

## POLICIES AND PROCEDURE MANUAL

|                                                    |                                                                         |                                 |                          |
|----------------------------------------------------|-------------------------------------------------------------------------|---------------------------------|--------------------------|
| <b>Chapter:</b>                                    | <b>Service Delivery</b>                                                 |                                 |                          |
| <b>Title:</b>                                      | <b>Trauma-Informed Systems of Care</b>                                  |                                 |                          |
| <b>Policy:</b> <input checked="" type="checkbox"/> | Review Cycle: Biennial                                                  | <b>Adopted Date:</b> 07.07.2020 | <b>Related Policies:</b> |
| <b>Procedure:</b> <input type="checkbox"/>         | <b>Authors:</b> Chief Clinical Officer, Chief Behavioral Health Officer | <b>Review Date:</b> 11.01.2022  |                          |
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### **Purpose:**

This policy ensures that Mid-State Health Network (MSHN) and its provider network promotes an understanding of trauma and its impact, develops and implements trauma-informed systems of care, and ensures availability of trauma-specific services for all persons served.

### **Policy:**

It is the policy that MSHN and its provider network develop a trauma-informed system of care that is inclusive of internal staff, consumers across the developmental spectrum and throughout the full array of services offered. The following elements should be included:

- I. Adoption of trauma informed culture: values, principles and development of a trauma informed system of care ensuring safety and preventing re-traumatization.
- II. An organizational self-assessment for trauma-informed care, to be updated every three years. It should a) evaluate the extent to which providers' policies and practices are trauma-informed, b) identify organizational strengths and barriers, and c) include an environmental scan to ensure that the internal culture, environment, and building(s) are safe and trauma-sensitive.
- III. Inclusion of strategies to address secondary trauma for all staff, including, but not limited to opportunities for supervision, trauma-specific incident debriefing, training, self-care, and other organizational support.
- IV. Universal screening for trauma exposure and related symptoms for each population. The screening instrument should be culturally competent, standardized, validated, and appropriate for each population.
- V. Trauma-specific assessment for all populations served. The assessment tool should be culturally competent, standardized, validated, and appropriate for each population.
- VI. Trauma-specific services for each population using evidence-based practices (EBPs) or promising practice(s) are provided in addition to EBPs when no EBP is appropriate.
- VII. Collaboration between MSHN, its provider networks, and community partners to support development of a trauma informed community that promotes behavioral health and reduces the likelihood of mental illness and substance use disorders.

### **Applies to:**

- ☒ All Mid-State Health Network Staff  
☐ Selected MSHN Staff, as follows:  
☒ MSHN's CMHSP Participants: ☒ Policy Only ☐ Policy and Procedure  
☒ Other: Sub-contract Providers

### **Definitions:**

**Adverse Childhood Experiences (ACEs):** Stressful or traumatic events that children might experience including abuse, neglect, witnessing domestic violence, incarceration of a parent, or a family member with serious mental illness and/or a substance use disorder. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance abuse.

Populations Served: Includes children with serious emotional disturbance, adults with serious mental illness, persons with intellectual/developmental disabilities, persons with substance use disorders including co-occurring disorders.

Re-traumatization: A situation, attitude, interaction, or environment that replicates the events or dynamics of the original trauma and triggers the overwhelming feelings and reactions associated with them.

Secondary Trauma: The emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder. Accordingly, individuals affected by secondary stress may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure.

Trauma: The results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or threatening and that have lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being. Forms of traumatizing events include violence and assault, discrimination, racism, oppression, and poverty. These chaotic life conditions are directly related to chronic fear and anxiety and can have serious long-term effects on health and other life outcomes.

Trauma-informed Services: Services designed specifically to avoid re-traumatizing those who seek assistance as well as staff working in service settings. These services seek "safety first" and commit themselves to "do no harm".

Trauma-specific Services: Services or interventions designed specifically to address the consequences of trauma in the individual and to facilitate healing.

**Other Related Materials:**

N/A

**References/Legal Authority:**

Medicaid Managed Trauma Specialty Supports and Services Program,  
FY20, Contract Amendment #1, Attachment 7.10.6.1

**Change Log:**

| Date of Change | Description of Change | Responsible Party                                      |
|----------------|-----------------------|--------------------------------------------------------|
| 04.2020        | New Policy            | Chief Behavioral Health Officer/Chief Clinical Officer |
| 08.2020        | New Policy            | Chief Behavioral Health Officer                        |
| 09.2022        | Biennial Review       | Chief Behavioral Health Officer                        |