Ohio

Developmental Disabilities Mental Health and Addiction Services

Trauma-Informed Care "Creating Environments of Resiliency and Hope"

Trauma-Informed Care: State Update Video Conference January 21, 2015 *CWRU, Center for Evidence-Based Practices*



Individual trauma results from an event, series of events, or a set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual wellbeing



What is "Trauma Informed"?

A program, organization or system that is traumainformed:

- Realizes the widespread prevalence and impact of trauma
- Understands potential paths for healing
- Recognizes the signs and symptoms of trauma and how trauma affects all people in the organization, including:
 - Patients
 - Staff
 - Others involved with the system
- Responds by fully integrating knowledge about trauma into practices, policies, procedures, and environment.

Core Principles

- Safety
- Trustworthiness and transparency
- Peer support and mutual self-help
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender issues



- Improved quality of care and impact of care
- Improved safety for patients and staff
- Decreased utilization of seclusion and restraint
- Fewer no-shows
- Improved patient engagement
- Improved patient satisfaction
- Improved staff satisfaction
- Decreased "burnout" and staff turnover

Ohio's Trauma Informed-Care (TIC) Initiative

- Many mental health and addiction treatment agencies, inpatient facilities, child-serving agencies and other community partners, have already provided training and consultation in trauma informed practice
- Many clinicians are trained in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization training (EMDR); Dialectical Behavioral Therapy (DBT) and other treatment modalities
- ODYS has embarked on the development of a universal trauma screening tool for youth in detention centers
- Trauma Informed Care is *not* the same as PTSD treatment

Ohio's Trauma-Informed Care (TIC) Initiative

- Since Summer of 2013, an interagency workgroup comprised of leaders from Ohio MHAS and Ohio Department of Developmental Disabilities (DODD) has been meeting to formulate plans to expand TIC across the state
- A portion of the "Strong Families, Safe Communities" funds from the Governor's Office have been earmarked for this purpose
- The National Center for Trauma-Informed Care (NCTIC)/SAMHSA and Ohio Center for Innovative Practices (CIP) have also consulted formally
- Additional conversations and advice from Ohio Hospital Association, OACBHA, Ohio Council, PCSAO, and many others (thanks!)

Ohio's Trauma-Informed Care (TIC) Initiative

Vision:

To advance Trauma-Informed Care in Ohio

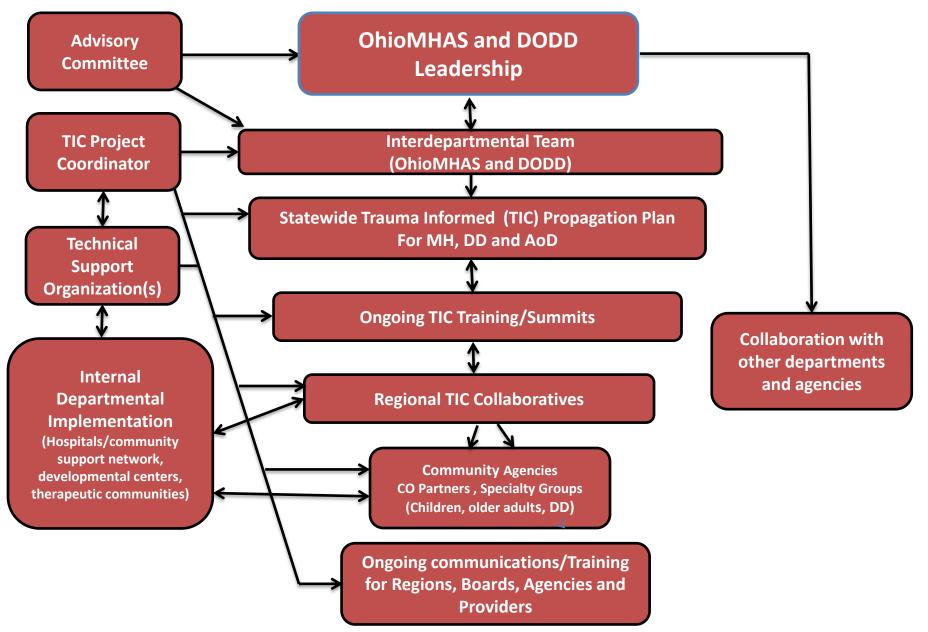
Mission:

To expand opportunities for Ohioans to receive traumainformed interventions by enhancing efforts for practitioners, facilities, and agencies to become competent in traumainformed practices



Ohio Developmental Disabilities Mental Health and Addiction Services

TIC Planning Framework



TIC Advisory Committee:

- Survivors of Trauma
- DODD
- Ohio Hospital Association
- Medicaid
- PCSAO
- OACBHA
- Ohio Council
- OACCA
- ODH
- Hamilton County Board of DD
- ODE
- ODJFS

- Wright State University: MI/DD CCOE
- Depart of Aging
- Human Trafficking Commission
- CIP
- ODYS
- Ohio Women's Network
- Board of Regents
- Center for the Treatment and Study of Traumatic Stress
- Ohio Provider Resources Association (DD)

Interdepartmental Leadership Team

- **Dr. Mark Hurst,** OhioMHAS, Co-Chair
- Kathy Coate-Ortiz, OhioMHAS
- Jody Lynch, OhioMHAS
- Angie Bergefurd, OhioMHAS
- Trudy Sharp, OhioMHAS
- **Dr. Lisa Gordish**, Twin Valley RPH
- **Dr. Kraig Knudsen**, OhioMHAS
- Latonya White, OhioMHAS

- Pam Berry, DODD, Co-Chair
- Sarah Lawson, DODD
- Patrick Kanary, CIP, Case Western Reserve University
- Joyce Starr, OhioMHAS
- **Dr. Tammy Collins**, OhioMHAS
- Jackie Doodley, OhioMHAS
- Rob Robbins, DODD
- Kim Kehl, OhioMHAS

Integration of TIC in Regional Psychiatric Hospitals (RPHS)

 RPH infrastructure will support cultural and environmental changes that support effective care and excellent outcomes. RPHS will be recovery-oriented; traumainformed; culturally and linguistically competent; and address health and wellness.

Integration of TIC in DODD Developmental Centers

 DCs become trauma aware, knowledgeable and responsive to the impact and consequences of traumatic experiences for residents, families and their communities.

TIC Communication Plan/MHAS/DODD organizational and administrative commitment to TIC

- Commit to agencies and organizations becoming traumainformed
- OhioMHAS website
- http://mha.ohio.gov/traumacare

OHT Seclusion and Restraint (S/R) Initiative

• Reduce the use of seclusion and restraint in children's residential and inpatient settings.

MHAS/DODD Policies, procedures and Rules will be reviewed on a regular basis to include trauma sensitive language.

 Policies, procedures, rules and practices support TIC principles and culturally responsive services to promote safety and prevent retraumatization

Partnership Work

 Support the implementation of trauma-informed care systems and trauma-specific services across Ohio's social services systems.

Regional Collaboratives

- Progressively transmit TIC and increase expertise within regions
- Facilitate cultural change within organizations, addressing gaps and barriers and taking effective steps based on the science of implementation
- Topical workgroups (prevention, DD, child, older adult, etc.)
- Department(s) continue to support, facilitate, communicate

Ohio's Trauma-Informed Care (TIC) Initiative

- There continues to be a need for training for staff/facilities and community system partners
- Increasing awareness that caregivers and workers are at higher risk if they have a history of trauma in their own backgrounds and are exposed directly and/or indirectly to trauma experienced by others
- The ability of all communities and providers to organize trauma trainings internally is often beyond their finances, time and capabilities, yet the need of persons served has not changed
- The initiative will seek to provide additional resources for agencies and programs in Ohio who may need this support

Central

- Varying stages of knowledge and implementation
- Region based Trauma 101 hands on training Peer Support and Mutual Support

Southeast

- Maximize use of limited resources, common background across all service domains foster networking.
- Collaboration and Mutuality (culture of the Region)

Southwest

- Value of county based TIC initiatives
- Networking Collaboration and Mutuality

Lower Northeast

- Strong TIC practices in several organizations and agencies
- Collaboration and Mutuality

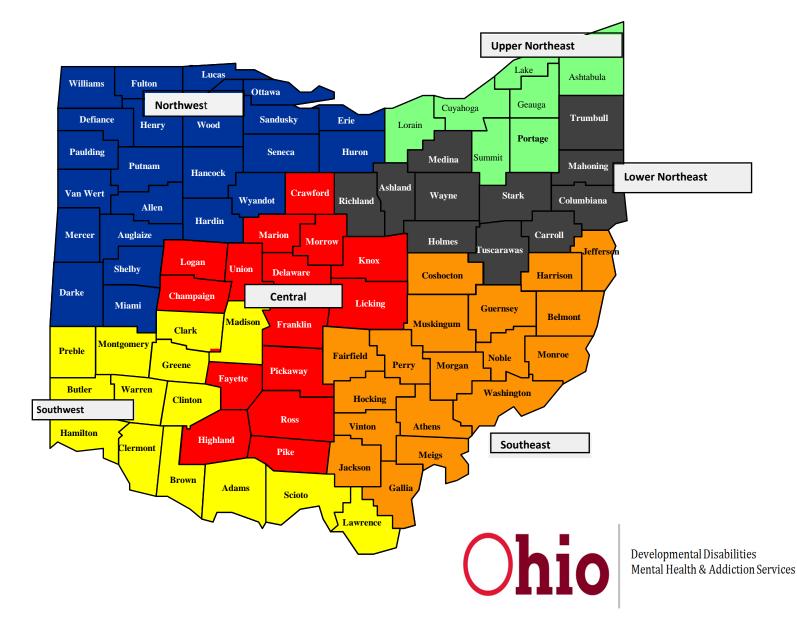
Upper Northeast

- Varying levels of TIC knowledge and implementation
- Action plan to respond to region needs

Northwest

- Share tools and trainings with each other to increase understanding of TIC
- Creating a network for people to meet others in the human services field; fostered Lucas County to start their own collaboration between agencies
- Collaboration and Mutuality

Trauma-Informed Care Regional Collaboratives



Sustainability:

- Based on the passion of those involved in the initiative
- This can be launched and maintained with fairly little infusion of resources
- Encourage use and repurposing of existing resources
- Technical support: NCTIC and deliverables of CCOEs
- Encourage regions and states to develop internal expertise and learning communities to transmit, maintain and advance our ability to respond to those with trauma needs

TIC: Why is this important?



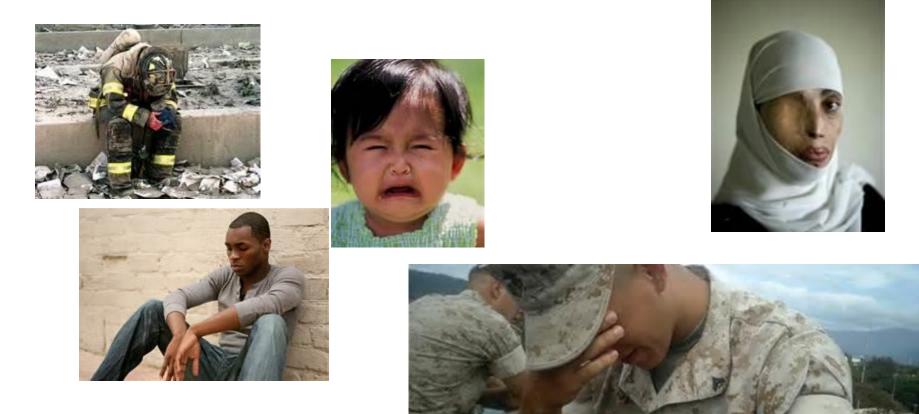






TIC: Why is this important?

"What Happened to You?"



SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Prepared by SAMHSA's Trauma and Justice Strategic Initiative July 2014

A TREATMENT IMPROVEMENT PROTOCOL Trauma-Informed Care in Behavioral Health Services





TIP 57





Contact Information

Dr. Mark Hurst, M.D., FAPA Medical Director, OhioMHAS 30 East Broad Street, 36th Floor, Columbus, OH 43215 (614) 466-6890 <u>Mark.Hurst@mha.ohio.gov</u>

Pamela Berry Senior Policy Advisor, Ohio Department of Developmental Disabilities 30 East Broad Street, 12th Floor, Columbus, OH 43215 (614) 301-2992 <u>Pamela.Berry@dodd.ohio.gov</u>

> Kim Kehl TIC Project Coordinator, Office of the Medical Director OhioMHAS 30 East Broad Street, 36th Floor, Columbus., OH 43215 (614) 644-8442 <u>Kim.kehl@mha.ohio.gov</u>