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HIV CARE & TREATMENT

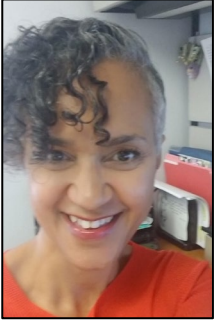
New Jersey HIV Trauma Informed Care Project: Reporting on Progress in the First Year of Implementation

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Who We Are



Grisel Arredondo, MA
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Change and Inspiration

CAI is a leading mission-driven nonprofit organization, dedicated to improving the health and well-being of underserved populations worldwide.





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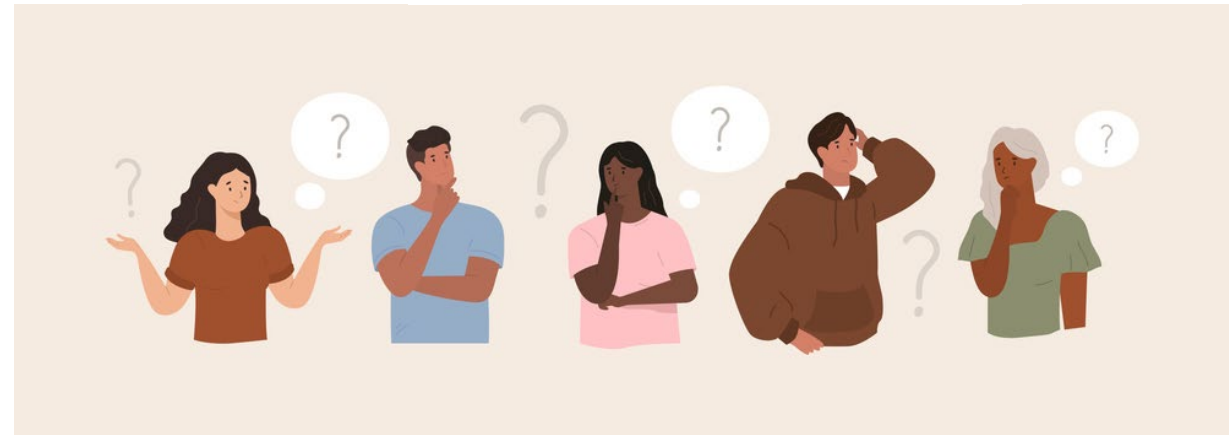
Trauma Informed Care

A Project of  CAI in Partnership with  HYACINTH and



Trauma Impacts Worldview

- Enduring, negative ways of seeing the world, others and the self
 - *“No safety anywhere.”*
 - *“Everyone will let you down.”*
 - *“I am bad.”*
 - *“There’s no future for me.”*



“Reminders” of traumatic events

Can be:

- People
- Situations
- Places
- Sensations



Trauma and People with HIV

Affects well-being and health outcomes:

- Retention
- Adherence
- Viral suppression



Trauma Informed Care (1)

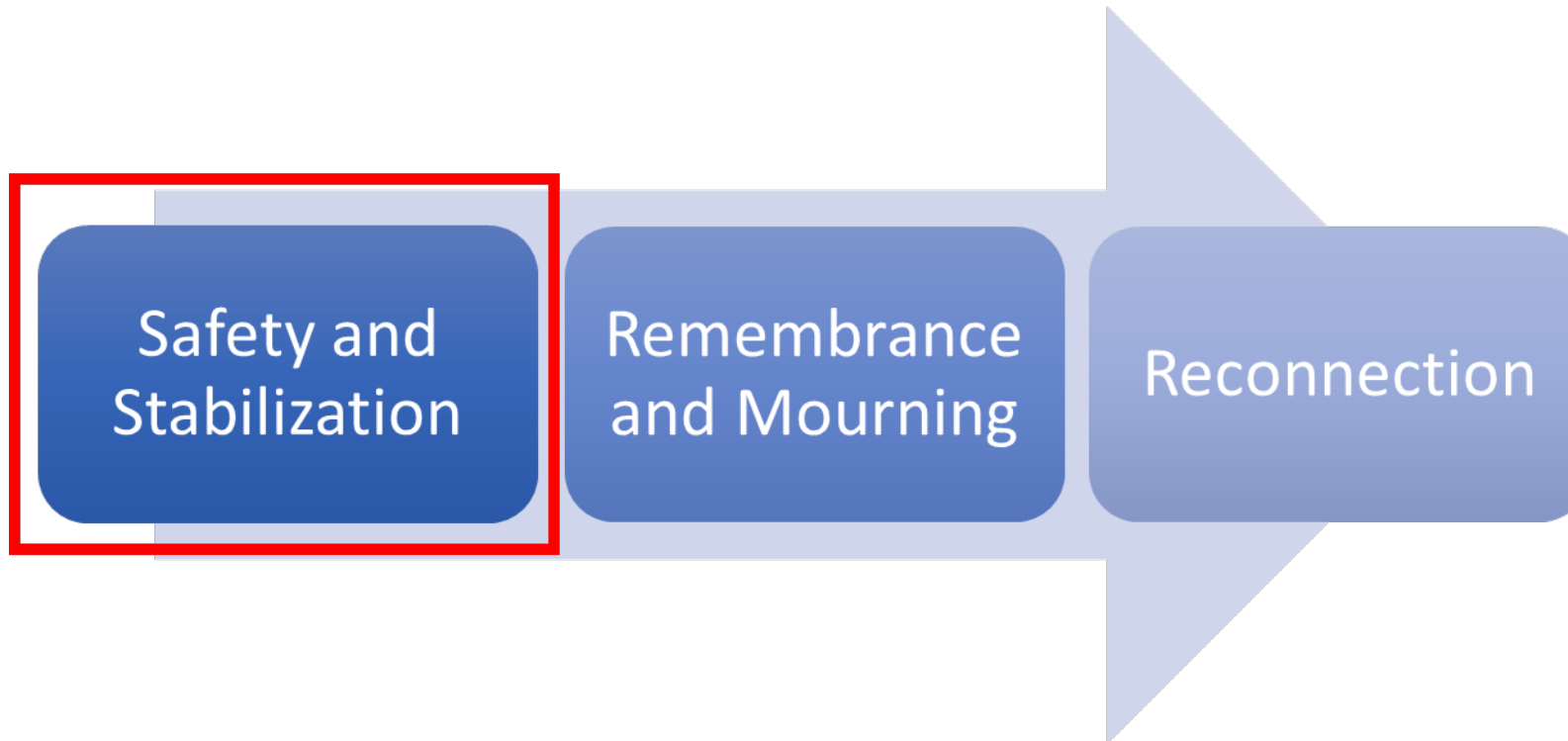


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*I'm not a mental health specialist?
How can we help a person who has experienced trauma?*

The Three Phases of Trauma Intervention



ISTSS, 2012; Herman, J., 1992; Ford, J., Courtois, C, et al, 2005, Saxe, G., Ellis, B.H., 2006, 2017

A strengths-based organizational structure and intervention framework

Choice and
Empowerment

Collaboration and
Mutuality

Safety

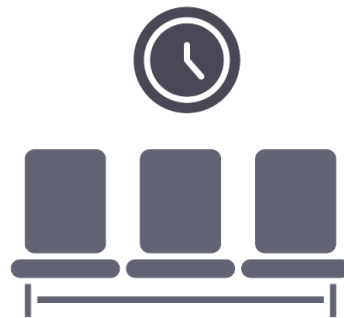
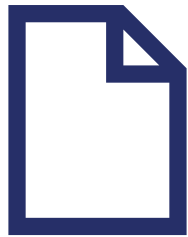
Recognizing and
Responding to
Trauma

Recognizing Cultural
and Historical
Context

CAI's TIC Implementation Model



To build capacity of HIV care and treatment agencies to integrate TIC into their culture, environment and services



New Jersey Trauma Informed Care Project



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Integration of a TIC approach into 20 New Jersey HIV Care and Treatment funded agencies:

- 11 agencies in Group 1
- 9 agencies in Group 2
- Agency types: FQHCs, hospital-based clinics, CBOs, and dental





CAI's TIC Implementation Model & Capacity-Building Approach



Phased Implementation Approach Using EPIS Framework



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Implementation Phase		Purpose
	Exploration	Understand Need & Context
	Preparation	Building Self-Efficacy
	Implementation	Deliver Services and Monitor Progress
	Sustainability	Understand and Maintain Impact

Exploration Phase



- Build ownership and buy-in
- Support leadership understanding of TIC and the project
- Get to know each agency's reality to support customization
- Establish agency and TA provider collaboration
- Plan for integration and implementation

Foundation building:

- Establish point person(s) and multidisciplinary team
- Ensure all staff understand the need and context for TIC
- Complete assessments to identify agency specific goals for TIC integration into:
 - Culture and environment
 - Policies and procedures
 - Protocols and services delivery

Preparation Phase (2)



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“I can recognize how trauma has impacted my clients and I can explain it to my clients”

“I see how it is possible to integrate TIC into my practices and interactions with clients”

Preparation Phase (3)

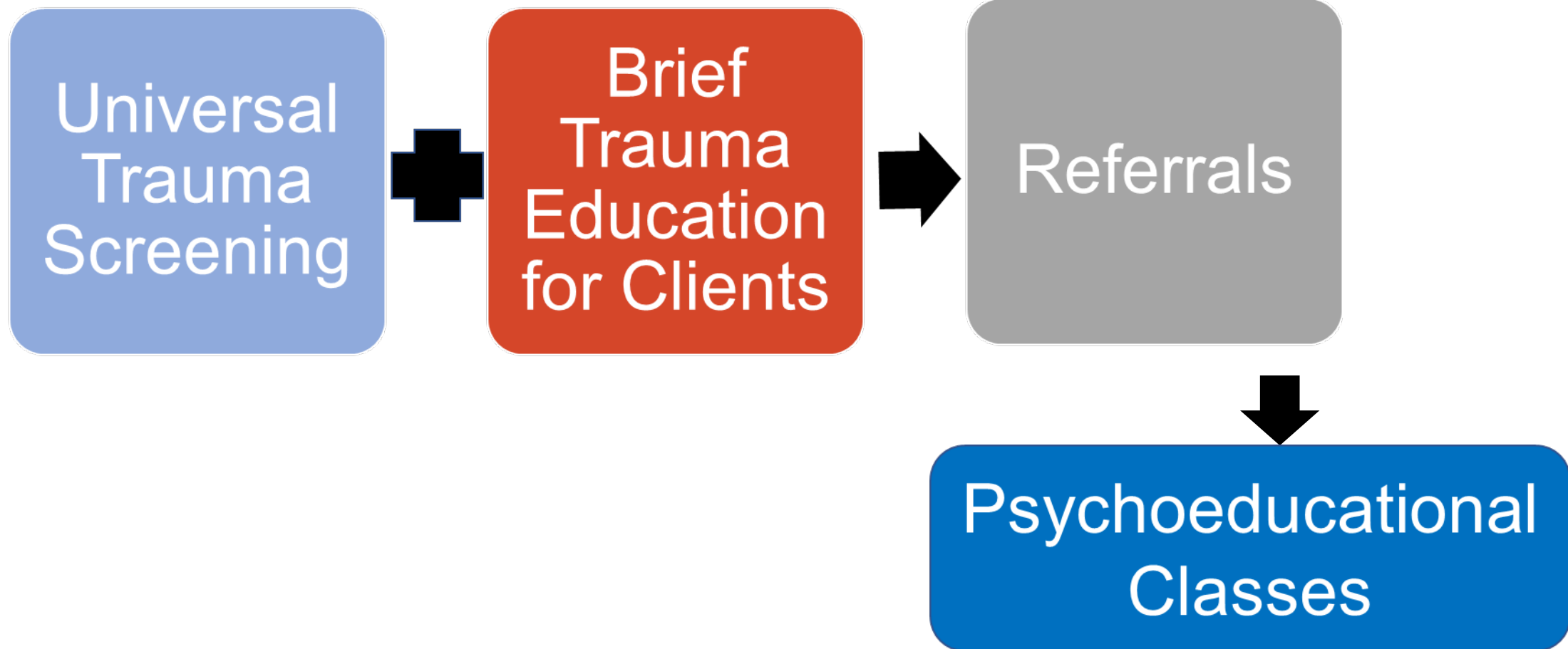


- Preparing to deliver TIC client services:
 - Identify when, where and how TIC services will be implemented
 - Develop key benchmarks for implementation
 - Identify staff who will deliver services
 - Train staff to deliver services

Trauma-related Client Services



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Implementation Phase



- Follow-up training and TA to support effective facilitation of services
 - Practice sessions (1:1 and cluster)
 - TA to troubleshoot barriers/concerns
- Training and support for real-time data collection
 - Continuous quality improvement
 - Program planning




During Implementation Phase: Using Real-Time Data

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Collecting TIC Project Data



- Consumer Encounter Form (CEF) collects key components of TIC program
 - Demographic client information
 - TIC service provision
 - Clinical outcomes data (e.g., viral load)
- Staff collect information for each client and input in  **REDCap**
Research Electronic Data Capture
- Agencies and TA Specialists regularly access and review data to inform data to action

Data Collection and Review Process



Agencies provide TIC services



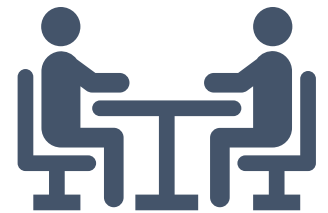
Staff enter data into REDCap or e2Hyacinth



CAI reviews the data and asks for clarifications



Agencies address concerns

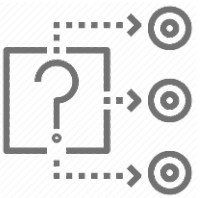


CAI creates data snapshots & agency teams review with their TA provider

Building Agency Capacity to Use Data and Facilitate Updates to Service Provision



Question: Is there a way to increase the uptake of TIC services?



Discovery: Opportunity to leverage the role of nurses in service delivery

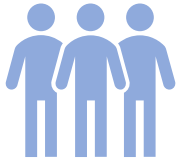


Response: Trained nurses to deliver screening which led to 750% increase in number of services provided the following month

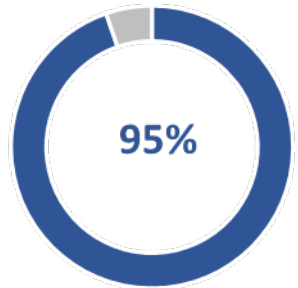
Monthly TIC Service Data		May-19	
	Provided	Scheduled	Declined
Screening	2	0	1
Brief Education	1	1	1
Referral	1	0	1
Psychoeducation	0	2	1
Total	4	3	4

Group 1 Implementation...

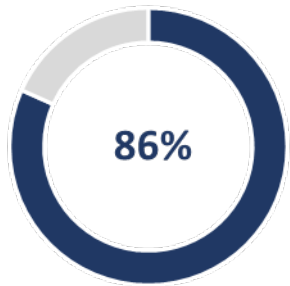
December 2018 - December 2019



Agencies served **1,560** unique clients during **1,745** encounters



Of clients who were offered TIC services,
95% completed screening for trauma symptoms



Of clients who completed screening for trauma symptoms,
86% received brief education on trauma



Ensuring Sustainability, Addressing Gaps, Pivoting for a Pandemic



TIC and COVID-19

Things have turned upside down...



Immediate Response



- Shift from sustainability to meeting immediate needs
- TA providers stayed connected, offered support
- Developed brief webinar series to remind clients of their TIC skills and strategies
 - Emotional regulation
 - Grounding exercises
 - Helpful self-talk

- How do we ensure TIC sustainability during Covid-19?
 - Hyper-flexible model that allows for remote delivery
 - Effectively convert trainings to meet new realities
 - Prepare staff and clients for new realities of service provision, keeping TIC at the forefront
 - Ensure continued leadership engagement in this work

Thank you



Thank you!

Please contact **Beth Hurley**, bhurley@caiglobal.org
with questions or requests for additional information