Trauma-informed Care + a Ryan White Model of Delivery

Essential ingredients to address SUD and mental illness

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We know what effective care looks like
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Case: Pebbles
We know what effective care looks like

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*Three tenets*
Values and Provider-level Interventions: Trauma-informed Health Care

Three tenets

1. Substance abuse and mental illness are strongly correlated with individual, family, and community-level trauma
Trauma

... an event, series of events, or set of circumstances [e.g., physical, emotional and sexual abuse; neglect; loss; IPV, community violence, structural violence] that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects

Trauma and Health: it’s not just HIV
The ACE Study

- 17,000 patients completed surveys about 10 categories of childhood abuse, neglect and family dysfunction.
- Compared answers to an array of current health behaviors and conditions.
- Conclusion: ACEs are common; and are strong predictors of later health risks and disease.


The ACE Study: Key Findings

- 64% reported at least one ACE category
- 12.5% (one in six) reported four or more
- 25% of women and 16% of men reported having experienced childhood sexual abuse

Individuals who reported four or more ACE categories had:

- 1.6x the rate of obesity
- Almost 2x the rate of heart and liver disease
- 2x the rate of COPD and stroke
- >2x rate of smoking
- >3x the rate of depression
- 6x the rate of attempting suicide
- 7x times the rate of alcoholism
- 10 times the rate of intravenous drug use

The Urban ACE Study


The Urban Ace Study

Individuals who reported ≥ 3 Adverse Community Environments had:

> 2x rate of smoking
> 2x rate of depression
> 3x rate of substance abuse problems

4x rates of STDs


Values and Provider-level Interventions: Trauma-informed Health Care

*Three tenets*

1. Substance abuse and mental illness are strongly correlated with individual, family, and community-level trauma

2. Unaddressed trauma and PTSD continue to be an obstacle to successful treatment of substance use and mental illness

Values and Provider-level Interventions: Trauma-informed Health Care

Three tenets

1. Substance abuse and mental illness are strongly correlated with individual and community-level trauma

2. Unaddressed trauma and PTSD continues to be an obstacle to successful treatment of substance use and mental illness

3. Clinics and environments of care often mirror the trauma experienced by our patients
Four “Rs” of Trauma-informed Health Care

Realizes
• Realizes widespread impact of trauma and understands effective paths for recovery

Recognizes
• Recognizes signs and symptoms of trauma in clients, families, staff, and others involved

Responds
• Responds by integrating understanding and response to trauma in interactions, care, policy

Resists
• Seeks to actively resist re-traumatization

Adapted from: SAMHSA’s concept of trauma and guidance for a trauma-informed approach.
Trauma-informed Health Care

**Links: Practical Models and Toolkits**

https://www.whijournal.com/article/S1049-3867(18)30550-4/fulltext


National Council for Behavioral Health: Fostering Resilience and Recovery: A Change Package for Advancing Trauma-Informed Primary Care (release Fall 2019)  
https://www.thenationalcouncil.org/topics/trauma-informed-care/
Trauma Transformed. [http://traumatransformed.org](http://traumatransformed.org)

The Missouri Model: A Developmental Framework for Trauma-Informed
Systems-level Interventions: Lessons from the AIDS Crisis
Systems-level Interventions: Before the Ryan White HIV/AIDS Program

- No effective treatments; HIV morbidity and mortality were high
- People with HIV faced discrimination and stigma in general health care system and many were effectively locked out of insurance coverage
- Hospitalization was common; outpatient care not yet routine
- Strain on state and local budgets
- Models of care being developed at local level
- Limited understanding of HIV care and treatment needs


Systems-level Interventions: The Ryan White HIV/AIDS Program

- Enacted in 1990, serves over ½ people diagnosed with HIV/AIDS
- Largest HIV-specific federal grant program in U.S. and one of only disease-specific programs in country
- Nation’s safety net for people with HIV, providing outpatient HIV care and treatment to those without health insurance and fills coverage gaps for those with insurance
- Third largest source of federal funding for HIV care in the US, following Medicare and Medicaid, funded at $2.3 billion in 2019
- Funding distributed to states/territories, cities, and HIV care and support organization in the form of grants

Systems-level Interventions:  
The Ryan White HIV/AIDS Program...

- Funds outpatient treatment and integrated team-based primary care, with an emphasis on “wrap around” services (e.g., social work, case management, therapy, medication adherence...)

- Requires involvement of people living with HIV

- Supports integration of community organizations and peers into care delivery through shared funding

- Predominately low income people of color but key outcomes of care superior to any other form of insurance without Ryan White


Ryan White Funding

In conclusion:

• We know what effective care for SUD and mental illness looks like; we need to start there instead of trying to adapt to a profoundly inadequate system.

• **Trauma-informed care** provides the values and provider-level guidance.

• **The Ryan White model** provides the crucial systems-level platform.

• **The combination is necessary (and possible).**

• **Warning**: beware of getting mesmerized by purely biomedical solutions to problems that are fundamentally relational.
Thank you
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