

Trauma Informed Organizational Assessment: Findings and Recommendations

**NATIONAL
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Trauma Informed Organizational Assessment

- October-November 2017
- Focus Groups
- Six service units and the Billings Area Regional Office: Fort Belknap, Fort Peck, Fort Washakie, Northern Cheyenne, Browning, and Crow
- Limitations: group size, composition, leadership presence



SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

- Added culturally specific questions and combined categories
- 8 domains
 - Governance, leadership, policies, and procedures
 - Physical environment
 - Engagement and involvement
 - Cross sector collaboration
 - Screening, assessment, and treatment services
 - Training and workforce development
 - Data collection and performance improvement
 - Financing



Purpose

- Purpose is to allow I.H.S Billings Area leadership to review these recommendations and determine their appropriateness, priority, and feasibility for implementation
- Above all, solutions should be locally and tribally driven
- Reviewed by Johns Hopkins Bloomberg School of Public Health staff also reviewed our recommendations



Findings: Highlights

- Mission statement is in alignment
- The promotion of a patient-centered medical home model
- Lack of policies and procedures specific to trauma-informed care
- Community, family and Individual input and engagement varies and is not necessarily used for ensuring that services are culturally appropriate
- Staff at older buildings cited connections between their facilities and historical traumas experienced by their communities



Findings: Highlights continued...

- Staff at all service units expressed concerns about physical security
- Most service units have space available for staff to practice self-care
- Outside of BH departments, there is little education provided to patients and families about trauma and its effects nor provided to other staff
- Staff report a strong preference for in-person training



Findings: Highlights continued...

- Staff at all service units and Billings Area Office indicate that current online training in cultural competence is ineffective at preparing non-tribal providers to provide culturally appropriate treatment
- There could be better coordination of care when individuals are referred off-reservation
- There are no formal mechanisms for collaborating or referring to cultural and spiritual resources
- Staff members expressed whether screenings serve their intended purposes



Findings: Highlights continued...

- BH providers are knowledgeable about trauma and have been trained in trauma-informed care practices including assessment
- There is currently no uniform approach to trauma assessment
- The secondary traumatic stress or compassion fatigue that may affect staff has not been systematically addressed at the organizational level
- No systematic data collection related to trauma exposure, symptoms, or treatment currently occurs



Recommendations (20/52)

- Prioritize full implementation of PCMH model (Fort Washakie appears to be the leader)
- Utilize the Southcentral Foundation's Nuka System of Care
- Review policies and procedures for editing/additions
- The Northern Cheyenne PAC, could serve as a model that might be adapted at other sites
- Re-evaluate processes for obtaining patient feedback by community member input and incorporate perceptions about the cultural appropriateness of services



Recommendations

- Plan for assessing safety risks in each building
- Train security guards in de-escalation/dysregulation procedures
- Provide training to non-behavioral health staff to educate patient and families on the physical and mental health effects of trauma (develop or find materials to assist this purpose)
- Consider developing internal training capacity
- Provide tribally specific cultural education for non-Native providers



Recommendations

- Designate relevant providers/staff to attend meetings in the community, if not already doing so
- Execute MOU with off reservation partner agencies to coordinate care after discharge
- As a starting point, compile a list of cultural/spiritual supports including contact information



How can you implement trauma screening?



- Review trauma screening tools
 - What's missing?
- Ensure these trauma screening tools are culturally appropriate
- Discuss screening process with mental health professionals in your community and the process of referral for trauma assessment
- What resources are available for those who screen positive?
- Universal screening or targeted screening?



Recommendations

- Select a consistent systematic approach to trauma assessment
- Utilize culturally appropriate trauma treatments when possible
- Ensure that tele-mental health contractors also receive the same training offered to staff
- Create a Billings Area medical provider community of practice so providers can share experiences and resources related to implementation of trauma-informed practices
- Provide training on STS/CF and self-care; crisis response



Last but not least

- As part of any strategic plan, develop a data collection and performance improvement plan to evaluate progress



Thank you!

Maegan.ridesatthedor@mso.umt.edu

www.NNCTC.org

(406) 243-2644

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