

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



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Simonne Maline, Executive Director
Consumer Council System of Maine
219 Capitol St, Suite 7
Augusta, ME 04330

Dear Ms. Maline,

Thank you for your letter dated April 28, 2023 regarding trauma-informed care. The Department recognizes and agrees with the importance of trauma-informed care throughout the lifespan to ensure trauma-informed practices are available for both children and adult populations. The Department acknowledges your concerns with respect to improving trauma-informed practices throughout the state and for all citizens and hopes that our response below provides a greater understanding of the initiatives and opportunities currently available.

In response to the issue statement, the Department continues to support and advocate for these efforts and does so in part by offering many trauma-related training and educational resources. In 2022-23, training encompassed topics including but not limited to the impact of experiences; vicarious trauma; trauma, substance use, and the brain; progressive treatment recommendations for working with addiction, trauma, and shame; burnout and resilience (secondary trauma training); trauma treatment and trauma-informed approaches and SUD; intergenerational trauma; race and violence in our communities; domestic violence; de-escalation and engagement strategies; support after death by overdose; and how ACEs affect adults seeking services. These training courses were available through non-academic MHRT/C pathways, summer school courses, and multiple plenaries. Additionally, the Department offers trauma training for consumers with lived experience working field CIPPS services which include calming strong emotions, alternatives to suicide, mental health training through a harm reduction lens, the impact of trauma, and other related topics.

With regard to recommendation number one, although it is not a requirement of service providers, the Department notes a substantial amount of work performed in the healthcare and behavioral health treatment community regarding ACEs. As it pertains to recommendation number two, clinical guidance maintains that ACE evaluations are not always appropriate in these settings as there is often an insufficient level of mental health support provided after completion of the evaluation in the carceral system, though there are varying opinions as to what correctional settings should and should not be providing, or what level of support is necessary. Concerning recommendation number three, the Department agrees with and promotes this approach through our work and with our providers.

Several mental health staff credentials the Department is responsible for also have a dedicated section to trauma and trauma-informed care and we are currently updating the MHRT-1 and MHRT-CSP to further enhance these sections. Moreover, OBH contracts for residential mental health, Section 17, and SUD services include the following language and requirements specifically pertaining to trauma-informed care:

1. Residential:

Administrative review of provider or agency which includes and provides: a plan for providing trauma-informed care; policy on tobacco use (addressing tobacco assessment, referrals for cessation, and tobacco use policy in facility and property); policy and protocol for services available for co-occurring mental health and substance use disorders; and evidence of providing clinical services under CMR 10-144, ch. 2, Sec. 97.08-3. This is evidenced when reviewing ISPs, discharge summaries, progress notes, and other documentation.

2. Section 17 and SUD:

Trauma-informed care: The provider shall have a plan for providing trauma-informed care based on principles of trauma-informed care and generally recognized bases of trauma-specific interventions, both as outlined by the Substance Abuse and Mental Health Services Administration. Providers shall verify that all employees who perform client services have received training consisting of but not limited to identification of, response to, and reporting of client abuse, neglect, and exploitation; the perspectives and values of consumers of mental health services, including recovery and community inclusion. This part of the training shall be delivered, at least in part, by consumers; the ISP planning process; the introduction to mental health services systems including the role of Riverview Psychiatric Center and Dorothea Dix Psychiatric Center in the mental health system, and the responsibilities of various professional staff positions within the mental health system; family support services; principles of Psychosocial Rehabilitation (PSR); resources within the mental health service system; and trauma-informed care and practice.

The Department agrees that trauma-informed care not only opens the door to more opportunities to meet people where they are but also to better develop individualized plans to support clients through recovery using their history and experience as a guide. A more comprehensive approach adopted at both the clinical and organizational levels benefit all involved, and we look forward to having further discussions with the Consumer Council System of Maine on their recommendations through our monthly meetings. The Department is committed to continuous improvement and is dedicated to implementing process and procedural changes that will address the concerns outlined by the council. We value our partnership and appreciate the opportunity to collaborate on these concerns and resolutions.

Sincerely,

Sarah Squirrell

Sarah Squirrell
Director, Office of Behavioral Health