



CCSM Issues Committee **Trauma-Informed Care First Draft – 2/8/2023**

The Issue

During the 1990's in Maine, DHHS spent a significant amount of time doing systems work to make Maine a trauma informed State. At the time, we had an office of trauma services and we did statewide training and worked to implement trauma informed systems of care.

In 2023, we see less of this work in the adult population. We applaud the State of Maine for its work in Adverse Childhood Experiences (ACEs) for children. If we stop focusing on just children, we have seriously missed the mark.

We want to see more systemic work on trauma-informed practices for the State in all places from childhood to adulthood. This should include providers, individuals receiving services and the educational system.

Recommendations

1. ACE evaluations should be offered for all adults receiving services, including primary care. This could spark an important conversation between individuals served and their providers.
 2. ACE evaluations should also be offered to individuals in jails and prisons and discussed as this information could help people as they look at the roots to what might have led to their incarceration and break the cycle of recidivism.
 3. Trauma-informed modalities should be a part of a continuum of care throughout life.
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Expected Outcomes

If we start with trauma-informed care, it would open the door to opportunities to meet people where they are and to find true recovery.

We need to shift our focus from “what is wrong with you” to “what happened to you!”

Resources

[ACEs Test - Pinetree Institute](#)

[What is Trauma-Informed Care? - Trauma-Informed Care Implementation Resource Center \(chcs.org\)](#)

“Trauma-informed care shifts the focus from *“What’s wrong with you?”* to *“What happened to you?”*” A trauma-informed approach to care acknowledges that healthcare organizations and care teams need to have a complete picture of a patient’s life situation — past and present — in order to provide effective healthcare services with a healing orientation. Adopting trauma-informed practices can potentially improve patient engagement, treatment adherence, and health outcomes, as well as provider and staff wellness. It can also help reduce avoidable care and excess costs for both the healthcare and social service sectors.

Trauma-informed care seeks to:

- Realize the widespread impact of trauma and understand paths for recovery;
 - Recognize the signs and symptoms of trauma in patients, families, and staff;
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- Integrate knowledge about trauma into policies, procedures, and practices; and
- Actively avoid re-traumatization.”`

(Adapted from the Substance Abuse and Mental Health Services Administration’s [“Trauma-Informed Approach.”](#))

A comprehensive approach to trauma-informed care must be adopted at both the **clinical and organizational** levels. Too frequently, providers and health systems attempt to implement trauma-informed care at the clinical level without the proper supports necessary for broad organizational culture change. This can lead to uneven, and often unsustainable, shifts in day-to-day operations. This narrow clinical focus also fails to recognize how non-clinical staff, such as front desk workers and security personnel, often have significant interactions with patients and can be critical to ensuring that patients feel safe.

To submit feedback, ideas or a personal story relating to this issue statement, please send to the CCSM either by mail at: 219 Capitol St. Suite 7 Augusta, ME 04330 or email at vmccarty@maineccsm.org

DEADLINE TO RESPOND March 8, 2023.