

APPENDIX A.1: Competitive Grant Proposal Narrative

1. SUMMARY (5 points): Provide a brief summary of the proposed project.

The proposed project, “Addressing Trauma Within the Community Mental Health Population: A Toolkit for Practitioners,” is intended to address the need for developing trauma-informed and trauma-specific services to populations served by Washtenaw County’s community mental health provider, Community Support and Treatment Services. We plan to review existing evidence-based practice models, to make indicated adjustments for efficacious use with the severely and persistently mentally ill populations we serve, and to lay the foundation for service delivery by educating and training staff at all levels and scopes of practice. Appropriate clinical supervision support will be established, group and individual treatment protocols will be designed, and gender- and trauma-specific treatment will be initiated.

2. NEEDS IDENTIFICATION AND CONSUMER INVOLVEMENT (20 points): Explain how the need for the proposed project was identified, including how primary consumers had meaningful involvement in the process used to identify the need. If this is a service project, address the gap or barrier in the present system that will be filled.

Nationally recognized experts in the area of trauma, such as Roger Fallot and Maxine Harris, have helped to raise awareness of the need for greater trauma-informed and trauma-specific services. National community-based surveys find that between 55% and 90% of the general population have experienced at least one traumatic event in their lifetime. The prevalence percentages only increase among those populations made more vulnerable by risk factors including mental, emotional, and developmental disorders, co-occurring addictions, and poverty, all of which are risk factors with disproportionately high representation among the populations served by our public sector community mental health system.

The need for this proposed project has been evident locally for a number of years, most recently emphasized through CSTS’ work with consumers in treatment for co-occurring mental health and substance use disorders, over half of which report historical experiences of trauma. Additionally the work of CSTS’ Project Outreach Team (PORT) uncovered an even higher prevalence of traumatic experiences among the homeless populations they serve. Several consumers of CSTS’ ACT and PORT teams and DBT-track services have reported unresolved/under-resolved historical experiences of sexual or physical trauma, as well as the witnessing of significant violence, and have asked for assistance in addressing this as part of their co-occurring disorders treatment. Although CSTS is among the leaders in the State of Michigan in the implementation of integrated dual disorders treatment, the lack of greater trauma-informed and trauma-specific services represents a gap in the current clinical treatment continuum.

3. RECOVERY (20 points): Address how the project will support consumers in the recovery process. Explain how the project will address the values of Michigan’s public

mental health system to promote recovery and wellness; reduce stigma; facilitate access; seek support arrangements that facilitate independence, personal responsibility, and full participation in community life; and promote consumer choice.

This project will improve the support available to numerous CSTS' consumers in their recovery from co-occurring mental health and/or substance use disorders, as unresolved/under-resolved trauma has been found to be a significant obstacle to a more satisfying, higher-functioning and sustainable state of wellness and recovery. Trauma poses a significant relapse risk for both the recurrence of mood-disorder and personality-disorder symptoms, as well as for relapse of addictive disorders. Effective trauma-informed and trauma-resolution services will address the shame and stigma often experienced by trauma survivors that can impede their efforts to make their recovery needs known in this realm. This project will improve access to available services that can make an important difference in consumers' lives, leading to greater independence, empowerment, and fuller participation in community life. This training project will better facilitate healing from the incredibly disempowering effects of trauma.

4. REGIONAL SERVICES (10 points): Explain how the project will assure more uniformity of the availability of evidence-based or improving practices across the PIHP/CMHSP region.

This project will be developed and piloted within Washtenaw County Community Support and Treatment Services, and the trauma-informed and trauma-specific treatment services and implementation processes that are developed will subsequently be made more widely available, not only to CSTS' direct regional affiliates, but to PIHPs across the State of Michigan as well.

5. SPECIFIC CATEGORY REQUIREMENTS (15 points): Address all special requirements listed in the programmatic specifications contained in the RFP for the primary category for which this proposal is submitted.

Statistics show that at least 80% of consumers with a serious mental illness have had some form of trauma in their life. Addressing trauma early, and in conjunction with the treatment of a mental illness, is critical in the recovery, growth, and wellness of consumers. A trauma-informed system of care includes: flexible treatment plans, value of consumers' unique histories, the avoidance of negative care approaches, positive understanding of coping methods, etc. This project proposes to increase the awareness and knowledge base of staff across the entire CSTS organization such that appropriate and effective accommodation can better occur in interactions with consumers at all points of service contact, from reception to assessment to service planning to the delivery of trauma-informed and trauma-specific clinical treatment practices.

The impact of trauma touches many life domains and is life-shaping and dramatic. A truly trauma-informed system assumes that the experience of historical trauma is the expectation, rather than the exception. This proposed project will include and meaningfully involve trauma survivors in the development and implementation of staff training and service design. CSTS staff with lived experience as survivors of trauma will be significantly involved in the project, and consumers with lived experience as trauma survivors will also be regularly consulted and included in the project.

This trauma initiative will provide education about, and clinical training for, the treatment of trauma within the CSTS system, with end products then available to PIHP regional affiliates, and even more broadly across the State of Michigan. The interactive aspects of mental illness, co-occurring addictions, and trauma will be emphasized in all aspects of the project. Change recommendations for the CSTS organization will be generated and moved forward, and peer-led support groups in the local community will be encouraged.

- 6. SUSTAINABILITY (15 points): If this is a service project (all two-year and three-year proposals), describe the firm commitment from the PIHP/CMHSP that the services will continue after grant funds have ended. Describe how any positions for consumers funded under the proposal will remain in place after the grant period is over. If this is a service project, discuss how this new development will impact the current service array.**

This is a training project that will equip existing staff with the knowledge and competencies necessary to develop and deliver improved trauma-informed and trauma-specific treatment services. The current service array will therefore be expanded to be more effective, and the staff training and improved services that are developed will be sustained, moving forward as part of CSTS' commitment to continuous improvement in the development and implementation of efficacious evidence-based clinical practices.

- 7. COMMUNITY COLLABORATION (15 points): Describe community collaboration and support in developing, planning, implementing, and monitoring the project. The goal of the collaboration is for consumers to be connected to services and supports needed to meet their needs. Proposals that involve collaboration with other community organizations must include letters of support that specifically describe what and how partners will contribute to the project, both in terms of human and financial commitment.**

As primarily a training and education project to equip staff with needed clinical knowledge and competencies, immediate community collaboration is not required for successful completion of this first phase. Other community stakeholders have expressed a recognition of the need for greater and more accessible services in this critical area, including the local chapter of the National Alliance for the Mentally Ill, and the local Survivors of Incest Anonymous peer-led 12-Step fellowship. CSTS has sought, and received, verbal commitment from Roger Fallot of Community Connections in Washington, DC, to come and provide trauma-informed and trauma-specific training for staff during

the upcoming Fall/Winter of 2008. Available community collaborators who could be available to support the efforts of this project include Ruth Shabazz (Ann Arbor Shelter Association/Delonis Center) and Beth Glover Reed (PhD, University of Michigan).

- 8. STAFF SUPPORT (15 points): Describe how the planned level of staff support was determined. Include position descriptions of key project personnel. Describe the knowledge and experience of key project personnel related to recovery, the target population, and the proposed intervention. Describe how Certified Peer Support Specialists and/or other consumers will be involved in the program. Address any requirement or priority for filling key positions with primary consumers.**

Steve Wiland, LMSW, CAC-R, Clinical Practices Administrator for CSTS, will lead this project, and facilitate agency-wide trauma-informed educational efforts for staff, as well as the development and launch of trauma-specific treatment services and associated clinical supervision and oversight. Steve has 7 years of direct clinical service and clinical supervision experience with trauma survivor populations, both as lead facilitator of treatment groups for the Touchstone Program of Washtenaw County's Assault Crisis Center, and as Clinical Director of the More Than Conquerors faith-based ministry to sexual abuse survivors. Steve has also done research on the prevalence of undiagnosed and under-treated trauma within the CMH system (*The Role of Childhood Trauma in the Disorders of Dually Diagnosed Adults Served in a Community Mental Health Setting, 1999, unpublished*).

A cohort of interested clinicians has already been identified, including many existing IDDT group facilitators, including PORT staff **Carol Ludwig, Sara Silvennoinen, Flo Hepola, Linda Bacigalupi,** and **Mike Ferriter**; and ACT staff **Nathan Rahn, Wendy Svatora,** and **Sarah Starkey**. Interested Peer Support Specialists will be sought, and their meaningful participation in service provision solicited as soon as possible. Additionally, trauma-survivor consumers will be consulted throughout the project to inform the development and implementation of services in as effective a manner as possible.

Staff across the agency in all positions and scopes of practice will be provided with education and awareness as to how the practice of their role can take place in a more optimally trauma-informed manner.

- 9. WORKPLAN (20 points): The response to this area must be typed in a separate document for each fiscal year of grant funding requested. Do not include the workplan within the numbered Competitive Proposal Narrative document. The workplan will be reviewed for:**

- **clear description of the outcomes to be achieved by the project;**
- **clear goals statements and measurable objectives;**
- **timelines and assignment of responsibility for completion of objectives and activities for each quarter;**
- **the number of consumers who will be impacted;**

- a description of the methods that will be used to evaluate the impact of the project, describing the use of data, and the involvement of consumers; and
- a description of how the results of the project will be shared with MDCH for possible dissemination throughout the state.

Quarter	Outcome	Measure
1 – (10/1/08-12/31/08)	<p>Confirm identification of “trauma champions” with supervisory and administrative support;</p> <p>Trauma Initiative Workgroup begins to meet;</p> <p>Acquire and review training and educational materials;</p> <p>Interview and hire video tech (UM graduate student in Film Studies);</p> <p>Development of “Understanding Trauma,” and “Staff Support” modules</p> <p>Complete planning for agency-wide kick-off training;</p> <p>Establish clinical supervision infrastructure elements, and protocols for access to trauma services / managing individual and group work scenarios, etc.</p>	<p>List of names with supporting documentation of communications;</p> <p>Documented minutes of Trauma Initiative Workgroup;</p> <p>Receipt of ordered materials;</p> <p>Identification of the process of creating the Training DVD;</p> <p>Documentation of module content;</p> <p>Documentation of arrangements for local FalLOT training conference;</p> <p>Documentation of clinical supervision/support resources and availability; documentation of trauma service protocols.</p>
2 – (1/1/09-3/31/09)	<p>Conduct agency-wide training conference;</p> <p>Begin videotaping all training events;</p> <p>Arrange for ongoing consultation with FalLOT/Community Connections;</p> <p>Develop and schedule additional in-house inservice presentations with staffing groups;</p> <p>Conduct CSTS “Trauma-Informed Program Self-Assessment Scale”</p> <p>Trauma Initiative Workgroup continues to meet.</p>	<p>Documentation of CSTS staff participation;</p> <p>Minutes and quality of unedited video recordings</p> <p>Documentation of arrangements made;</p> <p>Documentation of arrangements made;</p> <p>Completed “Trauma-Informed Program Self-Assessment Scale;”</p> <p>Documented minutes of Trauma Initiative Workgroup.</p>

3 – (4/1/09-6/30/09)	<p>Finalize CSTS Action Plan, informed by results of completed “Trauma-Informed Program Self-Assessment Scale;”</p> <p>Continue to develop, schedule and present additional in-house inservices with staffing groups;</p> <p>Continue to videotape any and all training activities;</p> <p>Trauma Initiative Workgroup continues to meet.</p>	<p>Documented CSTS Action Plan;</p> <p>Documentation of arrangements, involved handouts and other presentation materials;</p> <p>Numbers of events and minutes of video recorded;</p> <p>Documented minutes of Trauma Initiative Workgroup.</p>
4 – (7/1/09-9/30/09)	<p>Trauma Initiative Workgroup continues to meet and implement CSTS Action Plan;</p> <p>Continue to develop, schedule and present additional in-house inservices with staffing groups</p> <p>Video tech and Project Director select footage and edit recordings to produce final product;</p> <p>Write the “Addressing Trauma Within the Community Mental Health Population: A Toolkit for Practitioners” manual.</p>	<p>Documented minutes of Trauma Initiative Workgroup;</p> <p>Documentation of arrangements, involved handouts and other presentation materials;</p> <p>Final product that is a culmination of the best training footage;</p> <p>Copy of completed manual, available for dissemination in pdf format.</p>

The manual that will be generated as a deliverable of this project will describe the process of advancing trauma-informed and trauma-specific service development at CSTS, and will offer guidelines for effective implementation. This will be made available in pdf format to any/all interested parties in the MDCH network. Additionally, the DVD that is created from the Training events will be promoted on our website and available by mail.