

**Maine Department of Mental Health Mental Retardation  
and Substance Abuse Services**

**Comprehensive Strategic Action Plan**

**for**

**Creating a System of Care Responsive to the Needs of  
Trauma Survivors**

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**Update and Revision: February, 1999**

### **Focus of this plan:**

Strategic planning to date has focused primarily on adult recipients of mental health services with histories of sexual and/or physical abuse trauma. The Department recognizes that comprehensive programs must be developed to address the needs of other populations served by our system, many of whom have been traumatized by sexual and/or physical abuse or other severe traumatic events, including children and adolescents, elderly persons, persons with mental retardation, substance abuse problems or physical disabilities such as deafness, persons who are homeless, refugees, and persons in the criminal justice system.

In the year 1999, with the appointment of new OTS staff specialist in traumatized children and their families, the Department will initiate an additional focus on the needs of abused or at risk children and adolescents in Maine. A comprehensive multi-systemic strategic action plan will be developed, emphasizing professional education and training in trauma, across disciplines, agencies and departments. Increased knowledge of unrecognized and untreated childhood abuse trauma as a core factor in the development of serious and lasting adult difficulties such as drug and alcohol abuse, mental illness, repeated victimization, criminal behavior, self injury and suicide, underscores the department's commitment to prevention and early intervention in this area.

The Office of Trauma Services works with DMHMRSAS Central Office Program Managers, Regional Directors, other state departments, survivor/consumers, family members, community leaders, and across multi-disciplines. Its mission is to increase awareness and knowledge of the prevalence and disabling impacts of interpersonal violence in the lives of the children, adolescents and adults served by Maine's public health and human service systems, and to build capacity to deliver trauma-sensitive services which will assist these individuals in their recovery.

# MAINE DMHMRSAS OFFICE OF TRAUMA SERVICES

**The Maine DMHMRSAS Office of Trauma Services (OTS)** was created in 1995 to address the needs of recipients of public mental health and substance abuse services with histories of trauma. It expanded in 1998 to increase capacity for statewide training and education, to continue survivor/consumer involvement, to establish community support and advocacy, to initiate additional services, and to develop a program of self-care for providers who work with trauma survivors. In 1999 OTS will begin a concerted initiative focusing on abused and at risk children and adolescents in the public systems.

## **OTS Staff include:**

1995	FTE	Director	Ann Jennings, Ph.D
1995 - 1999		Variety of Contracted Trauma Consultants	
1995	FTE	Secretary	Aileen Maher
1998	FTE	Asst. Director, Clinical Training Specialist	Mary Jean McKelvy, LCPC
1998	PT (.2FTE)	State Survivor TAG Coordinator	Lucy Chudzik, LCPC
1998	PT (.2FTE)	Professional Self-Care Program	Mary Louise Gould, LCPC
1998	PT(1 day mo)	6-8 Local Survivor TAG Coordinators	
1999	FTE	Children/Adolescents Trauma Specialist	MacKenzie Harris, Ph.D.

**The Trauma Advisory Board:** advises the Commissioner and OTS in areas of strategic planning, public education, public relations, and health insurance. Members are leaders in the fields of business, medicine, public health and mental health administration, social services, health insurance, marketing and public relations, law, education, public safety, the judiciary, survivor/consumer and family organizations.

## **Other advisory groups and committees include:**

**Survivor Trauma Advisory Groups:** Involved in initial statewide needs assessment, Survivor TAGs continue to meet regularly to develop and expand the survivor movement and to advise the OTS regarding local needs for service and support development.

**Clinical Review Committee:** Several individuals with high degree of clinical expertise and experience in trauma treatment review, critique and make recommendations regarding plans and documents emanating from Office of Trauma Services and from other parts of the Department .

**Training and Education Committee:** Survivor recipients of services, educators and professionals help develop plans for formal and continuing professional education.

## **OTS responsibilities include:**

- Strategic planning and policy analysis
- Assessments of trauma treatment, service, resource, training needs
- Trauma services systems and program development
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Regionalization of initiated services and training • Trauma clinical consultation and mediation service • Trauma resource and referral service • Self-care for caregivers program • Development and implementation of statewide training and education curriculums, programs and interventions in the recognition, assessment, treatment and support of traumatized clients in the public system • Trauma resource center • Community education and public relations • Initiate trauma services research and evaluation

## **DESCRIPTION OF THE PROBLEM**

**THE MAJORITY OF RECIPIENTS OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES IN MAINE HAVE HISTORIES OF TRAUMA. THIS IS NOT A "SPECIAL POPULATION".**

- 50 - 95% of the 10,000 citizens receiving mental health and/or substance abuse services in Maine, are survivors of abuse trauma (estimated: national studies)
- Of 2,240 AMHI Class Members assessed in 1996, 74% or 1,658 reported a history of sexual and/or physical abuse
- Consumers in general report having been abused and traumatized within the service system ("sanctuary trauma")

**TRAUMA SURVIVORS IN MAINE WITH MENTAL HEALTH AND/OR SUBSTANCE ABUSE DIAGNOSES HAVE HISTORICALLY LACKED RECOGNITION, SUPPORT AND ADVOCACY TO MEET THEIR NEEDS, AND HAVE HAD NO ORGANIZED VOICE WITH WHICH TO ADVOCATE FOR THEMSELVES**

**TRAUMA-BASED SERVICES ARE VIRTUALLY NON-EXISTENT IN THE PUBLIC MENTAL HEALTH SYSTEM IN MAINE. WHEN TRAUMATIZED INDIVIDUALS TURN FOR HELP TO THE SYSTEM IN MAINE, THEY FIND ONE OR MORE OF THE FOLLOWING CONDITIONS:**

- They are often viewed solely through a biological or behavioral lens rather than a more holistic lens that considers the psychological and physical impacts of early trauma
- They frequently receive diagnoses that do not reflect their underlying trauma
- Their treatment seldom considers the underlying pervasive impacts of early trauma
- When diagnosed correctly they often cannot find or access services that explicitly address trauma
- They might receive support services such as housing, or maintenance services, such as crisis, medication, or detox
- They often receive inappropriate and ineffective treatment
- They sometimes are rejected from services or blamed for "non-compliance"
- They are frequently retraumatized by existing mental health and substance abuse practices

**FEW PUBLIC MENTAL HEALTH OR SUBSTANCE ABUSE PROFESSIONALS IN MAINE RECEIVE THE FORMAL OR CONTINUING EDUCATION THEY NEED TO RESPOND EFFECTIVELY TO PERSONS WITH HISTORIES OF TRAUMA**

- Academic institutions, residencies and internships have no curriculums addressing trauma
- Continuing education and training must be gained on one's own
- Interpersonal trauma is frequently misunderstood to include only recent traumatic events

such as rape or domestic violence

- There is little organizational or supervisory support for professionals who work with abuse survivors. Isolation and burnout result.
- Much of what was learned in traditional educational programs, must be unlearned, involving shifts e.g. from "whats wrong with you?", to "what happened to you?", from power over client, to partnership with client, from relying on medical or behavioral interventions to establishing safe relationships and recovery

## **STATE BEHAVIORAL HEALTH, HEALTH AND HUMAN SERVICE POLICIES FAIL TO RECOGNIZE OR ADDRESS NEEDS OF TRAUMA SURVIVORS, OR THEY MITIGATE AGAINST THE INTERESTS OF TRAUMATIZED INDIVIDUALS**

- I.E. Medicaid policies prohibit reimbursement of large pool of skilled trauma therapists in community: LSWs, LCSWs, LCPCs, alternative and expressive therapists

## **MAJOR GOALS AND DESIRED OUTCOMES**

### **GOAL I. NETWORKS: IDENTIFY NEEDS AND BUILD NETWORKS OF ADVOCACY, SUPPORT AND COLLABORATION INVOLVING SURVIVOR RECIPIENTS OF SERVICES, CONSUMERS, PROFESSIONALS, AND COMMUNITY MEMBERS**

Conduct a thorough and ongoing problem identification and needs assessment while cultivating networks of survivor recipients of services, professionals they recommend, service providers and community leaders

Build, strengthen and expand survivor/consumer, recommended professional, provider and community networks for social change, mutual support, empowerment and advocacy to recognize and address needs of survivor recipients of services.

- a. form survivor and professional trauma advisory groups across the state
- b. form coalitions and establish communication networks
- c. collaborate across disciplines, state agencies and local interest groups
- d. maximize every opportunity to raise the collective consciousness
- e. keep development of trauma services and training survivor focused
- f. educate and involve the community

### **GOAL II. SERVICES: DEVELOP A COMPREHENSIVE, INTEGRATED, ACCESSIBLE SYSTEM OF TREATMENT OPTIONS, SERVICES AND SUPPORTS EXPERIENCED AS HELPFUL BY SURVIVORS OF TRAUMA**

- a. establish safety from retraumatization and abuse: first do no harm
- b. create trauma services and supports: models of excellence
- c. integrate trauma knowledge into existing service systems
- d. evaluate survivor/consumer outcomes of services

### **GOAL III. EDUCATION: DEVELOP A WORKFORCE KNOWLEDGEABLE AND SKILLED IN THE RECOGNITION, ASSESSMENT, TREATMENT, AND SUPPORT OF PERSONS TRAUMATIZED BY CHILDHOOD AND/OR CURRENT SEXUAL AND**

## **PHYSICAL ABUSE AND OTHER TRAUMATIC EXPERIENCES**

- a. develop educational capacity and tools
- b. provide statewide training in trauma-based assessment and treatment
- c. influence formal education of professionals
- d. nurture and support staff who work with trauma survivors

## **GOAL IV. POLICIES: CREATE STATE POLICIES WHICH ADDRESS THE NEEDS OF TRAUMA SURVIVORS AND SUPPORT THE PROVISION OF TRAUMA BASED SERVICES, RESOURCES AND TRAINING**

- a. establish policies to eliminate practices which traumatize or retraumatize persons with histories of abuse trauma, as well as other consumers
- b. create state policy infra-structure to ensure provision of trauma services and professional education and training, i.e.. standards of care
- c. change Medicaid policies to make needed therapies accessible to survivors
- d. ensure provider participation in trauma-based training and education
- e. create policy to increase detection and prevention of sexual, physical and psychological abuse in institutional settings

## **GOAL I: NETWORKS**

### **IDENTIFY NEEDS AND BUILD NETWORKS OF ADVOCACY, SUPPORT AND COLLABORATION INVOLVING SURVIVOR RECIPIENTS OF SERVICES, CONSUMERS, PROFESSIONALS, AND COMMUNITY MEMBERS**

*"If we commit to embarking on this journey together, we can do what no state in the country is doing, and that is to create a system where we find ways to*

*build bridges between the professional, the personal and the political to make sure trauma isn't the secret and hidden issue in our culture. We can acknowledge thousands and thousands of people throughout the state of Maine are struggling in ways we can only begin to imagine every day to reclaim their lives, and we can put in place the supports that will make the struggle ultimately successful."*

*Melodie Peet, Commissioner  
November 18, 1997*



## ESTABLISH SURVIVOR AND PROFESSIONAL TRAUMA ADVISORY GROUPS

### Survivor/Consumer TAGS

8 TAGs                      In 7 LSN areas  
                                    and 1 statewide

6 Women's TAGs  
1 Mixed TAG  
1 Men's TAG    Statewide

Total Members        # 120

Criteria: Members must be past or present recipients of public mental health services or hospitalization and have history of trauma.

Ages 18 - 65

Est. 80% past/present use of crisis and inpatient services  
1/2+ current use of crisis and inpatient services  
25% est are class members

Some past/present employment, some are some never opportunity to work

# are or were MH and SA professionals

Experience Isolation

### Recommended Professional TAGs

8 TAGs                      In 7 LSN areas  
                                    and 1 statewide

1 Men's Statewide

Total Members        # 140

Criteria: Members must be recommended by survivors as trustworthy and competent.

Ages 35 - 70

Nurses, SWs, therapists, LCPCs, psychiatrists, psychologists, CEOs 1/3- alternative therapists, family docs advocates, religious, educators, legislators, corrections

Work in public MH/SA system, private practice, agencies, hospitals, other

# are survivors

Experience Isolation

Ability to form "bridge" vs "ladder" relationships characterizes most members of this group

## CONDUCT STATEWIDE NEEDS ASSESSMENT

- TAGs meet in focus groups: "What Helps, What Hurts, Whats Needed"
- Muskie Statewide Provider Survey
- Publish and distribute reports: "In Their Own Words" and Provider Survey Results

## CONTINUE & EXPAND SURVIVOR AND PROFESSIONAL NETWORKS

- Statewide Survivor TAG Coordinator

- **8 local Survivor TAG Coordinators: expand and start new groups**
- **Trauma Professional Self-Care Network and "Wounded Healers" support group**
- **Forums and Conferences**

### **ESTABLISH COMMUNICATION NETWORKS**

- **Newsletter by and for Survivors: "Inner Voices"**
- **Survivor Art Exhibits and Exchanges**

### **EDUCATE AND INVOLVE THE COMMUNITY IN COLLABORATION WITH TAB**

- **Develop Talking Points**
- **Educate and involve legislative opinion leaders to support trauma work**
- **Summarize data on cost, treatment outcomes, advances in field**
- **Work with UNUM to educate insurance industry and employers**
- **Community leaders bring multi systems together around incidents**
- **OTS and TAB members meet with local community groups across state**

### **KEEP DEVELOPMENT OF TRAUMA SERVICES SURVIVOR/RECIPIENT CENTERED**

- **Survivor Participation in design and monitoring of services**
- **Participation on Selection and Hiring Teams, Committees and Boards**
- **Recruitment and Hiring of Survivors in service provision and trainings**

### **BUILD COALITIONS, COLLABORATIONS, NETWORKS**

- **Collaborate with OCA to form Coalition of "Survivor" and "Consumer" Movements (The Council)**
- **Coalition of survivor/recipients and trusted professionals**
- **Speakers Panel representing family (AMI), survivor, and consumer movement perspectives**
- **Domestic Violence (MCFCS) , Rape Crisis (MeCASA) and Mental Health service provider collaboration**
- **Form public/private professional association of trauma providers,**
- **Link and form collaborations with key influencers, stakeholders and constituencies:**

**Community Leaders  
Political Leaders  
Legislators  
Media  
Potential funders**

**Department of Human Services  
Attorney Generals Office  
Department of Corrections  
Department of Public Safety  
Health & Public Health Organizations**

**Fund Raisers**

**Foundations**

**Business/Corporate leaders Professional Associations & Organizations**

**Academic Leaders**

**Citizens groups**

**Insurance/Managed Care**

**Women's Groups**

**Victims Organizations**

**Family Organizations**

**Consumer Organizations**

**Celebrities**

**Homeless Services**

**Public MH and Substance Abuse Agencies**

**Hospitals**

**Professionals Who Shape the Field**

**Judicial System: Courts, Judges**

**Consent Decree Plaintiffs/Courtmaster**

**Private Social Agencies**

**Advocacy Offices and Organizations**

**Universities and Colleges**

**Public School System**

**Violence-related groups and associations**

**Primary Health Care Providers**

**GOAL II: SERVICES**

**DEVELOP A COMPREHENSIVE, INTEGRATED,  
ACCESSIBLE SYSTEM OF TREATMENT OPTIONS,  
SERVICES AND SUPPORTS EXPERIENCED AS  
HELPFUL BY SURVIVORS OF TRAUMA**

*"Creating a system of care in the State of Maine that is responsive to the needs of trauma survivors is an absolute priority for this department"*

*Melodie Peet, Commissioner*  
*November 18, 1996*

## **TRAUMA SERVICES AND SUPPORTS**

### **Office of Trauma Services**

**Strategic Planning**  
**Administration/Management**  
**Trauma Consultation & Mediation Service**  
**Technical Assistance & Support Services**  
**Trauma Resource & Referral Service**  
**Self-Care for Caregivers Program**  
**Services Research and Evaluation**

### **Statewide Trauma Advisory Board**

**Public Relations Committee**  
**Public Education Committee**  
**Strategic Planning Committee**  
**Insurance Issues Committee**  
**Survivor Trauma Advisory Groups**  
**Clinical Review Committee**  
**Training/Education Committee**

### **Region I**

### **Region II**

### **Region III**

## **CRISIS SERVICES**

**Train New Regional Crisis Systems**

## **24 HOUR PHONE SUPPORT SERVICE**

**In Collaboration With Maine Coalition Against Sexual Assault**

**INPATIENT ALTERNATIVE FOR  
PERSONS WITH TRAUMA DISORDERS**

**SAFE HOUSE**

**SAFE HOUSE**

**SAFE HOUSE**

**TRAUMA COMMUNITY  
SERVICES NETWORK**

**TRAUMA COMMUNITY  
SERVICES NETWORK**

**TRAUMA COMMUNITY  
SERVICES NETWORK**

**CASE MANAGEMENT  
Trauma-based Training**

**CASE MANAGEMENT  
Trauma-based Training**

**CASE MANAGEMENT  
Trauma-based Training**

**Survivor Trauma Literature Access  
Statewide Survivor Newsletter  
Statewide Survivor Art Exchange and Exhibits  
Trauma Recovery Website for Survivors and Professionals**

**OVERALL GOAL: INTEGRATION OF TRAUMA INTO EXISTING SERVICE  
SYSTEM WITH CREATION OF MODEL PROGRAMS TO FILL GAPS AND  
TRAINING OF CADRE OF TRAUMA-SENSITIVE WORKERS  
DIRECT SERVICES FOR SURVIVORS OF TRAUMA:**

**Crisis Service Systems:** serve all consumers in 7 local service network areas across the state. Comprehensive training specific to prevent retraumatization of and to effectively assist persons in crisis with trauma histories is planned for all staff.

**24 Hour Trauma-based Phone Support Line for Recipients of MH Services with Histories of Sexual Abuse:** professional and peer phone support to assist survivor/consumers in the prevention of crisis and movement toward recovery. A collaboration with Maine Coalition Against Sexual Assault

**Inpatient Alternative for Persons With Trauma Disorders:** An intensive residential treatment alternative to hospitalization for persons with trauma disorders, such as PTSD and DID. Serves Statewide.

**Trauma Community Services Networks (in each Region):** Outpatient "Centers of Excellence" to make trauma related services available, accessible and varied to meet individual recovery needs and choices. Medicaid reimbursement of trauma therapists.

**Safe Houses for Trauma Survivors (in each Region):** Providing longer term residential and programmatic supports for up to 8 women residents to work through difficult phases of trauma recovery and to avoid repeated crisis.

**Case Management Services:** have been developed to serve all consumers in the local service network areas across the state. Comprehensive training from UNE to specifically assist persons with histories of trauma is planned for all staff.

## **SUPPORT SERVICES FOR SURVIVORS AND PROFESSIONALS**

### **Trauma Clinical Consultation and Mediation Service (to be regionalized)**

Case consultation, diagnostics, training, supervision and mediation services to assist professionals in working with DMHMRSAS clients with trauma disorders.

### **Technical Assistance and Support Services (see Education)**

Statewide training and education curriculums and programs in the recognition, assessment, treatment and support of traumatized clients in the public system.

**Trauma Resource Manual & Referral Service** Provides information on survivor-recommended professionals with various kinds of trauma expertise. Base of referrals for training, consultation, trauma assessment and treatment and staff recruitment

and  
opportunity for  
in their work

**Self-Care for Caregivers Program** Network and programs which offer support collaboration among professionals who work with survivors of trauma; care-givers to develop ways to strengthen and support themselves

system  
Annotated

**Survivor Trauma Literature Access** State and University inter-library loan provides statewide access to 7 sets of 130 survivor recommended books. bibliography.

**Inner Voices: A Survivor Newsletter** Quarterly statewide distribution.

**Trauma Recovery Website**

## **RESEARCH AND EVALUATION**

at impact  
literature library.

Safe House Cross-site evaluation. Treatment and Cost Outcome Research to look of trauma-based services. Update and maintenance of trauma research  
Distribution of research findings.

## **GOAL III: EDUCATION**

**DEVELOP A MENTAL HEALTH WORKFORCE  
KNOWLEDGEABLE AND SKILLED IN THE  
RECOGNITION, ASSESSMENT, TREATMENT AND  
SUPPORT OF PERSONS TRAUMATIZED BY  
CHILDHOOD AND/OR CURRENT SEXUAL AND**

# PHYSICAL ABUSE, AND OTHER TRAUMATIC EXPERIENCES

*"At this point in time, ignorance is no longer an appropriate defense. We need to change our expectations in this culture now. We need to say the needs of trauma survivors are important. There is an epidemic of sexual abuse going on in this country today. We don't like to say that out loud. We don't like to acknowledge it. We don't like to face the reality that abuse is going on, and that it has implications for all who are attached to the mental health systems throughout the country..... I could not be more committed to any issue than I am to this one....."*

*Melodie Peet, Commissioner  
November 18, 1996*

## SURVIVOR/ PROFESSIONAL TRAINING AND EDUCATION COMMITTEE

- Develop Guiding Principles
- Identify Fundamental Assumptions

## DEVELOP EDUCATIONAL RESOURCES AND TOOLS FOR SURVIVORS AND PROFESSIONALS

- "In Their Own Words"
- Trauma Resource Center: Books, Articles, Tapes, Data, annotated bibliography, Trauma Resource, Training and Referral Manual
- Sidran Basic Trauma Training Curriculum : 20 hours modular training curriculum and materials providing framework for understanding and working with recipients of services with histories of trauma. For direct care staff in State Hospitals, Community Agencies, Related fields
- Symptom Management Workbook for Survivors and Professionals
- Massachusetts DMH Task Force Trauma Assessment and Restraint Reduction Forms, Clinical Guidelines. Prescott Training Tape and Program
- Community Connections Curriculum on Working with Groups of Women with Histories of Trauma
- Psychiatric Residency Curriculum & Training Program
- Statewide Train-the-Trainer Program: Cadre of trauma trainers available to train direct care staff of state services, MH and SA agencies, hospitals, and related fields

## PROVIDE STATEWIDE TRAINING AND SUPERVISION IN TRAUMA-BASED ASSESSMENT, TREATMENT AND SUPPORT

- Annual Cross-Disciplinary Clinical Training Conferences
- Community Connections Statewide Trauma Training
- State Employee Institutes
- Dialogues between Psychiatrists and Survivor Recipients of Services
- Statewide Psychiatric Conferences
- Psychiatrist's Study Group
- Focused Trauma Trainings Tailored to individual agencies or groups
- Keynotes, Presentations, Grand Rounds, Seminars, Art Exhibits
- Use of Model Trauma Services: e.g. Field placements, residencies, study centers. Cross-site Evaluations. Disseminate Learnings
- Integrate trauma into all Muskie State & Regional Training Programs

## INFLUENCE FORMAL EDUCATION OF PROFESSIONALS

- Work with Muskie Institute Consortium of Higher Education Institutions to Incorporate Educational Resources (above) into Curriculums of Maine Technical Colleges, University of Maine
- Revise



## **Mental Health Technicians Training Curriculum**

- **Establish educational standards for licensing, recruitment and hiring**

### **ASSIST AND SUPPORT STAFF WHO WORK WITH TRAUMA SURVIVORS**

- **Self Care for Caregivers Program and Wounded Healers Group**

## **GOAL IV: POLICY**

### **CREATE STATE POLICIES WHICH ADDRESS THE NEEDS OF TRAUMA SURVIVORS AND SUPPORT THE PROVISION OF TRAUMA BASED SERVICES, RESOURCES AND TRAINING**

*"I haven't seen or heard anything that leads me to believe a trauma survivor in Maine today can walk into any treatment facility and be assured that they're going to be met with respect, that their issues are going to be treated seriously and that they're going to get a competent response to their issues. My reality is your reality on that one, and I can also tell you I am as committed as I can be to changing that reality"*

*Melodie Peet, Commissioner  
November 18, 1996*

**ESTABLISH POLICIES TO ELIMINATE PRACTICES WHICH TRAUMATIZE OR RETRAUMATIZE PERSONS WITH HISTORIES OF ABUSE TRAUMA**

- Adopt Massachusetts Task Force on Restraint and Seclusion's Clinical Guidelines and Protocols
- Use of Restraint Reduction Form as "Advance Directive" by trauma survivors using mental health and substance abuse services

**ESTABLISH OR MODIFY POLICIES TO MAKE NEEDED SERVICES ACCESSIBLE TO TRAUMA SURVIVORS**

- Identify and change policies, laws, regulations and eligibility requirements which hinder survivor access to needed services
- Reform of Insurance and Medicaid Reimbursement policies that mitigate against access to trauma-based services.
- Establish Statewide Standards of Care and Survivor-centered accountability procedures for adherence

**ESTABLISH OR MODIFY POLICIES TO ENSURE PROVIDER PARTICIPATION IN TRAUMA-BASED TRAINING AND EDUCATION**

- Identify and develop strategies to implement policies, laws, regulations, licensing, job requirements and hiring criteria which support various levels of the mental health workforce in more knowledgeable about and sensitive to trauma issues will becoming
- Develop policies to increase opportunities for professionals and para-professionals to acquire knowledge and skills in trauma treatment within  
their various academic programs

**CREATE STATE POLICY INFRA-STRUCTURE TO ENSURE PROVISION OF  
TRAUMA SERVICES AND PROFESSIONAL EDUCATION AND TRAINING**

**Standards of Care  
Clinical Practice Standards  
Quality Assurance  
Critical Incident Processes  
Utilization Review  
Consent Decree Coordination  
RFP Stipulations  
Contracts Stipulations  
Restraint and Seclusion Policies  
Patient Rights Assurance**

**Managed Care/Medicaid  
Accreditation Requirements  
Licensing Standards  
Budgeting  
Service Eligibility Criteria  
Research and Data Collection  
Outcome Criteria, Evaluation, Protocol  
Grievance and Complaint Procedures  
Performance Based Contracting  
Uniform Intake and Assessment  
Legislation**

**CREATE POLICY TO INCREASE PREVENTION AND DETECTION OF SEXUAL  
AND PHYSICAL ABUSE IN INSTITUTIONAL SETTINGS**

**Dir. Office of Consumer Affairs  
C. Bustin-Baker**

\_\_\_ **Mental Health  
M. Gilbert**  
\_\_\_ **Mental Retardation  
P. Barton**  
\_\_\_ **Children/Adolescents  
J. Byron**

**Dir. Office of Trauma Services  
A. Jennings**

\_\_\_ **Mental Health/Substance Abuse  
M.J. McKelvy**  
\_\_\_ **Children/Adolescents  
M. Harris**  
\_\_\_ **Professional Self-Care  
ML. Gould**  
\_\_\_ **Survivor Network  
TBA**