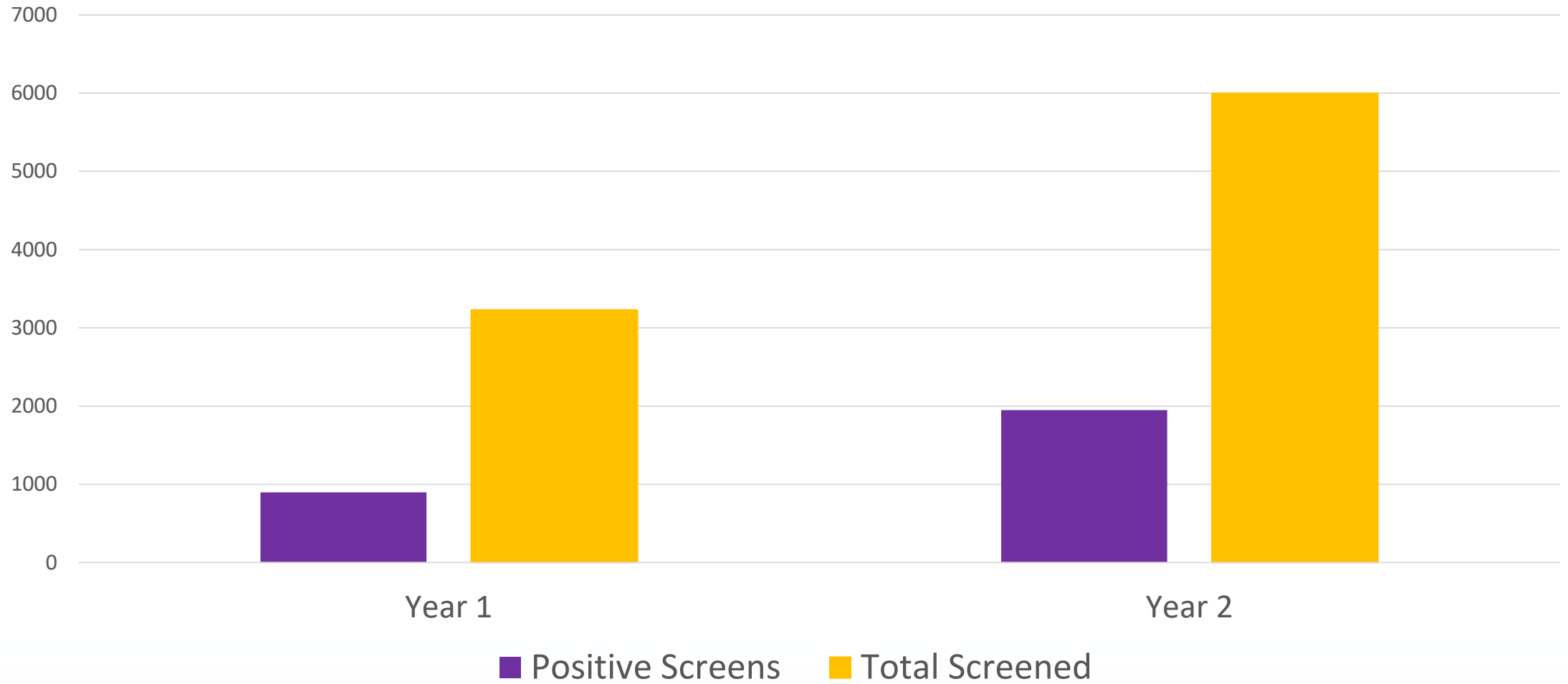
Work Flow

- ACE-Q and PCL-C Screeners included in well child check paperwork, provided by front staff
- Typically, nurses review completed screeners
 - Nurses will alert both PCP and BHC score is above 3
- If at all possible, BHC will meet with Pt/family on the same day as the failed screener
- If not possible...
 - BHC will follow-up briefly by phone and schedule if needed
 - PCP will request that Pt schedule back with BHC

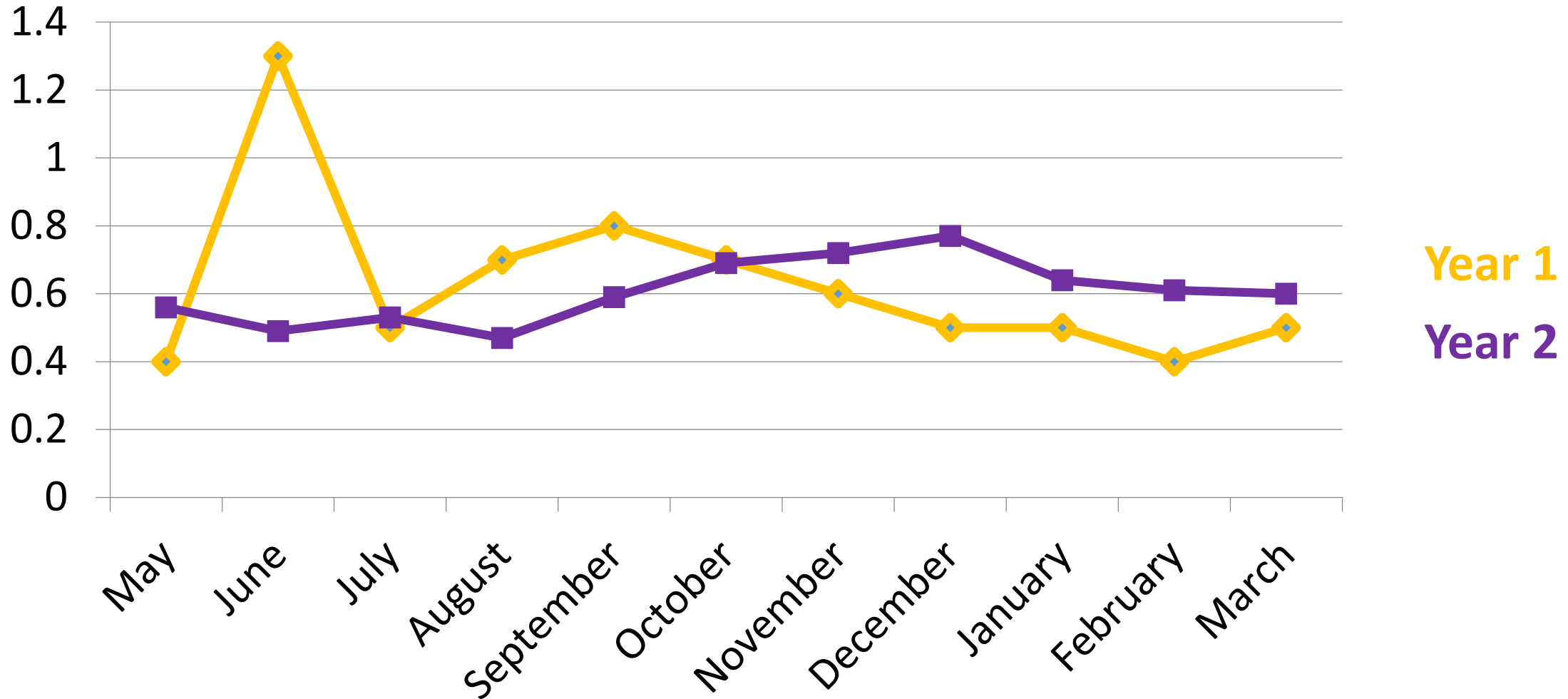
Increased Screening in Year 1



Continued Increase



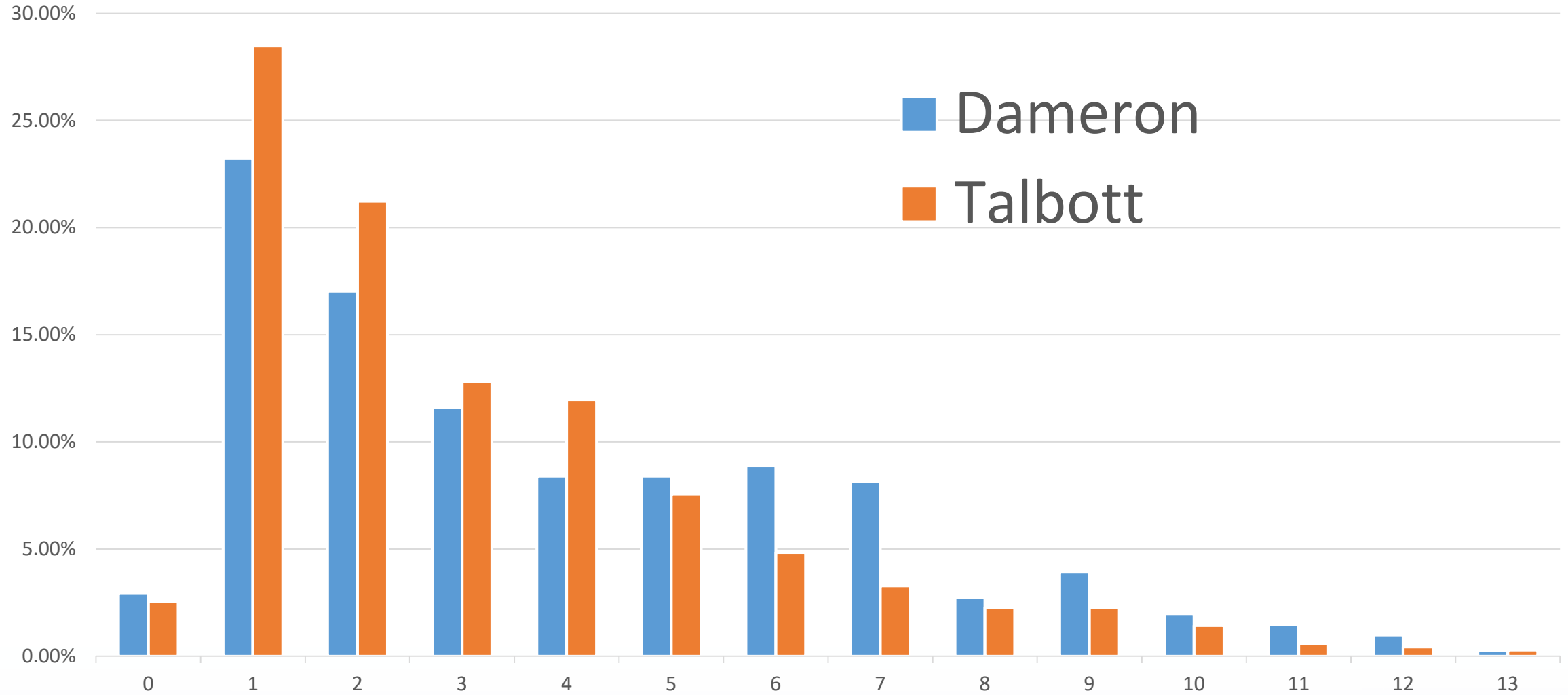
Average Delay to BHC Follow-Up



What do we do with the information?

- Psychoeducation
- Behavioral health intake to assess symptoms/functioning
 - Diagnoses – Acute Stress Disorder, PTSD, Disruptive Behavior Disorder
- Recommend and initiate treatment
 - Trauma Focused – Cognitive Behavior Therapy
 - Parent Child Interaction Therap
- Refer to Children's Services as indicated
- Connect to Community Health Coordinators to help address environmental stressors

ACE Scores



What we “uncovered”

1. Disruptive Behavior Disorder – NOS
2. Attention-Deficit/Hyperactivity Disorder
3. Posttraumatic Stress Disorder
4. Reaction to Severe Stress Unspecified
5. Anxiety Disorder, Unspecified