



Healthy People. Healthy Communities.

Department of Public Health & Human Services

January 25, 2017

**DPHHS ACE and Trauma Sensitive Efforts
Best Beginnings Presentation**

DPHHS ACEs Training by the Numbers

- 2014 DPHHS Embarked on an effort to have all DPHHS Staff become ACE informed

To date as of the end of September 2016:

- * 3011 watched the Directors introductory video
- * Jan 2015 through December 2015
 - * 345 employees or 3 Master Trainers, 27 DPHHS facilitators, 131 (management by Laura Porter), 184 employees, participated in either the long or short ACEs presentation,
- * Jan 2016 through September 2016
 - * Divisions/work units/ facilities held trainings
 - * Community of Practice for DPHHS ACE Facilitators
- * Evaluation of the Training was conducted; recommendations made for next steps

On Boarding New DPHHS Staff

- * On line presentation and introduction by Director
 - * Covers what ACEs are and brain development
- * Connecting new DPHHS staff to short presentations being offered in other divisions or other opportunities.
 - * Short presentation held quarterly in person with a WebEx line to participate for the staff outside of Helena
 - * Human and Community Services new employee orientation
 - * Learn DPHHS (formerly Moodle) courses will be added

Paper Tigers and Resilience Films

Learn DPHHS site will house:

- * Draft Guidance to use – please read – directed to DPHHS Staff!
- * 5 DVDs for check out
 - * Process for checking in/out – DPHHS Staff can contact Scott Burnett an email to check out: sburnett@mt.gov
- * Site Streaming access to the video online – process and instructions to be housed on Learn DPHHS
 - * Will be able to stop/resume sessions at a later date
 - * DPHHS Staff use only – so utilize a DPHHS staff on your coalition to access
 - * Can't be recorded
 - * Discretion of Division/Bureau/Section to show
- * Purpose of making available is to spur conversation within work units about how the strategies shown might be transferrable and useable at a program and/or agency level.

Next Steps Framework - draft

Trauma Informed – Trauma Sensitive Approaches

According to SAMHSA's concept of a trauma-informed approach, "A program, organization, or system that is trauma-informed:

- * *Realizes* the widespread impact of trauma and understands potential paths for recovery;
- * *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- * *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
- * Seeks to actively resist *re-traumatization*."

A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing.

Next Steps Framework - draft

SAMHSA's Six Key Principles of a Trauma-Informed Approach

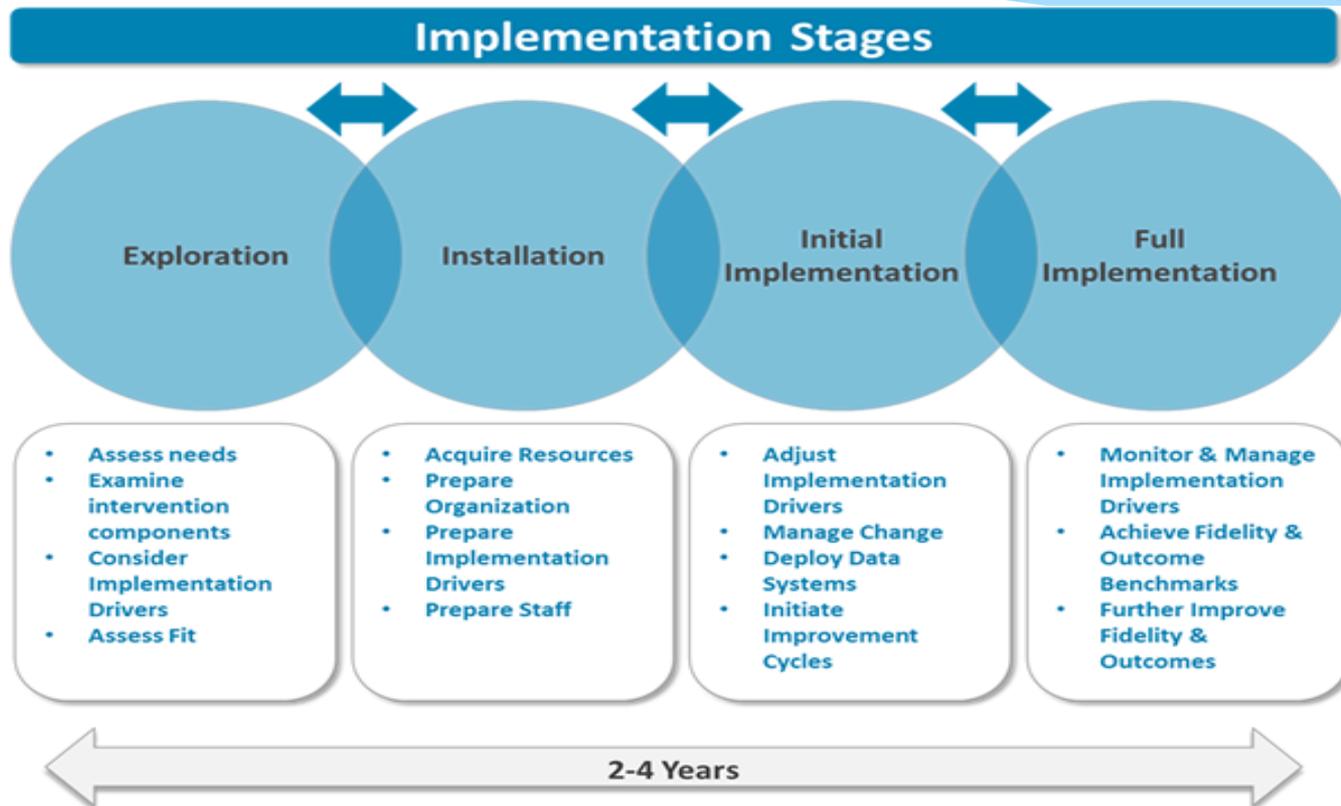
A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific:

- * Safety
- * Trustworthiness and Transparency
- * Peer support
- * Collaboration and mutuality
- * Empowerment, voice and choice
- * Cultural, Historical, and Gender Issues

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- * From SAMHSA's perspective, it is critical to promote the linkage to recovery and resilience for those individuals and families impacted by trauma. Consistent with SAMHSA's definition of recovery, services and supports that are trauma-informed build on the best evidence available and consumer and family engagement, empowerment, and collaboration.
- * By becoming a trauma-informed agency that responds to the needs of employees and customers, the Department of Public Health and Human Services will become more equipped to fulfill the mission of the department to improve and protect health, well-being, and self-reliance of all Montanans.

Next Steps Framework - draft



Next Steps Framework - draft

* **Installation Stage**

After a decision is made to begin there are activities which need to be accomplished before the change in practice begins. These activities define the Installation Stage of implementation. Resources are being consumed in active preparation for actually doing things differently. Resources are being consumed, and there is no change in implementer behavior at this time. It takes time and talent to ensure structural supports are put in place, materials and supports are organized and system components are reorganized. These include ensuring the availability of funding streams and human resource strategies, policy and procedure development and creating reporting frameworks for expected outcomes.

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* **Initial Implementation Stage**

This stage is known as the “awkward stage”. After working through the Installation Stage, the outcome is an Implementation Action plan for the first generation implementers to begin this new work. Even the best laid out plans offer opportunities for learning and *rapid cycle improvement*. The motto is to “get started and then get better”. The support of leadership and Implementation Teams is critical during this stage since new challenges emerge from staff due to fear of change, inertia, and investment in the status quo. We believe there is a correlation between the time taken in the exploration stage and the push-back that may be experienced during initial implementation. Hand-in-hand with success is the willingness to learn from mistakes and develop system solutions when appropriate, rather than allowing problems to re-emerge and re-occur.

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- * **Full Implementation Stage**

Full implementation of an innovation can occur once the new learning becomes integrated into local, district, regional and state practices, policies, and procedure. Over time, the innovation becomes “accepted practice” and a new operationalization of “business as usual” takes its place. To reach Full Implementation typically takes two to four years, depending on the complexity of the practice and the size of the organization. To prevent “implementation dips” from occurring, it is important for regular assessment of fidelity to the intervention and fidelity to the Implementation processes. *Implementation Teams* can help ensure that implementation data are used for decision-making, fed forward and back to key stakeholders and new issues are addressed quickly.

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Administrative Support and skilled leadership for change

- * Director Opper took the lead in challenging and directing us to use a trauma informed approach (TIA) /trauma sensitive approach; Director Hogan is embracing as well. May look a little different.

Committed stakeholder group with different perspectives and expertise

- Leadership Group
- Facilitators and the Learning Community

Connection to existing education infrastructure (DOA, HR, EAP, other)

Evaluation plan –To be developed – may use ARTIC? An attitude assessment or the one that Sanders building did already or maybe the TSS fidelity tool -

- Better morale – how will it be measured?
- Less turnover?
- Policies and procedures that are more trauma informed
- Improved climate – less complaints?
- More engaged staff and customers

Next Steps Framework - draft

Implementation plan

- * Next Steps Video will likely be developed and directs each Bureau Chief or Division Administrator to review this plan and identify which series training they would like to have for each of their Bureaus – Series 1, 2 or 3.
 - The ideal - an in person presentation on what the next steps might be for Bureau Chiefs and Division Administrators as well as Branch Managers – this may include a short ACEs presentation for those that have not yet participated. It is important to note that there are several new Upper Management employees
- * Depending level of knowledge and identified needs, progression of training would follow: an introductory 101 training, a profession specific 201 training focused on trauma-response skill building, the final option is to engage a team in a 301 organizational assessment.

Next Steps Framework - draft

- * Level 101 Training – Introduction to Trauma-Informed Care/Approaches/Sensitivity
 - * Wisconsin's OPI modules or a portion of them and make our own
- * Level 201 Training- utilize existing trainings if relevant – Mental Health First Aide, HR de-escalation training, EAP, Dept of Administration Benefits Division
 - * Bureau/ Division/Facility and/or Discipline Specific Trauma-Informed Care
- * Level 301 Training Assessment/Mentorship –
 - * May chose to use the De Stress Grants 301 training , bring in Bureau Chief and/or Division Administrator and the coaches for a ½ day training on what they want including assessment to help make this determination

Next Steps Framework - draft

* **101 Topics**

- What is trauma?
- What are ACEs and how do they affect health outcomes?
- How can our understanding of clients/patients' ACEs improve our ability to care for them? (for programs that work with the public)
- What does it mean to be Trauma-Informed, use Trauma-Informed Approaches, and use Trauma Sensitive Approaches?
- What can we do to reduce the impact of ACEs and trauma on health outcomes?

Next Steps Framework - draft

* **Series Education/Training – use of modules- from Wisconsin OPI**

(Need to be further vetted for appropriateness)

- 1. Project overview**
- 2. Prevalence and Impact of Trauma**
- 3. Neuroscience**
- 4. Self and collective care**
- 5. Trauma-sensitive divisions**
- 6. Trauma-sensitive lens for strategies**
- 7. Trauma-sensitive environments**
- 8. Social and emotional learning**
- 9. Emotional and physical regulation**
- 10. Relationship building**
- 11. Cognitive problem solving**
- 12. Trauma sensitive behavioral supports**
- 13. School wide discipline**
- 14. Family partnerships**

Next Steps Framework - draft

201 General Topics

- * In-depth look at trauma
- * Short and long-term effects of trauma
- * Trauma Triggers
- * Secondary traumatic stress (STS) and Burnout
- * Self-care strategies
- * Implementing the 5 Domains of Trauma Informed Care

Next Steps Framework - draft

201 Discipline-Specific Topics

- * Trauma and brain development
- * Teaching/promoting self-regulation
- * Crisis prevention/intervention
- * Motivational Interviewing Skills
- * Cultural competency skills
- * Interaction of trauma, mental illness & substance abuse

Next Steps Framework - draft

301 Specific Topics – Focuses on Assessment and Mentorship using the Integrating Trauma-Informed Practices Toolkit

Toolkit Content

- * Identify Integration Team
- * Organizational Self-Assessment
- * Agency Walkthrough
- * Client Satisfaction Survey
- * Staff Practice Survey
- * Planning Tools
- * Sustainability Planning

Next Steps Framework - draft

201 and 301 Considerations:

- 1. Readiness check for series 2/3**
- 2. Applying the trauma-sensitive lens to common practices and strategies**
- 3. Caregiver capacity**
- 4. Academic interventions**
- 5. Screening/assessment**
- 6. Relationships**
- 7. Emotional and physical regulation**
- 8. Cognitive and behavioral interventions**
- 9. Systems working together-collaboration with community partners**
- 10. Crisis response**
- 11. Family partnerships**

A Few Resources... we continue to grow the resource list

- National Child Traumatic Stress Network
- ACE Study
- Creating Cultures of Trauma-Informed Care, Dr Roger Falot and Dr. Maxine Harris
- SAMHSA
- Chadwick
- National Council on Behavioral Health
- ARC Model - [The Attachment, Self-Regulation and Competency \(ARC\)](#) from <http://mentalhealth.vermont.gov/cafu/vctc/arc>
- Institute for Health and Recovery

Odds and Ends

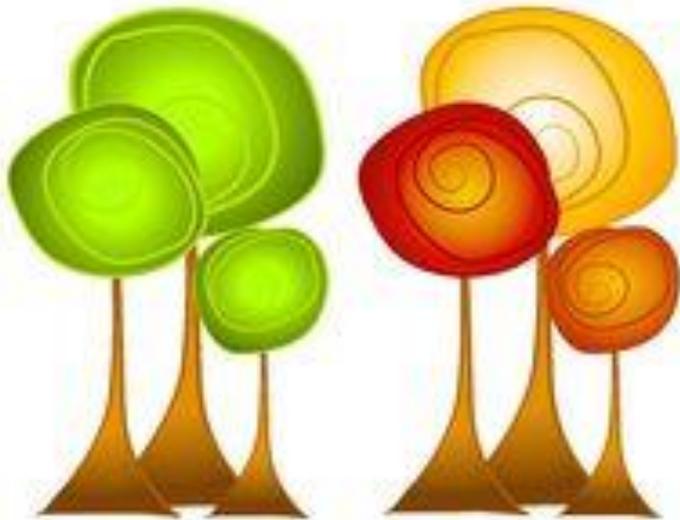
- * **Quarterly Learning Community Sessions for Facilitators**
- * **Quarterly Catch up** for On-Boarding New Staff with ACEs
Short Presentation - if new staff can't get through Division Facilitators:

Proposed Dates for 2017 –10am – noon; location TBD

In person in Helena with a WebEx connection for field:

- * April 11 2017
- * July 11 2017
- * Oct 10 2017

Thank you for your time today!



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- * www.prevention.mt.gov
- * www.parentpowermt.gov