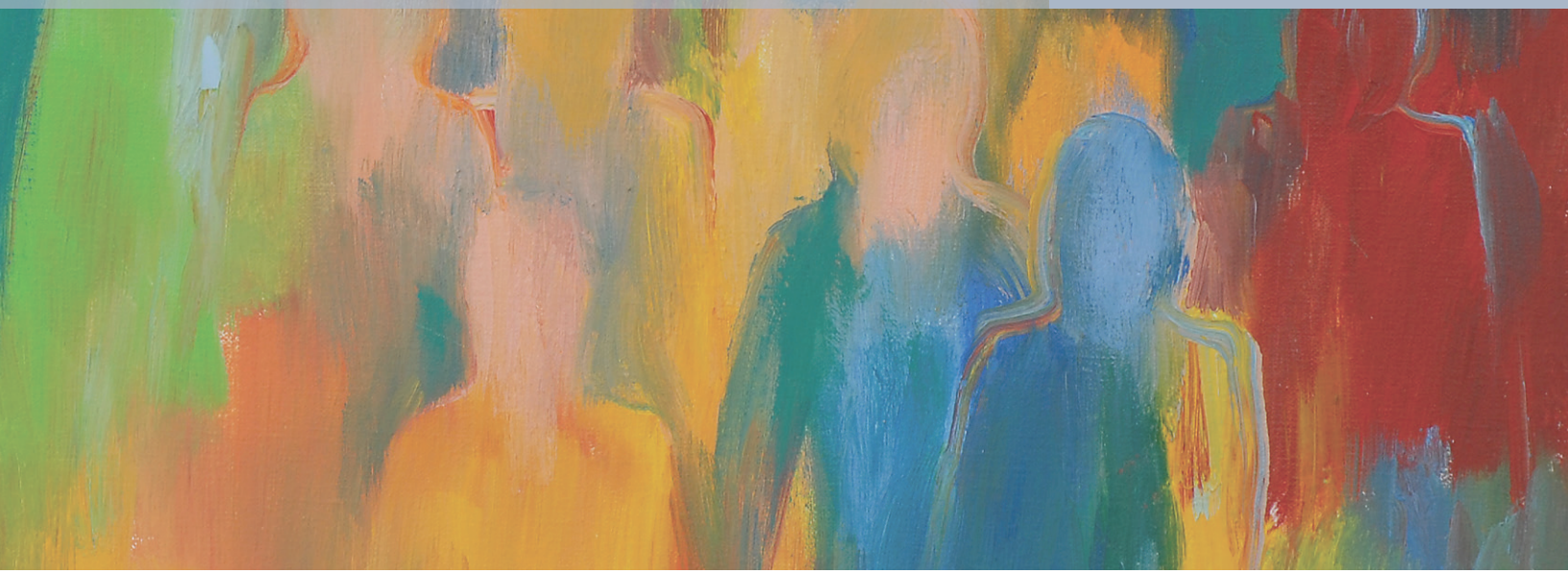
November 2017

ANNUAL REPORT

Option Year 3:
2016–2017

Substance Abuse and Mental Health Services Administration's National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC)



National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC)

Submitted to:
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EXECUTIVE SUMMARY

This is the fourth annual report of the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Center for Trauma-Informed Care and Alternatives to Restraint & Seclusion (NCTIC). The National Association of State Mental Health Program Directors is the prime contractor, and Advocates for Human Potential, Inc. serves as subcontractor. The report summarizes work completed on all core tasks and optional tasks 13, 14, and 16.

NCTIC offers consultation and training/technical assistance (TA), education and outreach, and resources to support a broad range of service systems. Its TA approach features practical solutions and, equally important, the implementation of those solutions. Hands-on experience has reinforced NCTIC's belief in non-prescriptive and collaborative TA that:

- prioritizes engagement and integration of people who have received services, including trauma survivors;
- engages TA recipients as partners; and
- builds ongoing cross-sector, community-based relationships over time.

Dedicated to preventing seclusion, restraint, and other aversive interventions, NCTIC has set as a priority the empowerment of unit and direct care staff of service systems. Giving staff an opportunity to learn where consumer behavior may be originating, rather than training them to control it, has made a sizable difference in attitude, morale, understanding, and sensitivity. Unit staff who have been trained are prepared to assume an elevated role in implementing trauma-informed approaches (TIA) and have become leaders in implementing those approaches.

NCTIC is firmly committed to meaningful inclusion of persons with lived experience of trauma and behavioral health conditions at all levels and especially at the forefront of leadership, planning, and implementation of all project activities. A trauma survivor/peer continued as the Peer Integration Strategist. In that role, she leads peer activities, participates in monthly project team meetings, serves as a lead trainer, and contributes to written materials. Her contributions as a team member enhance the quality of NCTIC deliverables by bringing the survivor voice into all discussions along with her multitude of talents.

A diverse team of staff and consultants (peers, trauma survivors, and nationally recognized leaders), collaborated with SAMHSA to develop and provide training sessions and products that promote the necessity of TIA in reducing seclusion, restraint, and coercive practices. With input from peers and trauma survivors, TIA have been incorporated into a broad range of service systems. The most notable accomplishments of the NCTIC contract during OY3 include:

- More than 8,000 policy makers, administrators, staff, leaders, and peers in all publicly funded service systems were trained in more than 100 TA events across all TA tasks (detailed in tasks 5, 13 and 14).
- In evaluation surveys conducted for all training events, nearly all respondents reported a gain in knowledge across all measures surveyed. An average of 91 percent of respondents rated the quality and effectiveness of the training and/or trainers as "very good" or "excellent."
- Planning, design, and content development of an on-demand Elearning course for direct service providers, supervisors and administrators, advocates, service recipients, and community

members were completed. Organized around SAMHSA's "Four R's," *Making the Shift to a Trauma-informed Approach* uses videos and scenarios to teach learners about trauma, its impacts, and strategies to implement TIA.

- Seven teams representing behavioral health agencies from across the country participated in a peer integration virtual learning network in which they identified goals related to integrating peer supports, explored "Plan, Do, Study, Act" as a project management process, and learned from nationally renowned experts about best practices and approaches for integrating peer support as part of the trauma-informed organizational and practice development process.
- A multi-tiered and multi-method approach was developed to reach out to and educate communities experiencing strife. A webinar series explored TIA for addressing community trauma; a series of audio/video vignettes highlighted healing; and targeted on-site training/TA on community issues was provided.
- Numerous products associated with the General Adult Trauma Screening and Brief Response toolkit were developed. This toolkit will help primary care providers recognize, ask about, and respond effectively to patients who have experienced trauma. With the nation-wide move to integrated care, primary care providers who serve critical roles in prevention, medical intervention, and referral must be trained on prevalence and health consequences of violence, abuse, and other traumatic experiences in the lives of their patients.

These and other accomplishments completed in OY3 are the direct result of the NCTIC team's close work with the SAMHSA Contracting Officer Representative (COR), the alternate COR, and task leads throughout the year. Regular meetings and communication by telephone and email kept deliverables on track and allowed for modifications as necessary.

INTRODUCTION

Since 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA) has funded the National Center for Trauma-informed Care and Alternatives to Restraint & Seclusion (NCTIC) to mitigate the use of seclusion and restraint and to address the trauma-related needs of individuals, families and communities with behavioral health and related issues. NCTIC provides consultation and TA, education and outreach, and resources to support a broad range of service systems intersecting with those impacted by trauma.

This fourth annual report summarizes activities of Option Year (OY) 3 of a 5-year Task Order funded by SAMHSA's Center for Mental Health Services (CMHS). Specifically, it shares accomplishments and developments associated with the following tasks:

CORE TASKS	OPTIONAL TASKS
2: Task order administration	**13:** Specialized technical assistance
3: Marketing and outreach	**14:** On-site regional technical assistance
4: Steering committee	**16:** Specialized products based on emerging needs
5: Technical assistance	
6: Technical assistance materials	
7: Content expertise	
8: Communication planning and clearance	

PROJECT ACTIVITIES

Task Order Administration (Task 2)

NCTIC staff, along with the SAMHSA Contracting Officer Representative (COR) and the lead for optional task 13, participated in kick-off meetings on October 5, 14, and 16, to plan all deliverables. Prior to the meeting, NCTIC staff prepared an agenda and a comprehensive work plan. Participants of the kick-off meetings reviewed SAMHSA's expectations for the task order and each task in OY3, and discussed the approaches and work plan proposed by NCTIC. Following the planning phase, NCTIC submitted a revised work plan to the COR.

NCTIC staff participated in monthly project team meetings with the COR and the alternate COR, preparing agenda, drafting proposals, and taking minutes for each meeting. Staff submitted monthly project reports, on time, to the COR and alternate COR that detailed the progress and accomplishments of the contract. NCTIC also submitted the first draft of the annual report to the COR on time.

The NCTIC team maintained a sophisticated SharePoint site to document, track, and report on all TA requests received under this contract. The site recorded key elements of the TA application, planning call notes and ongoing status of each application, a consultant roster, reports prepared by the TA applicants, and evaluation reports completed by participants. The site includes a calendar with hyperlinks to descriptions of all TA events and all project resources and materials. SAMHSA no longer supports SharePoint 2007, which hosts the 5-year contract. In the final year of the project the site contents will be transferred to SharePoint 2010 to allow access by SAMHSA staff.

Marketing and Outreach (Task 3)

To disseminate information about NCTIC's activities, which included a virtual learning network (VLN) and webinar series, NCTIC staff prepared a schedule of activities and posted it on SAMHSA's Twitter and Facebook platforms, as well as on the NCTIC website (https://www.samhsa.gov/nctic). NCTIC leveraged NASMHPD's member networks and listservs to promote its activities. NASMHPD's Joan Gillece (project director of NCTIC) and Leah Harris (peer integration specialist) presented on NCTIC activities before the new commissioners at NASMHPD's annual meeting.

Steering Committee (Task 4)

Project staff coordinated a listening session with the COR on December 12 to solicit input on the peer integration VLN. Steering committee members were asked for their recommendations and ideas regarding the focus of this proposed VLN. They also discussed how to prepare organizations to hire and involve peers, which helped inform the peer integration VLN. (See task 14 for more information on the peer VLN).

Technical Assistance (Task 5)

Infrastructure and Scope

NCTIC maintained a comprehensive infrastructure for receiving training/TA requests through multiple avenues (including a toll-free telephone line), tracking requests, and following up with TA recipients. The project's TA application (attachment A) incorporates elements of SAMHSA's six key principles of

trauma-informed approaches (TIA), asks organizations to identify their needs and goals for TA, and solicits self-assessment of their readiness to incorporate the principles of change and training content into their organizations.

NCTIC provided training/TA to more than 6,000 people in publicly funded service systems through 80 training/TA events, which included on-site training and consultation, webinars, and VLNs. Service systems that received training/TA are listed in Table A.

TABLE A: TA Recipients by Service/System

Type of Service System	Number of Agencies Receiving TA
Children's services	23
Co-occurring disorders	18
Criminal justice	13
Developmental disabilities	19
Domestic violence	10
Education (school/college)	25
Health care	22
Housing	10
Juvenile justice	3
Mental health	43
Peer support services	14
Substance abuse	22
Military	2
Refugees	5
Family services	11
HIV/AIDS	4

The content of all training sessions included prevention of aversive interventions. Fifty-six events focused on trauma-informed approaches, and 24 events specifically addressed reduction of seclusion and restraint. Fourteen of the events focused on peer services, which are so critical to TIA.

In addition to providing on-site training and consultation, NCTIC responded to thousands of e-mail and telephone inquiries (including those that arrived through the 800 number). NASMHPD also hosts a NCTIC website with information about NCTIC, materials, and archived webinars. Increases in these activities indicate the tipping point trauma and trauma-informed approaches has reached: email/telephone inquiries increased by approximately 25 percent since last fiscal year (FY), and visits to the website more than doubled in that same timeframe (see Table B).

TABLE B: Incidences of Remote TA

TA Venues	Current FY	Previous FY
Telephone Inquiries	754	608
E-mail Inquiries	2,876	1,947
Visits to NASMHPD/NCTIC website	7,320	3,251

Approach

Implementation-focused TA

Most TA recipients recognize the prevalence and impact of trauma in the lives of persons they serve, but struggle with how to implement the principles of TIA. NCTIC TA's practical approach to TA means that all training curricula address implementation of SAMHSA's TIA principles.

Both the community and crisis webinar series were led by representatives from organizations that have received TA and are modeling successful implementation in a variety of ways. The peer integration VLN also heavily featured implementation, with participants choosing specific projects that deepened the implementation of peer support in their respective agency or involved peer support specialists as leaders who can identify and solve barriers to care for persons with the greatest needs.

SAMHSA's TIA principles

The curriculum used for all on-site TA, the subsequent online companion curriculum, and the webinar series were based on *SAMHSA's Concept of Trauma and Guidance for a Trauma-informed Approach*. All follow-up activities also focused on SAMHSA's TIA principles.

Non-prescriptive, collaborative approach

A customized TA plan is created based on extensive discussion with the applicant on its needs, unique strengths, and challenges. After trainers introduce and discuss the six TIA principles, applicants often offer their own creative ideas on how to implement the principles in their agency or community programs via one or more of the ten implementation domains.

Peer-to-peer mentorship among recipients

NCTIC values and engages the expertise of past TA recipients. Representatives from various agencies that have received TA are invited to help train others and demonstrate how they have implemented TIA in their settings. For example, several TA recipients served as presenters in the webinar series, teaching others about their innovative implementation strategies.

Cross-sector and community-based focus

NCTIC recognizes that the services provided to individuals with behavioral health needs frequently span multiple systems and service sectors, necessitating a common understanding of trauma and its impacts across possible "silos." The inclusion of a range of stakeholders helps promote multidisciplinary and multi-stakeholder investment in sustaining TIA.

Continuous listening and learning

The partnering nature of NCTIC's TA work allows for continuous listening for common problems and obstacles to implementing TIA in real-life settings. For example, the NCTIC team heard that many organizations recognized the benefits of peer support but struggled with how to meaningfully incorporate it into their service delivery system. As a result, NCTIC developed the peer integration VLN.

Statewide training and implementation initiatives

NCTIC provides tools for workforce development, successfully applying a train-the-trainer model to ensure sustainability within state hospital systems and community-based inpatient and outpatient settings that serve persons with serious mental illnesses. The train-the-trainer model allows organizations to continually train newly hired staff, thereby promoting sustainability. In FY 2016-17, NCTIC delivered the train-the-trainer curriculum and training to staff at every state hospital in New Jersey and Minnesota, as well as within the California state hospital system.

Virtual Leaning Network (VLN): Integrating Peer Support in Behavioral Health Organizations

Seven teams (see box) representing behavioral health agencies across the nation participated in the VLN on Integrating Peer Support, which took place from January to September 2017. There was an overwhelming response to the initial invitation to participate, with 22 teams responding to the application. Co-facilitators Melody Riefer and Leah Harris worked with the teams to identify goals related to peer integration. Each month, the teams were invited to participate in the "Plan, Do, Study, Act (PDSA)" project management process so they could learn and benefit from one another's progress. In addition to PDSA and the peer-to-peer learning process, 30-minute presentations on topics related to peer integration and the relationship to TIA by nationally renowned experts were provided.

Peer Integration VLN Teams*

- Arlington County Behavioral Health Division
- King County Behavioral Health and Recovery Division
- Sertoma Center, Inc.
- KishHealth Systems Behavioral Health Services
- Chesapeake Integrated Behavioral Healthcare
- The LifeLink
- Aspire Behavioral Health and Developmental Disability Services

**See Attachment B for a description of each team.*

Feedback on the VLN was positive, as noted in this comment from one of the participating teams:

> *"The King County team found the PDSA process critical to the accomplishment of our goal. The VLN's use of the PDSA worksheets helped us break our goal down into small, achievable steps that ultimately led to goal accomplishment. We also saw how successful the PDSA process was for other VLN teams."*

The team from King County, Washington submitted this impact statement:

> *"With help from the SAMHSA Mental Health Transformation Grant, the 2014/2015 trauma-informed care virtual learning network, and technical assistance, substantial progress was made to infuse trauma-informed care approaches into mental health agencies, crisis response systems, and within King County.*
>
> *Our aim for participating in the current VLN was to develop and implement a Trauma-informed Care Peer Support Training Plan that will ensure continued progress toward transforming the King County behavioral health system into one that is recovery-oriented and trauma-informed. The peer specialist work force in King County will continue to receive training on SAMHSA's/NCTIC's Trauma Informed Peer Support curriculum. King County's goal was to seek funding to this end, and they were successful in their efforts to do so.*
>
> *Two [trauma-informed care] peer support training [sessions] are planned for November/December 2017 and Spring 2018. Forty to fifty employed peer specialists will be trained in [trauma-informed care] and using what they learned to inform practice. The next steps will be to create a method for evaluating the impact of our peer-delivered, trauma-informed peer training and develop a train-the-trainer model to support/expand upon trainer resources, including youth and family specific trainers."*

Webinar Series

NCTIC served as a bridge for peer-to-peer learning and mentorship via webinars that brought communities together to share promising approaches to implementing TIA. NCTIC's webinar series *Trauma-informed Innovations in Crisis Services* highlighted innovative work of crisis service providers employing TIA, including prevention, engagement, and inclusion of lived experience and peer support. Each 60-minute webinar discussed the implementation of one of the principles from *SAMHSA's Concept and Guidance for a Trauma-informed Approach*. Several of the presenters were previous recipients of TA from NCTIC, and as noted earlier, were asked to share their innovative work. (See attachment C for a complete list of the sessions and session objectives.)

The webinar series ran from April to September 2017 and attracted nearly 1,300 participants. (Attendees were encouraged to participate in groups to ensure access to the Adobe platform, so this number may be higher.) In a poll during the final webinar, 70 percent of the respondents reported attending other sessions in the series.

Impact of Training

NCTIC uses a pre/post-retrospective design for its evaluation activities. This design was chosen based on research recommendations that respondents tend to be more honest about their level of knowledge when they are asked to rate prior and post knowledge at the same time, as opposed to rating their level of knowledge prior to receiving training.

In evaluation surveys conducted for all training events, nearly 100 percent of survey respondents reported a gain in knowledge/understanding across all measures surveyed. All participants reported increases of at least one to two points on a scale of one to five (from poor knowledge to excellent knowledge). An average 91 percent of participants rated the quality and effectiveness of the training and/or trainers as "very good" or "excellent." (See Attachment D for the participant feedback form)

6-month Follow-up

To measure the effects of training efforts in facilitating implementation of TIA and reduction of seclusion and restraint, 6-month follow-up interviews were conducted with organizations that received intensive TA (including those who received a combination of training and on-site consultation) and were willing to participate in the interview process. The questionnaire was sent ahead of the interview, pre-filled with the goals selected by the applicant. Applicants set a range of one to four goals for their respective organizations. (See Attachment E for the 6-month follow-up questionnaire, and attachments F.1 and F.2 for the 6-month follow-up data and data analysis report.) The summary data was helpful in understanding the implementation changes organizations face months after receiving TA. Project staff propose an implementation group learning process in the recommendations section to address the challenges.

Technical Assistance Materials (Task 6)

SAMHSA's Trauma-Informed Approach: Key Assumptions and Principles Online Curriculum

During this contract year, project staff completed the planning, design, and content development phases for an on-demand Elearning course entitled *Making the Shift to a Trauma-informed Approach.* The content is based on the instructor-led *SAMHSA's Trauma-informed Approach: Key Assumptions and Principles* (developed in previous years) and consists of five modules, each approximately 25-35 minutes.

The course is organized around SAMHSA's "Four R's": realizes, recognizes, responds, and resists. The modules incorporate videos and scenarios to provide learners with an understanding of trauma, its impacts, and strategies to implement TIA. This year's work included development of a detailed delivery outline, design concept, script, static storyboards, and functional storyboards. A content review was conducted by four individuals with content knowledge, and their feedback was incorporated into the final draft. Production of the initial beta is in development and will be completed within the first quarter of the next year. (See Attachment G for the online storyboard for beta site.)

The online course requires no prior knowledge of trauma and is being designed for a wide target audience, ***including people receiving services***. Specifically, it is intended for direct service providers, supervisors and administrators, advocates, service recipients, and community members.

Content Expertise (Task 7)

Federal Partners Committee

The Federal Partners Committee on Women and Trauma has grown significantly since its inception in 2009 and now includes more than 100 members from 40 federal agencies and divisions. The committee conducts training, hosts webinars and events, and facilitates interagency policy and program initiatives to advance TIA across a wide variety of settings.

NCTIC provides content expertise to the committee, helping members understand how trauma affects their agency's staff and operations; identifying relevant applications in the field; and helping design, implement, and evaluate activities. Many committee members come from fields that have not traditionally addressed health and behavioral health concerns (for example, labor, international affairs, parks and recreation, education, etc.). It is essential to have expertise available on an as-needed basis for these members. During the past year, the committee welcomed and oriented many new members, as interest in trauma and TIA spread across the government. The committee also took a new direction, moving from a focus on the impact of trauma to considering how best to respond to it using SAMHSA's framework for TIA. Building on momentum generated by a prior national event, many committee members strengthened the mental health and trauma components of their work in the field. Consistent with TIA, many committee members also took steps to address trauma and mental health concerns among staff and providers.

Communication Planning and Clearance (Task 8)

The following documents were submitted to SAMHSA's concept clearance in OY2 and revised in this fiscal year:

- Faith-based products: Info-doc and Action Brief
- General Adult Trauma Screening and Brief Response (GATSBR) products: Info-doc, Fact Sheet, and Action Brief

Specialized Technical Assistance (Optional Task 13)

Task 13 was originally designated for the provision of TA to communities that did not receive SAMHSA's Resiliency in Communities After Stress and Trauma (ReCAST) grants. These grants were issued "to assist high-risk youth and families and promote resilience and equity in communities that have recently faced civil unrest through implementation of evidence-based, violence prevention, and community youth

engagement programs, as well as linkages to trauma-informed behavioral health services."[1] NCTIC's activities quickly expanded beyond this cohort of applicants to reach as many communities experiencing community strife as possible.

NCTIC developed a multi-tiered and multi-method approach to educate and reach out to communities across service systems. This approach included:

- A webinar series addressing community trauma through TIA
- A series of audio/video vignettes highlighting healing
- Targeted on-site TA/training addressing community issues
- Key informant interviews of three communities seeking TA to address community strife

Webinar Series

Communities Addressing Trauma and Community Strife Through Trauma-informed Approaches occurred monthly from May to September 2017. The series highlighted communities working to improve the resiliency of its members and responsiveness to community incidents. The series' framework followed SAMHSA's six principles of TIA as described in *SAMHSA's Concept of Trauma and Guidance for a Trauma-informed Approach*.

The series was disseminated via SAMHSA social media sites, previous NCTIC TA recipients, and the NASMHPD list serv. More than 1,300 people participated in the webinar series, with a reported return rate of 70 percent (based on responses to participant polling that took place during the third and fourth webinars). See Attachment H for more information on the webinar series.

Healing in Community Vignettes

NCTIC contracted with The Living Well, a community-based organization in Baltimore, to tell the story of "healing in community" and to creatively document the results of this ongoing multi-sector, multi-stakeholder, grassroots collaboration using multimedia elements such as photography and video.

The "Healing in Community" project demonstrates resources for wellness and self-healing from the long-term stress of inter-generational, economic, medical, and emotional trauma. Addressing the impact of historical and systematic trauma within Baltimore:

- Reveals resources for individuals, organizations, and institutions to audit their operating practices and policies
- Increases methods for reducing stress and anxiety
- Provides outlets for listening
- Explores best practices in restorative and healing modalities for behavioral health

See Attachment I for a complete description of the vignettes.

[1] *Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Resiliency in Communities After Stress and Trauma Funding Opportunity Announcement No. SM-17-0009*, p. 5.

On-Site TA

During the fiscal year, on-site TA on implementing TIA to address community issues was provided in 18 communities. TA consisted of staff training, direct observation of on-site facilities and consultation, and meetings with leadership, stakeholders, and committees.

TA recipients comprised a variety of publicly funded service, military, and education settings, which are listed in the table below.

TABLE C: TA Recipients by Service/System

Type of Service System	Number of Agencies Receiving TA
Children's services	10
Co-occurring disorders	5
Criminal justice	8
Developmental disabilities	3
Domestic violence	2
Education (school/college)	5
Health care	10
Housing	5
Juvenile justice	4
Mental health	6
Peer support services	6
Substance abuse	7
Family services	8

Key Informant Interviews

Staff completed key informant interviews with three communities that received TA to gather information on how the training impacted their community and what recommendations they had for other communities seeking to address community strife through TIA. Key informants included the following:

- In Baltimore, Maryland, five interviews were conducted with groups from two nonprofit service agencies (The Living Well and Bon Secours Hospital) and three city departments (Baltimore Department of Health, Baltimore Department of Education, and the Baltimore Police Department Homeless Outreach Team).
- In Dayton, Ohio, one interview was held with James E. Dare, court administrator with Montgomery County Common Pleas Court—General Division.
- In San Jose, California, one interview was held with Ron Soto, project manager with the City of San Jose, Mayor's Gang Prevention Task Force.

Respondents were asked how the training impacted their understanding of trauma and TIA, the types of activities their organizations initiated around trauma and TIA, and the lessons learned and recommendations they have for other communities that want to address community trauma. See Attachment J for the community responses to TA and recommendations for other communities.

On-site Regional Technical Assistance (Optional Task 14)

Optional Task 14 was designed to provide TA on regional issues, to provide broader-based regional TA, and to respond to specific requests from SAMHSA's regional administrators. In OY 3, NCTIC provided five on-site TA events (three Trauma-Informed Peer Support [TIPS] implementation trainings and 2 train-the-trainer events) to 217 participants.

Train-the-Trainer

TIPS training continues to expand and to increase internal training capacity in several states. Leah Harris conducted a train-the-trainer session for the Montana Peer Network (November 2016) and for the Louisiana Association of Peer Support (April 2017). Many trainers who have participated in the train-the-trainer sessions use the training in a variety of creative ways. The result is exposure to trauma-informed concepts beyond the peer support community, including presentations to law enforcement and other crisis response providers.

Below is a sample of responses from participating organizations when asked how they utilized the train-the-trainer sessions in FY 2016-17:

- Montana Peer Network (MPN) trained 112 people over summer 2017, including on the Blackfoot Reservation and at the Montana Veterans Administration. The MPN executive director, Jim Hajny, secured the inclusion of trauma-informed care in the Board of Behavioral Health's core competencies for all certified peer support specialists in Montana.
- King County, Washington chose for their peer integration VLN project to seek and secure sustainable funding to further grow TIPS trainings in the state. Forty to fifty new peer specialists will be trained on TIPS as a result of this project, with further efforts planned.
- VOCAL, Virginia collaborated with On Our Own of Charlottesville to conduct a full-day training for 30 employees at Region 10. Trauma-informed care training was also presented in 1.5-hour segments for two of VOCAL's continuing education offerings, as well as at three Peer Recovery Support trainings across the state (approximately 50 people total). Staff report using information they learned in TIPS to speak to law enforcement as part of monthly crisis intervention team trainings in the state.
- On Our Own of Charlottesville provides ongoing TIPS training for staff and service users, dividing the TIPS curriculum into weekly hour-long sessions.

"All of the trainings have been well received. The best one was on the Blackfoot reservation where we had a rich conversation about the generational impact of unresolved trauma. One bit of feedback from the veterans was that they wanted to see veterans' issues mentioned more. I know in Montana where we have a lot of veterans and a high suicide rate, this is a top priority."

– Jim Hajny,
Executive Director,
Montana Peer Network

"I've been facilitating groups using [the] TIPS approach. I co-facilitate a group for a youth intensive outpatient program three times a week and a women's support group once a week. I've also provided one peer support training utilizing TIPS with the five key principles of WRAP for transitional age, at-risk youth. My observation is that the curriculum works, but the challenge is integrating [it] into [a] traditional system that's not fully trauma-informed."

– TIPS facilitator,
Washington, D.C.

Specialized Products Based on Emerging Needs (Optional Task 16)

Optional Task 16 was exercised to complete the General Adult Trauma Screening and Brief Response products in this fiscal year. The toolkit is being developed to build a framework for trauma inquiry and brief response for trauma across the lifespan in primary care and other health and public health settings. As part of the broader GATSBR Initiative, an on-going stakeholder workgroup was developed to form a public-private partnership representing federal, academic, and medical and behavioral healthcare thought leaders in trauma, domestic violence, intimate partner violence, primary care, specialty primary care, and other health systems. This stakeholder group has played a key role in advising NCTIC and SAMHSA and in reviewing products. It meets on an as-needed basis via virtual discussion network sessions convened by NCTIC.

The toolkit is particularly needed in the field because primary care providers play such a critical role in prevention, medical intervention, and referral, yet receive little or no education and training on prevalence and health consequences of violence, abuse, and other traumatic experiences in the lives of their patients, despite the move towards integrated care. The toolkit is designed to help primary care providers recognize, ask about, and respond effectively to patients who have experienced trauma.

The following two products have already been completed:

- *Invitation and Introduction to Trauma-informed Primary Care* is a fact sheet to help primary care practitioners realize prevalence and recognize impact of trauma across the lifespan in their patients.
- *Trauma-informed Principles in Practice* is a tip sheet for primary care practitioners on applying trauma-informed principles in good medical practice that is responsive and resists re-traumatization.

In OY 3, NCTIC hosted four stakeholder virtual discussion networks and completed the third document of the toolkit, *Identifying and Responding to Recent and Past Trauma: Current Approaches for Primary Care Practice*. This 20-page guide will help primary care practitioners better engage with patients when inquiring about and responding to trauma. Project development was led by two experts from the experts group.

In OY 3, NCTIC also began development of the fourth product of the toolkit, *Developing Trauma-informed Primary Care Settings.* This is an implementation tool for primary care administrators and office managers looking to develop trauma-informed medical settings that recognize and respond to trauma and resist re-traumatizing patients. The 30-page tool uses SAMHSA's 10 organizational domains as a framework and is partially based on three site visits to exemplary programs and highlights from the change management literature. It is currently being revised with input from the experts' group and will be completed in 2018.

CHALLENGES AND ACCOMPLISHMENTS

1. **The NCTIC team addressed challenges related to community trauma.** In December, an informational virtual dialogue was offered to organizations that were not selected for the ReCAST grants. Two invitations to both mayors and council members yielded no responses. NCTIC realized communities were likely not organized in a manner to benefit from a VLN and changed the strategy to a webinar series on innovations in addressing community trauma, which yielded a robust response. Additional community work has been detailed in a separate report to SAMHSA on Task 13.

2. **The NCTIC team and SAMHSA worked cooperatively to overcome the challenges related to the Office of Communications clearance process and moving completed resources out to the field**. Project staff completed all concept clearance paperwork and made all revisions requested. The NCTIC team discussed the issue regularly in project team meetings. NCTIC will continue to work directly with COR as requested to complete all work related to clearance and to develop a dissemination plan to match the audience.

3. **Inclusion of peer support remains a challenge for many organizations.** In response to this challenge, NCTIC continued to provide TIPS training and train-the-trainer sessions for the TIPS program. Additionally, a VLN on helping behavioral health organizations integrate peers into their workforce was successfully conducted.

4. **The NCTIC team continues to address the issue of limited travel and training resource funds by conducting VLNs and webinar series**. In keeping with SAMHSA's goal to develop and implement training and TA on the working definition of trauma and key principles, NCTIC completed a webinar series on *Innovations in Trauma-informed Crisis Services* (in addition to the peer integration VLN and *Innovations in Addressing Community Trauma* webinar series).

5. **Challenges associated with implementing TIA were addressed.** The NCTIC team refined its TA approach to implementation as detailed above. Further work is noted under "Recommendations" below.

6. **The response rate for applicant reports and six-month follow-up interviews increased**. Last year, NCTIC experienced a decline in feedback from applicants via the applicant report and six-month follow-up interview. Following a more consistent and vigorous process for gathering feedback as a part of the TA process has resulted in an increased response rate that surpasses previous years.

Recommendations

1. Coordinate a VLN on implementation challenges and successes for prior TA recipients who participated in the follow-up process, as suggested by comments on implementation challenges made during follow-up interviews

2. Write a position paper for medical directors on trauma and serious mental illness that will describe the challenges and opportunities of individuals who receive services in publicly funded service settings, as suggested by priorities established by SAMHSA.

3. Promote the dissemination of GATSBR and faith-based products through webinars.

4. Complete production of the online TIA curriculum to fill the gaps for organizations that request additional training due to staff turnover and for the multitude of organizations across the country NCTIC has not reached. TIA has reached a tipping point in many service systems across the country, and this would be another way to reach a diverse and vast audience, *including people receiving services.*

5. Develop a webinar or other product on lessons learned about peer integration as an essential, yet often underdeveloped, part of service systems.

6. Develop two webinar series addressing a) the opioid epidemic in communities and b) TIA in state psychiatric hospitals for patients experiencing long-term hospital stays.

7. Finalize Report to SAMHSA on Task 13 and share recommendations with ReCAST grantees and communities experiencing community strife.

Attachments

Attachment A—TA Application

Attachment B—Peer Integration VLN Participants

Attachment C—Crisis Webinar Schedule

Attachment D—Participant Feedback Form

Attachment E—Six-Month Follow-Up Questionnaire

Attachment F—Six-Month Follow-Up Interview Data

Attachment G—Elearning Storyboard for Beta Site

Attachment H—Communities Addressing Trauma Webinar Schedule

Attachment I—Healing in Community Vignettes

Attachment J—Key Informant Interview Feedback and Recommendations

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