COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN/PIHP	Policy and Procedure: *Trauma-Informed Practice*
Committee/Department: Clinical Performance Team	**Local Policy Number (if used)**
Implementation Date 11/10/2021	**Regional Approval Date 10/28/2021**

Reviewed by:	**Recommendation Date:**
ROC	09/01/2021
CMH Board:	**Approval Date:**
Lenawee	10/28/2021
Livingston	10/26/2021
Monroe	10/27/2021
Washtenaw	09/27/2021

I. PURPOSE

To ensure that services and programs are supportive of trauma issues and avoid retraumatization for all persons served by the CMHPSM, based on understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate.

II. REVISION HISTORY

DATE	MODIFICATION
2014	Original document
05/16/2017	Scheduled Review
10/27/2021	3-year review

III. APPLICATION

This policy applies to all staff, students, volunteers, and contractual organizations within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM). This includes some Licensed Independent Practitioners and all subcontracted providers and substance abuse agencies under contract with the CMHPSM.

IV. POLICY

The CMHPSM will create and maintain a physically and emotionally safe, calm, and secure environment with supportive care, a system-wide understanding of trauma prevalence and impact, recovery and trauma specific services, and recovery-focused, consumer/individual-driven services.

V. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan: The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Trauma: Traumatic experiences can be dehumanizing, shocking, or terrifying, singular or multiple compounding events over time, and often include betrayal of a trusted person or institution and a loss of safety. Trauma can result from experiences of violence. Trauma includes physical, sexual, or institutional abuse, neglect, intergenerational trauma, and disasters that induce powerlessness, fear, recurrent hopelessness, and a constant state of alert. Trauma impacts one's spirituality and relationships with self, others, communities and environment, often resulting in recurring feelings of shame, guilt, rage, isolation, and disconnection.

Trauma-Informed Care: As an approach that appreciates that healing is possible, trauma-informed care engages people with histories of trauma, recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. This approach seeks to shift the paradigm from one that asks, "What's wrong with you?" to one that asks "What has happened to you?" Every part of a trauma-informed system's organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services.

VI. STANDARDS

1. Early Screening and Comprehensive Assessment of Trauma
    a. The initial (first encounter with the agency) intake, assessment, and documentation process includes questions designed to sensitively and respectfully explore prior (including early childhood) and current trauma-related experiences.
    b. CMHPSM clinicians recognize that some consumers/individuals served may not be able or willing to reveal traumatic life experiences early on in the intake/assessment process, given the sensitive nature of the topic, and will make efforts to revisit these issues based on an assessment of a consumer/individual's readiness.
    c. The screening and assessment process is sufficiently thorough and focused on symptoms, behaviors and trauma-related issues to allow for the determination of a diagnosis associated with trauma, such as PTSD. The ongoing process allows for the gathering of new trauma-related information leading to potential changes in diagnosis as well as appropriate treatment objectives, goals, and services.

2. Consumer/individual-Driven Care and Services
    a. There is consumer/individual served representation throughout the CMHPSM, and the organization has a formal system in place to continuously gather consumer/individual served feedback, identify problem areas, and make improvements as needed. A high priority is placed on assessing

consumer/individuals' perception of safety, choice, collaboration trust, and empowerment.

b. The consumer/individual's voice and choice are represented and encouraged. Consumers/individuals served receive information about their rights and program opportunities, education about the impact of trauma, and exploration of options to ensure that they participate fully in making informed decisions about every aspect of their care.

3. Trauma-Informed Educated and Responsive Workforce
   a. The CMHPSM places a high emphasis on the active participation and buy-in of leadership in all trauma-informed care efforts.
   b. All staff (administrators/supervisors, practitioners, employed consumers/individuals served, and support staff) in the CMHPSM are educated about what it means to be a trauma-informed care organization.
   c. Hiring practices indicate that candidates who have training and experience in trauma-related interventions and services, are highly valued and preferred, and job performance evaluations clearly describe staff expectations and behaviors that are aligned with trauma-informed care principles.
   d. Supervisors and practitioners receive training in trauma specific evidence-based and emerging best practices on an ongoing basis.
   e. Support staff receives ongoing training, performance evaluations, and supervisory assistance in integrating trauma-informed care principles in their work.
   f. The CMHPSM recognizes that staff success and satisfaction with their work might be affected by their personal trauma histories, compassion fatigue, secondary trauma (e.g. vicarious trauma), and the lack of organizational supports. The CMHPSM also creates an environment that is safe and comfortable for staff to share personal and work-related stressors and receive support through supervision, an Employee Assistance Program, or other professional services, or education to increase awareness about the impact of stress on work performance and develop personally meaningful and useful stress management strategies.

4. Provision of Trauma-Informed, Evidence-Based, and Emerging Best Practices
   a. The CMHPSM emphasizes the role of traumatic life experiences as key contributing factors in the development of many mental health, substance use, and physical health problems rather than placing an emphasis on personal deficits, weaknesses, and disorders. "What happened to you?" rather than "What is wrong with you?"
   b. The CMHPSM routinely assists consumers/individuals served to develop a wellness plan that is designed to prevent and manage a crisis. All staff directly involved in the consumer/individual's treatment is informed about the consumer/individual's wellness plan and how they can support it.
   c. The CMHPSM offers an array of trauma specific services, which are evidence-based, evidence-informed, and/or emerging best practices. The array is sufficiently broad to meet consumer/individual served preferences and needs.

d. The CMHPSM provides trauma-related information that will assist other service providers to develop a service plan that will promote effective care and reduce the likelihood of retraumatization.

5. Create Safe and Secure Environments
   a. The CMHPSM has a system in place to identify and implement policies, procedures, environmental conditions, activities, social climate, documentation, and treatment practices that promote a safe and secure environment in order to reduce the likelihood of re-traumatization or re-victimization.
   b. The CMHPSM has a system in place for consumers/individuals served and staff to "safely" let the organization know when practices, interpersonal interactions, and/or the environment are unsafe and inconsistent with trauma-informed care without fear of reprisal.
   c. The CMHPSM ensures that staff is educated and trained in using trauma-informed care approaches to prevent and manage incidents that create serious emotional distress for both staff and consumers/individuals served.
   d. The CMHPSM recognizes that seclusion, restraint or the overuse of medication to control a person's behavior, can result in re-traumatization or re-victimization. Thus, there is a system in place to utilize non-coercive approaches that promote empowerment, choice, and involvement of consumers/individuals served.

6. Engagement in Community Outreach and Partnership Building
   a. The CMHPSM assumes a leadership role in engaging and educating community partners (e.g. courts, police, emergency services, hospitals, the general public, Child and Adult Protectives Services, MDHHS, etc.) about trauma-informed care and minimize re-traumatization.
   b. The CMHPSM engages external partners in the care of individual consumers/individuals served, with their permission and involvement, to promote and ensure system-wide trauma-informed care.

7. Ongoing Performance Improvement and Evaluation
   a. The CMHPSM has a system in place to regularly measure its performance in the above standards.

VII. EXHIBITS

None

VIII. REFERENCES

A. SAMHSA's National Center for Trauma-Informed Care (NCTIC) Website
B. Oregon Department of Human Services & Oregon State Hospital Trauma Policy Presentation: Pat Davis-Salyer M. Ed., Education & Development Department (http://www.oregon.gov/oha/amh/pages/trauma.aspx)

C. National Council for Community Behavioral Healthcare Organizational Self-Assessment: Adoption of Trauma-Informed Care Practice
D. CMHPSM Physical Management and Restraint Policy
E. Joint Commission Behavioral Health Standards
F. MDHHS PIHP Contract
G. MDHHS CMHSP Contract