

THRIVE
Trauma-Informed System of Care
Memorandum of Understanding

MEMORANDUM OF UNDERSTANDING between
THRIVE and _____

This Memorandum of Understanding ("Memorandum") is made and entered into on _____ (the "Effective Date") by and between the parties.

BACKGROUND

The purpose of this Memorandum is to:

Establish a formal commitment between the parties to work together on developing and improving a comprehensive trauma-informed system of care for children and youth with serious emotional disorders and their families by collaborating with key stakeholders: children, youth, families, Child Welfare Services, Early Childhood Services, Department of Corrections, Department of Education, Children's Behavioral Health Services, private child, youth and family serving agencies, schools, individual service providers, and other entities and organizations. This initiative, THRIVE, will promote the principles of family driven, youth guided, and cultural and linguistic competency, while creating systems and services that are trauma informed. This last principle is the hallmark of THRIVE.

The overarching goal is to develop a trauma informed system of care by building an infrastructure which focuses on system of care principles, governance, system integration, collaboration, and creating capacity and quality through training and social marketing.

I. RECITALS

In establishing this Memorandum to enhance interagency collaboration and coordination on behalf of families, children, and youth, the undersigned recognize that:

- A.** Trauma can have an impact on any child, youth or family member.
- B.** Trauma has many sources, including physical abuse and neglect, witnessing violence, sexual abuse, domestic violence, grief and loss, community and school violence, medical issues, war and dislocation, natural disasters, terrorism and others.

C. Trauma may occur when a child or youth experiences an intense event or series of events that threatens or causes harm to his or her emotional and physical well being.

D. Traumatic stress involves intense feelings of terror, horror or helplessness, especially in response to serious injury to self, witnessing serious injury or death or others, imminent threats of serious injury or death, or a violation of personal physical integrity.

E. Symptoms of child traumatic stress may include intense and ongoing emotional upset, depressive symptoms, anxiety, aggressive behavioral changes, difficulties with attention, academic difficulties, nightmares and aches and pains, among others.

F. Children and youth are unique individuals. Exposure to trauma may lead to interference with healthy brain development, physical and mental health, and functioning at home, school or in the community. The experience of trauma may lead to psychiatric conditions such as post-traumatic stress disorder, depressive disorder, and anxiety disorders. Prior exposure to trauma and other factors can influence whether and to what degree a child or youth experiences symptoms of child traumatic stress. Not all children and youth will develop symptoms.

G. The level of support at home and in the community can also have a significant impact on whether and to what degree a child or youth experiences symptoms of child traumatic stress.

H. Children with a history of trauma can show up anywhere: home, school, community mental health center, hospital, cultural center, early childhood setting, homeless shelter, foster home, correctional facility, physician's office and others.

I. The President's New Freedom Commission on Mental Health identifies trauma as one of four major understudied areas in mental health that requires development. (Other areas include mental health disparities, long-term effects of medications, and acute care).

J. No single agency contains the resources and expertise needed to comprehensively respond to the needs of the child, youth, or family as a whole.

K. A significant number of individuals and families in Maine are being served simultaneously by entities represented herein.

L. Professionals and caregivers at both the state and community level need to develop a common base of knowledge and values about childhood trauma in order to assist those within the population of focus achieve positive outcomes.

II. OPERATING PRINCIPLES AND ASSUMPTIONS

The undersigned agree to the following basic Principles and Assumptions:

- A.** Working together cooperatively and collaboratively develops the best possible foundation for successful outcomes to be commonly achieved.
- B.** Establishing physical and psychological safety is the key to any trauma intervention. This means attending to all domains of a child or youth's life.
- C.** Trauma must be addressed in the context of other issues that may be affecting the child, youth and/or family including, but not limited to, poverty, domestic violence, physical illness, mental illness, criminal justice involvement, inadequate nutrition, inadequate housing and educational or child care challenges.
- D.** Addressing trauma related issues may help with family stability and may positively affect a child's mental health, safety, well-being, and emotional development.
- E.** Early and effective intervention contributes to better outcomes related to safety, and child, youth, and family well-being and permanency.
- F.** Children, families and youth must have access to information about and the full continuum of prevention, intervention, and continuing care services
- G.** Children, families, and youth must have a meaningful choice among service providers.
- H.** Community based and residential services must be delivered in a timely manner and respond to the needs of all family members.
- I.** Families can reduce risk of long-term difficulties in their lives and achieve self-sufficiency, independent of formal services.
- J.** Policies, programs, and practices for children, youth, and families affected by trauma should be responsive to their strengths and needs, culture, ethnic and gender identities, and address inter-generational trauma issues.
- K.** Administrative commitment to having a trauma-informed organization is necessary. This includes a commitment to integrating knowledge about trauma into the practices of the organization, including service delivery. This does not necessarily mean direct trauma services, but rather that a trauma perspective will be integrated into how staff members understand people and their issues.
- L.** People who serve families should have the knowledge, skills, tools, and resources to help achieve positive outcomes.

IV. AUTHORITIES

The parties enter into this Memorandum consistent with, and not in contradiction to, existing mission statements, policies, practices, laws, regulations and any other authorities promoting cooperation.

V. RESPONSIBILITIES OF THE PARTIES

In order to promote the development and improvement of a trauma informed mental health system of care for children with serious emotional disturbance, the parties agree to:

A. System Development

1. Promote and implement a trauma-informed system of care in which:
 - a) Supports and services are driven by the needs and preferences of the child and family, and a strength-based approach;
 - b) The focus and management of services occur within a multi-agency collaborative environment and is grounded in a strong community base;
 - c) The services offered, the agencies participating, and the programs generated are responsive to the cultural context and characteristics of the populations served;
 - d) Families and youth are always treated with dignity and respect and are partners in the planning, implementing and evaluating of the system of care at service delivery, management, and policy levels.
2. Participate in reviewing the effectiveness of this agreement, to share information, update policies and procedures, and enhance working relationships between the parties involved.
3. Evaluate and address multi-system policies, procedures, and practices and ensure coordination and consistency.
4. Participate in the development and maintenance of a No Wrong Door approach to consumer service access. The concept of No Wrong Door means that people seeking mental health services will not be shuttled from one place to another or required to go through repetitive processes of providing personal and sensitive information. Instead, they can go for services to any of several starting points and have the assessment process completed there. No Wrong Door also means that service plans will be comprehensive, and accessible to the various parties involved in carrying out the plans.

5. Coordinate and collaborate on service delivery issues and needs for mutual client populations.
6. Facilitate ongoing communication and collaborative problem solving for concerns and issues raised by the parties
7. Adopt Systems of Care Principles as identified by Substance Abuse and Mental Health Services Administration (SAMHSA) and THRIVE, including that all care be 1) Child and Youth-Centered 2) Family-Driven; 3) Youth-Guided; and 4) Strengths Based; 5) Culturally and Linguistically Competent; and 6) Trauma-Informed.
8. Provide case managers who have been properly trained to work with families and youth who are enrolled in THRIVE.
9. Participate in committees, projects, work groups, or other activities that serve to promote THRIVE, including trainings financed by THRIVE.

B. Confidentiality

1. Ensure client confidentiality in compliance with all federal and state laws and regulations.
2. Ensure that clients are informed about confidentiality rights and limitations.
3. Participate in development and preparation of confidentiality agreements with system of care partners.

C. Training

1. Ensure all appropriate staff and management will participate in trainings provided by THRIVE. Case management, clinical and many other trainings and technical assistance will be provided by THRIVE free of charge.
2. Participate in joint/collaborative in-service training that includes staff, family, youth and others involved in the system of care addressing information sharing, coordination of programs and services, and enhancement of working relationships.
3. Ensure case management agencies will have staff training in trauma-informed wrap around.

4. Ensure clinical providers will participate in training in trauma-informed evidence-based practices, where applicable to their service population.
5. Ensure that case management agencies and clinical providers have training in family driven care.

D. Hiring and Human Resources Development Practices.

1. Identify staff whose job responsibilities include serving as “trauma champions” and who:
 - a) Understand the impact of trauma on the lives of people seeking mental health services;
 - b) Are front-line workers who think “trauma first”;
 - c) Are willing to persistently remind all staff of the importance of trauma; and
 - d) Are involved in key agency groups.
2. When possible, hire new staff with understanding of trauma.
3. Hire trauma survivors who are willing to contribute their own personal struggles and success with resiliency and recovery, to educate others, influence policy and practice, and engage in a variety of professional, peer and other jobs.
4. Hire as employees, retain as consultants, and/or appoint to boards family members who are raising children who have serious emotional disturbances and youth with serious emotional disturbances
5. Build protocols into the organizational structure that recognize and reduce the impact of trauma recovery work on clinicians and other staff.
6. Include families and youth in agency hiring processes.

E. Policies and Procedures

1. Include youth, families, and individuals who understand trauma and how systems can further traumatize individuals in reviews, evaluations, development and modifications of policies and procedures.
2. Review and evaluate all policies and procedures, including those that relate to development and provision of services, for potential traumatic impact on children, youth, and families.
3. Develop or modify policies and procedures to be trauma informed and ensure they are not traumatizing to children, youth, and families.

4. Review agency policies and procedures to ensure family driven, youth guided, and culturally competent care.

F. Environmental Features

1. Include youth, families, and individuals who understand abuse and trauma and how environments can further traumatize individuals in reviews, evaluations, development and modifications of environmental features.
2. Review and evaluate all environmental features for potential traumatic impact on children, youth, and families.
3. Develop or modify environmental features to be trauma informed and ensure they are not traumatizing.
4. Review environmental features to ensure family driven, youth guided, and culturally competent care.

G. Quality Assurance

1. Implement evidence-based practices across disciplines that are trauma-informed and ensure that clients are informed and given choices in selecting services.
2. Ensure case management agencies will commit to providing trauma-informed, wrap around case management with trauma informed supervision.
3. Ensure case management agencies will have appropriate staff attend meetings and trainings regarding THRIVE case management related issues, such as use of referral forms, flex fund forms, management information systems and evaluations.
4. Ensure clinical providers commit to provide trauma-informed evidence based services and maintain updated clinical knowledge and practice through trainings and/or supervision.
5. Ensure accurate completion and timely exchange of documents with THRIVE, families, youth, and other parties, including but not limited to assessments, service and treatment plans, and assessment and evaluation data.

6. Ensure that child and youth records are complete, clearly reflect youth and family voice, and reflect an individualized planning and service delivery approach.
7. Ensure that family, youth, and cultural representatives are partners in creating forms, brochures, and other documents used with consumers.

H. Management Information and Data Systems

1. Identify mutual data needs in order to improve timely access to information across systems.
2. Participate in development and preparation of data sharing agreements with system of care partners.
3. Share required service use and expenditure information on individual children and families served within the system of care according to specifications outlined in data sharing agreements.
4. Participate in training with respect to management information and data systems.
5. Implement changes to data systems to facilitate timely access to information across systems.
6. Implement changes to data systems to ensure accurate collection of data information across systems.
7. Provide information needed for evaluation of THRIVE.

VI. IT IS MUTALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE PARTIES THAT:

- A. This Memorandum in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- B. Planning will strive to balance mandates, interests and resources of participating agencies, while using a consensus model for decision making.
- C. Nothing in the Memorandum shall be construed as obligating agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources or to the exchange of any proprietary or confidential systems or information.

