



Information & Referral/Assistance (I&R/A) Intensive for State and Local I&R/A Professionals

National Home and Community Based Services Conference
December 2021

Agenda



Welcome



Part 1: Resources and Updates
from Your National Partners



Part 2: Trauma-Informed Care



Presenters:

Holly Riley, Director of Aging Services Coordination, Texas Health and Human Services

Chelsea Couch, Texercise Program Coordinator, Texas Health and Human Services



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How Texas Supports Person-Centered, Trauma-Informed Care

**Holly Riley, Director of Aging Services Coordination
Chelsea Couch, Texercise Program Coordinator**

GREETINGS *from*



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HOWDY

Y'ALL!

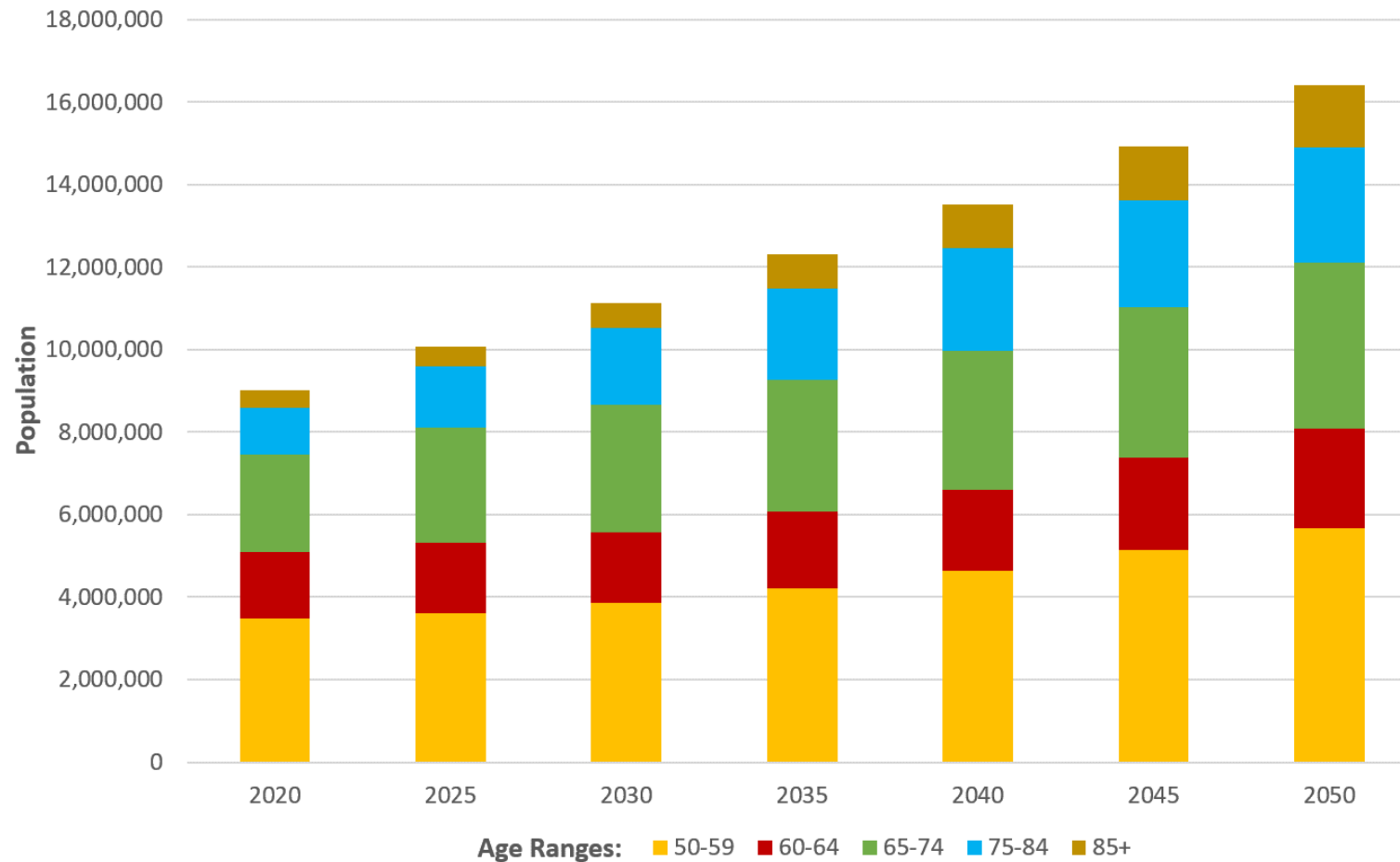
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Projections: Texas Population Age 50 & Older

Texas Projected Population Growth By Age (50+)



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Older Texans Today

- The fastest growing segment of older adults 50+ is the 85 and older age group, projected to reach over 1.5 million by 2050.
- 24% are Hispanic, projected increase to 37.2% by 2030
- 64.3% of Texans 55 to 64 and 19.8% of Texans 65 and older are employed
- 522,543 Texans 60 and older were living in poverty in last 12 months
- 127,690 of Texans 50 and older live in institutional settings, 28.9% of those are age 85 and older



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Texas Health and Human Services

HHS oversees the operation of the health and human services system. HHS has responsibility for strategic leadership, administrative oversight of Texas health and human services system programs, and provides direct administration of some programs.

HHS oversees:

- Eligibility Determination
- Licensing and Regulatory
- System Planning and Evaluation
- Policy Development and Rule-making
- Ombudsman Services
- **Aging Programs**



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Office of Aging Services Coordination

HHS Aging Services Coordination office (ASC) vision is that older Texans have opportunities to age and live well.

ASC supports older Texans in aging and living well through a variety of initiatives including:

- Age Well Live Well
- Aging Texas Well
- CMP Project
- Aging Program Database
- Innovators in Aging
- Opioids and Older Adults
- Texas Talks
- Texercise



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HHS Behavioral Health & Aging Workgroup

The Behavioral Health and Aging workgroup was established with internal and external subject matter experts to support older adult's behavioral health needs through the development and promotions of behavioral health resources, trainings, policies and best practices.



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Behavioral Health & Aging Statistics

- An estimated 15 percent of adults age 60 and over live with a mental health condition.
- Up to 20 percent of older adults misuse some type of substance, including prescription drugs.
- People aged 65 and older account for 17.9% of suicide deaths.



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HHS Behavioral Health & Aging Workgroup

The Behavioral Health and Aging workgroup was established with internal and external subject matter experts to support older adult's behavioral health needs through the development and promotions of behavioral health resources, trainings, policies and best practices. The BHA workgroup currently has four priority focus areas:

1. Social Isolation
2. Peer Support
3. Telehealth
- 4. Holocaust Survivor Resources**



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Behavioral Health & Aging

Person-Centered, Trauma-Informed Care

HHS BHA – Holocaust Survivor Resources

Holocaust survivors endured events and experiences that can affect their long-term health and associated needs, including difficulty accessing long-term services and supports. In 2017:

- There was an estimated 100,000 – 300,000 Holocaust survivors lived in the U.S.
- The Older Americans Act of 1965 was amended to include provisions and guidance to State Units on Aging to use PCTI approaches to greatly improve the overall quality of care and quality of life for Holocaust survivors.



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Older Adults and History of Trauma

- As many as 90% of adults aged 65 and older have experienced at least one potentially traumatic event in their lifetime.
- PTSD may develop after experiencing or witnessing a traumatic event with 8 million adults in the U.S. experiencing PTSD each year.
- Symptoms of trauma can emerge for the first time in older adulthood – decades after exposure to a traumatic event and can be more extreme than previously experienced.



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Impact of Trauma on Health

- People who have experienced trauma or PTSD have higher rates of cardiovascular disease and related risk factors (hypertension, hyperlipidemia, coronary artery disease) and other chronic illness (diabetes, osteoarthritis) as older adults.
- A large VA study indicated that individuals diagnosed with PTSD were twice as likely to develop dementia than those that were not diagnosed with PTSD.



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Uncovering Trauma History in Older Adults

It can be difficult to gather trauma histories from older adults. Older adult survivors of trauma may experience challenges seeking help because:

- May not see the role/impacts of trauma in their health
- May fear the stigma associated with their trauma history
- Healthcare providers may not recognize the signs and symptoms of trauma in older adults
- Healthcare providers may not know how to provide treatment for trauma symptoms
- Limited access to person-centered, trauma-informed care

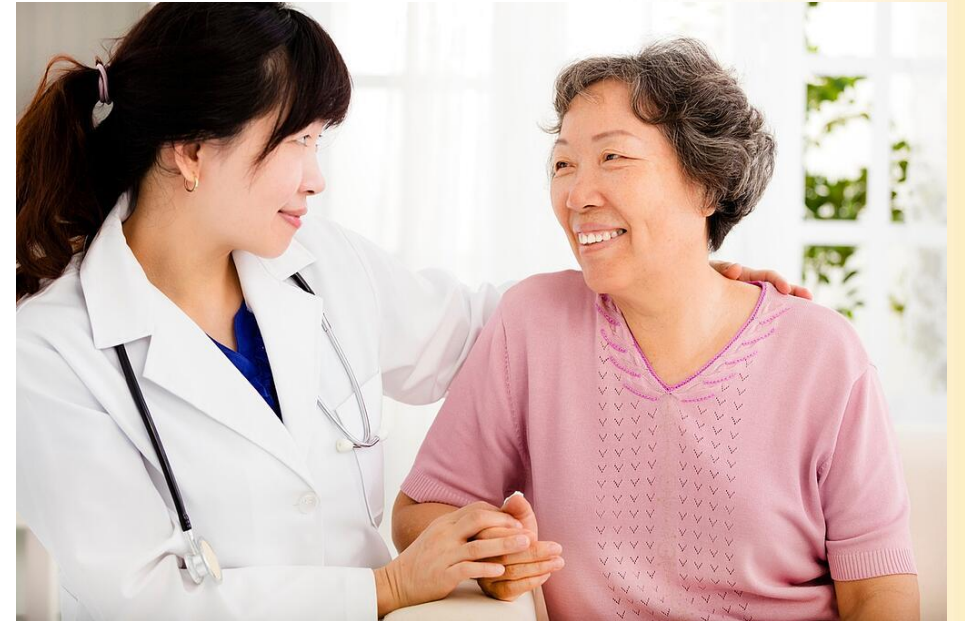


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Person-Centered, Trauma-Informed Care

PCTI care is a holistic approach to service provision that promotes the dignity, strength, and empowerment of trauma victims by incorporating knowledge about the role of trauma in victims. PCTI care can improve patient:

- engagement,
- treatment adherence, and
- health outcomes.



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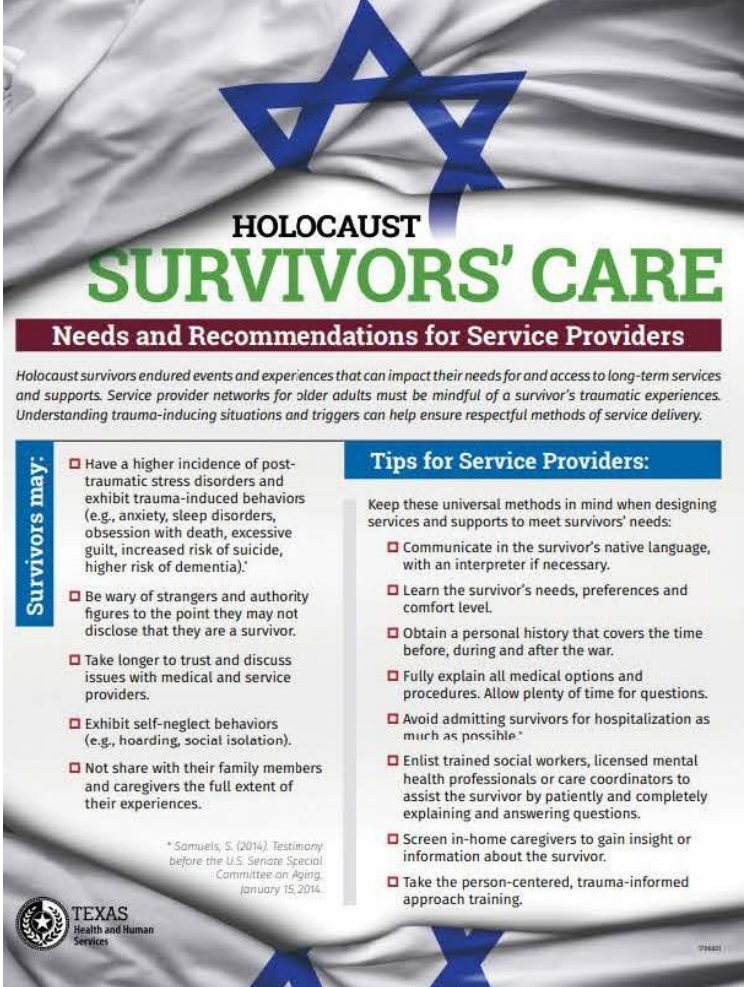
Holocaust Survivor Resources

Texas BHA developed resources to educate providers caring for Holocaust survivors including:

- Dedicated email – Holocaust-Survivor@hhs.Texas.gov
- Fact Sheet – Recommendations for Service Providers
- Three part training series
 - Session I: Introduction to Serving the Holocaust Survivor
 - Session II: Person-Centered Thinking
 - Session III: Trauma-Informed Care



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HOLOCAUST SURVIVORS' CARE

Needs and Recommendations for Service Providers

Holocaust survivors endured events and experiences that can impact their needs for and access to long-term services and supports. Service provider networks for older adults must be mindful of a survivor's traumatic experiences. Understanding trauma-inducing situations and triggers can help ensure respectful methods of service delivery.

Survivors may:

- ❑ Have a higher incidence of post-traumatic stress disorders and exhibit trauma-induced behaviors (e.g., anxiety, sleep disorders, obsession with death, excessive guilt, increased risk of suicide, higher risk of dementia).^{*}
- ❑ Be wary of strangers and authority figures to the point they may not disclose that they are a survivor.
- ❑ Take longer to trust and discuss issues with medical and service providers.
- ❑ Exhibit self-neglect behaviors (e.g., hoarding, social isolation).
- ❑ Not share with their family members and caregivers the full extent of their experiences.

Tips for Service Providers:

Keep these universal methods in mind when designing services and supports to meet survivors' needs:

- ❑ Communicate in the survivor's native language, with an interpreter if necessary.
- ❑ Learn the survivor's needs, preferences and comfort level.
- ❑ Obtain a personal history that covers the time before, during and after the war.
- ❑ Fully explain all medical options and procedures. Allow plenty of time for questions.
- ❑ Avoid admitting survivors for hospitalization as much as possible.^{*}
- ❑ Enlist trained social workers, licensed mental health professionals or care coordinators to assist the survivor by patiently and completely explaining and answering questions.
- ❑ Screen in-home caregivers to gain insight or information about the survivor.
- ❑ Take the person-centered, trauma-informed approach training.

^{*} Samuels, S. (2014). Testimony before the U.S. Senate Special Committee on Aging, January 15, 2014.

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Person-Centered, Trauma-Informed Care

Three-Part Training Series

HHS PCTI Training Series – Session 1

Introduction to Serving the Holocaust Survivor

- Session Goal
 - To provide guidance for the outreach and provision of care to Holocaust Survivors enhancing the service quality and capacity.
- Session Objectives:
 1. Identify the Holocaust survivor population: where and how best to reach out to this population.
 2. Identify barriers to arranging and providing services to this population.
 3. Provide an introduction of the person-centered, trauma-informed approach.



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Session 1 – Topic Areas

Slide 1

- **Relevant definitions**
- **Understanding Survivors**
 - Demographics
 - Geographic location
 - Income level
- **Outreach to survivors**



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Session 1 – Topic Areas

Slide 2

- **Providing Services**

- Barriers to arranging and providing services
- Aging in place
- Specific services
 - Treating chronic health issues
 - Nutrition services
 - Transportation services
 - Caregiving services
 - Housing services



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Session 1 – Case Study

Waterloo Senior Center serves congregate meals from 10:30 a.m. to 1:00 p.m. Some of the congregate meal participants are also Holocaust survivors who may feel triggered by some practices typical with providing congregate meals.



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Session 1 – Case Study

Cont'd

- What should the center do to decrease the possibility of triggering a traumatic response?
 - Ask the congregate meal participants if they have completed the meal before removing the plate.
 - Never clear a survivor's meal before they expressly state they are finished.
 - Never throw away food in front of a survivor. Procuring food can serve as a trigger, reminding the survivor of the deprivation of food in ghettos and concentration camps or hiding in the wilderness.
 - If possible, avoid having participants wait in line. Standing in line for food can be seen as a display of weakness.



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HHS PCTI Training Series – Session 2

Introduction to Person-Centered Planning

- Session Goal:
 - Build information-finding skills that can help you improve quality of life for other people, for example, by gathering information that indicates what is important to a person and what is important for a person. This discovery process leads to finding a balance in service delivery by creating a description of a person that leads to action planning.
- Session Objective:
 1. Describe person-centered planning, person-centered planning concepts.
 2. Describe differences between person-centered planning and traditional planning.
 3. Understand federal regulations relevant to the person-centered planning process and person-centered plan.
 4. Define seven components of person-centered planning.



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Session 2 – Topic Areas

Slide 1

- **Relevant definitions**
- **“Important To” vs. “Important For”**

Important To	Important For
It is important to Francis to talk about cars with his friends because it makes him happy.	It is important for Francis to have transportation to the doctor’s office.
It is important to Danielle to watch her favorite soap opera at noon on weekdays	It is important for Danielle to stay inside between 11 a.m. and 4 p.m. when the temperature is above 85, because she could suffer heat stroke if exposed to too much heat.



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Session 2 – Topic Areas

Slide 2

- **Person-Centered vs. Traditional Planning**

Person-Centered Planning	Traditional Planning
Focuses on the person's life choices and personal aspirations.	Focuses on what often is seen as convenient for the staff or program.
Plans focus on what's important to the person.	Plans focus on what is important for the program.
Any changes in plans are based on the person's wants and needs.	Changes in plans occur as required by program standards and are organizationally focused.
Expectations are defined by the person and are measurable accomplishments.	Expectations are defined by the program and is about the document.



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Session 2 – Topic Areas

- **Person-Centered Planning**
 - Core values
 - Federal regulations
 - Person- Centered Planning Process
 - Person-Centered Components



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Session 2 – Case Study

John is a person who, like other veterans, does not like talking about his involvement in World War II. He loves watching the news and his favorite shows on television, spending time with his family, going out for coffee with friends, and taking afternoon naps. He reports he does not hear as well as others and uses a wheelchair when on what he calls “long adventures from home”.



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Session 2 – Case Study Cont'd

- From this case study, what is important to John?
 - His family
 - Coffee with his friends
 - Ability to watch his favorite shows and take an afternoon naps.



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HHS PCTI Training Series – Session 3

Trauma-Informed Care

- Session Goal:
 - To understand the effects trauma has on human developmental processes and learn strategies to incorporate trauma-informed care into services.
- Session Objectives:
 1. Increase knowledge on the impacts of trauma in the adult and aging population
 2. Increase understanding of trauma-informed care and how to incorporate a trauma-informed care framework in services for older adults
 3. Learn strategies to engage older adults affected by trauma and recognize signs of trauma in this population

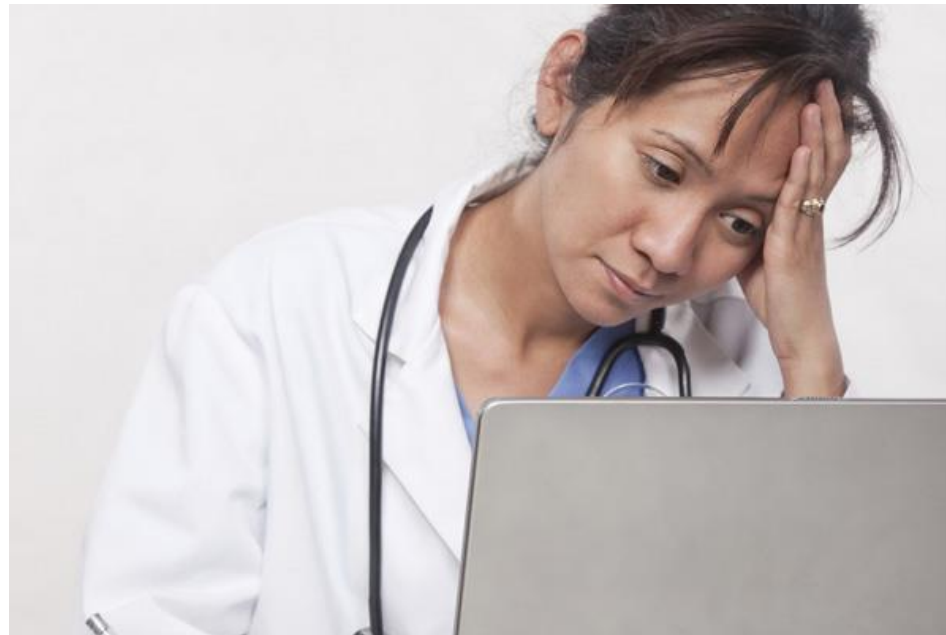


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Session 3 – Topic Areas

Slide 1

- **Relevant Definitions**
- **Provider Stress**



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Session 3 – Topic Areas

Slide 2

- **Trauma and Traumas Impact**
 - Individual Perception
 - Adversities and Reminders
 - Signs and Common Responses
 - Impact of Trauma



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Reactions		
Fight	Flight	Freeze
Signs & Common Responses		
Physical		
Difficulty sleeping/nightmares, physical complaints, lack of appetite, sweating, changes in body temperature, changes in heart rate and STD or infections in genital area		
Developmental		
Regression in behavior, loss of abilities and changes in roles		
Cognitive		
Intrusive memories of the event and distorted beliefs or thoughts		
Behavioral		
Outbursts or hostility, difficulty concentrating, withdrawal from others or activities, avoidance of scary situations or people, re-enacting the event through complex behavior and increase in substance use		
Emotional		
Difficulty regulating emotions, guilt, shame, anger, depression, anxiety or nervousness, easily startled and numbing		

Session 3 – Topic Areas

Slide 3

- **Trauma-Informed Care**
 - Framework
 - Transformation levels
 - SOS Focus Strategy
 - Relating to Older Adults
 - Trauma-Informed vs Trauma-Focused
 - Trauma-Informed Care Principles
 - Rethinking Daily Operations
 - Domains of Implementation



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Session 3 – Case Study

Jane is 75 and a survivor of domestic violence. She recently moved into an assisted living facility that offers daily group activities and outings. The Activity Director noticed Jane does not attend any of the social gathering.



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Session 3 – Case Study

Answer

- What can the Activity Director do to provide Jane with activities that are sensitive to her trauma?
 - Make sure all the assisted living facility department staff are trained in TIC
 - Talk with Jane to see what she likes to do and what she is comfortable doing
 - Provide Jane with the safety she needs to be engaged
 - Be open and transparent with the expectations and outcomes
 - If Jane wants, provide peer support
 - Make Jane part of the planning process
 - Give Jane a voice and choices
 - Be aware of cultural, historical and gender issues that could also impact Janes choices.



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HHS PCTI Training Series – Next Steps



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Thank You!