Regional Research Institute for Human Services   School of Social Work

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Trauma-Informed Care Implementation Assessment Instrument

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Trauma-Informed Care Implementation Assessment Instrument
Developed by Trauma Informed Oregon & the PSU Human Services Implementation Lab

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There are **five key elements of TIC** that are needed in order to have a sustainable infrastructure. Within those elements, there are standards that need to be maintained in order to fully implement each one.

Element #1: Organizational Commitment

Organizational commitment is demonstrated through dedicated support for a trauma-informed infrastructure that includes specific funding and employee time for implementing trauma-informed care. Organizations acknowledge that an understanding of the impact of trauma is central to effective service delivery and make operational decisions accordingly. Organizational commitment is evident within all four domains outlined in SAMHSA's TIC Guidance: (1) Governance and Leadership, (2) Policy, (3) Financing, and (4) Engagement and Involvement. Leadership collaborates with other organizations to create a trauma-informed community that follows the principles of trauma-informed care across sectors.

Element #2: Culture and Climate

Culture and climate is the cohesive narrative, the glue, that holds a trauma-informed community together. It is the embodiment of all that is seen, heard, done, and experienced in spaces and settings. Trauma-informed practices and settings demonstrate an understanding of the impact of trauma and toxic stress on the body (both individual and organizational) and the power of relationship and belonging. This understanding appears in the language used, protocols that are followed, and behaviors that are witnessed.

Element #3: Training and Education

The professional development plan for staff is demonstrated by staff competency and skills, as well as how the principles and values of trauma-informed care are applied in the training methodology. The plan's goal is staff embodiment of the content shared. Training is paired with educational opportunities that promote competence (knowledge) and confidence (skill) to apply to trauma-informed approaches (TIA). This learning is done at a reasonable pace, is role specific, and performed throughout the job cycle (Ask "*who needs to know what by when?*").

Element #4: Policy, Procedure, and Practice Review

Policies and procedures offer a mechanism to sustain TIC, allowing helpful practices to evolve over time in response to feedback and growing knowledge about the field. Policies and procedures are reviewed through a TI lens with a process that defines how misalignment with TI values is handled. The process will continuously examine "who is at the table" and whose voice and experience is centered. Changes are made in areas within an organization's locus of control. The limitation of regulatory bodies is recognized and system change is sought.

Element #5: Feedback and Quality Assurance

Feedback and quality assurance techniques are used to impact practice. Trauma-informed organizations demonstrate inclusive and effective feedback practices that solicit how staff and service recipients feel and experience the organization. The feedback process is routine, multimodal, and centers those most impacted by the work. The feedback received and plans for practice, policy, and procedure change are shared. These processes demonstrate knowledge about the impacts of trauma in the organization's methods, language, how the feedback that is sought, and how the information is used.

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Background

Trauma Informed Oregon's Trauma-Informed Care (TIC) Implementation Tool provides a framework for incorporating trauma-informed policies, practices and care into any organization's structure. It was originally created in 2022 by Trauma Informed Oregon (TIO) and the Human Services Implementation Lab (iLab) at Portland State University's Regional Research Institute. Implementation of Trauma-Informed Care is an ongoing process and is not expected to happen all at once. Systematically assessing TIC implementation accomplishes two things. First, it documents the extent that the organization is trauma-informed and clearly identifies systemic strengths, weaknesses and gaps. Second, it helps the organization decide on overall goals, and identify and prioritize specific practice changes to make. The tool itself was based on TIO's 10 years of consultation and training in the field as well as SAMHSA's six key principles of trauma-informed care and its ten implementation domains. Funding for the 2022 development and pilot of this instrument was provided by the Oregon Health Authority. For more information on TIO, visit https://traumainformedoregon.org/. For more information on the PSU iLab and the development of this instrument, contact Karen Cellarius, Senior Research Associate, Portland State University Regional Research Institute for Human Services at cellark@pdx.edu.

Explanation of Elements and Standards

TIO's Standards for Trauma-Informed Care are grouped under five key elements: (1) Organizational Commitment (2) Culture and Climate, (3) Training and Education, (4) Policy, Procedure, Practice Review, and (5) Feedback and Quality Assurance. Each standard has been rated on a scale for 1 to 5, where 1 equals "Organization has not yet demonstrated awareness of the need for this standard" and 5 equals "Standard is sustainably in place and monitoring for continuous quality improvement occurs regularly."

Implementation Assessment Guidelines

Consult: Conducting the entire implementation review process with an external reviewer and/or consultant with expertise in Trauma-informed Care who has worked with other organizations will have the greatest impact. An external review with multiple data sources to document each rating provides the most accurate assessment. The external consultant can then assist in identifying project goals following the initial assessment, which areas to concentrate on, and strategies to get there.

Review: Once the organization has been scored, use the snapshot on the following page to determine which TIC Elements and Standards to concentrate on during a group discussion. Next, turn to the longer tables for a detailed explanation of why that score was assigned. At this point, organizations may want to adjust their score based on a group discussion or additional information that was not available for the preliminary assessment. Justifications for any changes should be added to the report comments.

Plan: Use the finalized scores and notes to identify a set of goals to work on over the next few months, then develop a plan and a timeline for reaching those goals. A common reaction to the self-assessment is that the magnitude of possible areas to address is overwhelming. However, we do not recommend that organizations take on more than they have resources or capacity to undertake. We suggest using the companion TIO TIC Implementation Report Review Worksheet to plan your next steps. It is available at https://traumainformedoregon.org/.

Reassess: Use this TIC Implementation Assessment Tool to track progress over time. When you are in active implementation mode, you could self-assess your progress quarterly with a more intensive external assessment in 6 months.

Repeat as necessary to improve or maintain progress. Once TIC is firmly in place at your organization, reassess annually to maintain your level of trauma-informed care. Both leadership and frontline staff should review results and make plans for continued improvements.

TIO Trauma-Informed Care (TIC) Implementation Assessment Tool

Instructions: Use the definitions within each standard beginning on page 3 to rate the implementation level of each TIC standard. If every component of a score definition is not in place, the score has not yet been achieved. Document the reason for the score in the space provided. Include metrics, if available. Transfer the scores to the table below to calculate the overall implementation score for your agency or department. Repeat the process at least annually to track change in implementation level over time.

Scale:

TIC Standards by Element

1=Organization has not yet demonstrated awareness for the need for this standard.
2=Organization has demonstrated awareness, but work on this standard has not yet begun.
3=Organization is actively working to implement standard.
4=Standard is in place, but it is not yet sustainable or monitored.
5=Standard is sustainably in place and monitoring for continuous quality improvement occurs regularly.

Standards	Score		Standards	Score
Element #1: Organizational Commitment Mean➔			**Element #4: Policy, Procedure, and Practice** Mean➔	
a. Commitment to TIC			a. Policies are Reviewed	
b. Commitment to DEI			b. Procedures are Reviewed	
c. TIC Community Collaboration			c. Documentation and Forms are Reviewed	
Element #2: Culture and Climate Mean➔			d. Supervision/Coaching	
a. Welcoming 1st Point of Contact			e. Performance Reviews	
b. Physical Environment is not Activating			f. Trauma Response Protocols	
c. Inclusive Environment			g. Access to Trauma Specific Services and Resources	
d. Core Services are Trauma-informed			h. Continuity of Care	
e. Workforce Wellness			**Element #5: Feedback and Quality Assurance** Mean➔	
f. Relationship is Centered			a. Feedback Process for Individuals Served	
Element #3: Training and Education Mean➔			b. Feedback Process for Workforce	
a. Staff are Trained			c. Tracking Processes	
b. Staff have Skills			d. Tracking Outcomes	
c. Hiring and Onboarding Processes			e. Service User Involvement in Decision Making	
d. Ongoing Education and Support				

Assessment Date: _____   **Scored by:** _____   **Overall Mean Score** = (#1 Mean + #2 Mean + #3 Mean + #4 Mean + #5 Mean)/5= _____

Element #1: Organizational Commitment

Organizational commitment is demonstrated through dedicated support for a trauma-informed infrastructure that includes specific funding and employee time for implementing trauma-informed care. Organizations acknowledge that an understanding of the impact of trauma is central to effective service delivery and make operational decisions accordingly. Organizational commitment is evident within all four domains outlined in SAMHSA's TIC Guidance: (1) Governance and Leadership, (2) Policy, (3) Financing, and (4) Engagement and Involvement. Leadership collaborates with other organizations to create a trauma-informed community that follows the principles of trauma-informed care across sectors.

1a. Commitment to TIC	Rating	1	2	3	4	5
Our leadership demonstrates a commitment to trauma-informed care within the organization and the population served. Commitment to TIC is reflected in the budget through resources for specialized training, flexible funding for employee wellness, peer specialists, employee time to coordinate or serve on work group, etc.		Leadership has not yet demonstrated awareness of the need to support trauma-informed care.	Leadership is aware of the value of supporting trauma-informed care, but has not yet developed a plan to address it.	Organization is actively developing an implementation plan and building TI infrastructure.	TIC implementation strategies are established in the strategic plan. TIC is an ongoing effort, but funding and leadership support are limited. If key staff leave, the initiative may not continue.	Organization has infrastructure to sustain TIC (e.g., work group, champion, etc.). Organization supports TIC implementation through active planning, ongoing budget allocation, and annual TIC implementation assessments. Leadership implements changes as a high priority.
	Comment or justification for score:					

1b. Commitment to DEI	Rating	1	2	3	4	5
Our leadership demonstrates a commitment to diversity, equity and inclusion (DEI) within the organization and the population served. Commitment to DEI is reflected in the budget through resources for specialized training and employee time to coordinate or serve on DEI committee, etc.		Organization has not yet demonstrated awareness that commitment to DEI is a key component of trauma informed care.	Leadership is aware that inclusion goes beyond inclusion of people with lived experience of trauma to inclusion of people with lived experience of the communities being served. Diversity and equity are also valued for their positive impact on trauma. However, a plan to address DEI has not yet been developed.	Leadership is actively developing a plan to build DEI within the organization and population served. The plan is informed by input from people with lived experience in the community being served and staff.	DEI implementation strategies are established in strategic plan. Staff and individuals served approve of DEI strategies. DEI is an ongoing effort, but funding and leadership support may be limited. If key staff leave, the initiative may not continue.	Organization has infrastructure to sustain DEI (e.g., work group, champion, etc.). Organization supports DEI implementation through active planning and ongoing budget allocation for trainings and committee work. Efforts continue to be assessed at least annually with input from staff and individuals served.
	Comment or justification for score: **Suggested metrics:** Method for assessing implementation of DEI principles: _____. Data that is tracked: ☐ Lived experience. REALD: ☐Race, ☐Ethnicity, ☐Language, ☐Disability. SOGIE: ☐ Sexual Orientation, ☐ Gender Identity, and ☐ Gender Expression.					

1c. TIC Community Collaboration	Rating	1	2	3	4	5
Our organization is committed to the need for community wide efforts. Our leadership works with community partners and/or other systems to develop a trauma-informed community. Our organization has a mechanism for communicating out to the public about organization's efforts to promote and sustain TIC principles.		Organization has not yet demonstrated awareness of the need for a TIC community across all sectors that touch the individuals it serves and/or employs.	Organization is aware of the need to develop a TIC community but has not yet developed a plan to do so.	Organization is actively developing a plan to foster a TIC community. Aligned community partners, TIC goals, and educational efforts are being identified. A mechanism to communicate to the public about efforts to promote and sustain TIC principles is under development.	Leadership has collaborated with community partners to establish a plan to build a TIC community. The communication mechanism is in place and utilized, although it may not yet be evaluated or reviewed.	Collaboration with community partners around TIC are ongoing. There is a mechanism for communicating out about these efforts. Progress toward building collaborative efforts is reviewed at least annually.
	Comment or justification for score:					

Element #2: Culture and Climate

Culture and climate is the cohesive narrative, the glue, that holds a trauma-informed community together. It is the embodiment of all that is seen, heard, done, and experienced in spaces and settings. Trauma-informed practices and settings demonstrate an understanding of the impact of trauma and toxic stress on the body (both individual and organizational) and the power of relationship and belonging. This understanding appears in the language used, protocols that are followed, and behaviors that are witnessed.

2a. Welcoming 1st Point of Contact	Rating	1	2	3	4	5
The first point of contact (e.g. lobby, phone, intake, transport) is as welcoming and engaging as possible for individuals. The first point of contact is (1) informative, (2) helpful, (3) culturally & linguistically appropriate, (4) anticipates needs and (5) is respectful.		Organization has not yet demonstrated awareness of the need to review the 1st point of contact through a TIC lens.	Organization has demonstrated awareness of how the first point of contact has the potential to engage trauma survivors but changes have not yet been made.	All 1st points of contact have been identified & reviewed for the potential to engage trauma survivors (e.g. lobby, phone, intake, transport). A plan to assess and enhance each one is being developed. A welcoming process that includes responding to activating events is in development.	All 1st points of contact are designed to be (1) informative, (2) helpful, (3) culturally & linguistically appropriate, (4) anticipatory of needs and (5) respectful. The welcoming process has been approved by impacted service users although ongoing feedback process may not yet be developed.	Process is in place for all impacted individuals to let someone know if something is activating and the processes is regularly reviewed. Changes are made as a result, if practicable.
		Comment or justification for score: **Suggested data source:** Consumer survey/interview.				

2b. Physical Environment is not Activating	Rating	1	2	3	4	5
Our physical spaces are regularly reviewed for actual and perceived safety concerns that may affect employees and individuals receiving services.	1	Organization has not yet demonstrated awareness of the need to ensure the physical environment is trauma-informed.	Organization is aware of the need for physical spaces to be trauma-informed, but has not yet reviewed them for actual and perceived safety concerns that may affect employees and individuals receiving services.	Organization is actively reviewing physical spaces from a TI lens with input from staff and individuals receiving services. A process for letting someone know if something is activating is under development.	Organization has reviewed physical spaces and made changes where needed. Staff and individuals receiving services approve of the changes. A process is in place for impacted staff and service recipients to let someone know if something is activating.	The physical environment is reviewed annually & changes are made to it when needed. Cumulative feedback is responded to regularly. Engagement with and the quality of the feedback process is reviewed regularly with input from impacted individuals.
		Comment or justification for score: **Suggested metric:** Date of last review				

2c. Inclusive Environment	Rating	1	2	3	4	5
Our environment (e.g., physical, social, virtual) is regularly reviewed for how well the contributions, presence and perspectives of different groups of staff and individuals receiving care are valued and integrated into the environment. Inclusivity can be conveyed through artwork, colors, foods, music, language, sounds, and representative staff.		Organization has not yet demonstrated awareness of the need to ensure the environment is inclusive.	Organization is aware of the need to ensure the environment is inclusive and reviewed regularly, but work has not yet begun.	Organization is actively reviewing the environment from a DEI lens with staff and individuals receiving services. The review includes artwork, colors, foods, music, language, sounds, and representative staff. A process for letting someone know if something is harmful or excluding is under development.	Organization has reviewed its physical, social, & virtual environments through a DEI lens and made changes where needed. Staff and individuals receiving services approve of the changes though a feedback process. A process is in place for impacted staff and service recipients to let someone know if something is harmful or excluding. The majority of staff & service users describe feeling welcome & comfortable.	The environment is reviewed for inclusiveness annually changes are made to support intended service user identities. 75-100% of staff & service users describe feeling welcome & comfortable.
	Comment or justification for score: Suggested metric: Most recent Gartner Inclusion Index score and date. Date of last CLAS Standards implementation review. Percent of Staff: _____ and Percent of service users: _____% who report feeling welcome & comfortable in the work space					

2d. Core Services are Trauma-Informed	Rating	1	2	3	4	5
Core services are (1) culturally responsive and linguistically appropriate (2) offer peer support if appropriate (3) aware of heightened risk of suicide for trauma survivors (4) and able to respond appropriately to potential activation. An annual review ensures services are relational and appropriate for each individual.		Organization has not yet demonstrated awareness of the need to review the routine service through a TIC lens.	Organization is aware of how routine service has the potential to engage trauma survivors but changes have not yet been made.	Routine service has been reviewed to ensure they (1) are culturally responsive and linguistically appropriate, (2) offer peer support if appropriate, (3) are aware of heightened risk of suicide for trauma survivors, and (4) are able to respond appropriately to potential activation. A process on how routine service can respond to activating events and how individuals and staff can provide feedback on the core services is in development.	All aspects of routine service have the 4 listed characteristics. The process to respond to activating events during routine service has been approved by impacted individuals and staff, and all are aware of the process.	Core services are reviewed at least annually to ensure that the organization remains in right relationship with services provided and all 4 characteristics continue to be in place, even as services shift. A feedback process is in place and cumulative feedback is responded to regularly. Changes are made as a result, if practicable.
	Comment or justification for score: Suggested data source: Consumer survey/interview. Training evaluations. -Percent of service users reporting that core services feel safe, appropriate and responsive to activating events: _____					

2e. Workforce Wellness (WW)	Rating	1	2	3	4	5
Agency workforce wellness (WW) is (1) systematically addressed, (2) inclusive, (3) is used, (4) addresses burnout and toxic stress and (5) is positively received by staff. The Culture of Wellness Organizational Self-Assessment (COW-OSA) developed by SAMHSA and HRSA can be used to guide implementation of workforce wellness.		Organization has not yet demonstrated awareness of the need to support workforce wellness.	Organization is aware of value of supporting the wellness of their workforce, but has not yet developed a plan to address it.	A wellness team is in place that includes service users, providers, leadership and interdisciplinary staff. The team is reviewing the causes of staff stress/burnout & is developing a plan to address it. Staff input is being gathered.	A workforce wellness plan is in place that includes policies, procedures, practices, activities, services, and social and physical environments. At least 70% of staff are aware of one or more wellness activities, but funding and leadership support are limited. If key staff leave, the culture of workforce wellness may not continue.	Workforce wellness is codified in policies, procedures, practices, activities, services, and social and physical environments and is supported as its own stand-alone initiative. Funds are not diverted to support other efforts. 75-100% of staff report that wellness activities are inclusive, regularly used, and a positive experience. Feedback on the quality of workforce wellness is utilized and responded to by leadership.

Comment or justification for score:

Suggested metric: Number of paid staff: ___. Number and percent (subset) who report awareness of at least one identified wellness activities _____ (___%). COW-OSA Score and Date: _____

2f. Relationship is Centered	Rating	1	2	3	4	5
The importance of relationship is recognized and supported through policy and practice. Relationships take precedence over policy and product.		Organization has not yet demonstrated awareness of the need to center relationships in policy and practice. Policy may seem to take precedence over relationships.	Organization is aware of value of supporting relationships through policy and practice, but has not yet developed a plan to ensure this is the case.	Organization is actively reviewing how policies and practice hinder or promote relationship building and developing a plan to ensure relationships are centered.	Policies or practices have flexibility related to individual needs and circumstances but practice and policy may not yet be fully aligned. Flexibility is not yet sustainable or monitored. If key staff leave, the culture may shift.	Policies and practices reflect flexibility related to individual needs and circumstances. Staff are surveyed at least annually and at least 75% report the organization is responsive to their needs and trust it do well by them. Feedback around flexibility and trust is responded to by leadership and changes are made as a result.

Comment or justification for score:

Element #3: Training and Education

The professional development plan for staff is demonstrated by staff competency and skills, as well as how the principles and values of trauma-informed care are applied in the training methodology. The plan's goal is staff embodiment of the content shared. Training is paired with educational opportunities that promote competence (knowledge) and confidence (skill) to apply to trauma-informed approaches (TIA). This learning is done at a reasonable pace, is role specific, and performed throughout the job cycle (Ask "who needs to know what by when?").

3a. Staff are Trained	Rating	1	2	3	4	5
Organization provides all employees access to the following content: (1) What is Trauma, (2) What is TIC, (3) The Science of Trauma, (4) An Introduction to the Application of TIC, (5) An Introduction to Workforce Wellness, (6) supporting, managing, and responding to reactivity (e.g., de-escalation training.). Leadership has been trained.		Organization has not yet demonstrated awareness of the need to train all employees on foundational TIC content.	Organization is aware of the need for TIC employee training but has yet chosen or developed a training plan.	Organization is actively developing a training plan that includes TIC topics including: (1) What is Trauma, (2) What is TIC, (3) The Science of Trauma, (4) An Introduction to the Application of TIC, (5) An Introduction to Workforce Wellness, (6) supporting, managing, and responding to reactivity (e.g., de-escalation training).	Organization has implemented training plan with all 6 topic areas listed. At least 50% of administrative and direct service staff have been trained.	Training on TIC foundational competencies is required of all organization staff and leadership. 75-100% of employees have been trained. Trainings are regularly scheduled and evaluated, and the training plan is adjusted based on evaluation results.
		Comment or justification for score: **Suggested metrics:** TIC Trainings available to staff:_____. Number of current staff members hired more than 30 days before review date: _____. Number and Percent (subset) who have been trained in TIC _____ (_____%)				

3b. Staff have Skills	Rating	1	2	3	4	5
Our agency knows perceived skill level of staff and provides opportunities for practice and application of TIC principles.		Organization has not yet demonstrated awareness of the need to assess TIC skill level nor the confidence of staff to implement TIC principles.	Organization is aware of the need to assess TIC skill level and confidence of staff but has not yet chosen an assessment plan or identified metrics.	Organization is actively developing a plan to assess skills and confidence. Metrics for assessment are being identified.	A formal assessment of the perception of confidence and skills in providing TIC has been established. Training and practice opportunities are planned as a result.	A formal skills and confidence assessment is repeated at least every three years. Responses are confidential and shared in aggregate. Organizational training and policies are developed and enhanced in response to perceived staff growth opportunities.
		Comment or justification for score:				

3c. Hiring and Onboarding Processes	Rating	1	2	3	4	5
Screening, hiring and onboarding are designed to promote the culture of TIC within the organization by (1) reviewing applicants' knowledge of trauma & TIC, (2) involving service users in the hiring processes, and (3) having new employee orientation include TIC training and the organization's commitment to TIC.		Organization has not yet demonstrated awareness of the need to include TIC in hiring and onboarding processes with involvement by affected individuals.	Organization is aware of the need to review hiring and onboarding processes but plans to do so have not yet been made. A role for affected individuals has not yet been identified.	Organization is actively reviewing hiring and onboarding processes and some changes have been made. A feedback process on hiring and onboarding is actively being developed.	Organization has implemented hiring and onboarding plan that includes (1) reviewing applicants' knowledge of trauma & TIC, (2) involving service users in the hiring processes, and (3) having new employee orientation include TIC training and the organization's commitment to TIC. The feedback process is in place.	Hiring and onboarding plan is sustainably in place. Feedback on the onboarding process is cumulatively reviewed at least annually and changes are made, if appropriate.
		Comment or justification for score:				

3d. Ongoing Education and Support	Rating	1	2	3	4	5
Training is paired with educational opportunities that promote competence (knowledge) and confidence (skill) to apply to trauma-informed approaches (TIA). This learning is (1) done at a reasonable pace, (2) role specific, and (3) performed throughout the job cycle (ask "who needs to know what by when?").		Organization has not yet demonstrated awareness of the need for ongoing supports to promote competence and confidence around TIC.	Organization is aware of the need to support ongoing educational supports around TIC, but opportunities may not yet be available to all staff.	Organization is actively reviewing current TIC educational and practice opportunities for each staff role to ensure they are (1) done at a reasonable pace, (2) role specific, and (3) performed throughout the job cycle.	Ongoing TIC training is paired with practice opportunities and required of all staff. Outcomes may not yet be fully evaluated.	Ongoing training and practice opportunities are available, sustainable and established throughout the job cycle (e.g. webinars, videos, events, learning collaboratives). Outcomes are evaluated. Evaluation results are reviewed cumulatively and changes are made as a result.
		Comment or justification for score:				

Element #4: Policy, Procedure, and Practice

Policies and procedures offer a mechanism to sustain TIC, allowing helpful practices to evolve over time in response to feedback and growing knowledge about the field. Policies and procedures are reviewed through a TI lens with a process that defines how misalignment with TI values is handled. The process will continuously examine "who is at the table" and whose voice and experience is centered. Changes are made in areas within an organization's locus of control. The limitation of regulatory bodies is recognized and system change is sought.

4a. Policies are Reviewed	Rating	1	2	3	4	5
Organization reviews and modifies policies routinely to ensure they include the TIC principles. Decisions about changes to policy are made in a way that minimizes negative impact on workforce and on individuals receiving services.		Organization has not yet demonstrated awareness of the need for policies to include TIC principles.	Organization is aware of the need for policies to include TIC principles, but a review process with involvement of staff and individuals receiving services has yet to be developed.	A review process is actively being developed to ensure policies include TIC principles. The process includes involvement of staff and individuals served. It aims to identify and modify policies that may have a negative impact on workforce and individuals served.	The review process is in place. All agency policies have been reviewed through a trauma-informed lens and modified to meet TIC principles. All staff are being trained on new policy changes.	The TIC review process includes provisions to review new policies. All staff are trained on new policies.
	Comment or justification for score: **Suggested metrics:** Date of most recent policy review _____. Date of most recent training on policy adjustments _____					

4b. Procedures are Reviewed	Rating	1	2	3	4	5
Organization reviews and modifies procedures to ensure they are efficient and include TIC principles. Decisions about changes to procedures are made in a way that minimizes negative impact on workforce and on individuals receiving services.		Organization has not yet demonstrated awareness of the need for procedures to include TIC principles.	Organization is aware of the need for procedures to reflect TIC principles, but a review process with involvement of staff and individuals receiving services has yet to be developed.	A review process is actively being developed to ensure procedures reflect TIC principles. The process includes involvement of staff and individuals served. It aims to identify and modify procedures that may negatively impact the workforce and individuals served.	The review process is in place. Agency procedures have been reviewed through a trauma-informed lens and modified to meet TIC principles. All staff are being trained on procedural changes.	The TIC review process includes provisions to review new procedures. All staff are trained on new procedures.
	Comment or justification for score: **Suggested metrics:** Date of most recent certification review _____					

4c. Documentation and Forms are Reviewed	Rating	1	2	3	4	5
Public-facing and staff-facing documentation and forms are (1) clear, (2) comprehensive, (3) free of unnecessary detail that might be activating, and (4) meet federal standards for culturally and linguistically appropriate services (CLAS). Information is (5) provided in multiple modalities and (6) easy to find for future reference.		Organization has not yet demonstrated awareness of the need to review documentation and forms through a TIC lens	Organization is aware of how documentation and forms can be activating but they have yet to be reviewed.	Documentation and forms are actively being reviewed for clarity, comprehensiveness, lack of extraneous detail that may be activating, and adherence to federal standards. Forms and documentation are being reviewed for ease of access and the need to provide them in multiple modalities. A feedback process that allows individuals served and staff to provide input on documentation and forms is in development.	All documentation and forms are (1) clear, (2) comprehensive, (3) free of unnecessary detail that might be activating, and (4) meet federal standards for culturally and linguistically appropriate services (CLAS). Information is (5) provided in multiple modalities and (6) easy to find for future reference. All forms and documentation are approved by impacted staff and service users.	Documentation and forms are reviewed and updated at least annually with input from impacted individuals and staff. Changes are made as a result if appropriate.

Comment or justification for score:

Individuals reporting that information is <u>mostly</u> or <u>completely</u> easy to find for future reference: ___staff
Individuals reporting forms are difficult to find, understand, upsetting, or problematic: ____ service users
Individuals reporting that language on forms/documents is at least somewhat easy to understand?:___staff, ___ service users.
Problematic language/forms that can't be changed due to ☐ state and/or ☐federal regulations:

4d. Supervision/Coaching	Rating	1	2	3	4	5
Supervision is trauma-informed when it (1) occurs regularly and provides support around (2) employee care/wellness, (3) vicarious traumatization, (4) ongoing learning and application of knowledge about trauma and TIC and (5) is culturally grounded. (6) Employees have a mechanism for providing feedback on the supervision they receive.		Organization has not yet demonstrated awareness of the need for supervision to adhere to TI principles.	Organization is aware of the need for TI supervision but has not yet developed a plan to ensure it is.	Organization is actively developing a plan to ensure supervision (1) occurs regularly and provides support around (2) employee care/wellness, (3) vicarious traumatization, (4) ongoing learning and application of knowledge about trauma and TIC and (5) is culturally grounded. The plan includes TI training for supervisors and a review process of current supervision practices.	Organization has established supervision plan which includes the 5 listed characteristics and provides access to TI supervision training. A feedback process for employees to review current supervision practices is in development.	TI supervision is established and available throughout the organization. Supervision is individualized and includes all areas listed. Employees have a mechanism for providing feedback on the supervision they receive, 75-100% report it is sufficient, and changes are made if appropriate.

Comment or justification for score:

4e. Performance Reviews	Rating	1	2	3	4	5
Performance reviews are (1) reciprocal, (2) expect ongoing skill development related to TIC, (3) transparent, and (4) employee-centered. They (5) include growth-minded constructive feedback, (6) professional development goals, and (7) allow for the presence of a peer.		Organization has not yet demonstrated awareness of the need for TI performance reviews.	Organization is aware of the need for TI performance reviews but has not yet developed a plan to ensure that they are.	Organization is actively developing a plan for performance reviews to be (1) reciprocal, (2) expecting ongoing skill development related to TIC, (3) transparent (4) employee-centered, (5) include growth-minded constructive feedback, (6) professional development goals, and (7) allow for the presence of a peer. The plan includes TI training for supervisors related to performance reviews and a review process of current performance review practices.	Organization has established a performance review plan which includes the 7 listed characteristics and access to TI performance review training for supervisors. A feedback process for staff and supervisors around the performance review process is in development.	TI performance reviews are established and available throughout the organization. Performance reviews are individualized and include all areas listed. TI performance reviews are assessed regularly and changes are made if appropriate.
		Comment or justification for score:				

4f. Trauma Response Protocols	Rating	1	2	3	4	5
Tragedy response and postvention protocols for employees and individuals receiving services are in place and regularly practiced.		Organization has not yet demonstrated awareness of the need for tragedy response and postvention protocols.	Organization is aware of the need for tragedy response and postvention protocols but work to create them has not yet begun.	Organization is actively working to establish tragedy response and postvention protocols.	Organization has established tragedy response and postvention protocols and 50-75% of staff are trained. At least one drill has been held within the past year.	75-100% of staff have been trained and at least 80% of staff feel confident to respond per agency protocol. Protocols are reviewed and updated annually. Practices/ drills are held at least annually. Training is part of on-boarding new staff.
		Comment or justification for score: **Suggested metric:** Number of current staff: _____ Number and Percent who have been trained: _____ (___%) Percent who feel Mostly or Completely Confident in responding per agency protocol: _____				

4g. Access to Trauma Specific Services and Resources	Rating	1	2	3	4	5
Staff and individuals served have access to Trauma Specific Services (TSS) either in-house, via telehealth, or through referrals. Information about accessing culturally responsive and life-stage and linguistically appropriate TSS is provided by the organization. Services are readily available and staff and individuals served are aware of how to access TSS.		Organization has not yet demonstrated awareness of the need to provide access to TSS for staff and individuals served.	Organization is aware of the need to provide access to TSS for staff and individuals served but a plan to provide access has yet to be developed.	Organization is actively developing a plan to provide access to TSS either in-house, via telehealth, or through referrals. TSS are reviewed for cultural, linguistic, and life stage needs and a plan to provide access to services is reviewed by staff and individuals served.	The plan to provide staff & individuals served access to an array of TSS that meet their individual cultural, linguistic, and life stage needs is in place. Staff and individuals served are aware of how to access these services.	Access to TSS is available throughout the lifespan of staff and individuals served. Cumulative feedback from staff and individuals served on TSS access is reviewed at least annually and changes are made as a result to ensure the most recent and appropriate services are available.
		Comment or justification for score: *Suggested metrics:* Trauma Specific Services available through EAP or other means: _____ % of staff aware of how to access TSS: _____				

4h. Continuity of Care	Rating	1	2	3	4	5
Organization is working to develop common trauma-informed continuity of care protocols and procedures for transitions within the organization and transferring care to others. There is a trauma-informed policy for checking in with staff and service users who do not show up at scheduled times as well as after they have left the organization. The policy is followed.		Our organization has not yet demonstrated awareness of the need to discuss what happens to staff and service users when they miss appointments or leave the organization.	Our organization is aware of the need to provide TIC services for individuals when they miss appointments or after they leave the organization but efforts have not yet started.	Our organization is actively engaging in an internal and community level effort towards TI service and continuity of care but the effort is not yet codified in protocols or procedures. Work to create a policy to check in with staff and individuals served who do not show up at scheduled times and after they leave the organization has started.	Our organization and community partners have established common TI continuity of care protocols and procedures. The policy of checking in with staff and individuals served after a transition is followed.	Our organization and community partners collaborate in an established way to create a TI community that provides continuity of care. The collaboration is reinforced by protocols and procedures at each organization, which are reviewed at least annually. Changes are made as appropriate.
		Comment or justification for score:				

Element #5: Feedback and Quality Assurance

Feedback and quality assurance techniques are used to impact practice. Trauma-informed organizations demonstrate inclusive and effective feedback practices that solicit how staff and service recipients feel and experience the organization. The feedback process is routine, multimodal, and centers those most impacted by the work. The feedback received and plans for practice, policy, and procedure change are shared. These processes demonstrate knowledge about the impacts of trauma in the organization's methods, language, how the feedback that is sought, and how the information is used.

5a. Feedback Process for Individuals Served	Rating	1	2	3	4	5
Individuals served have the opportunity to provide input and feedback on the organization's environment, methods, and language and to grieve policies that affect them. The feedback process demonstrates knowledge about the impacts of trauma on how the information is sought and used.		Organization has not yet demonstrated awareness of the need for TI feedback processes from those served.	Organization is aware of the need for TI feedback processes from those served but efforts to create the feedback process have not yet started.	Organization is actively developing a TI feedback process, with involvement from staff and individuals served, to solicit input from them on the organization's environment, methods, and language. The process includes a mechanism for staff and individuals served to grieve policies that affect them.	Organization has established a TI feedback process that demonstrates knowledge about the impacts of trauma on how the information is sought and used. The process has been approved by staff and individuals served.	Process is in place and all staff know how to access it and how to refer individuals served to it. Cumulative feedback is reviewed and acted upon at least annually. Feedback process itself is reviewed at least annually. Changes are made as a result if appropriate.
	Comment or justification for score: **Suggested metrics:** Use of process. Response rate. Fear of retaliation. Evidence of changes made.					

5b. Feedback Process for Workforce	Rating	1	2	3	4	5
Employees have the opportunity to provide input and feedback on the organization's environment, methods, and language and to grieve policies that affect them. The feedback process demonstrates knowledge about the impacts of trauma on how information is sought and used.		Organization has not yet demonstrated awareness of the need for TI feedback from the workforce.	Organization is aware of the need for TI feedback processes from the workforce but plans have not yet been made.	Organization is actively developing a TIC-oriented feedback process with input from the workforce.	Organization has established a TIC-oriented feedback process. The process has been approved by impacted staff.	Process is in place and all staff know how to access it. Cumulative feedback is reviewed and acted upon at least annually. Feedback process is reviewed at least annually. Changes are made as a result if appropriate.
	Comment or justification for score: **Suggested metrics:** Use of process. Response rate. Fear of retaliation. Evidence of changes made.					

5c. Tracking Processes	Rating	1	2	3	4	5
Tracking processes evaluates the extent to which employees are implementing policies and practices. It can be used to detect short-term change, explain why certain outcomes are occurring or not occurring, and guide adjustments. It holds the organization accountable for conducting the activities needed to achieve the desired outcomes.		Organization has not yet demonstrated awareness of the need to track how employees are implementing TIC policies and practices	Organization is aware of the need to track how well employees are implementing TIC policies and practices, but have yet to develop a plan to do so.	Methods to measure progress on goals and associated policies have been defined. The method includes rescoring the TIC self-assessment tool or something similar. Measuring progress has not yet begun.	Measuring progress on work plan goals has begun following a methodology approved of by impacted individuals served and staff, though measurement is inconsistent or occurs less frequently than every three months. Reports are not consistently reviewed by leadership or shared with clinical team.	Measuring progress on work plan goals occurs at least quarterly. Leadership shares and discusses results with the clinical team and encourages suggestions for improvement. Leadership decides what changes or adjustments are needed. These changes are implemented as a high priority.
	Comment or justification for score: *Suggested metrics:* ☐ TIO TIC Implementation Assessment Tool. ☐ TICOMETER. Date of last review _____					

5d. Tracking Outcomes	Rating	1	2	3	4	5
Outcomes are tracked to evaluate the extent to which trauma-informed work is having the desired impact. Outcomes can be used to compare results over time and focus efforts on a common goal.		Organization has not yet demonstrated awareness of the need to track TIC-related metrics and outcomes.	Organization is aware of the need to track TIC-related metrics and outcomes but an evaluation plan has yet to be developed.	Organization is actively developing an evaluation plan which includes a comprehensive list of TIC metrics to track and outcomes. The plan is under development with input of staff and individuals served to ensure data is gathered in a way that minimizes potential negative impacts of data collection.	The evaluation plan is in place. The plan tracks TIC-related outcomes and metrics that have been approved by staff and individuals served.	TIC-related outcomes are reviewed regularly. Leadership shares and discusses results with staff and individuals served. Metrics gathered to inform the outcomes are reviewed by staff and individuals served regularly to ensure data is sound.
	Comment or justification for score: ***Suggested TIC metrics:*** *Employee burnout & retention, absenteeism, engagement. Service user retention.*					

5e. Service User Involvement in Decision Making	Rating	1	2	3	4	5
Individuals served and those with lived experience have active and meaningful decision-making roles in the organization (e.g., hiring, training, policy development/ changes, quality assurance, and TIC review process).		Organization has not yet demonstrated awareness of the need to involve individuals served in decision-making.	Organization is aware of the need to involve individuals served in decision-making, but changes have not yet been made.	Organization is actively developing a process to involve individuals served in decision-making and is reviewing how individuals served are currently involved in decision-making.	Individuals served are involved throughout the organization and feel their involvement is active and meaningful. There is a process in place for how individuals served can become involved in decision-making.	Individuals served are involved throughout the organization in decision-making and their involvement is codified in organizational processes. The process for involving service users in decision-making is reviewed regularly by individuals served and staff to ensure involvement is active and meaningful.
	Comment or justification for score:					