2020-2021

Evaluation Plan for Centro Sávila

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1. Introduction

Centro Sávila aims to create a service-centered environment that works to overcome the institutional and systemic barriers to accessing healthcare that are prevalent in the greater Albuquerque area. Clients who come to Centro Sávila may be currently experiencing homelessness and are disconnected from services, others may be urban off-reservation Native Americans who are not connected to or trusting of the current existing resources; or they may be undocumented and/or limited-English proficient (LEP) immigrants who do not understand how to access existing resources.

Many Centro Sávila clients have faced a variety of traumas in their lives, one of which may have been from previous attempts to access healthcare to no avail. In working towards their aim, Centro Sávila uses an approach to services that is both trauma-informed and patient-centered. Understanding that the client experience is colored by the very first point of contact, which is called **triage** at Centro Sávila, the staff are interested in evaluating this initial contact for trauma-informed-ness. Therefore, **the primary goal of this evaluation is to determine whether the client triage process is trauma-informed**. Additionally, because one aspect of trauma-informed service is to recognize client recovery as the primary goal, and access to services is the first step in recovery, the secondary aim of this evaluation is to determine how accessible services are to clients as defined by staff and clients.

2. Purpose of Evaluation

In working towards their aim, Centro Sávila provides clinical services that address mental health, alcohol, and substance abuse disorders for youth, adults, families, and groups. Clients receive individual or group counseling and case management sessions, based on their preferences and needs. Clients who call Centro Sávila amid an emergency or crisis receive immediate services (either within Centro Sávila or in the local Albuquerque area). Those who are not in immediate need receive services through a variety of programs, such as **Pathways**, which connects clients in difficult-to-reach populations in the county with resources to improve health outcomes, or **Insurance Enrollment**, which assists community members with applications for Medicaid, Medicare, the New Mexico Health Insurance Exchange, UNM Hospital Financial Assistance and other resources to help pay for the cost of healthcare. At Centro Sávila, this process of initial contact where clients are preliminarily assessed and connected with the appropriate resources and programs is called **triage**. This year, an external consultant, Sandra Mora, has been working with Centro Sávila to streamline and improve the triage process. One of the goals of the triage process, both as it was and as it is now, is to gather the client information needed to assess their situation and connect them to the programs or resources that will be most beneficial without causing client re-traumatization. The focus of this evaluation, therefore, will be to determine how successful Centro Sávila is in achieving this goal, especially as the triage process undergoes changes.

3. Literature Review

Trauma-informed care is a topic in healthcare that is receiving increasing attention in the medical community given current efforts to expand access and treatment to traditionally underserved groups (Ford-Gilboe et al. 2018; Palmieri & Valentine 2020). Despite the popularity of trauma-informed care, there is little information as to any widely-accepted definitions or expected outcomes of trauma-informed *triage* (or first point of contact). The Evaluation Lab is considering this uncharted territory: therefore, a definition for trauma-informed triage processes must be established. The definition for trauma-informed triage used in this evaluation is derived from the following definitions of trauma-informed care:

> "Trauma informed services are those in which service delivery is influenced by an understanding of the impact of interpersonal violence and victimization on an individual's life and development" (Elliot et al. 2005);
>
> "[Trauma-informed care] is a holistic approach aimed at acknowledging the prevalence of trauma, evaluating the effects of trauma on survivors, taking steps to address the trauma, and empowering survivors by providing professional support… [it] is not a list of things to do but rather provides guiding principles for providers to help trauma survivors experience a sense of security and recovery" (Palmieri & Valentine 2020).

Centro Sávila focuses much of their efforts on providing quality mental healthcare to the most underserved communities and populations in Bernalillo County. The populations that receive their services often belong to intersecting marginalized groups. Many of their clients are survivors that have faced re-traumatizing experiences because of their race, country of origin, sexual and gender identities, primary language, degree of poverty, immigration status, insurance coverage status, preexisting physical and mental health conditions, or some combination or intersection of these. People in marginalized groups like those listed above tend to be medically underserved, which is often a result of language barriers, high costs, and stigma (Purkey & MacKenzie, 2019). However, when healthcare is culturally-relevant and accessible (e.g. trauma-informed), marginalized groups who receive that care are more likely to experience improved health outcomes as a result of increased accountability (Ford-Gilboe et al. 2018). The team will use the following ten principles of trauma-informed care posited by Elliot et al. (2005) to guide this evaluation of the triage process:

Principles of Trauma-informed Care

- Recognizes the impact of violence and victimization on development and coping strategies;
- Identifies recovery from trauma as a primary goal;
- Employs an empowerment model;
- Maximizes survivors' choices and control over their recovery;
- Bases treatment in relational collaboration;
- Creates an atmosphere that is respectful of survivors' needs for safety, respect, and acceptance;
- Emphasizes survivors' strengths, highlighting adaptations over symptoms and resilience over pathology;

- Minimizes the possibilities of re-traumatization;
- Strives to be culturally competent and to understand each survivor in the context of their life experiences and cultural background; and
- Solicits consumer input and involve consumers in designing and evaluating services.

Trauma-informed care **recognizes the impact of violence and victimization on development and coping strategies**, understanding that clients may call in or be referred to Centro Sávila as a coping strategy. Typically, the coping strategy is developed by the client to combat the trauma that clients have lived through (Elliot 2005). To **emphasize the clients' strengths**, staff should highlight the adaptations and resiliency of their clients. Programs often focus so heavily on problems that the strengths of survivors are overlooked (Elliot 2005). **Employing an empowerment model** helps to bring power back to clients whereby there is a partnership between the client seeking services and the staff member offering those services, in which both participants are valued for the knowledge base they bring to the problem. Ultimately, that empowerment should expand a client's resource and support network so that they rely less on professional services (Elliot 2005) and feel they have **choices and control over their recovery**. By working collaboratively with the client, staff can help increase access to a conscious choice, where the client sees more of the options available to them and feels a sense of control over important life decisions (Elliot 2005). Elliot et al. emphasizes the need to be **culturally competent** and to understand each client in the context of their life experiences and cultural background. Understanding the influence of someone's culture is essential to making an effective therapeutic connection. Building these relationships between clients and staff will **create an atmosphere that is respectful of survivors' needs for safety, respect, and acceptance**. Through relationship-building, training, and active learning, staff can begin to understand the potential for **re-traumatization** and work actively against it during the provision of services. Finally, the principles of trauma-informed care suggest that the **solicitation of client input and involvement in designing and evaluating services** is of utmost importance: underscoring the value the organization places on their clients' feedback, voice, and needs.

One aspect of trauma-informed care not noted above is that it should **actively work to understand and protect against secondary trauma in staff**. It is well documented that secondary traumatic stress has negative implications for clients as it leads to staff burnout and poorer client outcomes. Elliot et al. recommends providing trainings that raise awareness of secondary traumatic stress; offering opportunities for staff to explore their own trauma histories; supporting reflective supervision, in which a service provider and supervisor meet regularly to address feelings regarding patient interactions; encouraging and incentivizing physical activity, yoga, and meditation; and allowing "mental health days" for staff (Elliot 2005).

4. Context

As noted, Centro Sávila works to decrease health disparities in Bernalillo County by providing several services. One of their most common services is no-cost health insurance enrollment assistance for Medicaid, Medicare, and the New Mexico Health Insurance Exchange. Since this is one of the most common services at Centro Sávila, the UNM Eval team focused their context research on understanding of the health insurance landscape in New Mexico and in the United

States at large. According to US Census data, approximately **9.2% of residents in the United States** do not have health insurance. New Mexico is slightly worse than the national average; there are approximately **10% of residents in New Mexico** that do not have health insurance (Fig. 1).

Furthermore, since Centro Sávila works to decrease health disparities in Bernalillo County, the UNM Eval Team drilled down into health insurance coverage at the county and district levels. Interestingly, Bernalillo County is slightly better than all of New Mexico: **9.7% residents of Bernalillo County** did not have health insurance compared to **10% of all New Mexicans** (Fig 1). However, there are specific areas within Bernalillo County where services are most needed – the South Valley and the International District. The percentage of **people without health insurance in the South Valley is 14%** and in **the International District, 19.9% of people lack health insurance** (Fig. 1). The specific areas Centro Sávila serves within Bernalillo County have some of the highest rates of uninsured people in the whole state, emphasizing the need for their services.

Data also suggest that health disparities exist along racial and ethnic demographics in Bernalillo County. In 2019, **16.2% of Hispanic and Latino respondents** and **14.4% of White respondents** to New Mexico's Behavioral Risk Factor Surveillance System (BRFSS) **reported that they were unable to receive medical care due to its cost** (Fig. 2). Figure 3 illustrates that **25.1% of Hispanic and Latino** residents surveyed reported that they **spent the last six or more days feeling depressed** – an increase from 18.5% in 2018 (data were not available for other races/ethnicities). Health disparities along racial and ethnic are also illustrated in suicide deaths across all of New Mexico. **The rate of Hispanic/Latino suicide deaths has been increasing since 2014-2016**, placing the group at the second highest behind the number of White suicide deaths. These data establish that access to healthcare is difficult for many New Mexicans, and even more so for certain racial/ethnic groups.

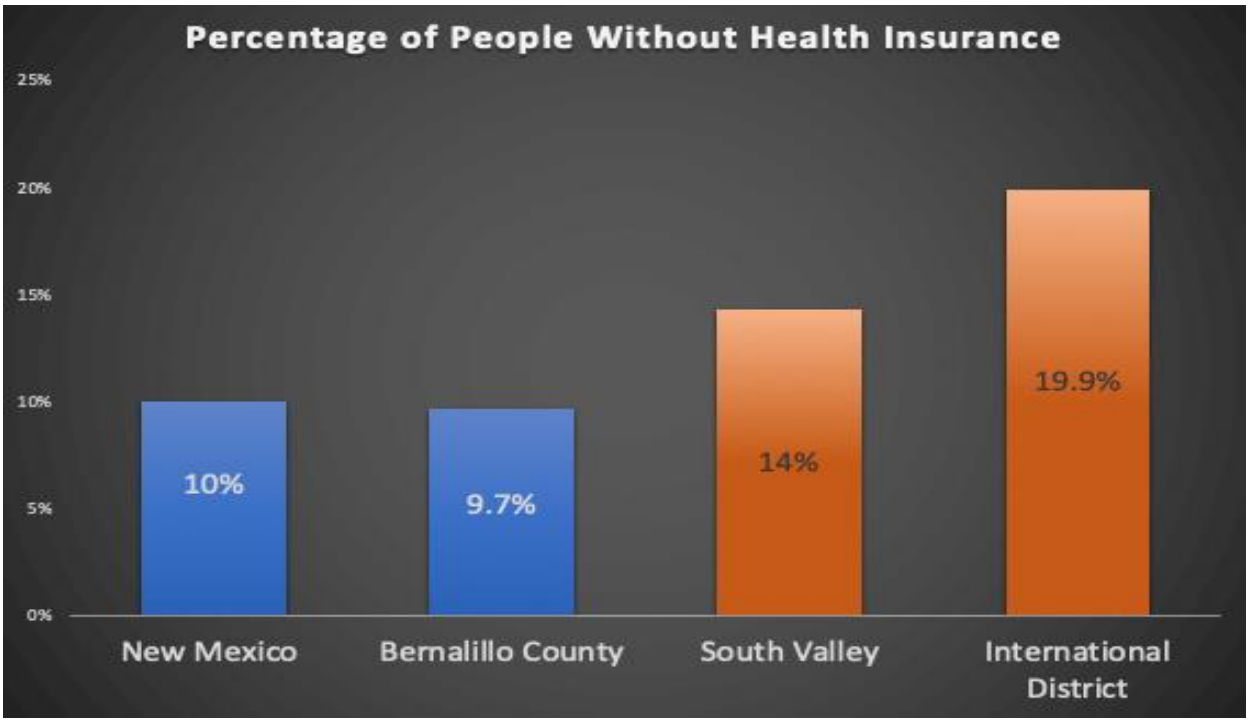

Figure 1. The Percentage of People without Health Insurance in New Mexico, Bernalillo County, South Valley, and International District – Data Source: US Census

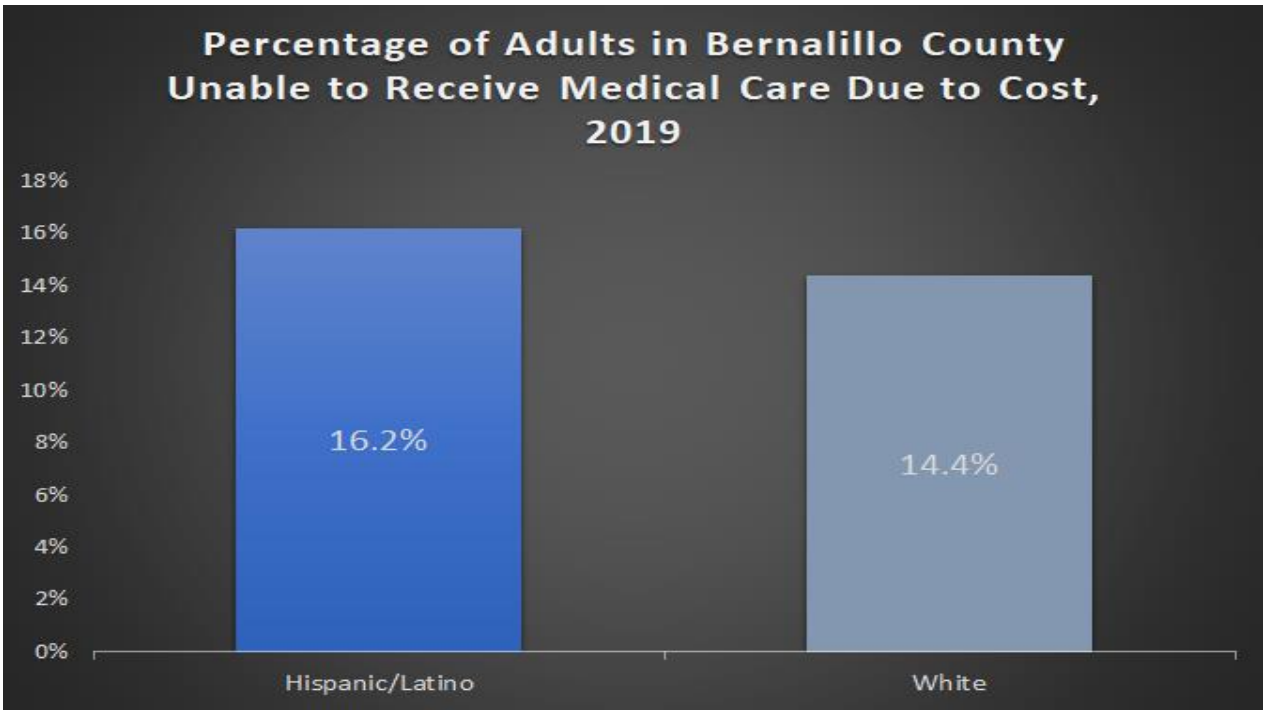

Figure 2. The Percentage of Adults in Bernalillo County Unable to Receive Medical Care Due to Cost. – Data Source: 2019 New Mexico Behavioral Risk Factor Surveillance System (BRFSS)

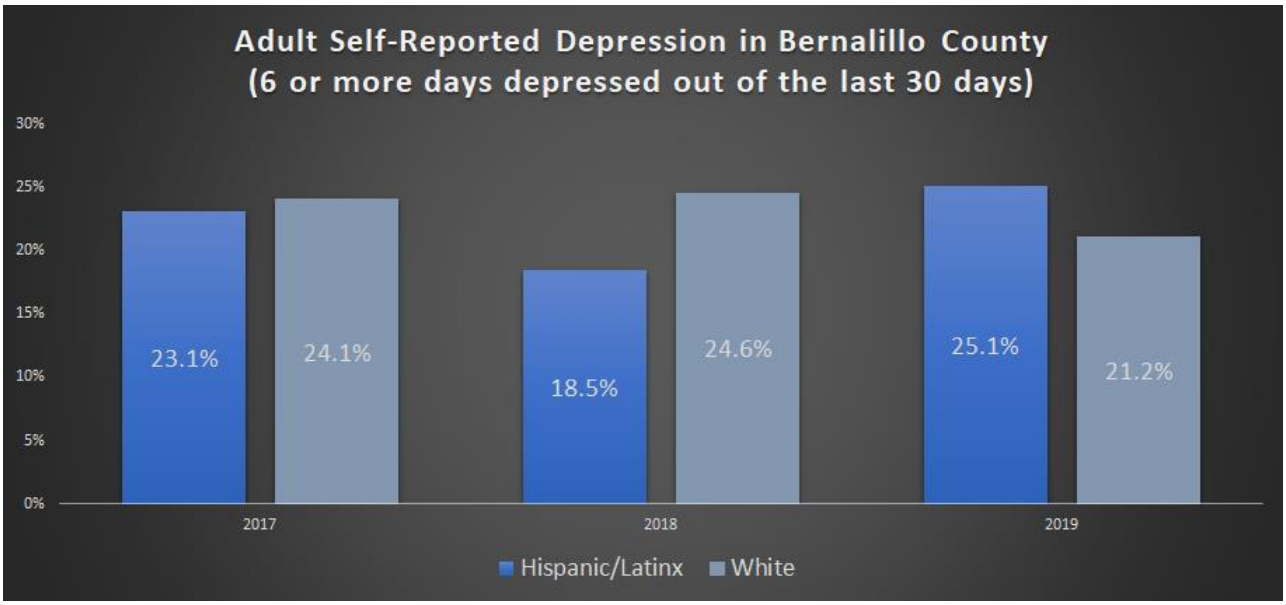

Figure 3. The Percentage of Adults who Reported Six or More Days Feeling Depressed – Data Source: 2019 New Mexico Behavioral Risk Factor Surveillance System (BRFSS)

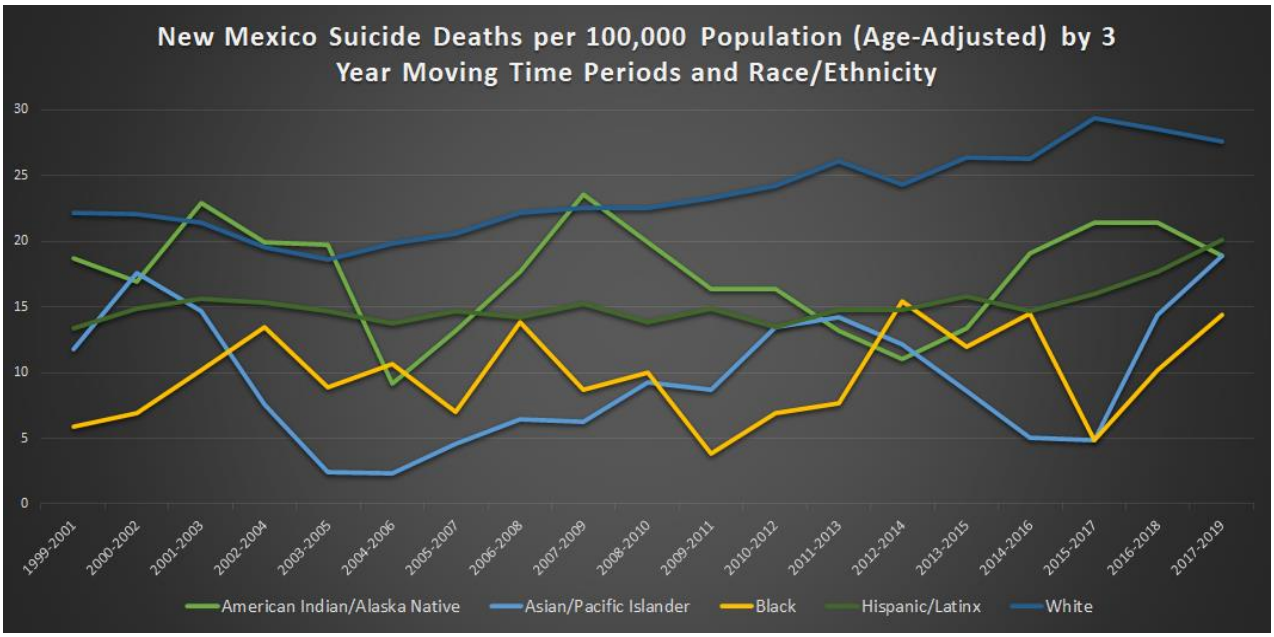

Figure 4. Using 3-year Moving Time Periods, the Number of Deaths by Suicide per 100,000 Population (age-adjusted) by Race/Ethnicity – Data Source: 2019 New Mexico Behavioral Risk Factor Surveillance System (BRFSS)

5. Evaluation Team: UNM Team & Centro Sávila

Evaluation Team:

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Sandra Mora – External Consultant for Centro Sávila

6. Description of Triage, the Evaluation Activities, and Timeline

The purpose of this evaluation is to understand how the triage process is trauma-informed. Triage represents the initial interactions clients have with Centro Sávila staff as they are assessed and placed in the programs that best suit their needs. As previously noted, changes to the triage process are currently underway. These changes are aimed at streamlining the process so that patients are assessed appropriately and in a timely manner. Therefore, this evaluation will cover activities related to the outcome of being trauma-informed and patient-centered within the crisis assessment and triaging stages of initial contact, both as it was and as it currently is.

Description of Triage

The first point of contact typically begins with cold calls and referrals, and those come from a wide array of sources throughout Albuquerque, including the Westside Emergency Housing Center, the Hilton Garden Inn, and the Wellness Hotel. Upon receipt of the referral, clients are screened to determine whether they are in crisis: staff rate whether the client is at high, moderate, or low risk. High risk patients are immediately sent to UNM Hospital for emergency intervention. Moderate and low risk clients remain with Centro Sávila to receive intervention and treatment. The clients in the moderate to low risk range will be referred to another qualified Centro Sávila staff member. This qualified Centro Sávila staff member will call the client back within 48-72 hours to conduct an assessment using the Columbia Suicide Severity Risk (CSSR) Scale and to ask more detailed questions about their situation and determine which program might be most beneficial.

One of the goals within the triage process is to establish the client's self-identified goals and objectives and align them with programs based on their self-identified areas. Clients may also be reconnected with existing services outside of Centro Sávila (based on where they were initially referred from). The two major branches to which clients may be referred to are case management (CM) and clinical services.

The clinical referral may lead to one or more of the following services:

- trauma and client-centered individual, family and group treatment,
- substance use disorder treatment,
- psychoeducation, grief support, parenting and life skills groups, and
- Systems-Involved Youth Support-Critical Time Intervention (CTI).

The case management referral may lead to:

- Pathways to a Healthy Bernalillo County Navigation (Pathways Assessment), and/or
- Peer Support-Comprehensive Community Support Services (Functional Assessment).

Once clients are referred out to the necessary program(s), treatment begins. Goals are established with patients, and those goals are either accomplished, revised, or discontinued before their eventual discharge.

Evaluation Activities to be Conducted by the UNM Eval Team to evaluate whether the triage process is trauma informed:

- Create a triage process logic model that Identifies the following:
    - What are the expected outputs of the triage process?
    - To what extent is the triage process driven by the principles of trauma-informed services?
    - What other principles the organization follows in implementing and designing triage with providers (Behavioral Health, Case management)?
- Collect qualitative data from three focus groups and two interviews to assist in the development of rubrics for key outcomes from the triage process:
    - Client focus group that asks clients to reflect on their experiences with the Centro Sávila triage process
        - This will allow the UNM team to understand how the triage process is perceived by clients and clients' perspective on how to improve the triage process. Clients' experiences will help the UNM team assess if the triage process aligns with the principles of trauma informed practices.
    - Pre-Changes Triage focus group/interview
        - A focus group with (3 or 4) key staff members of the triage team that focuses on crisis assessment and the triage process. This will help the UNM team

understand how triage is (or is not) a trauma-informed process. Ideally, this focus group will be conducted prior to the implementation of triage process changes.

- An interview with the Pathways Navigator will carry a similar focus as the above focus group but will be conducted separately because the Pathways Navigator supervises the triage team and we'd like to encourage open sharing and prevent the possibility of bias in the focus group by keeping these activities separate.
- The experiences of triage team members and Pathways Navigator, as explained in the focus group and interview, will help the UNM team determine whether the process (as it was before changes) is trauma-informed.

- Post-Changes Triage focus group/interview
  - A focus group with (3 or 4) key staff members from the triage team that focuses on crisis assessment and the triage process **after** the new changes have been implemented by Centro Sávila's external consultant. This will help identify how the newly implemented changes lend themselves toward a more trauma-informed process.
  - An interview with the Pathways Navigator will carry a similar focus as the above focus group but will be conducted separately because the Pathways Navigator is the supervisor of the triage team and we'd like to encourage open sharing and prevent the possibility of bias in the focus group by keeping these activities separate.
  - The experiences of the triage team as explained in the focus group and interview, will help the UNM team determine whether the **new** process is trauma-informed and easy to access.

- The focus groups will provide qualitative data on the current status of the triage process of Centro Sávila through the lens of patients, crisis assessment specialists, and the triage team. This data will be compared to how the literature defines trauma-informed services: "those in which service delivery is influenced by an understanding of the impact of interpersonal violence and victimization on an individual's life and development" (Elliot 2005). Based on Elliot (2005), the UNM Eval Team defines trauma-informed services using the following guidelines or principles:
  - Recognize the impact of violence and victimization on development and coping strategies;
  - Identify recovery from trauma as a primary goal;
  - Employ an empowerment model;
  - Maximize survivors' choices and control over their recovery;
  - Base treatment in relational collaboration;
  - Create an atmosphere that is respectful of survivors' needs for safety, respect, and acceptance;

- Emphasize survivors' strengths, highlighting adaptations over symptoms and resilience over pathology;
- Minimize the possibilities of re-traumatization;
- Strive to be culturally competent and to understand each survivor in the context of their life experiences and cultural background; and
- Solicit consumer input and involve consumers in designing and evaluating services.

Through the qualitative data collected in the focus groups, the UNM eval team will evaluate the level to which Centro Sávila's triage process is trauma-informed.

Summary of Proposed Evaluation Activities:

Evaluation question	**Data Sources**
Is the triage process trauma informed?	-Focus group with clients - 2 focus groups with triage team members (3 or 4) - 2 interviews with Pathways Navigator (triage team supervisor)

Timeline

- December 11, 2020: Final evaluation plan deadline
- January – February: Conduct focus groups and interviews
- March 3, 2021: Data analysis deadline
- March 15, 2021: Final iterations of report deadline
- March 17, 2021: Final report deadline

7. References

Elliott, D. E., Bjelajac, P., Fallot, R. D., Markoff, L. S., & Reed, B. G. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. Journal of community psychology, 33(4), 461-477.

Ford-Gilboe, M., Wathen, C. N., Varcoe, C., Herbert, C., Jackson, B. E., Lavoie, J. G., Pauly, B., Perrin, N., Smye, V., Wallace, B., Wong, S. T., & Browne, A. J. (2018). How equity-oriented healthcare affects health: key mechanisms and implications for primary healthcare practice and policy. The Milbank Quarterly, 96(4), 635-671. https://www-jstor-org.libproxy.unm.edu/stable/26567729.

Palmieri, Julia, and Julie L. Valentine (2020). Using Trauma-Informed Care to Address Sexual Assault and Intimate Partner Violence in Primary Care. The Journal for Nurse Practitioners. https://doi.org/10.1016/j.nurpra.2020.08.028.

Purkey, Eva and Meredith MacKenzie (2019). Experience of healthcare among the homeless and vulnerably housed a qualitative study: opportunities for equity-oriented healthcare.

International Journal for Equity in Health, 18(1), 1-7. https://doi.org/10.1186/s12939-019-1004-4.

Saakvitne, K. W., Gamble, S., Pearlman, L. A., & Lev, B. T. (2000). Risking connection: A training curriculum for working with survivors of childhood abuse.