



Welcome to Behavioral Health Technical Assistance (BH TA) Integration of Oral Health and Behavioral Health Virtual Learning Collaborative

Supported by the HRSA Bureau of Primary Health Care (BPHC), Office of Quality Improvement (OQI)

Vision: Healthy Communities, Healthy People





Trauma-Informed Care (TIC): Creating Partnerships for Better Oral Health

Selynn Edwards, DMD

Tamanna Tiwari, BDS, MDS, MPH

Amber Murray, BSN, MA—Deputy Project Director and Facilitator

Wednesday, April 12th, 2023, from 1:00 – 2:30 p.m. ET

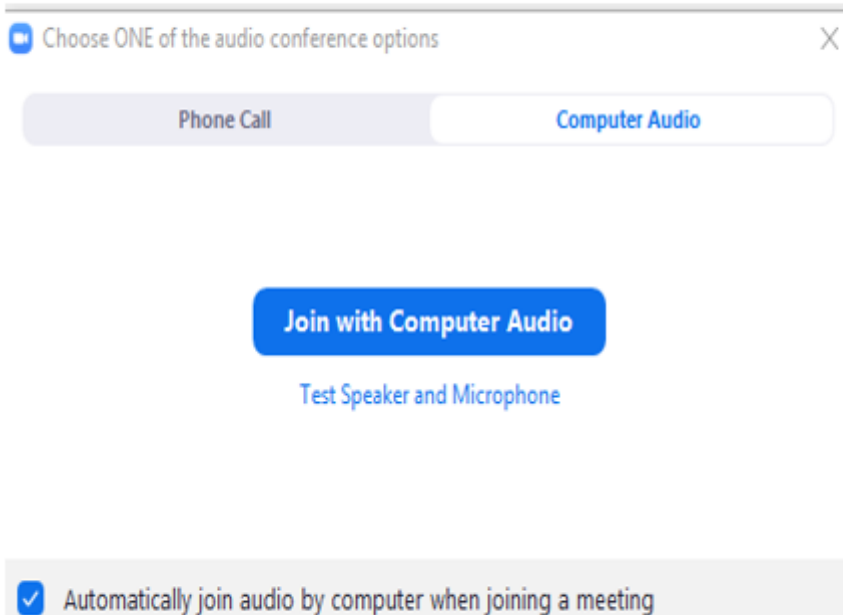
Vision: Healthy Communities, Healthy People



Housekeeping—Connecting to Audio

By computer:

- Click **Join with Computer Audio**.



Choose ONE of the audio conference options

Phone Call Computer Audio

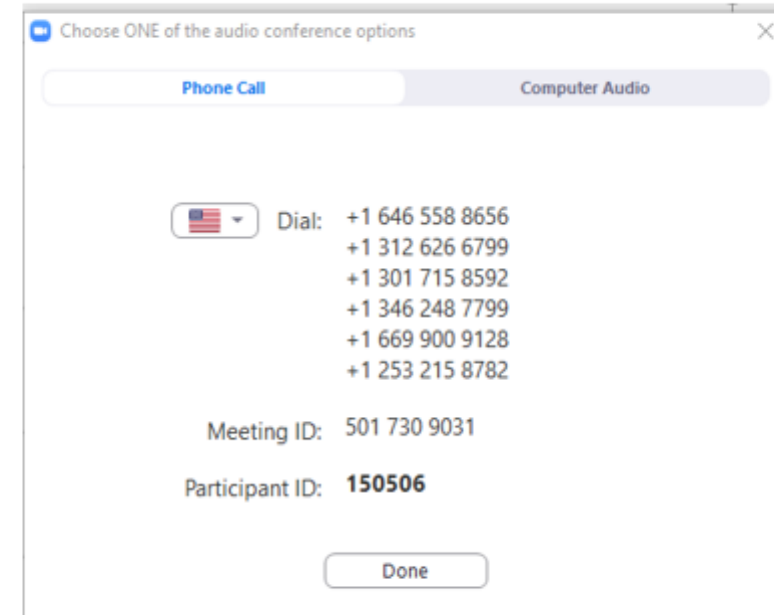
Join with Computer Audio

[Test Speaker and Microphone](#)

☒ Automatically join audio by computer when joining a meeting

By phone:

- Click the **Phone Call** tab, dial a listed phone number, and enter **Meeting ID** and **Participant ID**.



Choose ONE of the audio conference options

Phone Call Computer Audio

Dial: +1 646 558 8656
+1 312 626 6799
+1 301 715 8592
+1 346 248 7799
+1 669 900 9128
+1 253 215 8782

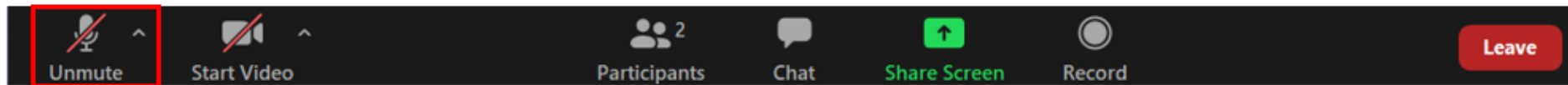
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Participant ID: **150506**

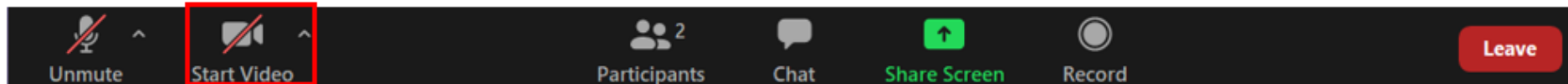
Done

Housekeeping–Zoom Participation

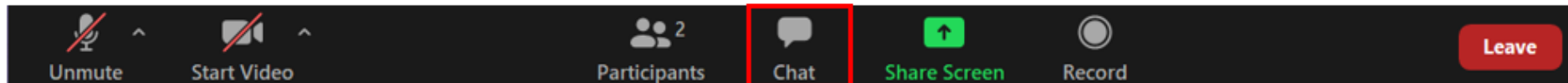
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- We encourage everyone to keep their video enabled. Click **Start Video** to join by webcam.



- To ask a question using the **Chat** feature, click the **Chat** icon located at the bottom center of your Zoom window.



Continuing Education Credits (CEs) for Oral Health Professionals

- We are offering **1.5 CE credits** for your attendance at today's session from the University of Colorado School of Dental Medicine.
- The University of Colorado School of Dental Medicine (CU-SDM) is an ADA CERP Recognized Provider.*



*ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. CU-SDM designates this activity for 1.5 continuing education credits.

CEs for Behavioral Health and Other Healthcare Professionals

- We are offering **1.5 CE credits** for your attendance at today's session.
- You **must** complete the Health Center Satisfaction Assessment to be eligible for CEs.
- **CE credits will be distributed within 3 weeks after the event.**



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.



JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.

Virtual TA: Presenter and Facilitators



Presenter:
Selynn Edwards, DMD
Dental Director
Clackamas County Health Center



Facilitator:
Tamanna Tiwari, MPH, MDS, BDS
University of Colorado
School of Dental Medicine



Facilitator:
Amber Murray, BSN, MA, PMP
Deputy Project Director
JBS International, Inc.



Team-Based Trauma-Informed Oral Health Care

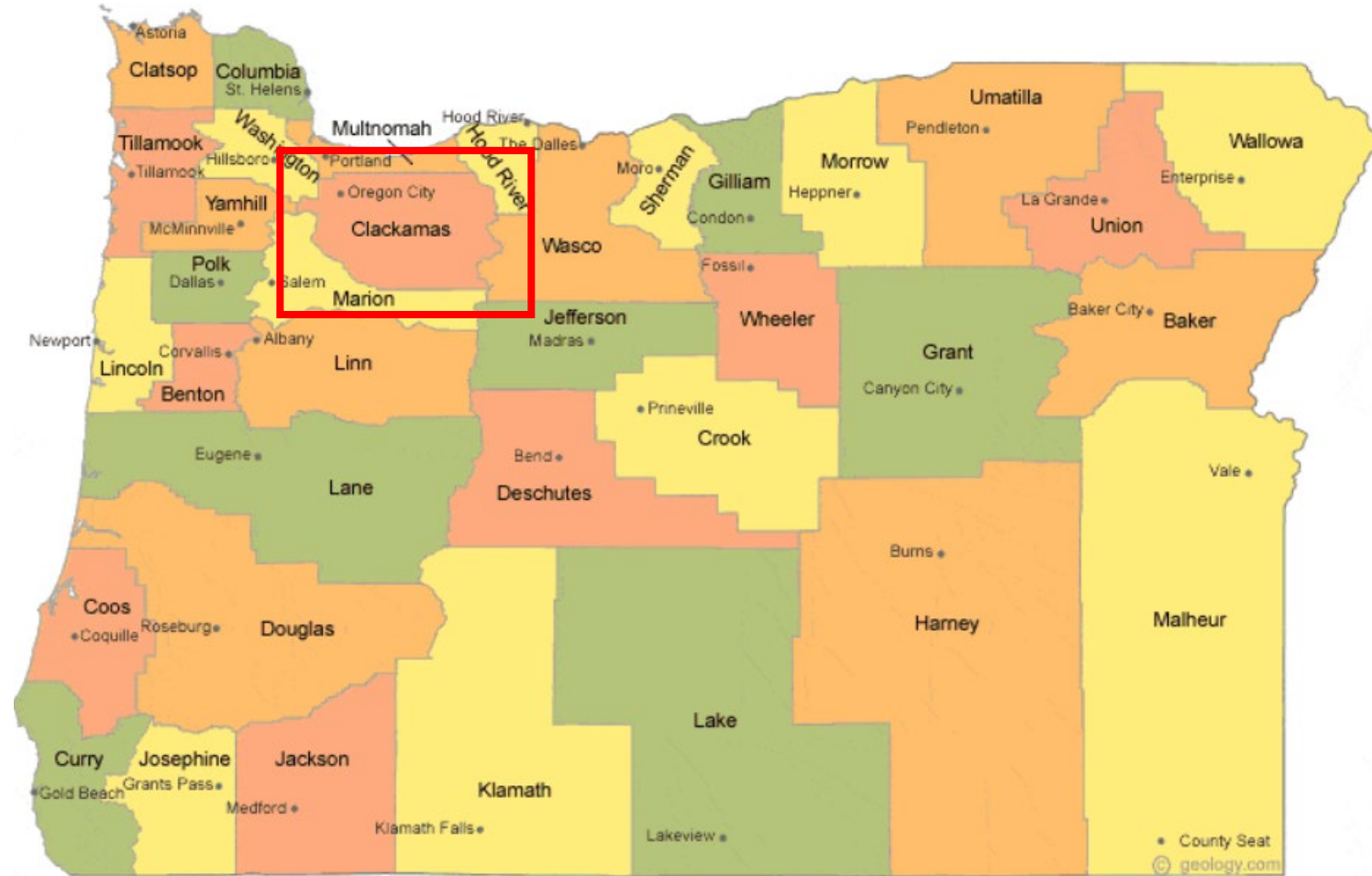


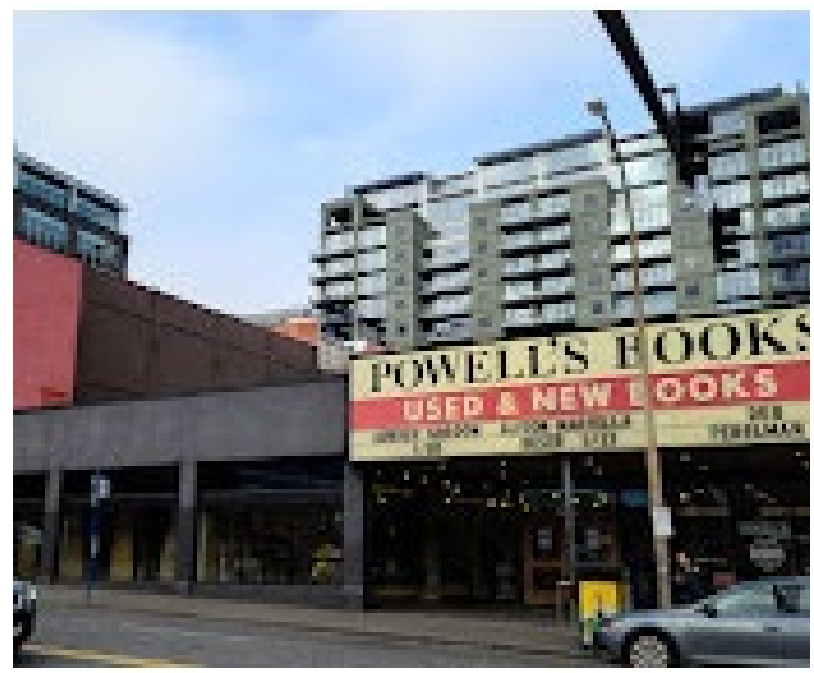
Vision: Healthy Communities, Healthy People



About Clackamas County

- One of 36 counties in Oregon
- 1,879 square miles
- Estimated population of 421,000
- Northwest section of Clackamas County is part of the urban Portland metropolitan area
- Northeast are more rural areas of Sandy, Estacada, and Eagle Creek and communities on Mount Hood corridor





Clackamas Health Centers: Who We Are



Medical Care



Dental Care



Mental Health

Clackamas Health Centers: Locations

Our Health Centers



Beaver Creek Health
Center



Gladstone Health Center



Hilltop Behavioral
Health Clinic



Sandy Behavioral Health
Center

We provide exceptional patient care by integrating a universal trauma-informed approach and focusing on whole body health.

Our mission is to serve our community, reduce barriers to health, and improve lives.

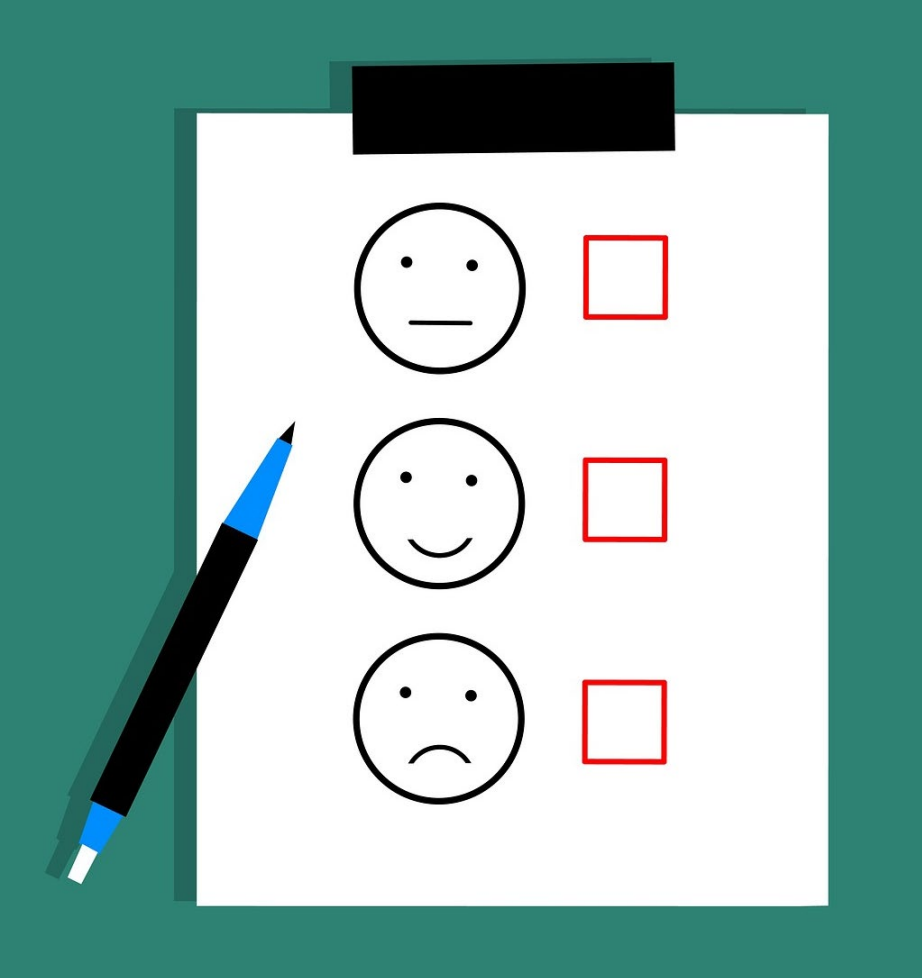


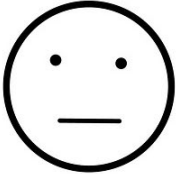


Assessing Patient Perceptions about Dental Care

How do you feel at the dental office while waiting for the dentist?

www.menti.com

59 72 23 7



	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Why Team-Based Trauma-Informed Oral Health Care?

- Health care is changing; we are part of that change.
- Trauma is pervasive in the communities we serve and the staff who serve them.
- We aim to close care gaps!
- Reducing oral health disparities is central to the overall goal of improving population health.
- All interventions taken probably have ripple effects across other social determinants of health and benefits to future generations.

Social Determinants of Health



Where Do We Start?



Looking beyond our own expertise.



Asking questions.



Asking for help.

- **Workgroup**—critical component of our success
- Trauma-Informed Care (TIC) 101/201 Training
- **Electronic Health Record (EHR) Support**
- Quality Improvement (QI) Department for **reports and accountability**
- **Co-located services and collaboration** from all lines of business. What makes sense for dental does not always make sense for BH.

Our Workgroup and TIC Champions



Project Lead

Selynn
Edwards,
Dental
Director



TIC Trainer

Erica
Thygesen,
Addictions
Counselor



Clinical
Champions

Shawnee
Adams,
Expanded
Functions
Dental Assistant

Kelli Scott,
EPDH



Dental
Champion

Ruth
Mercado,
Dental
Navigator



Data/
Deliverables
Guru

Melanie,
Pascual, QI
Policy Analyst

Goals for Our TIC Workgroup

Create

Create Safe Context:

- Safety—physical and psychological
- Transparency and trustworthiness

Restore

Restore Power:

- Peer support
- Responding to cultural, historical, and gender issues

Promote

Promote Self-Worth:

- Empowerment, voice, and choice
- Collaboration and mutuality

Goals of Our Workgroup

acceptance

mindful
positive
connections
change
appreciation
strive for more
personalized treatment
breaking down barriers
whole body health
patient friendly
enthusiasm
new pathways
inspired
impact

innovation
momentum



How Did We Get There?

Monthly reports to clinics

Staff engagement

Core decision-making body

Staff environmental assessments

Comfort items

TIC Champions who keep our focus



Environmental Assessment

How Does Our Space Feel to Patients and Staff?

The Initial Greeting

- Welcome sign posted?
- Initial greeting welcoming?
- Language sign?

The environment

- Comforting music?
- Soothing smells?
- Soothing/calming paint colors?
- Safe and non-institutional carpet/flooring?
- Plants?
- Natural or soothing lighting?
- Empowering, hopeful, culturally diverse, recovery-focused artwork?
- Comfortable furniture?

Comments about the lobby

Comments about the office space

Additional observations?

Recommendations?



Additional Data Sources



Patient surveys:
satisfaction and
experience



Patient comment
cards



Patient feedback
sessions (“Lunch
and Listen”)

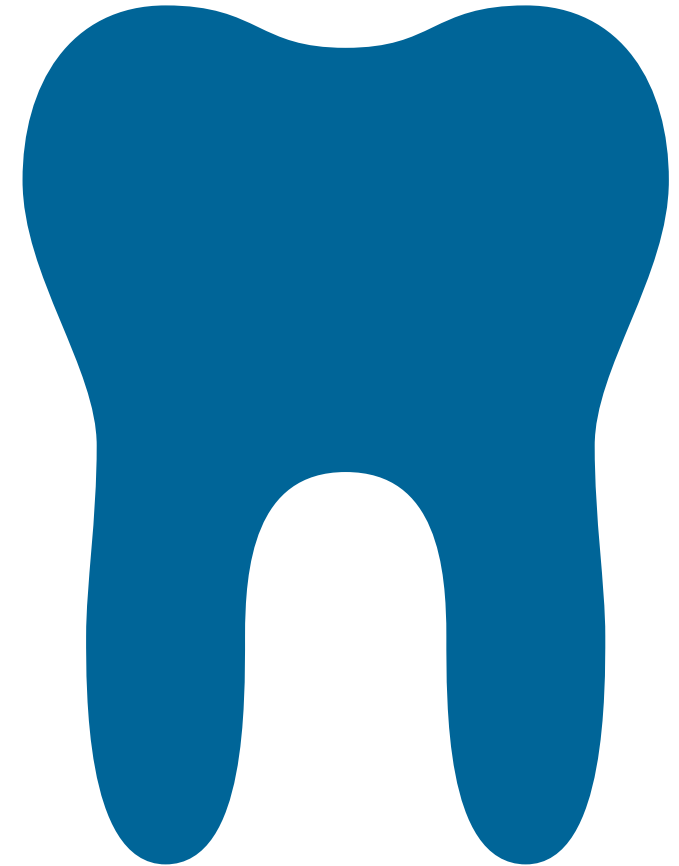


Staff survey:
satisfaction

We asked our patients. We asked ourselves. And we LISTENED.

Everyday conversations with patients informed us that:

1. People do not like coming to see the dentist.
(Why not?)
2. The dental office is not “friendly” or “welcoming.”
3. People do not like being lectured.
4. The sounds coming from the dental office are not pleasant.
5. People have had bad experiences at the dentist.



And then we made changes . . .

- Added a freshen-up station
- Added a bookcase and books our little ones could take home
- Used our second screen for:
 - A calming picture
 - A video for younger patients

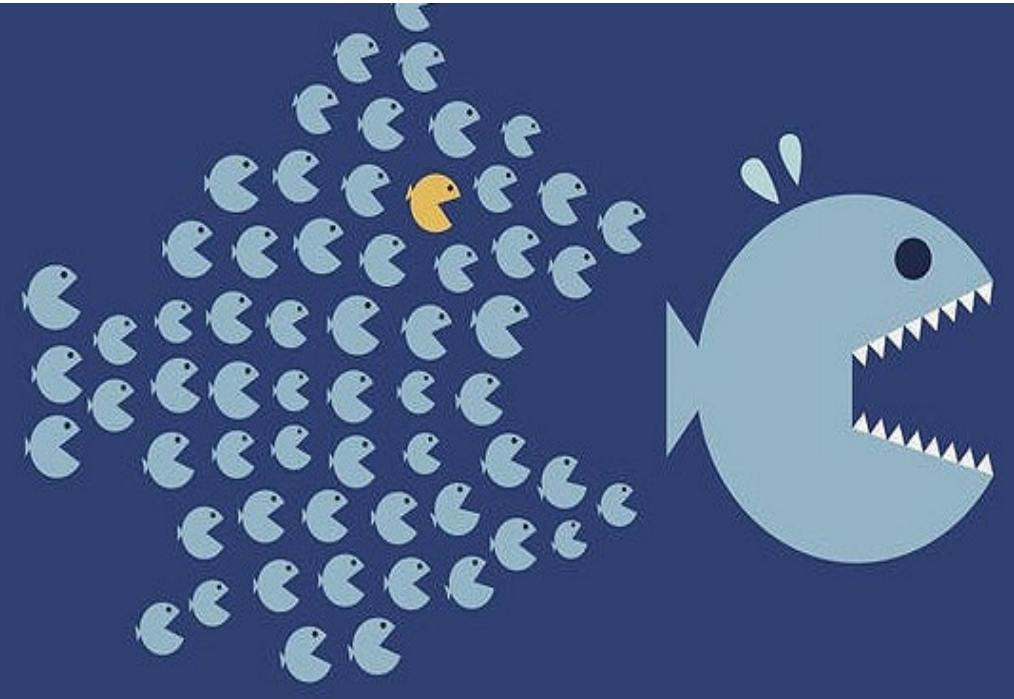


We offer comfort items . . .

- Squeeze ball, blanket, lip balm
- Soft bench for waiting family members
- Plants to make the space more welcoming
- Music
- Darkened safety glasses



What We Learned From Creating the TIC Champions



- The power of engaged leadership
- Preparation begins long before the first meeting
- The dance between relationships and deliverables

Providers Trainings To Address Health Disparities & Trauma

- Trainings:
 - Health Disparities
 - TIC
 - Motivational Interviewing

Health disparities are preventable differences in the **burden of disease, injury, violence, or opportunities to achieve optimal health** that are experienced by **socially disadvantaged** populations.

This is our job as a Federally Qualified Health Center (FQHC). This is our community.

A 2021 Report from HHS National Institute of Dental and Craniofacial Research, “Oral Health in America: Advances and Challenges” highlights oral health as a major component of general health and well-being.

Reducing oral health disparities and acknowledging trauma is central to the overall goal of improving population health.



Screening for Dental Trauma: The Tip of the Iceberg

Basic principles of trauma-informed care and trauma-informed systems



Realize: Traumatic events are prevalent, and the impact of trauma is widespread.



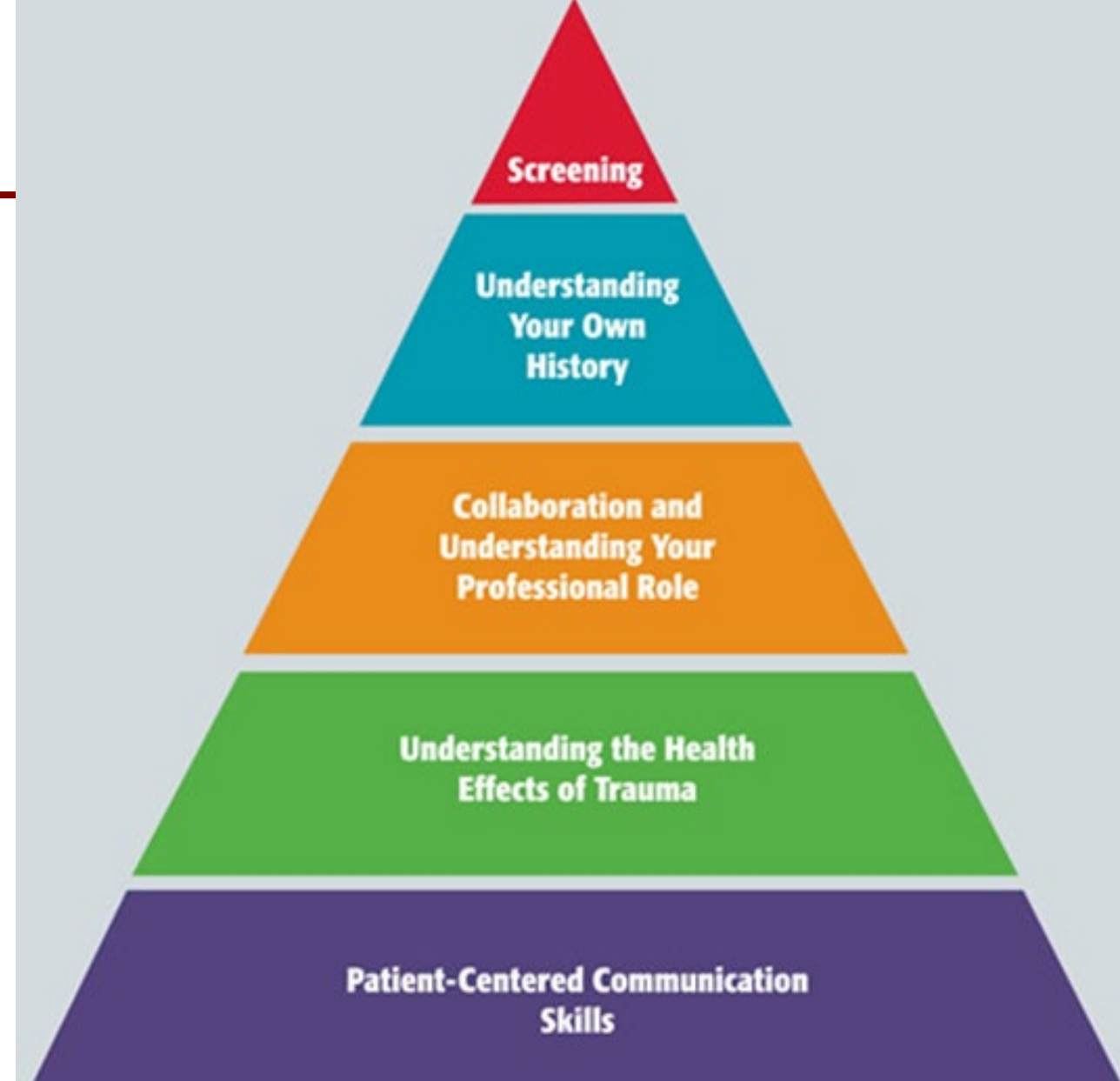
Recognize: Signs and symptoms of trauma



Respond: Integrate knowledge of trauma into policies, procedures, and practice.



Resist
Re-traumatization



TIC Strategies to Address Health Disparities

- Use trauma-informed lens: anxiety may be at root of behavior that prevents patients from accessing care or completing treatment
- Introduce BH services to populations that may typically be reluctant to access that care due to stigma
- Remove barriers for patients seeking care: co-located services to schedule directly into other health care areas
- Experiences early in life can impact health over a lifetime and across generations, particularly around dental-related anxiety.
- We believe TIC is one of the most important strategies.
 - Predictor of so many health and social outcomes
 - Ways we provide TIC: Baby Day, First Tooth, Gladstone Dental Clinic, Early BH interventions

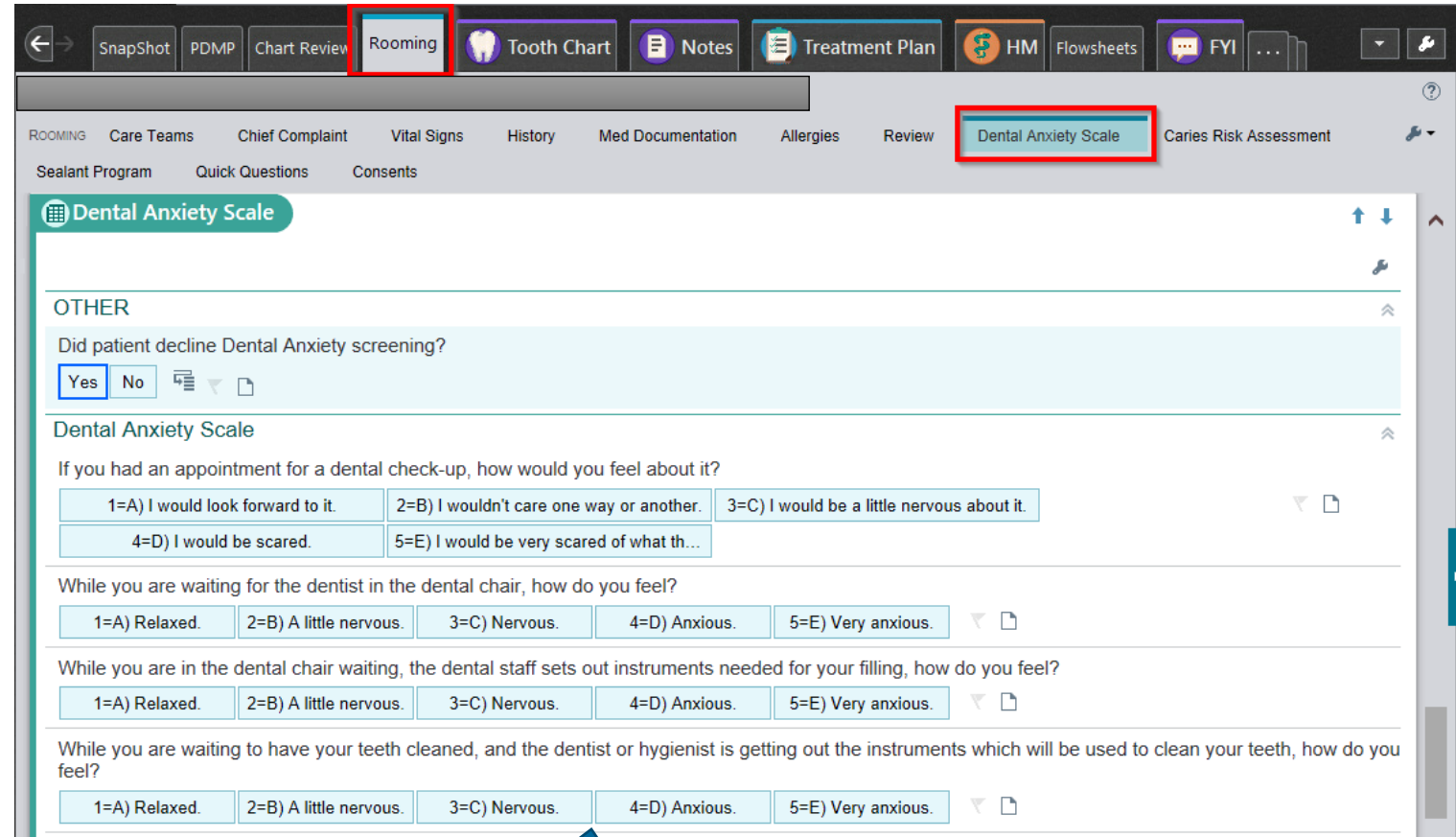


Driven by Data: Dental Anxiety Scale (DAS) Questionnaire

Dental Anxiety Scale

Name _____ Date _____

1. If you had an appointment for a dental check-up, how would you feel about it?
 - a. I would look forward to it.
 - b. I wouldn't care one way or the other.
 - c. I would be a little nervous about it.
 - d. I would be scared.
 - e. I would be very scared of what the dentist will be doing.
2. While you are waiting for the dentist in the dental chair, how do you feel?
 - a. Relaxed.
 - b. A little nervous.
 - c. Nervous.
 - d. Anxious.
 - e. Very anxious.
3. While you are in the dental chair waiting, the dental staff sets out instruments needed for your filling, how do you feel?
 - a. Relaxed.
 - b. A little nervous.
 - c. Nervous.
 - d. Anxious.
 - e. Very anxious.
4. While you are waiting to have your teeth cleaned, and the dentist or hygienist is getting out the instruments which will be used to clean your teeth, how do you feel?
 - a. Relaxed.
 - b. A little nervous.
 - c. Nervous.
 - d. Anxious.
 - e. Very anxious.



The screenshot shows a dental software interface with the following elements:

- Top Navigation Bar:** Includes tabs for SnapShot, PDMP, Chart Review, Rooming (highlighted with a red box), Tooth Chart, Notes, Treatment Plan, HM, Flowsheets, FYI, and a help icon.
- Sub-Navigation Bar:** Includes tabs for ROOMING, Care Teams, Chief Complaint, Vital Signs, History, Med Documentation, Allergies, Review, Dental Anxiety Scale (highlighted with a red box), and Caries Risk Assessment.
- Questionnaire Content:**
 - OTHER:** A section for declining screening with "Yes" and "No" buttons.
 - Dental Anxiety Scale:** A section containing four questions with corresponding response options:
 - Question 1: "If you had an appointment for a dental check-up, how would you feel about it?" with options 1=A) I would look forward to it., 2=B) I wouldn't care one way or another., 3=C) I would be a little nervous about it., 4=D) I would be scared., and 5=E) I would be very scared of what th...
 - Question 2: "While you are waiting for the dentist in the dental chair, how do you feel?" with options 1=A) Relaxed., 2=B) A little nervous., 3=C) Nervous., 4=D) Anxious., and 5=E) Very anxious.
 - Question 3: "While you are in the dental chair waiting, the dental staff sets out instruments needed for your filling, how do you feel?" with options 1=A) Relaxed., 2=B) A little nervous., 3=C) Nervous., 4=D) Anxious., and 5=E) Very anxious.
 - Question 4: "While you are waiting to have your teeth cleaned, and the dentist or hygienist is getting out the instruments which will be used to clean your teeth, how do you feel?" with options 1=A) Relaxed., 2=B) A little nervous., 3=C) Nervous., 4=D) Anxious., and 5=E) Very anxious.



DAS: Part of Routine Workflow for All New Patients and Recalls

- Built into our Rooming tab
- Right next to Caries Risk Assessment
- Just as important as assigning a care team and assessing caries risk
- Incorporated into our annual provider chart reviews

Interventions ⌵

Warm Introduction to BHC Services and code TT010?

⌵ 📄

Offered BHC appointment?

⌵ 📄

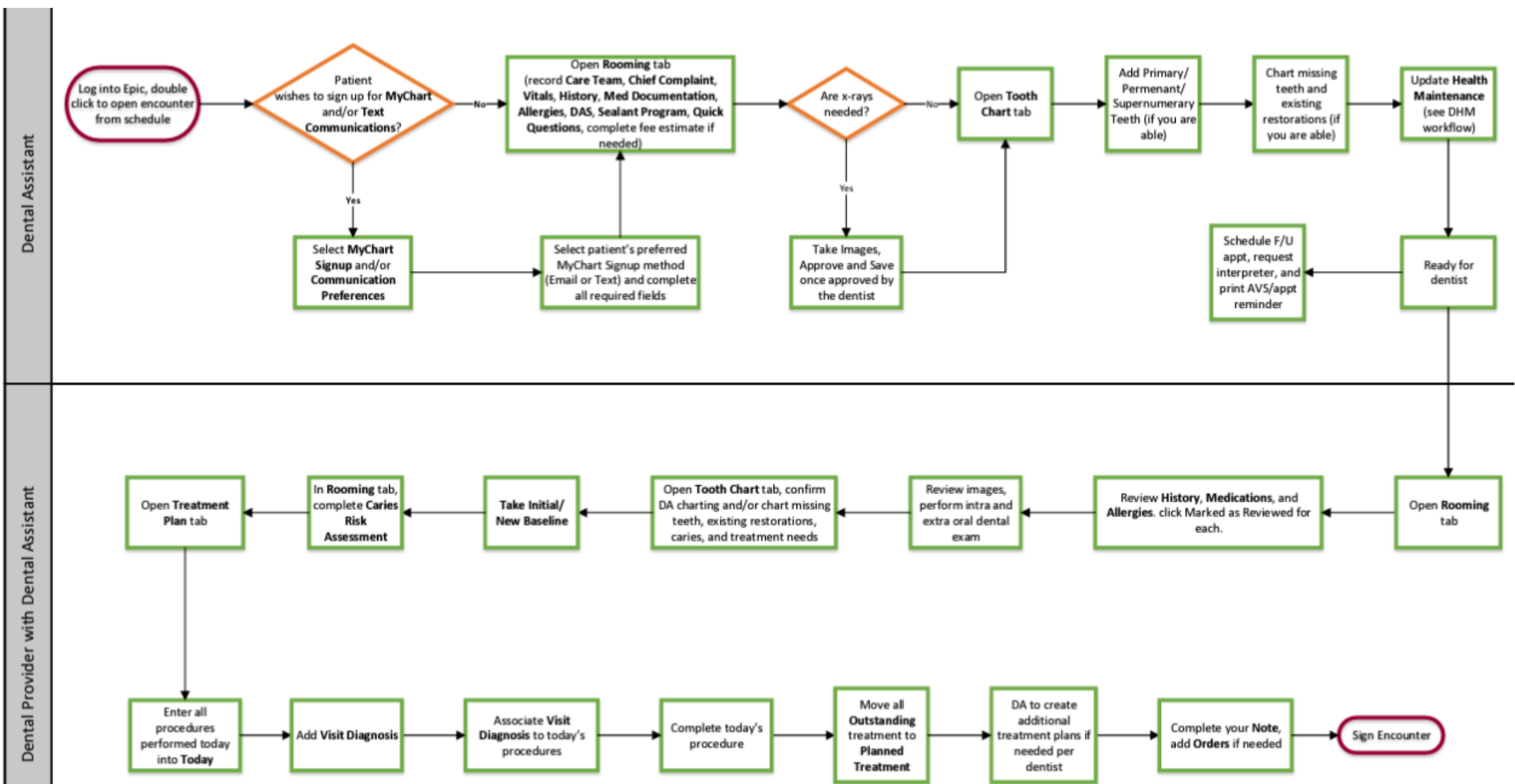
Scheduled BHC appointment and code TX0998?

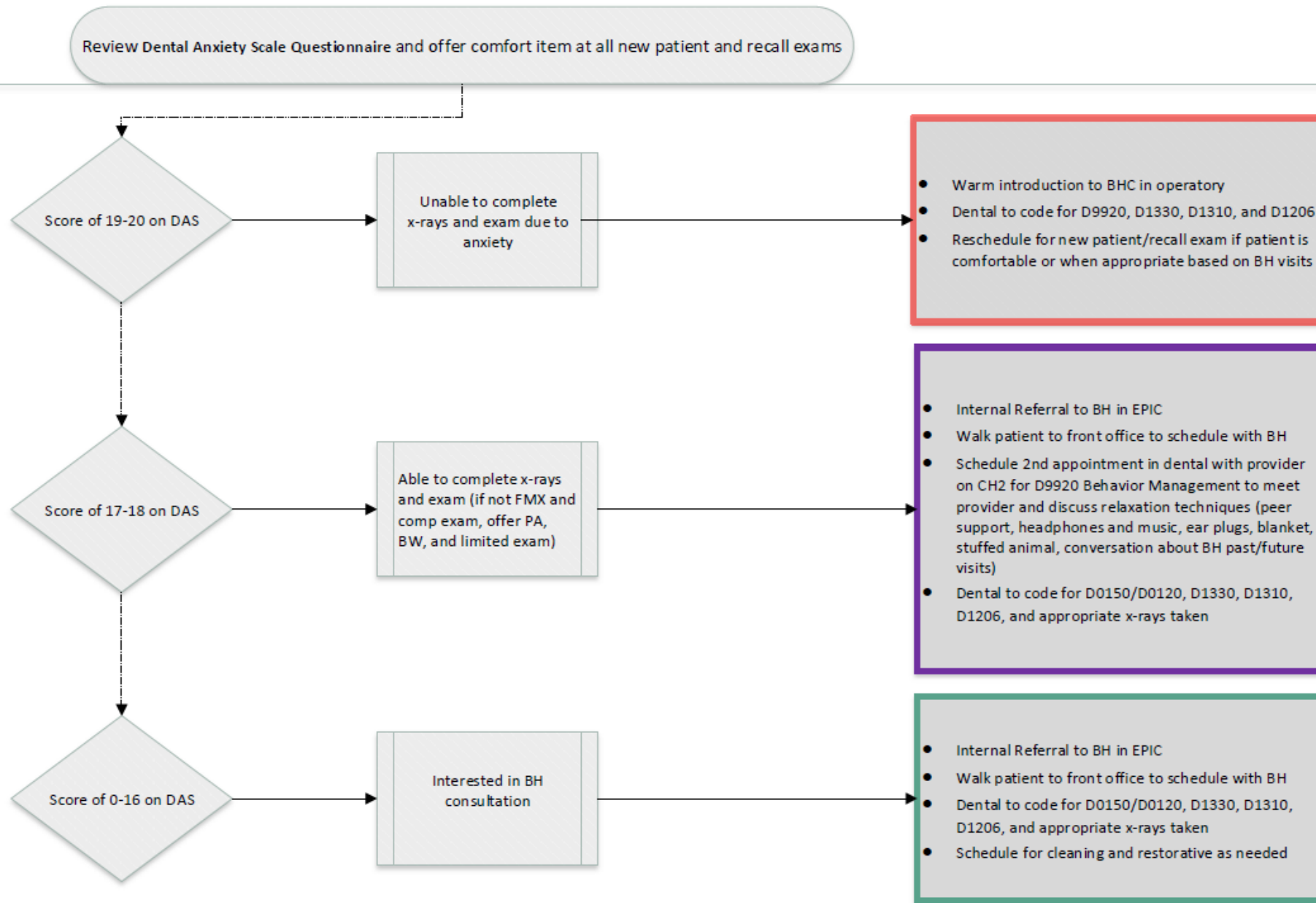
⌵ 📄

Scheduled 2nd appointment in dental on Chair-II for D9920 to meet provider and discuss relaxation techniques

⌵ 📄







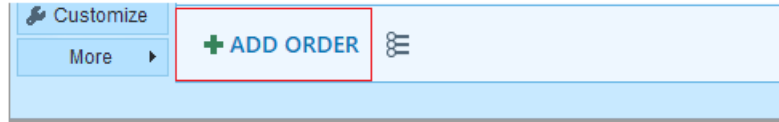
What Do We Do When We Identify an Anxious Patient?

Internal Referrals to BH . . . Who Manages These?

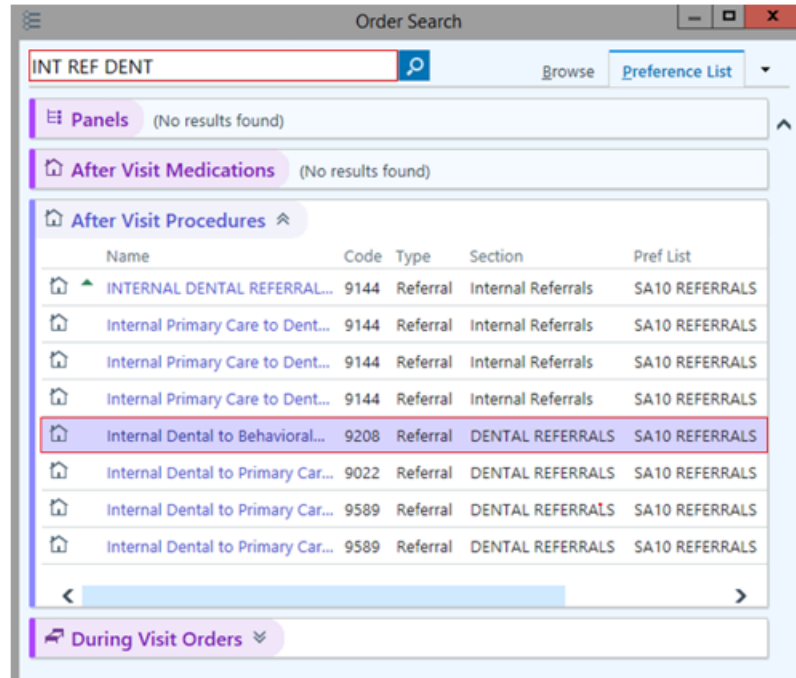
Ordering an Internal Referral to Behavioral Health in Epic

Orders can only be placed within an Encounter. Any open encounter will have an Add Orders option on the lower left corner of the encounter.

1. Click, Add Order



2. Search for the whole list by typing: INT REF DENT in the Add Orders box
3. Select, **Internal Dental to Behavioral Health Referral**



4. Complete the variables within the Comments section of the referral (use f2)

A screenshot of the 'Internal Dental to Behavioral Health Referral' form in Epic. The form has a blue header with 'Internal Dental to Behavioral Health Referral' and 'Accept'/'Cancel' buttons. The 'Last Resulted:' field shows 'Order ID [9208]'. The 'Class:' field is set to 'Internal Ref' with a dropdown arrow. The 'Referral Priority:' field has buttons for 'Routine', 'Elective', 'Emergency', 'Routine' (selected), 'Urgent', and 'No Follow-up Needed'. The 'Comments:' field contains the text: 'Refer to Behavioral Health due to dental anxiety issues. Possible behavioral health visit prior to dental for relaxation and coping techniques.' Below the comments, there is a section for 'What is your specific consult question for the specialist?'. The 'Referral:' section has fields for 'Location/POS:', 'From:', 'To:', and '# of Visits:'. The 'Expiration Date:' field is also present. The 'RefType:' field is set to 'Behavioral I' with a dropdown arrow. The 'Referral' field has buttons for 'Continuity of Care' (selected), 'Specialty Services Required', and 'Mental Health'. At the bottom, there is a 'Next Required' button and 'Accept'/'Cancel' buttons.

5. Sign the order



Another Shift . . . Direct Scheduling!

Why create extra paperwork with an internal referral?

Integrated electronic health record

Integrated front desk and call center staff

Getting out of our comfort zone by scheduling directly into BH

Laminated cheat sheets for dental staff with easy-to-follow instructions

1. Department: CC SS BH PRACTICE (10008003)
2. Visit type: OFFICE VISIT SHORT (1)
3. Providers: James M. (10815)
4. Appointment Note: Dental Anxiety
5. Search Date:

1. Department: CC OC Family Practice (100010001)
2. Visit type: OFFICE VISIT SHORT (1)
3. Providers: Matthew A. (10202) or Hazel W. (10564)
4. Appointment Note: Dental Anxiety
5. Search Date:

1. Department: CC GLADSTONE BH 10007002)
2. Visit type: BH VISIT SHORT (114)
3. Providers: Jennifer R. (10638)
4. Appointment Note: Dental Anxiety
5. Search Date:



What We Learned in Creating the DAS Assessment



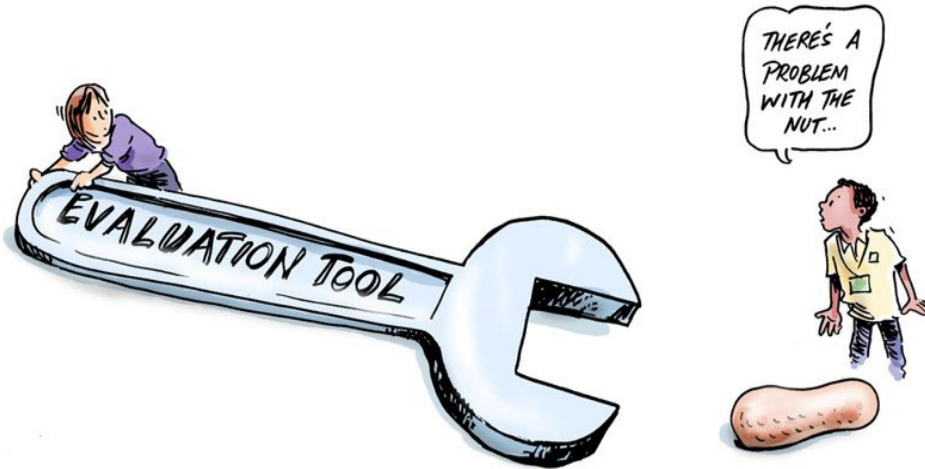
Copyright issues and time limitations during the dental appointment



Technology and limitations of customizing at the organizational level



Once incorporated in Epic, facilitated reporting



Patients appreciate being asked about anxiety



Open conversation changes the interaction between provider and patient



In Oregon, Primary Care can upbill when BHC client visits, but dental cannot



Success With TIC Dental Practices

- Partnerships, collaboration, and shared knowledge
- Staff engagement and empowerment
- Data-driven interventions
- Deeply embedded systems change
- Beginning of true integration and paving the way for bidirectional communication across all disciplines
- Being recognized as the clinic of choice for people who have few choices



“I am more aware of people’s behavior because of their trauma. I am more empowered to be able to help them in the clinic. I have the tools to help them help themselves. I now have TIC items and staff I can refer them to. These people tell others of their positive experiences. As a result, we’re able to help more people in our community because they seek us out for help. This contributes to a better quality of life and has a positive trickle effect in other areas of their lives.”

“Thru the use of the survey, I have personally found it to be incredibly informative and transformative. I now feel very comfortable and curious to ask people about the details of their dental anxiety. As patients are asked specific questions, they open up and are often grateful to be asked and have the opportunity to voice their concerns and fears. During difficult dental hygiene appointments, such as scaling and root planing which require injections, it has been a game changer. Treatment can literally be modified based on the specific concerns of the patient. For example, if the patient expresses that they go thru the roof over the sounds of a dental cleaning, we can offer earplugs or headphones. If it is fear of pain we can set up precise ways of communication to address expressing feeling even slight discomfort. This give the patient a sense of empowerment and collaboration, instead of having the treatment “done to them.” I feel like the whole appointment goes much smoother and patients are often openly grateful at the end of the appointment. I believe this has a very positive effect on reducing no-shows and cancellations at future visits because the patients know that they will be heard and their concerns addressed. I have witnessed this dozens of times since the implementation of our TIC project.





https://youtu.be/Clq82_3v_V4

<https://www.careoregondental.org/ohip>

How Did COVID-19 Impact Our TIC Project?

Impacts

1. Lack of proper personal protective equipment (N95 masks, disinfectant, face shields)
2. Inability to expand schedules for Nurse Practitioner and recall exams so dental staff were repurposed (Emergency On Call (EOC) and greeter role)

Strategies/ Pivots

1. N95 mask donation from EOC
2. Recruitment for specific greeter role and negotiations for partial return of staff from EOC
3. Preventative and problem-focused tele-dental visits to stay connected with patients and efficiently navigate care

Unexpected Wins

1. Tele-dental visits reduce anxiety by allowing patients to “meet” their dental team prior to procedure
2. More difficult to “no show” an appointment with a provider you’ve “met” and built rapport with
3. Set expectations for next visit to try to lower patient’s anxiety
4. Efficient scheduling of problem-focused care; careful scheduling after virtual clinical assessment versus nonclinical staff scheduling all dental care while not being able to determine severity

Looking Forward



Expand DAS assessment to video tele-dental visits

Analytics

- How does a patient's anxiety score change over time?
- Is there a correlation between our interventions and a lowering of a patient's anxiety score over time?

What Made This Project Possible?



**Leadership support from
Clackamas Health Centers**



**Vision from BH, who lent
their expertise to dental
during this time of curious
culture change**



Partnership with CareOregon

- Funding opportunity
- Dedicated forum for supported learning with other FQHCs in the tricity area
- Shared learning via a series of virtual meetings and in-person learning sessions
- Spread of integration
- Maintaining enthusiasm and energy for innovative ideas



Resources



<https://www.careoregondental.org/ohip/clackamas-county>

John has 32 Candy bars.
Then he eats 18 candy
bars. What does John
have now?

Cavities. John has cavities.



Image source: Someecards. <https://www.someecards.com/usercards/viewcard/john-has-42-candy-bars-he-eats-27-candy-bars-what-does-john-have-now-cavities-john-has-cavities-d1ef3/?tagSlug=news>



Thank you!

Selynn Edwards DMD, Clackamas Health Centers Dental Director
sedwards@clackamas.us
971-413-0823

Vision: Healthy Communities, Healthy People



Questions?



BPHC-BH Technical Assistance (TA) Portal

<https://bphc-ta.jbsinternational.com/>

- Access past BH TA resources
- Request TA
- Access Learning Management System modules
- Learn more about BH TA options



Register for the Session 4 Discussion

Session 4: Facilitated Discussion

This session will feature a panel of representatives from three health centers that have implemented integrated oral-behavioral health in their clinical settings. They will share their experiences with setting up an integrated workflow and address challenges and solutions.

Date: Thursday, April 20, 2023, 12:00–1:30 p.m. ET

Registration link:

<https://us06web.zoom.us/meeting/register/tZYode2qrTsqGdY2Mgv7BS8bOxM5e2ifRzNI>



Save the Date! Next Learning Collaborative (LC) Session

Session 5 Didactic

Topic: Applying a Motivational Interviewing Foundation in Oral Health Settings

Date: Wednesday, May 10, 2023, 1:00–2:30 p.m. ET

Registration link:

<https://us06web.zoom.us/join/joinMeeting/tZAscuCtpj8pHd1PMeyP5ouuxsT61Mtw3jzb>

Session 5 Discussion

Topic: Applying a Motivational Interviewing Foundation in Oral Health Settings—Practice Session

Date: Wednesday, May 17, 2023, 1:00–2:00 p.m. ET

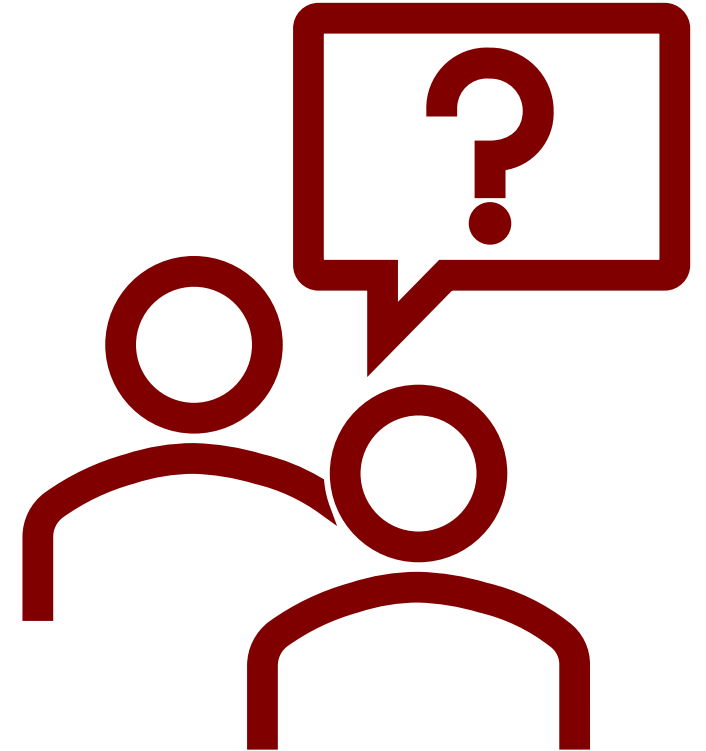
Registration link:

<https://us06web.zoom.us/join/joinMeeting/tZYtdeiqrjwsGtleSuK07SlppT6WeIAFSiAk>



TA Opportunities for Health Centers

- One-on-one coaching
- Communities of practice (CoPs)
- Virtual + on-site Training and Technical Assistance (TTA) visits
- Oral and behavioral health LCs
- Virtual brown bag TA sessions
- Webinars



CEs for Dental Providers

To obtain continuing education credit for participation in this session:

Complete the Qualtrics evaluation survey within 8 days of the webinar. Once the survey response is received, a certificate of completion with 1.5 CEs for participation will be forwarded to you within 4 weeks. Please retain this certificate for your records.



https://ucdenver.co1.qualtrics.com/jfe/form/SV_26pHVfxuUUc6l8m



ADA C-E-R-P® | Continuing Education
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 School of Dental Medicine
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DENTAL. INTEGRATED FOR HEALTH.

 **HRSA**
Health Center Program

CEs for Nondental Providers

- We will be offering **1.5 CE credit per session** attended, for a maximum of 12 CEs for participation in all 8 CoP sessions.
- You **must** complete the Health Center Satisfaction Assessment after **each** session for which you plan on receiving CEs:
 - Follow the link in the chat box.
 - The assessment will pop up in a separate browser at the conclusion of the event.
 - The assessment link will be emailed to you in a follow-up email after the session.
- **CE credits will be distributed within 4 weeks after the session.**



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Thank You!

Please submit questions to
Amber Murray: amurray@jbsinternational.com

Vision: Healthy Communities, Healthy People

