

Trauma-Informed Organizational Self-Assessment: Long-Term Services & Supports

Purpose

The purpose of the Trauma-Informed Organizational Self-Assessment: Long-Term Services & Supports is to provide a starting place for health and human services organizations, agencies, and systems serving older adults and adults with disabilities, and to assess where an organization falls along a continuum of trauma-informed care and to engage them in a process of setting organizational improvement goals. This tool builds on previous work from a variety of fields, including aging services, behavioral health, child welfare, early childhood development, education, housing, juvenile justice, public health and victim advocacy. The self-assessment identifies organizational milestones and priority areas for inspiring active planning and is *not* intended as a measure of individual performance or data collection tool. The goal is to stimulate intra-organization dialogue on how organizations and systems can advance traumainformed care and practice.

How to Administer the Organizational Self-Assessment

The framework is organized into ten domains drawn from a variety of disciplines. ¹ Each domain includes criteria about which organizations may self-determine their level of proficiency. The process of becoming trauma-informed is a continuous one. The self-assessment is solely intended as a tool for organizations to identify strengths, weaknesses, and opportunities for further development. The five steps for completing the self-assessment are 1) organization staff (such as through a dedicated trauma-informed change team) completes the assessment instrument; 2) team reviews the results and, where warranted, facilitates a discussion about why they scored each domain as they did and any variance between the ratings; 3) results are synthesized for review by the team; 4) staff select and prioritize domain(s) for improvement for a given time period; 5) staff discussions are facilitated to help identify the need for potential discipline-specific assessments and to prioritize resource allocation and training needs.

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¹ This document utilizes and adapts a compilation of definitions, domains and items from the Substance Abuse Mental Health Services Administration's *Concept of Trauma and Guidance for a Trauma-Informed Approach* (2014), Southwest Michigan Children's Trauma Assessment Center's *Trauma Informed Systems Change Instrument* (2010), the National Center on Family Homelessness' *Trauma-Informed Organizational Self-Assessment* and *"Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol"*, Virginia's : Linking Systems of Care for Children and Youth State Demonstration Project's *Policy Review Tool* and *RFA/RFA Checklist*, and the Administration for Community Living's Guidance to the Aging Services Network.

A. Governance and Leadership

Instructions: Please indicate the level of organizational adoption for each trauma-informed attribute statement below.

A1. Organization's guiding principles and strategic plans (vision, mission and values) reflect the core principles of trauma-informed approaches (safety; trustworthiness and transparency; peer support and mutual self-help; collaboration and mutuality; empowerment, voice, and choice; cultural, historical and gender issues).

not at all	minimally	moderately	significantly	fully	n/a
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A2. Organ	ization leaders disc	uss trauma-informe	ed care in internal m	neetings and in pul	blic forums.
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-		-	input concerning tra	auma and how pol	icies and
practic	es (services) can pro	omote nealing.			

not at all	minimally	moderately	significantly	fully	n/a
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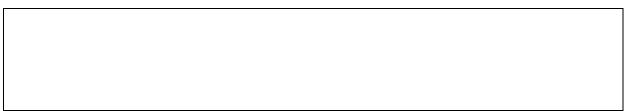
A4. Members of the organization's governing bodies (e.g. leadership teams and governing boards) are recruited to have specific training or background in trauma-informed care.

not at all	minimally	moderately	significantly	fully	n/a
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A5. Leadership actively solicits the voice and participation of people using their services that have lived experience and/or trauma histories and are healing.

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Comments (examples of successes and/or opportunities for change):



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	sion) among people members) and staf minimally	-	ved (older adults, pe significantly	ople with disabili fully	ties, residents, n/a
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B5. The o	rganization involves	staff in its review	of policies.		
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P6 The o	reanization involves	older adulte noon	le with disabilities, f	amily mombors	and noonlo
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	features, and solid	-	rnished to promote e in their design (i.e.		-
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not at all C4. Policies people	minimally and procedures and utilizing the physic	moderately re in place outlinin al environment (ol	significantly g how the organizati der adults, people w	fully On will address po ith disabilities, res	n/a Otential threat sidents, family
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D. Accessibility

D1. The organization has an approved Accessibility Plan to address its response to service requests from older adults, adults with disabilities, residents, participants, and family members regardless of race, ethnicity, language, ability, sexual orientation, gender identity and expression, and/or religion.

not at all	minimally	moderately	significantly	fully	n/a
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D2. The organization provides services that engage and are accessible to linguistically, ethnically, racially, and culturally diverse groups.

not at all	minimally	moderately	significantly	fully	n/a
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D3. The organization provides services that engage and are accessible and affirming to LGBTQI+ older adults, adults with disabilities, and family members.

not at all	minimally	moderately	significantly	fully	n/a
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D4. The organization has mechanisms to address physical and emotional barriers to services based on gender identity and expression.

not at all	minimally	moderately	significantly	fully	n/a
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Comments (examples of successes and/or opportunities for change):

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have experies not at all r G3. Mechanisms approaches.	nce delivering evid ninimally	dence-based trau moderately	ima services. significantly	fully	n/a
G3. Mechanisms approaches.	are in place to pr	omote cross-sect	0	0	0
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approaches.			or training on trauma	and trauma- inform	ned
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traditional, co	ommunity-based,	and/or grass-roo	ts organizations.		
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G5. When possib to all particip		raining is organiz	ed in a neutral and fa	ir location that is co	omfortable
not at all r	minimally	moderately	significantly	fully	n/a
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to all particip	ants.				

H. Screening, Assessment, and Treatment Services H1. Timely and trauma-informed screening and assessment is available and accessible to residents and/or participants. not at all minimally moderately significantly fully n/a H2. Screening and assessment includes/acknowledges historical trauma. not at all minimally moderately significantly fully n/a H3. The organization has the capacity to provide or make a timely referral to a continuum of traumainformed interventions for older adults, people with disabilities, and family members. minimally significantly fully not at all moderately n/a H4. An individual's own definition of emotional safety is included in treatment, service, and care plans. not at all minimally moderately significantly fully n/a H5. Staff members practice strength-based techniques with people receiving services and family members (e.g. motivational interviewing open-ended questions, reflective listening). not at all minimally moderately significantly fully n/a H6. A continuum of trauma-informed interventions is available for people receiving services and family members. not at all minimally moderately significantly fully n/a Comments (examples of successes and/or opportunities for change):

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assessr	s a system in place nent) in being traur		organization's perfo	rmance (e.g. an o	rganizational
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not at all	regular satisfaction minimally	moderately	significantly	fully	n/a
	-		significantly	fully	n/a
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