

HRSN Training Series: Trauma Informed Care

July 23, 2024

Oregon
Health
Authority



Zoom Tips



Use the **chat function** to submit your questions.



This session is being **recorded**.

- It will be shared with participants after the presentation.



For **closed captioning**, please click on the “cc” button located at the bottom of your screen or click the link provided for Spanish captioning.



For **live interpretation**, please click on the “Interpretation” button and choose either English or Spanish.



Today's Agenda

1 | **HRSN service provider qualifications**

2 | **Intro to trauma informed care**
Hosted by Trauma Informed Oregon

3 | **Next steps**

HRSN Service Provider Qualifications



HRSN Providers: Critical Partners in HRSN Program

Goal:

Ensure eligible members receive **high-quality, trauma-informed, culturally and linguistically appropriate HRSN services** in a timely way

Many of the HRSN services will be delivered through community partners that have expertise in the delivery of HRSN services, are trusted by the communities they serve, and contract with one or more CCOs to participate in the program.

OHA requires HRSN Providers meet the certain standards*:

- **“Provider Qualifications”** strive to ensure members receive high-quality, **trauma-informed**, culturally, and linguistically appropriate HRSN services

[*OAR 410-141-3510](#)

Trauma Informed Care



An Introduction to Trauma Informed Care

Mandy Davis, PhD, LCSW, (she/her)
July 2024 | madavis@pdx.edu



School
of Social Work
PORTLAND STATE UNIVERSITY





Regulate



Relate



Reason



REGULATE:

What you can expect



INVITATION -
TO DO WHAT YOU
NEED TO DO TO BE
WELL

ADULT LEARNING -
OPPORTUNITIES FOR
DIALOGUE & APPLIED
LEARNING

SYSTEMS CHANGE -
INTENTION IS TO
LEARN TOGETHER
SO WE CAN EVOLVE
OUR WORKPLACES

In what year(ish) did you hear the terms Trauma Informed Care?



REASON:

Today's Focus



- What it means to be trauma-informed and why it is important.
-
- A framework for implementing trauma-informed care.
-
- Tools and strategies for beginning, sustaining, and measuring this work.
-
- Resources available from Trauma Informed Oregon for ongoing support.

What is trauma?



WHAT IS TRAUMA?

- Trauma is defined in the dictionary as a deeply distressing or disturbing experience.
- Anything that overwhelms one's ability to cope.

Event

- *Events* & circumstances cause trauma

Experience

- A person's *experience* of the event determines whether it's traumatic

Effect

- *Effects* of trauma include adverse physical, social, emotional, spiritual consequences

BROADEN THE LENS

- Toxic stress, adversity, and trauma are often used together in trauma-informed care (TIC) in an effort to widen the lens and scope of impact.
- Trauma & toxic stress are common and prevalent across all sectors, both locally and nationally.

TIC requires us to broaden our lens on what we mean by “trauma”.



Types:

- Toxic Stress
- Individual
- Collective
- Historical
- Systemic



RESILIENCE & RECOVERY

- Knowledge about resiliency affirms buffering variables can reverse, prevent, and heal adversity.
- Culture & community are very important for prevention & healing.
- It is important to recognize recovery is not always about the capacity of an individual, but also about surrounding circumstances and variables (privilege, access to resources and time, support, environment).

Including resilience is integral when broadening the lens of trauma, as it aims to honor the complexity connected to surviving trauma and adversity.

Prompts for Reflection

We must continually ask:



- how might this **help**?



- how might this **hurt**?



- how might **identity influence impact**?

Prompts for Awareness

What does trauma informed practice look like:



• **intrapersonally?**



• **interpersonally?**



• **organizationally?**

TRAUMA INFORMED CARE

“A **program, organization, or system** that is trauma-informed:

- **Realizes** the widespread impact of trauma and understands the multiple paths for recovery;
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices;
- Seeks to actively **resist re-traumatization.**”

TSS v TIC

Trauma Specific Services (TSS) are programs, interventions, and therapeutic services aimed at treating the symptoms or conditions resulting from a traumatizing event(s).

Trauma Informed Care (TIC) is an approach, based on the knowledge of trauma, aimed at ensuring environments and services are safe, empowering, and healing for service recipients and staff.

TSS:

- *Focus on symptoms*
- *Promote healing*
- *Teach skills*
- *Psycho-empowerment, mind-body, other modalities*

TIC:

- *Guide policy, practice, procedure*
- *Seeks to understand behaviors through a trauma lens*
- *Focus on workforce wellness*
- *About organizational culture*

TIC IS NOT ABOUT:

excusing or justifying unacceptable behavior

just being “nicer”

focusing on the negative

the ‘end all, be all’

Attending just another training

moving away from work related to diversity, equity, inclusion or resilience

something “new”

TIC IS ABOUT:

supporting accountability & responsibility

practicing compassion

focusing on skill-building, strengths based, & healing centered care

committing to a process

transforming spaces, practices, procedures & policies; a culture shift

inclusion of and partnership with other frameworks

learning from many culturally specific programs

WHY IS TIC IMPORTANT?

- Trauma is pervasive & can happen to anyone, however under-resourced and disproportionately impacted populations experience trauma in compounding ways.
- Factors like race, gender, age, past abuse, past systems involvement, social support, resources, etc. can make access to resources/healing more complicated.
- Trauma affects how people approach services. The service system can often be activating or re-traumatizing. Service providers & organizations are not immune to the impacts of trauma & toxic stress.

THE SCIENCE

Neurobiology

Epigenetics

Adverse Childhood
& Community Experiences

Resilience & Recovery

THE SCIENCE

Neurobiology ←

Epigenetics

Adverse Childhood
& Community Experiences

Resilience & Recovery

TIC APPLIED

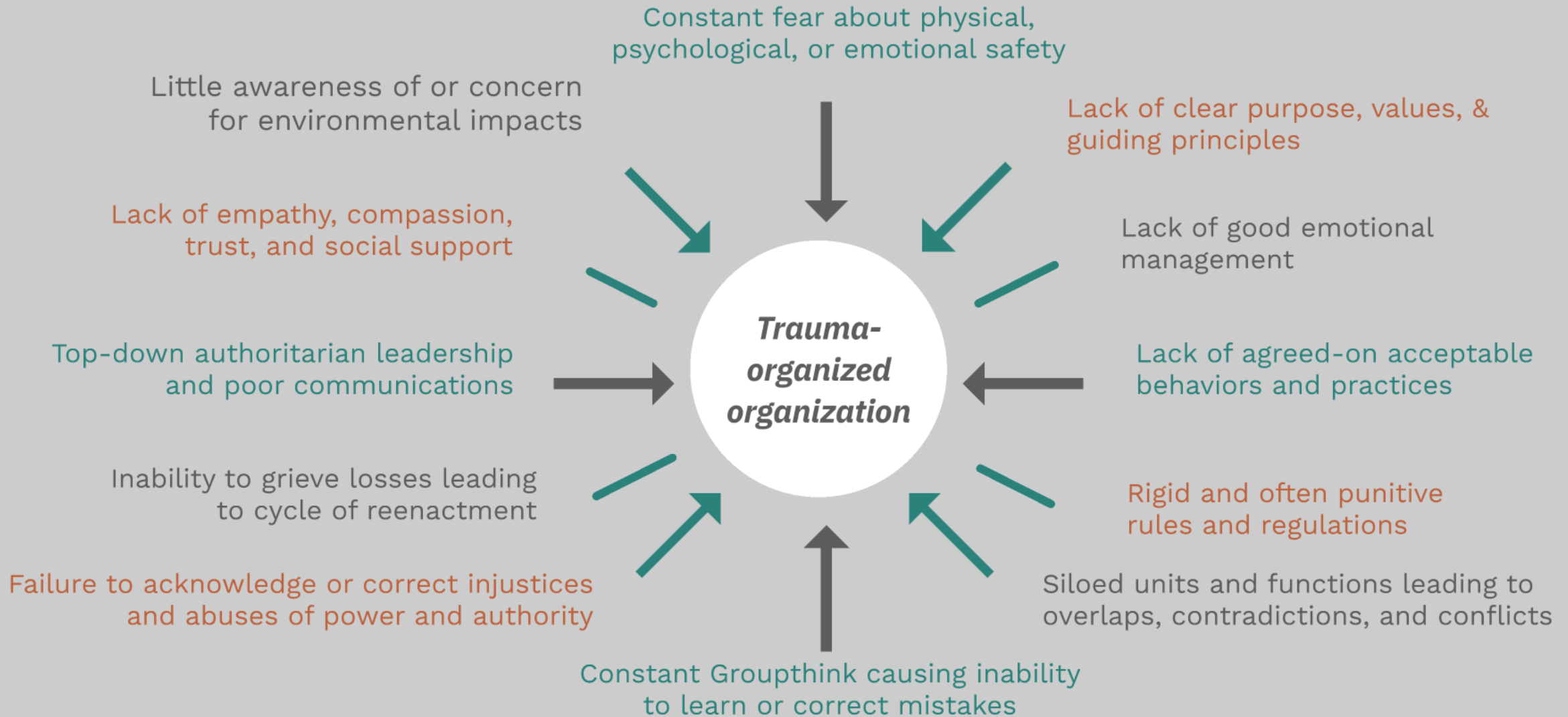
In Trauma Informed Care (TIC), we pay attention to how our **policies, procedures, and processes may be the perceived threat** that can result in both the service recipients and the workforce having flipped lids.



Workforce Wellness - Key Concepts

- Parallel Process
- Trauma Organized Organizations
- Vicarious Trauma
- Secondary Traumatic Stress
- Burnout
- Moral Injury
- Vicarious Resilience
- Compassion Satisfaction

TRAUMA-ORGANIZED ORGANIZATIONS



From *Transformational Resilience*, by Bob Doppelt

Adapted from Bloom, S. (2013) 3

TIC LENS: WORKFORCE WELLNESS



Intrapersonal

- PTO
- Space for regulation
- Debrief
- Interventions
- Use of vacation days
- Regulation - right brain strategies

Interpersonal

- Skills to co-regulate
- Peer to Peer Support
- Protocols for responding to coworkers
- Time for connection
- Regulation - right brain strategies

Operational/ Organizational

- Days off
- Safe spaces
- Human Resources
- Career/skill advancement
- Flexible scheduling
- Feedback
- Performance goals on TI/DEI/WW
- Modeling that "well" is desired

Six Principles of TIC

The six key principles fundamental to a trauma-informed approach include:

- 1. Safety**
- 2. Trustworthiness & Transparency**
- 3. Peer Support**
- 4. Collaboration & Mutuality**
- 5. Voice & Choice**
- 6. Cultural, Historical, & Gender Responsiveness**

5 Essential Elements



Assessment Tool:



TIO Trauma-Informed Care (TIC) Implementation Assessment Tool

Instructions: Use the definitions within each standard beginning on page 3 to rate the implementation level of each TIC standard. If every component of a score definition is not in place, the score has not yet been achieved. Document the reason for the score in the space provided. Include metrics, if available. Transfer the scores to the table below to calculate the overall implementation score for your agency or department. Repeat the process at least annually to track change in implementation level over time.

Scale:

TIC Standards by Element

- 1=Organization has not yet demonstrated awareness for the need for this standard.
- 2=Organization has demonstrated awareness, but work on this standard has not yet begun.
- 3=Organization is actively working to implement standard.
- 4=Standard is in place, but it is not yet sustainable or monitored.
- 5=Standard is sustainably in place and monitoring for continuous quality improvement occurs regularly.

| Standards | Score |
|---|-------|
| Element #1: Organizational Commitment Mean → | |
| a. Commitment to TIC | |
| b. Commitment to DEI | |
| c. TIC Community Collaboration | |
| Element #2: Culture and Climate Mean → | |
| a. Welcoming 1st Point of Contact | |
| b. Physical Environment is not Activating | |
| c. Inclusive Environment | |
| d. Core Services are Trauma-informed | |
| e. Workforce Wellness | |
| f. Relationship is Centered | |
| Element #3: Training and Education Mean → | |
| a. Staff are Trained | |
| b. Staff have Skills | |
| c. Hiring and Onboarding Processes | |
| d. Ongoing Education and Support | |

| Standards | Score |
|---|-------|
| Element #4: Policy, Procedure, and Practice Mean → | |
| a. Policies are Reviewed | |
| b. Procedures are Reviewed | |
| c. Documentation and Forms are Reviewed | |
| d. Supervision/Coaching | |
| e. Performance Reviews | |
| f. Trauma Response Protocols | |
| g. Access to Trauma Specific Services and Resources | |
| h. Continuity of Care | |
| Element #5: Feedback and Quality Assurance Mean → | |
| a. Feedback Process for Individuals Served | |
| b. Feedback Process for Workforce | |
| c. Tracking Processes | |
| d. Tracking Outcomes | |
| e. Service User Involvement in Decision Making | |

Assessment Date: _____ Scored by: _____ Overall Mean Score = (#1 Mean + #2 Mean + #3 Mean + #4 Mean + #5 Mean)/5= _____

Element #2: Culture and Climate

Culture and climate is the cohesive narrative, the glue, that holds a trauma-informed community together. It is the embodiment of all that is seen, heard, done, and experienced in spaces and settings. Trauma-informed practices and settings demonstrate an understanding of the impact of trauma and toxic stress on the body (both individual and organizational) and the power of relationship and belonging. This understanding appears in the language used, protocols that are followed, and behaviors that are witnessed.

| 2a. Welcoming 1 st Point of Contact | Rating | 1 | 2 | 3 | 4 | 5 |
|---|--------|--|---|---|---|--|
| The first point of contact (e.g. lobby, phone, intake, transport) is as welcoming and engaging as possible for individuals. The first point of contact is (1) informative, (2) helpful, (3) culturally & linguistically appropriate, (4) anticipates needs and (5) is respectful. | | Organization has not yet demonstrated awareness of the need to review the 1 st point of contact through a TIC lens. | Organization has demonstrated awareness of how the first point of contact has the potential to engage trauma survivors but changes have not yet been made. | All 1 st points of contact have been identified & reviewed for the potential to engage trauma survivors (e.g. lobby, phone, intake, transport). A plan to assess and enhance each one is being developed. A welcoming process that includes responding to activating events is in development. | All 1 st points of contact are designed to be (1) informative, (2) helpful, (3) culturally & linguistically appropriate, (4) anticipatory of needs and (5) respectful. The welcoming process has been approved by impacted service users although ongoing feedback process may not yet be developed. | Process is in place for all impacted individuals to let someone know if something is activating and the processes is regularly reviewed. Changes are made as a result, if practicable. |
| | | <p><u>Comment or justification for score:</u></p> <p>Suggested data source: Consumer survey/interview.</p> | | | | |
| 2b. Physical Environment is not Activating | Rating | 1 | 2 | 3 | 4 | 5 |
| Our physical spaces are regularly reviewed for actual and perceived safety concerns that may affect employees and individuals receiving services. | 1 | Organization has not yet demonstrated awareness of the need to ensure the physical environment is trauma-informed. | Organization is aware of the need for physical spaces to be trauma-informed, but has not yet reviewed them for actual and perceived safety concerns that may affect employees and individuals receiving services. | Organization is actively reviewing physical spaces from a TI lens with input from staff and individuals receiving services. A process for letting someone know if something is activating is under development. | Organization has reviewed physical spaces and made changes where needed. Staff and individuals receiving services approve of the changes. A process is in place for impacted staff and service recipients to let someone know if something is activating. | The physical environment is reviewed annually & changes are made to it when needed. Cumulative feedback is responded to regularly. Engagement with and the quality of the feedback process is reviewed regularly with input from impacted individuals. |
| | | <p><u>Comment or justification for score:</u></p> <p>Suggested metric: Date of last review</p> | | | | |

| 2e. Workforce Wellness (WW) | Rating | 1 | 2 | 3 | 4 | 5 |
|--|--------|---|---|---|--|---|
| Agency workforce wellness (WW) is (1) systematically addressed, (2) inclusive, (3) is used, (4) addresses burnout and toxic stress and (5) is positively received by staff. The Culture of Wellness Organizational Self-Assessment (COW-OSA) developed by SAMHSA and HRSA can be used to guide implementation of workforce wellness. | | Organization has not yet demonstrated awareness of the need to support workforce wellness. | Organization is aware of value of supporting the wellness of their workforce, but has not yet developed a plan to address it. | A wellness team is in place that includes service users, providers, leadership and interdisciplinary staff. The team is reviewing the causes of staff stress/burnout & is developing a plan to address it. Staff input is being gathered. | A workforce wellness plan is in place that includes policies, procedures, practices, activities, services, and social and physical environments. At least 70% of staff are aware of one or more wellness activities, but funding and leadership support are limited. If key staff leave, the culture of workforce wellness may not continue. | Workforce wellness is codified in policies, procedures, practices, activities, services, and social and physical environments and is supported as its own stand-alone initiative. Funds are not diverted to support other efforts. 75-100% of staff report that wellness activities are inclusive, regularly used, and a positive experience. Feedback on the quality of workforce wellness is utilized and responded to by leadership. |
| | | <p><u>Comment or justification for score:</u></p> <p>Suggested metric: Number of paid staff: _____. Number and percent (subset) who report awareness of at least one identified wellness activities ____ (____%). COW-OSA Score and Date: _____</p> | | | | |

| 2f. Relationship is Centered | Rating | 1 | 2 | 3 | 4 | 5 |
|--|--------|--|--|--|--|--|
| The importance of relationship is recognized and supported through policy and practice. Relationships take precedence over policy and product. | | Organization has not yet demonstrated awareness of the need to center relationships in policy and practice. Policy may seem to take precedence over relationships. | Organization is aware of value of supporting relationships through policy and practice, but has not yet developed a plan to ensure this is the case. | Organization is actively reviewing how policies and practice hinder or promote relationship building and developing a plan to ensure relationships are centered. | Policies or practices have flexibility related to individual needs and circumstances but practice and policy may not yet be fully aligned. Flexibility is not yet sustainable or monitored. If key staff leave, the culture may shift. | Policies and practices reflect flexibility related to individual needs and circumstances. Staff are surveyed at least annually and at least 75% report the organization is responsive to their needs and trust it do well by them. Feedback around flexibility and trust is responded to by leadership and changes are made as a result. |
| | | <p><u>Comment or justification for score:</u></p> | | | | |

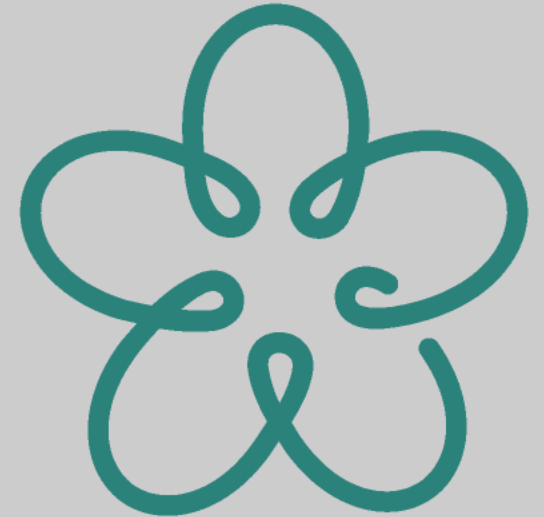
Trauma Informed Oregon Resources

- Education and Training
- Consultation and Thought Partners
- Assessments
- Policy Review
- Community Connections
- Regular Offerings

We want to hear
what you need!

Some Common Action Items

- **Organizational assessment**
- **Prioritize feedback from those served**
- **Education and Training**
- **Identify current practices**
- **Practice alternative explanations**
- **Policy review and adjustments**

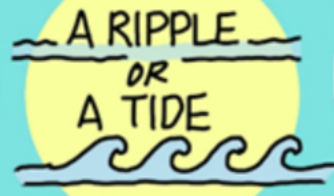
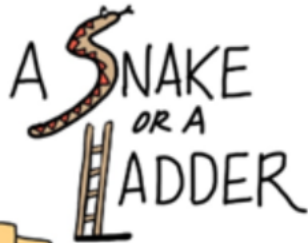


Q & A





EVERY MOMENT & INTERACTION CAN BE AN INTERVENTION



DR. KAREN TREISMAN
SAFE HANDS AND THINKING MINDS

Thank you!



REFERENCES

- 1.** Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- 2.** Toxic Stress. Center on the Developing Child at Harvard University. (2020, August 17). <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>.
- 3.** Yellow Horse Brave Heart, M. (2003). The Historical Trauma Response Among Natives and Its Relationship with Substance Abuse: A Lakota Illustration. *Journal of Psychoactive Drugs*, 35(1), 7. <https://doi-org.proxy.lib.pdx.edu/10.1080/02791072.2003.10399988>
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- 5.** Siegel, D. (2017, August 09). Dr. Dan Siegel's Hand Model of the Brain. Retrieved December 18, 2020, from <https://www.youtube.com/watch?v=f-m2YcdMdFw>

Thank You!

We welcome your feedback!

Visit our Website
traumainformedoregon.org



BREAK

COMPLETING THE STRESS CYCLE



COMPLETING THE STRESS CYCLE



• Physical Activity



COMPLETING THE STRESS CYCLE



• **Physical Activity**



• **Deep Breathing**



COMPLETING THE STRESS CYCLE



• **Physical Activity**



• **Deep Breathing**



• **Positive Social Interaction**



COMPLETING THE STRESS CYCLE



• **Physical Activity**



• **Deep Breathing**



• **Positive Social Interaction**



• **Laughter**

COMPLETING THE STRESS CYCLE



• **Physical Activity**



• **Deep Breathing**



• **Long Hug/Affection**



• **Positive Social Interaction**



• **Laughter**



COMPLETING THE STRESS CYCLE



• **Physical Activity**



• **Deep Breathing**



• **Long Hug/Affection**



• **Big Cry**



• **Positive Social Interaction**



• **Laughter**



COMPLETING THE STRESS CYCLE



• **Physical Activity**



• **Deep Breathing**



• **Long Hug/Affection**



• **Big Cry**



• **Positive Social Interaction**



• **Creative Expression**



• **Laughter**



- How can these behaviors be incorporated into your work, both formally (policies, procedures) and informally?

Next Steps



Upcoming Sessions



★ Future HRSN TA Sessions on the fourth Tuesday of each month

- **August – taking a break, no session planned.**
Please use this time to review past training sessions. We'll resume in September.
- **September 24, 2024 from 1-2:30 p.m. – stay tuned for topic.**

Ready to become an HRSN provider?



★ **Review our past HRSN Training Sessions:**
<https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Social-Needs-Provider-Training.aspx>

★ **Apply to become an HRSN Provider for Open Card**

1. Find the **Provider Enrollment application** at: <https://www.or-medicaid.gov>
(Under “Provider” > “Enrollment”)

2. Once you've completed the application, **email the Provider Enrollment Team** at Provider.Enrollment@odhsoha.oregon.gov letting them know that you submitted an application. This will ensure that your application can be processed sooner.

3. If you have questions about enrolling as an HRSN Service Provider, please see the Provider Enrollment Guide, call the OHA Provider Enrollment team at 800-336-6016, option 6, or email the team at Provider.Enrollment@odhsoha.oregon.gov.

Please note: We are now enrolling Climate and Outreach & Engagement providers. Housing providers may start enrolling on August 1, 2024.

HRSN Provider Resources

★ [HRSN Provider Webpage](#)

★ [HRSN Provider Journey](#)

A Guide to Support Oregon HRSN Service Providers

★ [HRSN Webpage](#) includes links to several resources:

- [HRSN Request Form for Climate-Related Devices](#) (fillable form available in English; form available in more languages soon)
- [Outreach and Engagement Fact Sheet](#) (available in English and Spanish)
- [Climate Supports FAQ](#) (available in English and Spanish; available in more languages soon)
- [OHP Climate Supports](#) webpage, which contains links to:
 - [Climate-Related Supports two-pager](#) (available in seven languages)
 - [Climate-Related Supports Fee Schedule](#)

