TCRFT: A Trauma Informed Care Transformation Initiative in Texas

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Texas Children Recovering From Trauma Initiative, Mental Health and Substance Abuse Division
August 17, 2016   Trauma Informed Care Summit   Austin, Texas
I’m a state employee

What people who don’t like us think we do
What people that like us think we do
Instructions For TIC Summit Attendees

- **Take Care Of Yourself**
  - Do Mindful Self- Checks of Yourself
  - Take a Break as Needed
  - Use the Comfort Room (Tannehill Room- 4th Floor)
  - Seek Support As Needed
  - Do something you love to do after the day ends

- **Take Notes**

- **Ask Questions & Participate**

- **Meet Others and Network**

- **Visit our Resources Table**

- **Have Fun**
“What you do matters”
DSHS’s Child and Adolescent Services Unit

- Children’s Mental Health
- Substance Abuse Prevention
- Suicide Prevention
What is the NCTSN? It is a unique, collaborative network that brings together leading experts in child trauma, frontline providers, and families to advance the quality of care and move scientific gains quickly into practice.

NCTSN’s Mission To raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.

Structure of NCTSN

Category I: National Center for Child Traumatic Stress (NCCTS) UCLA & Duke University jointly host the NCCTS

Category II Treatment and Services Adaptation (TSA) Centers

Category III Community Treatment Services (CTS) Centers

Affiliated Members Former members (not actively funded by NCTSN at present time)
Individual Members Special initiatives or collaborations

Funded by: SAMHSA’s National Child Traumatic Stress Initiative
NCTSN Partners

Partners and Members in Texas

- **Category III Partners**
  - Department of State Health Services
    - Heart of Texas Region MHMR Center
  - Aliviane, Inc

- **Affiliated Members**
  - Depelchin’s Children Center
  - SCAN Inc
  - Center for Success and Independence, Safety Acceptance Freedom Empowerment (S.A.F.E)
  - El Centro de Corazón (NCTSN Individual Member)

- **NCTSN Advisory Board Member**
  - Hogg Foundation of Mental Health
Texas Children Recovering from Trauma ‘s (TCRFT) Slogan

Funded by:
SAMHSA’s National Child Traumatic Stress Initiative
National Child Traumatic Stress Network (NCTSN) Category III Community Treatment Service (CTS) Center Grant Number: SM-061177

TCRFT’s Core Partners

- Department of State Health Services (DSHS)
- Heart of Texas Region MHMR Center *
- Texas Institute for Excellence in Mental Health, University of Texas at Austin

* TCRFT’s CTS Center – Primary Pilot Site and Provider of Direct Care
Presentation Objectives

1. Provide an overview of the Trauma Informed Care (TIC) behavioral health services transformation initiative, known as the “Texas Children Recovering From Trauma” (TCRFT) initiative, under DSHS.

2. Disseminate the TIC model used by DSHS and its pilot sites to implement TIC.

3. Disseminate implementation efforts, outcomes, progress made, and lessons learned in the past four years of TCRFT.

4. Introduce the principles behind this Trauma Informed Care Summit.
Aim

2012 (Proposal)

Transform community Behavioral Health Services in Texas into a Trauma Informed Care System of Care that Fosters Resilience & Recovery

Aim

2014 - Present
TCRFT’s Objectives

1. Transform existing 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

2. Increase access to trauma-informed services and treatments

3. Evaluate outcomes of trauma-focused treatments

4. Integrate trauma screening practices into community mental health organizations in Texas and increase number of children screened for trauma
TCRFT’s 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
Community Behavioral Health Services in Texas

Brief Overview
Community Behavioral Health in TX

- Children’s Mental Health
- Adult Mental Health
- Mental Health Crisis Services
- Disaster Behavioral Health
- Substance Abuse Treatment
- Substance Abuse Prevention
- Suicide Prevention
The reality of DSHS service providers.

The majority contracted organizations under DSHS provide multiple services.
FY14 Community MH Paradigm Shift

Disease Management

Needs & Strengths
Texas Resilience and Recovery (TRR) Behavioral Health Service Delivery System

Frameworks and Models:
- Recovery Oriented Services
- Systems of Care
- Strategic Prevention Framework
- Intensity Driven Model
- Child/Family Centered
- Needs & Strengths

Other TRR Systems Improvements:
- Implementing Evidence-based Practices or Promising Practices
- New Comprehensive Assessment: (in Mental Health Services)
  - Child and Adolescent Needs and Strengths (CANS) Assessment
  - Adult Needs and Strengths Assessment (ANSA)
- Revised Outcome Measures and improved Data Capturing and EHR Systems*

TCRFT’s expands the TRR frameworks to incorporate Trauma Informed Care and address trauma in the consumers and workforce
TX Behavioral Health Systems Challenges

- Statue Limitations: Local Mental Health Authorities as providers of last resort (high need population as a result) (Texas Health and Safety Code Section 533.0358)

- >90% of Texas Counties are at a Critical MH Workforce Shortage Level

- Staff Turnover (Avg. length of employment 2 yrs.)

- Limited Funding
  - Per Capita: Rated at #48 in Children MH

- MHSA has no legislative mandate for trauma informed care
Creating a Culture of Care:
A toolkit for creating a trauma informed environment

**STARS: State of Texas Alternatives to Restraint and Seclusion. (HHSC & DSHS)**
- Awarded a SAMHSA federal grant for the reduction or elimination of restraint and seclusion in four state mental health hospitals in Austin, Big Spring, San Antonio and Vernon/Wichita Falls.
- Outcomes: significant improvements in the culture of care at the state mental hospitals, reflected in reductions in both the numbers of incidents of restraint or seclusion, the numbers of patients involved, and the length of time spent in restraint or seclusion per incident.

**Hogg Foundation:**
Continues leading the efforts of TIC and Reduction and elimination of Restraint and Seclusion through the STARS Workgroup
“What you do matters”
The Need

WHY TRAUMA INFORMED CARE?
Trauma is widespread and pervasive

Trauma does not occur in a vacuum, but within the context of a community
In Texas

- 66,572 children/youth were confirmed victims of abuse and neglect (DFPS, 2010)

- 87% of them were confirmed to have experienced more than one type of abuse (DFPS, 2014)
  - 75% (ages 0-13)
  - 39% (ages 0-3)

- The incidence of PTSD was between 15-90% depending on the type of abuse (TexProtects, 2010)

- Suicide is the 2nd leading cause of death in youth
In Texas

- In 2013, 185,453 incidents of family violence were reported.
  (Texas Council on Family Violence)

- 2nd state with the largest number of human trafficking victims.
  (TheKey2free, 2013) (average age of victim is 12 y.o.)

- In 2011, Texas became the leading state of residence of refugees in the U.S. and 34% were younger than 18.
  (Martin & Yankay, 2011)

- No.1 state with unaccompanied minors sponsorships and reunifications.
Trauma in Adults

- 70% of adults have experienced some type of traumatic event at least once in their lives.  
  (National Council on Behavioral Health, 2014)

- In the U.S. a woman is beaten every 15 seconds; and a forcible rape occurs every 6 minutes.  
  (National Council on Behavioral Health, 2014)

- Texas is the 2nd state with the largest population of military service members and military families.  
  (Department of Defense)

- Physical traumas are the leading cause of death for individuals ages 1-44  
  (University Health System of Bexar County, 2014)
“Individual trauma results from an “EVENT”. Series of events or set of circumstances that is

“EXPERIENCED” by an individual as physically or emotionally harmful or life threatening and

has lasting adverse “EFFECTS” on the individuals’ functioning and mental, physical, social, emotional or spiritual well-being.” (SAMHSA)

An “Event” or “Stressor:
- The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: (1 required)
  - Direct exposure.
  - Witnessing, in person.
  - Indirectly,
  - Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (DSM 5)

*The perception of the Individual plays a key role in determined what is traumatic.
Child traumatic stress occurs when children and adolescents are exposed to traumatic events or traumatic situations that overwhelm their ability to cope.

These reactions interfere with his or her daily life and ability to function and interact with others.

(National Child Traumatic Stress Network)
“What you do matters”
Paradigm Shift Video: https://www.youtube.com/watch?v=JlRK1vqcuvg
Trauma Informed Care is about CARING

EVERYONE YOU MEET IS FIGHTING A BATTLE YOU KNOW NOTHING ABOUT. BE KIND. ALWAYS.
SAY SOMETHING NICE!

#BringKindnessBack
What’s wrong with you
FROM

What’s happening to you
TO
## CONCEPTS: Trauma Informed or Trauma Focused Services

<table>
<thead>
<tr>
<th>Trauma-Informed</th>
<th>Trauma-Focused</th>
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<tbody>
<tr>
<td>&quot;A system or program that is knowledgeable and sensitive to the impact of trauma in the individual/families’ lives and/or the vulnerabilities of survivors of traumatic events&quot;</td>
<td>A system, practice or program designed to treat and address the actual impact or sequelae of traumatic events</td>
</tr>
</tbody>
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- Focuses on all the workforce
- Services are delivered in a way that prioritizes safety and avoid re-traumatization of All (clients & staff)
- Fosters consumer (youth/family/adult) voice, participation and collaboration
- Addresses the vicarious impact of trauma exposure on the workforce.
- Focuses only on direct care staff
**BENEFITS OF TIC:**

- Promotes Safety
- Incorporates:
  - Every part of the organization
  - Basic understanding of trauma
- Acknowledges Impact of Trauma
  - Clients
  - Workforce
  - Reminders/Triggers
- Resists Re-traumatization
- Reduce Staff Turnover
- Increase Client Satisfaction
- Increase Outcomes
- Reduce Costs across serving systems

(SAMHSA, NTACMH Georgetown Univ, NCBH, NCTSN)
PHASES OF IMPLEMENTATION
2012-2016 (Direct Care)

Phase 1

1. Creation of Advisory Committees
2. Trauma Focused Services – Evidenced Based Practices: Screening, Assessment, Trauma Focused Treatments
Phase 1: Implementation of TIC Evidence-Based Practices

Trauma Screenings – Child & Needs and Strengths Assessment

- Implemented across all LMHAs (Texas CANS 6-17)
- Partnered with DFPS to help implement CANS for children entering foster care services (Texas CANS 2.0)

Trauma Assessments

- UCLA PTSD Reaction Index
- Trauma Symptoms Checklist for Young Children

Trauma Focused EBP Therapies

- TF-CBT and PCIT
Strategy 1: Creating Category III Community Treatment Services Centers of the National Child Traumatic Stress Network (NCTSN) (Year 1)
PRIMARY PILOT SITE & PARTNER YRS 1-4: Klara’s Center for Families, Heart of Texas Region MHMR Center

Trauma Informed Care Transformation on CMH Services
- Trauma Focused Treatment Transformation (Years 1-4)
- Trauma Screenings & Assessment (CANS, UCLA-PTSD RI, TSCYC)
- TCRFT’s Direct Care Services: Evidence-Based Practices
  - Trauma Focused Cognitive Behavior Therapy
  - Parent Child Interaction Therapy
- Other:
  - Psychological First Aid
  - NCTSN Core Curriculum on Childhood Trauma
- Services for Children of Military/Veteran Families

Trauma Informed Care
- Pilot: DSHS TIC Organizational Transformation

Community Partnerships
- TCRFT’s Local Advisory Committee: CPS, School Districts, JJ Svcs, NAMI, ECI, etc
- Local Emergency Response initiative
- Veterans One Source – serves children of military and veteran families
- Provide TIC training in the Central Texas area
Direct Care Services

Staff Trained in Trauma-Informed Care

Referral from Community or Self-Referral

CMH Intake/Assessment*

Screen with CANS

History of Trauma or Child of Military Family?

NO

Treatment As Usual (Non-Trauma Focused)

YES

Consent additional assessment

Consent @ Intake

Uniformed Assessment/Universal Screening

Trauma Focused Treatment: TF-CBT or PCIT

Assessment of Trauma (Best Practice)
# Direct Care Targets Status

Target Population: Children/Youth ages 3 to 17 exposed to traumatic events or children of military and veteran families

<table>
<thead>
<tr>
<th>TARGET</th>
<th>Number of Unique Individuals Served</th>
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<tbody>
<tr>
<td>1. Provide evidence-based trauma-focused services</td>
<td>Status as of July 2016 (YR4)</td>
</tr>
<tr>
<td>1,162 children and family members</td>
<td>1,122 children and family members</td>
</tr>
<tr>
<td>2. Children &amp; Youth receiving EBP Therapies: TF-CBT or PCIT</td>
<td>Status as of July 2016</td>
</tr>
<tr>
<td>400 children and youth</td>
<td>427 children and youth</td>
</tr>
<tr>
<td>3. Children of Military &amp; Veteran Families receiving EBP therapies: TF-CBT &amp; PCIT</td>
<td>Status as of Year 3</td>
</tr>
<tr>
<td>10%</td>
<td>19%</td>
</tr>
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TF-CBT = Trauma Focused Cognitive Behavior Therapy
PCIT = Parent Child Interaction Therapy

More than 80,000 screenings with the CANS have been completed by all LMHAs since January 2013.
**TIC Accomplishments @ Heart of Texas**

- **Leadership Buy-In**
- **Trained all workforce** across all departments. Training included:
  - Trauma 101 & ACEs
  - Trauma Informed Care
  - Empathy & Engaging Persons with Lived Experience
  - Addressing Secondary Traumatic Stress
  - Workforce has completed the ProQL (self-assessment)

- Incorporated at least one person with lived experience in TIC Transformation Team
Strategic Evidence-Based Practices Trainings (statewide)

Trauma Focused Cognitive Behavior Therapy (TF-CBT)

- Target = 50 MH providers per Year
- Since October 2012 TCRFT has trained
  - All LMHAs: At least 1 therapist
  - >400 licensed mental health providers in TX
    - TF-CBT
    - Culturally Modified TF-CBT
    - TF-CBT for Military Families
    - Advanced TF-CBT
Training: Build trainers infrastructure for Parent-Child Interaction Therapy

Master Trainers:
- PCIT International Inc. – Dr John Paul Abner (Statewide)
- University of Oklahoma (@ Heart of Texas Region MHMR)

Focus: Develop trainers and training infrastructure that supports PCIT implementation in Texas @ DSHS & DFPS

- 3 Year Training of Trainers Cohort (Years 2-4)
  - PCIT LEVEL II Trainer (Regional Trainers in Texas)
  - PCIT Level I Trainer (Organizational Trainers)
  - Certified PCIT Therapists (Yr 3: currently we have 28 candidates)

TARGET: At Least 6 Trainers by Year 3 (2 Regional Trainers)
- Year 1 started with 16 PCIT Trainer Candidates
- STATUS after end of 2nd Year: 7 PCIT Trainer Candidates
  - 2 @ Level II (1 Texas Tech, 1 Baylor College of Medicine)
  - 5 @ Level I
• **Strategy 2: Training**
  
  - **Other Trainings:**
    
    • Psychological First Aid
    • Attachment, Self-Regulation and Competency (ARC)
    • Trauma Screenings and Assessment
      
      - UCLA PTSD Reaction Index
      - Trauma Symptoms Checklists for Young Children
      - Other
    • CANS: Child and Adolescent Needs and Strengths
    • Children of Military Families and Veterans
    • Special trainings:
      - Unaccompanied Minors, Border Violence, Trauma and IDD, and Others
• **Strategy 3: Creating Community Partnerships** – that will participate in referrals of target population and participate transformation efforts, advisory committee and development of transformation strategic plan, State Coalition on TIC

  - **TCRFT Steering Committee:**
    - *Children and Youth Behavioral Health Subcommittee* under the Behavioral Health Advisory Committee of HHSC

  - **NCTSN Collaborative Groups:**
    - Secondary Traumatic Stress
    - Partnering with Youth and Families
    - Military Families
    - Policy
    - Culture

  - **Children of Military Forum**
    - SAMHSA’s Veteran Military Families Implementation Academy
    - Children of Military Forum Day at the 5th Annual Veterans Involved in Justice Systems Conference May 2014
    - Created 4 recommendations for the Texas Legislature through the Texas Veterans Commission Report:
      - **SB 19** (DFPS to develop prevention programs for veterans and military families)
Other Collaborations

- DSHS-Disaster Behavioral Health, State Suicide Prevention Coordination and TCRFT
  - Support post critical incident to schools & communities
  - DFPS: CANS Implementation (SB 125)
    - Comprehensive Assessment with Trauma Screening
    - New Texas CANS version (single version) to be used in Community Mental Health Services (DSHS) and DFPS-Child Protective Services for all children entering Foster Care
  - DADS: Consult and review TIC training mandated (HB 2789)
  - Central Texas Coalition on Trauma Informed Care
  - Manor ISD: Trauma Informed Care Transformation
  - Williamson County Juvenile Justice Services
    - Youth in their Leadership Academy re-designed TCRFT Brochure
    - TIC transformation trainings
  - Unaccompanied minors:
    - Young Center for Immigrant Children’s Rights, SAMHSA Podcast 2014 and Children Institute Inc, Los Angeles
Strategy 4: Partner with Persons with Lived Experience (PwLE)

- **Trainings and Webinars** were developed and provided by Peer Providers (CFPs, CPS)
- Contributed to the **development of NCTSN products** that support this strategy
- **TCRFT Steering Committee/ CYBH Advisory Subcommittee**
  - 2012-2015: partnered with two family representatives
  - 2015-2016: partners with Two family representatives and two youth representatives
- **TIC Organizational Transformation Teams**
  - 16 TIC Pilot Sites partnered with persons with lived experience (20 PwLE throughout the year)
  - MHSA TIC Transformation Team: Partners with four PwLE
    - 1 Youth Representative, 2 Family Representatives, 1 Adult Representative
# Direct Care Preliminary Findings: Year 2

## Top 6 Trauma Experiences Reported (TCRFT)

<table>
<thead>
<tr>
<th>Experience</th>
<th>Youth (%)</th>
<th>Parent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing about a <strong>violent death</strong> or serious injury of a loved one</td>
<td>54.5%</td>
<td>35.2%</td>
</tr>
<tr>
<td>Seeing a family member <strong>being hit, punched</strong> or kicked very hard at home</td>
<td>51.5%</td>
<td>28.4%</td>
</tr>
<tr>
<td><strong>Other situation</strong> that was really scary, dangerous or violent</td>
<td>39.4%</td>
<td>42.0%</td>
</tr>
<tr>
<td>Seeing someone OR <strong>Being beaten up, shot</strong> at or threatened to be hurt badly in your town</td>
<td>37.4%</td>
<td>26.1%</td>
</tr>
<tr>
<td><strong>Being hit, punched or kicked very hard at home</strong></td>
<td>36.4%</td>
<td>28.4%</td>
</tr>
<tr>
<td>Having an adult or someone much older <strong>touch the child’s private sexual body parts</strong> when your child did not want them to</td>
<td>30.3%</td>
<td>29.5%</td>
</tr>
<tr>
<td><strong>Being in a disaster, like a fire, tornado, flood, or hurricane</strong> (excluding earthquake)</td>
<td>26.3%</td>
<td>17.0%</td>
</tr>
</tbody>
</table>
# Direct Care Findings & Preliminary Outcomes

Table. Preliminary Outcomes of Children Receiving Trauma Care (Qtr 3 YR4)

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean Baseline Scores</th>
<th>Mean Follow-up Scores</th>
<th>Dependent t-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCLA PTSD Reaction Index – Parent Report (n=38)</td>
<td>31.2</td>
<td>20.3</td>
<td>t=10.92, p&lt;.0001</td>
</tr>
<tr>
<td>UCLA PTSD Reaction Index – Youth Report (n=61)</td>
<td>34.9</td>
<td>21.8</td>
<td>t=13.13, p&lt;.0001</td>
</tr>
<tr>
<td>TSCYC PTSD Raw Score (n=30)</td>
<td>51.9</td>
<td>43.7</td>
<td>t=3.41, p=.0019</td>
</tr>
<tr>
<td>TSCYC Anger Raw Score (n=30)</td>
<td>22.6</td>
<td>16.6</td>
<td>t=6.29, p&lt;.0001</td>
</tr>
</tbody>
</table>
# Preliminary Findings Yr 4: Outcomes of Children Receiving Trauma Focused Treatments

<table>
<thead>
<tr>
<th>Clinical Global Impression Scale</th>
<th>Significantly Worse</th>
<th>A Little Worse</th>
<th>No Significant Change</th>
<th>A Little Better</th>
<th>Significantly Better</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TF-CBT Participants (n=182)</strong></td>
<td>3 (1.6%)</td>
<td>14 (7.7%)</td>
<td>49 (26.9%)</td>
<td>71 (39.0%)</td>
<td>45 (24.7%)</td>
</tr>
<tr>
<td><strong>PCIT Participants (n=109)</strong></td>
<td>0 (0%)</td>
<td>5 (4.6%)</td>
<td>42 (38.5%)</td>
<td>30 (27.5%)</td>
<td>32 (29.4%)</td>
</tr>
</tbody>
</table>

TFCBT = Trauma Focused Cognitive Behavior Therapy  
PCIT = Parent Child Interaction Therapy
Direct Care Services: Challenges & Lessons Learned

**CHALLENGES**
- Lost one primary site due to competitive priorities (YR1)
  - This site lost all therapists that were external contractors
  - Targets were not met
- Lost TIC national expert at the end of year 1.

**LESSONS LEARNED**
- Having a Trauma Screening in place does not mean that the providers are asking the questions appropriately.
- Transformation Teams must represent all levels of organization
- Old policies may impact the ability to provide or implement new EBPs
- Communication must flow to all levels of organization
- Local TIC Champion fosters transformation
- Be Flexible
“What you do matters”
PHASE 2:

Readiness Assessment: YR2-YR3

1. Trauma Informed Workforce Survey (1,400 LMHA & DSHS staff)
2. Organizational Survey Assessment (OSA) – 16 pilot sites
3. Secondary Traumatic Stress Index-Organizational Assessment (STSI-OA) – 16 pilot sites
STSI-OA Baseline (2015)

LC = Learning Collaborative Pilot Sites
PHASE 3:

Trauma Informed Care Organizational Transformation Pilot and Learning Collaborative:

*July 2015 – August 2016*

Training Status: >4,500 Individuals Trained in TIC as of Aug 2016
TIC Organizational Transformation Pilot (Yrs 3-4)

- Trauma Informed Care Organizational Transformation Pilot and Learning Collaborative

Learning Collaborative:
Kick-Off July 8-9th, 2015
Trainings
Webinars
T.A. Consultation Calls:
- Individually
- Small group

Ends: August 16, 2016

State Funding Supported the Expansion of Pilot Sites

16 Pilot Sites
Mental Health & Substance Abuse

Statewide Impact!
Figure 1: Service areas impacted as part of the TIC Learning Collaborative (Team Members)- July’15
Live Training
- 2 days- Kick Off (July 2015)
- 1 day Mid-Yr
- 1 day Closing
- Training of Trainers
- Trauma Summit (August 2016)

Webinars
- 4 Foundational Trauma Informed Care
- Secondary Traumatic stress
- Consumer Voice
- Other TIC Special Topics

Consultation - Technical Assistance Calls
- Individual
- Group

NEXT STEPS:
- TIC Tool Kit
- TIC Strategic Plan
The TIC Transformation Levels

**Personal**
- **Internal**: Personal Awareness, mindfulness, beliefs, internal reactions, self-care

**Interpersonal**
- **Relational**: Mindful behavior, intentional regard, aware, non-judgmental, collaborative, genuine, trustworthy, safe

**Organizational**
- **Business Operation**: Safe & secure spaces/structures, human resources, policies & practices, caring for consumers and workforce, supervision, data gathering, continuous quality improvement, outcomes

**Systems**
- **Between organizations and serving-systems**: preparedness, coordination, transitions, data
Learning Collaborative

Pilot Sites
- MHSA Division of DSHS
- 8 Local Mental Health Authorities
- 9 Substance Abuse (SA) Treatment Providers
- 9 Substance Prevention Providers
- 1 Tribal Nation: Ysleta del Sur Pueblo

Scope of Work: Expectations
- Each Pilot Site will work on 3 goals that implement TIC Domains and Principles
- One of the goals must address Secondary Traumatic Stress in the Workforce
- Priority:
  - Develop Consumer Voice “Family/Youth/Adult”
- Provide Input:
  - Statewide Strategic Plan and Trauma Informed Care Toolkit
MHSA Phases of Implementation
Success Status

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

Sustainability
- Strategic Plan
- Applied for more funding
- CQI

PDCA
- Plan
- Do
- Check
- Act
SAMHSA’s TIC Principles

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

TIC Domains

- Early Screening and Comprehensive Assessment
- Consumer Driven Care and Services*
- Trauma-Informed, Educated and Responsive Workforce*
- Trauma-Informed Evidence-based and Emerging Best Practices
- Safe and Secure Environments
- Community Outreach and Partnership Building
- Ongoing Performance Improvement and Evaluation

*Consumer Voice: Family/Youth Adult
** Secondary Traumatic Stress
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
Pilot Sites: TIC Domains Goals

- Early screening and assessment
- Consumer-driven care and services
- Nurturing a trauma-informed and responsive...
- Provision of trauma-informed, evidence-based...
- Create a safe and secure environment
- Engage in community outreach and partnership...
- Ongoing performance improvement and...
TIC Pilot Accomplishments (Examples)

- TIC Trained: > more than 2,500 members of the workforce

- Impacted Human Resources policies: job descriptions, new employee orientation, created wellness days for staff

Consumer Care & Driven Services
- Utilized Client Feedback Surveys to guide TIC transformation
- TIC Teams shared power with PwLE in TIC Transformation Teams
- Training for All Pilot Sites & PwLE on Partnering with PwLE and Consumer Voice
- PwLE helped in providing and developing trainings and policies

Use of Screening Data in Prevention Services
- Example: ETCADA
Created more safe & secure environments
- Environmental scan were completed across multiple sites
- Improvements in reception areas (e.g. YWCA, Ysleta del Sur Pueblo)
- More welcoming, safe and private spaces (e.g. Ysleta del Sur Pueblo, YWCA)

Improved screening & assessment:
- Some substance abuse prevention sites implemented trauma or suicide screenings
- Pecan Valley incorporated trauma screening question in Mobile Crisis services
- Hill Country IDD & MH Center – reduced waiting times for intakes and improved intake process

Some sites that experienced significant organizational changes utilized TIC framework to guide transitions and support workforce.
- Example: Depelchin Children’s Center

Cultural appropriate trainings
- Linguist and Cultural appropriate trainings (e.g. Aliviane Inc. & Ysleta del Sur Pueblo)

Address Secondary Traumatic Stress in the Workforce
- Implemented the use of self-screening tools (ProQL) (e.g. Heart of Texas)
- Some sites improved supervision strategies for workforce (e.g. MHMR Tarrant County
TIC Transformation Pilot: Challenges & Lessons Learned

CHALLENGES
- Not having a clear matrix or indicator at times to guide the process
- TIC materials are mostly focused on treatment and not prevention
- Size of organization and multiple programs/services
- Organizational restructuring for some sites
- No funding allocations for TIC
- Limited Time and Competitive Priorities

LESSONS LEARNED
- Leadership Buy-In is important
- Transformation Teams must represent all levels of organization
- Old policies may impact the ability to provide or implement new EBPs
- Communication must flow to all levels of organization
- Local Champion fosters transformation
- Be Flexible
- Persist, persist, persist
- Celebrate the small steps. Celebrate!
**Strategy 5: Creating of a Statewide Transformation Strategic Plan** by Steering Committee, Local Advisory Committee, Youth/Caregivers Representatives & Stakeholders

**STATUS:**

- **Trauma Informed Care Strategic Plan:**
  Under development by the CYBH advisory Subcommittee – Due Sept 29, 2016

- **Texas Behavioral Health Strategic Plan**
  - Incorporates TIC as the 4th Guiding Principle
  - Addresses systems gaps associated trauma
Strategy 6: Statewide Summit on Transformation to Trauma-Informed Care

1st Texas Trauma Informed Care Summit
August 15-18th, 2016

#TICTX16
People, clients and our workforce have stories... things have happened to them
“Change to a trauma-informed organizational or service system environment will be experienced by all involved as a profound cultural shift in which consumers and their conditions and behaviors are viewed differently, staff respond differently, and the day-to-day delivery of services is conducted differently.”

(Ann Jennings (Editor), Center for Mental Health Services/NCTIC, 2008) “Models for Developing Trauma-Informed Behavioral Health Systems and Trauma Specific Services”
Trauma Informed Care is about CARING

EVERYONE YOU MEET IS FIGHTING A BATTLE YOU KNOW NOTHING ABOUT. BE KIND. ALWAYS. SAY SOMETHING NICE!

#TICTX16
“What you do matters”
KEEP CALM AND ASK QUESTIONS
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