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

Prepared by Ann Jennings, Ph.D.
Director, DMHMRSAS Office of Trauma Services
40 State House Station, Augusta, Maine 04333
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:

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<thead>
<tr>
<th>Year</th>
<th>FTE</th>
<th>Position</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>1995</td>
<td>FTE</td>
<td>Director</td>
<td>Ann Jennings, Ph.D</td>
</tr>
<tr>
<td>1995</td>
<td>FTE</td>
<td>Secretary</td>
<td>Aileen Maher</td>
</tr>
<tr>
<td>1998</td>
<td>FTE</td>
<td>Asst. Director, Clinical Training Specialist</td>
<td>Mary Jean McKelvy, LCPC</td>
</tr>
<tr>
<td>1998</td>
<td>PT (.2FTE)</td>
<td>State Survivor TAG Coordinator</td>
<td>Lucy Chudzik, LCPC</td>
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<tr>
<td>1998</td>
<td>PT (.2FTE)</td>
<td>Professional Self-Care Program</td>
<td>Mary Louise Gould, LCPC</td>
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<tr>
<td>1998</td>
<td>PT (1 day mo)</td>
<td>6-8 Local Survivor TAG Coordinators</td>
<td></td>
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<tr>
<td>1999</td>
<td>FTE</td>
<td>Children/Adolescents Trauma Specialist</td>
<td>MacKenzie Harris, Ph.D</td>
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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
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

<table>
<thead>
<tr>
<th>Survivor/Consumer TAGS</th>
<th>Recommended Professional TAGs</th>
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<tbody>
<tr>
<td>8 TAGs</td>
<td>8 TAGs</td>
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<tr>
<td>In 7 LSN areas</td>
<td>In 7 LSN areas</td>
</tr>
<tr>
<td>and 1 statewide</td>
<td>and 1 statewide</td>
</tr>
<tr>
<td>6 Women's TAGs</td>
<td>1 Men's Statewide</td>
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<tr>
<td>1 Mixed TAG</td>
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<tr>
<td>1 Men's TAG</td>
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<tr>
<td>Statewide</td>
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</tr>
<tr>
<td>Total Members</td>
<td>Total Members</td>
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<td># 120</td>
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Criteria: Members must be past or present recipients of public mental health services or hospitalization and have history of trauma.

Ages 18 - 65

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

Ages 35 - 70

Est. 80% past/present use of crisis and inpatient services

Nurses, SWs, therapists, LCPCs, psychiatrists, psychologists, CEOs

1/2+ current use of crisis and inpatient services

Alternative therapists, family docs advocates, religious, educators, legislators, corrections

25% est are class members

Some past/present employment, some are work in public MH/SA system, parents, private practice, agencies, hospitals, other

# are or were MH and SA professionals # are survivors

Experience Isolation

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, What's 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:

<table>
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<tr>
<th>Community Leaders</th>
<th>Department of Human Services</th>
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<td>Political Leaders</td>
<td>Attorney Generals Office</td>
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<tr>
<td>Legislators</td>
<td>Department of Corrections</td>
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<tr>
<td>Media</td>
<td>Department of Public Safety</td>
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<tr>
<td>Potential funders</td>
<td>Health &amp; Public Health Organizations</td>
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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"
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
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

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

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

Inner Voices: A Survivor Newsletter
Quarterly statewide distribution.

Trauma Recovery Website

RESEARCH AND EVALUATION

Safe House Cross-site evaluation. Treatment and Cost Outcome Research to look at impact of trauma-based services. Update and maintenance of trauma research literature library. 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
"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"
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 will support various levels of the mental health workforce in becoming more knowledgeable about and sensitive to trauma issues

• 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
   MJ. McKelvy
___ Children/Adolescents
   M. Harris
___ Professional Self-Care
   ML. Gould
___ Survivor Network
   TBA