


CHAPTER: 2	SECTION: 24	SUBJECT: CONTINUUM OF CARE
TITLE: TRAUMA INFORMED CARE		
EFFECTIVE DATE: 1/24/2022	REVISED DATE:	
ISSUED AND APPROVED BY:  Lynne Doyle (Jan 24, 2022 11:10 EST)		
		EXECUTIVE DIRECTOR

I. PURPOSE:

To address trauma in the lives of individuals served by Community Mental Health of Ottawa County (CMHOC). This policy is created to promote the understanding of trauma and its impact, ensure the development of a trauma informed system, and the availability of trauma specific services for our CMHOC consumers and families.

II. APPLICATION:

To all Community Mental Health of Ottawa County (CMHOC) operated and contracted programs, if specified by contract.

III. DEFINITIONS:

Trauma: Individual trauma results from an event, series of events, or set of circumstances that is experienced by and individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-beingⁱ.

IV. POLICY:

It is the policy of CMHOC that all operated and contracted programs shall develop a trauma-informed system and ensure the following elements are provided:

1. Adoption of trauma informed culture: values, principles, and development of a trauma informed system of care ensuring safety and preventing re-traumatization
2. Engagement in organizational self-assessment of trauma informed care
3. Adoption of approaches that prevent and address secondary trauma of staff
4. Screening individuals for trauma exposure and related symptoms
5. Use of trauma-specific assessment tools
6. Provision of trauma-specific evidence-based practices or evidence informed practices
7. CMHOC operated and contracted programs shall join with community organizations to support the development of a trauma informed community that promotes health and reduces the likelihood of adverse childhood experiences^{ii, iii}.

V. PROCEDURE:

1. Develop and support a committee to include representatives from I/DD, MI, SUD, and FS services. The committee's primary focus will be to ensure the building and maintaining of trauma informed care.
2. Ensure that all staff are trained and have ongoing training in trauma informed care. Training will be updated as effected by changes in research and/or evidence-based approaches. Staff trained in trauma informed care should:
 - a. Understand what trauma is and the impact of trauma and the principles of trauma
 - b. Understand the principles of trauma informed care and know strategies to mitigate the impact of the trauma(s)
 - c. Understand re-traumatization and its impact.
3. Policies and procedures shall ensure a trauma informed system of care is supported and the policies address trauma issues, re-traumatization, and secondary trauma of staff.
4. Conduct an organizational self-assessment to evaluate the extent to which current policies are trauma-informed, and identify organizational strengths and barriers, including an environmental scan to ensure the environment does not re-traumatize. This assessment is to be completed every three (3) years or sooner as necessary.
5. Adopt approaches that prevent and address secondary traumatic stress of staff, including, but not limited to:
 - a. Opportunity for supervision
 - b. Trauma-specific incident debriefing
 - c. Training
 - d. Self-care
 - e. Other organizational support like the county ran employee assistance program
6. Use culturally competent, standardized, and validated screening tools^v as appropriate by population.
7. Based upon the outcome of trauma screening, conduct a culturally competent, standardized, and validated assessment.
8. Use evidence-based practices^v, as appropriate.

9. Join with community organizations, agencies, faith-based organizations, community collaboratives and coalitions to support the development of a trauma informed community.

VI. ATTACHMENT:

None

VII. REFERENCES:

- i. Substance Abuse Mental Health Services Administration (SAMHSA), <http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx> .
- ii. Substance Abuse and Mental Health Services Administration, Leading Change: SAMHSA's Role and Actions 2011-2012.
- iii. SAMHSA's Initiatives, Preventing Substance Abuse and Mental Illness, 2010.
- iv. Fallot, PhD, Roger, Harris, PhD, Maxine. *Creating Cultures of Trauma Informed Care*. Community Connections, Inc., March 2009. Page 59.
- v. www.michigan.gov/traumatoxicstress