Linking Systems of Care

Linking Systems of Care

Template for Trauma-Informed Policy and Practice:
Organizational Trauma-Readiness and
Self-Assessment Checklist

Background

Linking Systems of Care (LSOC) was launched in 2014 as a demonstration project undertaken by the U.S. Office for Victims of Crime, the Montana Board of Crime Control, the University of Montana Criminology Research Group, and stakeholders from across the state. LSOC is rooted in three guiding principles, "Healing individuals, families, and communities," Linked systems of care," and "Informed decision making." Trauma-informed care, with its emphasis on resisting re- traumatization, coordination and collaboration, and evidence-based decision making, squarely aligns with LSOC guiding principles. For this reason, the project convened the LSOC Montana Policy Workgroup, comprised of front-line service providers, state administrators from Youth Court Services and the Child and Family Services Division, judicial actors, academics, clergy, and others, to create this toolkit for trauma informed-organizational assessment and a path for change.

What is trauma-informed care?

The Substance Abuse and Mental Health Services Administration (SAMHSA) uses the "Four 'Rs'" to define trauma-informed care. A trauma-informed organization, according to SAMHSA, *realizes* the widespread impact of trauma and understands the potential paths for recovery. It *recognizes* signs and symptoms of trauma in clients, families, staff, and others involved with the system and *responds* by fully integrating knowledge about trauma into policies, procedures, and practices. Perhaps most importantly, a trauma-informed organization seeks to actively *resist* re- traumatization.

Why is trauma-informed care important?

The 2017 Montana Youth Risk Behavior Survey (YRBS) found that 9.3 percent of high school youth statewide didn't feel safe attending classes during the 30 days preceding survey administration. That number is up from 5.2 percent in 2009. Montana ranks among five states nationally with the highest number of reported adverse childhood experiences (ACEs).

According to the U.S. Department of Health and Human Services, Montana in 2017 had 17,622 referrals for child abuse and neglect. In 2017, the rate of child abuse was 15.4 children per 1,000, up 89.2 percent from the previous year.

If individuals who have been victimized feel on guard in an organizational environment, in the justice system, for example, or while attending school or medical appointments, healing likely won't occur. In fact, such systems too often

retraumatize individuals, worsening outcomes for the individual and for the communities in which they live. Early adversities have been linked to a host of negative outcomes, including lost productivity, addiction, justice system involvement, and medical problems. Effective interventions into what are often multigenerational cycles of adversity can only be conducted by staff, organizations, and systems that realize trauma's impacts and work to pave clearer paths for recovery. Because the trauma-informed approach stands to promote resilience among clients and also staff, SAMHSA refers to it as a "promising model" for organizational change.

What is the LSOC Montana Organizational Trauma-Readiness Self-Assessment?

The LSOC Montana Organizational Trauma-Readiness Self-Assessment and the Template for Trauma-Informed Policy and Practice was designed to put trauma-informed policy and practice into action through the provision of tools for catalyzing organizational change. The assessment may be used at any stage of trauma readiness. Organizations are encouraged to conduct the assessment on an annual basis and use it as a means for measuring changes in trauma responsiveness over time.

The assessment includes seven modules, each titled after one of the Seven Key Principles of Trauma-Informed Care, as articulated by the LSOC Montana Policy Workgroup:

1. *Adoption of trauma-informed culture that strives to ensure safety and prevent re- traumatization*
2. *Trustworthiness and transparency*
3. *Peer support*
4. *Collaboration and mutuality*
5. *Empowerment, voice, and choice*
6. *A commitment to honoring gender equity and to furthering equity for high-risk populations, including those who are indigenous, LGBTQ+, and who have disabilities*
7. *Ensuring leadership, administrative support, and polices support trauma-informed care*

Preceding each of the seven assessment modules is a corresponding list of practices and tips that may be used as a reference for completing the assessment and to guide future efforts toward trauma-informed change. Steps itemized are

not intended to be prescriptive, but rather to offer a menu of actions entities and individuals may take incrementally to increase client, staff, and organizational wellbeing.

Comprised of 43 specific questions about to what extent staff feel trauma-informed policies and practices are implemented, the assessment asks, for instance, whether staff think formal policies addressing the physical safety needs of clientele are "Absent," "In process," "Adequate," or "Strong." After each specific question, the assessment asks for additional information, such as, "What's the next step to increase scoring in this category?" and, "If your organization does a good job in this category, please provide an example of the mechanism used to accomplish this trauma-informed practice." Answers to the assessment should be submitted anonymously.

Who should take this assessment?

Systems that stand to benefit from employing the assessment include justice, education, childcare, youth protective, and medical. Designed to cultivate organizational health through improved client services, increased staff retention, more effective staff communication and gained insights by employees into how their work affects them and how they affect their work, the assessment should be taken by all organizational staff, including front-line service providers, leadership, custodians, administrative support, and security personnel. Such broad participation will grow awareness of the trauma-informed approach and also encourage the buy-in necessary to engage in organizational change.

Key principle 1 - Adoption of trauma-informed culture that strives to ensure safety and prevent re-traumatization

Healing won't occur if individuals don't feel safe. Practices that may be used to convey a feeling of physical and emotional safety among clientele and organizational staff include:

Practice 1 - Conduct a trauma informed evaluation of the organization's space.
- ▶ Ensure a safe space for families to decompress.
- ▶ All areas within the organization and immediately outside of the organization are well lit.
- ▶ Bathroom doors lock. (When safety permits.)
- ▶ The organization incorporates child-friendly decorations in its office and in informational materials.
- ▶ Signage is articulated clearly and easy to see, directing clientele toward the most commonly frequented areas. Exits are clearly marked and accessible.
- ▶ Consider how accessible office space and bathrooms are for individuals with physical disabilities.

Practice 2 – Policies address the physical safety needs of those who receive services.
- ▶ The organization provides clients with opportunities to make suggestions about ways to improve or change the physical space (This could be included in client feedback section, a survey. Such a survey could be helpful for benchmarking.)

Practice 3 - Policies address the physical safety needs of staff.
- ▶ Safety guidelines are communicated clearly to organizational staff during training.
- ▶ Safety guidelines are posted in common areas.

Practice 4 - The organization has policies and practices regarding program emergencies, crisis situations, and legal reporting requirements.
- ▶ Develop a clear plan for responding to internal emergencies and crises that is reviewed at least annually with all staff.

- ▶ Review legally mandated reporting requirements at least annually with all staff.
- ▶ Train staff to recognize individuals in crisis and in de-escalation strategies and techniques.

Practice 5 - Administrators, supervisors, and staff interact with each other and with those who seek services in a non-shaming and respectful manner.
- ▶ Respectful communication is a key organizational value and a core competency,
- ▶ Interruptions during interactions with families and youth are minimized.
- ▶ Staff receives training about culturally appropriate and respectful communication techniques.

Practice 6 - Attention is paid to reducing potential trauma triggers in the physical environment and in interactions with youth and families.
- ▶ All staff and supervisors are consistently conscious of posture, gestures, and voice, volume, and tone.
- ▶ All staff, including receptionists and security personnel, is trained to interact with clients in calm and supportive way.

Practice 7 - Preventative and interventional strategies for secondary traumatic stress (STS) are implemented as part of an organizational risk-management policy.
- ▶ Support workplace self-care groups.
- ▶ Strategies related to mental health self-care are provided to staff.
- ▶ An employee assistance program or referrals for counseling are available to staff
- ▶ Reflective supervision is utilized.
- ▶ Supervisors work with staff members who display STS symptoms and develop a plan for reducing symptoms.
- ▶ Staff is educated on strategies that may be employed to share their own personal stories of trauma.
- ▶ Offer flextime scheduling.

▶ Create external partnerships with secondary traumatic stress prevention providers.

▶ Provide ongoing assessment of staff risk and resilience.

Key principle 1: Safety	N/A	0	1	2	3	4
N/A-Does not apply **0**-Don't know **1**-Absent **2**-In process **3**-Adequate **4**-Strong						
1. Our organization works to ensure the physical environment is trauma-informed (well-lit spaces, bathroom doors lock when safety permits, signage is articulated clearly, office space is accessible for individuals with disabilities).						
2. Our policies address the physical safety needs of those who receive services.						
3. Our policies address the physical safety needs of staff.						
4. Our organization has policies and practices regarding program emergencies, crisis situations and legal reporting requirements.						
5. All staff interact with each other and those who seek services in a respectful manner						
6. Attention is paid to reducing potential trauma triggers in the physical environment and in interactions with families and youth.						
7. Policies and strategies are in place to prevent & address secondary traumatic stress.						
8. Debriefing sessions are available following crisis or critical incidents.						
Safety score total:			/			

If your organization does a good job in this category, please provide an example of the mechanism used to accomplish this principle.
What could be different in your organization for a ranking one number higher?
What is the next step to increase rankings in this category?
Document the next steps your organization will take. (Conduct a trauma-informed evaluation of the organization's space, consider accessibility issues for individuals with physical disabilities and whether signage is articulated clearly, etc.)

Key principle 2 - Trustworthiness and transparency

Individuals who have experienced violence and trauma may experience feelings of mistrust. Such feelings can present barriers to the provision of effective services. Strategies for fostering trust and transparency are included here.

Practice 1 - The organization makes decisions with transparency by documenting the values and rationale behind decisions that impact clients and staff.

> ▶ The organization's mission and values are clearly displayed and available to all staff and families and youth.

Practice 2 - Staff members clearly communicate program services, expectations, and limitations to families and youth.

> ▶ Staff uses a standard script or approach to explain program services, expectations, and limitations.
> ▶ Written materials about program services are accessible for all youth and families, regardless of literacy level or language.
> ▶ Informed consent is reviewed and obtained prior to the initiation of services.

Practice 3 - There is a clear procedure for the review of allegations of boundary violations, including sexual harassment and inappropriate social contacts.

> ▶ The organization has a clear policy related to boundary violations that is provided to all staff, as defined by the organization or the discipline's ethical code or licensure requirement.
> ▶ Family and youth are readily provided information about boundary violation policies and procedures. This may be disseminated to youth and families through a "Consumer Bill of Rights," which details procedures for filing a grievance.

Practice 4 – Recognize a power dynamic.

> ▶ Training and supervision are provided for service providers addressing the power differences inherent in families and with their youth.
> ▶ Training and supervision are provided on appropriate incorporation of the "youth voice."

The organization emphasizes shared accountability and responsibility throughout its hierarchy (in contrast with blaming the person with the least power).

Practice 5 - Confidentiality policies are clearly explained to all who receive services.

- Confidentiality policies are written in clear and understandable language.
- Confidentiality policies are reviewed with families at the beginning of service delivery and each time a request to share confidential information is requested.
- Staff receives training about confidentiality policies upon hire and annually thereafter.

Practice 6 - Legal reporting requirements are clearly explained to all who receive services.

- Legally mandated reporting policies are written in clear and understandable language.
- Legally mandated reporting policies are reviewed with families at the beginning of service delivery.
- Staff receives training about legally mandated reporting policies upon hire and annually thereafter.

Practice 7 - Staff provides services in a timely and reliable fashion; changes and exceptions are clearly communicated.

- Service hours and locations are developed to meet the needs of the families and youth served.
- Staff is reliable in following up with additional information, referrals, and other services.
- Appointment times are honored and necessary changes and exceptions are readily communicated.

Key principle 2: Trustworthiness and transparency							
N/A-Does not apply **0**-Don't know **1**-Absent **2**-In process **3**-Adequate **4**-Strong	N/A	0	1	2	3	4
1. Our organization makes decisions with transparency by documenting the values and rationale behind decisions that impact clients and staff.						
2. Staff clearly communicates program services, expectations, and limitations to families and youth.						
3. There is a clear procedure for the review of allegations of boundary violations, including sexual harassment and inappropriate social contacts.						
4. Our organization recognizes power dynamics inherent to family relationships and also those between the service provider and clients.						
5. Confidentiality policies are clearly explained to all who receive services.						
6. Legal reporting requirements are clearly explained to all who receive services.						
7. Staff provides services in a timely and reliable fashion; changes and exceptions are clearly communicated.						
Trustworthiness and transparency score total:					/	

If your organization does a good job in this category, please provide an example of the mechanism used to accomplish this principle.
What could be different in your organization for a ranking one number higher?
What is the next step to increase rankings in this category?
Document the next steps your organization will take.

Key principle 3 – Peer support

The National Center for Trauma-Informed Care defines peer support as "a flexible approach to building healing relationships among equals, based on a core set of values & principles." Peer support at its core is about linking people together who share lived experiences. Peer support may be facilitated for clientele with a minimal resource investment, through referrals to local peer support programs, for instance. Peer
support for staff, too, can be provided simply, such as with a buddy system that matches senior staff with new hires.

Practice 1 – The organization provides or refers families to opportunities for peer support and mutual self-help.

> ▶ Identify community organizations in the region that facilitate peer support or mutual self-help opportunities and, if possible, provide clientele formal or informal opportunities to access such services.

> "Sometimes in life you feel like, you know- 'my teenager is losing her mind.' And then you talk to another parent and their teenager is losing their mind too, so you realize you're not alone, you are not going through this journey alone."
>
> "Parent Cafes connect many across Philadelphia" Scott, Katherine WPVI-TV Philadelphia

> ▶ Formal opportunities may include evidenced-based group education and intervention or peer-to-peer support strategies.
> ▶ Informal opportunities may include social occasions and peer-to-peer connections.
> ▶ If possible, a milieu for peers to engage with families could be arranged to facilitate interaction among families and youth.

"You have all these kids that come together from different areas of life. Who have gone through things that you'd never dream of or put yourself into. (Big Sky Youth Empowerment Project) has taught me to be way more empathetic, thoughtful, and loving" – Abdul, Big Sky Youth Empowerment Project graduate.

Practice 2 - Support the concept of a caring community for families and youth served and take actions to develop community supports.

► Identify regional organizations capable of sponsoring, providing, and facilitating community resilience-building activities such as recreation activities, community projects, and mutual self-help activities and collaborate with those organizations.

► Incorporate community building and resilience activities into the organization's service delivery when possible.

Practice 3 - Promote community connections for families and youth served.

► Provide information to families and youth about community activities.

► Explore strategies for providing scholarships, transportation or other help for families and youth to participate in community activities.

Practice 4 – Provide opportunities for consistent, mutual support among staff.

► Explore opportunities for the provision of peer-to-peer case consultation or mentoring.

► Provide opportunities for informal peer-to-peer support, such as celebrations and wellness activities.

► Develop a "buddy system" to orient and support new staff and to encourage self-care activities for all staff.

Practice 5 - The service delivery model incorporates families and youth in the provision of peer support.

► Formerly served families and youth are available as resources for currently served clients when appropriate.

► Families and youth lead organization efforts in peer support.

Key principle 3: Peer support	N/A	0	1	2	3	4
N/A-Does not apply **0**-Don't know **1**-Absent **2**-In process **3**-Adequate **4**-Strong						
1. Our organization provides or refers families to opportunities for peer support and mutual self-help.						
2. Our organization supports the concept of a caring community for families and youth and takes actions to develop community supports.						
3. We promote community connections for families and youth served.						
4. Opportunities are provided for consistent, mutual support among staff.						
5. The service delivery model incorporates families and youth in the provision of peer support.						
Peer support score total:						/

If your organization does a good job in this category, please provide an example of the mechanism used to accomplish this principle.

What could be different in your organization for a ranking one number higher?

What is the next step to increase rankings in this category?

Document the next steps your organization will take.

14

Key principle 4 –Collaboration and mutuality

Traumatic experiences can lead individuals to feel that they have no choice or control. Opportunities for choice and control, therefore, should be extended to youth and families whenever possible.

Practice 1 – When possible, families and youth participate in development and implementation of individual goals.

- ▶ Develop a methodology for including families and youth in the development of service and treatment plans.
- ▶ Train staff to effectively collaborate with families and youth to develop service and treatment plans.
- ▶ For group-based programs and interventions, involve families and youth in developing group rules, topics, learning objectives, etc.

Practice 2 – When feasible, a Motivational Interviewing approach is used to determine family and youth readiness for change and actions they wish to take.

- ▶ Provide staff training in the Motivational Interviewing (MI) approach.
- ▶ MI is an engagement approach that has shown promise when utilized by laypeople.
- ▶ Provide opportunities for staff to practice and enhance MI skills.
- ▶ When new behaviors or resources are suggested, ask about the family and youth's readiness for change.

Practice 3 – Staff participate in team building and organizational improvement practices.

- ▶ Incorporate team building activities into program and staff meetings.
- ▶ Develop a mechanism for eliciting and implementing staff suggestions for organizational improvements.

Practice 4 - Continuous quality improvement activities are part of the organization's culture, and all staff participate.

- ▶ Staff is trained in quality improvement approaches such as continuous quality improvement (CQI), the Plan-Do-Study-Act method (PDSA), and LEAN.
- ▶ Quality improvement activities, involving all levels of the organization and families and youth, are a regular component of organizational activities.
- ▶ Quality improvement projects that seek to improve practices related to trauma-informed principles should be employed.
- ▶ Metrics related to the impact and effectiveness of trauma-informed activities are gathered as available and used to identify improvement opportunities.
  - ✓ The LSOC organizational trauma self-assessment may be used for metric collection.
  - ✓ Metrics used to track the effectiveness of trauma-informed change may include staff turnover rates, the frequency with which coercive measures, critical incidents, and staff and client injuries occur, and also client and staff satisfaction.

Practice 5 – The organization engages in outreach, engagement, and recruitment activities that invite and encourage participation by families and youth.

- ▶ Develop informational resources and communication materials that address the needs and desires of the targeted population.
- ▶ Seek input from families and youth when developing informational resources and communication materials.
- ▶ Develop strategies to maintain engagement with families and youth.

16

Practice 6 - The organization has partnerships with community agencies and programs that provide trauma-informed and trauma-specific services.

▶ The organization contributes to development and maintenance of an inventory of trauma- informed community agencies.

▶ The inventory includes information about trauma-specific treatment resources in the community.

▶ The inventory includes information about location, hours, eligibility requirements and payment issues, such as what types of insurance are accepted.

▶ The organization participates in communitywide efforts to support trauma-informed care and develop resilience-building strategies.

Key principle 4: Collaboration and mutuality							
N/A-Does not apply **0**-Don't know **1**-Absent **2**-In process **3**-Adequate **4**-Strong	N/A	0	1	2	3	4
1. Families and youth participate in development and implementation of individual goals.							
2. When feasible, a Motivational Interviewing approach is used to determine family and youth readiness for change and actions they wish to take.							
3. Staff participate in team building and organizational improvement practices.							
4. Continuous quality improvement activities are part of our organizational culture and all staff participate.							
5. Our organization engages in outreach, engagement, and recruitment activities that invite and encourage participation by families and youth.							
6. We have partnerships with community agencies and programs that provide trauma-informed and trauma-specific services.							
Collaboration and mutuality score total:					/		

If your organization does a good job in this category, please provide an example of the mechanism used to accomplish this principle.
What could be different in your organization for a ranking one number higher?
What is the next step to increase rankings in this category?
Document the next steps your organization will take.

Key principle 5 – Empowerment, voice, and choice
Victimization and trauma cause individuals to feel disempowered. For this reason, empowerment, voice, and choice constitute central components of a trauma-informed approach.

Diane Diederich

Practice 1 – Families and youth exercise choice in the way services are provided.

▶ Options for service delivery (timing, site, methods) are provided within the parameters of the evidenced-based model
▶ Staff is encouraged to be flexible in their approach to service delivery and seek guidance from families and youth in deciding how to provide services, as appropriate.

Practice 2 – Feedback about organizational services and approaches is sought from families and youth.

▶ Develop a formal mechanism for gathering feedback from families and youth who participate in services.
▶ Seek feedback about services from the target population, including those who are not receiving services.
▶ Opportunities for anonymous feedback should be provided.
   ✓ Strategies for gaining client feedback include suggestion boxes and surveys. Surveys should ask questions related to how well the organization is abiding by the seven key principles of trauma-informed care.

Practice 3 – Families and youth serve on the organization's governing board or advisory committee.

▶ Develop advisory committees for families and youth.
▶ Request feedback and ideas related to trauma-informed care from families and youth.
▶ Include families and youth on the organization's governing board.

Practice 4 - Specific resilience-building activities are built into the service delivery approach.

▶ Provide training on resilience-building strategies and activities that are consistent with the program or service delivery model.
▶ Implement resilience-building activities that increase supports,

19

connections, and capacities of families and youth.

▶ Seek feedback from families and youth about the effectiveness of resilience-building activities.

Practice 5 – Staff provides regular feedback to organizational leaders about the workplace environment and service delivery.

▶ Develop a formal mechanism to seek feedback from organizational staff.

▶ Seek specific feedback and recommendations and suggestions related to organizational efforts to prevent and mitigate secondary traumatic stress.

▶ Develop professional training that is responsive to needs expressed by staff.

▶ Supervisors seek informal feedback from staff on a regular basis.

Key principle 5: Empowerment, voice, and choice						
N/A-Does not apply 0-Don't know 1-Absent 2-In process 3-Adequate 4-Strong	N/A	0	1	2	3	4
1. Families and youth exercise choice in the way services are provided.						
2. Feedback about organizational services and approaches is sought from families and youth.						
3. Families and youth serve on the organization's governing board or advisory committee.						
4. Specific resilience-building activities are built into the service delivery approach.						
5. Avenues are available for staff to provide regular feedback to organizational leaders about the workplace environment and service delivery.						
Empowerment, voice, and choice score total:				/		

If your organization does a good job in this category, please provide an example of the mechanism used to accomplish this principle.
What could be different in your organization for a ranking one number higher?
What is the next step to increase rankings in this category?
Document the next steps your organization will take.

Key principle 6 – A commitment to honoring gender equity and to furthering equity for high-risk populations, including those who are indigenous, LGBTQ+, and who have disabilities

Research shows that the more serious adversities a young person is exposed to, the more likely they are to engage in a host of high-risk activities, including smoking, drinking, drug use, risky sexual behavior, and suicidality. LGBTQ+ and disabled individuals are disproportionately subjected to victimization. Indigenous youth in Montana are nearly five times more likely to die by suicide than their white counterparts.

Practice 1 - The physical environment reflects and honors the diverse groups in the target community.

Image courtesy of Montana State University

- ▶ Include images and symbols from diverse cultures in the design and decor of the physical environment.
- ▶ Seek input from representatives of all groups when building or renovating the physical environment.
- ▶ Offer food choices from varied cultures when appropriate.
- ▶ Arrange spaces and furniture in ways that address culturally significant practices.

Practice 2 – Services and reading materials are available in the languages that families and youth prefer or that are acceptable to populations served.

- ▶ Families and youth are asked about their preferred language when services are initiated.
- ▶ Language interpreters are provided for all essential service delivery.
- ▶ All reading materials are translated to the languages preferred by families and youth.
- ▶ Staff has a list of culturally competent services to draw from for referrals.
- ▶ Satisfaction assessments and outcome-based evaluations reflect competency measures as outlined by the National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care.

Practice 3 – Human resource policies are adopted to ensure staff training is provided related to culturally appropriate practices and racial and ethnic equity.

▶ Provide learning opportunities on culturally and linguistically appropriate practices at least annually.

▶ Provide learning opportunities related to racial and ethnic equity at least annually.

▶ Experts from diverse groups are included as part of training sessions.

▶ Hiring and performance plans weigh cultural awareness and willingness to learn as standards.

▶ Staff conduct values exercises and review cultural considerations in supervision at least annually.

▶ Staff are trained on the different cultural lenses through which mental health and stigma are understood.

▶ Staff are trained to recognize the unique trauma issues specific to different populations, for example, refugees, immigrants, LGBTQ+, homeless youth, and families.

▶ Staff are trained to recognize that resilience is inherent to the cultural experiences of many.

▶ Provider culture is valued by agency administrators through human resource policies and practices that are sensitive to religious and cultural holidays and "nontraditional" health and wellness activities.

Image courtesy of Montana State University

Practice 4 – Data and information related to the impact of historical trauma is used in program and service planning.

▶ Develop specific strategies for addressing disparities in targeted outcomes.

▶ Seek input from high-risk groups and those affected by historical trauma when developing strategies.

▶ Develop specific outreach strategies for high-risk groups and those affected by historical trauma.

▶ Recruit candidates for open positions from high-risk groups and those affected by historical trauma.

Practice 5 - All staff members working with LGBTQ+ youth are educated in relevant subject matter, such as:

▶ Appropriate vocabulary and definitions, such as "gender identity" and "sexual orientation."

▶ Myths and stereotypes related to LGBTQ+ youth.

▶ Trauma specific to LGBTQ+ youth, including that related to harassment, stigma, violence, and family concern or rejection.

▶ Effects of trauma on LGBTQ+ youth, including suicide, depression, substance abuse, health issues, and homelessness.

Practice 6 - Program policies and practices address specific gender-related needs in the population served.

▶ Data and information related to the gender-related needs of the population served are used in program and service planning.

✓ Specific demographics to study include women who have experienced sexual assault and partner violence, fathers of young children, and transgender individuals.

▶ Develop specific strategies for addressing gender-related needs.

▶ Seek input from families and youth related to gender-related needs when developing strategies.

THE NATIONAL 2019 YOUTH RISK BEHAVIOR SURVEY FOUND THAT 45 PERCENT OF LESBIAN, GAY, AND BISEXUAL HIGH SCHOOL STUDENTS SERIOUSLY CONSIDERED SUICIDE IN THE 12 MONTHS PRECEDING SURVEY ADMINISTRATION; 19 PERCENT OF SELF-IDENTIFIED HETEROSEXUAL STUDENTS REPORTED ENGAGING IN SUICIDAL IDEATION.

Key principle 6: A commitment to honoring gender equity and to furthering equity for high-risk populations, including those who are indigenous, LGBTQ+, and who have disabilities						
N/A-Does not apply **0**-Don't know **1**-Absent **2**-In process **3**-Adequate **4**-Strong	N/A	0	1	2	3	4
1. The physical environment of our organization reflects and honors the diverse groups in the target community.						
2. Services and reading materials are available in the languages that families and youth prefer or that are acceptable to populations served.						
3. Human resource policies are adopted to ensure staff training is provided related to culturally appropriate practices and racial and ethnic equity.						
4. Data and information related to the impact of historical trauma is used in program and service planning.						
5. All staff members working with LGBTQ+ youth are educated in relevant subject matter.						
6. Program policies and practices address specific gender-related needs in the population served.						
Equity score total:				/		

If your organization does a good job in this category, please provide an example of the mechanism used to accomplish this principle.
What could be different in your organization for a ranking one number higher?
What is the next step to increase rankings in this category?
Document the next steps your organization will take.

Key principle 7 – Leadership, administrative support, and policies

The trauma-informed approach cannot grow absent strong leadership, administrative support, and policies articulating a commitment to the core concepts of trauma-informed care.

Practice 1 - Leadership communicates support and guidance for implementing a trauma- informed approach.

▶ If leadership did not initiate implementation of a trauma-informed approach, provide them with education about trauma, its impact, and the benefits of a trauma-informed approach.

▶ Ask leadership to announce the trauma-informed approach implementation efforts at staff meetings, board meetings, and in organizational newsletters.

▶ The organization has a trauma-informed workgroup that leads trauma-informed activities and provides support for related initiatives. If possible, leadership should participate in this workgroup. The group is representative of organizational staff in terms of race, gender, and cultural background.

▶ The organization has at least one trauma-informed champion leading trauma-related activities and participating in the trauma-informed workgroup.

▶ Leadership is responsive to the recommendations and activities of the trauma-informed workgroup.

Practice 2 - The organization supports staff training regarding trauma, its impact, and appropriate responses.

- Conduct initial, organization-wide training that includes discussions about trauma and its impact, resilience building, trauma-informed principles and application to the setting, and secondary traumatic stress prevention and intervention.
- Build training about trauma-informed care into new employee orientations.
- Develop annual training to review and enhance trauma-informed care practices in the organization.
- Goals for enhancing trauma preparedness are incorporated into individual performance plans as well as program evaluations.

Practice 3 - Human resource policies and practices address the impact of working with people who have or are experiencing trauma and toxic stress.

- Interviews with prospective employees assess knowledge of trauma and its impact and self- care practices.
  - ✓ Hiring interviews may encompass questions about what applicants know about trauma and what applicants know about resilience and healing.
  - ✓ Incorporate interview questions presented with a trauma-informed lens and those employed to identify potential to be a trauma champion.
- Supervisory staff is knowledgeable about the trauma-informed approach and able to guide staff in implementation.
- The organization has a consistent way to recognize outstanding efforts to be trauma- responsive among staff.

Montana Experiences and Expressions Screener

save page | save in progress | complete | bottom

EXPRESSIONS:
I WOULD LIKE TO KNOW HOW YOU HAVE BEEN THINKING OR FEELING LATELY. I'M GOING TO READ SOME STATEMENTS AND I'D LIKE YOU TO TELL ME HOW OFTEN THEY HAVE HAPPENED *IN THE PAST MONTH.*

0-Not even once   1-One or two times   2-Three to five times   3-More than five times

Statement	0	1	2	3
A. Had trouble sleeping or bad dreams?	○	○	◉	○
B. Had trouble paying attention or concentrating?	○	○	○	○
C. Felt alone or not close to people around you?	○	○	◉	○
D. Have you not wanted to be around certain people, places, or things that remind you of upsetting or scary things that have happened?	○	○	○	○
E. Felt sad or hopeless; like things will never get better?	○	○	◉	○
F. Had uncomfortable feeling when thinking about what has happened (sweating, upset stomach, thumping heart)?	○	○	○	○
G. Become angry or upset when thinking about things that have happened?	○	○	○	○
H. Blamed yourself or felt guilty for things that have happened?	○	○	◉	○
I. Used alcohol or drugs to make you feel better? (You will NOT get in trouble for answering this honestly.)	○	○	◉	○
J. Thought about hurting yourself, because you were angry or sad?	○	○	○	○
K. ** Thought about ending your life of killing yourself?	○	○	○	○

Practice 4 - Evidenced-based methods or tools to screen, assess, and treat individuals in need of trauma-specific services are utilized.

▶ The need for standardization of screening across sites is balanced with the unique needs of each program or setting.

▶ Any screening tools or assessments utilized are regularly reviewed to better ensure they are the best, most predictive instruments available.

▶ The screening process avoids unnecessary repetition. While there is no need to ask the same questions at multiple points in the intake or assessment process, there is often a good rationale for returning to the questions after some appropriate time interval.

▶ Training is made available to all staff who would administer a trauma screening tool. Elements of the training include tips on addressing staff reluctance to ask questions, stigma associated with asking the questions, and staff becoming triggered by trauma material. If an entity does risk assessments, training on that activity should be provided.

▶ A training protocol on how to make appropriate referrals to individuals deemed to have experienced trauma and victimization and those flagged for risk should be implemented.

- Screening for trauma is incorporated into service delivery so that youth and families can receive appropriate services and care.
- Screening activities include education for families and youth about the impact of trauma and toxic stress.
- Screening is available for parents and caregivers as well as youth, depending on program parameters.
- Develop a clear process for responding to screens and disclosures of trauma and toxic stress. The process should include offering support and affirmation, exploring trauma-related needs, and referring for trauma-specific interventions.
- Evidenced-based assessment tools are utilized in settings where treatment is offered to gain a thorough understanding of trauma issues identified.
- Staff that provides clinical treatment is trained in and utilize evidenced-based, trauma- specific interventions.

Practice 5 - Formal program policies should reflect an understanding of trauma survivor needs, strengths, and challenges.

- The program promotes voluntary compliance with treatment whenever possible.
- The program has developed a de-escalation policy that minimizes the possibility of re-traumatization.

- When appropriate, the program has developed ways to respect youth and family preferences in responding to crises—via "advance directives" or formal statements of youth and caregiver choice.
  - ✓ For more information, see SAMHSA guidance.
  - ✓ See MCA 53-21-1304, "Scope of mental health care advance directive."

Practice 6 - The organization has a formal policy or mission statement that refers to the importance of being trauma informed in all aspects of program operations.

Example: *The purpose of this policy is to address the trauma in the lives of the children and families served by _____ . The policy is promulgated to promote the understanding of trauma and its impact, ensure the development of a trauma-informed system and the availability of trauma-informed services for_____.*

KEY PRINCIPLE 7: LEADERSHIP, ADMINISTRATIVE SUPPORT, AND POLICIES						
N/A-Does not apply **0**-Don't know **1**-Absent **2**-In process **3**-Adequate **4**-Strong	N/A	0	1	2	3	4
1. Leadership communicates support and guidance for implementing a trauma-informed approach.						
2. Our organization supports staff training regarding trauma, its impact, and appropriate responses.						
3. Human resource policies and practices address the impact of working with people who have or are experiencing trauma and toxic stress.						
4. Evidenced-based methods or tools to screen, assess, and treat individuals in need of trauma-specific services are utilized.						
5. Formal policies of the program reflect an understanding of trauma survivor needs, strengths, and challenges.						
6. Our organization has a formal policy or mission statement that refers to the importance of being trauma informed in all aspects of program operations.						
Leadership, administrative support, and policies score total:				/		

If your organization does a good job in this category, please provide an example of the mechanism used to accomplish this principle.
What could be different in your organization for a ranking one number higher?
What is the next step to increase rankings in this category?
Document the next steps your organization will take.

What comes after the assessment? Getting started with trauma champions:

One strategy for garnering support for trauma-informed change is to empower staff to assume the role of a trauma champion. Trauma champions are essential for growing a trauma-informed organization. Individuals who express support for the trauma-informed approach should be identified as leaders in the movement to grow and sustain transformation efforts. Once identified, trauma champions should form an internal champion team. Such leadership constitutes a vital strategy for ensuring the sustainability of trauma-informed culture change.

Because leadership constitutes a key ingredient for trauma-informed change, trauma champions should identify key leaders who may be receptive to helping facilitate organizational change. Champions should share with leadership that the trauma-informed approach stands to improve the organization and, with that, their own success. Many of the policies and practices associated with the approach, furthermore, may be woven into existing training and organizational protocols.

To facilitate sustainability, the impact of trauma-informed organizational change efforts may be measured not only with regular use of this assessment, but also by staff retention, client and employee satisfaction surveys, and to what extent implementation and expansion of the trauma- informed approach may have affected funding streams. Champions may use findings from such inquiries to continue efforts toward trauma-informed change.

For more information on how to employ the LSOC Montana Trauma-Informed Organizational Change Self-Assessment or the LSOC Montana Policy and Practice Template, please contact Jess Mayrer at: jessica.mayrer@umconnect.edu

Summary results:

Principle 1: Safety /

Principle 2: Trustworthiness and transparency /

Principle 3: Peer support /

Principle 4: Collaboration and mutuality /

Principle 5: Empowerment, voice, and choice /

Principle 6: Equity /

Principle 7: Leadership, administrative support, and policies /

Total score: /

Click here to reset assessment