



<b>Procedure Title:</b>	Trauma Informed Services				
<b>Procedure Number:</b>	AMH-060-1607-01	<b>Version:</b>	1.0	<b>Effective Date:</b>	07/01/2015

*Robert A. Martin*

10/2/2014

Approved by (authorized signer name)

Date approved

Step	Responsible Party	Action
1.	Staff and administrators in all programs licensed and/or funded by AMH including Community Mental Health Programs (CMHPs), subcontracted providers of CMHPs and other entities receiving behavioral health funding either directly or indirectly through Medicaid or state general funds.	<p>Please review Appendix A for the rationale for the creation of trauma informed services and systems.</p> <ol style="list-style-type: none"> <li>1. Creation, improvement or reinforcement of trauma informed and trauma specific services and systems includes the following underlying foundation:           <ol style="list-style-type: none"> <li>a. Systems support the efforts of individuals to build resiliency and focus on recovery, convey hope and the belief that people can transform their lives.</li> <li>b. Individuals seeking services and staff providing services are educated about the prevalence and impact of trauma.</li> <li>c. A treatment mindset is adopted reflecting a therapeutic approach of, "What happened to you?" vs. "What's wrong with you?"</li> <li>d. An understanding exists in the evaluation of a client that behaviors, presenting symptoms and other challenges experienced by individuals may be efforts to cope with trauma.</li> <li>e. Healing environments are provided that minimize physical harm and emotional re-traumatization.</li> <li>f. Individuals and their symptoms are considered in the context of their life experiences and culture.</li> <li>g. Support exists for open and genuine collaboration between providers and the individuals served.</li> </ol> </li> </ol>
2.	Subcontracted, contracted providers of behavioral health services and CMHPs.	<ol style="list-style-type: none"> <li>1. Providers promote activities and approaches that avoid re-traumatization to an individual seeking service.</li> <li>2. Providers develop and implement policies to ensure:           <ol style="list-style-type: none"> <li>a. Resources and supports for trauma informed services are available in accordance with each individual's needs, including:               <ol style="list-style-type: none"> <li>i. Screening and assessment</li> </ol> </li> </ol> </li> </ol>

		<ul style="list-style-type: none"> <li>ii. Treatment planning, including transitional service planning</li> <li>iii. Peer support</li> <li>iv. Evidence based and promising practices in trauma treatment</li> <li>v. Resources that enhance cultural and linguistic competence in addressing trauma in vulnerable populations, including historical trauma, trauma existing across multiple generations, and multiple episodes of victimization</li> <li>vi. Communication and collaboration with the team of people in the system of care providing care and care coordination</li> <li>vii. Resources for follow-up and care upon transition out of services, including crisis services appropriate for individuals who have experienced trauma</li> <li>viii. For selected entities, referral to other resources providing these services may be appropriate.</li> </ul> <p>b. Staff and Peer Support</p> <ul style="list-style-type: none"> <li>i. Providers offer trauma informed service training for staff, peer support providers, volunteers and contractors that includes an overview of the facility's policies and procedures, with applicable responsibilities to implement the policy.</li> <li>ii. Behavioral health agencies utilize guidelines for staff skill development in the screening; assessment and treatment of acute, chronic and complex trauma (see definitions in Trauma Informed Services policy).</li> <li>iii. Providers/agencies offer resources and reasonable accommodations to those experiencing vicarious traumatization (see definition) in the course of their employment, and protections as provided under the Americans with Disability Act (ADA).</li> <li>iv. Resources and reasonable accommodations are extended to family members and others who the individual identifies as supportive whenever possible.</li> </ul>

## Policy that applies:

AMH-060-1607, Trauma Informed Services

## Form(s) that apply:

## Contact(s):

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## Procedure History:

- **Version 1.0:**  
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## Keywords:

Trauma Informed Services, Trauma Informed Care, psychological trauma, vicarious traumatization, acute trauma, chronic trauma, complex trauma, traumatic stress

## Findings and Evidence

## Appendix A

In the Adverse Childhood Events (ACE) study by Kaiser Permanente and the Centers for Disease Control, researchers identified strong, graded relationships between exposure to childhood traumatic stressors and numerous negative health behaviors and outcomes, health care utilization and overall health status later in life.

Childhood abuse, neglect, and exposure to other traumatic stressors (ACE) are common. Almost two-thirds of study participants reported at least one ACE, and more than one of five reported three or more ACE. The short- and long-term outcomes of these childhood exposures include a multitude of health and social problems. The ACE Study uses the ACE Score, which is a count of the total number of ACEs that respondents reported. The ACE Score is used to assess the total amount of stress during childhood and has demonstrated that as the number of ACEs increase, the risk for health problems increases in a strong and graded fashion.<sup>1</sup> People with mental health and addiction diagnoses are dying 25 or more years earlier than same age peers without behavioral health diagnoses<sup>2</sup>.

The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that up to 90% of publicly served individuals living with mental health challenges, up to 80% of those in psychiatric hospitals and over 2/3 of adults in addictions treatment have experienced trauma at some time in their lives. Addressing trauma is a top priority of SAMHSA as one of their key strategic initiatives<sup>3</sup>.

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<sup>1</sup> <http://www.cdc.gov/ace/findings.htm>

<sup>2</sup> <http://www.oregon.gov/oha/amh/childrenmentalhealth/Addressing%20the%20Effects%20of%20Trauma%20-%202013.pdf>

<sup>3</sup> <http://store.samhsa.gov/shin/content/SMA11-4629/04-TraumaAndJustice.pdf>

In 2011, an ACEs module was added to the Behavioral Risk Factor Surveillance System (BRFSS) survey, done by the OHA Public Health Division. It revealed that 38% of Oregonians surveyed had at least one adverse childhood event. In the Oregon analysis, higher ACE score was also associated with increased risk for depression and suicide, less physical activity, increased tobacco use, higher obesity rates, heart disease and respiratory disease.<sup>4</sup>

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<sup>4</sup> Building Resiliency: Preventing Adverse Childhood Experiences [ACEs] OHA Public Health Division July 2013  
<http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/Documents/OregonACEsReport.pdf>