



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
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LYNN A. KOVICH
Assistant Commissioner

February 6, 2015

Dear Colleague:

Over the last year, we have been disseminating quite a bit of information and technical assistance documents to you about Trauma Informed Care. As you are now aware, we are following the lead of SAMHSA in becoming a trauma informed system. That involves considerable and sustained work and self-examination at all levels: from state level administration, through agency administration, to staff, and even to those that we serve. The DMHAS Trauma Informed Care Work Group has developed a self-assessment (attached) through the guidance of the CSAT Treatment Improvement Protocol 57: Trauma-Informed Care in Behavioral Health Services.

The attached guidelines will help you to conduct a self-assessment of staff competencies to provide trauma-informed services. It is helpful for the agency to begin by selecting a designated point person to collect completed assessments and compile the results. This assessment can be done face to face, individually, or in a group. The assessment can also be done from direct knowledge of staff. The vital part is that it is done on each individual staff member in your agency; and it be done with seriousness, and with the intent of formulating change and growth into a more trauma informed environment. We want you to assess the management/supervisory levels of staffing first. Secondly your managers and supervisors will perform this assessment on their staff. As you move through each layer of staffing, keep in mind those who you may want to choose as champions for trauma. Trauma champions are the individuals who will mentor and coach us through change, mitigate the impact of change and new direction on workers at all levels in the organization, and provide the vital follow-through that will keep the change going. These individuals may not currently be formally designated as trauma staff, but by training, knowledge and skill sets are already informed, already advocating; they are passionate and energetic about bringing about change. Large agencies like hospitals and large community behavioral health centers may want to assign a trauma team with representation from all disciplines, and including food service, maintenance/facilities staff, administration and direct care/paraprofessionals.

DMHAS wants you to perform this assessment and keep your results on file as you begin to assign your trauma champions and teams. These are the individuals who will assist you in implementing things like the Comfort Rooms (see my prior letter of December 8, 2014.) Once your teams and champions are chosen, please give them our previously issued Guiding Principles, and have them begin to draw up plans for growth within your agency. DMHAS will not at this time ask you to give us the results of this self-assessment, but we will begin to more actively provide you with materials and begin to follow up on your needs and action steps toward becoming more trauma informed. After we have all had some time to begin planning, we will survey the level of trauma readiness and capability within our system so we can identify our strengths, gaps in services and plan to address our needs.

Thank you for joining us in this exciting and creative time of systems growth and change!

Sincerely,



Lynn A. Kovich
Assistant Commissioner

Attachment