Ohio's Trauma-Informed Care Initiative

National Association of State Mental Health Program Directors Annual Meeting

July 30, 2018

Mark Hurst, MD, Director

Overview

- Program development

- Delivering the program

- What's next?

Trauma Experiences in Ohio:

	Mental Illness		Substance Use Disorder		Both	
	Female	Male	Female	Male	Female	Male
Physical Abuse	32.8%	20.2%	25.5%	7.7%	34.3%	12.7%
Sexual Abuse	38.6%	12.7%	26.2%	4.2%	36.0%	10.1%
Domestic Violence witnessed	39.6%	23.8%	25.6%	8.7%	35.6%	14.1%

Source: Client Self-Reported Experiences of Trauma, SFY 2013, Ohio Behavioral Health Module

ACE Categories

Abuse
- Emotional
- Physical
- Sexual

Neglect
- Emotional
- Physical

Household Dysfunction
- Mother Treated Violently
- Household Substance Abuse
- Household Mental Illness
- Parental Separation or Divorce
- Incarcerated Household Member

ACE Score and Health Risk

As the ACE score increases, risk for these health problems increases in a strong and graded fashion:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Hallucinations
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease

- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- HIV

Ohio's Trauma-Informed Care (TIC) Initiative

- Exposure to trauma is widespread and is a major contributor to illness and high healthcare costs
- The majority of individuals with mental illness and substance use disorders have experienced trauma
- Trauma experiences are almost universal among individuals in foster care systems
- Trauma is highly associated with medical illness, including cardiac disease and cancer
- Addressing trauma can positively impact the physical, behavioral, social and economic health of Ohio and Ohioans
- Must be addressed in a comprehensive and cohesive manner for the best impact

Ohio's Trauma Informed-Care (TIC) Initiative

- Many mental health and addiction treatment agencies, inpatient facilities, child-serving agencies and other community partners, had already provided training and consultation in trauma informed practice

- Many clinicians were trained in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization training (EMDR); Dialectical Behavioral

Ohio's Trauma-Informed Care (TIC) Initiative

- There continues to be a need for training for staff/facilities and community system partners

- 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 provided additional support for agencies and programs in Ohio

Ohio's TIC Initiative

- The TIC model assesses a service delivery system and makes modifications based on the basic understanding of how trauma affects the life of an individual seeking services
- TIC means that every part of an organization or program understands the impact of trauma on the individuals they serve and promotes cultural and organization change in responding to the consumers/clients served
- This is not a service; rather it is an approach to interpersonal interactions that takes into account the potential scars of a person's past experience
- This TIC Initiative was not about endorsing particular trauma-informed practices, treatment models, screening or assessment instruments or processes and takes an across-the lifespan approach

Make it easily available, make it inexpensive, make it work

Framework for Ohio's TIC Initiative

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

Key Principles of Trauma-Informed Care

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

Resiliency and strength-based

Ohio's Trauma-Informed Care (TIC) Initiative

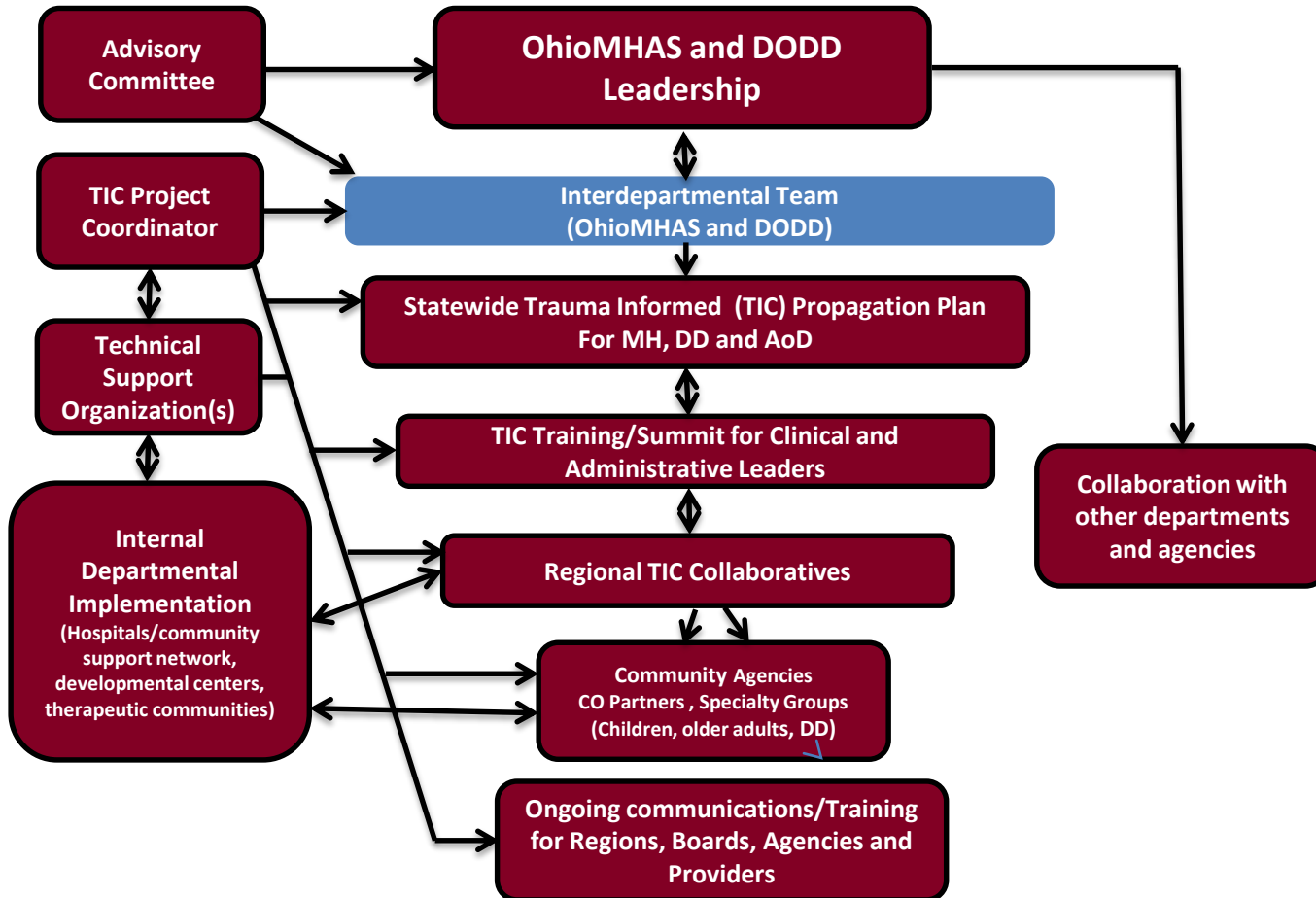**Vision:**

To advance Trauma-Informed Care in Ohio

Mission:

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

Ohio | Developmental Disabilities
Mental Health and Addiction Services

TIC Planning Framework

Ohio's Trauma-Informed Care (TIC) Initiative

Summer 2013:

- All MHAS Central Office and Regional Psychiatric Hospital (RPH) leadership in TIC
- A portion of the "Strong Families, Safe Communities" funds from the Governor's Office was earmarked for this purpose
- Interagency workgroup comprised of leaders from Ohio
- (NCTIC)/SAMHSA and Ohio Center for Innovative Practices (CIP) consulted formally
- Additional conversations and advice from provider and advocacy organizations

TIC Planning Framework
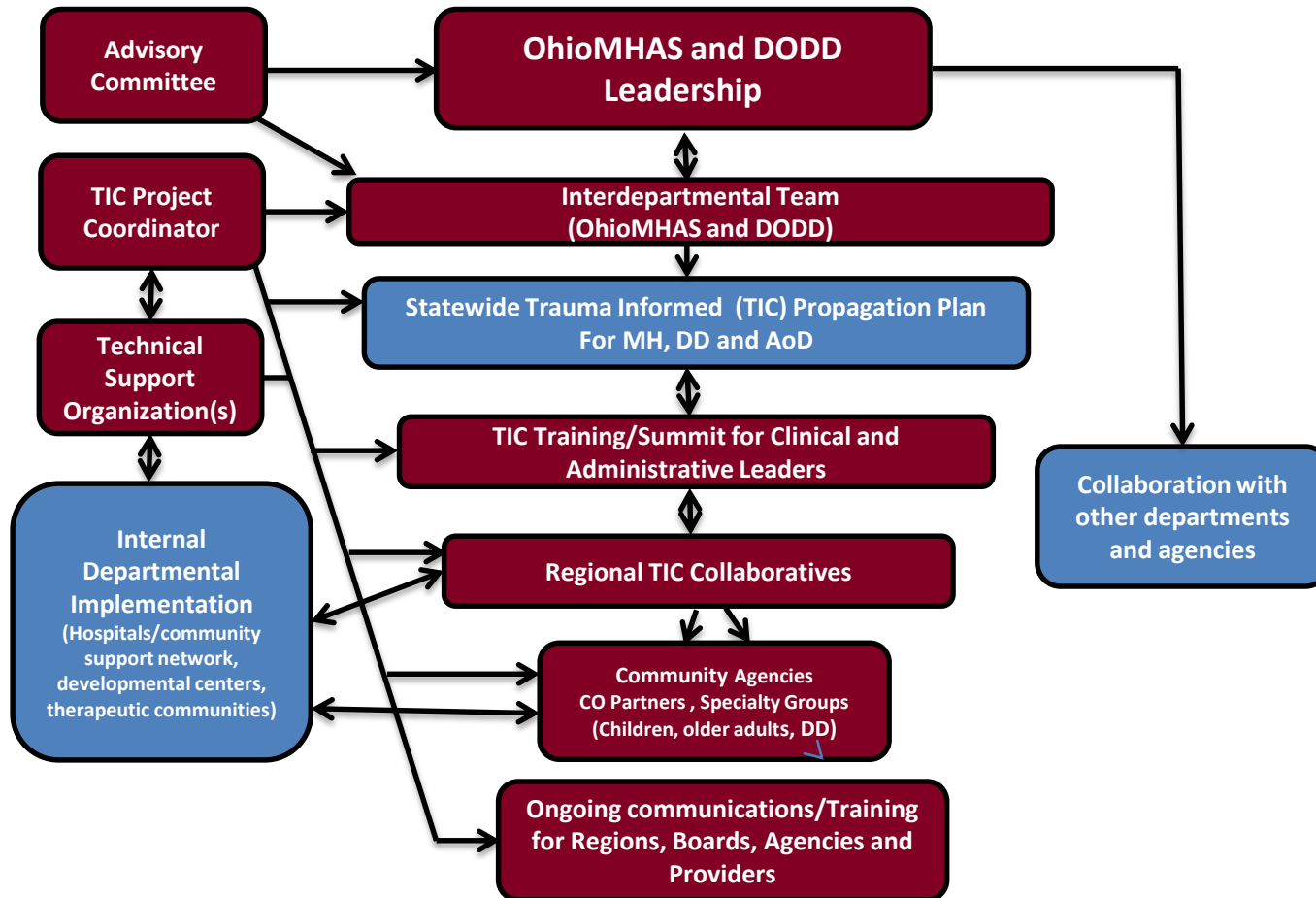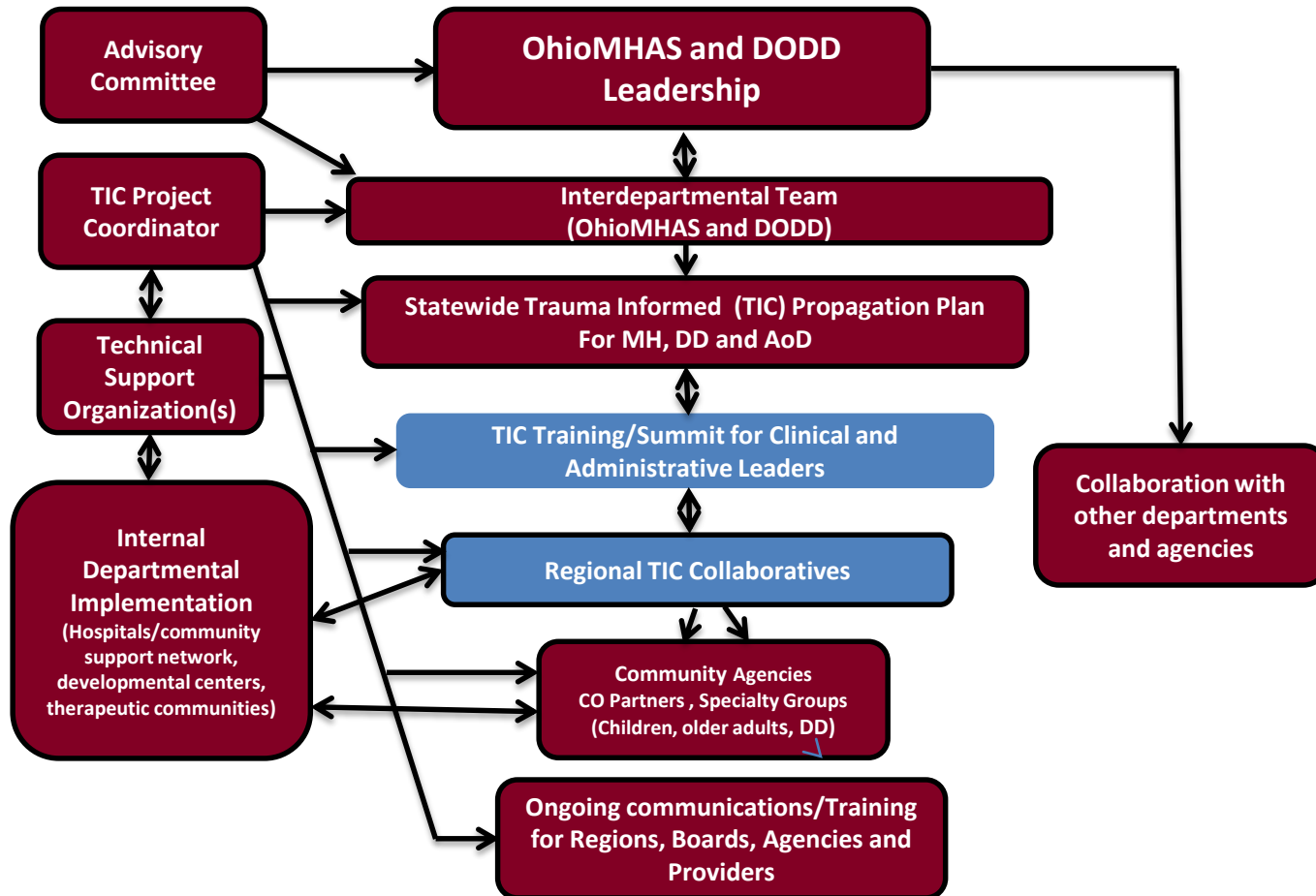
Framework for Ohio's TIC Initiative

State Hospital Services:

- June 2013: Initial training of ODMH/MHAS Central Office and Regional Psychiatric Hospital (RPH) leadership in TIC
- On site training of clinical and support staff at all RPHs and DODD Developmental Centers, as available
- Consultation from NCTIC on next steps in Hospital Service
- Each RPH has identified specific TIC project(s)
- Establishment of staff and patient safety initiative in RPHs
- Plans for subsequent visits and consultation from NCTIC

Framework for Ohio's TIC Initiative

- November 2013: TIC Project Coordinator started (Kim Kehl)
- Advisory Group formed
  - Meetings: January 30 and February 27
  - Endorsed "Fundamentals of TIC" approach
  - Serve as "ambassadors" of TIC
- Submitted application to NCTIC for technical support in December 2013
- Conference call with NCTIC March 19, 2014
  - Train-the-trainers model
  - System infrastructure and infiltration
- Updated TIC Website (in progress):
  - http://mha.ohio.gov/Default.aspx?tabid=104

TIC Planning Framework

Advisory Committee

OhioMHAS and DODD Leadership

TIC Project Coordinator

Interdepartmental Team (OhioMHAS and DODD)

Statewide Trauma Informed (TIC) Propagation Plan For MH, DD and AoD

Technical Support Organization(s)

TIC Training/Summit for Clinical and Administrative Leaders

Collaboration with other departments and agencies

Internal Departmental Implementation (Hospitals/community support network, developmental centers, therapeutic communities)

Regional TIC Collaboratives

Community Agencies CO Partners , Specialty Groups (Children, older adults, DD)

Ongoing communications/Training for Regions, Boards, Agencies and Providers

Framework for Ohio's TIC initiative

TIC Summit June 26, 2014
- Thematic fundamental training for clinical and administrative leaders
- AM session: Didactic by leaders from NCTIC
- PM session: Regional breakouts to advance TIC locally
  - Identify strengths, weaknesses, needs, champions
  - Identify initial plan to proceed, with support from departments for communication, facilitation, etc.
  - Sustainability

Regional Collaboratives
- Progressively transmit TIC and increase expertise within regions
- Topical workgroups (prevention, DD, child, older adult, etc.)
- Department(s) continue to support, facilitate, communicate

Outcomes with TIC

- 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

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

Prepared by

SAMHSA's Trauma and Justice Strategic Initiative

July 2014

DEPARTMENT OF HEALTH & HUMAN SERVICES - USA

Substance Abuse and Mental Health Services Administration

✗SAMHSA

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

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

TIP 57

Substance Abuse and Mental Health Services Administration

✗SAMHSA

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

TIC Regional Collaboratives

Regional Collaboratives

- Initially staffed by MHAS and DODD Regional Liaisons with Local leaders

- **http://mha.ohio.gov/traumacare**
  - Click on TIC Regional Collaboratives

- Southeast Region – *SETICC Website (South East Trauma Informed Care Collaborative)*

- *Ohio Voices,* provide individual person's perspectives on trauma and hope for healing
  - **http://mha.ohio.gov/Default.aspx?tabid=878**

- *Child Welfare Learning Communities* – to address collaborative practices among child welfare, substance use disorder treatment agencies, and the courts to produce better outcomes for children, parents, families, first responders and peer supporters

Update: State Hospitals

- PROTECTS Curriculum - building positive and collaborative TI relationships

- Quarterly TIC Newsletters;

- Care Committee

- Recovery Cafés;

- Value based hiring process; Trauma-informed approach training upon hire

- SAFTI - SAFTI initiative – Staff Assistance From Trauma Incident;

- NOPH Trauma Matters Strategic Planning

Appalachian Behavioral Health Value-Based Interviewing

- *The Trauma Informed Care Committee selected the following values*

Compassion	*Integrity*
Collaboration	*Quality*
Innovation	*Trust*
Responsibility	*Diversity*

- Value Based Questions were introduced to The interview process in January of 2015.

January 2014 – January 2015

ABH hired:
21 Part Time/ETA staff
2 Full Time
Total: 23 staff hired
Retained 6 of the staff hired during this period

26% Retention Rate

January 2015 – January 2016
Implemented Value Based Questions in January 2015

ABH hired:
26 Part Time/ETA
3 Full Time
Total: 29 staff hired
Retained 20 of the staff hired during this period

69% Retention Rate

Update: Communities

- As of June 2018 over 14,000 people trained in trauma-informed approaches
- Content focused on system infrastructure and infiltration
  - Understanding trauma
  - Trauma-informed approaches
  - Principles of trauma-informed approaches
  - Guidance and implementation
  - Healing and recovery
- **http://mha.ohio.gov/traumacare**
- *Trauma-Informed Approaches – 2nd Edition; 128 trainers available as of October 1, 2017*

Partnership work

- Partner with the Ohio Department of Health on their Early Childhood Comprehensive Systems (ECCS) Grant Partner with Attorney General's Office VOCA (Crime Victim's Fund) programming

- Partner with Department of Aging to roll out **Trauma-Informed Approach: Responding to Older Adults**

- Partner with **Ohio Veterans Homes** to implement trauma-informed care within nursing homes and domiciliary

- **Trauma-Informed Policing** training for law enforcement basic and advanced professional development training 2017 through OPOTA

- **Equipping the Church** – becoming a Trauma-Informed Congregation

- Partner with PCSAO - **Ohio START** – Sobriety, Treatment and Reducing Trauma - strengthening Ohio's comprehensive response to the state's opioid issues

Is having a trauma informed healthcare system enough?

Addressing Trauma in individuals with Serious Mental Illness

NASMHPD Medical Directors' Recommendations:

Recommendation one:

- All treatment providers for individuals with serious mental illness (SMI) should become trauma informed and fully implement trauma informed practices throughout their organizations/practices

Recommendation two:

All individuals with SMI should be screened for traumatic experiences that might have occurred throughout their life, from childhood to present

Addressing Trauma in individuals with Serious Mental Illness

Recommendation three:

- All treatment for individuals with SMI should consider trauma history(ies) and its effect on symptom course, treatment adherence and response

Recommendation four:

- Individuals with SMI and a history of traumatic experiences, should receive trauma interventions that are evidence based and specific to SMI as part of their comprehensive treatment plan

Recommendation five:

- Organizations/practices treating individuals with SMI should establish specific approaches to decrease likelihood of victimization and re-traumatization and respond promptly to address victimization/re-traumatization and improve patient safety when it occurs

Addressing Trauma in individuals with Serious Mental Illness

Recommendation six:

- All treatment providers for individuals with SMI should make serious efforts to decrease seclusion, restraint and other coercive interventions that contribute to re-traumatization within their organizations and practices, with goal of total elimination of these interventions

Recommendation seven:

- Organizations/Practices treating individuals with SMI should implement staff self-care programs and approaches to improve staff wellness, staff retention and patient outcomes

Recommendation eight:

- Organizations and practices treating individuals with SMI should have processes in place to promptly respond to staff members who have experienced primary or vicarious trauma.

Addressing Trauma in individuals with Serious Mental Illness

Recommendation nine:

- For maximum impact, these recommendations should be implemented in all areas of the treatment continuum accessed by individuals with SMI, inclusive of general medical settings

TIC: Why is this important?

Only in the presence of compassion will people allow themselves to see the truth.

~ A.H. Almaas

MHAS
Promoting wellness and recovery
ADDICTION SERVICE

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About OhioMHAS Treatment

About Trauma Informed Care

>> 2017 TIC Summit and Power Point Resources

>> Ohio Voices on Video

>> Resource Library

>> Trauma & Adults

>> Trauma & Children

>> OhioMHAS Regional Psychiatric Hospitals

>> TIC Regional Collaboratives

>> Trauma Resources for Southeast Ohio

Affidavit of Mental Illness

Access Success

State Psychiatric Hospit

Criminal Justice

First Epi

river Alcohol

Treatment

Intensive Home-Based

Treatment

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Ohio's Trauma-Informed Care Initiative

The Ohio Departments of Mental Health and Addiction Services (OhioMHAS) a
Developmental Disabilities (DODD) collaborate on a statewide Trauma-Inf
Care (TIC) Initiative intended to promote a greater sense of safety, se
equality among consumers/clients. TIC is an approach that expli
the role trauma plays in people's lives. TIC means that eve
organization or program understands the impact of trau
serve and adopts a culture that considers and add

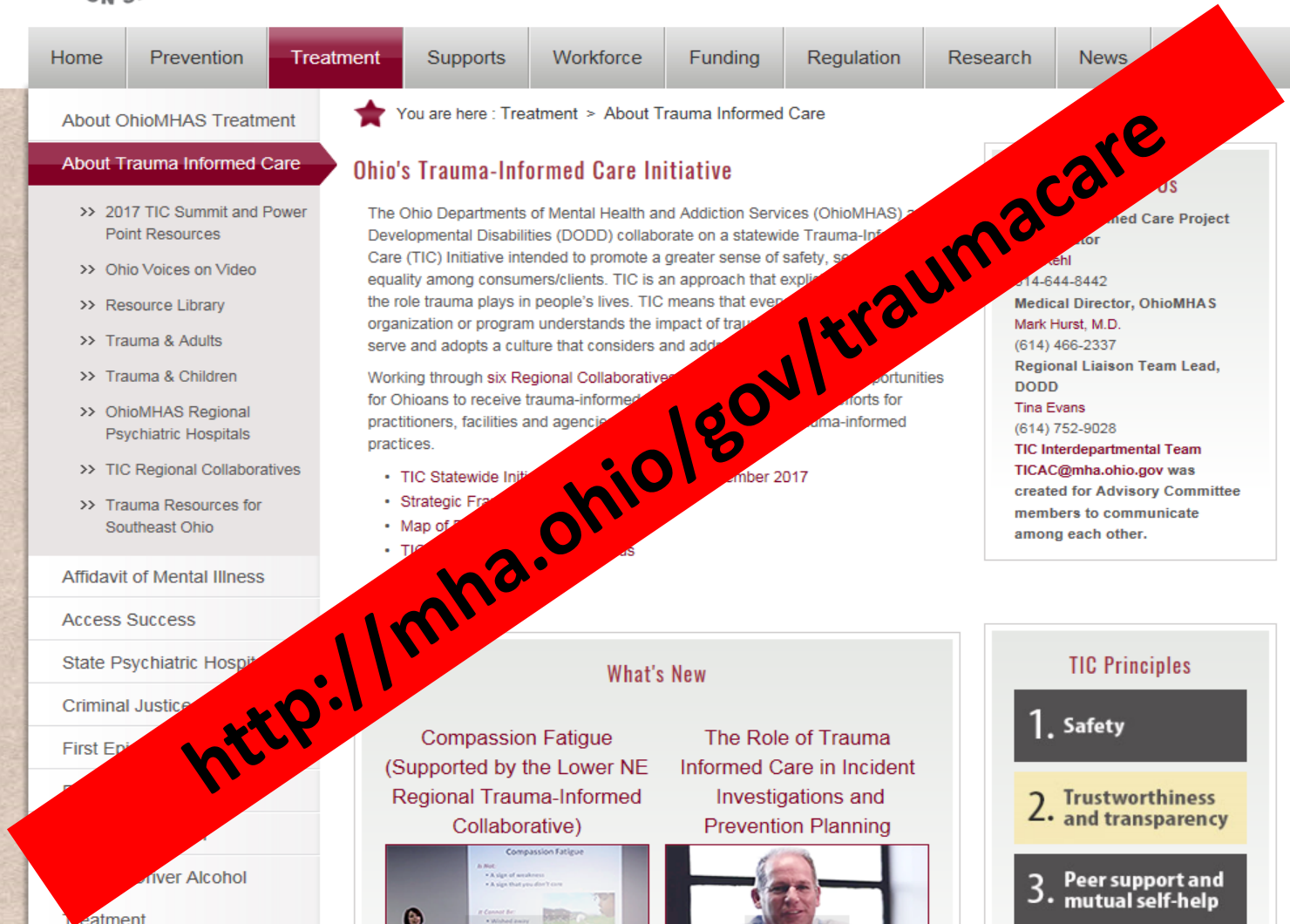Working through six Regional Collaboratives   ortunities
for Ohioans to receive trauma-informed   forts for
practitioners, facilities and agencie   ma-informed
practices.

• TIC Statewide Initi   mber 2017
• Strategic Fra
• Map of
• TI

What's New

Compassion Fatigue (Supported by the Lower NE Regional Trauma-Informed Collaborative)

The Role of Trauma Informed Care in Incident Investigations and Prevention Planning

http://mha.ohio/gov/traumacare

med Care Project
tor
ehl
614-644-8442
Medical Director, OhioMHAS
Mark Hurst, M.D.
(614) 466-2337
Regional Liaison Team Lead, DODD
Tina Evans
(614) 752-9028
TIC Interdepartmental Team
TICAC@mha.ohio.gov was created for Advisory Committee members to communicate among each other.

TIC Principles

1. Safety

2. Trustworthiness and transparency

3. Peer support and mutual self-help

4. Collaboration and mutuality

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7/20/2018

Contact Information

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