

Chapter 12:
A Trauma-Informed Care
Assessment Scale

Assessment Domains	1 ²	2	3	4	5
1. Responsibility for Trauma-Related Focus: The agency has identified and provides adequate support for an effective high-level point of responsibility for the development of a trauma-informed system and trauma-informed care.	No single point of responsibility for a trauma-related focus has been identified.	Responsible individual or group has been named with a clear charge.	In addition to (2), some resources (staff time, budget, etc.) have been allocated.	In addition to (3), action plan has been adopted and initial steps in the plan have been taken.	In addition to (4), responsible group has fully implemented action plan and plan's objectives and achievements are monitored.
2. Administrative Leadership: Senior leadership and all other personnel directly and actively support trauma-informed services as central to systems transformation.	No evidence of direct involvement of any agency personnel including the administrator.	All agency personnel articulate a Trauma-Informed Care (TIC) focused vision.	In addition to (2), the agency leadership mobilizes internal and external stakeholders, including survivors/consumers.	In addition to (3), leadership develops infrastructure and pursues funding strategies to support TIC-related plans.	In addition to (4), leaders ensure that trauma-informed services are embedded in system infrastructure for the long term with continuous monitoring.
3. Administrative Policies and Procedures: Systemic policies and procedures are reviewed and revised to take into account the needs of trauma survivors, including the development of a safe, healthy environment.	No trauma-informed review of policies and procedures has occurred.	System reviews policies and procedures to ensure responsiveness to needs of trauma survivors with survivors/consumers involvement.	In addition to (2), revised trauma-informed policies and procedures are written and approved with survivors/consumers involvement.	In addition to (3), policies and procedures are widely distributed and understood.	In addition to (4), policies and procedures are monitored and enforced; they are embedded in the culture of the system.
4. Trauma Survivor/Consumer Involvement: Consumers who have had lived experiences of trauma are actively involved in all aspects of planning, oversight, and evaluation.	No survivors/consumers are involved in TIC planning.	Survivor/consumer workgroup has been formed.	In addition to (2), survivor/consumer workgroup makes recommendations to administrators regarding TIC-related initiatives.	In addition to (3), survivors/consumers are represented on all agency-level standing committees.	In addition to (4), survivors/consumers occupy paid staff positions; those positions draw explicitly on lived experience of trauma.

¹ As adapted from the Community Connections Trauma Informed Assessment Scale – Version 1.1 (1-06)

² The scale numbers equate to 1 being poor or nonexistent and 5 being excellent or fully present.

³ The term agency includes CMHC's, CROs, hospitals, respite centers, etc.

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<p>5. Workforce Orientation and Training: The agency develops a workforce with trauma-informed knowledge and skills which includes TIC training in both orientation and in continuing education for staff.</p>	<p>No TIC-focused orientation or training exists.</p>	<p>One to three-hour orientation on TIC is offered to all staff.</p>	<p>In addition to (2), direct service staff are required to attend 3-6 hours of ongoing TIC training each year.</p>	<p>In addition to (3), agency offers more extensive TIC training for all staff.</p>	<p>In addition to (4), all staff are required to attend at least three hours of TIC training each year.</p>
<p>6. Workforce Hiring: The agency prioritizes recruitment, hiring, and retention of staff with training in and/or lived experience of trauma, building an infrastructure supportive of trauma champions.</p>	<p>Agency has no explicit policy regarding the recruitment, hiring, or retention of staff with training in, and/or lived experience of, trauma.</p>	<p>Agency has written policy giving priority in hiring to persons with training in, and/or lived experience with, trauma.</p>	<p>In addition to (2), agency has a written plan with clear strategy for recruiting, hiring, and retaining staff with training in, and/or lived experience with, trauma.</p>	<p>In addition to (3), agency monitors success of recruitment, hiring, and retention plan by tracking human resources data.</p>	<p>In addition to (4), agency provides infrastructure to support trauma champions and staff with lived experience of trauma.</p>
<p>7. Clinical Practice Guidelines: The agency writes, disseminates, provides training in, and monitors the implementation of clinical practice guidelines for work with people who have experienced trauma.</p>	<p>Agency has no written clinical guidelines for work with trauma survivors.</p>	<p>Agency has reviewed current clinical practice guidelines to assess their appropriateness for work with trauma survivors.</p>	<p>In addition to (2), agency has established written clinical practice guidelines for work with trauma survivors.</p>	<p>In addition to (3), all staff have been trained in the implementation of clinical guidelines.</p>	<p>In addition to (4), agency and consumers/survivors monitors the extent to which these practice guidelines are implemented.</p>
<p>8. Trauma Screening and Assessment: The agency ensures universal trauma screening for all consumers and additional trauma assessment as required.</p>	<p>Agency has no policy regarding trauma screening or assessment.</p>	<p>Agency has written policy supporting universal trauma screening.</p>	<p>In addition to (2), agency has identified an appropriate trauma screening method and trained staff in its use.</p>	<p>In addition to (3), all consumers are screened for trauma history.</p>	<p>In addition to (4), agency has written guidelines for conducting more extensive trauma assessment for survivors/consumers.</p>

Kansas Trauma-Informed Care Assessment Scale (09/11)

Assessment Domains	1	2	3	4	5
<p>9. Trauma-Specific Services: The agency provides an accessible, effective set of trauma-specific service interventions responsive to the needs and preferences of survivors/consumers.</p>	<p>No trauma-specific services are available.</p>	<p>Agency administrators, in collaboration with clinicians and survivors/consumers, identify trauma-specific services that can be offered within the agency.</p>	<p>In addition to (2), training and supervision are provided for clinicians who will be available to provide trauma-specific services within the agency.</p>	<p>In addition to (3), consumers desiring trauma-specific services are offered a range of choices both within and outside the agency.</p>	<p>In addition to (4), "best practices" trauma-specific services are accessible to consumers throughout the service system.</p>
<p>10. Systems Coordination and Integration: The system with primary responsibility for trauma services coordinates and/or integrates trauma-related activities with other systems of care serving trauma survivors.</p>	<p>No coordination between trauma-related activities and other systems of care.</p>	<p>Representatives of trauma initiatives or offices have regular, formal contact with at least one other system of care in which information about both systems is shared.</p>	<p>In addition to (2), trauma representatives meet regularly with staff from at least two other systems of care to plan coordinated activities with direct consumer involvement.</p>	<p>In addition to (3), a written plan has been developed for coordinating trauma-related activities and other systems of care.</p>	<p>In addition to (4), there are ongoing systemic mechanisms in place for coordinating and integrating trauma and other service systems.</p>
<p>11. Needs Assessment, Evaluation, and Research: The agency systematically gathers data assessing the needs of trauma survivors and the effectiveness of the system and its trauma-specific services.</p>	<p>No data are gathered.</p>	<p>The agency has gathered data assessing the service needs of trauma survivors.</p>	<p>In addition to (2), the agency develops an instrument to monitor consumer satisfaction with trauma services while ensuring anonymity.</p>	<p>In addition to (3), the agency monitors satisfaction with trauma services and provides feedback to system administrators.</p>	<p>In addition to (4), the system conducts outcome evaluations to determine effectiveness of the system and its trauma-specific services.</p>