

DMHAS Blueprint for Action: Building a Trauma-Informed Behavioral Health Service System for New Jersey

“In a trauma informed system, trauma is viewed not as a single discrete event, but rather as a defining and organizing experience that forms the core of an individual’s identity. The far reaching impact and the attempts to cope with the aftermath of the traumatic experience come to define who the trauma survivor is.” (Harris and Fallot, 2001)

Substance Abuse and Mental Health Services Administration (SAMHSA) Toolkit

President George W. Bush ordered a comprehensive study of the U.S. mental health service delivery system with recommendations. The President's New Freedom Commission on Mental Health recommended identification of recovery and resiliency as goals, and a National Center for Trauma Informed Care (NCTIC) be developed to research evidence in trauma informed treatment (The President’s New Freedom Commission on Mental Health, 2003.) NCTIC and SAMHSA have subsequently issued state toolkits for development of systems that are trauma informed. The following New Jersey blueprint for action has been adapted from the SAMHSA toolkit: *Building Trauma-Informed Mental Health Service Systems: Blueprint for Action*, which describes a current state behavioral health system and organizational activities that are needed to make the transition to a trauma-informed system with emerging best practices, and trauma-specific services. (2004; Ann Jennings, Ph.D.; for NASMHPD, SAMSHA) In a trauma-informed system, services are designed to address the needs of trauma survivors. The New Jersey Department of Human Services/Division of Mental Health and Addiction Services (DHS/DMHAS) agrees with national experts: trauma sensitivity shall be a governing principle in policy making, service system design and implementation, workforce development, and professional practice.

We need to presume that the clients we serve have a history of traumatic stress and exercise “universal precautions” by creating systems of care that are trauma informed—Hodas, 2005.

New Jersey’s action steps toward becoming a trauma informed system of care:

Trauma refers to extreme stress that overwhelms an individual’s ability to cope. Trauma can result from an event, a series of events/experiences, or circumstances that an individual experiences as physically or emotionally harmful or threatening. It is not the objective facts of an event that determine whether that event is traumatic; it is the way in which each individual internalizes the emotional experience of the event. Traumatic events or circumstances often have lasting adverse effects on an individuals’ basic sense of self, trust in others, physical, social, emotional, or spiritual well-being. This blueprint describes steps to infuse trauma-informed practices into the New Jersey Mental Health and Addictions system of care and provides specific practices to meet the needs of trauma survivors. As set forth in the guidelines by SAMSHA, the elements included herein should be in place in a public behavioral health system that is committed to meeting the needs of individuals who have histories of trauma. *Italicized wording comes directly from the above referenced SAMHSA Toolkit:*

SAMHSA recommendation:

I. Administrative Policies/Guidelines Regarding the System

Trauma function and focus in state behavioral health department. A single, high-level, clearly identified point of responsibility should exist within the state administrative structure charged with and supported in implementing trauma-informed service systems and use of evidence-based and emerging best practices in trauma throughout state supported services.

DMHAS Action Steps:

1. DMHAS identified a State-level designee for Trauma-Informed Care, and formed trauma-informed care work groups comprised of providers, administrators, and individuals with lived experience to:
 - Make recommendations for trauma-informed policies and implementation of trauma-informed services throughout the system.
 - Formulate a written plan with clearly-identified goals, objectives, and time frames for movement toward a trauma-informed system of care in the State’s psychiatric hospitals and by community mental health and substance abuse providers.
 - Review trauma-specific screening and assessment tools and institute protocols for their use.
 - Develop a plan to infuse the system with person-centered language in cooperation with the Governor’s Council on Mental Health Stigma.
 - Identify necessary components of a trauma-sensitive physical environment, disseminate this information throughout the service system, and make recommendations for change where needed.
 - Make trauma related information available to agencies for posting in offices, group rooms, waiting rooms, and other areas that are visible to service system staff, providers, individuals receiving services, and their loved ones.
 - Establish forums of regionally-based providers, consumers, and stakeholders for ongoing communication, collaboration, and feedback for continued movement toward a trauma-informed system.
2. DMHAS has established the evidence-based practice of Mental Health First Aid as the foundation and basic skill set for how to approach, engage, maintain appropriate boundaries, defuse individual crises, and provide appropriate aid to individuals in treatment throughout the service system.
 - Continue to roll out the Trauma-Informed evidence-based Mental Health First Aid Program.
3. The Trauma Informed Care work group will continue to engage professionals, community stakeholders, and trauma-affected individuals, and to make recommendations to DMHAS for continuously increasing trauma informed care within the service system.
4. Identify trauma “champions” throughout the system of care to infiltrate all levels of the service system.

SAMHSA recommendation:

II. State trauma policy or position paper. *A written statewide policy or position statement should be adopted and endorsed by administrative leadership, and disseminated to all parts of the service system, stakeholder groups, and other collaborating systems.*

DMHAS Action Steps:

1. Using the NASMHPD Position Statement on Services and Supports to Trauma Survivors (www.nasmhpd.org), DMHAS has endorsed a position statement on trauma-informed care, has posted this document on the Division’s web-page, and has disseminated it throughout the service system.
2. A kick-off event (and annual educational and awareness increasing events) will be held to educate the system of care on the definition and components of a trauma-informed service system.
3. System assessment tools will be disseminated to determine the extent to which the system currently provides trauma-informed services. This will begin at state level offices, and move throughout the system/providers. An implementation work plan based on these assessments will be developed and implemented.

SAMHSA recommendation:

III. Workforce Recruitment, Hiring, and Retention. *The system should prioritize recruitment, hiring, and retention of staff with educational backgrounds, training in and/or lived experience of trauma. These staff or “trauma-champions” provide needed expertise and an infrastructure to promote trauma-*

informed policies, training and staff development, and trauma-based treatment and support practices throughout the service system.

DMHAS Action Steps:

1. DMHAS has trained a diverse group of 24 individuals as trainers in MHFA coupled with a Trauma-Informed Systems module. These individuals will provide training to a minimum of 1500 staff of provider agencies, Self-Help Centers and state psychiatric hospitals annually on an ongoing basis.
2. To deliver trauma-informed care, providers must ensure that all staff receives education on trauma, and that staff have educational and supportive supervision for working with trauma survivors.
3. Guidelines and curricula for education, supervision, and self-care will be developed and disseminated throughout the service system.

SAMHSA recommendation:

IV. Workforce orientation, training, support, job competencies and standards related to trauma. *All human resource development activities should reflect understanding of and sensitivity to issues of violence, trauma and coercion; incorporate relevant skill sets and job standards; and address prevalence and impact of traumatic events.*

DMHAS Action Steps:

1. Using SAMHSA, National Center for Trauma Informed Care and NASMHPD principles, the DMHAS work groups will identify trauma-specific staff competencies and basic skills.
2. All staff in the service system, including administration, will receive orientation to the concept of trauma-informed care and MHFA.
3. Staff support is crucial to providing quality care to trauma survivors. Steps to remediate vicarious traumatization will be instituted for staff throughout the system of care.
 - Needs for trauma-informed supervision will be identified and a plan will be implemented.
 - Peer supervision/leadership meetings will be implemented at a regional level.
4. DMHAS will engage with Institutions of Higher Learning, and Certification and Licensing Boards regarding the expectation to infuse trauma competence into the work force.
5. It is expected that Division-funded organizations will incorporate the Division's position on trauma-related knowledge and skills into their staff recruitment and retention practices.
6. The DMHAS trauma informed care work groups will make recommendations toward the following goals:
 - To ensure that the consumers of our services are safe, and to prevent re-traumatization.
 - Educational programs used for trauma orientation must include the risks and dynamics of re-traumatization.
 - To educate all employees about the impacts of culture, diversity, or other factor relating to individual experiences, and perceptions of trauma.
 - All employees of DMHAS and the service system will receive education on prevention of vicarious traumatization, and approaches for self-care.

SAMHSA recommendation:

V. Consumer/Trauma Survivor/Recovering person involvement and trauma-informed rights. *The voice and participation of consumers who have lived experiences of trauma should be actively involved in all aspects of systems planning, oversight, and evaluation.*

DMHAS Action Steps:

1. Through engagement in regional focus groups, and participation in the DMHAS trauma-informed care work groups, individuals with lived experience of trauma will be involved in all aspects and components of New Jersey's trauma-informed service system.
2. Consumer input will include orientation to trauma-informed care, training and curriculum development, goal-making, long-range planning, and establishing protocols to measure and ensure access to and accountability for services.

3. Information obtained from focus groups will be used in planning systems change, oversight and program development.

SAMHSA recommendation:

VI. Administrative Policies/Guidelines Regarding Services. *Mechanisms to support the development of a trauma informed service system and implementation of evidence-based and promising practice trauma treatment models and services. Although new funds are not necessarily critical to developing a trauma-informed system, the development of sufficient trauma-specific services to meet the treatment needs of the high percentage of individuals with histories of trauma may require creative fiscal strategies.*

DMHAS Action Steps:

1. Advocate for prioritization of fiscal support and resources.
2. Existing exclusions to services and barriers will be identified, and plans will be developed and implemented to remediate them.
3. Needs of trauma informed supervision will be defined and a plan implemented.
4. Peer learning/supervision/leadership meetings will be developed and implemented at a regional level.
5. Evidence-based programs and promising practices for use with trauma survivors will be identified and protocols for their application will be established.
6. Development of standard policies, protocols, and guidelines to assist the service system in continuously assessing and increasing sensitivity to trauma informed service systems, and to prevent re-traumatization.
7. Regularly collect and post trauma-related awareness data in areas that are visible to service system staff, providers, individuals receiving services, and their loved ones.

SAMHSA recommendation:

VII. Clinical practice guidelines for working with individuals with trauma histories. *Numerous clinical approaches have been manualized and guidelines have been developed.*

DMHAS Action Steps:

1. Clinical approaches to trauma treatment will clearly identify trauma as the issue being treated, promote recovery, allow for survivors to tell their stories, include trauma-sensitive training and supervision, build upon the strengths and resources of consumers/survivors, respect cultural diversity, and be experienced as empowering by consumers/survivors.
2. Methods will be identified to address vicarious traumatization and self-care for caregivers.
3. All Evidence Based Practices will be considered including those referenced in CSATs *TIP 57: Trauma-Informed Care in Behavioral Health Services*.

SAMHSA recommendation:

VIII. Universal trauma screening and assessment. *All adults and children who enter the system of care, regardless of which "door" they enter, should be screened for abuse and trauma at or close to admission. At a minimum, questions should include histories of physical and sexual abuse, domestic violence, and witnessed violence. Individuals with a positive response to the screen should have a trauma assessment as an integral part of the clinical picture, to be revisited periodically and used as a part of all treatment, rehabilitation, and discharge planning. Clients with trauma histories should be informed about and referred to quality, trauma-informed and trauma specific services and supports.*

DMHAS Action Steps:

1. The trauma-informed workgroup is currently reviewing screening instruments for use with all consumers that are seeking treatment at all levels of care including inpatient, partial hospitalization, Intensive Outpatient, etc.
2. The trauma-informed work group will identify assessment tools for use throughout all levels of care with consideration for the needs of special populations and service-types.

- Once trauma is identified, individuals will receive trauma informed services with the philosophy of “No Wrong Door.”

SAMHSA recommendation:

IX. Trauma-informed services and service systems. A “trauma-informed” service system and/or organization is one in which all components of the system have been reconsidered and evaluated in the light of a basic understanding of the role that violence and trauma play in the lives of people seeking mental health and addictions services. Selected models should be implemented by state mental health systems to treat trauma. Trauma-informed service systems increase capacity to address Goals 2, 3, 4 and 5 in the President’s New Freedom Commission on Mental Health Final Report. [See those goals from the New Freedom Commission, below:]

Goals: In a transformed Mental Health System ...

Goal 1	Americans Understand that Mental Health Is Essential to Overall Health.
Goal 2	Mental Health Care Is Consumer and Family Driven.
Goal 3	Disparities in Mental Health Services Are Eliminated.
Goal 4	Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice.
Goal 5	Excellent Mental Health Care Is Delivered and Research Is Accelerated.
Goal 6	Technology Is Used to Access Mental Health Care and Information.

Achieving these goals will transform mental health care in America.

DMHAS Action Steps:

- The trauma informed work group will examine the State’s overall service environment through surveys and focused discussion groups, and it will make recommendations for coordinating and integrating trauma-related activities with other systems of care.
- Recommendations will be made for inclusion in all areas of the State Strategic Plan.
- Using self-assessment tools from SAMHSA, the state level offices and DMHAS-funded agencies will be assessed for their level of understanding of trauma, and the extent to which system design and service delivery accommodates the vulnerabilities of trauma survivors. These tools will also help to identify strengths and challenges in the existing service system, implement policies and practices that prevent re-traumatization, and facilitate consumers’ participation in treatment.
- Protocols will be established for use of evidence-based and promising practice models to treat the sequelae of trauma for consumers and for staff who are exposed to vicarious traumatization. Many of these models have been identified in the SAMHSA publication “Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services.” This guide will be used by the trauma-informed care work group in the selection and recommendation process.
- Emphasis will be placed on models that are recovery-oriented, that emphasize consumer voice and consumer choice, and that are fully trauma-informed.
- Join with the Office of Disaster and Terrorism to coordinate planning and implementation efforts.
- Develop and recommend Administrative Bulletins, policies and guidelines where indicated.