



Quality Improvement
Services

An Office of the
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John E. Baldacci, Governor

Brenda M. Harvey, Commissioner



Development of a Trauma Informed System of Care Assessment Tool



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Abstract



The Goals:

- Outline a **conceptual framework** for measuring trauma-informed system development and service delivery.
- Define the **core components** of a trauma-informed system of care.
- Highlight the development of a **Trauma-Informed System Assessment Tool** and Data Collection Methodology.

Explore the **practical uses** of the tool for assessing the level of implementation of trauma-informed services.





What is Trauma?

- A “traumatic event” is one in which a person experiences, witnesses, or is confronted with actual or threatened death or serious injury, or threat to the physical integrity of oneself or others (*The American Psychiatric Association’s Diagnostic & Statistical Manual [DSM-IV]*).
- A person’s response to trauma often includes intense fear, helplessness or horror. Trauma can result from experiences that are “private” (e.g. sexual assault, domestic violence, child abuse/neglect, witnessing interpersonal violence) or more “public” (e.g. war, terrorism, natural disasters).

What is a Trauma-Informed Approach To Services?



- Instead of starting out by asking “*what is wrong with you (or your child)?*” a trauma-informed approach asks “*what has happened to you (or your child)?*”
- A trauma-informed approach to service delivery emphasizes physical and emotional safety, choice, empowerment and trustworthiness.



THRIVE Team Members

Collaboration among systems and service providers is imperative!

Why Use a Trauma-Informed Approach?



- Trauma is pervasive;
- The impact of trauma is broad and touches many life domains;
- The effects of trauma are often deep and life-shaping;
- Violent trauma is often self-perpetuating;
- Trauma is insidious and preys on the most vulnerable among us;
- Trauma affects the way people approach potentially helpful relationships;
- Trauma has often occurred in the service context itself.



What Does The Research Tells Us?

- Estimated 3 million children and adolescents in the United States are exposed to serious traumatic events each year.
- One out of three adolescents have been physically or sexually assaulted by the age of sixteen (Boney-McCoy & Finkelhor, 1995).
- Violent crime victimization among youth found to be twice as high as the rate for adults (Hashima & Finkelhor, 1999).
- Rates of Post-Traumatic Stress Disorder among adults who were formerly placed in foster care twice as high as rates as in U.S. war veterans (Northwest Foster Care Alumni Study, Pecora, et al., 2005).
- Child and youth trauma survivors at increased risk for substance abuse, criminal activity, homelessness, and re-victimization (Boney-McCoy, et al., 1996; Krahe, 2000; Flannery et al., 2001; Anderson, et al., 2003).
- Childhood trauma exposure consistently associated with a wide range of serious mental health, health risk & physical health disorders in adults (Felitti, et al., 1998; Schwartz & Perry, 1994; Dube, et al., 2003, Chapman, et al. 2004).

How was the Agency Assessment Tool Developed?



- Initial content based on Trauma Informed Systems Theory – (Fallot & Harris, 2006) and System of Care principles.
- Collaborative development and refinement process involving evaluation, family and agency representatives.
- Pilot testing of key informant interviews and data collection procedures currently in process.

A Trauma-Informed System Assessment Tool



What Does it Measure?

- Core Elements of Trauma-informed Practice
- Areas of Service Delivery
- Perspectives of Service Participants

Who are We Asking?

- Youth
- Family/Caregiver
- Case manager/Clinician
- Agency Administrator

Key Trauma-informed Elements



What Key Elements of Trauma-Informed Practice are Measured?



Key Elements	Descriptions
Cultural Competence	The extent to which policies, procedures, staff, services and treatments are sensitive to the cultures, traditions and beliefs of the families and youth who are involved with the agency
Youth and Family Collaboration	Policies and practices that encourage empowerment and partnership/participation, as well as strength-based and community-based approaches
Trauma Competence	The extent to which policies, procedures, staff, services and treatment are aware of and are sensitive to the unique experiences and needs of trauma survivors.
Physical and Emotional Safety	Factors that assure both the physical and emotional safety of consumers such as secure reception or waiting areas, non-judgmental treatment, and flexible scheduling.
Trustworthiness	Factors that foster trust between a service provider and the child and family such as consistency, accessibility of staff and interpersonal boundaries

What Service Delivery Areas are Measured?



- **Formal Policies & Administrative Supports:** agency policies and practices at including human resource policies, staff training and other administrative supports.
- **Service Delivery & Practice:** how things work in practice including the array of services offered, the extent to which the agency can deliver promised services, consumer perceptions of services and the use of evidence-based treatments.
- **Accountability:** how both administrative and clinical practices are reviewed as well as how the data are used to make changes.
- **Interagency Practices:** whether practices are consistent among agencies, whether referrals are seamless, how information is shared, and the burdens placed on consumers when accessing services from multiple agencies under a common service plan.

What Kinds of Questions Does the Tool Ask?



- Have you or your child ever been involved in training new and/or current staff?
- During the intake and screening process, did agency staff ask you about traumatic events that may have occurred in your child's life?
- In what ways did the agency work with you and your child to identify your child's strengths? And your strengths as a caregiver?
- Who decided who would be on your child's service planning team?
- Do the staff that work with you and your child show respect and sensitivity to your family's culture, traditions and beliefs?



How is Data Collected?

- Site visits with identified THRIVE system of care partner organizations.
- Key informant interviews performed on-site by a professional evaluator and family member/youth.
- Baseline site visits conducted in year three of initiative and then annually through year six.



How is it Scored?

- Uses two-part framework to assess 5 core areas of trauma-informed practice across four system & service delivery areas.
- Questions correspond to both a core element and service delivery area.
- Standards for each core trauma element have been established.
 - Paired interviewers rate respondents' answers according to established standards.



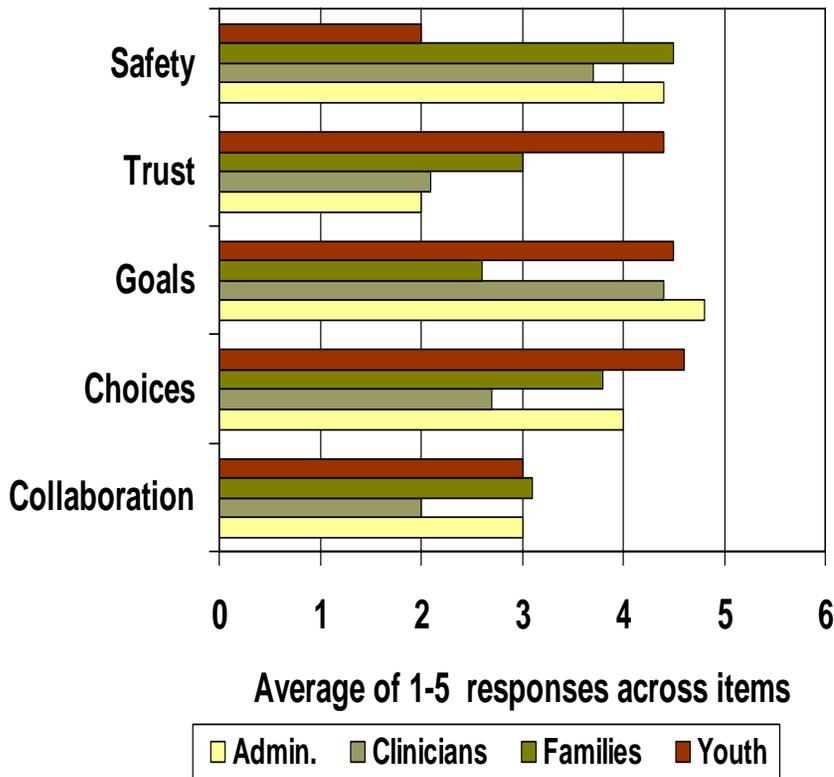
Scoring Summary

TRAUMA ELEMENT	SERVICE AREA				Total Potential Score
	Policy and Administrative Support	Service Delivery	Accountability	Interagency Collaboration	
Physical and Emotional Safety	<ul style="list-style-type: none"> • Privacy of space/information • Hiring practices 	<ul style="list-style-type: none"> • Physical environment • Personal safety • Use of safety plans 	<ul style="list-style-type: none"> • Incident reporting 	<ul style="list-style-type: none"> • Cross-agency repetition 	140
Youth and Family Empowerment, Choice and Control	<ul style="list-style-type: none"> • Youth/family involvement in governance & administrative functions 	<ul style="list-style-type: none"> • Consumer preferences for services • Individual service planning: strength-based approaches • Individual service planning: goal setting 	<ul style="list-style-type: none"> • Satisfaction with services & personal outcome tracking 	<ul style="list-style-type: none"> • Individual service planning: cross-agency teams • Youth/family involvement in cross-agency collaboration 	140
Trauma Competence	<ul style="list-style-type: none"> • Importance/impact of trauma • Required education & training • Staff well-being 	<ul style="list-style-type: none"> • Uniform screening for trauma • Sensitivity & awareness of trauma in all interactions • Use of evidence-based practices 	<ul style="list-style-type: none"> • Human resources & performance reviews • Accountability reviews & outcome measures 	<ul style="list-style-type: none"> • Cross-agency planning 	180
Trustworthiness	<ul style="list-style-type: none"> • Informed consent • Grievance/complaint policy 	<ul style="list-style-type: none"> • Communication with youth and families • Personal/professional boundaries 	<ul style="list-style-type: none"> • Changes to case management 	<ul style="list-style-type: none"> • Cross-agency information sharing 	120
Cultural Competence	<ul style="list-style-type: none"> • Cultural context of trauma • Training 	<ul style="list-style-type: none"> • Outreach & communication • Use of community resources 	<ul style="list-style-type: none"> • Monitoring cultural competence 	<ul style="list-style-type: none"> • Communicating cultural competence across agencies 	120
Total Potential Score	200	260	120	120	700

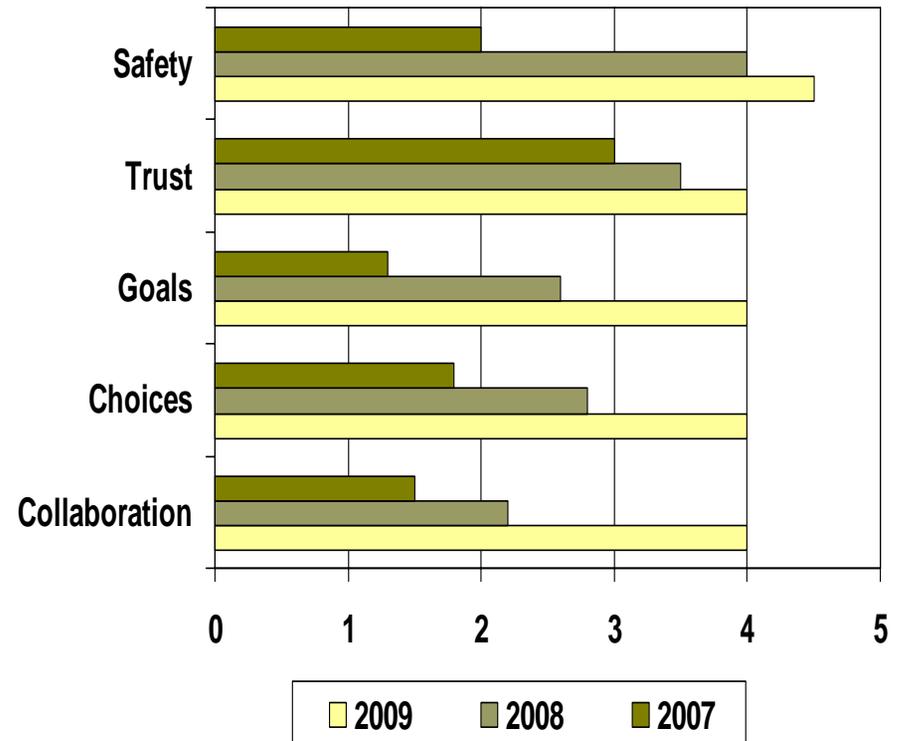
What Could The Results Look Like?



Formal Policies



Annual Progress & 2008 Goal





What are the Practical Implications?

- Determine extent to which SOC service providers are delivering trauma-informed services within a system of care context.
- Identify system and service provider strengths and areas needing improvement in trauma-Informed service delivery and practice.
- Use results to target SOC improvement and technical assistance.
- Use results as baseline measure for service improvements.
- Inform youth and family members of the extent to practices are trauma-informed so they can better advocate for care.



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