Building Capacity for Trauma Informed Provider Organizations

February 19, 2015

3rd webinar in our 3 part trauma series
"Promoting a Trauma-Informed Approach in Both Policy and Practice."
Facilitator: Sherry Peters, MSW, ACSW
Senior Policy Associate

Polling: Who Is Participating Today?
Focus for Today’s Webinar

• What can be done at the provider organizational level to **build capacity for all personnel** to be trauma-informed, not just the clinicians.

• **South Carolina** will highlight their statewide efforts to train everyone in regional cross-system events

• **Mississippi** will highlight statewide training efforts and outcomes experienced by both **community-based and residential providers** as a result of the policy and practice changes.

LINKS TO THE TOOL:
http://gucchdtacenter.georgetown.edu/TraumaInformedCare/
or http://trauma.jbsinternational.com/traumatool
South Carolina Presenters

**Louise K. Johnson, MS**  
Director Children and Family Services  
South Carolina Department of Mental Health

**Kelli Scurry, LMSW**  
Trauma Initiative & Training Coordinator  
South Carolina Department of Juvenile Justice  
(consultant to South Carolina Joint Council on Children and Adolescents’ Trauma-Informed Care Work Group)

**Christopher Wells, M.ED.**  
Trauma Initiative Project Director  
South Carolina Department of Mental Health  
(consultant to South Carolina Joint Council on Children and Adolescents’ Trauma-Informed Care Work Group)
The Joint Council on Children and Adolescents

- Established in 2007
  - To encourage collaboration in the development of an improved statewide system of care.
  - Unique in its membership, the Joint Council consists of the Directors of the state’s child serving agencies, advocacy organizations, non profits, etc., with the bylaws signed and endorsed by 21 agencies and organizations.
- **Mission:**
  - To develop a coordinated system of care that promotes the efficient provision of effective services and supports for children, adolescents and their families.

Movement towards a trauma-informed state

- The recipient of two infrastructure grants targeting youth with co-occurring disorders, DAODAS and DMH came together and formed what was known as “No Wrong Door” in 2007.
- In the absence of what many states refer to as a “Children’s Cabinet”, the Joint Council was formed.
Siloes

- **Child Welfare-(DSS)- Department of Juvenile Justice-(DJJ)**
- **Department of Mental Health-(DMH)- Department of Alcohol and other Drugs-(DAODAS)- Department of Disabilities and Special Needs- (DDSN) – Department of Health and Human Services- (DHHS)-**
- **Department of Health and Environmental Control-(DHEC)- Department of Education- (DOE)**
- In 2007 the agencies listed signed the original memorandum of agreement.

Accomplishments Include:

- Cross Agency workforce development
- Adoption of core competencies for the child and adolescent workforce
- Received both a planning grant, and in 2014 an implementation grant to expand systems of care statewide.
- Received a “Collaboration for Success” grant to develop a learning management system to expand the reach through our state.
- A common screening tool selected to identify youth in need of a follow up assessment for substance abuse, mental health, trauma and a referral protocol.
South Carolina Joint Citizens and Legislative Committee on Children

✓ created by statute in 2012 to research issues regarding the children of SC

✓ offers policy / legislative recommendations to Governor / Legislature

✓ brought the task of developing a comprehensive approach to address trauma.

South Carolina Joint Citizens and Legislative Committee on Children

✓ publishes an Annual Report to Governor / General Assembly


As a result of holding legislative hearings across the state, selected trauma as an initiative and tasked the Joint Council with the development of a comprehensive approach to address the trauma experienced by children and adolescents.
The current structure

South Carolina Joint Citizens & Legislative Committee on Children

The South Carolina Joint Council on Children and Adolescents

Workforce Learning Collaborative / Trauma subcommittee

How the plan developed...

✓ Trauma-Informed Care Work Group established in 2012 as a goal of the overall Workforce Committee of the Joint Council on Children and Adolescents

✓ Trauma-dedicated employees located:
  Chris Wells - SCDMH
  Kelli Scurry - SCDJJ
How the plan developed...

“The Core Competencies of Trauma-Informed Care for All South Carolina Agencies and Organizations That Serve Children, Adolescents, and Their Families” were established by the Trauma-Informed Care Work Group. These Core Competencies were later endorsed by the Joint Council on Children and Adolescents.

How do we broadly infuse knowledge into our organizational cultures, policies and practices?

“We want everyone who touches the lives of South Carolina’s children to be at a minimum, trauma-informed.”
Adopted by South Carolina Joint Council on Children and Adolescents in July 2013:

The Core Competencies of Trauma-Informed Care for All South Carolina Agencies and Organizations That Serve Children, Adolescents, and Their Families

Content derived primarily from:

“Trauma Informed & Developmentally Sensitive Services for Children: Core Competencies for Effective Practice” (2008)

Multiplying Connections Initiative
Leslie Lieberman, MSW, Director

Health Federation of Philadelphia
Agencies / organizations / individuals which contributed to the development of SC core comps:

- A teacher (profession) who is a therapeutic foster parent (consumer)
- Guardian ad Litem
- Lexington and Richland Alcohol and Drug Abuse Counseling (LRADAC)
- Project BEST SC
- SC Continuum of Care
- SC Department of Alcohol and Other Drug Abuse Services (DAODAS)
- SC Department of Education
- SC Department of Health and Human Services
- SC Department of Juvenile Justice
- SC Department of Mental Health
- SC Department of Social Services

concept ➔ PRACTICE
Focus for Today’s Webinar

What can be done at the provider organizational level to **build capacity for all personnel** to be trauma-informed, not just the clinicians?
NO BARRIERS TRAINING
NO BARRIERS:

- travel
- cost
- time
- participants
- continuing education

build capacity for all personnel to be trauma-informed
NO BARRIERS:

travel minimized

build capacity for all personnel to be trauma-informed
NO BARRIERS:

free training *

NO BARRIERS:

time away from work
build capacity for all personnel to be trauma-informed

 ✓ one-day training
 ✓ Thursday / Friday

NO BARRIERS:

participant access
- entities serving children, adolescents, and their families
- childcare programs / pre-schools / school systems
- law enforcement agencies
- hospitals / medical practices
- family court systems
- volunteer groups
- mentor programs / after school programs
- churches

**NO BARRIERS:**

continuing education offered
build capacity for all personnel to be trauma-informed

✓ social work hours
✓ trainer credentials

build capacity for all personnel to be trauma-informed

✓ Victim Service Provider hours
✓ for individuals who provide direct service to crime victims as per the SC Office of Victim Services Education and Certification
NO BARRIERS:

free training *

build capacity for all personnel to be trauma-informed

Statewide collaboration
build capacity for all personnel to be trauma-informed

SC Dept. of Mental Health
SC Dept. of Juvenile Justice

provided: trainers
their travel / equipment
handouts

build capacity for all personnel to be trauma-informed

University of South Carolina
Children’s Law Center

provided: training announcement
online registration
site coordination
handouts
build capacity for all personnel to be trauma-informed

Children’s Trust of South Carolina and the SC Office of Victim Services

provided:
website links to training registration

build capacity for all personnel to be trauma-informed

Trauma-Informed Care Work Group

provided:
e-mail distribution of training info
some site coordination
on-site registration personnel
build capacity for all personnel to be trauma-informed

Co-sponsoring agencies provided:
• e-mail distribution of training info
• site coordination
• on-site registration personnel
• info about local resources
• snacks, drinks, and lunch lists

Statewide collaboration

18 trainings in 18 sites...

There was no fee or fee was waived for 16 sites when they understood the benefits of TIC to their community.
Statewide collaboration

The chair of the Joint Council on Children and Adolescents sent a letter of thanks to each site for supporting this initiative.

If you think in terms of a year, plant a seed;

if in terms of ten years, plant trees;

if in terms of one hundred years, TEACH THE PEOPLE.

- Confucius
build capacity for all personnel to be trauma-informed

Who will actually change your state?

build capacity for all personnel to be trauma-informed

Resources “to go”
build capacity for all personnel to be trauma-informed

**Resources provided:**
1. SC Core Competencies of TIC
2. PPT handout
3. agency self-assessment tools
4. resource handout (discipline-specific)
5. JCCA learning collaborative website
6. Contact info for the trainers
7. trauma-specific treatment websites

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**A Trauma Informed Approach (SAMHSA)**

1. **Realizes** the widespread impact of trauma and understands potential paths for recovery
2. **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. **Responds** by fully integrating knowledge into policies, procedures, and practices; and
4. Seeks to actively resist re-traumatization
## Trauma Specific Services

Evidenced based practices to assess and treat symptoms currently being experienced by an individual which are likely related to past traumatic experiences.

## Trauma Specific Services that are Trauma Informed recognize (SAMHSA)

- The survivor’s need to be respected, informed, connected, and hopeful regarding their own recovery
- The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety
- The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers
Participants

- Therapists
- School Guidance Counselors
- Foster Care Workers
- Social Services Caseworkers
- Social Services Administrators
- Department of Juvenile Justice staff
- Law Enforcement
- Guardia ad litem
Area of Divergence

- Roles and job descriptions
- Previous trauma training
- Reason for being at training
- Sense of efficacy within job
- Existing policies / behaviors consistent with TIC

Goals for Presenting the Competencies
Transcend Myths

Create Curiosity
Empower Participants

The Importance of Self Care

“You shouldn’t go through life with a catcher's mitt on both hands; you need to be able to throw some things back.”

Maya Angelou
...and then we asked, "What will you do differently now?"

[SC Trauma-Informed Care Trainings]
August 2013 - December 2014
2013 = 522 Participants
2014 = 917 Participants
Total Participants in 18 months = 1439

SOURCE: South Carolina Joint Council on Children and Adolescents Workforce Learning Collaborative Committee
South Carolina Trauma-Informed Care

Next steps...

In summary...
Mississippi Presenters

Jackie Chatmon, MA, CMHT
SOC Project Director
MS Department of Mental Health

Willis Garrison filling in for Jackie

August Patton, LPC, LCMHT
Director of Children and Youth Services
Hinds Behavioral Health Services

Kenneth Tye, Ph.D
Director of Behavioral Health (BASAC)
East MS State Hospital

Trauma Informed Services in Mississippi

As a statewide System of Care initiative, the Mississippi Transitional Outreach Project (MTOP), is charged with providing and/or sponsoring training to the grant service delivery sites, NFusion, other local communities, and staff of partnering local and state agencies on topics that will develop and cultivate skills, build capacity and enhance relationships between service providers and families to further develop Mississippi’s System of Care.
Becoming Trauma Informed

Understanding the prevalence and impact of trauma of youth and young adults receiving services from our agencies and research on youth overlapping systems, it was critical that we coordinate our training efforts to meet the needs of our youth and provide trauma informed training with our partners.

Mississippi Learning Sessions

- Over 3,600 participants were trained and connected to the MS System of Care

- Over 26 learning sessions were held, comprising a mix of small workgroups (e.g., 11 participants) and large conferences (e.g., 600 participants)

- Included keynote and breakout sessions at state conferences (e.g., System of Care, Corrections, Child Welfare, Juvenile Justice, Addiction, Drug Court, Education)
Mississippi Learning Sessions

- In our 1st 12 - 16 months of providing learning sessions, the same 4 learning objectives were used – “Becoming Trauma Informed 101”

- **Personal Story of Recovery** – Family member or young adult from one of our NFusion sites, Peer Support Specialist or viewing of the “Healing Neen” video

- **No charge** for Learning Sessions and Continuing Education Hours Offered **free** to participants

Evaluation Results from Trauma-Informed Learning Sessions

1. Identify four strategies to reduce the likelihood of re-traumatization

2. Ability to discuss a minimum of two ways trauma affects people developmentally, psychologically and physiologically

3. Ability to describe trauma-informed care and identify principles/behaviors of those with trauma histories

4. Ability to identify treatment strategies and approaches consistent with trauma-informed care
Did You Know?

In direct response to the needs from Hurricane Katrina, Mississippi was the 1st State to have a Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) state level Learning Collaborative coming out of National Child Traumatic Stress Network (NCTSN)

Learning Collaborates and Federal Grants

- TRY - Trauma Recovery for Youth (Catholic Charities) funded by NCTSN (2003-2011)
- Hurricane Katrina Related Garrett Lee Smith Memorial Grant (2006-2009)
- TIDES - Trauma Informed Disaster and Evidence-Based Services (GCMHC) funded by NCTSN from 2008-2012
- CommUNITY Cares – MS 2nd System of Care Grant, 2006 – 2012
- MTOP – MS 3rd System of Care Grant, 2009-2015
- Project XPand - Expansion Grant, 2013 - 2017
Trauma Specific Interventions

Trauma Specific Evidence Based Interventions

Trauma: “The Silent Storm that Impacts us All”
Evaluations from 2014 Trauma Conference

If you are a professional, does your organization screen for trauma on your intake form?

<table>
<thead>
<tr>
<th>Screen Type</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
<td>34%</td>
</tr>
<tr>
<td>No</td>
<td>54%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>12%</td>
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</table>

Commitment toward trauma-informed care Before vs. After the conference

<table>
<thead>
<tr>
<th>Commitment Level</th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at All</td>
<td>50</td>
<td>250</td>
</tr>
<tr>
<td>Slightly</td>
<td>150</td>
<td>200</td>
</tr>
<tr>
<td>Moderately</td>
<td>100</td>
<td>150</td>
</tr>
<tr>
<td>Very</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td>Completely</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Hinds Behavioral Health Services

About Us

• Hinds Behavioral Health Services (HBHS) is one of the 15 regional community mental health centers in Mississippi, serving residents of Hinds County. Since 1971, HBHS has offered a wide range of mental health and substance abuse services, serving adults, families and children.
• HBHS is governed by the Hinds County Mental Health Commission.
Hinds Behavioral Health Services

• During the 2014 learning collaborative there were 5 therapists trained and working towards certification.
• All therapists have adopted the model and use it regularly with clients that have trauma issues.
• HBHS has added trauma questions to the intake for all clients (adults and children).
• Every child opened for services at HBHS has a Trauma History Questionnaire completed.

Hinds Behavioral Health Services

• All cases opened in children’s services are staffed through a trauma-informed lens.
• Increase in Trauma Informed Care training.
The average PTSD Severity Score on the UCLA at the beginning of treatment was 37. The average PTSD Severity Score after TF-CBT treatment was 22.

The caregivers of those receiving TF-CBT reported improved parent-child relationship and greater use of parenting skills.

TF-CBT therapists reported quicker improvement in overall behavior compared to the clients that were receiving typical mental health treatment.
About BASAC

• Bradley A. Sanders Adolescent Complex (BASAC) is located on 63 acres of land near the hospital’s main campus
• BASAC provides acute psychiatric services and chemical dependency treatment to adolescent males ranging from 12 to 17 years, 11 months.
• Admission to BASAC is by court order through the Chancery, Family, Youth, and Tribal Courts of Mississippi.

Collaboration

BASAC breaking new ground in mental health...

• For the first time ever, BASAC joined a collaboration for change
• Collaboration involved implementing a trauma-informed environment and practices
• The collaboration involved:
  – The Department of Mental Health in partnership with Weems Community Mental Health Center
  – NFusion X of Meridian
  – Bradley Sanders Adolescent Complex Center, a Division of East Mississippi State Hospital
The Domains of Trauma-Informed Care

- Domain 1: Screening and Assessment
- Domain 2: Consumer Voice, Choice, and Advocacy
- Domain 3: Trauma-Informed, Educated and Responsive Workforce
- Domain 4: Evidence-Based and Emerging Best Practices
- Domain 5: Safe and Secure Environment
- Domain 6: Community Partnerships
- Domain 7: Performance Monitoring

Screening and Assessment

<table>
<thead>
<tr>
<th>January to July 2014</th>
<th>No Trauma</th>
<th>One Incident</th>
<th>Two to Five</th>
<th>Six to Ten</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>10%</td>
<td>7%</td>
<td>10%</td>
<td>26%</td>
</tr>
<tr>
<td>Total Percentage</td>
<td>93%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number of Subjects</td>
<td>82</td>
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</tbody>
</table>
Screening and Assessment

Top Five Responses of “yes”
1. Lived with someone other than parents = 42%
2. Serious injury (Parent or Sibling) = 37%
3. Serious injury (Self) = 37%
4. Physical assault (hit or beaten up) = 33%
5. Natural disaster = 28%

Consumer Voice, Choice, and Advocacy

The Treatment Team Process
• Individualized Treatment Plans to incorporate trauma-informed practice
• The client’s voice
• Parents’ voice
• Trained staff that listen
Trauma-Informed, Educated and Responsive Workforce

Promoting healing through trauma-informed practices ...  
• Kickoff training “Becoming Trauma Informed” in August of 2013. Presented by Willis Garrison and Jackie Chatom (DMH).  
• “Trauma and Problem Behaviors” in September of 2013. Presented by Dr. Timothy Summers.  
• “A Look at CBT in Treating Trauma” in October of 2013. Presented by Dr. Kenneth Tye  
• “Part II: CBT and Treating Trauma” in November of 2013. Presented by Dr. Kenneth Tye.

Trauma-Informed, Educated and Responsive Workforce

The start of something good...  
• Developed a core implementation team  
• Five staff from BASAC/EMSH currently receiving training in Trauma-Informed CBT  
• Supervisor’s training to correspond with implementation team training  
• Phone call every month both supervisors and implementation team  
• SAMSHA webinars ongoing  
• Monthly meetings with DMH
Trauma-Informed, Educated and Responsive Workforce

• BASAC implementation team providing TF-CBT (2 Ph.D. and 3 Master’s level case managers).
• Teams to be the “go to” persons in TIC values and practice.
• Each member carries a caseload of clients that receive TF-CBT.
• DMH and core team members offer support, feedback, and guidance (e.g. literature search).

Safe and Secure Environment

• BASAC has recently added a room at the school and one on each building designated to help individuals who are having difficulty in their regular environment.
• The Positive Intervention Room is design in a classroom style with desks and tables.
• It is designed to help the individual calm down and integrate back into their regular setting.
• Several options for activities are available and resources such as books, worksheets, and reading materials are provided.
• The program will start on March 2, 2015.
Community Partnership

Working on a village...
- Community Workshop in May of 2014
- “Violence, Trauma, and Healing: The Impact on Children and Families”
- A collaboration of The Department of Mental Health in partnership with Weems Community Mental Health Center, NFusion X, Bradley Sanders Adolescent Complex Center a Division of East Mississippi State Hospital.
- Community collaboration from three local churches

Performance Monitoring

- DMH check-ins monthly
- Screener and Assessment Monitoring
- Seclusion/Restraints Monitoring
- School Monitoring of Psychology Intervention
Performance Monitoring

Seclusion, Restraints, and School Interventions 2014

- Seclusion Episodes
- Physical Holds
- Mechanical Restraints
- School Intervention

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Where do we go from here?

• Two staff in the current TF-CBT Learning Collaborative.
• Two staff in the SPARCS Learning Collaborative.
• Developing plans for more community integration.
• Discussing plans for a safe room for each building.
• Planning more trauma informed training for 2015 and 2016.

Questions
Open Discussion to Wrap-Up "Promoting a Trauma-Informed Approach in Both Policy and Practice." Series

Open Discussion at end of Series: 
*February 26, 1 – 2 PM ET*

Presenter Contact Information

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Web Link for “Trauma Informed Care: Perspectives and Resources”

http://gucchdtacenter.georgetown.edu/TraumaInformedCare/

Data Matters

http://www.gucchdgeorgetown.net/data/
Links

Evaluation Form

https://www.surveymonkey.com/s/TACenterWebinarEvaluation

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