

WHAT YOU NEED TO KNOW: For organizations that are required to demonstrate compliance with the 2015 Trauma Informed Services Policy of the Oregon Health Authority (OHA), we have created a crosswalk between the TIO Standards and the policy provisions. Look for small blue check marks on the Standards that directly align with the OHA Policy. This was done in collaboration with OHA and is intended to be a resource and support for behavioral health providers. We encourage agencies to use the Crosswalk to identify and highlight Standards that you are already addressing and to set priorities for next steps in your efforts to implement trauma informed care.

STANDARDS OF PRACTICE FOR TRAUMA INFORMED CARE

The following Standards of Practice for Trauma Informed Care in Oregon are based on nationally recognized principles of trauma informed care (TIC) and are in alignment with SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.¹ Each section of the Standards references specific elements in the SAMHSA Guidance document. In addition, the Standards reflect what we are learning about implementation from partners around the state and were reviewed by a workgroup from the Trauma Informed Oregon Collaborative that included family members, youth, and individuals with lived experience as well as providers from different fields of practice. The Standards are intended to provide benchmarks for planning and monitoring progress and a means to highlight accomplishments. We recommend use of this tool by multi-level teams within organizations.

Please keep the following in mind in using the Standards tool:

- 1) The Standards of Practice are intended to help agencies communicate to their constituencies (individuals seeking services, community partners, contracting or funding entities, etc.) how and to what extent they are working to build trauma informed care within their program, clinic, agency or system. This is a voluntary process. We are not attempting at this time to develop metrics or a system of accountability.
- 2) Moreover, there is no assumption that the Standards will be equally useful across all organizations or systems. Culturally specific organizations, for example, may describe how they effectively provide care for trauma survivors in quite different ways than what appears in the Standards. Health care providers also may need different language, and possibly alternative or added Standards as well.
- 3) Individual Standards also will be interpreted differently in different contexts. For this reason, **the Standards invite a qualitative (descriptive) response** rather than a yes/no answer.
- 4) However, in order to assist agencies to assess strengths and weaknesses and to set goals, we have included a simple set of ratings. These are for internal communication and planning purposes only.
 The ratings cannot be used to compare one program or agency to another. Note that although the

¹ Substance Abuse and Mental Health Services Administration, *SAHMSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication NO. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.



highest rating (4) says "we're stellar in this area," there is always room for improvement, and perspectives may vary depending on who is making the rating.

- 5) There is no expectation that an agency or program will be able to respond affirmatively to every item listed. We hope the Standards will support planning and ongoing quality improvement. Furthermore, agencies may be doing any number of other things to create trauma informed care that we have not captured here. Space is provided for this additional information.
- 6) In using the Standards tool for planning, it may be helpful to summarize the self-ratings into areas of strength and areas where work is needed and to consider whether to build on existing strengths (moving ratings from a 2 or 3 to a 4, for example) or to address significant gaps (areas where selfratings are low). In addition, we strongly encourage efforts to address issues that affect the workforce as well as those that affect individuals seeking or receiving services and to look for low cost/high impact opportunities.
- 7) Finally, we recognize that the experience of individuals seeking services (and of the workforce as well) often comes down to personal interactions that reflect (or don't) sensitivity, respect, caring, transparency, an understanding of trauma, etc. We are not able to capture the quality of those individual interactions in a set of agency-level Standards. We hope that procedures for inviting and using feedback, commitment to training, supervision, and the involvement of individuals with lived experience in the service system(s) will help fill in those gaps. And, again, we encourage the use of this tool to stimulate discussion that includes multiple perspectives and experiences.

The Standards of Practice will be reviewed annually, based on feedback from participating programs, agencies and systems.

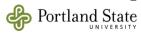
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STANDARDS OF PRACTICE FOR TRAUMA INFORMED CARE

I. Agency Commitment and Endorsement. Agency leadership acknowledges that an understanding of the impact of trauma is central to effective service delivery and makes operational decisions accordingly [includes Governance and Leadership, Policy, Financing, and aspects of Engagement and Involvement*].

1= we haven't started yet	2= we've done a little	3= we've done quite a bit	4:	= we'	re ste	llar!
Ia. Leadership team (including administration and governance) has received information/training on trauma and trauma informed care. *Describe the process.*						4
	gram/service information		·	L 2	3	4
Ic. Individuals with lived ending in the organization. What roles?	xperience in your service s	ystem have leadership roles	·	L 2	3	4
service recipients relat welcoming environme helpful/supportive sta	ed to trauma informed ca nt, transparency, shared d	ecision making, age(s) that resulted?	·	L 2	3	4
individuals/families re	nimizes negative impact o	n workforce and on	-	L 2	3	4
specialists, staff time to	a commitment to trauma ed training, flexible funding coordinate or serve on w ent reflected in the budget?	g for staff wellness, peer		L 2	3	4
Ig. Agency-wide workforce Describe the program	e wellness program is in pl n. How many staff participat	e?	·	L 2	3	4
organization and with	nade a commitment to divent the population served. in policy and practice?	ersity and equity within the		L 2	3	4

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II. Environment and Safety. There is demonstrated commitment to creating a welcoming environment and minimizing and/or responding to perceived challenges to safety [includes Physical Environment and aspects of Engagement and Involvement*].

1= we haven't started yet	e haven't started yet		4= v	ve're	stel	lar!
offices, halls, lighting for actual and percei receiving services.	ved safety concerns that m	reviewed (see NOTE below) ay affect staff and individuals	1	2	3	4
		elcoming" quality, e.g., r and arranged for comfort),	1	2	3	4
IIc. Physical environment Describe modification	has been reviewed for cult ns made.	ural responsiveness.	1	2	3	4
IId. There is a designated practice self-care. <i>Describe</i> .	"safe space" (permanent o	r temporary) for staff to	1	2	3	4
services are in place a	isis protocols for staff and f and are regularly practiced. P How do you ensure inform	or individuals receiving ation is available when needed?	1	2	3	4
	d decisions about physical e	agency have helped develop nvironment and/or safety	1	2	3	4
	lace to hear and respond to and how it is trauma informe	safety concerns that arise. <i>d</i> .	1	2	3	4

NOTE: The term "reviewed" can mean many things. Please consider, throughout this document, who was involved in the process of reviewing aspects of the physical environment or practices/policies, and what perspectives were represented.

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III. Workforce Development. Human Resource policies and practices reflect a commitment to trauma informed care for staff and the population served [includes **Training and Workforce Development***].

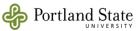
1= we haven't started yet 2= we've done a little 3= we've done quite a bit 4= we're stellar! **Training** 2 3 IIIa. Employees have received core training in Trauma Informed Care. Check the content that staff has had: A= all staff; M = management/admin; DS= direct The Adverse Childhood Experiences study ____ The prevalence and impact of trauma on individuals in our agency The neurobiology of trauma_ Issues of power and oppression related to the experience of trauma_ Historical oppression; intergenerational trauma Principles and implementation of Trauma Informed Care____ The role and benefits of peer support services Trauma in the workforce; secondary trauma If you provide (or make available) more in-depth training, please describe. Other trauma-related training regularly offered/required (including on trauma specific services)? ٧ IIIb. Core training is offered at least annually. Which modules? How frequently? How many staff attend? How is annual training delivered, by whom? IIIc. Training is provided on supporting, managing, and responding to reactivity 3 (e.g., de-escalation training). Describe. How often is this training offered and to whom? How many staff have participated? IIId. Organization is building internal capacity to ensure that ongoing training 1 2 3 and education for staff on trauma informed care is available. How? What is the current status? ٧ IIIe. Alternative opportunities for staff to learn about TIC (e.g., webinars or 3 videos, community events) are offered regularly. Examples? How many staff have utilized?

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Hiring and Onboarding Practices				
IIIf. Screening and interviewing protocols include applicant's understanding and	1	2	3	4
prior experience/training regarding the prevalence and impact of trauma				
and the nature of trauma informed care.				
What questions are asked during the interview process? How do you gauge an				
applicant's ability to respond in a trauma-sensitive way to the individuals you				
serve (some organizations are hiring for 'warmth and emotional intelligence')?				
The Individuals with lived experience of our service system participate in the	1	2	3	4
IIIg. Individuals with lived experience of our service system participate in the	_	_	3	7
hiring process.				
How? How is their feedback utilized?				
IIIh. New employee orientation and training includes the core principles of	1	2	3	4
trauma informed care and affirms the agency's commitment to ongoing				
trauma awareness and education for staff.				
Describe.				
Describe.				
Supervision and Support	1	2	3	4
IIIi. Staff receives regularly scheduled supervision.				
Which staff? How often does this process happen?				
<i>y y y y y y y y y y</i>				
IIIj. Peer Support personnel, whether contracted or on staff, also receive regular	1	2	3	4
support and guidance.		_		•
•••				
What is the process?				
IIIk. Supervision includes discussion of staff care and wellness.	1	2	3	4
Describe or provide example.				
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IIII. Supervision includes learning and application of knowledge about Trauma	1	2	3	4
and TIC.				
Example of how this happens?				
Zhampre oj new emappena. √				
IIIm. Supervisors have had training/consultation on supervising for TIC.	1	2	3	4
When and how does this occur?				
When and now does this occur.				
IIIn. Performance reviews expect increased awareness, understanding and	1	2	3	4
practice skills related to trauma informed care.				
Describe.				
V √				
IIIo. Supervisors and staff can explain personnel policies; disciplinary actions	1	2	3	4
reflect principles of transparency, predictability, and inclusiveness insofar as				
possible, given legal or contractual considerations.				
Examples of how this is ensured?				
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IV. Services and Service Delivery. Service delivery reflects a commitment to trauma informed practice [includes activities related to Screening, Assessment, Treatment Services, aspects of Engagement and Involvement, and Cross Sector Collaboration*].

1= we haven't started yet 2= we've done a little 3= we've done quite a bit 4= we're stellar! 2 3 IVa. The first point of contact is as welcoming and engaging as possible for 1 individuals seeking support or services. This includes reducing distress related to referral, self-referral, intake, etc. Describe or provide examples of how this is achieved. IVb. Intake and all direct service staff are able to talk with individuals seeking services about the prevalence and impact of trauma and how it can affect engagement and involvement. How is this information delivered in a trauma informed way? Do you have a script or coaching for staff? 2 IVc. Direct service staff understand the heightened risk of suicide for trauma 3 survivors and are able to respond appropriately and get appropriate help. What is the protocol? What ensures that staff are able to implement? 1 2 3 IVd. Intake forms and processes have been reviewed and modified to reduce unnecessary detail that might be triggering to individuals who are seeking or entering services. What has been modified to improve the intake process for the consumer? 1 2 IVe. Agency has written easy-to-read documentation for staff and service recipients that explain core services, key rules and policies, and process for concerns/complaints. Describe or provide documentation. How it is available in the agency? Note if service recipients have reviewed. 2 IVf. Policies related to treatment services (cancellations, no-shows, other rules) 4 have been reviewed and modified as needed to reflect an understanding of trauma and its impact. What was the review process used? What has happened as a result of these changes?

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IVg. Individuals receiving services have the opportunity to provide input/feedback and/or to grieve policies that affect them. What is the process or structure for this to happen? How is the process trauma informed?	1	2	3	4
IVh. In organizations providing direct service, the importance of the primary relationship is recognized and supported through policy and practice. How do you work towards continuity of care?	1	2	3	4
IVi. In organizations providing direct service, trauma specific services are offered, preferably reflecting promising or best practices. What services are offered?	1	2	3	4
IVj. In organizations not providing direct services, staff has up-to-date information about trauma specific services available for referrals. How do you ensure this information is available and used?	1	2	3	4
IVk. Peer support is available and routinely offered to individuals receiving services. If yes, what services are offered? What is the role of peers in the organization (paid staff, volunteer)?	1	2	3	4
IVI. Individuals receiving services are not terminated without notice and direct contact (unless precluded by circumstances). How do you ensure this? What's the protocol?	1	2	3	4
Cross-Sector Collaboration IVm. Agency is working with community partners and/or other systems to develop common trauma informed protocols and procedures. Describe efforts and progress in this area, including any shared or cross-training that occurs. √	1	2	3	4

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V. Systems Change & Progress Monitoring. There is demonstrated commitment to planning, implementation and continuous improvement [includes Progress Monitoring and Quality Assurance, Evaluation, and aspects of Engagement and Involvement*].

1= we haven't started yet		2= we've done a little	3= we've done quite a bit		4= we'r	e ste	ellar!	
Va.	trauma informed care that meets regularly)		el/cross program workgroup	V	1	2	3	4
Vb.	-	r completed an agency self used? What priorities have b		V	1	2	3	4
Vc.	The perspective of peragency self-assessme How?		was or is being included in th	ie	1	2	3	4
Vd.	modified to meet TIC	peen reviewed through a tr principles. ange that was made? Change		٧	1	2	3	4
Ve.	_	ractices and the agency's e	out to staff and stakeholders fforts to promote and sustain		1	2	3	4
Vf.	systems change to en	eceives regular updates on sure trauma informed care? How often does it occur?			1	2	3	4
Vg.	help establish prioriti	nd/or TIC implementation es and measure impact (e.gment and retention of serv			1	2	3	4
Vh.	ongoing.	r quality assurance process	for trauma informed care is iorities.		1	2	3	4

VI. Please add anything else you would like stakeholders to know about how the organization/program is implementing trauma informed care.

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