Oregon's Trauma Informed Journey

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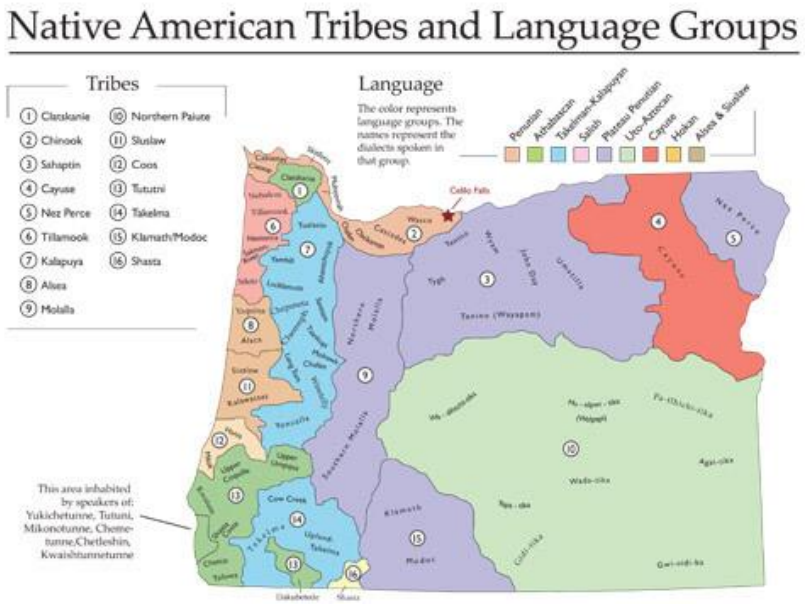
Our time today

- Level setting - language
- Who we are and how we came to be
- What we do
- What has worked
- What has helped
- Challenges

*care for yourself while thinking of those around you

Setting the Context/Level Setting



Population = 4,301,089
Size = 250, 000 Km2

Terms

- Trauma – something that overwhelms your ability to cope in the moment; event, effect, experience; threatens survival – includes experiences of oppression such as racism, agism, sexism, ableism.

- Toxic Stress – prolonged activation of the stress response system in the absence of protective relationships

- Scarcity – having less than you think you need *(see Mullainathan & Shafir (2013)*

TRAUMA SPECIFIC SERVICES VS. TRAUMA INFORMED CARE

- Trauma Recovery/Trauma Specific Services
  - Reduce symptoms
  - Teach skills
  - Promote healing: psycho-empowerment, mind-body, other modalities.
- Trauma Sensitive
- aware
- Trauma Informed Care
  - Guide policy, practice, procedure based on understanding of trauma
  - Corrective emotional experiences.
  - Parallel process
  - Assumption: every interaction with trauma survivor activates trauma response or does not.

Why is it important?

- Trauma is pervasive and it's impact is broad, deep and life-shaping.
- Necessary for those activated to engage
- Trauma differentially affects the more vulnerable.
- Trauma affects how people approach services.
- The service system has often been activating or re-traumatizing.

Definition and Frame

- Original framework for TIC focused on Safety – Power – Value
- At TIO* we currently use SAMHSA's definition of TIC (realize, recognize, respond, resist retraumatization) – encourage system specific definitions
- Focus on how organizations and systems can apply the principles of TIC to:
  - Reduce toxic stress ,traumatization, and retraumatization,
  - Increase engagement,
  - Promote 'whole-brain' – healthy workforce
- Focus on systemic oppression and institutional abuse – anti-oppressive practice
- Utilize NEAR science frame (neuro, epigenetics, ACE, Resilience)

History

- Addictions and Mental Health Division (as part of Dept of Human Services) writes Oregon's first policy on trauma (2006)

- Between 2010 and 2012, trauma awareness gathered momentum nationally and in Oregon.
  - Funded Trauma Informed Practice in Housing project 2010-2013
  - Healthcare costs/reform
  - Current activities – The Dallas, State Hospital, NTC , etc

- Children's System Advisory Committee (CSAC, advisory to Addiction and Mental Health) identifies the impact of trauma as a priority and includes it in their work plan (2012) – with a white paper to follow

- Oregon Health Authority – Addictions and Mental Health Division creates a Trauma Informed Care Policy based on the white paper and its recommendations (July, 2014)

- Trauma Informed Oregon is initiated through the child mental health leadership of AMH and CSAC, and made possible by the vision of state legislators (July, 2014)

Trauma Informed Care

Policy Overview

All behavioral health programs licensed by Health Systems (formerly AMH), including partner agencies.

Providers are knowledgeable and:

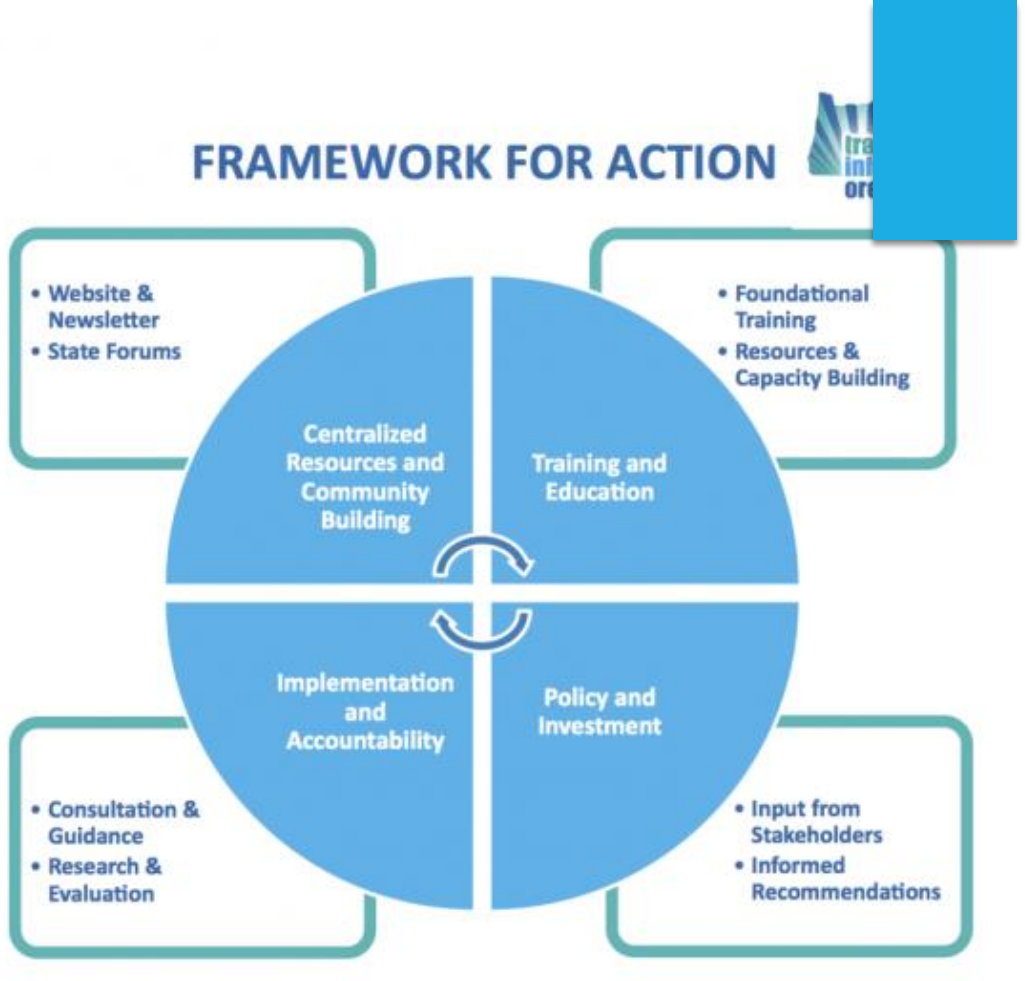
- Informed about the effects of psychological trauma;
- Able to assess for the presence of trauma and related challenges;
- Able to offer or refer to services that facilitate recovery.

Establish a standard of care , Increase access, Mitigate vicarious traumatization

Who we are and What we do

Trauma Informed Oregon

- a statewide collaborative aimed at preventing and ameliorating the impact of adverse experiences on children, adults, and families.
- Primarily funded by OHA.
- Oregon Pediatric Society & Oregon Health Science University.
- Advisory board with lived experience, public health, office of equity, provider.
- OTAC – Oregon Trauma Advocates Coalition – young people
- 6 FTE staff = 7 people + students



Mission: In recognition of the impact that adverse experiences in childhood have on long-term health outcomes, TIO represents a commitment **at the state level** to promote prevention and to bring policies and practices **into better alignment** with the principles of trauma informed care (TIC) while supporting **equitable and inclusive** services.

1 Training & Education

- Foundational Knowledge
- Workforce Wellness
- Capacity Building
- Train the Trainer Program
- Online Training Modules

2 Implementation & Accountability

- Consultation
- Technical Assistance
- Research and Evaluation
- Metric Development

3 Policy & Investment

- Stakeholder Input
- Informed Recommendations
- Evidence-based Policy Support
- Advocacy Resources

4 Centralized Resources & Community Building

- Public Website
- E-Newsletter
- Tools and Tips
- Peer Support Resources
- Community Engagement
- Stakeholder Involvement
- Regional Forums
- State Conferences

Impact

Trauma Informed Oregon started in 2014

20k	468	107	23	1	25
People Trained	Workshops Provided	Trainers Trained	County Forums	Statewide Conference	Newsletters Published

Reach

Local

- Works with Housing, Mental Health, Education, Justice, Healthcare, CCOs, Suicide Prevention, Natural Resources, Climate, Higher Education Sectors
- Supports State Health Assessment, Technical Advisory on Climate Change, Child Foster Care Advisory Committee
- Connected with each county in Oregon

National

- Board Member on the Campaign for Trauma Informed Policy and Practice (CTIPP)
- Member of the National TIC Measurement Workgroup
- Connected with other states including: California, New York, Washington, Washington, D.C., and Wyoming

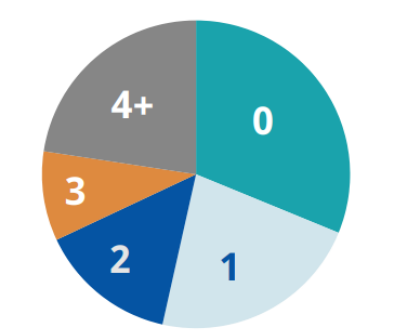
Global

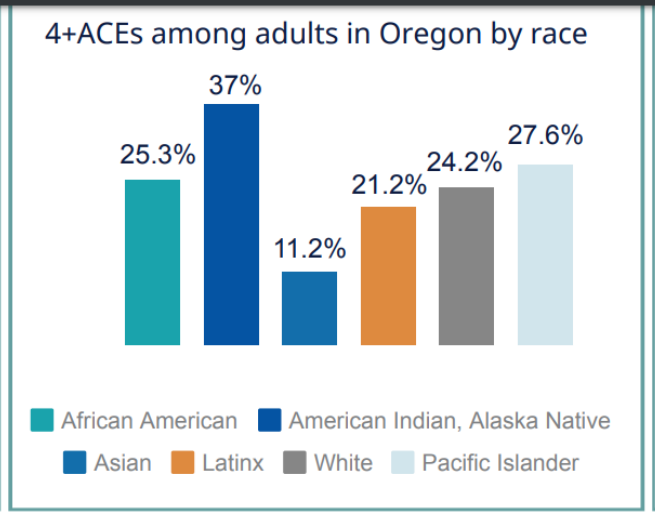
- Board Member on the International Transformational Resilience Coalition
- Online TIC education opportunities in Canada, Indonesia, and Japan.
- Connected with international efforts in the United Kingdom

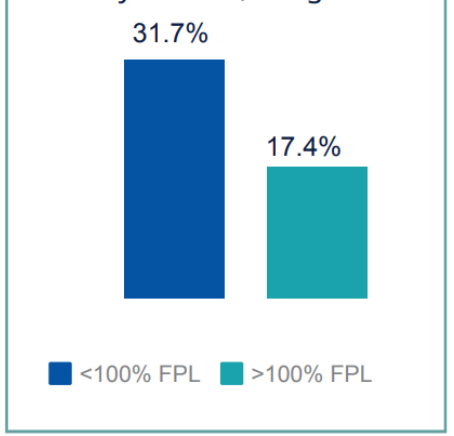
Why Trauma Informed Care in Oregon?

Expected outcomes of awareness and commitment to TIC:

- TIC principles are reflected in policies, practices, and procedures;
- Staff and service users feel safe, empowered, valued, and cared for;
- Increased service engagement, workforce satisfaction, and retention
- Improved community resilience, health, and wellness.







Incidence of workforce burnout, secondary stress, and vicarious trauma in Oregon

23%
Annual turnover rate among Oregon child welfare workers due to burnout [2]

41%
5-year attrition rate among new teachers in Oregon [3]

30%
Oregon correctional staff who show symptoms of PTSD [4]

54%
Physicians who have at least one symptom of burnout [5]

Statewide Efforts

Regional Initiatives

- The Consortium to Create Sanctuary in the Columbia River Gorge, which is becoming Sanctuary-certified, was one of 14 communities in the national Mobilizing Action for Resilient Communities project;
- Central Oregon TRACES hosted a community summit in 2017 attended by representatives from more than 100 organizations;
- Southern Oregon Success leads a Self-Healing Community Initiative with guidance from ACE Interface that has trained more than 8,000 people across all sectors in Jackson and Josephine Counties;
- Washington County ACEs Initiative has over 50 community partners.

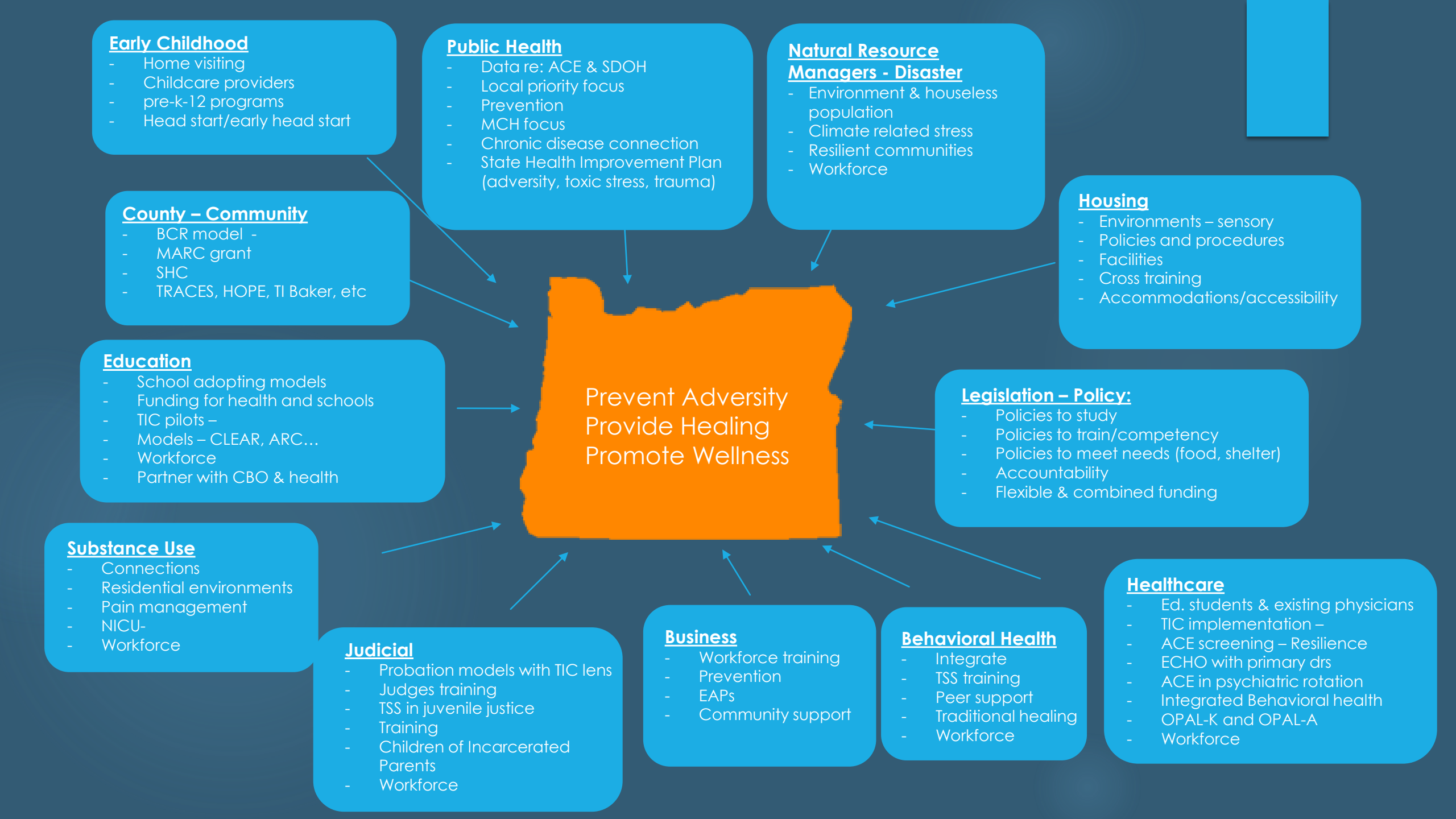
Policy Responses

- HCR 33 — Encourages state officers, agencies, and employees to become informed about impacts of trauma and to implement evidence-based trauma informed care practices and interventions.
- HB 4002 (Chapter 68) — Requires state education agencies to address chronic absences of students and provides funding for trauma informed approaches in schools.
- HB 2401 — Requires the Department of Human Services to provide trauma informed training to child welfare personnel.

What has worked and Challenges:

- Build Credibility
  - University based (neutral, not for profit, public domain)
  - Partners involved (OHA, OPS, OHSU)
  - Voices of those with lived experience
  - Responsive to our 'collaborative' with content and resources.
  - Challenge: *Maintain credibility with new thinking and resources – stay on the front end*
- Holding Complexity – honoring the messiness
  - Diverse & dynamic systems involved and differences honored.
  - Challenge: *Continue reaching all areas of the state; differences & standards; a process; outcomes*
- Leveraging – Networking - Connecting
  - Honoring & learning from what is already happening.
  - State policy & agency support
  - Intersecting the work with current initiatives, lens, approaches.
  - Promote connecting not combining.
  - Challenge: *Creating ways to leverage or achieve economies of scale, for instance Train the Trainer or online modules to meet training requests / needs; connecting efforts*

- *early learning*
- *juvenile justice*
- *corrections,*
- *healthcare*
- *substance use*
- *education*
- *natural resource managers*
- *state public health*
- *local public health*
- *disaster preparedness*


Early Childhood
- Home visiting
- Childcare providers
- pre-k-12 programs
- Head start/early head start
Public Health
- Data re: ACE & SDOH
- Local priority focus
- Prevention
- MCH focus
- Chronic disease connection
- State Health Improvement Plan (adversity, toxic stress, trauma)
Natural Resource Managers - Disaster
- Environment & houseless population
- Climate related stress
- Resilient communities
- Workforce
County – Community
- BCR model -
- MARC grant
- SHC
- TRACES, HOPE, TI Baker, etc
Housing
- Environments – sensory
- Policies and procedures
- Facilities
- Cross training
- Accommodations/accessibility
Education
- School adopting models
- Funding for health and schools
- TIC pilots –
- Models – CLEAR, ARC…
- Workforce
- Partner with CBO & health
Prevent Adversity
Provide Healing
Promote Wellness
Legislation – Policy:
- Policies to study
- Policies to train/competency
- Policies to meet needs (food, shelter)
- Accountability
- Flexible & combined funding
Substance Use
- Connections
- Residential environments
- Pain management
- NICU-
- Workforce
Judicial
- Probation models with TIC lens
- Judges training
- TSS in juvenile justice
- Training
- Children of Incarcerated Parents
- Workforce
Business
- Workforce training
- Prevention
- EAPs
- Community support
Behavioral Health
- Integrate
- TSS training
- Peer support
- Traditional healing
- Workforce
Healthcare
- Ed. students & existing physicians
- TIC implementation –
- ACE screening – Resilience
- ECHO with primary drs
- ACE in psychiatric rotation
- Integrated Behavioral health
- OPAL-K and OPAL-A
- Workforce

Where are we headed?

- Creative ways to build and sustain capacity
  - Review boards
  - Coaching models
  - Trainer development
- Outcomes – Evaluation
  - Researcher in residence
  - Learn what is working in real time/quicker time
- Culturally Responsive and Linguistically Appropriate resources and alignment.
- Policy expansion and resources for agencies to demonstrate TIC.
- Connecting the roles of systems.
- Community level work.

A word about policy

Policy Work

- Federal
  - Set standards; potential funding
  - Les flexible
- State
  - More flexible
  - HCRs
  - Divisions (public health, health authorities, education)
    - Directing practice and/or education
  - Training (e.g. Lactation)
- County
  - Services direction
  - Fund initiatives or people
  - E.g. Deschutes County
  - Highlight state law challenges
- Organizational
  - Practices
  - HR
  - Procedures

Tips for Advocacy

ORGANIZE

- Groups are more effective. Think state, region or city. Connected people.

EDUCATE

1. yourselves about your Congressional delegation
2. your Senators and Congresspersons' local staff in their local offices,
3. your Congressional delegation's personal staff in Washington,
4. staff of the relevant committees, whether or not one of your members is on that committee, and
5. your Senators and Congresspersons

ADVOCATE

1. either introduce a new bill containing trauma-informed provisions,
2. support one that has already been introduced by another member, or
3. to amend a bill that has already been introduced by another member

Adapted from Advocacy Tips from Campaign for Trauma Informed Policy and Practice: http://ctipp.org/Portals/0/xBlog/uploads/2017/12/5/CTIPP_Advocacy_Tips_113017.pdf

There are a number of possible legislative provisions that could assist trauma-informed initiatives that do not require any new funding or just a small amount, such as:

- Provisions directing Federal agencies to **develop and implement** a comprehensive, integrated strategy to prevent and treat the underlying trauma

- giving cities, states, tribes and other local entities the freedom to **combine funding** from different grant programs.

- Provisions directing federal agencies to come together to **collect and disseminate** best practices for preventing and treating the effects of childhood trauma;

- Provisions making it clear that trauma-informed prevention and treatment programs are **eligible for reimbursement** under such programs as Medicaid and CHIP, and are appropriate uses of grant funds under various existing federal health, social and law enforcement grant programs.

Adapted from Advocacy Tips from Campaign for Trauma Informed Policy and Practice: http://ctipp.org/Portals/0/xBlog/uploads/2017/12/5/CTIPP_Advocacy_Tips_113017.pdf

Key Bills from the 2017 Oregon Session

- *Coordinated Care Organizations (CCO) Contract Reform (HB 2122)*: Modifies requirements for coordinated care organizations in 2018 and 2023.

- *Cover all Kids (HB 2305, HB 2389, HB 2726, SB 558)*: Authorizes OHA to provide medical assistance, within available funds, to low income children residing in Oregon if necessary to move toward goals of Legislative Assembly expressed in law and to improve health of Oregon communities.

- *End Profiling (HB 2355)*: Directs Oregon Criminal Justice Commission to develop method for recording data concerning officer-initiated pedestrian and traffic stops.

- *New School Based Health Centers & Trauma Informed Approaches (HB 2408)*: Appropriates moneys to plan, establish, and operate new school-based health centers; increase student access to school-based mental health providers; and to fund pilot programs that uses trauma-informed approaches.

- *Reproductive Health Equity (HB 2232)*: Requires health benefit plan coverage of specified health care services, drugs, devices, products, and procedures related to reproductive health.

- *Tobacco Bills (HB 2024)*: Imposes tax on inhalant-form nicotine; requires legal smoking age to be 21 years old; and provides that businesses may not make retail sale of inhalant-form nicotine in this state unless business has obtained a license.
- Foster Children Sibling Bill of Rights (HB 2216). https://traumainformedoregon.org/former-foster-youth-testifies-legislature/

- House Concurrent Resolution 33

What has helped

Trauma Informed Care Logic Model

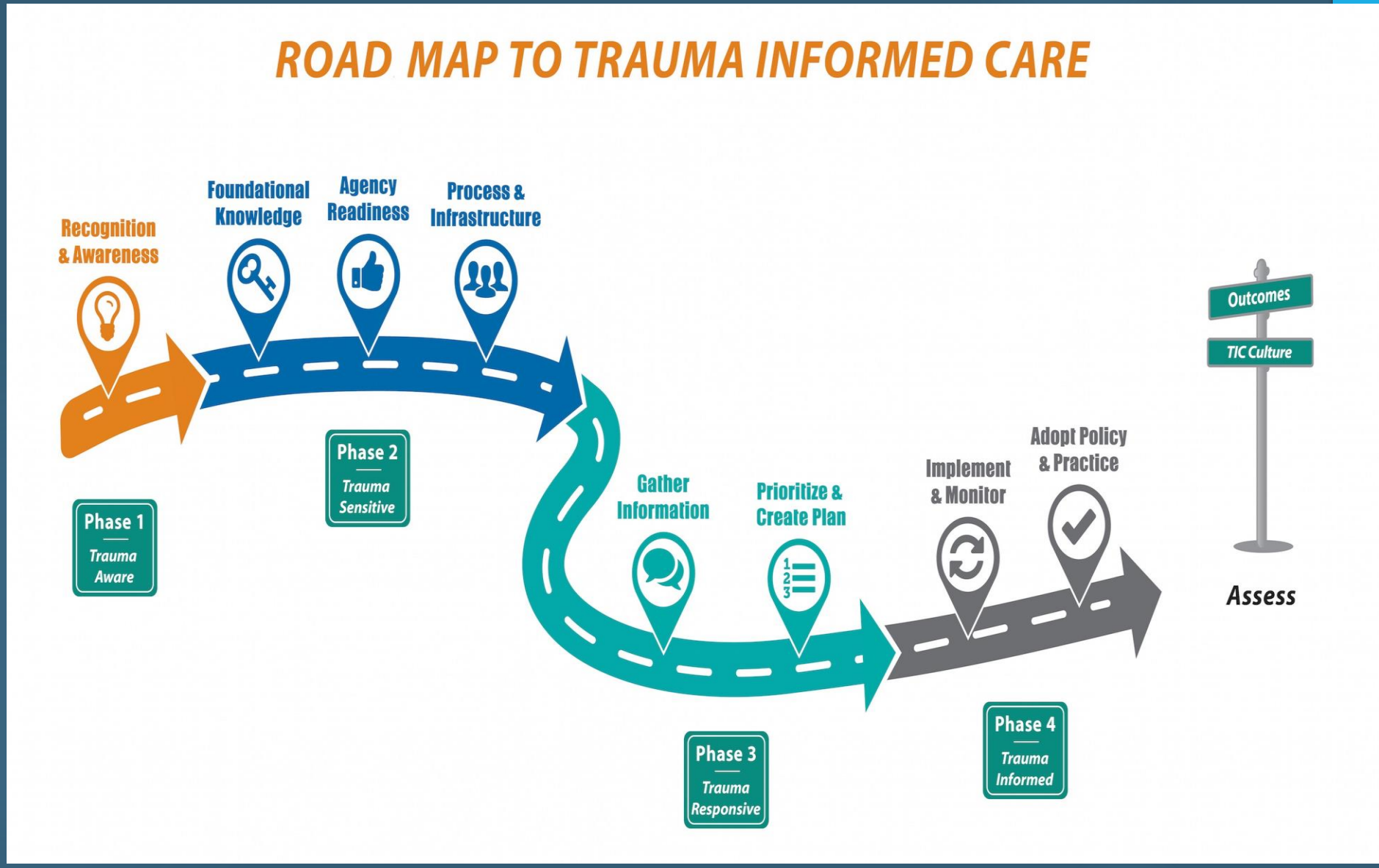
Assumptions

1. Human service settings are populated with people (service users and staff) with experience of past or present trauma.

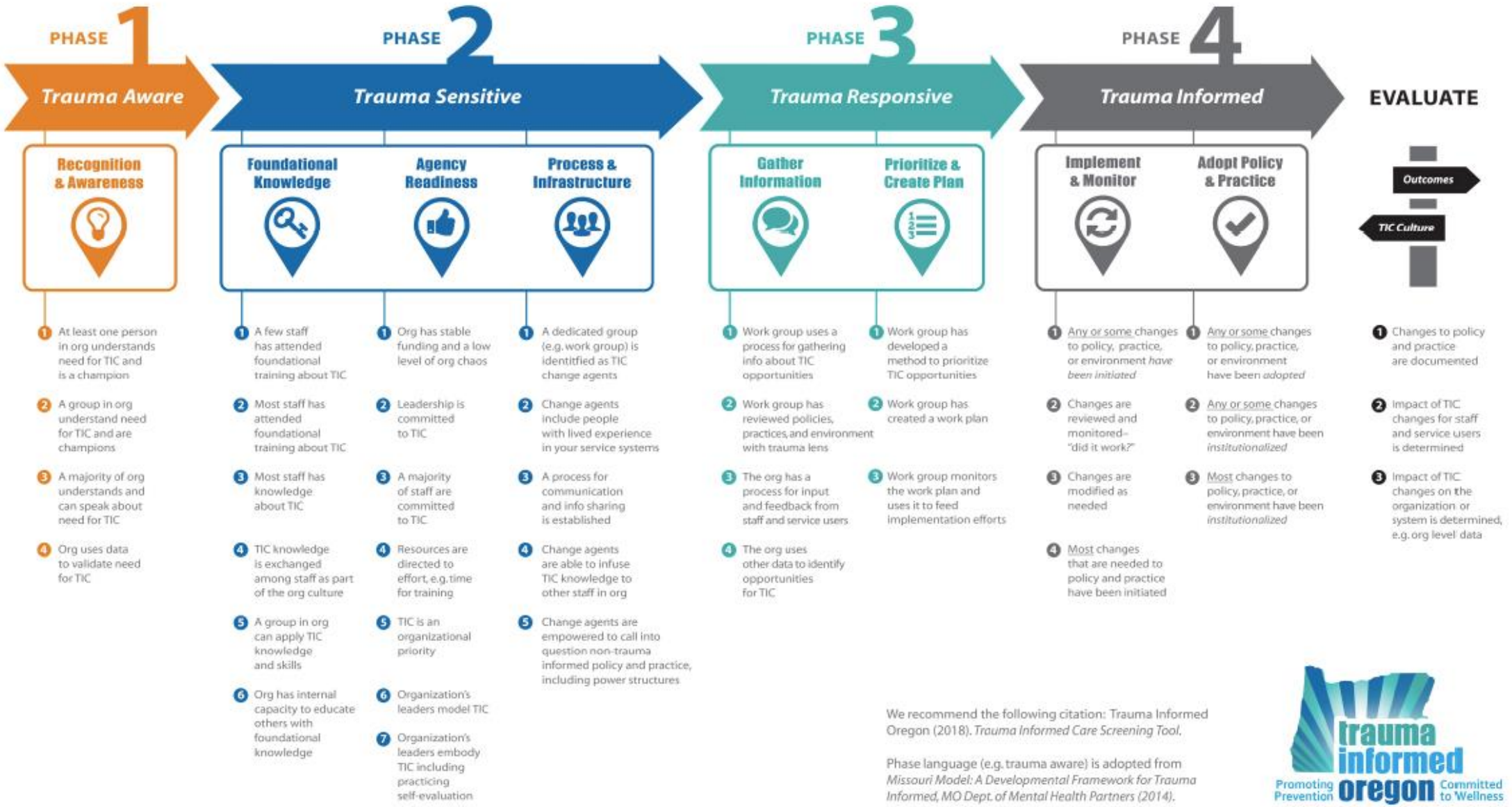
2. Services and settings can be re-traumatizing for individuals when they feel unsafe or don't feel that they have control, power, choice, voice, or value.

3. Trauma informed care takes these challenges into account and creates services and settings that are safe, empowering, trustworthy, collaborative, and responsive to cultural, historical, and gender issues (based on TIC principles).

Trauma Informed Care: **WHEN** Do We Do It?



Trauma Informed Care Screening Tool



We recommend the following citation: Trauma Informed Oregon (2018). *Trauma Informed Care Screening Tool.*

Phase language (e.g. trauma aware) is adopted from *Missouri Model: A Developmental Framework for Trauma Informed, MO Dept. of Mental Health Partners (2014).*

trauma informed oregon
Promoting Prevention Committed to Wellness

Trauma Informed Care: **WHAT** Do We Do?

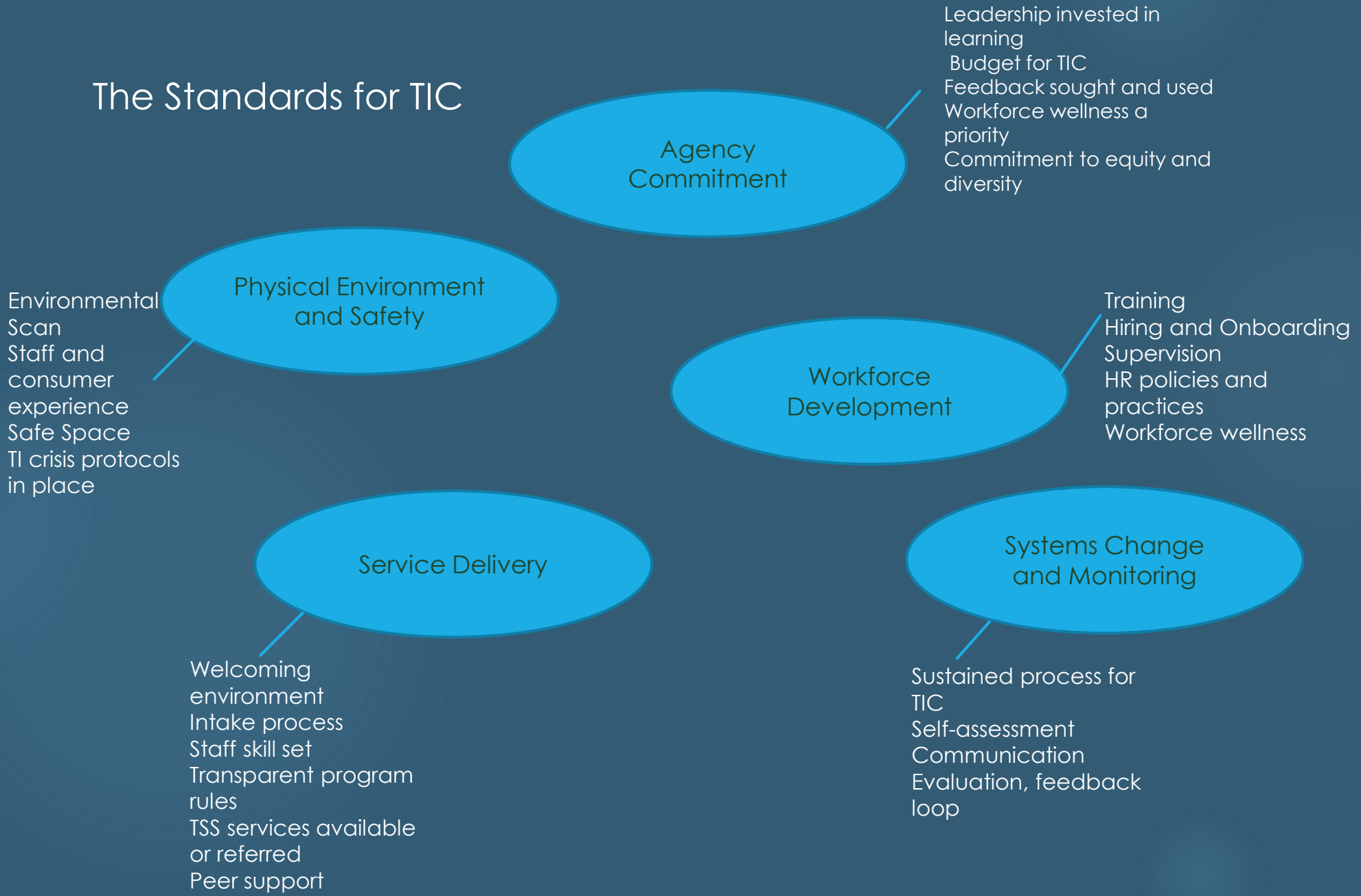
Standards of Practice

Trauma Informed Oregon
December 2017

I. Leadership Commitment and Endorsement. School district, school boards, and school leadership acknowledge that an understanding of the impact of trauma is central to effective service delivery and make operational decisions accordingly.

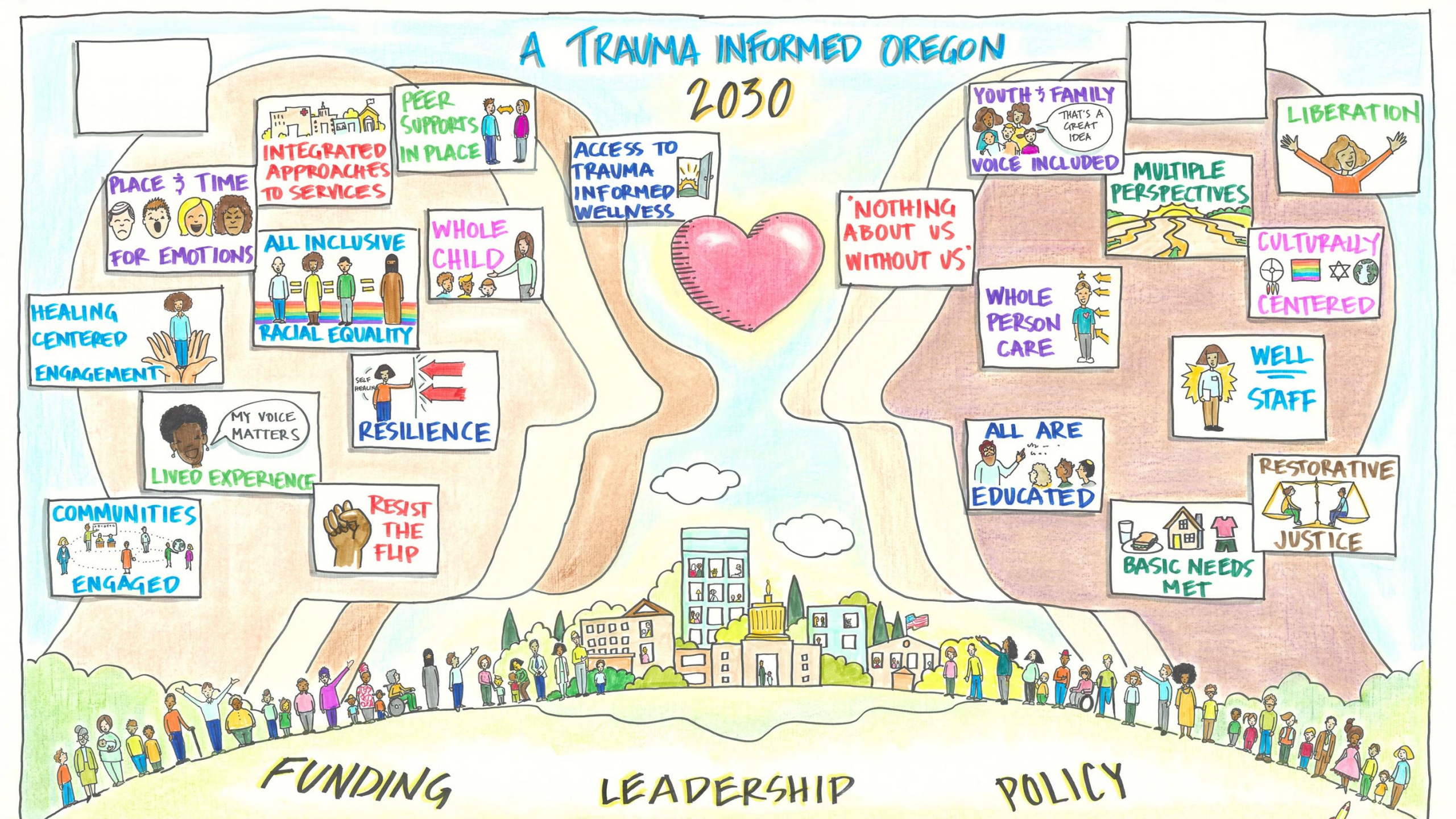
Ia.	The district and school board are aware and committed to TIC. *How is this assessed?*
Ib.	The words "trauma informed" appear in district policies, school improvement plans, and staff/student handbooks. This may also be stated as "trauma informed practice," or "trauma informed schools." *Describe or provide examples.*
Ic.	The school has made a commitment to diversity and equity with students and families. *How is this reflected in policy and practice?*
Id.	Students at the school who come from a diversity of backgrounds have leadership roles (e.g., student body, etc.). *What roles? How is diversity defined?*
Ie.	There is a process in place for regular feedback and suggestions from staff, students, caregivers, and community members or partners related to TIC (e.g., perceived safety, welcoming environment, transparency, shared decision making, helpful/supportive staff, etc.).

The Standards for TIC



Final Thoughts

- **Connect initiatives –** How are Social Emotional Learning (SEL); Diversity, Equity, Inclusion (DEI); and Restorative Justice (RJ) connected with TI?
- **Link language – validate – use the principles -** “Yes, that is Trauma-informed!”
- **Supervision support**
- **Keep TI knowledge present -** Even if you call it something different, where is TI in the work?
- **Talk about TIC as an adjective versus a noun -** It is how we do the work.
- **Be TI** in your TI efforts –
- A **people’s** movement


A TRAUMA INFORMED OREGON
2030
PEER SUPPORTS IN PLACE
INTEGRATED APPROACHES TO SERVICES
PLACE & TIME FOR EMOTIONS
ALL INCLUSIVE RACIAL EQUALITY
WHOLE CHILD
ACCESS TO TRAUMA INFORMED WELLNESS
HEALING CENTERED ENGAGEMENT
MY VOICE MATTERS
LIVED EXPERIENCE
SELF HEALING
RESILIENCE
COMMUNITIES ENGAGED
RESIST THE FLIP
'NOTHING ABOUT US WITHOUT US'
YOUTH & FAMILY
THAT'S A GREAT IDEA
VOICE INCLUDED
LIBERATION
MULTIPLE PERSPECTIVES
CULTURALLY CENTERED
WHOLE PERSON CARE
WELL STAFF
ALL ARE EDUCATED
RESTORATIVE JUSTICE
BASIC NEEDS MET
FUNDING
LEADERSHIP
POLICY

Summarizing

Awareness

Understand the prevalence of trauma and the potential impact it has on behaviors.

Be aware of potential triggers

Be aware of self-biases

Regulation

Communicate and behave in ways that promote safety, trust, and collaboration.

Be on the watch for parallel process

Reflection

Reflect on interactions. Repeat or restore and repair as needed.

Questions?

THANK YOU!