

# Trauma Informed Care (TIC) Initiative History and Accomplishments

Clackamas County Behavioral Health Center (CBHC)

Health, Housing & Human Services  
CLACKAMAS COUNTY

## Preparing

2012

**December 2012**  
MSW student intern completes Annotated Bibliography on TIC.

2013

**January 2013**  
Student meets with Portland State University (PSU) trauma consultant on how to move forward with TIC at CBHC.

**February 2013**  
CBHC Clinic Manager and student intern meet with TIC leaders at Impact NW to learn about their initiative, especially agency self-assessment process; they are advised to keep the process simple and focused.

## Beginning

**February 2013**  
TIC Workgroup recruited, open to anyone interested; monthly meeting schedule is established.

**March 2013**  
First TIC Workgroup meeting (nine attended including clinic manager and peer); phases of implementation process presented.

**April 2013**  
Contract with PSU trauma project for training and consultation.

## Gathering Info

**April 2013**  
Workforce survey administered using questions adapted from *Community Connections Creating a Culture of Trauma Informed Care* handbook.

TIC questions also added to annual client survey.

## Setting Priorities and Moving to Action

2014

**November 2013**  
Clinic-wide safety policies reviewed and modified, including emergency procedures and use of Spark.

**November 2013**  
Home visiting safety for Community Support Team is prioritized; work begins on safety protocol.

**November 2013**  
Multi-session Vicarious Trauma/Self-Care workshop provided for all staff; staff complete Professional Quality of Life (ProQOL) measure; voluntary self-care plan options developed and all staff are encouraged to have one in place.

**October 2013**  
Adverse Childhood Experiences (ACEs) Study overview presented to Primary Care clinic staff.

**July 2013**  
Workgroup reviews progress to date and input from staff and client surveys.  
  
PSU provides Trauma Informed (TI) supervision training and work session for all CBHC supervisors.

## Foundational Knowledge

**June 2013**  
CBHC staff and peers (20-25) attend Trauma Stewardship Training in Portland; County's Wellness Manager meets with CBHC intern to talk about wellness needs and programs for CBHC staff; manager discusses county sponsoring additional Trauma Stewardship Training.

**June 2013**  
Three staff attend Trauma Recovery Empowerment Model (TREM) training.

Focus group convenes with CBHC supervisors to talk about TIC in supervision.

**May 2013**  
Staff receive TIC 101 training by PSU; staff complete follow-up survey.

## Ups and Downs

**January 2014**  
PSU consultant helps with review of TIC and planning for next steps.

Supervisors asked to begin implementing self-care planning with all staff.

**April 2014**  
Workgroup lead/facilitator leaves agency; PSU consultant temporarily joins group.

**May 2014**  
Workgroup starts on Emotional Safety (boundary issues) with assistance from PSU.

CBHC sponsors two-day Trauma Stewardship training attended by many staff.

**May 2014**  
Lunch & Listen sessions initiated to bring client voice into clinic services and operations; sessions are organized as drop-in every other month; all clients are welcome and encouraged to attend.

**June 2014**  
Workgroup struggles with lack of leadership and frustrations over process; some members leave.

CBHC supervisor takes on workgroup lead role and re-establishes communication with all staff.

**July 2014**  
Clinic manager and Quality Improvement (QI) coordinator draft agency-wide TIC policy.

**July 2014**  
Workgroup sends informational email to all staff about emotional safety and boundary issues; staff are invited to note areas of concern; response is low.

**August 2014**  
CBHC supervisors asked to designate a representative from each team to participate in TIC Workgroup.

**October 2014**  
Trauma Informed Oregon (TIO) website launched; CBHC's work noted

**November 2014**  
TIC 201 training offered to all staff; "hotspots activity" replaces earlier planning process.

## Sustaining the Effort

**October 2015**  
TI Artwork Improvement Project begins aimed at improving physical environment at clinic.

Assessing and Managing Suicide Risk training provided.

**October 2015**  
Trauma Informed Care 101 provided for new hires; clinic manager and QI coordinator attended training to begin building internal training capacity.

Three CBHC staff attend TREM training.

**September 2015**  
Twenty CBHC staff attend two-day workshop by Bessel van der Kolk.

**September 2015**  
CBHC agrees to serve as demonstration project for Trauma Informed Oregon; PSU staff begin attending workgroup meetings to document background, process, outputs, and results.

**August 2015**  
Staff recognize colleagues through Bravo Awards; four of the eight county employees recognized for their work at annual picnic are from CBHC.

**July 2015**  
Launch of new provider dashboards replacing "productivity."

**June 2015**  
Supervisors asked to initiate appreciations, or gratitude practice, at the beginning of every staff meeting.

**March 2015**  
"Coffee for clients" pilot begins.  
  
County offers Becoming a Trauma Informed Practitioner training for clinical staff.

**January 2015**  
New QI Coordinator initiates monthly recognition of individual staff members based on client comment cards; copy sent to FQHC Director.

**January 2015**  
Hotspots from November training and self-care plans sent out for all teams to review and provide input; some teams participated, some did not.

**November 2015**  
Boundary Training for clinic support staff. Clinic Manager and QI Coordinator invited to medical staff retreat to talk about self-care.

**November 2015**  
Forty clinical staff attend two-day Mindfulness Toolbox training.

**December 2015**  
Section added to client handbook about the nature of the service relationship and establishing emotional safety for clients and staff.

2016

**March 2016**  
Feedback survey on TIC action steps administered at all-staff meeting; results reviewed by workgroup as input for planning.

**June 2016 – August 2016**  
Gladstone primary care clinic launches ACEs screening pilot for children; CBHC hosts monthly workshop for parents on buffering children from the impact of adversity.

**June 2016 – August 2016**  
CBHC support staff member co-trains, sharing information and experiences about the role of front office staff in providing trauma informed care.

**June 2016 – August 2016**  
New trauma informed artwork is put up in the clinic.  
  
New practice of seeing all clients who show up for appointments, even if they arrive late

**June 2016 – August 2016**  
Decide to expand trauma specific treatment offerings and staff development in EMDR and neurofeedback, using incentive funds provided by Coordinated Care Organizations (CCO).