# TIO Trauma-Informed Care (TIC) Implementation Assessment Tool: Self-Assessment Considerations

## External Review or Self-Assessment?

Conducting the entire implementation review process with an external reviewer and/or consultant with expertise in Trauma-informed Care who has worked with other organizations will have the greatest impact. An external review with multiple data sources to document each rating provides the most accurate assessment. The external consultant can then assist in identifying project goals following the initial assessment, which areas to concentrate on, and strategies to get there. However, not all organizations or programs have the capacity or resources to collaborate with an external reviewer.

Before opting to conduct a self-assessment via the TIC Implementation Assessment Tool, we recommend considering the following factors that can influence your scores:

- ☐ **Multiple data sources**. Having only one source of data (e.g., only management, only staff) can skew your scores to a certain perspective. We recommend drawing from multiple perspectives to diversify and better inform your scores. This can include: staff, management, leadership, service recipients, community partners, documents, policies, etc.
- ☐ **Power dynamics.** Power, privilege, and oppression can sway who contributes to scoring or who feels safe offering feedback when scoring. We recommend reflecting on any existing power dynamics that might encourage or hinder engagement in data collection and scoring. Consider whose opinion might have more sway than others and why.
- ☐ **Resources & Capacity.** Conducting self-assessments can take time, staff labor, and resources that lead positions may not be prepared for. We recommend making sure staff who are leading the self-assessment are compensated and supported appropriately in their efforts. Organizational support could include additional monetary compensation, assessing their current workload, and blocking off time to dedicate to the self-assessment.

## Suggested Data Collection Points & Methods

As previously stated, collecting data from only one source or perspective can skew final scores to that perspective. Below are suggested data sources that could offer diverse perspectives to your final score justifications:

- **Staff** (Core service staff, peer support, etc.)
- **Administration** (Front desk, HR, customer service, quality assurance, etc.)
- **Service recipients** (Highly engaged, minimally engaged, long-term, new, etc.)
- **Underrepresented communities** (Both in staff and service recipients)
- **Leadership** (Directors, board members, etc.)
- **People with lived experience.** (A history of trauma, have been impacted by services)
- **Documents** (Public facing forms, website, mission statement, strategic plan, etc.)

There are multiple ways to collect data from these data sources. These could include surveys (web, paper), interviews, focus groups, and document review. We recommend tailoring these methods to their intended audience. Please consider factors that might contribute to engagement such as linguistics, plain language, safety, and capacity.

## Explanation of Elements and Standards

TIO's Standards for Trauma-Informed Care are grouped under five key elements:

(1) Organizational Commitment

(2) Culture and Climate, (3) Training and Education

(4) Policy, Procedure, Practice Review, and

(5) Feedback and Quality Assurance.

Each standard has been rated on a scale for 1 to 5, where 1 equals "Organization has not yet demonstrated awareness of the need for this standard" and 5 equals "Standard is sustainably in place and monitoring for continuous quality improvement occurs regularly." Please review the definition of each element and standard before scoring.

## Self-Assessment Instructions

1. Once you have gathered data from appropriate data sources, use the definitions within each standard beginning on page 3 to rate the implementation level of each TIC standard. If every component of a score definition is not in place, the score has not yet been achieved.
2. Document the reason for the score in the space provided in each standard. Include metrics, if available.
3. Transfer the scores to the table below to calculate the overall implementation score for your agency or department.
4. Repeat the process at least annually to track change in implementation level over time.

An example is included on the next page.

# Example Standard & Score

Scale:

| | |
|---|---|
| 1=Organization has not yet demonstrated awareness for the need for this standard. | |
| 2=Organization has demonstrated awareness, but work on this standard has not yet begun. | |
| 3=Organization is actively working to implement standard. | |
| 4=Standard is in place, but it is not yet sustainable or monitored. | |
| 5=Standard is sustainably in place and monitoring for continuous quality improvement occurs regularly. | |

| 1a. Commitment to TIC | Rating | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| Our leadership demonstrates a commitment to trauma-informed care within the organization and the population served. Commitment to TIC is reflected in the budget through resources for specialized training, flexible funding for employee wellness, peer specialists, employee time to coordinate or serve on work group, etc. | 2 | Leadership has not yet demonstrated awareness of the need to support trauma-informed care. | Leadership is aware of the value of supporting trauma-informed care, but has not yet developed a plan to address it. | Organization has developed an implementation plan toward building TI infrastructure. | TIC implementation strategies are established in the strategic plan. TIC is an ongoing effort, but funding and leadership support are limited. If key staff leave, the initiative may not continue. | Organization has infrastructure to sustain TIC (e.g., work group, champion, etc.). Organization supports TIC implementation through active planning and ongoing budget allocation. Leadership implements changes as a high priority. |
| | | Comment or justification for score: *Leadership is aware of the value of supporting TIC but no plans have begun to incorporate TIC into the organization's strategic plan, mission statement, values, budget, or other organizational indicators. Leadership has demonstrated awareness of commitment to TIC through discussions with the board and engaged in a recent TIC foundations training in 2022. There is an old policy related to TIC on the p drive from 2005 but this policy has not been updated, reviewed, or active at this time.* *74% of staff surveyed indicate that they feel the organization is minimally or not at all committed to TIC.* *18% of clients surveyed indicate they feel the organization is trauma informed.* | | | | |

| Standards | Score |
|---|---|
| Element #1: Organizational Commitment　　Mean➔ | |
| a. Commitment to TIC | 2 |
| b. Commitment to DEI | |
| c. TIC Community Collaboration | |
| Element #2: Culture and Climate　　Mean➔ | |
| a. Welcoming 1st Point of Contact | |
| b. Physical Environment is not Activating | |
| c. Inclusive Environment | |
| d. Core Services are Trauma-informed | |
| g. Workforce Wellness | |
| h. Relationship is Centered | |
| Element #3: Training and Education　　Mean➔ | |
| a. Staff are Trained | |
| b. Staff have Skills | |
| c. Hiring and Onboarding Processes | |
| d. Ongoing Education and Support | |

| Standards | Score |
|---|---|
| Element #4: Policy, Procedure, and Practice　　Mean➔ | |
| a. Policies are Reviewed | |
| b. Procedures are Reviewed | |
| c. Documentation and Forms are Reviewed | |
| d. Supervision/Coaching | |
| e. Performance Reviews | |
| f. Trauma Response Protocols | |
| g. Access to Trauma Specific Services and Resources | |
| h. Continuity of Care | |
| Element #5: Feedback and Quality Assurance　　Mean➔ | |
| a. Feedback Process for Individuals Served | |
| b. Feedback Process for Workforce | |
| c. Tracking Processes | |
| d. Tracking Outcomes | |
| e. Service User Involvement in Decision Making | |