

Public Health Partnerships for Trauma Transformation

GETTING STARTED. For many years, Philadelphia has been a leader in developing and implementing trauma-informed approaches. It began in the 1990's, with local and national experts providing trauma training across the city. When Arthur Evans, PhD, became director of the Department of Behavioral Health and Intellectual Disability Services (DBHIDS) in 2004, he made a commitment to developing a Recovery and Resilience Oriented System of Care (ROSC). This commitment set in motion a decade of systems transformation which included adopting trauma-informed approaches as one of the ten core values of the ROSC framework.

Philadelphia has many strengths, including local expertise, strong institutions and visionary leadership. However, the city also faces many challenges. Thirty percent of the population lives below the poverty line and unemployment is close to 20% in some inner city areas. Problems persist across generations, and there are significant disparities in access to services and supports. Philadelphia also has the highest homicide rate of the ten largest American cities.

The Philadelphia model is characterized by a public health approach, partnerships focused on trauma-informed transformation, and a continuum of prevention, treatment, intervention, and continuing care. The Trauma Transformation Initiative, established in 2010, now includes the schools, the police department, housing agencies, the judicial system and academia as well as hospitals and behavioral health agencies.

The *Substance Abuse and Mental Health Services Administration* (SAMHSA) has a long-standing commitment to addressing the impact of trauma on individuals and communities. The **SAMHSA Spotlight Series** highlights different approaches to building trauma-informed, resilient communities. A setting is trauma-informed if the people in that setting *realize* the widespread prevalence of trauma, *recognize* the signs and symptoms, *respond* in an understanding and supportive manner, and *resist* doing further harm.

The goals of the **Spotlight** series are to:

1. Highlight innovative approaches to trauma-informed community change.
2. Provide information to other communities interested in becoming trauma-informed.



POPULATION: 1.5 million

FOUNDED: 1682 by William Penn

Called City of Brotherly Love

History shaped by influxes of European immigrants and African Americans during the Great Migration

Home to 7 Fortune 1000 companies

Site of the first U.S. library, hospital, medical school, stock exchange, business school, and zoo

Home to more outdoor sculptures and murals than any other American city

The first Recovery Walk in 2004 had 425 participants, the 2014 Walk had 23,000



The Change Process

FOCUS ON PROMOTING POPULATION HEALTH BY TRANSFORMING NEIGHBORHOODS

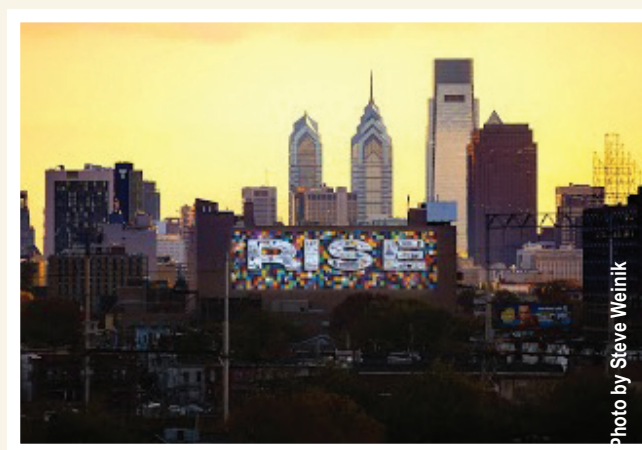
One vibrant example of this collaborative spirit is the *Porch Light Program*, the product of a vision shared by DBHIDS and the Philadelphia Mural Arts Program. This vision centers on using art as a public health strategy, strengthening community engagement, promoting a recovery perspective in behavioral health, and addressing social and economic factors such as poverty, racism, violence and resource disparities.

The Philadelphia model is characterized by a population health approach and partnerships focused on trauma-informed transformation, placing human connection at the heart of wellness and healing.

The *Porch Light Program* is a unique collaboration among local artists, individuals experiencing mental health, substance use and intellectual disability-related challenges, service providers, local funders, and academic partners. Together they co-create public art in neighborhoods across the city, improving morale, building connections, and healing communities by exploring health-related issues. Since 2007, over 20 murals have been created. Each focuses on an issue like substance abuse disorders, spirituality, homelessness, trauma, immigration, war or community tensions. The *Porch Light Program* reduces isolation and invisibility among people with behavioral health challenges and gives voice to individuals and communities that are often excluded.

The impact of the program does not end with the dedication of a mural. Relationships forged during the process often lead to ongoing activities. In one neighborhood, the collaboration led to a yearly conference to address community concerns. Porch Light also has an impact beyond the neighborhoods in which the murals are located. Trolley tours of the project, with trained tour guides and certified Behavioral Health Peer Specialists, provide an opportunity for the public to learn about the artwork as well as the issues illustrated.

There are three basic steps in the program. In the *Engage* phase, trusting relationships are built through a variety of community activities. In the *Create* phase, stakeholders work together to build a visual language and a collective vision for the project. In the final phase, *Generate*, the mural is hand painted by the community members involved in the project.



Personal Renaissance

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Spotlight on Implementation

CROSS-SECTOR COLLABORATION. Philadelphia's commitment to a public health approach has resulted in powerful cross-sector collaboration. Efforts to address community violence, for example, include the health care, community education and youth service sectors: a 33-foot vehicle drives around the city with the message "Stop Shooting People," youth leadership and peer mediation help to interrupt gang violence ([CeaseFire](#)), and a hospital-based program provides trauma-informed support systems to young men wounded in street violence ([Healing Hurt People](#)). The Philadelphia approach involves community-level partnerships, collaboration at the leadership level across the full range of systems, and strong commitment to social justice and equity.

SCREENING/ASSESSMENT/TREATMENT. Current priorities for screening/assessment/treatment include expanding screening and identification using evidence-based instruments, educating clinicians and intake coordinators on early diagnostic screening and referral for trauma-focused treatment; implementing evidence-based practices for the LGBTQ community and for people with co-occurring disorders, and strengthening clinical supervision and mentorship. DBHIDS also created an online mental health screening tool which can identify mental health and substance abuse challenges, also located at supermarket kiosks around the city.



TRAINING AND WORKFORCE DEVELOPMENT. The DBHIDS Behavioral Health Training and Education Network ([BHTEN](#)) provides a framework for infusing the principles of recovery, resilience and self-determination into the behavioral health service system with trainings such as *Toward Trauma-Informed Practice: Support for Recovery and Resilience*. DBHIDS has trained more than 30 providers in trauma-informed organizational change using the Sanctuary Model and trauma-focused practices such as Trauma-Focused Cognitive Behavioral Therapy and Prolonged Exposure Therapy. DBHIDS has also trained over 60 of its own staff in the Sanctuary Model to promote community and to improve policies and practices.

SAMHSA'S IMPLEMENTATION DOMAINS

SAMHSA has identified 10 domains that are essential to the implementation of trauma-informed approaches in both organizations and communities. Domains highlighted in this document are indicated by arrows. For further information, see [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#).

1. Governance and leadership communicate and support the vision of a trauma-informed community.
2. Policy is reshaped to be trauma-informed.
3. Physical environment promotes safety and resilience.
4. Engagement and Involvement of all citizens and organizations is encouraged; no group is excluded.
5. **CROSS SECTOR COLLABORATION** is the norm.
6. **SCREENING, ASSESSMENT, AND TREATMENT** are in place for identifying and responding to trauma.
7. **TRAINING AND WORKFORCE DEVELOPMENT** are available for organizations and for the general public.
8. Monitoring and quality assurance processes are used uniformly to inform and improve services.
9. Financing mechanisms make trauma-informed programs and trauma specific services sustainable.
10. Evaluation data are collected from a variety of perspectives.

Philadelphia Highlights

- The DBHIDS [Evidence Based Practice Innovation Center \(EPIC\)](#) supports and promotes promising practices to improve the quality of services for children and adults
- The [Pay for Performance](#) initiative provides incentives for improving quality of clinical care through use of a performance metric.
- The [Forensic Diversion Court Initiative](#) provides justice-involved individuals with trauma-informed case management and access to trauma specific treatment services in lieu of incarceration and hefty fines.
- [The Philadelphia Urban Ace Study](#), with support from the Robert Wood Johnson Foundation, conducted a study on the impact of adverse childhood experiences (ACEs) on Philadelphia residents.
- [Mental Health First Aid](#) is a public education program that teaches how to help individuals who are experiencing a mental health crisis. Philadelphia has trained over 10,000 Veterans, military families, and individuals from higher education and public safety.
- The [DBHIDS Faith and Spiritual Affairs initiative](#) uses a public health approach to reduce the stigma of behavioral health in communities of faith. By partnering with faith and spiritual communities and other stakeholders, DBHIDS expands access to health care in the community.

MOST SIGNIFICANT CHANGE: Among many profound changes, the most significant has been the transformation of the behavioral health system from a traditional medical model of service delivery to a trauma-informed, recovery- and resilience-oriented system of care.

COMMUNITY TO COMMUNITY SHARING. Nationally, Philadelphia has been inspired by The [National Council](#) of Community Behavioral Health Services' trauma initiative; Chicago's [Cure Violence](#) Program; the President's New [Freedom Commission](#) on Mental Health 2003; and [SAMHSA](#). The city has been a catalyst for change in many other communities. In 2008, DBHIDS began hosting study tours for professionals who want to understand how the department's transformation efforts embody the principles of recovery, resilience and self-determination stakeholders. To date, they have hosted 46 tours with representatives from over 35 U.S. cities, states and federal agencies and 8 foreign countries.

FOR FURTHER INFORMATION:

Porch Light Program

<http://muralarts.org/programs/porch-light>

Behavioral Health Training and Education Network

<https://www.bhten.com/>

The ACE Survey

<http://www.cdc.gov/ace/about.htm>

Child Adversity

<http://developingchild.harvard.edu>

Community Resilience

Communities Building Resilience

<http://communityresiliencecookbook.org>

<http://www.creatingcommunitysolutions.org>

Prevention of Sexual Assault and Relationship Violence

<http://www.preventconnect.org/>

Mental Health and Wellness

<http://www.preventioninstitute.org/focus-areas/promoting-mental-health-a-well-being.html>



A healthy mind is as important as a healthy body

