Colorado Qualified Residential Treatment Program TraumaInformed Care Model Agency Self-Assessment

October 2019



Agency Name: Click here to enter text. Date Completed: Click here to enter text. Agency Contact: Click here to enter text.

Executive Summary

On February 9, 2018, H.R. 1892, which included the Family First Prevention Services Act (FFPSA), was signed into law. The FFPSA includes historic reform to help keep children and youth safely with their families and avoid the potentially traumatic experience of entering foster care, emphasizes the importance of children and youth growing up in families, and help ensure they are placed in the least restrictive, most family-like setting appropriate to their unique needs. The FFPSA created Qualified Residential Treatment Programs (QRTP) and mandated that QRTPs have a Trauma-Informed Treatment Model (Model).

In developing Colorado's QRTP Trauma-Informed Care Model, a workgroup was formed to review national and local models and pertinent research. The workgroup review included, but is not limited to the following: National Association of State Mental Health Program Directors Six Core Strategies to Reduce Seclusion and Restraint Use, National Child Traumatic Stress Network resources, University of South Florida "Creating Trauma-Informed Care Practices in Youth Residential Settings", Substance Abuse and Mental Health Services Administration resources including "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach", and the Building Bridges Initiative.

The Colorado Department of Human Services- Office of Behavioral Health (OBH) has drafted the following Agency Self-Assessment tool to help agencies who are making the transition to a QRTP or are already a QRTP. Developing and maintaining a QRTP TIC Model requires the transformation of processes, people and systems throughout the organization. Experience has led to the recommendation that an organization assess, plan, prepare, implement to fidelity, and utilize the technology that will best support its people and efficient workflow and processes for any change selected.

This document can be submitted to OBH to help shape state-wide, or agency specific, technical assistance. The tool can also be used by agencies individually. This document is designed to be updated periodically by OBH.

Administration of Organizational Self-Assessment Form:

The Organizational Assessment shown below can be used for organizations just beginning or already practicing principles of trauma-informed care for QRTP. The assessment tracks the potential use of one or more sources of data and the extent to which it is occurring in the organization. For the purpose of determining existing components of trauma-informed care that need further assessment, planning, data collection, and implementation while highlighting those components where progress has been made. You may distribute the accompanying form to a task force of staff and key informants (e.g., learning collaborative team) to fill out and return within a short time period (e.g., one week). Aggregate the results for your organization as a whole. Once complete, these results will assist in the planning the next steps toward furthering TIC within your agency.

Instructions

There are seven domains with numbered items listed. Code the source of the data in the first column with the data source (A-G). Check the box in the appropriate column for the corresponding description of your agency's plan as it relates to the item in each row.

Points are assigned to each item on the assessment using the 0-4 scale shown. This tool should only be used to guide an organization in its efforts to become a Trauma-Informed Care environment. It should in no way be the sole determining factor and should be used in consideration, along with other facts and information.

Data Source			Status		
A Staff interviews	0	1	2	3	4
B Client interviews	No Date,	Plan has been	Plan has been	Plan has been	Plan has been
C Review of policies and procedures D Client record review E Treatment Team or de-briefing F Observation G All of the above	No Plan	developed but not implemented	implemented	implemented and data have been gathered regarding implementation	implemented and revised based on feedback/data regarding implementation

Organizational Readiness for TIC Model

	Question	Data Source		Status				
	Section A: Leadership towards Organizational Change	Enter all that Apply A B C D E F G	0	1	2	3	4	
1)	Describe how all members of Colorado-based leadership,	Click here to						
	including the board of directors, CEO, and management have	enter text.						
	been trained in Trauma-Informed Care (TIC) principles annually?							
2)	Within the last year, has Colorado-based leadership	Click here to						
	reviewed/revised the Colorado-based mission/philosophy/values	enter text.						
	to align with trauma-informed care and reduction of seclusion				ш	ш	Ш	
	and restraint? Describe the review process.							
3)	How is there a documented process for assessing practices,	Click here to						
	procedures, and policies that may have been, or could be, re-	enter text						
	traumatizing to individuals at any level of the organization? The							
	process should contain input from staff, clients, families, and							
	outside stakeholders.							
4)	How does leadership recognize and reward staff who employ TIC	Click here to						
	principles and approaches that encourages growth and healing?	enter text					Ш	
5)	How does leadership recognize when additional supports are	Click here to				П		
	required to prevent seclusion and restraint?	enter text.						
	a) How are identified staff that is consistently involved in	Click here to						
	seclusion and restraint provide additional training and	enter text.						
	supports?							
	b) How are identified children who are consistently involved in	Click here to						
	seclusion and restraint provide with additional supports with	enter text.						
	specific attention on TIC principles and client rights?							
6)	How are staff roles clearly defined in restraint and seclusion	Click here to						
	events, including debriefing processes, including an on-call	enter text.						
	executive and on-site supervisor?							
7)	How are line staff trained on policies through orientation,	Click here to						
	competency reviews, and job descriptions?	enter text.				Ш		
8)	What is the organization's process for engaging and empowering	Click here to						
	clients and families? This shall include the participation of the	enter text.						
	client and family in all planning, services, and decisions in the							
	course of treatment.							
9)	How does the organization provide opportunities for staff to have	Click here to						
	input into policies and procedures that impact them?	enter text.						

10) How does the organization utilize an organizational change model to incorporate new research and best practices and communicates this openly and allows for an opportunity for staff to process changes and associated loss?	Click here to enter text.			
11) How has the agency implemented the use of a trauma history assessment(s) and integrated the findings in the treatment of the client and family?	Click here to enter text.			
12) How has the agency implemented the national Culturally and Linguistically Appropriate Services (CLAS) standards?	Click here to enter text.			

		Question	Data Source		S	tatu	s	
		Section B: Using Data to Inform Practice	Enter all that Apply ABCDEFG	0	1	2	3	4
1)	Нс	w does the agency collect the following data:						
	a)	Graphed baseline data on seclusion and restraint events and	Click here to					
		all critical incidents to inform the practice to reduce the	enter text.					
		number of seclusions, restraints, and critical incidents?						
	b)	Agency data collection on client and family engagement to	Click here to					
		include contact, visitation, and involvement in treatment?	enter text.			Ш	ш	
	c)	Data is used to monitor, evaluate, and determine the	Click here to					
		appropriate length of stays?	enter text.					
	d)	Data regarding the representation of demographic groups in	Click here to					
		adverse actions such as seclusion and restraints or mental	enter text.					
		health holds?						
	e)	Data to set clear goals for improvement of the physical and	Click here to					
		emotional safety of the clients served?	enter text.					
2)	W	hat is the Quality Improvement Plan as per12 CCR 205-8?	Click here to					
			enter text.					
3)	Hc	w is the client, family, and community input part of the quality	Click here to					
	im	provement plan?	enter text.					

Question Data Source Status			s			
Section C: Workforce Development	Enter all that Apply A B C D E F G	0	1	2	3	4
1) How does the organization provide education and training for all	Click here to					
staff on trauma-informed care at orientation and on an ongoing	enter text.					
basis to include: prevalence of childhood trauma, types of						
trauma, cultural and historical differences, and knowledge of the						
National Child Traumatic Stress Network TIC principles?						

2)	Tra	aining:				
	a)	Describe how the organization provides ongoing staff training	Click here to			
		to include the definition and signs of secondary trauma,	enter text.			
		compassion fatigue, burn-out, psychosomatic responses, and				
		strategies for self-care? Does the training normalize secondary			Ш	
		trauma as an accepted part of working with traumatized				
		clients and not as an indication of individualized pathology?				
	b)	Describe how all staff receives training regarding	Click here to			
		psychosomatic responses to trauma in clients and families and	enter text.			
		how to address the somatic concerns in a trauma-informed			Ш	
		manner?				
	c)	Describe how all staff is trained in treatment practices and	Click here to			
		models that are trauma-informed and based on the current	enter text.			
		research?				
	d)	Describe how all staff is trained in developing and providing	Click here to			
		individualized services that are culturally responsive to all	enter text.			
		clients and families?				
	e)	Describe how all staff received training on the use of trauma	Click here to			
		history assessment and to identify potential triggers that may	enter text.			
		lead to unsafe behaviors?				
3)	Su	pervision:				
	a)	How does the organization provide supervision that includes	Click here to			
		identification and remediation of signs of secondary trauma,	enter text.			
		compassion fatigue, burn-out, psychosomatic responses, and			Ш	
		strategies for self-care?				
	b)	How does the supervision normalize secondary trauma as an	Click here to			
		accepted part of working with traumatized clients and not as	enter text.			
		an indication of individualized pathology?				
	c)	How does the organization provide supervision that helps all	Click here to			
		staff understand behaviors through a TIC lens and minimizes	enter text.			
		the recurrence of retraumatization of children and families?				
	d)	Describe how supervisors are trained regarding effective	Click here to			
		communication and reinforcement of the value of taking	enter text.			
		breaks, scheduling vacations, and participating in supervision?				
4)	Но	w does the organization provide training about policies and	Click here to			
	pra	actices that are in place to support staff with self-care	enter text.			
	pra	actices?				
5)	Но	w are all staff trained in the understanding and recognition of	Click here to			
	the	e value of celebrations, which are a part of the organization's	enter text.			
		actices?				
6)	De	scribe how the agency's treatment approaches incorporate the	Click here to			
	he	aling values of traditional cultural connections and recognize	enter text.			
	an	d address historical trauma that may impact the client's ability				

to feel safe, establish relationships, and benefit from treatment?			

Question	Data Source		Status			
Section D: Use of Seclusion and Restraint Reduction Tools or Trauma-Informed Tools	Enter all that Apply A B C D E F G	0	1	2	3	4
1. How has the agency implemented a client assessment to identify risk factors for incidents of aggression and violence toward self and others and risk for dissociation and integrated outcomes into case conceptualization and treatment?	Click here to enter text.					
2. How has the agency implemented individualized client de- escalation strategies and safety planning strategies that include the identification of individual triggers and collaboratively developed an effective regulation plan?	Click here to enter text.					
3. How has the agency identified and reduced practices of overt and covert coercion?	Click here to enter text.					
4. How does the agency's Model allow for the opportunity for clients to use of comfort rooms, sensory rooms, and access to self- emotional regulatory activities, etc. for the benefit of the client?	Click here to enter text.					

Question	Data Source	e Status				
Section E: Addressing a Potential Trauma-Inducing Event	Enter all that Apply ABCDEFG	0	1	2	3	4
Describe the agency policy or procedure regarding what a potential trauma-inducing event is?	Click here to enter text.					
2) How does the agency address potential trauma-inducing events with clients and families?	Click here to enter text.					
Seclusion and Restraint Debrief:						
3) Describe the agency policy, procedure, or documentation to include an immediate post-event debriefs and a formal debrief?	Click here to enter text.					
4) How does the agency include the client in debriefing activities?	Click here to enter text.					
5) Describe the agency policy or procedure to revise organizational change, staff training, and individualized treatment needs as a result of what was learned?	Click here to enter text.					
6) What is the process to document and share changes in the treatment of a client and family with all staff and helping professionals engaged in the client's treatment? Describe.	Click here to enter text.					

	Question	Data Source	Status				
	Section F: Use of Psychotropic Medications	Enter all that Apply ABCDEFG	0	1	2	3	4
1.	How has the agency implemented and followed the current Colorado Department of Human Services and Health Care Policy and Financing guidelines regarding the use of psychotropic medications?	Click here to enter text.					
2.	How does the agency review the history of the client to understand the current need for medication? This should include accurate differential diagnosis and review of diagnosis history to ensure appropriate medications are proscribed.	Click here to enter text.					
3.	Describe the agency policies or practices to regularly review the appropriateness for medications?	Click here to enter text.					
4.	Describe the agency policies or practices that ensure psychotropic medications are used as a last resort?	Click here to enter text.					
5.	Describe the agency policies or practices that ensure that treatment not only focuses on symptom reduction but on treating the underlying condition of the client and family?	Click here to enter text.					

	Question	Data Source	Status				
	Section G: Medical Professional	Enter all that Apply ABCDEFG	0	1	2	3	4
1.	Is there a licensed physician, licensed physician's assistant, or	Click here to					
	licensed nurse practitioner in lieu of a registered or licensed	enter text.					
	nursing staff that is utilized under the Model?						
2.	How are the nurse work duties trauma-informed and have a focus	Click here to					
	on the awareness of psychosomatic responses to trauma?	enter text.					
3.	How are nurses able to address and explain somatic responses to	Click here to					
	the rest of the treatment team?	enter text.					
4.	How are nurses trained and able to address the impact of	Click here to					
	secondary trauma to staff and potential somatic responses?	enter text.					
5.	How are nursing concerns integrated into the treatment plan?	Choose an item.					
6.	How is access to medical staff seen as a right and is accessible	Click here to enter text.					
	openly and freely on-site?	enter text.					