



**Department
of Health**

**Office of
Mental Health**

**Office of Alcoholism and
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**Office of Children
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Health Homes Serving Children

**Draft Work Group Developed Process for
Determining Complex Trauma Eligibility for
Health Home for Stakeholder Feedback**

June 8, 2016

Overview of Today's Webinar

- ✓ Today's Task – Operationalize CMS/SAMHSA Complex Trauma Health Home Eligibility Criteria Included in Approved State Plan
- ✓ Review of Health Home Eligibility Criteria
 - ✓ Complex Trauma Definition
 - ✓ CMS Guidance
- ✓ Stakeholder Work Group and its Members
- ✓ Complex Trauma Proposed Tools and Process
- ✓ Complex Trauma Workflow
- ✓ Considerations
- ✓ Reminder: Upcoming Training Schedule
- ✓ Questions



Operationalizing CMS/SAMHSA Complex Trauma Definition in Health Homes

- SPA includes a CMS/SAMHSA definition of Complex Trauma that is consistent with chronic condition eligibility criteria for Health Homes
- Task: How to “operationalize” the complex trauma definition within the Health Home model using the guidance provided by CMS/SAMHSA
 - Per CMS/SAMHSA the Complex Trauma definition reflects the ACA authorization for the Health Home program which provides benefits to Medicaid members with chronic conditions – Complex Trauma is different that a child who experiences a traumatic event
 - CMS/SAMHSA is also requiring the State develop procedures/approach for documenting and assessing if a child meets the Health Home Complex Trauma definition



Operationalizing CMS/SAMHSA Complex Trauma Definition in Health Homes

- To leverage the expertise of trauma informed experts in this task the State reached out to a small Work Group of trauma-informed care experts, including providers and clinicians, for the purpose of proposing recommendations to implement the Complex Trauma definition, including:
 - ✓ Tools to assess complex trauma
 - ✓ Who and what training/credentials are needed to determine complex trauma?
 - ✓ Who can administer tools to determine trauma domains (e.g., allow individual screenings to be done by qualified individuals, while charging licensed practitioner to aggregate, synthesize and interpret information to ultimately determine if a child meets the complex trauma definition)
 - ✓ The procedures/approach for verifying and documenting complex trauma
- The Work Group's recommendations will be presented during today's webinar for feedback from the larger stakeholder community – **Comments are due June 14th – please send to hhsc@health.ny.gov with Complex Trauma Feedback in the Subject Line**
- Consensus stakeholder and State Agency Partner guidance and processes for implementing complex trauma in children's Health Homes will be presented to CMS and SAMHSA on June 21st





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Health Home Eligibility Criteria

June 8, 2016

Health Home *Chronic Condition* Eligibility Criteria

- The individual **must** be enrolled in Medicaid
- Medicaid members eligible to be enroll in a Health Home **must** have:
 - Two or more chronic conditions (e.g., Substance Use Disorder, Asthma, Diabetes*) **OR**
 - One single qualifying chronic condition:
 - ✓ HIV/AIDS or
 - ✓ Serious Mental Illness (SMI) (Adults) or
 - ✓ Serious Emotional Disturbance (SED) or Complex Trauma (Children)

* See DOH Website for list of chronic conditions

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/09-23-2014_eligibility_criteria_hh_services.pdf

- **Chronic Condition Criteria is NOT population specific (e.g., being in foster care, under 21, in juvenile justice etc. does not alone/automatically make a child eligible for Health Home)**
- In addition, the Medicaid member **must** be appropriate for the intensive level of care management services provided by Health Home, i.e., satisfy appropriateness criteria

Health Home Appropriateness Criteria

Individuals must meet the Chronic Condition Criteria AND be Appropriate for Health Home Care Management

Appropriateness Criteria: Individuals meeting the Health Home eligibility ***criteria must be appropriate for the intensive level of care management provided by Health Homes.*** Assessing whether an individual is appropriate for Health Homes includes determining if the person is:

- ✓ At risk for an adverse event (e.g., death, disability, inpatient or nursing home admission, mandated preventive services, or out of home placement)
- ✓ Has inadequate social/family/housing support, or serious disruptions in family relationships;
- ✓ Has inadequate connectivity with healthcare system;
- ✓ Does not adhere to treatments or has difficulty managing medications;
- ✓ Has recently been released from incarceration, placement, detention, or psychiatric hospitalization;
- ✓ Has deficits in activities of daily living, learning or cognition issues, or
- ✓ Is concurrently eligible or enrolled, along with either their child or caregiver, in a Health Home.



Complex Trauma - CMS/SAMHSA Definition included in State Plan

This guidance on complex trauma draws upon the domains within the definition of serious emotional disturbance (SED). While there may be similarities in the condition(s) and symptoms that arise in either complex trauma or SED, the therapeutic approaches associated with the same diagnoses may vary significantly when the symptoms arising from traumatic experiences are identified as such. Trauma experts indicate that with complex trauma, the clinical diagnoses may be more severe and typically present as comorbidities or multiple diagnoses.

Definition of Complex Trauma

- a. The term complex trauma incorporates at least:
 - i. Infants/children/or adolescents' exposure to multiple traumatic events, often of an invasive, interpersonal nature, and
 - ii. the wide-ranging, long-term impact of this exposure.
- b. Nature of the traumatic events:
 - i. often is severe and pervasive, such as abuse or profound neglect;
 - ii. usually begins early in life;
 - iii. can be disruptive of the child's development and the formation of a healthy sense of self (with self-regulatory, executive functioning, self-perceptions, etc.);
 - iv. often occur in the context of the child's relationship with a caregiver; and
 - v. can interfere with the child's ability to form a secure attachment bond, which is considered a prerequisite for healthy social-emotional functioning.
- c. Many aspects of a child's healthy physical and mental development rely on this secure attachment, a primary source of safety and stability.
- d. Wide-ranging, long-term adverse effects can include impairments in:
 - i. physiological responses and related neurodevelopment,
 - ii. emotional responses,
 - iii. cognitive processes including the ability to think, learn, and concentrate,
 - iv. impulse control and other self-regulating behavior,
 - v. self-image, and
 - vi. relationships with others.



CMS/SAMHSA Complex Trauma – Effects and Assessment

Essential Parameters Associated with Complex Trauma Definition:

- Exposure to trauma leads to adverse prolonged effects
- Nature of trauma exposure is interpersonal; occurs in multiplicity and/or recurring traumatic events
- Multiple developmental impairments/diagnoses
- Multiple functional impairments (behavioral indicators of severity)

Screening and Assessment:

- The assessment of complex trauma involves **both** assessing the child's exposure to multiple or recurring traumatic events, as well as the wide-ranging and severe impact of this trauma exposure across domains of development. It is important that mental health providers, family members, and other caregivers become aware of specific questions to ask when seeking the most effective services for these children
- SAMHSA/CMS have provided a variety of documents to the State on Complex Trauma definition and assessment process
 - (CMS/SAMHSA has recommended tools identified by the National Child Traumatic Stress Network (<http://www.nctsn.org/content/standardized-measures-assess-complex-trauma>)
- Along with today's Webinar these will be posted the DOH Health Home for Children Website





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Stakeholder Work Group of Trauma Informed Experts

Complex Trauma DRAFT Proposed Process for Health Homes Serving Children

June 8, 2016

Stakeholder Work Group Process

- CHARGE from NYS
- National Experts Consulted
- Work Group Membership

Work Group Members

- **Phyllis Silver, MEd; CHAIR** Complex Trauma Work Group; President Silver Health Strategies
- **Mandy Habib, Psy.D.; Co-Chair** Complex Trauma Work Group, National Child Traumatic Stress Network, Co-Director, Institute for Adolescent Trauma Training & Treatment, School of Social Work Adelphi University
- **Andrea Smyth**, President, A Smyth Advocacy and Executive Director of the NYS Coalition for Children’s Mental Health Services
- **Dawn Chirichella-Besemer, Psy.D.;** Vice-President of Behavioral Health Services, MercyFirst
- **Susan Chinitz, Psy.D.;** Former Director, Early Childhood Center, Albert Einstein College of Medicine
- **David Collins, LMSW;** Assistant Vice President for Programs and Policy, The Children’s Village
- **David Goldstein, PsyD;** Vice President, Child Health and Well-Being, JCCA
- **Laura Maggiulli, Ph.D. LMSW;** Director of Research Hillside Family of Agencies
- **Anthony P. Mannarino, PhD;** Director of the Center for Traumatic Stress in Children and Adolescents and Vice Chair, Department of Psychiatry, Allegheny General Hospital
- **David Wallace, LCSW-R;** Director of Clinical Services LaSalle School
- **Jaime Madden, LCSW;** Assistant Commissioner Program Innovation & Planning, Division of Policy, Planning & Measurement for NYC Administration for Children’s Services
- **Aisha van Ter Sluis**, Senior Health Policy Advisor Program Innovation & Planning, Division of Policy, Planning & Measurement for NYC Administration for Children’s Services

Complex Trauma DRAFT Tools and Needed Information

1. Complex Trauma Exposure Screen Form and Referral Cover Sheet – Completed by non-licensed professional or licensed professional
2. Complex Trauma Exposure Assessment Form – Must be completed by Licensed Professional
3. Functional Impairment Assessment through the completion of the appropriate identified NCTSN guideline list of domain assessment tools - Must be completed by Licensed Professional
4. Complex Trauma Eligibility Determination Form - Must be completed by Licensed Professional
5. Other family and child history and information obtained – Gathered and obtained by non-licensed professional or the assessing licensed professional

***NOTE:**

Measures should be taken to avoid redundant assessing of the child and family

Complex Trauma Referral Cover Sheet
For Referral of a Child/Youth with Complex Trauma as a Single Qualifying Condition in order to Establish Eligibility for Health Home

Required Information

Child's Name:	Parent/ Guardian Name:	Medical Consent (if different)
DOB:	Address:	Name:
Child's Current Address:	Phone:	Address:
Medicaid #:		Phone:

Referral Source Name:
Address/ phone:

Date of Referral:

Complex Trauma Exposure Screening Form (attach screen)

Completed by:
Date of Screening:

Reason for Referral (brief narrative, please include any details on event, behaviors, etc. that prompted the referral):

Optional/Desired Information

*Completion of this cover sheet and the complex trauma exposure screen is sufficient for referral.
Providing the following information may facilitate timeliness of the referral.*

Last School Attended

Name:
Address:
Contact Person:
Foster Care/ DCYF
County/ Agency Name:
Address/ Phone:
Contact Person:

Primary Care/ Pediatrician

Name:
Address/Phone:

Behavioral Health

Provider Name:
Address/Phone:
Contact Person:
Other Collateral
Provider name:
Address/ Phone:
Contact:

Attached Documentation

Psychiatric
Psychological
Medical/ Physical
Other: _____

Complex Trauma Referral Cover Sheet



Complex Trauma Exposure Screen

Please indicate whether the child experienced the following types of traumatic events using all available information (e.g. self- or caregiver report, review of records, etc). To avoid undue distress, if speaking directly with the child, ask only about types for which you do not already have information. If information for a particular trauma is known, you do not need to request additional details for that type. For example, if the child has a documented history of physical maltreatment, endorse "Y", and move on to the next category.

Sources of Information (check all that apply): Parents/Caregiver Chart/Records Review
 Child/Youth Report Other (specify):

Questions/Prompts <small>(suggested questions for assessing trauma exposure within each category)</small>	Trauma Type	Present? Y/N	> 6 mos?
Was there a time when adults who were supposed to be taking care of you didn't? Has there ever been a time when you did not have enough food to eat? Did a parent or other adult in the household often ... Swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?	Physical/Emotional Neglect Or Emotional Maltreatment		
Have you lived with someone other than your parents/caregiver while you were growing up (because they couldn't take care of you or you were kicked out)? Have you ever been homeless? This means you ran away or were kicked out and lived on the street for more than a few days? Or you and your family had no place to stay and lived on the street, or in a car, or in a shelter?	Displacement		
Have you lost a primary caregiver through death or incarceration? Have you been left in the care of different people due to parental incapacity or dysfunction, even if your primary place of residence did not change? Have you had two or more changes in your primary caregiver or guardian, either formally (legally) or informally?	Attachment Disruption		
Has anyone ever made you do sexual things you didn't want to do, like touch you, make you touch them, or try to have any kind of sex with you? Has anyone ever <i>tried</i> to make you do sexual things you didn't want to do? Has anyone ever forced you (or tried to force you) to have intercourse?	Sexual abuse Sexual assault/rape		
Have you ever been hit or intentionally hurt by a family member? If yes, did you have bruises, marks or injuries?	Physical Abuse		
Have you ever <i>seen</i> or <i>heard</i> someone in your family/house being beaten up or Have you ever <i>seen</i> or <i>heard</i> someone in your family/house get threatened with harm?	Domestic violence		
Have you ever <i>seen</i> or <i>heard</i> someone being beaten, or who was badly hurt? Have you ever seen someone who was dead or dying, or <i>watched</i> or <i>heard</i> them being killed? Has anyone ever hit you or beaten you up (physically assaulted you?) Has anyone ever threatened to physically assault you (with or without a weapon)?	Community Violence (Chronic) or Interpersonal Violence (episodic)		
Have you or anyone in your family been involved in, or <i>directly</i> affected by, a war?	War/Polit. Violence		
Have you ever been in the hospital or treated for a serious or life-threatening illness or injury?	Medical Trauma		
Has anyone ever stalked you? Did anyone ever try to kidnap you?	Stalking/Kidnapping		
Have you ever been <i>directly</i> affected by a terrorist attack like 9/11?	Terrorism		
Is there anything else really scary or very upsetting that has happened to you that I haven't asked you about? Sometimes people have something in mind but they're not comfortable talking about the details. Is that true for you?	Other trauma		
Number of different types of traumas experienced (total # Trauma Types = Yes)			
Number of chronic traumas experienced (total # Trauma Types Experienced for more than 6 months)			

If number of Trauma Types = 2 or greater:  Refer child to Health Home for Further Assessment.
 If 1 Trauma type lasting > 6 months (i.e. chronic):  Refer child to Health Home for Further Assessment.

* Prompts derived from Trauma History Checklist & Interview. Trauma Categories derived from Trauma History Profile.

Complex Trauma Exposure Screen Form



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Definition of “Licensed Professional”

Licensed Masters Social Worker, LMSW
Licensed Clinical Social Worker, LCSW,
Psychologist,
Psychiatrist,
Licensed Nurse Practitioner, LNP,
Licensed Marriage and Family Therapist, LMFT,
Licensed Mental Health Counselor, LMHC,
Psychiatric Nurse Practitioner



Complex Trauma Exposure Assessment

Please indicate whether the child experienced the following types of traumatic events using all available information (e.g. self- and caregiver report, clinical interviews, review of records, standardized instruments, etc). Please review and complete each category. Include significant details and characteristics of the event where indicated, including the child/adolescent's role in the event (i.e., victim or witness), as well as additional noteworthy details in the space provided. It will not always be clear whether a particular event rises to the level of a Trauma, or would be better categorized as a significant stressor (but not a Trauma). Therefore, you will have to use your clinical judgment to determine whether an event qualifies as a Trauma. Some traumatic events may fit in more than one category (for example, physical bullying could also be considered to be an assault). When this happens, please choose the one category that you feel *best describes* the traumatic event. Any time you endorse the box labeled "other", please specify or elaborate. Record additional noteworthy information about the traumatic event in the "additional details" column, such as specific details or context surrounding the traumatic event, the child's relationship to the perpetrator, or the extent of a child's injuries. After you have endorsed "Y", that a trauma has occurred, note whether it was experienced for more than 18 months, and provide the child's actual ages during which the trauma occurred (e.g., ages 6-8, 11-15, or 9, 13, 14 if multiple discrete events). After completing this assessment, determine whether the child/adolescent has been exposed to complex trauma based on *interpersonal traumas* experienced or witnessed. Additionally, assess for the presence of non-interpersonal traumas (but do not include these in the complex trauma determination).

Sources of Information (check all that apply): Parents/Caregiver Chart/Records Review Standardized Instrument (list all):
 Child/Youth Report Structured interview Other (specify):

INTERPERSONAL TRAUMAS					
Questions/Prompts <small>(suggested questions for assessing trauma exposure within each category)</small>	Present? Y/N	> 18 mos?	Age Range	Characteristics <small>(check all that apply)</small>	Additional Details <small>(e.g. relationship to perpetrator)</small>
Psychological Maltreatment (Emotional Abuse or Neglect) Did a parent or other adult in the household often ... Curse at you, insult you, put you down, or humiliate or ridicule you? Act in a way that made you afraid that you might be physically hurt? Withhold love or affection? Did an adult ever intentionally hurt your pet?				<input type="checkbox"/> verbal abuse <input type="checkbox"/> emotional neglect <input type="checkbox"/> extreme/harsh (non-physical) punishment	
Neglect (assuming adequate financial and social programs exist...) Was there a time when adults who were supposed to take care of you didn't? E.g.: Fail to get you proper medical care Didn't give you enough food to eat? Didn't make sure you were safe? Did not give you clothing or shelter? Strongly discouraged or prevented you from getting an education? Or did not try to make sure you went to school?				<input type="checkbox"/> victim <input type="checkbox"/> witness <input type="checkbox"/> physical <input type="checkbox"/> medical <input type="checkbox"/> educational	
Displacement Have you lived with someone other than your parents/caregiver while you were growing up (because they couldn't take care of you or you were kicked out)? Have you ever been homeless? This means you ran away or were kicked out and lived on the street for more than a few days? Or you and your family had no place to stay and lived on the street, or in a car, or in a shelter?				<input type="checkbox"/> runaway <input type="checkbox"/> forced to leave by caregivers <input type="checkbox"/> poverty (no home) <input type="checkbox"/> political violence (war, ethnic cleansing)	

Complex Trauma Exposure Assessment



Complex Trauma Exposure Assessment (Cont.)

<p>Attachment Disruption Have you lost a primary caregiver through death or incarceration? Have you been left in the care of different people because your caregiver couldn't or wouldn't take care of you, (even if you still lived in the same place)? Have you had two or more changes in your primary caregiver or guardian, either formally (legally) or informally?</p>				<input type="checkbox"/> caregiver mental illness <input type="checkbox"/> caregiver sub. use <input type="checkbox"/> caregiver medical illness <input type="checkbox"/> other parental incapacity/dysfunction (specify: _____)	
<p>Sexual abuse Has anyone <i>in a position of power or authority</i> (e.g. caregiver, teacher, coach, religious leader), ever made you.....</p> <ul style="list-style-type: none"> Do sexual things you didn't want to do, like touch you, make you touch them, or have any kind of sex with you (including intercourse, oral sex, etc)? Ever <i>tried</i> to make you do sexual things you didn't want to do? Ever forced you to look at pornography, took pictures of you in sexual situations or forced you to watch them do sexual things. <p><i>Did you see or hear other people being forced to do sexual things by someone in a position of power?</i></p>				<input type="checkbox"/> victim <input type="checkbox"/> witness <input type="checkbox"/> penetration <input type="checkbox"/> injury <input type="checkbox"/> attempted abuse only <input type="checkbox"/> pornography <u>perpetrator:</u> <input type="checkbox"/> caregiver <input type="checkbox"/> sibling <input type="checkbox"/> religious professional <input type="checkbox"/> coach/teacher/mentor <input type="checkbox"/> other: _____	
<p>Sexual assault/rape (not otherwise included in "sexual abuse" above) Has anyone ever made you or someone else...</p> <ul style="list-style-type: none"> Do sexual things you didn't want to do, like touch you, make you touch them, or have any kind of sex with you (including intercourse, oral sex, etc)? Ever <i>tried</i> to make you do sexual things you didn't want to do? <p><i>Did you see or hear other people being forced to do sexual things.</i></p>				<input type="checkbox"/> victim <input type="checkbox"/> witness <input type="checkbox"/> penetration <input type="checkbox"/> injury <input type="checkbox"/> attempted only <input type="checkbox"/> commercial exploitation <input type="checkbox"/> stranger <input type="checkbox"/> date rape <input type="checkbox"/> weapon used	
<p>Physical Abuse Have you ever been hit or intentionally hurt <i>by a caregiver or sibling</i>? If yes, did you have bruises, marks or injuries? Did you ever receive very harsh physical punishments, like kneeling on something hard and painful, or holding heavy things until your arms hurt? <i>Did you see or hear other children receiving very harsh punishments or being intentionally hurt by a caregiver?</i></p>				<input type="checkbox"/> victim <input type="checkbox"/> witness <input type="checkbox"/> serious injury <input type="checkbox"/> object/weapon used <u>perpetrator:</u> <input type="checkbox"/> caregiver <input type="checkbox"/> sibling <input type="checkbox"/> other: _____	
<p>Domestic violence Have you ever <i>seen or heard</i> an adult in your family/house being beaten up by their partner or spouse, or have you ever <i>seen or heard</i> an adult in your family/house get threatened with serious harm by a partner or spouse? Have you been physically harmed or threatened by a boyfriend/girlfriend?</p>				<input type="checkbox"/> victim <input type="checkbox"/> witness <input type="checkbox"/> serious injury <input type="checkbox"/> homicide <input type="checkbox"/> object/weapon used	



Complex Trauma Exposure Assessment (Cont.)

<p>Physical Assault/Interpersonal Violence (Episodic) - (not as a result of DV) Have you ever <i>seen or heard</i> someone being beaten, or who was badly hurt? Have you ever seen someone who was dead or dying, or <i>watched or heard</i> them being killed? Has anyone ever hit you or beaten you up (physically assaulted you)? Has anyone ever physically threatened you or <i>tried</i> to physically assault you? Have you ever seen a <i>close</i> relative or friend physically threatened?</p>			<input type="checkbox"/> victim <input type="checkbox"/> witness <input type="checkbox"/> >1 assault <input type="checkbox"/> attempted only <input type="checkbox"/> injury <input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> stranger <input type="checkbox"/> relative <input type="checkbox"/> friend <input type="checkbox"/> weapon used <input type="checkbox"/> event occurred in school <input type="checkbox"/> occurred while living in a violent community	
<p>Community Violence (Chronic) - i.e., living with constant neighborhood danger Did you live or go to school in an area where there was a lot of violence (e.g., where you heard gunshots or people fighting or getting jumped)? Did you live or go to school in an area where it wasn't safe to leave the house or building? Did you live in an area with a lot of gang violence or drugs?</p>			<input type="checkbox"/> > 6 mos. <input type="checkbox"/> 1-2 yrs. <input type="checkbox"/> 2-4 yrs. <input type="checkbox"/> > 4 yrs. <input type="checkbox"/> serious injury <input type="checkbox"/> homicide <input type="checkbox"/> threatened w/weapon <input type="checkbox"/> gang-related	
<p>Terrorism/War/Political Violence Have you, a <i>close</i> relative or friend been involved in, or in <i>direct danger</i> from a terrorist attack or war. Or, been involved in, or directly affected by, political violence resulting in mass injuries? Stalking/Kidnapping Has anyone ever stalked you? Did anyone ever try to kidnap you?</p>			<input type="checkbox"/> death <input type="checkbox"/> injury <input type="checkbox"/> relative <input type="checkbox"/> friend <u>perpetrator:</u> <input type="checkbox"/> relative <input type="checkbox"/> stranger <input type="checkbox"/> other: _____ <input type="checkbox"/> weapon used <input type="checkbox"/> injury <input type="checkbox"/> trafficking <input type="checkbox"/> custody dispute	
<p>Bullying (ongoing pattern vs. episodic/occasional difficulties with friends) Did other children/adolescents <i>often</i>...</p> <ul style="list-style-type: none"> • Curse at you, insult you, put you down, or humiliate or tease you? • Physically intimidate or bother you (e.g. trip, shove you, break or destroy your things), or act in a way that made you afraid that you might be physically hurt? • Do things to turn people against you or isolate you (e.g. spread lies/rumors)? 			<input type="checkbox"/> cyber-bullying based on: <input type="checkbox"/> sexual orientation/identity <input type="checkbox"/> race/ethnicity <input type="checkbox"/> religion <input type="checkbox"/> gender	



Other trauma Is there anything else really scary or very upsetting that has happened to you that I haven't asked you about? Sometimes people have something in mind but they're not comfortable talking about the details. Is that true for you?				<input type="checkbox"/> specify: _____	
Number of different types of interpersonal traumas experienced (total # Trauma Types endorsed "Yes")					
Number of chronic interpersonal traumas experienced (total # Trauma Types Experienced for more than 18 months)					

If number of Trauma Types = 2 or greater: \implies Child has had exposure to Complex Trauma. Assess for impairment in Complex Trauma Domains
 If 1 Trauma type lasting > 18 months (i.e. chronic): \implies Child has had exposure to Complex Trauma. Assess for impairment in Complex Trauma Domains

Complex Trauma Exposure Assessment (Cont.)

NON-INTERPERSONAL TRAUMAS

Questions/Prompts (suggested questions for assessing trauma exposure within each category)	Present? Y/N	> 18 mos?	Age Range	Characteristics (check all that apply)	Additional Details
Disaster (Natural or Man-made) Were you, or a <i>close friend</i> or relative, ever in a disaster where your/their life was in danger. For example, like in a hurricane, earthquake, tornado, flood, building collapse, or plane/train accident?				<input type="checkbox"/> victim <input type="checkbox"/> witness <input type="checkbox"/> natural <input type="checkbox"/> man-made	
Medical Trauma (Illness or Injury) Have you ever been in the hospital or been treated for a serious injury (e.g. from a car accident or dog bite) or life-threatening illness? Has a sibling or caregiver ever had a serious injury or life threatening illness?				<input type="checkbox"/> self <input type="checkbox"/> sibling <input type="checkbox"/> caregiver <input type="checkbox"/> death <input type="checkbox"/> accident/injury <input type="checkbox"/> life-threatening illness	
Other Life-Threatening Traumas (not requiring medical attention) Have you ever... been in a scary car accident or serious fire? been unable to breath (e.g. from an asthma attack or choking on something)? nearly drowned? Is there anything else that has happened to you that was life-threatening but didn't require medical attention?				<input type="checkbox"/> car accident <input type="checkbox"/> fire <input type="checkbox"/> impaired breathing <input type="checkbox"/> other: _____	
Number of different types of non-interpersonal traumas experienced (total # Trauma Types = Yes)					

Prompts derived from Trauma History Checklist & Interview and NYS Complex Trauma Workgroup. Trauma Categories and Characteristics adapted from Trauma History Profile.

In your professional opinion, are the Functional Impairments listed in Section II resulting from, or linked to, the Trauma Exposure described in Section I? Yes No

Are these Functional Impairments best explained as a result of Complex Trauma, and not as the result of some other diagnosis or developmental delay? * Yes No

Comments:

IV. Eligibility Determination

As a licensed professional acting within my scope of practice, I find that the child referenced herein (IS) (IS NOT) eligible for Health Home enrollment on the basis of Complex Trauma.

Print Name:

Credential:

License #:

Signature:

Date:

Attachments:

- Referral Cover Sheet
- Medical Consent
- Trauma Exposure Assessment
- Functional Impairment Assessment Materials (list)
- Collateral / Background Materials Provided (list)

* As long as complex trauma is present, the addition of a co occurring disorder does not disqualify the child from eligibility.

Complex Trauma Eligibility Determination Form (Cont.)

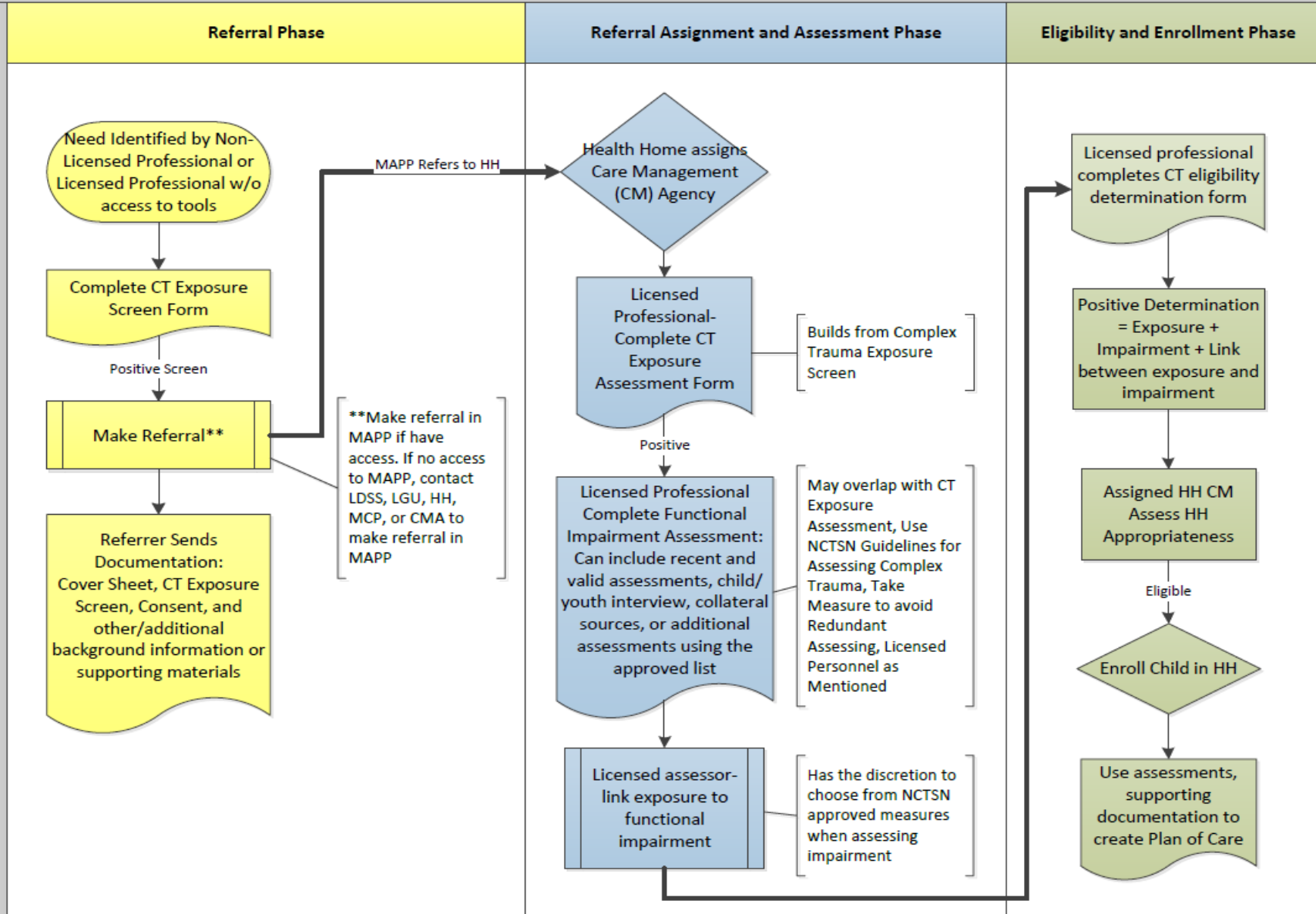


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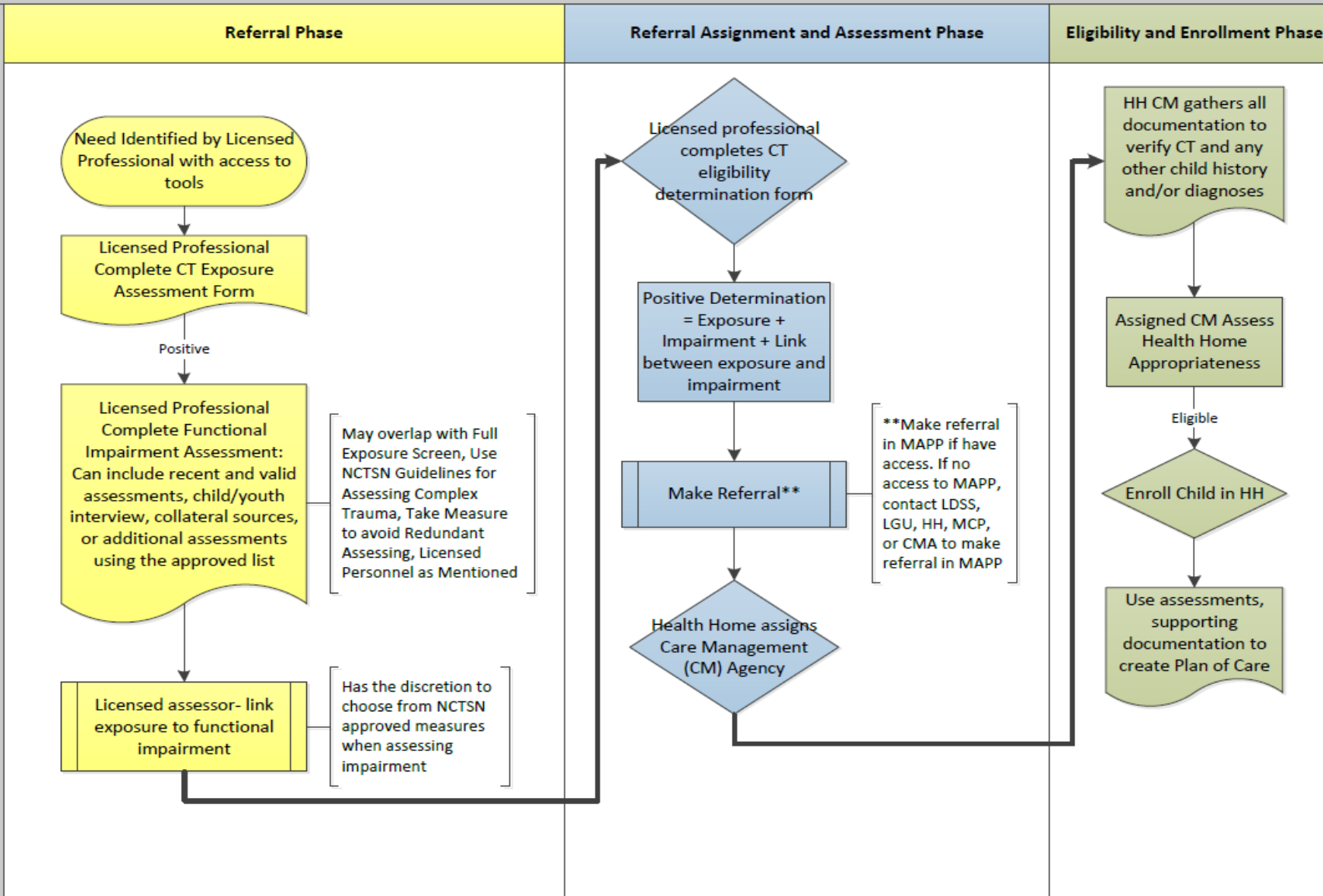
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Workflow Process – Scenario #1





Workflow Process – Scenario #2

Things To Consider

- Conflict of Interest and Firewalls within agencies between the Health Home Care Manager and the Licensed Professional conducting the Complex Trauma assessment and determination (they should not be the same person)
- Feedback from Lead Health Homes and care managers on implementing recommended processes
- Training needs for Health Homes and CMAs in developing integrated care plans for children with complex trauma
- Qualifications of licensed professionals in trauma informed care experience
- Measures should be taken to avoid redundant assessing of the child and family





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Training Opportunities

June 8, 2016

Health Home Serving Children (HHSC) Training Schedule – JUNE and JULY 2016

Schedule of Upcoming Trainings – Health Homes Serving Children	JUNE & JULY 2016
Information on the NYS Child Welfare System and Defining the Collaborative Roles for HH and CMAs	June 1 st
Complex Trauma draft proposal review to obtain stakeholder feedback	June 8 th
Information regarding OASAS Programs, Services and Addiction for HH and CMAs	June 15 th
Health Home Serving Children 101 for OASAS providers	June 21 st
CANS-NY - In person training - Albany School of Public Health Auditorium	June 22 nd & 23 rd
Health Home Serving Children Billing Guidance	June 29 th
CANS-NY - In person Training - NYC – 90 Church St	July 12 th & 13 th
Health Home Serving Children Consent Process	July 13 th
Care at Home (CAH) I & II	July 27 th



Health Home Serving Children (HHSC) Training Schedule – AUGUST 2016

Schedule of Upcoming Trainings – Health Homes Serving Children	AUGUST 2016
Child Welfare interface with Health Home Serving Children - Roles and Responsibilities	August 10 th
MAPP Referral Portal	August 17 th
CANS-NY In person Training - Rochester Training - Hillside Family of Agencies	August 18 th & 19 th
Health Home Serving Children outreach, eligibility and appropriateness determination	August 24 th
CANS-NY - In person training - NYC – 90 Church St	August 29 th & 30 th
OMH TCM program transition	August 31 st



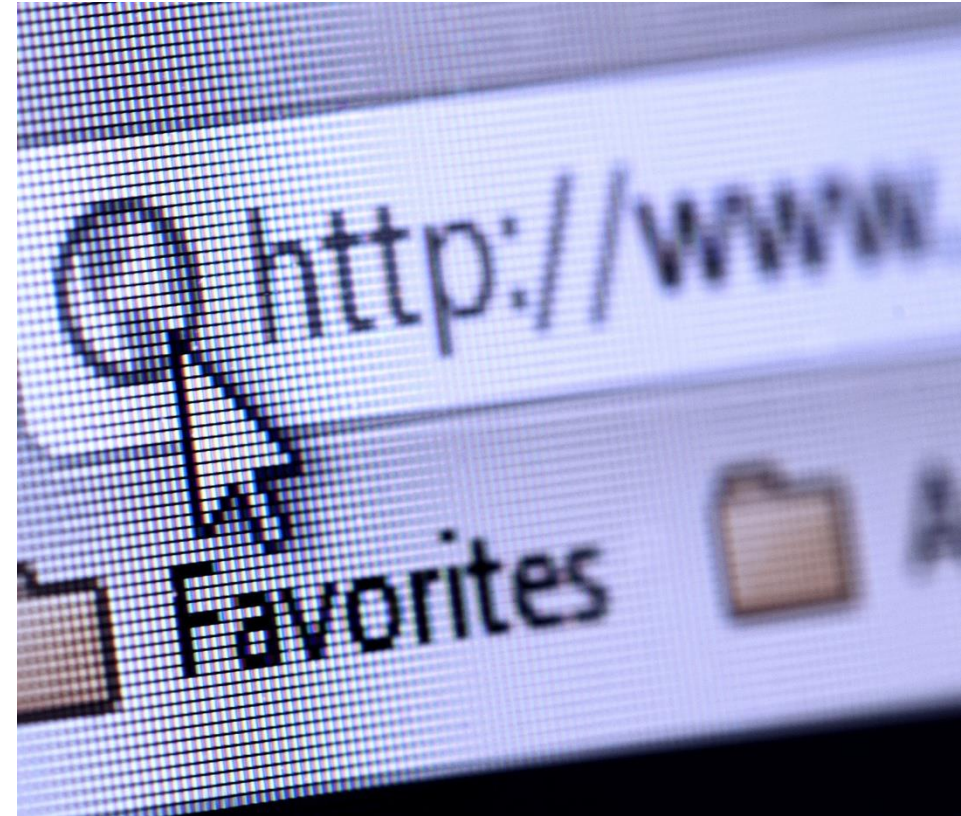
Health Home Serving Children (HHSC) Training Schedule – SEPTEMBER 2016

Schedule of Upcoming Trainings – Health Homes Serving Children	SEPTEMBER 2016
Health Home Serving Children 101 for Early Intervention Providers	September 6 th
Early Intervention Services and System for HH and CMAs	September 7 th
MAPP training - MAPP HH User, HH CMA, MAPP for LDSS, LGU, SPOA, DOH and State partner users	Three weeks prior to go live TBD
Health Home Serving Children 101 for HIV and AIDS providers	September 20 th
Information and education from the AIDS Institute for HH and CMAs	September 21 st
UAS training environment and how to use the system	Available once user has HCS account provisioned roles
UAS 1300 - Using the UAS to conduct CANS assessments	TBD
UAS 1500 - Understanding the CANS assessment	TBD
UAS 1820 - CAPS and SCALES	TBD
UAS 1850 - CANS Assessment Outcomes	



Updates, Resources, Training Schedule and Questions for Health Homes Serving Children

- Send questions, comments or feedback on Health Homes Serving Children to: hhsc@health.ny.gov or contact the Health Home Program at the Department of Health at 518.473.5569
- Stay current by visiting our website: http://www.health.ny.gov/health_care/medicaid//program/medicaid_health_homes/health_homes_and_children.htm



Subscribe to the Health Home Listserv

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- Subscribe

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm

- Health Home Bureau Mail Log (BML)

https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action



Questions?

Stakeholder Feedback due by Tuesday June 14th

hhsc@health.ny.gov

with Complex Trauma Feedback in the Subject Line



APPENDIX



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Stakeholder Work Group Members Bios

Phyllis Silver, MEd CHAIR Complex Trauma Work Group; **President Silver Health Strategies**

Phyllis Silver currently serves as the Executive Director of the Partnership for Quality Care (PQC), a labor/management coalition of health care providers and SEIU health care workers. Prior to joining PQC, Phyllis spent 36 years in public service in the Executive branches of both Massachusetts and New York State. She served as the Deputy Director of the NYS Office of Public Health where she led New York's public health programs, overseeing vital activities including: the State's clinical and environmental laboratories; New York's AIDS programs; regulation of environmental contamination in air, water, and food; disease control and emergency preparedness/response activities. She led community organizing to combat the 1990 NYC measles epidemic, initiated enrollment of the Medicaid population into managed care plans, in addition to daily public health statewide operations. Throughout her career, Phyllis has focused on enhancing the lives and health of underserved and neglected populations. Since 2012 Phyllis has served as a consultant to the Council of Family and Child Caring Agencies and in 2013 authored a report about health care for children placed in foster care in order to provide NYS agencies with a proposal for a roadmap for Medicaid managed care for New York's children and youth in foster care. Phyllis graduated from George Washington University and spent her early career as a speech pathologist with a Master's degree from Northeastern University.

Andrea Smyth; President, A Smyth Advocacy, Albany, NY 1999-present

Ms Smyth is the founder and manager of an independent public policy and government relations consulting firm specializing in securing funding and policy changes. Ms. Smyth has participated in the development of the state's child advocacy center network, the Children's Plan, expansion of the children's mental health Home and Community Based Waiver Services and design of the B2H Child and Family Services Waiver. She engineered the Campaign for Summer Jobs resulting in a \$35 million program, urged TANF dedicated funding for Advantage Afterschool and redesigned state funding for youth delinquency prevention programs.

As the **Executive Director of the NYS Coalition for Children's Mental Health Services**, she has been appointed to and served on the Children's Subcommittee of the Behavioral Health Medicaid Redesign Team, the APG Clinic Advisory Group, the Children's Day Treatment Redesign Advisory Group and the Statewide System of Care SAMHSA Grant Advisory Group.



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Dawn Chirichella-Besemer, Psy.D.; Vice-President of Behavioral Health Services MercyFirst

Dr. Chirichella-Besemer is Vice-President of Behavioral Health Services at MercyFirst, a child-welfare agency located on Long Island, New York. She is a New York State licensed psychologist with 18 years of experience in the child welfare system. She has functioned in the capacity of a direct care worker, caseworker, research assistant, a Director of Behavioral Health and Research, and as a clinician in private practice. She currently oversees the implementation and development of clinical services across the family foster care and residential care domains, with trauma-based treatment being the focus of her work. Dr. Chirichella-Besemer is a certified SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress) group therapy facilitator, and co-leads groups with the youth at MercyFirst. Dr. Chirichella-Besemer has also been trained at the Sanctuary® Institute, served as a member of the MercyFirst steering committee for the implementation of the Sanctuary® Model, and has presented at national conferences on research related to Posttraumatic Stress Disorder and secondary traumatization.

Susan Chinitz, Psy.D.; Former Director, Early Childhood Center Albert Einstein College of Medicine

She is a psychologist with specialties in the areas of infant mental health and developmental disabilities in infancy and early childhood. She is the former Director of the Early Childhood Center, the Center for Babies, Toddlers and Families, and the Parent Infant Family Court project, all therapeutic programs for children birth to five years of age at the Albert Einstein College of Medicine, where she was a Professor of Clinical Pediatrics and the Patricia T. and Charles S. Raizen Distinguished Scholar in Pediatrics. Dr. Chinitz is currently affiliated with the Center for Court Innovation where she is spearheading an effort to integrate developmental science into Family Court practice for infants and toddlers. Dr. Chinitz is on the Board of the New York Zero to Three Network, the Community Advisory Board of the NYC Nurse Family Partnership, and has been a member of the Frontiers of Innovation initiative of the Harvard Center on the Developing Child. She has developed models of infant mental health service provision and developmental supports for children in primary pediatrics, preschool and childcare programs, and within the child welfare system, and has provided consultation and technical assistance to practitioners from other disciplines as well as other child serving organizations and government agencies. She has received the ACS Commissioner's Child Advocacy Award, Women of Achievement Award from the Bronx Women's Bar Association, and the Distinguished Alumni Award from the Ferkauf Graduate School of Psychology, Yeshiva University.



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David Collins, LMSW; Assistant Vice President for Programs and Policy The Children’s Village

David is the Assistant Vice President for Programs and Policy at The Children’s Village, where he is responsible for agency-wide quality improvement, health care strategy, and program development. Previously, he served as the Assistant Commissioner for Program Innovation and Planning at New York City’s Administration for Children’s Services, where he was responsible for the design, procurement, and implementation of major child welfare and juvenile justice reform initiatives, including the rollout of numerous evidence-based, trauma-informed preventive services. He serves on the New York State Children’s MRT, the OCFS Foster Care Advisory Committee, and the MRT Behavioral Health Subcommittee. Since 2009, he has served as the lead representative of The Children’s Village on five trips to Baghdad, Iraq, providing training, technical support, and capacity building to Iraqi NGOs and public sector leaders regarding trauma-informed work with children and families impacted by war. In 2012, he helped develop and deliver a Community Care Worker training program for Iraqi NGOs that provided aid workers and volunteers with tools and activities to help children process traumatic experiences and support families in meeting their emotional and developmental needs. He has recently presented on evidence-based practice and child welfare system reform at the Global Implementation Conference (Dublin, 2015), the Blueprints Conference for Healthy Youth Development (Denver, 2016), Columbia University School of Social Work (New York, 2015), and at multiple child welfare peer conferences sponsored by Casey Family Programs.

David Goldstein, PsyD.; Vice President, Child Health and Well-Being JCCA

Dr. Goldstein is Vice President, Child Health and Well-Being at the JCCA. Dr. Goldstein has been at the forefront of trauma-informed treatment for children in foster care for decades. He has worked for JCCA for 28 years and has extensive experience in community-based programs, residential programs, group programs and specialized services. He is also a recognized and respected expert in New York State on the care and treatment of children, young people and families in child welfare, and how managed care affects children’s behavioral health care.



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Mandy Habib, Psy.D.; Co-Chair Complex Trauma Work Group, National Child Traumatic Stress Network, Co-Director, Institute for Adolescent Trauma Training & Treatment, School of Social Work Adelphi University

Mandy Habib received her M.A., and Psy.D. from Long Island University, C.W. Post Campus, in Brookville, New York following completion of an internship in Clinical Psychology at Queens Children's Psychiatric Center, NY. She has had many years of research and clinical experience working in the field of traumatic stress in a variety of settings. In her current capacity as the Coordinator for the Adolescent Trauma Treatment Development Center at North Shore Hospital, Dr. Habib has co-authored SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress), a 16 session group treatment for chronically traumatized adolescents. She has led North Shore's treatment development and dissemination efforts as part of it's SAMHSA funded National Child Traumatic Stress Network (NCTSN) Learning Collaborative training model, within which she has conducted a half dozen learning collaborative to date, including two regional SAMHSA funded SPARCS learning collaborative and two state sponsored collaborative in Illinois and North Dakota. In her role as a treatment developer and trainer she has expanded North Shore's dissemination of trauma informed services to more than 40 agencies across the country, thus broadening the provision of trauma sensitive care to youth in outpatient, group home, residential, foster care, and school settings in rural, suburban, and urban areas. Early research and clinical activities included conducting and evaluating a group therapy program for children with Attention-Deficit Hyperactivity Disorder, as well as the use of Dialectical Behavior Therapy in working with women with Borderline Personality Disorder in both an individual and group setting. Dr. Habib currently holds appointments at Long Island Jewish Medical Center and North Shore University Hospital.

Laura Maggiulli, Ph.D. LMSW; Director of Research Hillside Family of Agencies

Dr. Maggiulli is Director of Research at Hillside Family of Agencies whose current work includes, but is not limited to, the following: day-to-day coordination and implementation of HFA's research and practice efforts; study design and methodology; grantsmanship; dissemination of HFA research findings in peer-reviewed journals and conference presentations; and applying current, cutting-edge research techniques, technologies, skills, and theories to her work at Hillside. Additionally, Laura focuses on the implementation and sustainability of evidence-based and –informed practices across the system of care. Other key areas of work include developing processes that use research, evidence, and data to drive decision-making and to support meaningful value-based outcomes and social impact. Research interests include evidence-based practices, implementation science, and the integration of physical and mental health and overall wellness. Laura attained a UB Bachelor's of Arts in Psychology, a University at Buffalo, Master's Degree in Social Work, and a Ph.D. from the University at Buffalo, Social Welfare program.



Stakeholder Work Group Members Bios

Anthony P. Mannarino, PhD.; Director of the Center for Traumatic Stress in Children and Adolescents and Vice Chair, Department of Psychiatry, Allegheny General Hospital

Dr. Mannarino is the Director of the Center for Traumatic Stress in Children and Adolescents and Vice Chair, Department of Psychiatry, Allegheny General Hospital, Pittsburgh, PA. He is also Professor of Psychiatry at the Drexel University College of Medicine. Dr. Mannarino has been a leader in the field of child traumatic stress for the past 25 years. He has been awarded numerous federal grants from the National Center on Child Abuse and Neglect and the National Institute of Mental Health to investigate the clinical course of traumatic stress symptoms in children and to develop effective treatment approaches for traumatized children and their families. Dr. Mannarino has received many honors for his work, including the Betty Elmer Outstanding Professional Award, the Most Outstanding Article Award for papers published in the journal Child Maltreatment given by the American Professional Society on the Abuse of Children (APSAC), the Model Program Award from the Substance Abuse and Mental Health Services Administration for “Cognitive Behavioral Therapy for Child Traumatic Stress”, and the Legacy Award from the Greater Pittsburgh Psychological Association. Dr. Mannarino has completed two-year terms as the President of APSAC and the President of the Section on Child Maltreatment, Division of Child and Family Policy and Practice, American Psychological Association. He is one of the co-developers of Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT).

David Wallace, LCSW-R; Director of Clinical Services LaSalle School

David is currently the Director of Clinical Services at LaSalle School and Adjunct Faculty at Sage Graduate School, in Albany, NY. With nearly 20 years of experience in child welfare and juvenile justice, Mr. Wallace has developed an expertise in treating juvenile sexual aggression, complex mental health and trauma. As an active trainer, Mr. Wallace has presented to audiences throughout North America and has provided professional training services to the New York State Office of Mental Health and to Departments of Probation and Child and Family Services across New York State. Mr. Wallace also serves on a number of state and national associations, boards and committees, dedicated to the improvement of treatment services to youth and families



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Jaime Madden, LCSW; Assistant Commissioner Program Innovation & Planning, Division of Policy, Planning & Measurement for NYC Administration for Children's Services

Aisha van Ter Sluis, Senior Health Policy Advisor Program Innovation & Planning, Division of Policy, Planning & Measurement for NYC Administration for Children's Services