Blueprint for Action:
Building Trauma-Informed Mental Health Service Systems:
State Accomplishments, Activities & Resources

Vermont 2007 Report

Administrative Policies/Guidelines Regarding the System

1. **Trauma function and focus in state mental health department.**
   The Vermont Agency of Human Service (AHS) which oversees the Department of Mental Health, as well as five other departments including the Department of Corrections, Department of Health, Department of Disability, Aging and Independent Living, Department for Children and Families, and the Office of Vermont Health Access, hired an Agency Trauma Coordinator in 2005. The Trauma Coordinator is charged with and supported in implementing trauma-informed service systems and use of evidence-based and emerging best practices throughout all state supported services. The Coordinator is a staff member of the AHS Secretary's office which is a highly visible leadership position within the Agency. The *Vermont AHS Strategic Plan* (2006) includes a section on the Agency's commitment to a trauma-informed system. Additionally two Advisory Groups have been established to oversee the AHS Trauma Initiative. The *AHS Trauma Steering Committee* is composed of diverse leadership from AHS's six departments as well as community partners to focus on trauma-informed practices throughout the system of care. The *AHS Child Trauma Work Group* was formed in January 2004 to focus on trauma-specific services to children who have experienced trauma. The *AHS Child Trauma Work Group* has leadership from the Department of Mental Health, Community Mental Health Centers (CMHC), private providers, Department for Children and Families Division of Family Services, VT Network Against Domestic and Sexual Violence, and the VT Adoption Consortium; the AHS Trauma Coordinator is the chairperson.

   Available Documents, Materials, Other Resources:

   - Vermont AHS Trauma Coordinator Job Description
   - AHS Organizational Chart
   - Diagram of Elements of a Trauma-Informed Human Service Agency
   - Vermont Agency of Human Services Strategic Plan (2006)

2. **State trauma policy or position paper.**
   An Agency-wide Policy on *Trauma-Informed Systems of Care* has been formally adopted by AHS. The Policy includes a definition of interpersonal violence and trauma, and commits the Vermont AHS to meeting the essential elements of a trauma-informed service system.

   Report to the Vermont General Assembly on Psychological Trauma: Impact on Vermont Citizens and Recommendations for Public Policy (November 13, 2000). Includes definition

of psychological trauma, impact of trauma, impact of incomplete diagnosis, psychological trauma services in Vermont, recommended support and treatment services, and Commission recommendations.

The Effects of Psychological Trauma on Children and Adolescents (June 30, 2005) report by Kathleen J. Moroz, DSW, LICSW, was prepared for the Vermont Agency of Human Services, Department of Health, Division of Mental Health, Child, Adolescent and Family Unit. This report includes a definition and description of trauma in children, long-term effects of trauma, relationship between trauma and attachment, data of Vermont children effected by trauma, national trends and best-practices in treating trauma, and specific recommendations to improve Vermont's system of care for children who have experienced trauma. This document was widely distributed to the community mental health system and related providers and continues to be utilized by the AHS Child Trauma Workgroup to guide and prioritize work goals.

The Department of Mental Health was re-created in state statute effective July 1, 2007. As a result of new legislative language, the new Department of Mental Health is creating new Vision-Mission-Principles document to guide its work and provide the framework for the development of a strategic plan. The management team has done some preliminary work on this document and has asked an internal staff work group to draft a document that reflects our enabling legislation. After a draft is developed, this document will be widely distributed to a broader group of stakeholders for input and discussion. The concept of a trauma-informed service system will be fundamental to this document and the work that flows from it.

Available Documents, Materials, Other Resources:

- AHS Policy: *Trauma Informed Systems of Care*
- Report to the Vermont General Assembly on Psychological Trauma: Impact on Vermont Citizens and Recommendations for Public Policy (2000)
- The Effects of Psychological Trauma on Children and Adolescents by Kathleen J. Moroz, DSW, LICSW (June 30, 2005) Available at http://healthvermont.gov/mh/docs/cafu/pubs-cafu.aspx

3. Workforce Recruitment, Hiring, and Retention.

As the result of becoming more informed about the incidence and impact of trauma, Vermont mental health agencies are making efforts where possible to hire qualifying consumers with a history of trauma into staff vacancies in order to sensitize other agency staff to the issues inherent in delivering trauma-sensitive services.

4. Workforce orientation, training, support, job competencies and standards related to trauma.

Training and consultation for Agency of Human Service (AHS) department mangers on *Trauma Informed Service Systems* occurred in 2002. 150 AHS department senior managers received ½ day of orientation from Maxine Harris and Roger Fallot of Community

Connections, plus ½ day of consultation for each department concerning planning for improving trauma sensitivity within the department. Model described in published monograph Using Trauma Theory to Design Service Systems by Harris and Fallot**.**

Agencies are increasingly sending staff to trainings on providing trauma treatment services. One agency provides an introductory training to all staff on the impact of trauma on psychological and physiological functioning and trauma informed systems.

The AHS Trauma Coordinator has developed an extensive curriculum of trauma trainings to meet the individual needs of the multiple departments and community service providers who request trauma training. Each presentation includes information on the complex impacts of trauma, the dynamics of retraumatization, elements of a trauma-informed service system, skills to increase sensitivity to consumers with lived experience of trauma and information on vicarious traumatization.

It is widely recognized that may veterans who are returning from active duty have experienced psychological trauma or Traumatic Brain Injuries. These experiences are likely to lead to adjustment and coping problems for them upon returning to family life. In an effort to sensitize human services workers to the trauma issues faced by returning U.S. veterans and their families, the Department of Mental Health co-sponsored a conference in June, 2006 titled "From the War-zone to the Home –front. War: The Hidden Cost to American Armed forces and their Families". This conference also served to introduce outreach and mental health workers to the many resources offered by the Veteran's Administration (VA) for returning vets and their families. A key organizer of this conference was a long-standing out-patient services director at Vermont's largest community mental health agency who is also a member of the National Guard. His commitment and expertise has enabled the development of collaborative interstate efforts to ensure that appropriate services are available to victims of battle trauma and their families. This individual has chaired a statewide working group of clergy, support services workers and other stakeholders who meet monthly to monitor access to services for returning vets and strategize about solutions for improving outreach or services to address needs. Also, through the leadership of this individual, federal funds were granted to Vermont for the hiring of 5 peer outreach workers to identify returning vets with mental health needs and refer them for appropriate services.

Over the last year, Vermont's efforts to develop integrated mental health and substance use disorder treatment have also led to increased recognition of the correlation between substance abuse/dependence and trauma. Based on this recognition, the Department of Mental Health and the Division of Alcohol and Drug Abuse Programs will be planning training for mental health providers on this subject matter.

Available Documents, Materials, Other Resources:

- Numerous Trauma Training PowerPoint presentations are available from AHS Trauma Coordinator

5. **Consumer/Trauma Survivor/Recovering person involvement and trauma-informed rights.**
   The *AHS Trauma Initiative Steering Committee* and the *Child Trauma Work Group* have consumer members. These "volunteers" are reimbursed by the state for mileage to attend meetings as well as with a small stipend to support their participation

   The Vermont State Hospital has recently contracted for the services of a new "Patient Representative" who is employed by a peer services organization. The individual hired for this position is a peer and works with VSH patients and staff to promote patient rights and the resolution of issues that may contribute to traumatizing events such as restraint and seclusion. This individual serves as a resource to other hospital staff as the hospital continually moves toward creating an environment free of coercion.

   The Department of Mental Health has also been using Federal Block Grant funding to support local peer-run initiatives to combat stigma, provide public education, and develop different types of peer support (e.g. warm lines). A portion of the consumers involved in these initiatives are trauma survivors and incorporate their personal experience in the peer activities they are involved with.

Administrative Policies/Guidelines Regarding Services

6. **Financing criteria and mechanisms to support the development of a trauma-informed service system and implementation of evidence-based and promising practice trauma treatment models and services.** *New Freedom Commission on Mental Health Final Report)*

   Vermont is implementing a series of new services that are the result of a multi-year planning process designed to create appropriate, innovate and effective alternatives to the state hospital. Services such as a new sub-acute residential recovery program and more community-based crisis stabilization beds for acute inpatient diversion offer such alternatives. Additionally, as an alternative to secure law enforcement transport, funding is available to support restraint-free transportation options for persons placed in involuntary care when clinically appropriate. Providers who enter into contractual arrangements with the state to offer these services must demonstrate that these services will be provided in a trauma-informed manner.

7. **Clinical practice guidelines for working with children and adults with trauma histories.**

   The Vermont DMH has established Core Capacity guidelines for the children's programs in Designated Agencies/ Special Service Agencies (the Community Mental Health Center system) which describe the operating guidelines for services, including services that mitigate the effects of risk factors, minimize any trauma potential, and eliminate any further trauma or re-traumatization.

Four years ago the Vermont DMH and Vermont's psychiatric inpatient unit for children and adolescents began working together on a quality improvement initiative dealing with a number of issues of mutual concern. One of those issues was the level of use of seclusion and restraint on the adolescent and child units. As part of an initiative to reduce the use of these interventions, the inpatient unit obtained consultation and launched a staff training program based on trauma informed approaches to the adolescents. The result has been a significant reduction in seclusions and restraints. The DMH conducted a quality of care site visit after this initiative was under way and observed the staff working with kids. They clearly were utilizing trauma informed approaches to working with the children when this review occurred. Follow-up quality of care site visits will continue to be conducted by the Department of Mental Health.

In recognizing the potential for emergency procedures such as restraint and seclusion to re-traumatize individuals in psychiatric hospitals, Vermont State Hospital (VSH) carefully monitors and tracks all episodes of these emergency procedures. The data are presently at a monthly EIPRP (Emergency Involuntary Procedures Review Panel) meeting attended by clinical leaders at VSH, peer advocates, members of Vermont Protection and Advocacy and other interested individuals.

In spite of this monitoring effort and in recognition of the potential traumatizing effect of involuntary procedures, DMH has recognized the need to have a more dedicated and strategic effort to reduce the incidence of restraint and seclusion at both VSH and the Brattleboro Retreat (a private Vermont psychiatric hospital that serves as Vermont's inpatient setting for children and adolescents). In May 2007, DMH developed and submitted to SAMHSA, a funding proposal in response to the federal agency's RFP for proposals intended to address this issue. Although the Department has not been notified of its standing vis-à-vis this proposal, the state remains committed to continue its efforts to eliminate traumatizing involuntary procedures and find more positive, effective, trauma-sensitive methods of helping patients manage challenging behavior.

Available Documents, Materials, Other Resources:

- DMH Child, Adolescent and Family Unit *Core Capacity Services Summary* (2004)
- DMH Grant Application to SAMHSA to Implement Alternatives to Restraint and Seclusion

8. **Policies, procedures, rules, regulations and standards to support access to trauma treatment, to develop trauma-informed service systems and to avoid retraumatization.** AHS has partnered with our state-wide Domestic Violence Network to create the *AHS Domestic Violence Initiative*. While the initiative has a broad scope of activities to create system change, its ultimate purpose is to reduce the retraumatization of and increase safety for service users experiencing domestic violence. There are two reports that can be accessed below.

A significant piece of legislation for trauma-informed service delivery has been in the area of transportation for persons who are subject to an emergency examination for involuntary inpatient mental health care. Existing transportation statutes were amended in 2005 to

include consideration of individual trauma in decision-making for transportation during the course of involuntary mental health care for both adults and children.

Available Documents, Materials, Other Resources:

- Vermont State Statutes Annotated: Title 18, Chapter 179 § 7511.
- *Report on Domestic Violence Policy and Practice at the Vermont Agency of Human Services: Recommendations for Systems Change (2005).*
- Phase *One Recommendations for Domestic Violence Policy and Practice at the Vermont Agency of Human Services*

9. **Needs assessment, evaluation, and research to explore prevalence and impacts of trauma, assess trauma survivor satisfaction, service utilization and needs, and to monitor and make adjustments in trauma-informed and trauma-specific service approaches.**

A Multi-State Study of Mental Health Service Utilization by Trauma Victims (2004, SAMHSA-sponsored):

- Data sets provided by the child protection agencies in Vermont were analyzed to determine the rate at which these young people were served by public community mental health programs. Results indicate that, overall, 24 percent of young people identified by the state child agency as having been abused and/or neglected were served by the public mental health system. Children under seven years of age were substantially less likely to receive community mental health services than young people in the 7-12 or 13-17 age groups (14 percent versus 29 percent and 28 percent) Girls were less likely to be served than boys.

- The Multi-State Study also analyzed databases that recorded individuals treated for injuries in hospital emergency rooms. The analysis included both unintentional injury and injury that was the result of assault. More than 20 percent of the assault victims, but only 7 percent of victims of unintentional injury, received community mental health services during the same year. Women and children were significantly more likely to receive community mental health services then men (29 percent and 30 percent vs. 11 percent for assault victims, and 10 percent and eight percent vs. four percent for unintentional injury.)

- The Multi-State-Study also analyzed the database of the Vermont Center for Crime Victims Services to determine whether crime victims who may have experienced trauma utilized the mental health system. The database provided basic demographic information on all adult service recipients. For the analysis, adults, ages 18 and over, who were victims of domestic violence, sexual assault, or other assault, were selected for analysis.

- Research indicates that more than 10 percent of these crime victims received community mental health services in Vermont in 2003. Women were significantly more likely to receive mental health services than men (14 percent vs. 6 percent). Among women,

participation in mental health programs for individuals aged 50 and older was substantially less than younger women (6 percent vs. 15 percent and 16 percent). Among men, however, participation in mental health programs for individuals aged 50 and older was substantially greater than for younger men (22 percent vs. 7 percent and 0 percent).

- The Multi-State-Study also examined the use of the community mental health system by refugees who were traumatized before, during, or after their relocation. The Vermont Refugee Resettlement Office and the Health Department refugee health program provided data. In Burlington, the highest utilization rate of the community mental health system was for women in the 50 + age group (23 percent vs. eight percent to nine percent for children and younger women, respectively). The highest utilization rate for men in Burlington was in the 35-49 year age group (18 percent vs. four percent to eight percent for boys and other men respectively).

Findings from surveys and training needs assessments were reported in The Effects of Psychological Trauma on Children and Adolescents (June 30, 2005) report by Kathleen J. Moroz, DSW, LICSW. Surveys of trauma screening, assessment and treatment included the Survey of Community Mental Health Center Children's Directors (February, 2005) and the Vermont Network Against Domestic Violence Survey of Child/Youth Advocates (July, 2004). Surveys of trainings needs in Vermont conducted by the Child Welfare Interagency Training Committee (CWITC Training Needs Survey, Fall, 2004) and another conducted by the Children's upstream Services (CUPS) Training Team (2004) identified training related to trauma as a training priority for mental health providers in Vermont.

The AHS *Child Trauma Work Group*, a broad partnership of agency and community partners focusing on improving trauma-specific services for children and their families who have experience trauma, disseminated a survey to 200 direct service providers in 2006 to assess their needs with regard to providing trauma-specific services to children as well as an assessment of their program's trauma-specific policies and practices. The survey, adapted from Fallot and Harris's work, is available**.**

Act 114 is a Vermont law that identifies the limited conditions under which the use of non-emergency involuntary medications can be administered to patients in hospitals. The Vermont legislature has required that two reports be written and submitted to them annually, one by the Department Commissioner and one by an Independent evaluator. The authors of the latter must make efforts to seek out and interview individuals who have recently been the recipients of non-emergency involuntary medications, and must include a summary and analysis of what resulted based on interviews with persons involuntarily medicated under the provisions of Act 114. This feedback is useful for understanding the continuing need to improve staff awareness of potentially sensitizing events in psychiatric hospital settings.

Available Documents, Materials, Other Resources:

- A Multi-State Study of Mental Health Service Utilization by Trauma Victims (2004). John A. Pandiani, Ph.D.; Lucille Schacht, Ph.D.; and Steven M. Banks, Ph.D.

Presentation at Conference On State Mental Health Agency Services Research, Program Evaluation and Policy: http://www.nri-inc.org/conferences/Presentations/2004/MonPandiani.pdf
Also: http://www.thebristolobservatory.com/fulltext/SAMHSA%20Multi%20State%20Trauma.pdf

- The Effects of Psychological Trauma on Children and Adolescents (June 30, 2005) by Kathleen J. Moroz, DSW, LICSW
- *Trauma-Informed Assessment* (2006) for direct service workers providing trauma-specific services (Adapted from Fallot and Harris)

Trauma Services

10. Universal trauma screening and assessment.

The Vermont Department for Children and Families has added a Trauma screening for children (ages 7 and up) who come into custody and are likely to remain 30 or more days. A screener completes the Trauma Symptom Checklist and indicates if the cumulative response reaches the clinical range (score of 65 or better) in the comments section for the social worker's review.

Through Vermont's efforts to implement integrated mental health and substance use treatment, one of Vermont's Community Rehabilitation and Treatment programs has chosen to use the *Alaskan Screening Tool*, which screens for both substance use disorders and trauma disorders.

Available Documents, Materials, Other Resources:

- DCF Trauma Screening Tool
- Alaskan Screening Tool

11. Trauma-informed services and service systems.

Vermont has made its first step toward creating a trauma-informed Agency of Human Services. The creation of the Trauma Coordinator position, as well as the adoption of an agency-wide Policy on trauma-informed systems of care has created the opportunity to create system change with in the agency. Trauma Training efforts are well underway and approximately one third of all AHS Staff have received trauma training. In addition, Vermont is poised to possibly receive two significant SAMSHA grants that would greatly enhance trauma specific services for children with complex trauma and eliminate the use of traumatizing restraint and seclusion in two Vermont psychiatric settings. (See #7).

The AHS Child Trauma Workgroup researched various treatment models for children with complex trauma and selected the *ARC Model* from the National Child Traumatic Stress Network Empirically Supported Treatments and Promising Practices (www.NCTSNet.org). Over 200 mental health and system of care providers received initial training on complex trauma and the ARC model in 2006.

There have been many activities and efforts undertaken by the State of Vermont's Department of Mental Health (DMH) to develop a flexible and responsive behavioral health response plan to be implemented and serve citizens of the state in the event of a disaster, either man made or natural.

DMH, through its contractors, has provided and continues to provide training to the ten designated community mental health agencies throughout the state. To date, there are over two hundred individuals who have been trained as behavioral health disaster first responders. These individuals have been trained on basic disaster behavioral response, trauma recognition, response and referral and sudden death notification. DMH staff is responsible for assessing the nature and extent of disasters and the need for crisis counseling. DMH staff has the capability and training to write a FEMA Crisis Counseling Program Grant if the disaster eclipses what the DMH system can currently provide.
DMH has also partnered with colleagues in NH, ME, MA and NY, to share written materials, experience and expertise about working effectively with populations who experience trauma via crisis and disaster

Available Documents, Materials, Other Resources:

- The 2007 Vermont Department of Health, Division of Mental Health (Department of Mental Health as of 7/1/07) application for a SAMHSA State Incentive Grant to Build Capacity to Implement Alternatives to Restraint and Seclusion.

12. Trauma-specific services, including evidence-based and promising practice treatment models.

The Child Trauma Workgroup (CTWG) secured funding through multi-agency contributions to sponsor a 3-day conference in 2006 on effective treatment of trauma in children. Margaret Blaustein, Ph.D. and Kristine Kinniburgh, LICSW of the Trauma Center at Justice Research Institute in Massachusetts provided training on complex trauma and the ARC model of trauma treatment (Attachment, Self-Regulation, and Competence (ARC): A Comprehensive Framework for Intervention with Complexly Traumatized Youth). Over 200 Vermont mental health and related service system providers attended the conference entitled "**Restoring Connections: Improving Care for Children and Families Impacted by Trauma**." ARC manuals were provided by DMH to each of the Community Mental Health Centers. The CTWG is in process to build on the initial training with more in depth consultation and implementation of the model into the statewide service system. A partnership of CMHCs and the Justice Resource Institute (The Vermont Partnership of the New England Trauma Services Network) submitted a proposal for SAMHSA funding to implement the Attachment, Self-Regulation and Competency (ARC) model of care in four of Vermont's communities and to establish a Community Treatment and Services Center.

DMH has created a stakeholder committee charged with 1) reviewing evidence-based and promising practices and 2) developing recommendations regarding which practices should

be available to all adult mental health consumers in the state. This committee, known as the *Clinical Practices Advisory Panel*, has plans to review and develop recommendations on trauma treatment models in 2008.

Through Vermont's efforts to implement integrated mental health and substance use treatment, several of Vermont's Community Rehabilitation and Treatment programs have chosen to implement the *Seeking Safety* group treatment model for individuals with co-occurring mental health, substance abuse, and trauma-related conditions.

The Adult Outpatient Director's group named Trauma Treatment a priority for program development. Washington County Mental Health, one of the CMHC's developed an adult trauma treatment program which is fully implemented and operating at above capacity. WCMHS has also started a child and family trauma treatment program. Other agencies are developing programs, using the LINCS model and adapting it to their centers.

Available Documents, Materials, Other Resources:

- *National Child Traumatic Stress Initiative Community Treatment and Services (CTS) Center FY07 grant proposal* by Washington County Mental Health Services as applicant (The Vermont Partnership of the New England Trauma Services Network).
- *ARC manuals* were obtained from Margaret Blaustein, Ph.D. and Kristine Kinniburgh, LICSW of the Trauma Center at Justice Research Institute, MA (http://www.traumacenter.org/products/prod_overview.php)

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