System of Care Measurement Tool for a Trauma Informed Care Service Delivery System
This System of Care Assessment accompanies the CCTIC Program Self Assessment Scale and attempts to provide clear, consistent guidelines for the system of care in facilitating trauma-informed modifications to the system. It is a tool to be used in the development, implementation, evaluation, and ongoing monitoring of trauma-informed systems of care. The assessment is based on the work of Roger D. Fallot, Ph.D. and Maxine Harris, Ph.D., *Using Trauma Theory to Design Service Systems* (2001). The *Creating Cultures of Trauma-Informed Care* approach is built on five core values of *safety, trustworthiness, choice, collaboration, and empowerment*. According to Fallot and Harris, (2009), “if a system can say that its culture reflects each of these values in each contact, physical setting, relationship, and activity and that this culture is evident in the experiences of staff as well as consumers, then the system’s culture is trauma-informed.”

For the purpose of this assessment, a *system is defined as any organized behavioral health delivery system, and can include different payor sources such as the Medicaid system, the state funded system, the county operated system, or by target population, such as the adult, child, or adolescent system*. The use of this assessment should be used to assess the specific system that is the target of systems change, and the boundaries between that system and other collaborative systems must be clearly demarcated. Furthermore, it is important to differentiate between “trauma-informed” services and care and “trauma-specific” services.

“Trauma-informed” services and care are not specifically designed to treat symptoms or syndromes related to abuse or trauma, but they are informed about, and sensitive to, trauma-related issues present in survivors. A “trauma-informed” system is one in which all components of a given service system have been reconsidered and evaluated in the light of a basic understanding of the role that violence plays in the lives of adults, children, and adolescents and families or caregivers seeking mental health and addictions services. A “trauma informed” system uses that understanding to design service systems that accommodate the vulnerabilities of trauma survivors and allows services to be delivered in a way that will avoid inadvertent retraumatization and will facilitate consumer participation in treatment. It also requires, to the extent possible, closely knit collaborative relationships with other public sector services systems serving these clients and the local network of private practitioners with particular clinical expertise in trauma and trauma recovery (Harris & Fallot, 2001).

“Trauma-specific” services are designed to treat the actual sequelae of trauma. Examples of trauma-specific services include grounding techniques which help trauma survivors manage dissociative symptoms, desensitization therapies which help to render painful images more tolerable, and behavioral therapies which teach skills for the modulation of powerful emotions (Harris & Fallot, 2001).

**Scoring:**

Each item in the tool is rated using a five point Likert Scale, ranging from 5 (Consistently or Completely Met); 4 (Usually or mostly met); 3 (Sometimes or Partially Met); 2 (Occasionally or Slightly Met); 1 (Rarely or Not at all Met). Some items may initially appear to be non-applicable, because the system may not specifically measure them. In these instances, however, the correct score is 1 (Not at all met). The reason for this is that an important purpose of the tool is to provide guidance for what systems should measure as part of the implementation process. There are 75 items that are to be scored, giving a scoring range of 75 to 375.
Implementation

All items are scored on the following Likert Scale:

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<th>Not Applicable</th>
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1. The system has identified an empowered individual, team, or structure to oversee the change process in trauma-related areas and provides needed support for trauma initiatives.  
   Score: [ ]

2. The system has a defined mandate to implement the Trauma Informed Care model, with widespread consensus.  
   Score: [ ]

3. The system has identified and utilized a measure of system outcome, and developed a plan for regular monitoring and reporting of system outcome.  
   Score: [ ]

4. There is a written strategic plan that defines measurable objectives for a 12 month time frame at the system, program, clinical practice, and clinician competency level.  
   Score: [ ]

5. The strategic plan identifies specific incentives/disincentives that the system will use to support attainment of the trauma-informed care objectives and mechanisms for modifying these incentives at 12 month intervals.  
   Score: [ ]

6. Elements of the strategic plan are incorporated into routine quality improvement activities and progress in achieving the plan’s objectives is routinely measured.  
   Score: [ ]

7. The system has developed consensus on the goal of attainment of trauma informed care capability for all programs and the need to account for consumer experiences of trauma in all aspects of system of care operations.  
   Score: [ ]
8. Each program has identified an empowered structure to oversee its own change process and to be accountable for that process to the system.

Score: 

9. The system has identified and utilized a process for assessing trauma informed care capability at the program level.

Score: 

10. This process is utilized to develop measurable action plans at the program level.

Score: 

11. There is measurable progress in achieving program action plan objectives at 12 month review, including continued assessment of trauma informed care capability.

Score: 

12. The system has identified clinical practice guidelines to circulate for review, and selected specific measures of access and integration for initial implementation. These measures are modified annually.

Score: 

13. Each program has incorporated into its action plan a specific strategy for attainment of these measures of improved clinical practice.

Score: 

14. The system has identified and utilized an audit process for determining adherence to these guidelines or attainment of these measures.

Score: 

15. The system demonstrates measurable progress in attainment of these measures at 12 month review.

Score: 

16. The system has developed consensus on the goal of attainment of universal trauma informed care capability for all clinicians.

Score: 

17. The system has identified and utilized a process for assessing clinician competency in relation to the principles of the model.

Score: 
18. The system has created and implemented a training plan for both clinical and systems change issues with measurable objectives for achieving competency.

Score: 

19. The system has identified trainers, supervisors, and/or clinical leaders responsible for implementation of competency in each program.

Score: 

20. There is measurable progress in achieving competency among clinicians, and demonstrating this competency by formal assessment of clinicians, both in general, and in relation to specific program standards or clinical practices.

Score: 

21. The system has identified a Consumer Advisory Board that includes consumers who have lived experiences of trauma.

Score: 

22. Consumers who have had lived experiences of trauma are actively involved in all aspects of system of care planning and oversight.

Score: 

23. The system of care gathers data addressing the needs and strengths of consumers who are trauma survivors and evaluates the effectiveness of the system and trauma-specific services.

Score: 

24. Consumer satisfaction surveys include key principles of trauma-informed services: safety, trustworthiness, choice, collaboration, and empowerment.
Overall, what are the strengths or assets of the system of care in implementation of trauma-informed care:

Overall, what are the opportunities for improvement for implementation of trauma-informed care within the system of care?

What are the system’s priorities for action for the next 12 months with respect to implementation of trauma-informed care?
System Procedures and Settings:

All items are scored on the following Likert Scale:

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<th>Sometimes 3</th>
<th>Often 4</th>
<th>Consistently 5</th>
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25. Consumer satisfaction surveys report high levels of satisfaction with feeling physically and emotionally safe at emergency access points in the service system.

Score: [Blank]

26. Consumer satisfaction surveys report high levels of satisfaction with feeling physically and emotionally safe at routine access points in the service system.

Score: [Blank]

27. The system has adopted and disseminated a consensus mission statement or philosophy that encompasses key principles of trauma-informed care and services: physical and emotional safety, trustworthiness, consumer choice and control, collaboration, and empowerment, emphasizing hopeful integrated treatment relationships, and using an integrated recovery model.

Score: [Blank]

28. Program admission policies throughout the system are written to specifically welcome individuals experiencing past or present trauma and there is demonstrated adherence to these policies as documented by audit.

Score: [Blank]

29. There are written protocols, policies, and procedures that define safety, trustworthiness, and consumer involvement practices for all clinicians in all settings.

Score: [Blank]

30. There are specific clinician competencies in all programs and settings that are written in human resource policies and that require welcoming attitudes, accepting values, and skills in conveying empathy and hope to individuals with trauma.

Score: [Blank]

31. Clinicians demonstrate these required competencies in clinical practice and/or by formal assessment.

Score: [Blank]
Overall, what are the strengths or assets of the system of care in system procedures and settings of trauma-informed care:

Overall, what are the opportunities for improvement for system procedures and settings of trauma-informed care within the system of care?

What are the system’s priorities for action for the next 12 months with respect to system procedures and settings of trauma-informed care?
All items are scored on the following Likert Scale:

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32. The system has developed consensus policies designed to reduce or eliminate involuntary treatment and coercive practices.

Score: [ ]

33. Consumer satisfaction surveys report high levels of satisfaction with respecting consumer preferences for responding in crisis situations.

Score: [ ]

34. The system has developed a consensus de-escalation policy designed to minimize the possibility of retraumatization and includes reference to the consumer’s statement of preference for crisis response.

Score: [ ]

35. The system has developed consensus policies designed to communicate confidentiality and limits of confidentiality that are clearly written and maximize legal protection of consumer privacy.

Score: [ ]

36. The system has developed clearly written and easily accessible consensus policies outlining consumer rights and responsibilities.

Score: [ ]

37. There is universal screening for trauma at all points of entry

Score: [ ]

38. There is universal screening for trauma that includes questions about lifetime exposure to sexual and physical abuse.

Score: [ ]

39. Universal trauma screening is implemented in ways that minimize consumer stress and reflects considerations given to timing, setting, relationship to interviewer, consumer choice about answering, and unnecessary repetition.

Score: [ ]
40. Individuals with trauma are routinely counted and reported in system management information systems.

41. There is a process for proactively engaging all screened consumers in an ongoing assessment and/or treatment relationship, in some component of the treatment system.

42. The percentage of individuals screened to have trauma disorders identified in the service system is comparable to what would be expected based upon epidemiological data.

43. There are mechanisms to provide integrated access and treatment services for individuals with trauma disorders who may present in:
   - criminal justice settings
   - homeless shelter settings
   - child protective and welfare settings
   - elder service settings
   - victim of abuse settings
   - primary healthcare settings
   - mental healthcare settings
   - substance abuse treatment settings

44. The system ensures that those individuals who report the need and/or desire for trauma-specific services are referred for appropriately matched services.

45. The system has identified programs that offer trauma-specific services with four criterion characteristics: effective, accessible, affordable, and responsive to the preferences of the program’s consumers.

46. Clinicians have required competencies in trauma informed culturally competent screening and engagement in services incorporated into human resource policies.

47. Clinicians demonstrate these required competencies in clinical practice and/or by formal assessment.
48. The system of care provides for all staff (professional and para-professional) to receive trauma education that addresses:
- trauma prevalence, impact, and recovery;
- ensuring safety and avoiding retraumatization;
- maximizing trustworthiness (clear tasks and boundaries);
- enhancing consumer choice;
- maximizing collaboration; and
- emphasizing empowerment
Overall, what are the strengths or assets of the system of care in formal service policies of trauma-informed care:

Overall, what are the opportunities for improvement for formal service policies of trauma-informed care within the system of care?

What are the system’s priorities for action for the next 12 months with respect to formal service policies of trauma-informed care?
Integration:

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49. Consumer satisfaction surveys report high levels of satisfaction with “integration of trauma-informed services provided by primary clinical relationships.”

Score: [ ]

50. Consumer satisfaction surveys report high levels of satisfaction with “integration of trauma-informed services in treatment programs available in the service system.”

Score: [ ]

51. In each single funding stream, there is specific contractual or reimbursement language requiring defined capability in provision of integrated services for individuals with trauma experiences receiving treatment under that funding stream or in that contracted setting.

Score: [ ]

52. There is a set of standards defining “Trauma-Informed Care Capability” criteria in accordance with national guidelines as a requirement for all programs in the system of care.

Score: [ ]

53. All programs in the system of care have been found to meet “Trauma-Informed Care Capability” by a process of formal program audit.

Score: [ ]

54. There is an organized process for inter-program trauma care coordination meetings to share responsibility and decision making for difficult cases that cross system boundaries.

Score: [ ]

55. Programs have polices for the development and documentation of trauma-informed treatment planning and progress notes.

Score: [ ]
Overall, what are the strengths or assets of the system of care in the integration of trauma-informed care:

Overall, what are the opportunities for improvement for integration of trauma-informed care within the system of care?

What are the system’s priorities for action for the next 12 months with respect to integration of trauma-informed care?
Continuity:

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56. The system has a written plan that defines and monitors responsibility for continuous integrated trauma-specific treatment.

Score: 

57. Consumer satisfaction surveys report high levels of satisfaction with availability of continuity of integrated treatment for individuals with trauma experiences.

Score: 

58. Programs that have responsibility for continuing integrated trauma treatment do not discharge consumers for substance use or medication non-compliance.

Score: 

59. There is at least one program that provides continuing proactive outreach to disengaged consumers with trauma experiences who drop out of or who are non-adherent with traditional clinic based services.

Score: 

60. Consumer satisfaction surveys document high levels of satisfaction with the comprehensive array of trauma-informed programs within the service system, and with the capacity of the system to provide an appropriate program for the widest range of consumers.

Score: 

61. The system of care has a written plan for assigning responsibility for providing defined trauma-informed assessment and trauma-treatment programs to individuals who overlap with other systems outside the behavioral health system, and the plan has been implemented within:

the correctional system
the homeless shelter system
the child protective and welfare system
the elder service system
the victims of abuse system
the primary healthcare system
the veterans administration system

Score: 
62. The system of care has defined standards for trauma – specific or trauma-treatment programs.

63. The system has implemented trauma-treatment programs for at least 20% of consumers in all program models in the behavioral health systems.

64. There are trauma treatment services at all levels of care in behavioral treatment, including detox, and crisis stabilization programs.

65. There are trauma treatment programs in psychiatric inpatient units.

66. There are trauma-informed case management programs.

67. There are trauma-treatment services within intensive outpatient or day treatment programs.

68. There are trauma treatment services within residential programs.

69. There is a range of trauma treatment programs for individuals who belong to significant linguistic or cultural minorities.

70. All programs incorporate trauma treatment interventions into treatment plans as appropriate with consumers presenting with trauma histories.

71. The system has identified individualized outcome criteria for consumers who have experienced trauma and measures success by incremental attainment of these criteria.
72. Consumer satisfaction surveys report high satisfaction with provision of hope and support of small increments of success.

73. Utilization of individualized outcome criteria as it relates to trauma services is documented via chart audit.

74. System management information systems report clinical outcomes data using criteria that includes trauma symptom reduction and improved functioning.

75. The system has identified Consumer Advocacy programs and services that serve consumers with experiences of trauma.
Overall, what are the strengths or assets of the system of care in continuity of trauma-informed care:

Overall, what are the opportunities for improvement for continuity of trauma-informed care within the system of care?

What are the system’s priorities for action for the next 12 months with respect to continuity of trauma-informed care?