



Trauma-Informed Mental Health Care in California:
A Snapshot

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California Mental Health Planning Council

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Introduction:

The California Mental Health Planning Council (CMHPC) is mandated by federal law (Public Law 106-310) and state statute (Welfare and Institutions Code (WIC) 5772) to advocate for children with serious emotional disturbances and adults and older adults with serious mental illness; to review and report on the public mental health system; and to advise the Administration and the Legislature on priority issues and participate in statewide planning. One of the priority issues that the CMHPC has been investigating is trauma-informed mental health care. The CMHPC has received briefings from statewide experts at its 2014 quarterly meetings in San Diego and in Oakland on programs to address the effects of early trauma on both children and adults. This report describes some leading programs that are being implemented in California, within the context of recent trauma-focused research and national recommendations for best practices in trauma-informed mental health care.

Trauma is a widespread, harmful, and costly public health problem. It occurs as a result of violence, abuse and maltreatment, neglect, loss, disaster, war, and other emotionally harmful experiences. Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography, or sexual orientation. Traumatic exposures may have only transient effects resulting in no apparent harm; however, traumatic exposures often result in psychological harm, increased rates of mental illness, suicide, risk-taking behaviors, and chronic physical disorders. Exposure to trauma may increase the likelihood of substance abuse and lead to disruptions in daily functioning in educational and employment settings. Trauma is an almost universally shared experience of people receiving treatment for mental illness and substance use disorders, including those served through public systems. ¹

The relationship between traumatic childhood experiences and physical and emotional health outcomes in adult life is at the core of the landmark Adverse Childhood Experiences (ACE) Study, a collaborative effort of the Center for Disease Control and Prevention and the Kaiser Health Plan's Department of Preventive Medicine in San Diego, CA. The ACE Study involved the cooperation of over 17,000 middle-aged (average age was 57), middle class Americans who agreed to help researchers study the following nine categories of childhood abuse and household dysfunction:

- recurrent physical abuse
- recurrent emotional abuse
- contact sexual abuse

¹ Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

- an alcohol and/or drug abuser in the household
- an incarcerated household member
- a household member who is chronically depressed, mentally ill, institutionalized, or suicidal
- mother is treated violently
- one or no parents
- emotional or physical neglect

The study claims two major findings. The first of these is that **ACEs are much more common than anticipated or recognized**, even in the middle class population that participated in the study. The study's second major finding is that **ACEs have a powerful correlation to health outcomes later in life**. As the ACE score increases, so does the risk of an array of social and health problems such as: social, emotional and cognitive impairment; adoption of health-risk behaviors; disease, disability and early death. Nearly 2/3 of ACE Study participants reported at least one ACE, and more than one in five reported three or more. The higher the ACE score, the greater the risk of heart disease, lung disease, liver disease, suicide, HIV and STDs, and other risks for the leading causes of death.²

Many mental health and substance abuse providers may be under the impression that abuse experiences are an additional problem for their clients, rather than the central problem. Post-Traumatic Stress Disorder (PTSD) is often the only diagnosis utilized to address abuse; in fact, every major diagnostic category in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) can be related to trauma.³

Trauma is especially prevalent among populations who have been involved with the child welfare and criminal/juvenile justice systems or who reside in communities with high rates of violence. Given the relatively high rates of exposure to traumatic events and the potential for long-term consequences when unrecognized and untreated, it is critical that public health systems screen for and intervene early with evidence-supported trauma interventions. Trauma-specific interventions have been developed for use across the life-span; however, because these interventions are transformational they should be implemented across entire systems. Since the application of a trauma-informed approach in states and counties has been limited, individual practitioners are often unaware of or may not use interventions based on the best evidence. With the increased recognition of the centrality of trauma in mental and substance use disorders, public systems should

² Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., Marks, J. S. (1998). *Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study*. *Am J Prev Med*, 14:245-258.

³ *The Damaging Consequences of Violence and Trauma: Facts, Discussion Points, and Recommendations for the Behavioral Health System* (Jennings, 2004). p. 5
<http://www.nasmhpd.org/docs/publications/archiveDocs/2004/Trauma%20Services%20doc%20FINAL-04.pdf>

embrace the need to create trauma-informed service delivery systems that support behavioral health consumers and survivors of trauma. A trauma-informed approach to care is based on consumer choice and decision-making, prohibition of coercive or forced treatment and promotion of safety and strengths-based practice.⁴

Without trauma-informed interventions, there can exist a self-perpetuating cycle involving PTSD and substance abuse, where trauma (childhood or adult physical and/or sexual abuse, crime victimization, disaster, combat exposure) leads to the development of PTSD symptoms, triggering the use of alcohol and drugs, resulting in higher likelihood of subsequent traumatic events and re-traumatization, leading to development of more chronic PTSD symptoms, triggering heightened substance use, and so on.⁵

Trauma screening involves brief evaluation of potential trauma symptoms and/or history. Such screening can indicate a potential need for further assessment and treatment. Trauma screening instruments can be administered quickly by a range of professionals and can be conducted independently or as part of a broader screening and/or assessment process.⁶ Mandatory trauma assessment should be available for all children referred for behavior, learning, or emotional disturbances, followed by referral to appropriate trauma treatment. Without medical and mental health screening that is trauma-informed, both children and adults can be misdiagnosed and will neither receive appropriate treatment for the underlying causes of their illness nor achieve a meaningful recovery.

Timely preventive screening and treatment for trauma-related mental illness provides cost savings as well as the opportunity for wellness and recovery. Beginning in January 2014 under the Affordable Care Act (ACA), all new small group and individual market health insurance plans are required to cover ten Essential Health Benefit categories, including mental health and substance use disorder services, and will be required to cover them at parity with medical and surgical benefits. Because of the law, most health plans must now cover preventive services, like depression screening for adults and behavioral assessments for children, at no additional cost. Serious mental illness costs billions in lost earnings per year and is a leading cause of disability in the U.S. Before the expanded coverage provided by the ACA, millions of emergency department visits were made by adults for mental health conditions; over one in eight were uninsured. Disproportionate numbers of youth and adults with mental illness are in jails and juvenile facilities, often as a result of untreated mental illness linked to trauma.⁷

SAMHSA Trauma Approach Guidance, July 2014

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) has chosen Trauma and Justice as one of its Strategic Initiatives (Leading Change 2.0:

⁴ Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

⁵ *The Damaging Consequences of Violence and Trauma: Facts, Discussion Points, and Recommendations for the Behavioral Health System* (Jennings, 2004). p. 6

⁶ U.S. Department of Health and Human Services: *Letter on Children and Trauma*, July 11, 2014

⁷ National Alliance on Mental Illness: [ACA Fact Sheet #9 Mental Health and the Uninsured](#)

Advancing the Behavioral Health of the Nation 2015-2018). Over the past 20 years, SAMHSA has promoted a trauma-informed approach to behavioral health care that shifts away from the perspective of “What’s wrong with this person?” to a more holistic view of “What happened to this person?” This becomes the foundation on which to begin a healing and recovery process, and the approach has become more widely adopted by state and local programs in the past several years. SAMHSA has supported this approach through technical assistance resources such as the National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint, the National Child Traumatic Stress Network, and the Children’s Mental Health Initiative; as well as the Women, Children and Family Substance Abuse Treatment Program, the Offender Reentry and Adult Treatment Drug Court Programs and the Jail Diversion Trauma Recovery grant program.

The SAMHSA Guidance for a Trauma-Informed Approach does not outline prescribed practices or procedures, but instead recommends 6 over-arching principles. These are:

1. Safety – both in the physical space and psychologically, in all interactions
2. Trustworthiness and Transparency – at both interpersonal treatment and organizational levels
3. Peer Support – individuals with lived experience of trauma can provide the most effective services by establishing trust and safety
4. Collaboration and Mutuality – sharing power and decision making, at both personal and organizational levels
5. Empowerment, Voice and Choice – clients are supported in shared decision making, choice of interventions and goal setting for their own healing and recovery
6. Cultural, Historical and Gender Issues – organizations and practitioners move past cultural biases and incorporate policies and protocols that are responsive to the racial, ethnic and cultural needs of individuals served⁸

Model Trauma-Informed and Trauma-Specific Programs in San Diego and Bay Area

A program, organization, or system that is trauma-informed follows SAMHSA’s four “Rs”:

- **Realizes** the widespread impact of trauma and understands potential paths for recovery
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
- Actively seeks to **resist re-traumatization**⁹

In January 2014 at its Quarterly Meeting in San Diego, the CMHPC heard presentations by local trauma-informed care experts. The **San Diego County Department of Behavioral Health** (DBH) reported that in 2012 they contracted with Dr. Dawn Griffin of Alliant University, who conducted a Trauma-Informed Assessment which resulted in nine

⁸ Substance Abuse and Mental Health Services Administration. *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

⁹ Ibid.

recommendations for system improvement. For example, Dr. Griffin emphasized that understanding how cultural context influences one's perception of and response to traumatic events and the recovery process allows service providers to use interventions respectful of and specific to cultural backgrounds. She recommends that cultural competence measures include trauma awareness.

San Diego County has established a Trauma-Informed Guide Team (TIGT) of mental health specialists who have received training on the effects of trauma. The TIGT has developed core competencies that include: **Engaging leadership at the top; Making trauma recovery consumer-driven; Emphasizing early screening; Developing a trauma-competent workforce; Instituting standard practice guidelines; and Avoiding recurrence or re-traumatization.** The TIGT trains agencies and systems such as first responders (ambulance drivers, firefighters) and educators at the San Diego Community College District and San Diego Unified School District in these core competencies to involve communities as well as mental health professionals. The issue has attracted enough public support that the City of San Diego has declared a Trauma-Informed Day, in conjunction with the National PTSD Awareness Day June 27, 2014.

The **Union of Pan-Asian Communities** (UPAC) of San Diego County Adverse Childhood Experiences Program is supported through Mental Health Services Act (MHSA) Prevention and Early Intervention funds. The program is a comprehensive collaboration of four social service agencies whose activities are designed to prevent community violence and gang activity. There are two types of services: direct services to youth and a mobile response team which goes to the site of homicides and provides trauma-informed intervention. Collaborative partners give people involved in traumatic incidents the support and resources they need. If people are so traumatized that they don't want to talk about it at the time, the program staff will contact them later. Clients are also encouraged to write about their traumatic experiences. Grief recovery support is provided for all kinds of loss: not only through death but through Child Welfare, incarceration, etc. Grief support is conducted through workshops or home visits. Program staff are often former gang members or former mental health services consumers. Because the staff work with very traumatic experiences, there is a large potential for vicarious traumatization, especially since they live in, or are familiar with, the community they serve. Staff burnout is always a factor. The team supports each other through regular empathic de-briefings.

Mr. Charles Wilson of the **Chadwick Trauma-Informed Systems Project, Chadwick Center for Children and Families** at Rady Children's Hospital San Diego explained that trauma and traumatic stress are the interaction between the distressing event, the perception by the individual, and the lasting impact on that individual. Child traumatic stress is the physical and emotional reaction to events in a child's life that threatens their life or physical integrity, or that of someone close to them. It overwhelms the child's capacity to cope. It causes physiological reactions and changes the biology of the child. Trauma reminders are frequent and can trigger post-traumatic stress. Rady Children's Hospital is a member of the National Child Traumatic Stress Network. The Chadwick Center for Children and Families trains professionals across disciplines for collaboration in trauma-informed service delivery. The training emphasizes that assessment and screening

for trauma exposure in children by all collaborative partners is needed for services to be effective. Treatment provided by all partners should teach children how to build resilience. Enhancing family well-being is essential in effective treatment of children. Families need to be active partners in treatment and they have much wisdom to contribute to the process.

Mr. Wilson and Dr. Griffin discussed how some people's serious and profound mental illness may have origins in trauma while others may have origins purely in biology. Some who have serious mental illnesses through biology are at a greater risk of trauma. Sometimes the exacerbating condition is not trauma but rather toxic stress.

Researchers believe that toxic stress is the link between trauma and poor health. Stress activates the body's 'fight or flight' response, a normal reaction to fear. Toxic stress results from ongoing exposure to trauma, where the body's stress reaction is activated over and over again. This issue is the subject of the white paper "An Unhealthy Dose of Stress",¹⁰ published by the **Center for Youth Wellness (CYW)** in San Francisco. Suzy Loftus, Chief Operating Officer of the organization and Cecilia Chen, Policy Analyst, presented to the CMHPC's Quarterly meeting in Oakland in June, 2014. The CYW is working to expand the audience to improve holistic health responses for children. At present, the medical field has not fully embraced the ACEs study and the impact of traumatic experience on the developing brain and body. (However, ACEs have been measured since 2008 as part of a statewide health survey conducted by the California Department of Public Health.) The Center's research indicates that behavior difficulty is an indicator of other serious issues that can lead to chronic diseases, mental illness, and substance abuse. The CEO and founder is Dr. Nadine Burke Harris, a pediatrician who is committed to addressing health disparities in San Francisco's Bayview- Hunter's Point district. Based on a needs assessment of her patients and their families, Dr. Harris worked with Sutter/CA Pacific Medical Center to open a clinic. The clinical model includes universal trauma screening for children ages 0 -18 and their parents, using non-specific ACEs, to identify chronic adversity as a health risk. Pediatricians and therapists work together at the Center and they hold joint multidisciplinary rounds and case conferences. Wellness nurses educate families on trauma and stress. The Center offers Dr. Alice Lieberman's child/parent psychotherapy model, nutrition therapy, biofeedback and other clinical interventions.

Caught in the Crossfire, a violence intervention and prevention program of Youth Alive, based in Oakland, also presented at the CMHPC meeting in June 2014. It is part of a national network of 25 hospital-based violence intervention programs. They serve patients aged 12 – 24 years at Oakland Children's Hospital, Highlands Hospital, and Eden Medical Center in Castro Valley. They hire people who have had similar experiences and backgrounds as the clients but who are now older and have been through recovery. The staff receive professional training that builds both relational and program management skills. It's called a peer-based model, and youth accept and relate better to staff who have lived experience. Intervention Specialists reach out to the family at a victim's bedside after a violent incident. After release from the hospital they provide long term case management including housing assistance and employment services if needed. Both victims and families

¹⁰ ["An Unhealthy Dose of Stress"](#) Center for Youth Wellness, White Paper on Toxic Stress (June 2013)

can receive therapy, and services are provided at the home. If client families move, they can be connected with program partners at other locations in the national network.

Both of the expert panels indicated that programs and resources for youth are becoming more trauma-informed as awareness grows about the social, mental and physical impacts on child development. In contrast, it is rare to find trauma-informed programs for adults and/or older adults that are not focused on domestic violence survivors. The CMHPC heard from one program for adults being implemented in Contra Costa County through MHSA funding: the **Libby Madelyn Collins Trauma Recovery Project**. It was developed from the observation that about 90% of 5150s are not related to a primary mental health diagnosis, but are frequently due to trauma-related responses to trigger incidents. Usually trauma histories for adults are unknown to therapists. Mr. Steven Blum, Mental Health Clinical Specialist, found there was no other program in the area that addresses adult trauma in Axis I or II diagnoses. He developed a group model based on an adapted individual model.¹¹ Weekly group sessions are held at county mental health clinics, a LGBT community center, and a MHSA wellness center. Group participants are men and women, aged 18 – 60+ years, with unexplored past trauma. In the groups people do not share details of their trauma, but they learn to handle triggers for trauma through cognitive restructuring. The model, based on Dr. Kim Mueser’s work, involves identifying feelings, thoughts associated with the feeling, and validation of those thoughts. The person him- or herself decides if a thought is accurate after feedback from the group. Then the participants develop an action plan to deal with their issue.

Best Practices employed by the model programs surveyed by the CMHPC include:

- Universal screening of patients, clients and group participants for trauma history
- Peer-based services and programs that employ trauma survivors
- Awareness of the effects of trauma across systems of care and inter-agency collaboration in service delivery
- Localized services that are provided where clients can access them most easily

State Initiatives regarding Trauma

Earlier this year (2014) Assembly Continuing Resolution (ACR) 155 was sponsored by both Youth Alive and the Center for Youth Wellness, among other organizations. ACR 155 encourages statewide policies to reduce children’s exposure to adverse childhood experiences and stress. Authored by Assemblymember Raul Bocanegra (D-39), ACR 155 unanimously passed the state Assembly on August 11, 2014 adding 67 members as coauthors. The resolution was introduced for a vote on August 18 in the state Senate by Senator Holly Mitchell (D-Los Angeles). The resolution passed the state Senate 34-0. This makes California only the second state in the country to pass a resolution recognizing the

¹¹ Mueser, K. T., Rosenberg, S. D., & Rosenberg, H. J. (2009). Treatment of Posttraumatic Stress Disorder in Special Populations: A Cognitive Restructuring Program. Washington, DC: American Psychological Association

impacts of ACEs and toxic stress on childhood development.¹² The CMHPC was one of many organizations statewide that provided a letter of support.

Trauma-informed approaches are central to the Positive Youth Justice Initiative (PYJI) sponsored by the Sierra Health Foundation with additional funding from The California Endowment and The California Wellness Foundation. The program launched in 2012 with pilot projects in 6 counties throughout the state. PYJI focuses on *crossover youth* — young people with histories of neglect, abuse and trauma who currently are involved with their juvenile justice systems. Probation Departments in Alameda County, San Diego County and San Joaquin County, as well as the Vallejo City Unified School District in Solano County received implementation grants to test a series of reforms designed to transform juvenile justice into a more just, effective system and improve the lives of the youth they engage.

At the CMHPC Quarterly meeting in January, 2015, these recommendations were made by one of the presenters, Nancy Gannon Hornberger, CEO of Social Advocates for Youth, San Diego:

What can collectively be done to promote trauma-informed approaches: State policy should include developing and promoting state-wide standards, meaningful recognition of trauma programs, resources to implement those programs, and validation of results achieved through trauma-informed services.

Policy Recommendations:

- a) All juvenile mental health services should be trauma-informed, family and community-connected to the greatest extent possible, and whenever possible include family engagement, from the outset, in treatment planning and counseling;
- b) Evaluation and metrics are important. Data analysis should be done internally, and include client, program and global indicators of effectiveness. In juvenile justice outcome measures tend to focus on reducing re-offense, which is beneficial, yet it would be effective to also look at skill development in resiliency, as well as educational, emotional, social, family, peer and creative domains of well-being;
- c) There should be State-level incentives/resources for comprehensive behavioral health for youth and young adults, including screening, assessment, and treatment approaches keyed to social/family/school functioning. Tracking of long term positive indicators for individuals such as academic achievement, family stability, positive relationship development, overall health, will show cost savings for public systems, etc., and support requests for more resources.

In Conclusion:

Recent regional conferences on Trauma demonstrate the increasing awareness and growing acceptance of best practices for trauma-informed mental health treatment. These include several 2014 events sponsored by the San Francisco Mental Health Education Funds at the California Endowment office in Oakland, and the “Children Can Thrive: California's Response to Adverse Childhood Experiences” conference sponsored by the

¹² Chen, C. *California becomes only second state in country to pass resolution on ACES, toxic stress.* http://www.centerforyouthwellness.org/blog/ACR155_3

Center for Youth Wellness on December 3, 2014 which was the first-ever statewide summit on adverse childhood experiences (ACEs). On Feb. 8, 2013 Placer County hosted 17 other Northern California counties in a day-long symposium focused on possible development of a regional approach for treating victims of early, severe trauma which may include working with private-sector partners to create a regional treatment center for young trauma victims.

While not intended to be a comprehensive list, the trauma-informed programs, conferences and initiatives referenced reflect a trend towards transformation of mental health and related systems throughout California. The Mental Health Services Act, through its Prevention and Early Intervention and Innovation components, provides local support for collaborative trauma-informed approaches in many counties across the state.

The following articles highlight the programs mentioned:

Google gives \$3 million to Nadine Burke Harris' Bayview clinic:

<http://www.sfgate.com/bayarea/article/Google-gives-3-million-to-Nadine-Burke-Harris-5865372.php?cmpid=email-desktop>

Gilligan, H.T. "Study: Millions of Californians have Higher Risk of Disease Following Childhood Adversity": <http://www.healthycal.org/study-millions-of-californians-have-higher-risk-of-disease-following-childhood-adversity/>

Graebner, L. "Hospital-based Programs Break Cycle of Violent Injury":

<http://www.healthycal.org/hospital-based-programs-break-cycle-violent-injury/>