

STATE OF VERMONT
Agency of Human Services (AHS)

Trauma Informed System of Care	REVISION HISTORY: None	Policy#
	EFFECTIVE DATE: On signature	Attachments/Related Documents:
Authorizing Signature: <u><i>Cynthia D. LaWare</i></u> Date Signed: <u>10/30/08</u> Cynthia D. LaWare, Secretary, Agency of Human Services		

PURPOSE:

To ensure that the Agency of Human Services (AHS) service delivery systems recognize the prevalence of the many kinds of trauma, including psychological trauma, and agency staff and service providers are trained to ensure that client interactions are respectful of and sensitive to trauma. (Act 45. section 3(12), (2003))

BACKGROUND AND REFERENCES:

The mission of the Agency of Human Services is to provide services to Vermonters that are comprehensive, integrated, client-centered, outcome-based, easy to access, and sensitive to the diverse needs of individuals and families to improve the well being of Vermonters.

The widespread prevalence of trauma that individuals and families experience brings the importance of identifying and responding sensitively to trauma survivors who access services from AHS, to the forefront of our priorities as a human service agency. As evidence of the importance of this issue, the 1999 Legislative session created a Commission on Psychological Trauma to study the issue and make recommendations to the General Assembly. During the summer and fall of 2000 the Commission conducted hearings and reported to the General Assembly. The report reviewed the literature on psychological trauma, defined a number of concerns involving training and service gaps in the provision of trauma-related services to Vermonters, and made recommendations for broad system change.

Appreciating the implications for AHS clients, in March 2001 the Secretary created an AHS Trauma Workgroup to examine the issues more closely. This workgroup drew together representatives of the Departments of Aging and Independent Living, Mental Health, Health, Children and Family Services, Corrections and the White River Veterans Administration National Trauma Center. In April 2002, in recognition of the important work of this group, the Secretary elevated the workgroup to the status of Policy Cluster. In the fall 2002, the Trauma Policy Cluster added consumer and direct service provider representatives to enhance its' knowledge and expertise to create a trauma-informed public human services system through inter-departmental strategies.

In May of 2003, An Act Relating to Restructuring the Agency of Human Services (ACT 45) was passed by the Vermont legislature stating, "Service delivery systems should recognize the prevalence of the many kinds of trauma, including psychological trauma, and agency staff and service providers should be trained to ensure that client interactions are respectful and sensitive to trauma." (3) (12) The promulgation of this AHS Policy provides the framework for AHS to meet this legislative mandate to provide trauma informed systems of care.

Harris, M., & Fallot, R. EDS. (2001) Using Trauma Theory to Design Service Systems, Jossey-Bass, San Francisco.

An Act Relating to Restructuring the Agency of Human Services (ACT 45)

DEFINITIONS:

Trauma- Psychological trauma is the unique personal experience of an event or enduring stressful conditions, in which (1) the person's ability to make sense of his/her emotional experience is overwhelmed, or (2) the individual subjectively experiences a threat to life, bodily integrity, or sanity. The person feels emotionally, cognitively and physically overwhelmed. The situations related to traumatic events often include on-going abuse of power, betrayal of trust, entrapment, helplessness, pain, confusion and/or loss.

Trauma Informed services- Trauma-informed services are designed to deliver mental health, addictions, housing supports, vocational or employment counseling services, etc., in a manner that acknowledges the role that violence and victimization play in the lives of most consumers of mental health, substance abuse and other social services. This understanding is to design service systems that accommodate the vulnerabilities of trauma survivors and provide services in a way that will facilitate consumer participation that is appropriate and helpful to the special needs of trauma survivors.

Effects of Trauma- Psychological trauma has a direct effect on the brain; including associated bodily, neurological, and stress response systems. This causes imbalances in mood, memory, judgment, and involvement in relationships and work. The psychobiological impact of trauma leads to a sense of fear, helplessness, horror, detachment, and/or confusion.

Experiences of interpersonal trauma (such as childhood physical or sexual abuse or neglect, or adult domestic violence) are a betrayal of basic human values and often cause lasting and severe post-traumatic impairment in the survivor's basic sense of who they are, trust in others, participation in society and culture, and the health and integrity of his/her body.

Persons with severe and persistent behavioral health problems, including mental illness and/or substance use disorders, often have experienced trauma. Many suffer from post-traumatic symptoms that exacerbate their other behavioral health problems, impair their psychosocial functioning, and interfere with the quality of their and their loved ones' lives.

SCOPE: This policy applies to all AHS departments, offices and contracted service providers.

GUIDELINES:

The Agency recognizes the prevalence of trauma victims that access services through its' departments and offices. The Agency supports the principle that persons who have survived a traumatic event need services that are sensitive to their special needs, and that those services are provided through a trauma-informed system of care.

It is the responsibility of the Agency to assure that key decision-makers, planning staff, program administrators and service providers are cognizant of the origins of trauma, the effects of trauma on survivors, and the possibility that re-traumatization may occur during the provision of services, or while trying to access services or benefits. The Agency will seek to reduce and eliminate those practices identified as having a negative or re-traumatizing effect on trauma survivors.

The Agency will work to assure the provision of trauma-informed services by identifying and eliminating insensitive practices, combating systemic challenges, conducting on-going evaluation of their practices, and providing training to staff and/or providers in contact with trauma victims.

Therefore, the Agency will promote the delivery of trauma services through a trauma informed system of care. The Agency will designate a lead to work with each of its' departments and offices, in partnership with survivors, family members, advocates, trauma services providers, federal, state, and local agencies, behavioral health and substance abuse professionals, private citizens, and others in support of these principles.

Department and Office Responsibilities:

- In order to support consumers with trauma histories, each department will support staff attendance at training of trauma informed practices and the impact and mitigation of vicarious trauma.
- Each department will review existing policies, programs and practices that are potentially retraumatizing to consumers and revise AHS services according to trauma informed principles, to the extent possible.

COMPLIANCE

The overall responsibility for providing trauma informed services rests primarily with AHS Departments and their Programs. To ensure consistent and comprehensive approach, the Secretary's Office designee, shall oversee the implementation of this policy and provide the Agency with direction, support and consultation.

ENFORCEMENT:

The Office of the Secretary may initiate reviews, assessments or other means to ensure that this policy is being followed.