



Behavioral Health Services (BHS)

Trauma-Informed Care Initiative
Strategic Plan

2020

Approval by BHS Director
Print Name

Signature

Date

Jeff Nagel, Ph.D.

A handwritten signature in blue ink that reads 'Jeff Nagel'.

12/1/20

BHS Trauma-Informed Care Initiative

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A Trauma-Informed Approach:

A trauma-informed approach provides an organizational structure and treatment framework that embeds the six principles of trauma-informed care into practice and services: Safety; Trustworthiness and Transparency; Peer Support and Mutual Self-Help; Collaboration and Mutuality; Empowerment, Voice and Choice; Cultural, Historical, and Gender Issues.

Creating safe, secure and trusting environments enhances the ability of health care staff to *provide services in a non-traumatizing manner and supports the health and wellness of employees and clients*. A trauma-informed organization strives to address psychological, emotional, and physical safety in policy and practice and makes an effort to ensure clients, family members and staff feel safe at all times.

Trauma-Informed Leadership:

The concept of trauma-informed leadership provides a holistic approach that incorporates the day-to-day tasks of management and the relationship-based skills that facilitate the culture shift needed to change organizational norms, policies, practices, procedures and structure. This framework includes the *core principles of trauma-informed approaches, adaptive leadership skills, fostering supportive environments and implementation strategies for organizational change*. Monitoring and measuring trauma-informed leadership factors is a useful process to assess the strength of leadership efforts as they relate to adopting trauma-informed principles.

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Trauma is prevalent across the U.S; however, studies show that rates are higher in certain groups. These underserved and vulnerable populations include Black/African Americans, Hispanic, low income families and those unemployed, LGBTIQ youth, urban youth, and populations who have suffered discrimination, racism, slavery, forced migration, and other forms of oppression.¹

¹ "Trauma Informed Care in Primary Care: Fostering Resilience and Recovery" National Council for Behavioral Health

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Those with trauma have higher rates of negative coping and high-risk behaviors such as smoking, alcohol abuse, illicit drug use, and suicide attempts. Additionally, those in the health care industry have high rates of vicarious trauma (or secondary trauma).

The Orange County Health Care Agency Behavioral Health Services **Trauma-Informed Care Core Implementation Team (TIC-CIT)** represents BHS service areas and staff at all levels. It was created in May 2018 with the purpose to transform BHS into a trauma-informed care system, responding to the need of our workforce and clients. Based on the results of the first Organizational Self-Assessment (OSA), Domain 3 was selected as an area of focus (Wellness and Trauma, Educated and Responsive Workforce). Goals and objectives were developed to increase safety and wellness for staff including promoting self-care, addressing burnout, making our program sites more welcoming, providing quality trainings available to all, and having a common language in-regard to Trauma Informed Care. In the Fall of 2019, 3 workgroups were formed to focus on key goals and objectives. These three workgroups are led by the CIT members: Clinical Intervention, Training, and Resources; Staff Wellness and Safety; and, Screening and Assessment.

This Strategic Plan will serve as the guiding document for this Initiative. The following implementation process will ensure BHS management approves and supports all changes impacting operations, staff, and client care.

Step 1: Workgroups submit proposed change or tool to TIC-CIT team

Step 2: TIC-CIT team reviews and provides feedback; if approved and ready for distribution, will request for Division Manager and Directors to review

Step 3: Identified tool or document is sent to Division Managers and Directors for review/approval.

- If approved without changes, the tool or document is distributed to DM's and PM's (with any guides or instructions) for implementation.
- If returned with feedback/revisions, workgroup will make revisions and re-submit.

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Vision:

Trauma-Informed principles will be used in all aspects of service and interactions with clients/participants and staff/administrators throughout BHS.

Objective:

Establish more appropriate and effective care utilization patterns among individuals with trauma history, and those staff vulnerable to secondary trauma and create a safe space for staff, which leads to improved clinical assessment and response to trauma.

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Action Steps:	Deliverable/Indicators	Completion Timeframe	TIC-CIT Workgroup Responsibility
Goal 1: Help all individuals feel safety, security, and trust			
Create a team that is responsible for assessing and monitoring safe, secure, and trusting physical and interpersonal environment	<ul style="list-style-type: none"> Utilize Workplace Wellness Advocates (WWA) to complete quarterly “BHS Organizational Resilience and TIC” survey Utilize TIC Supervisor Survey for TIC change readiness TIC Core Implementation Team (TIC-CIT) and WWA workgroup will monitor and evaluate for effectiveness 		<p>Safety and Wellness</p> <p>Safety and Wellness</p>
Provide Trauma-informed care related informational materials for clients/participants, staff, and partners	<ul style="list-style-type: none"> Disseminate materials at intake, as needed, and advertise on webpages and in clinics (universal prevention) Educate clients on rationale for asking questions related to trauma and how information gathered will be used <ul style="list-style-type: none"> ➤ Use of TIC Informed consents to help clients with choices and understanding of trauma (e.g. Trauma survivor’s Bill of Rights, Autonomous decision-making, etc.) All staff/administrators will be trained in TIC principles and EBPs that support TIC approaches and appropriate TIC language Supervisors utilize survey developed to assess TIC readiness of individuals and teams 		<p>Screening and Assessment & Engagement</p> <p>Clinical Intervention, Training, & Resources</p> <p>Safety and Wellness</p>
Goal 2: Develop a Trauma-Informed Workforce			
Formalize HR hiring process	<ul style="list-style-type: none"> Integrate TI principles into code of conduct, job descriptions, job announcements, hiring, and on-boarding process Provide TI trainings to new program staff within 30 days of program implementation or date of new hire. 		Clinical Intervention, Training, & Resources
Ensure all processes related to workforce development are culturally and linguistically appropriate	<ul style="list-style-type: none"> Hiring processes and interviews should evaluate bi-lingual/bi-cultural capabilities Trainings/ongoing professional development provide clear information and deliver clear messaging of agency Work-related stress issues are discussed and managed 		Clinical Intervention, Training, & Resources

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Goal 3: Build Compassion Resilience in the Workforce			
Establish Policies and Procedures on appropriate responses to workforce safety and concerns	<ul style="list-style-type: none"> • P&P to address and review adverse incidents • P&P on workforce concerns including burnout, secondary trauma, compassion fatigue • P&P for supporting clients with the regulation of their emotions and/or physical responses in order to avoid restraint and avoid injury to staff 		
Goal 4: Identify and Respond to Trauma			
Develop mechanism and frequency for trauma screenings/assessments	<ul style="list-style-type: none"> • Utilize approved screeners and assessment tools • Develop guideline for appropriate screening of all clients/participants • Utilize TIC practices during screenings and intakes 		Screening and Assessment & Engagement
Develop list of appropriate evidenced based practices for treating trauma	<ul style="list-style-type: none"> • Utilize fidelity checklists and monitoring measures when using EBPs • Engage with other clinicians/supervisors for accurate use of EBPs and treatment strategies 		Clinical Intervention, Training, & Resources
Engage and coordinate care for client services	<ul style="list-style-type: none"> • Review intake process for ways to ensure engagement is priority and to avoid re-traumatization • Ensure client care is coordinated amongst programs and trauma treatment is cohesive • Increase frequency of multi-disciplinary case consultation across services using video-conferencing 		Screening and Assessment & Engagement Clinical Intervention, Training, & Resources
Goal 5: Finance and Sustain Trauma-Informed Initiatives			
Develop mechanisms to engage client and community around TI approaches	<ul style="list-style-type: none"> • Satisfaction survey, engagement data, community access points • Utilize existing community engagement forums and other ways to engage and educate clients about TIC 		
Develop consistent messaging and discussion about TI practices	<ul style="list-style-type: none"> • Utilize developed TIC Practice Guidelines • Train all staff/administrators about standardized definition and understanding of trauma • Utilize BHTS staff to visit clinics or provide ongoing trainings and guidance on use of Assessment instruments and TIC principles 		Clinical Intervention, Training, & Resources