



## **Standard of Practice for Trauma Informed Care Organizations**

The following Standards of Practice for Trauma Informed Care organizations in Snohomish County, WA are based on nationally recognized principles of trauma informed care and are in alignment with SAMHSA's Concept of Trauma and Guidance for a Trauma Informed approach. These standards were integrated with Trauma Informed Oregon's Standards of Practice and reviewed and adopted by Snohomish County's Children's Wellness Coalition to include family members, individuals with lived experiences, as well as providers from different fields of practice. These standards are intended to provide benchmarks for planning and monitoring progress and as a means to highlight accomplishments and to challenge each organization.

**We recommend your multi-level Trauma Informed Leadership Team (TILT) use this tool.**

Please keep this in mind when using this Standards of Practice tool:

1. The Standards of Practice are intended to help organizations communicate to their constituencies how and to what extent they are working to build trauma informed care within their programs and/ or systems. We are not attempting to develop metrics or a system of accountability.
2. There is no assumption that this tool will be equally useful across all organizations or systems. Each system will need to determine how the Standards fit within its own culture.
3. Individual Standards will be interpreted differently in different contexts. For this reason, the Standards invite a qualitative (descriptive) response rather than a yes/no answer.
4. It is recommended that this document be reviewed, with a clear internal process, and updated by the Trauma Informed Leadership Team (TILT) at least once a year. How each agency makes their work ongoing and sustainable will be critical.
5. In order to assist organizations to assess strengths and weaknesses and to set goals, we have included a simple set of ratings. The ratings cannot be used to compare one programs or organization to another. Note that although the highest rating is 5 there is always room for improvement, and perspectives may vary on who is making the rating.

# Standard of Practice for Trauma Informed Agencies

1= We have not started

2= We are in the planning stages

3= We have done some

4= We have done a lot

5= We are amazing!

<b>I. Agency Commitment and Endorsement:</b> Agency leadership acknowledges that an understanding of the impact of trauma is central to effective service delivery and makes operational decisions accordingly					
<b>I a.</b>	Leadership Team has received information/training on trauma and trauma informed care.	1	2	3	4
<b>I b.</b>	Agency develops a TILT (Trauma Informed Leadership Team) team of all departments that meets regularly. This team develops a succession plan and identifies champions within the senior leadership.	1	2	3	4
<b>I c.</b>	Trauma Informed Care appears as a core principle in agency policies, mission statement, and written program/services information. <i>Describe or provide examples.</i>	1	2	3	4
<b>I d.</b>	There is a process in place for regular feedback and suggestions from staff and consumers related to trauma informed care (perceived safety, welcoming environment, transparency, shared decision making, supportive/helpful staff, not re-traumatizing).	1	2	3	4
<b>I e.</b>	Individuals with lived experiences in your system have roles in your organization.	1	2	3	4
<b>I f.</b>	Does the board have buy in and is there a system to train them on core principles and current practices?	1	2	3	4
<b>I g.</b>	Agency budget reflects a commitment of trauma informed care. <i>How is this commitment reflected?</i>	1	2	3	4
<b>I h.</b>	Decisions about changes in policy, practices, procedures, and personnel are made in a way that minimizes negative impact on workforce and on individuals/families receiving services. <i>How do you achieve this? What processes are in place?</i>	1	2	3	4
<b>I i.</b>	Is self-care part of the agency-wide policy? If so, how?	1	2	3	4

Ij.	The organization has made a commitment to diversity and equity within the agency and with the population served.	1	2	3	4
Ik.	Leadership looks at best practice strategies for Trauma Informed Care strategies to be embraced throughout the agency.	1	2	3	4
II.	Leadership identifies barriers to progress and evaluates success.	1	2	3	4
Im.	Confidentiality is maintained throughout the whole agency to a high standard. <i>How is this done?</i>	1	2	3	4
<b>II.</b>	<b>Environment and Safety-</b> There is demonstrated commitment to creating a welcoming environment and minimizing and /or responding to perceived challenges to safety.				
II a.	Physical space (external environment, exits and entrances, waiting room, offices, halls, lighting, restrooms, etc.) has been reviewed for actual and perceived safety concerns that may affect staff and individuals receiving services.	1	2	3	4
II b.	Physical environment has been reviewed for a welcoming environment (color, furniture, what is on the walls, greeting by name, access to water). <i>What changes have been implemented?</i>	1	2	3	4
II c.	Physical environment has been reviewed for cultural responsiveness. <i>Describe modifications made.</i>	1	2	3	4
II d.	There is a process in place to hear and respond to safety concerns and crisis protocols that arise. These are regularly practiced. <i>How do you ensure information is available when needed?</i>	1	2	3	4
II e.	Individuals who have received services from the agency have helped develop and /or reviewed decisions about physical environment and/or safety protocols.	1	2	3	4
<b>III.</b>	<b>Workforce Development-</b> Human Resource policies and practices reflect a commitment to trauma informed care for staff and the population served.				
III a.	Employees and Board members have received core training in Trauma Informed Care. This includes:	1	2	3	4
	• Adverse Childhood Experiences	1	2	3	4
	• The prevalence and impact of trauma on individuals and staff in our agency	1	2	3	4
	• Principles and Implementation of Trauma Informed Care	1	2	3	4

• Self-Care	1 2 3 4
• Resilience	1 2 3 4
• Self-Regulation and De-escalation	1 2 3 4
<i>Does your handbook and agency manual include TIC language and policies?</i>	1 2 3 4
<b>III b.</b> Core Trainings are offered at least annually. <i>How do you train the new staff? How are trainings delivered, by whom?</i>	1 2 3 4
<b>III c.</b> Organization is building internal capacity to ensure that ongoing training and education for staff on trauma informed care is available.	1 2 3 4
<b>III d.</b> Ongoing professional development opportunities are available for all staff. To ensure the right trainings are being offered, staff are included to complete need assessments.	1 2 3 4
<b>III e.</b> The mission and values of the agency are communicated to all staff. (During orientation or reviewed annually)	1 2 3 4
<b>III f.</b> Alternative opportunities for staff to learn about Trauma Informed Care (i.e. webinars, community events, trainings being offered at different times, videos) are offered.	1 2 3 4
<b>III g.</b> Human Resources track staff trainings.	1 2 3 4
<b>III h.</b> Policies and procedures support self-care. <i>How do you do this?</i>	1 2 3 4
<b>III i.</b> Peer Support is encouraged through mentoring, shadowing opportunities, and case consultation. <i>How is the agency supporting staff to deal with their own trauma responses? How does your agency allow staff to take care of themselves if they are triggered? Safety plans are encouraged.</i>	1 2 3 4
<b>IV. Hiring and Onboarding Practices</b>	
<b>IV a.</b> Job descriptions and hiring questions include trauma informed language. Screening and interviewing protocols includes applicant’s understanding and prior experience/training regarding the prevalence and impact of trauma and the nature of trauma informed care. <i>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?</i>	1 2 3 4

<p><b>IV b.</b> Individuals with lived experiences of our social service system participate in the hiring process. <i>How? How is their feedback utilized?</i></p>	1 2 3 4
<p><b>V. Supervision and Support</b></p>	
<p><b>V a.</b> Staff receives regularly scheduled supervision that is supportive, where strengths are incorporated and encouraged. <i>Which staff does this happen and how often does this process happen?</i></p>	1 2 3 4
<p><b>V b.</b> What is the process for peer support for support and guidance?</p>	1 2 3 4
<p><b>V c.</b> Supervision includes discussion of self-care and wellness. <i>How is all learning and communication styles honored? Is feedback encouraged and safe to offer?</i></p>	1 2 3 4
<p><b>V d.</b> Supervision includes learning and application of knowledge about Trauma and Trauma Informed Care to include strength based approaches and reflective supervision, if possible.</p>	1 2 3 4
<p><b>V e.</b> Supervisors have had training /consultation on supervising for Trauma Informed Care. <i>When and how does this occur? Are conversations private?</i></p>	1 2 3 4
<p><b>V f.</b> Performance reviews expect increased awareness, understanding and practice skills related to trauma informed care. <i>Describe these ways.</i></p>	1 2 3 4
<p><b>V g.</b> Supervisors and staff can explain personnel policies; disciplinary actions reflect principles of transparency, predictability, and inclusiveness.</p>	1 2 3 4
<p><b>VI. Services and Service Delivery.</b> Service delivery reflects a commitment to trauma informed practice related to Screening, Assessment, Treatment Services, aspects of Engagement and Involvement, and Cross-Sector Collaboration.</p>	
<p><b>VI a.</b> The first point of contact is welcoming and engaging for individuals seeking support or services. Are agencies values seen throughout building I.e. art, welcoming, signage, etc.?</p>	1 2 3 4
<p><b>VI b.</b> Direct staff understand the heightened risk of suicide for trauma survivors and are able to respond appropriately and get appropriate help. <i>What is the protocol? What ensures that staff are able to implement?</i></p>	1 2 3 4

<p><b>VI c.</b> Intake forms and processes have been reviewed and modified to reduce unnecessary detail that might be triggering to individuals or staff who are seeking or entering services.  <i>Are forms culturally relevant? Who is translating them?</i>  <i>What has been modified to improve the intake process for the consumer?</i></p>	1 2 3 4
<p><b>VI d.</b> Agency has an easy-to-read paperwork for staff and consumers that explain core services, key rules and policies, and process for concerns/complaints.  All paperwork reflects trauma informed care principles and they are embedded in the operating policies.  <i>How is this available in the organization?</i></p>	1 2 3 4
<p><b>VI e.</b> Policies related to treatment services (cancellations, no-shows and other rules) have been reviewed and modified as needed to reflect an understanding of trauma and its impact.  <i>What was the review process used?</i>  <i>What happened as a result of these changes?</i></p>	1 2 3 4
<p><b>VI f.</b> Language is framed and a trauma lens is worn at all times to ask “What has happened? “ instead of “What is Wrong?”.</p>	1 2 3 4
<p><b>VI g.</b> The TILT (Trauma Informed Leadership Team) meets regularly, all departments are represented and management has champions supporting this framework.</p>	1 2 3 4
<p><b>VI h.</b> Is your organization ensuring healthy relationships with natural supports?</p>	1 2 3 4
<p><b>VI i.</b> Is there a way to support those your organization serves as they succeed?  <i>How are we doing this? Is it consumer centered?</i></p>	1 2 3 4
<p><b>VI j.</b> Does your organization have cultural representation to reflect the community you serve?</p>	1 2 3 4
<p><b>VI k.</b> Individuals receiving services have the opportunity to provide input/feedback and /or to grieve policies that affect them.  <i>What is the process or structure for this to happen?</i>  <i>How is the process trauma informed?</i></p>	1 2 3 4
<p><b>VI l.</b> In organizations providing direct service, the importance of the primary relationship is recognized and supported though policy and practice.</p>	1 2 3 4

<b>VI m.</b>	In organizations providing direct service, trauma specific services are offered, preferably reflecting promising or best practices. <i>What services are offered?</i>	1	2	3	4
<b>VI n.</b>	In organizations not providing direct services, staff have up-to-date information about trauma specific services available for referrals. <i>How do you ensure this information is available and used?</i>	1	2	3	4
<b>VI o.</b>	Peer support is available and routinely offered to individuals receiving services. <i>What services are offered? What is the role of peers in the organization?</i>	1	2	3	4
<b>VI p.</b>	Individuals receiving services are not terminated without notice and direct contact (unless precluded by circumstances). <i>What is the protocol? How do you ensure this?</i>	1	2	3	4
<b>VII.</b>	<b>Cross-Sector Collaboration</b>				
<b>VII a.</b>	Agency is working with community partners and /or systems to develop common trauma informed language, protocols, and procedures.	1	2	3	4
<b>VII b.</b>	Is your organization providing warm hand offs? (explain)? <i>How do you ensure this and what are the protocols?</i>	1	2	3	4
<b>VII c.</b>	Is your organization committed to developing a robust network of culturally responsive connections across all sectors to build capacity.	1	2	3	4
<b>VIII.</b>	<b>Budget</b>				
<b>VIII a.</b>	Does your organizational budget reflect the value of a trauma informed sustainable culture to include trainings, self-care, etc.	1	2	3	4
<b>IX.</b>	<b>Diversity and Equity</b>				
<b>IX a.</b>	Does your staff and board members represent the individuals you serve? <i>What is the process to ensure that?</i>	1	2	3	4
<b>IX b.</b>	Does your TILT team represent your community?	1	2	3	4
<b>IX c.</b>	How the cultural wealth of your organization being utilized?	1	2	3	4
<b>IX d.</b>	Are the organizations materials/services in other languages?	1	2	3	4
<b>X.</b>	<b>Systems Change &amp; Progress Monitoring.</b> There is a demonstrated commitment to planning, implementation and continuous improvement. To include progress monitoring, quality assurance and evaluation.				

<b>X a.</b> Organizations mission, and vision statement reflect Trauma Informed language.	1 2 3 4
<b>X b.</b> Organization initiates regular feedback from the individuals they serve.	1 2 3 4
<b>X c.</b> Agency completes a regular self-assessment. <i>Who monitors this and how is this monitored.</i>	1 2 3 4
<b>X d.</b> Senior Management and/or Trauma Informed Care Leadership team (TILT) receives regular updates on progress and priorities for systems change to ensure trauma informed care. <i>Describe the process? How often does it occur?</i>	1 2 3 4
<b>X e.</b> There is a regular mechanism for communicating to all staff and stakeholders about emerging Trauma Informed Practices and the agency's efforts to promote and sustain this framework.	1 2 3 4
<b>X f.</b> The organization is using agency data to help establish priorities and measure impact (i.e. staff retention, absenteeism, engagement and retention of service recipients etc.)	1 2 3 4
<b>X g.</b> The self-assessment or quality assurance process for Trauma Informed Care is ongoing. <i>Provide examples of objectives met and current priorities.</i>	1 2 3 4
<b>X h.</b> New employee orientation includes principles of Trauma Informed Care.	1 2 3 4
<b>X i.</b> Cultures priority is strength based to include growth mindset. <i>What are some examples?</i> <i>How is this sustainable?</i>	1 2 3 4