Core Implementation Team

- Jackie Chatmon - MTOP and NFusion Xpand Project Director, Department of Mental Health
- Willis Garrison, MTOP Clinical Coordinator, Department of Mental Health
- Dr. Ceatrice Kelly - Regional Project Director, NFusion XPand
- Marshia Moody, Family Engagement Specialist, NFusion X
- Dr. James Shumate, Director of Psychology, East MS State Hospital
- Dr. Kenneth Tye, Director of Behavior Health Services, Bradley Sanders Adolescent Complex
- Kierra Yates - Transitioned Age Peer Support Specialist, NFusion X
Core Implementation Team

- The core team meets face-to-face on a monthly basis and is scheduled for 90 minutes.
- Agenda items typically consist of discussing the domains and next steps to address weaknesses/strengths/barriers.
- The most significant factor in creating and maintaining a successful team was the Commitment of the core team members.

In the Beginning……

- Initially started as a collaboration with Department of Mental Health and East MS Hospital.
- MTOP staff was asked to take the “lead” due to Trauma Informed efforts made through their System of Care grant.
- The initial process for assessing the organization using the OSA included going through the domains placing emphasis on those that could be easily implemented and those where that would be barriers in implementation.
In the Beginning……

• Initial response, “Whew, we have a lot of work to do!”

• The domains focused on initially were Early Screening and Comprehensive Assessment of Trauma and Trauma-Informed, Educated and Responsive Workforce

• Review of progress or lack of progress updates are completed during our monthly meetings.

In the Beginning……

• What we wish we had known from the beginning:
  • Strategic planning meeting to include upper management of agencies involved in Learning Community after implementation team changed.
  • Amount of time and commitment needed to be actively involved in the Learning Community
  • Include more staff and community stakeholders including Peer Support Specialists and the Faith Based Community
Accomplishments

Domain 1: Early Screening and Comprehensive Assessment of Trauma
- Implemented the North Shore – Long Island Jewish History Checklist in May 2013.
- Assessment tool used?

Domain 3: Trauma-Informed, Educated and Responsive Workforce
- Staff Training

Adult Admissions to East MS State Hospital
May 15, 2013 to March 15, 2014
Patient Responses to Trauma Screenings

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<th>Patients admitted</th>
<th>Adult Males</th>
<th>Adult Females</th>
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Adult Males and Females; N=436
Adult Admissions to East MS State Hospital  
May 15, 2013 to March 15, 2014  
Patient Responses to Trauma Screenings

Female - N = 151
- Trauma, 108 (65%)
- No Trauma, 29 (19%)
- Unable to Assess, 19 (12%)

Male - N=285
- Trauma, 201 (70%)
- No Trauma, 62 (22%)
- Unable to Assess, 22 (8%)

Admissions to Bradley Sanders Adolescent Complex  
May 15, 2013 to March 15, 2014  
Patient Responses to Trauma Screenings
Staff Training

- Over 110 staff including psychiatrists, psychologists, supervisors, direct care staff, personnel, etc. received Trauma Informed 101 training.
- Evaluations were based on knowledge before and after training on the following 4 learning objectives:
  - Ability to identify 4 strategies to reduce the likelihood of re-traumatization
  - Ability to discuss a minimum of two ways trauma affects people developmentally, psychologically and physiologically
  - Ability to described trauma informed care and identify principles/behaviors of those with trauma histories
  - Ability to identify treatment strategies and approaches consistent with trauma informed care
- 96% of staff reported an increase in knowledge on the four learning objectives

Barriers and Challenges

Some of the barriers and challenges may have been avoided if we had known from the beginning what we know now 😊

- Traditionally, State Hospitals services are not consumer driven. Our state system is now shifting to a recovery-oriented system of care. Peer Support and Trauma are vital components.
- State Hospitals have a long history of working in silos with limited community involvement
Moving Forward - Sustainability

- Continue to hold monthly meetings and work on domains noted on OSA
- Add community partners to core team
- Request for funding for Peer Support Specialist for Bradley Sanders
- 2nd Staff Training in July – “Peer Support Services in a Trauma Informed System” and “The Culture of Trauma”
- Piloting of the Living Room Model
- Community Training, May 31 - “Violence, Trauma and Healing: The Impact on Children and Families”

Ultimate Goal!

Serve as the model for other State Hospitals on “Becoming Trauma Informed”