Integrating Trauma-Informed Approaches within a State System of Care Expansion

Molly Lopez
Texas Institute for Excellence in Mental Health
University of Texas at Austin

Marisol Acosta & Lillian Nguyen
Texas Health and Human Services Commission
Time to Meet the Neighbors...
Texas at a Glance

A Tale of Two Initiatives...

Texas System of Care
• CMHI Planning Grant (2011-2012)
• CMHI Expansion Grant (2013-2017)
• Led by Texas Health and Human Services Commission

Texas Children Recovering from Trauma
• National Child Traumatic Stress Network
• 2012-2016
• Led by Texas Department of State Health Services
Lillian Nguyen, M.A.
Director of Policy, Systems Coordination, and Programming
Office of Mental Health Coordination
Texas Health and Human Services Commission
What is the national Building Bridges Initiative (BBI)?

• National initiative to promote implementation of best practices in residential treatment centers (RTCs)

• Best practices include youth engagement, family involvement, community collaboration, reduction of restraint and seclusion, elimination of level systems, and cultural and linguistic competence

Goals

• Improved long-term outcomes
• Decreased lengths of stay
• Reduced recidivism
• Person-centered and trauma-informed care
• Decreased use of psychiatric hospitalization, juvenile and criminal justice, and foster care
Initiating Texas Building Bridges

• June 2016: Coordinated by the Texas System of Care (TxSOC), kick-off conference held for Texas RTCs

• Day two featured strategic planning with RTCs selecting best practices and developing action steps

• Lesson learned: best practices are interconnected and benefit from simultaneous implementation with varying priority focus
Ongoing Commitment

• Following opening conference, RTCs participated in monthly technical assistance

• National expertise from BBI and RTCs
  • Site visits
  • Conference calls
  • Webinars
Collaboration

• Texas RTCs are licensed by the Department of Family and Protective Services (DFPS)
• RTCs hold contracts with DFPS, juvenile justice, and the Texas Health and Human Services Commission (HHSC)
• Fall/Winter 2016: Partnership with DFPS began
• DFPS provided technical assistance to RTCs on finding family members
• Lesson learned: Support of licensing agency vital for promoting change
Gaining Momentum

• Both TxCOC and DFPS embraced training opportunities
• Participation in October 2017 national BBI training event – Andover, MA
• Following training, DFPS leadership promoted BBI through RTC site visits
• Discussed exemplary national and local outcomes
• Result: RTCs across Texas expressed interest in learning and implementation
Initial Outcomes

- Krause Children’s Center – Katy, TX
  - Texas leader in BBI implementation
  - >60% reduction in restraints
  - Youth assist with hiring new staff
  - Pre-placement interviews for youth
  - Family days
  - Increased training for clinicians and direct staff
  - Transformation of residential environment
Next Steps

• May 2018: Kick-off conference for phase two held – Houston, TX

• 12 RTCs – some RTCs in licensure process; building programs founded on BBI principles

• DFPS vision guides the process

• Technical assistance for RTCs groups to continue through 2018

• Next in-person training early 2019

• Promotion of Texas Building Bridges to continue by DFPS and TxSOC
Thank you!

Lillian Nguyen, M.A.
512-380-4330
Lillian.Nguyen@hhsc.state.tx.us
Evaluating Texas Building Bridges

Focus on Organizational Change
Workshop Training

I felt like I was challenged to truly consider in what ways we can engage the whole family.

It helped us identify strategies to move towards implementing BBI principles.

Policy Changes

The RTC has gotten better about involving families, even though at the beginning it was kind of foreign to them.
Selected Accomplishments

• Site B
  • Provided tablets to families to support Skype for family therapy and visits
  • Conducted administrative review of all permanency plans
  • Created an outdoor calming area
  • Staff training aimed at reducing restraints and seclusions
  • Increased diversity of staff and Board members
  • Barriers: Changing data system and couldn’t monitor data well
Accomplishments

• Site E
  • Created outcome tracking system at 1, 6, and 12 months past discharge, focused on long-term functioning
  • Experienced families supporting current families
  • Video conferencing for family therapy
  • Removed family time and phone calls from level system
  • Staff training in collaborative problem solving, weekly teaching of self-regulation skills, improved calming rooms, leadership review of all restraint and seclusion
  • Reduced restraints by 50%
Accomplishments

• Site F
  • Soothing physical environment, mural, sound proofing to reduce stimulation, sensory rooms in each dorm
  • Youth Council – informs agency policy and participates in staff hiring decisions
  • Removed phone calls from level system – available to all
  • Staff training in collaborative problem solving
  • Reduce staff turnover through Servant Leadership training
  • Reduced restraints by 75%
Story Telling
Discussion Time
Texas Children Recovering From Trauma

Fostering Trauma Informed Care Organizational & Systems Transformation
• Funded by SAMHSA’s National Child Traumatic Stress Initiative
• Category III Grant: National Child Traumatic Stress Network Community Treatment Service Center
  • $1.6 M Project Period: October 2012-September 2016
• Aim:
  • Transforming community mental health services into a trauma-informed care service delivery system.
• Direct care services target:
  • Children and youth ages 3 to 17 who have experienced or witnessed a traumatic event, including children of military/veteran families
Objectives

• Transform existing children’s mental health services into trauma-informed care services by
  • Training workforce
  • Enhancing policies and practices
  • Increasing number of MH professionals trained in trauma-informed treatments

• Increase access to trauma-informed services and treatments and create partnerships that promote access to trauma informed treatments

• Evaluate outcomes of trauma-focused treatments

• Integrate trauma screening practices into community mental health organizations in Texas and increase number of children screened for trauma
Strategies

• Increased capacity of the workforce to provide trauma-informed services

• A Trauma Informed Care Transformation Pilot
  • Phase 1: Trauma-Focused Transformation at Primary Pilot Site (Heart of Texas Region MHMR)
  • Phase 2: Pilots TIC Organizational Transformation in 16 sites

• Developed a specific Trauma Informed Care Strategic Plan aligned with the Texas State Behavioral Health Strategic Plan
Texas Children Recovery From Trauma Phases of Implementation of Trauma Informed Care (TIC) Transformation

**Phase 1:** Trauma Focused Services

**Phase 2:** TIC Readiness Assessment

**Phase 3:** TIC Organizational Transformation Pilot

**IMPACT**

- National Child Traumatic Stress Network (Statewide / National)
- Trauma-Informed Care, Referrals, Screenings (Community Partners)
- Trauma-Informed Care (Organizational/LMHAs)
- Trauma Focused Treatments (EBPs) (Therapy)
- Child / Youth & Family

#LEADINGCHANGE
Phase 1: Strategies

• Created steering committees

• Incorporate universal trauma screenings in the uniform assessment of all LMHAs and TRR service delivery system

• Training and implementation of trauma-focused evidence-based practices:
  • In-depth trauma assessments
  • Trauma-Focused Cognitive Behavior Therapy (TF-CBT)
  • Parent Child Interaction Therapy (PCIT)

• Establish Heart of Texas Region MHMR as a Community Treatment Service Center of NCTSN
Phase 2: Strategies

- **Trauma Informed Care Knowledge Workforce Survey (TIC-KWS)** – Developed by the Texas Institute for Excellence in Mental Health of the University of Texas at Austin

- **Organizational Self-Assessment (OSA)** - Developed by the National Council for Behavioral Health

- **Secondary Traumatic Stress Index Organizational Assessment (STSI-OA)** – Developed by University of Kentucky Center on Trauma and Children (Sprang, G, Ross, L. & et. al, 2014)
### Readiness Assessment: Programmatic Focus of Respondent’s Roles

<table>
<thead>
<tr>
<th>Programmatic Focus Areas</th>
<th>Number</th>
<th>*Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Mental Health</td>
<td>933</td>
<td>61%</td>
</tr>
<tr>
<td>Intellectual and Developmental Disorders</td>
<td>271</td>
<td>18%</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td>156</td>
<td>10%</td>
</tr>
<tr>
<td>Substance Abuse Prevention</td>
<td>127</td>
<td>8%</td>
</tr>
<tr>
<td>Hospitals and Facilities</td>
<td>120</td>
<td>8%</td>
</tr>
<tr>
<td>Early Childhood Intervention</td>
<td>98</td>
<td>6%</td>
</tr>
<tr>
<td>Physical Health Care</td>
<td>46</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>164</td>
<td>11%</td>
</tr>
</tbody>
</table>
# TIC Readiness Assessment – Roles of Respondents

<table>
<thead>
<tr>
<th>Roles of Respondents</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator or Program Director (Upper Management)</td>
<td>101</td>
<td>7%</td>
</tr>
<tr>
<td>Program Manager or Supervisor (Middle Management)</td>
<td>233</td>
<td>15%</td>
</tr>
<tr>
<td>Service Provider</td>
<td>708</td>
<td>46%</td>
</tr>
<tr>
<td>Administrative or Support Staff</td>
<td>363</td>
<td>24%</td>
</tr>
<tr>
<td>Other</td>
<td>49</td>
<td>3%</td>
</tr>
</tbody>
</table>
Secondary Traumatic Stress Index-Orgnaizational Assessment Baseline (2015)
Phase 3: Strategies

- TIC Organizational Transformation Learning Collaborative and Pilot
- Sixteen Pilot Sites including:
  - Community Mental Health Centers (LMHAs)
  - Substance Abuse Prevention Providers
  - Substance Use Treatment Providers
  - One Tribal Nation: Ysleta del Sur Pueblo
  - Administrative Offices of MHSA (now BHS)
- Expanded community partnerships and workforce development efforts
- Trauma Informed Care Summit
- Trauma Informed Network of Texas Meeting
- Strategic Plan
Structure of the TIC Organizational Transformation Learning Community Pilot

<table>
<thead>
<tr>
<th>Live Training</th>
<th>Webinars</th>
<th>Consultation Technical Assistance Calls</th>
<th>NEXT STEPS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 2 days- Kick Off (July 2015)</td>
<td>• 4 Foundational Trauma Informed Care</td>
<td>• Individual</td>
<td>• TIC Tool Kit</td>
</tr>
<tr>
<td>• 1 day Mid-Yr</td>
<td>• Secondary Traumatic stress</td>
<td>• Group</td>
<td>• TIC Strategic Plan</td>
</tr>
<tr>
<td>• 1 day Closing</td>
<td>• Consumer Voice</td>
<td></td>
<td>• Trauma Informed Network of Texas</td>
</tr>
<tr>
<td>• Training of Trainers</td>
<td>• Other TIC Special Topics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Trauma Summit (August 2016)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Pilot sites: Phase 1 & Phase 3

Phase 1

Phase 2

#LEADINGCHANGE
HHSC TIC Definition
BHS TIC Framework

SAMHSA’s TIC Principles

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice & Choice
- Cultural, Historical & Gender Issues

Secondary Traumatic Stress

- Preventing & Addressing STS in the Workforce
- Caring & Supporting Workforce

NCBH TIC Domains of Implementation

1. Early Screening & Comprehensive Assessment
2. Consumer Driven Care & Services: Partnering with Persons with Lived Experience*
3. Trauma Informed, Educated & Responsive Workforce
4. Trauma Informed Emerging & Evidence-Based Practices
5. Safe & Secure Environments
6. Community Outreach & Partnership Building
7. Ongoing Performance Improvement & Evaluation

*Youth, Family and Adult Representatives
Family, Youth & Adult Consumer TIC Engagement to Partnership Continuum

1. Participates in satisfaction surveys or focus groups.
2. Serves on program advisory board or committees.
3. Monitors program outcomes and effectiveness.
4. Seen as an “expert” at the tribal, local, state and national levels.
5. Involved in own treatment planning.
6. Involved in designing and implementing programs.
7. Partners to develop and deliver training and educational materials.

• Source: National Technical Assistance Center for Children’s Mental Health, Georgetown University, Candace Aylor Consulting Inc.
The Transformation Levels

• **Personal** ("me")
  • **Internal**
  • **Interpersonal** ("you & me")
  • **Relational**
  • **Organizational** ("us")
• **Business Operations**
• **Systems** ("all of us")
• **Between organizations and serving-systems**

Source: Marisol Acosta & Amanda Davidson
Phases of Implementation

**Exploration**
- Buy-In
- Explore models
- Establish TIC Team
- Data Review
- Reviewed Policies

**Planning**
- Goals
- Readiness Assessment
- Plan of Action
  - Short Term
  - Long Term
  - TIC Indicators

**Implementation**
- PHASE 1: Trauma Focused Services: 1 Pilot
- PHASE 2: TIC Pilot & Learning Collaborative: 16 Pilot Sites
- **Trauma Informed Care Model (NCBH)**
- **Secondary Traumatic Stress**
- **TIC SAMHSA’s Principles**

**Sustainability**
- Strategic Plan
- Applied for more funding
- CQI
- Trauma Focused EBPs Implementation
- TIC Trainers

#LEADINGCHANGE
Evaluating Texas Children Recovering from Trauma
Focusing on Shared Goals
Collaborating for Collective Impact

- 12 State Steering Committee
- 23 Two Community Advisory Committees
- 7 PCIT Implementation Committee
- 3 Military Family Subcommittee
- 4 Committee on Refugee Mental Health Needs
- 7 Human Trafficking Coalition
- 8 Ending Family and Youth Homelessness Strategy Committee
- 18 Trauma Summit Planning Committee
Enhancing Family and Youth Voice

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State Steering Committee</td>
<td>2 (11.0%)</td>
<td>3 (13.4%)</td>
<td>4 (20.0%)</td>
<td>4 (22.3%)</td>
</tr>
<tr>
<td>Subcommittee for Family Representation</td>
<td>5.5 (85.7%)</td>
<td>4 (91.7%)</td>
<td>4 (66.7%)</td>
<td>4 (66.7%)</td>
</tr>
<tr>
<td>Youth Advisory Service Project</td>
<td>4 (100%)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Subcommittee for Back to School Event</td>
<td>-</td>
<td>4 (50%)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Local Youth Voice Committee</td>
<td>-</td>
<td>-</td>
<td>2 (66.7%)</td>
<td>2 (66.7%)</td>
</tr>
<tr>
<td>Local Family Voice Committee</td>
<td>-</td>
<td>-</td>
<td>5 (83.3%)</td>
<td>5 (83.3%)</td>
</tr>
<tr>
<td>Implementation Teams within Learning Collaborative Participants</td>
<td>-</td>
<td>-</td>
<td>17 (13.1%)</td>
<td>17 (13.1%)</td>
</tr>
<tr>
<td>Trauma Summit Planning Committee</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>6 (31.6%)</td>
</tr>
</tbody>
</table>
Cumulative Number of Organizations that Implemented Mental Health-Related Practices

- Use of Trauma-Sensitive Assessments
- Implementation of Trauma-Focused CBT
- Implementation of Parent Child Interaction Therapy
- Implementation of Trauma Screening Practices
Workforce Capacity to Provide Evidence-based Practices

Participants Trained in Evidence-based Trauma Practices

- Screening and Assessment:
  - Year 1: 131
  - Year 2: 68
  - Year 3: 29
  - Year 4: 6

- TF-CBT:
  - Year 1: 97
  - Year 2: 183
  - Year 3: 34
  - Year 4: 29

- PCIT:
  - Year 1: 31
  - Year 2: 38
  - Year 3: 36
  - Year 4: 4

#LEADINGCHANGE
Provider Competency

Perceived Mastery or Competency in Practice

<table>
<thead>
<tr>
<th></th>
<th>Pre-Training</th>
<th>Post-Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>TF-CBT</td>
<td>4.51</td>
<td>7.06</td>
</tr>
<tr>
<td>PCIT</td>
<td>4.5</td>
<td>7.22</td>
</tr>
</tbody>
</table>
Early Screening and Assessment

• New trauma screening tools
• Coordinated tools across different programs
• Incorporate assessment results in treatment planning
• Revised intake interview process

Progress on Domain 1
0=No progress, 2=Moderate progress, 4=Goals accomplished
Consumer-Driven Care & Services

- Individuals with lived experience on implementation team
- Input through surveys and focus groups
- Revamp HR practices for peers through peer committee
- Added client satisfaction survey

Progress on Domain 2
0=No progress, 2=Moderate progress, 4=Goals accomplished
Trauma Informed Workforce

- Self-care tips on mailers, emails
- Survey with ProQOL and used in clinical supervision
- Crisis intervention response

Progress on Domain 3

- Site 1
- Site 2
- Site 3
- Site 4
- Site 5
- Site 6
- Site 7
- Site 8
- Site 9
- Site 10
- Site 11
- Site 12
- Site 13
- Site 14

0=No progress, 2=Moderate progress, 4=Goals accomplished
Evidence-Based and Emerging Practices

- Utilizing trauma therapists in intake process
- Strengthening use of TF-CBT, CPT, CBT, and EMDR
- Strengthening use of substance use prevention program

![Progress on Domain 4](chart)

Progress on Domain 4
0=No progress, 2=Moderate progress, 4=Goals accomplished
Safe and Secure Environment

- Trauma-informed design of lobby
- Redesigned wording and look of signage
- Rearranged location of staff to reduce seclusion

- Comfort practices in waiting room, such as water and snacks
- Embedded peers in waiting room
- Staff safety measures

Progress on Domain 5  0=No progress, 2=Moderate progress, 4=Goals accomplished
Community Outreach and Partnership

- Partnering with faith-based community to support trauma-informed community initiative
- Training partners in trauma informed care
- Collaborated to bring trauma-informed leadership training to region

Progress on Domain 6
0=No progress, 2=Moderate progress, 4=Goals

- Site 1: 4
- Site 2: 1
- Site 3: 4
- Site 4: 4
- Site 5: 4
Performance Improvement & Evaluation

- Pre- and post-test for staff to evaluate training efforts
- Gathered qualitative data from staff after training, greater comfort and engagement reported
- Conducted Organizational Self-Assessment at various points

Progress on Domain 7
0=No progress, 2=Moderate progress, 4=Goals accomplished
Strength of Implementation Processes

- Leadership support for the TIC transformation
- Inclusion of one or more members with decision-making authority
- Representation from all areas of the organization
- Availability of needed resources (time, materials)
- Clearly defined vision, goals, and tasks
- Regular and routine meetings
- Accountability through data monitoring
Relationship between TIC Progress and Implementation Processes

<table>
<thead>
<tr>
<th>Amount</th>
<th>Average Rating of Team Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Amount</td>
<td>25</td>
</tr>
<tr>
<td>Moderate Amount</td>
<td>26.4</td>
</tr>
<tr>
<td>A Great Deal</td>
<td>29.6</td>
</tr>
</tbody>
</table>
Discussion Time
Our Challenge - Considering Collaboration

Think about an existing initiative within your community, region or state that that you have struggled to collaborate with.

What has gotten in the way of collaboration? What has been your biggest challenge in partnering or aligning efforts?

Reflect for 1 minute (jot down a few notes)
Considering Collaboration

• Get in groups of three (folks you don’t know)
• Client shares question or challenge (1-2 min)
• Consultants ask clarifying questions (2 min)
• Client turns back to others
• Consultants generate ideas & suggestions (4 min)
• Client shares what was most valuable (1 min)
Thank you! Happy Partnering!

Molly Lopez  mlopez@austin.utexas.edu
Marisol Acosta  Marisol.Acosta@hhsc.state.tx.us
Lillian Nguyen  Lillian.Nguyen@hhsc.state.tx.us