

# Trauma-Informed Organization Assessment Manual

November 2020

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NATIONAL  
HEALTH CARE  
*for the*  
HOMELESS  
COUNCIL

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## Overview

A trauma-informed (TI) organization is founded on an active commitment to encourage healing from trauma and prevent re-traumatization. The policies, practices, and procedures of a TI organization address the physiological, interpersonal, historical, and other complex consequences of trauma. In response to the pervasive impact of trauma, a TI organization uses TI principles throughout the organizational structure and service delivery model, and includes all staff, consumers, and community partners in the change process.

This work is particularly important in both health care settings and with people experiencing homelessness, given their vulnerabilities to trauma or traumatic situations. Combining TI principles with organizations serving people experiencing homelessness, organizations could better address the causes of trauma, treat current symptoms that manifest within individuals and across systems, and prevent further trauma.

Over the past three years, the National Health Care for the Homeless Council (NHCHC) organized a TI Organization Learning Collaborative, comprised of 11 organizations throughout the United States providing health care to people experiencing homelessness, including nine health centers. The Learning Collaborative was charged with finding or developing an organizational assessment to measure the trauma-informed practices, policies, and procedures of an organization providing health care to people without homes. In partnership with the Council, the group developed a four-component assessment tool to support organizations in aligning their policies and practices with TI principles.

## How to Use This Tool

Because a TI organization is an evolution and on-going commitment to principles, organizations are encouraged to use this assessment tool at intervals and track progress. The results of the assessment are not intended as a final evaluation of the organization's trauma-informed status but can be used to better understand current programmatic practices and culture, determine strengths and opportunities for growth, and further dialogue around TI practices. Results used in conjunction with NHCHC's TI Organization Change Package can help in developing an organizational change plan.

Organizations are encouraged to develop a TI Committee made of diverse staff members to implement the assessment, analyze the results, and develop change strategies. TI Committee members should review this manual and determine how the organization can implement this assessment in ways that work for the organization.

Prior to conducting the assessment, organizations should evaluate their readiness to engage in a TI change process, develop a proposed timeline, and determine how to measure the impact of changes to evaluate effectiveness and make adjustments as needed. These resources are described below.

NHCHC's TI Organization model proposes a *Systems-Wide Understanding of a Trauma-Informed Approach*, which is guided by the following principles and their domains:

**Trauma-Informed Principles**

Principle	Domains
Safety	Creating an environment where people are protected from danger, including emotional, physical, and psychological safety as well as crisis management.
Cultural Sensitivity and Humility	Cultivating an open attitude and skills in learning about diverse cultures, identities, and experiences including race, ethnicity, sexual orientation, gender identity, and refugee and immigration status; while considering the impact of historical oppression, the role of privilege and power, and uplifting the voices and experiences of marginalized groups.
Transparency	Creating an open and honest culture with processes and structures to share information and include diverse perspectives in the decision-making process; while ensuring respect for both subjective perception and objective truths.
Choice	Developing autonomy and respect for personal freedom and control grounded in fully informed consent.
Trust	Demonstrating reliability and credibility in relationships including balancing consistency and flexibility, maintaining privacy and confidentiality, and respecting healthy boundaries.
Compassion and Empathy	Creating a culture of understanding and interacting with people based on respect, validation and affirmation, non-judgement, and humanity.
Self-Care	Supporting policies and practices that care for the physical, emotional, relational/social, and cognitive well-being of consumers and staff, particularly being mindful of vicarious trauma and compassion fatigue.
Strengths-Based	Focus on assets and resources over problems or deficits, incorporating recovery-oriented and person-centered approaches that uplift dignity and integrate concepts of resilience.

**Readiness Checklist**

A readiness checklist can help prepare organizations for a system-wide change process. Prior to conducting the assessment, a committee/ workgroup would review each item on the checklist.

Note: One of the first steps in the TI organization change process is to develop a committee/ workgroup charged to organize, lead, and support the change process and conduct the assessment. Ideally, this committee would have representation from diverse backgrounds, experiences, and roles and positions within the organization. More information and resources on developing this committee can be found in NHCHC's online TI Organization Toolkit.

NHCHC's checklist (see Appendix A) contains 27 items organized by the following sections: Overall Program, Executive Leadership, Board of Directors, TI Committee, Staff, and Consumer Leadership. Before conducting the assessment, organizations are strongly encouraged to review NHCHC's readiness checklist line-by-line, discuss areas of needed development, and work toward achieving each task listed.

There may be additional tasks an organization would need to accomplish to successfully conduct the assessment and create a change plan. Organizations are encouraged to discuss and brainstorm these additional tasks and add to the list to fit the needs of the organization and community. As with the assessment, the conversations and brainstorming around the checklist will be informative, such as how different positions within the organization view each task, exactly how each task fits or relates to the organization's current structure, and where efforts can be focused.

## Timeline

The timeline can assist organizations in identifying start dates and deadlines for the assessment process (see Appendix B). This template is a *suggested* list of tasks that the organization's TI committee can discuss and determine realistic timeframes. If the readiness checklist has been worked through, some of the items on the timeline will already have been achieved.

## Measuring Impact

Organizations are encouraged to measure change in four areas: consumer behaviors, staff knowledge, organizational metrics, and community relations; as well as collect a dataset at three time points: prior to conducting the assessment (baseline), 6 months after implementing the organization change plan (based on the results of the assessment), and 1-year following the implementation plan.

Organizations are highly encouraged to document in detail how these numbers are identified. This will create a uniform and streamlined data collecting process for reporting, tracking change, and measuring impact.

The following is a minimal dataset, but organizations are welcome to collect and report other data. A list of additional data points is available (see Appendix D).

**Metrics for Trauma-Informed Organizations Measuring Impact**

Area of Impact	Measurement Aim	Measurement Defined
Consumer behaviors	Increase in attendance <ul style="list-style-type: none"> <li>• In health center: return for any follow-up appointments</li> <li>• Other organizations: return for multiple visits</li> </ul>	<p><b>Numerator:</b> Within a six-month period, the number of consumers that returned after first visit</p> <p><b>Denominator:</b> Within the same six-month period, number of total consumers seen unrelated to type of service received</p>
Staff knowledge	Increase in staff knowledge about the impact of trauma	<p><b>Numerator:</b> For a random sample* the average score out of the total possible points on a Trauma 101 training evaluation**</p> <p><b>Denominator:</b> Total possible points for the number sampled</p>
Organizational processes <i>consumer-related</i>	Increase in referrals external or internal for trauma-specific treatment	<p><b>Numerator:</b> Within a six-month period, the number of referrals made for trauma-specific treatment</p> <p><b>Denominator:</b> Within the same six-month period, the total number of consumers seen</p>
Organizational human resource measure <i>staff-related</i>	Increase in staff retention	<p><b>Numerator:</b> Within a past six-month period, the number of staff who have continued employment***</p>

		<b>Denominator:</b> Within the same six-month period, the highest total number of staff employed by organization minus any new hires within this same period
Community relations	Increase in community partnerships that explicitly address trauma (e.g. education, treatment, etc.)	<b>Numerator:</b> Number of total community partnerships**** that explicitly work to provide a trauma-related activity or service <b>Denominator:</b> Number of total community partnerships

\* Organizations are encouraged to work with research or quality experts to identify a reasonable number for this sample. General recommendations suggest between 10 and 30%, but a committee can take into consideration the size of the organization and its total number of consumers and staff.

\*\* A sample Trauma 101 training evaluation is provided at the end of this manual (see Appendix C).

\*\*\* Although staff may report various reasons for leaving that are unrelated to satisfaction or lack of support, such as retirement or relocation due to spouse, this number will help to capture and reflect a general, overall retention rate across time.

\*\*\*\* Partnerships can be bi-directional but confirmed in writing (e.g. Memorandum of Agreement/Understanding) which clearly states the trauma-related service or activity being provided by either partner.

### Assessment Tool Components

This tool has four components to evaluate various aspects of the organization, yet each of the components are organized around the principles and domains previously described. These four components explore the consumer and staff experience, structures and functions within the organization, organizational culture, and relationships with external partners and the larger community.

The four components of the assessment tool:

- Consumer survey

- Staff survey
- Observation
- Policies & Procedures Review

In an effort to capture a holistic snapshot, these components are designed to be used in combination with each other. Each component is described below.

### **Electronic v. Paper and Pencil**

An electronic and paper-and-pencil format of the components are available. Each organization will determine which format for each component is needed.

- The paper and pencil version is available at: <https://nhchc.org/trauma-informed-organizations/>
- The electronic version was created on the Survey Monkey platform and is available at: <https://www.nhchc.org/trauma-informed-organization-assessment-request/>

### **Staff Survey**

The staff survey aims to assess how staff experience the TI principles throughout their employment, such as boundaries and expectations, supervision, staff wellness and self-care policies, and workforce development and training.

- **Length:** 66-question survey, estimated to take less than 20 minutes to complete
- **Sample Size:** all employees, contractors, and volunteers of an organization should be given the opportunity and invited to complete the survey.
  - Although a 100% response rate from staff is ideal, it may not be attainable for a timeframe or particular organization. Work with the TI committee to determine an adequate sample size that appropriately reflects the total staff population.
- **Methodology:** Surveys can be completed on paper or electronically.
  - Although the paper version is still an option, staff are likely to have access to work resources to complete an online survey.
  - Make sure to send reminders to staff before and during the survey that highlight the purpose of the survey, the importance of staff wellness and well-being for both the organization and consumer care.
- **Tailoring for the organization**
  - To help with anonymity and to create safety for staff to respond honestly, consider if employment demographics of respondents will be collected. Smaller staff may be less comfortable with these identifying markers.
  - Organization that request staff to identify their team/department/or discipline (e.g. nurses, administrators, etc.) can analyze data for both the organization as a whole and for subsections to determine if strengths, needs, and action steps are different within and across teams. This may also help to explore dynamics within integrated and interdisciplinary teams. Yet smaller

organizations may want to consider if this will risk anonymity, and therefore be detrimental to the process.

## Consumer Survey

The term *consumer* is used to refer to consumers, patients, residents, participants, members, or other titles for people who utilize the organization's services. This survey aims to assess how consumers experience TI principles throughout the organization, such as with intake and screening processes, the physical environment, consumer policies, and relationships with staff.

- **Length:** 20-question survey, estimated to take less than 15 minutes to complete.
- **Sample Size:** Organizations or TI committees may consider the appropriate percentage or number of surveys to get a representative sample.
  - Organizations are encouraged to be intentional about ensuring all services and consumer populations are represented through the survey.
- **Methodology:** The survey can be completed and tracked on paper or electronically with NHCHC's Survey Monkey. If an electronic version is requested a customized URL for the organization will be created.
  - Electronic versions will ease the analysis and data tracking process for staff. If done electronically, staff can provide a shared computer/kiosk/tablet for surveys, invite people to complete on their phones, or have staff upload responses from paper surveys.
  - The TI committee can identify and discuss potential accessibility issues, such as vision, hearing, reading, language, or other cognitive issues, and attempt to address any barriers to inclusivity.
  - Staff are encouraged to collect and track demographics and other identifying markers for consumer surveys to complete additional analysis if the organization has the capacity.
  - Offering small incentives, being intentional about time and space, and availability of snacks or food, has been shown to increase consumer participation.
  - Consider who will be the best to survey the consumer population in a way that is trauma-informed and will elicit honesty (e.g. Consumer Advisory Board members, volunteers).
- **Tailoring for the organization:**
  - Organizations will need to determine:
    - If an incentive will be offered for completing the survey. This should be described in the "About" section of the survey.
    - If demographic information will be collected at the time of the survey.



- Organizations can request the paper-and-pencil version to collect data from consumers *and* a link for an electronic version for staff to input the data collected through paper-and-pencil.

## Observation Checklist

The observation has two parts: a *physical environment scan* and an *interpersonal observation*. Organizations should have more than one individual to complete each part to provide comparative data for a more accurate assessment.

- **Length:**
  - Physical environment scan
    - 65 total prompts (questions or tasks to be observed), less than 30 minutes.
    - Organized in the following sections: external, lobby/ waiting area, offices, and staff spaces
  - Interpersonal observation
    - 36 prompts (tasks to observe including several open-ended questions), time and specific locations TBD by TI committee.
    - Organized by 9 TI principles
- **Sample Size:**
  - To be able to compare subjective responses, two to four individuals would complete the observation. This could include an “external” individual, that is, someone who is not closely involved in the day-to-day functions of the organization. Examples of external individuals could be board members, volunteers/interns, or staff at the local primary care association or a partnering/referral agency.
- **Methodology:** Surveys can be completed on paper or electronically.
  - Although the paper version is still an option, staff are likely to have access to work resources to complete an online survey.
  - For the entire observation, reviewers will not need to speak directly with consumers or staff. Their responses should come strictly from personal, subjective, silent observation. Reviewers are heavily encouraged to utilize the comments section to make note of any questions or thoughts that arise in responding to each prompt, including suggestions for how to improve or meet the task.
  - For the interpersonal observation, the reviewers are strongly encouraged to read each prompt prior to initiating the observation. Being familiar with the prompts prior to conducting this part of the observation will allow the process to go more smoothly. For this portion of the observation, the TI committee will determine a set time and location for reviewers (e.g. 30 minutes in the

- lobby/waiting room, 30 minutes in the break room, and 30 minutes walking through the clinic). Ideally, each reviewer will conduct the interpersonal observation at different periods during operating hours (e.g. one observation before 10 am, another observation between 11am - 1 pm, and another observation between 3 - 6 pm).
- Open and transparent communication about the TI assessment and transformation process aligns with the overarching TI principles. In this vein, TI committee chairs are encouraged to send an email or communicate broadly to all staff about future observations, including the goals, purpose, and details about the process (i.e. actions will be recorded but effort will be made to keep anonymity for who performed the action).
  - A comment box/section after each prompt was deliberately included to capture thoughts that arise in response to an observation. These comments and notes will help the organization in analyzing responses across reviewers and updating future iterations of the assessment tool.
  - **Tailoring for the organization**
    - Due to the subjectivity of the observations, organizations may want more than one person/staff to complete the observation checklist. Three or four total observers is ideal.
    - Consider having outsider or volunteers or board members conduct the observations.
    - The physical environment scan was designed for a brick-and-mortar establishment, but can be adapted for use on mobile or shelter-based clinics.

## Policies and Procedures Review

The policies and procedures review was developed to assess how the organization's written documents and formal and informal practices align with TI principles. This review has three parts: *existing policies and procedures checklist*, *policies and procedures content review*, and a *staff competency review*.

- **Length:**
  - Existing Policies and Procedures Checklist
    - 33 prompts
    - Organized by the following sections: organizational, consumer, staff, intake, and services
  - Policies and Procedures Content Review
    - 65 prompts
    - Organized by 9 TI principles.
  - Staff Competency Review
    - 15 prompts

- Assesses overall/administration, content for all levels of staff, and clinician-specific content.
- **Sample Size:** 1 response, developed and reviewed by at least two individuals.
- **Methodology:** Surveys can be completed on paper or electronically.
  - Paper version of this component is available. An online/ Survey Monkey version of the three-part Review is available.
  - Having a pair from the TI Committee to work through each prompt together will help ease the burden of the process and may lead to more accurate responses. Any debate, concern, or questions that arise about whether a document or behavior qualifies as a "Yes" response, should be noted in the comments box after each prompt.
- **Tailoring for the organization**
  - A comment box/section after each prompt captures thoughts that arise in response to each task or prompt. These will help in providing a thorough and comprehensive review and updating future iterations of the assessment tool.

## Moving Forward

After completing all components of the assessment tool, review the results to determine areas of strength and improvement, and follow the predetermined plan for sharing the results with staff, consumers, and community partners. The TI Committee is a good space to analyze and discuss the results, and determine strategies for change.

The National Health Care for the Homeless Council has developed a companion Change Package that has suggested strategies for change sectioned by principle. Reviewing the strategies from the Change Package and the additional resources from our TI Organizations Toolkit can help the organization determine how to better incorporate trauma-informed principles into the organization.

Remember, being a TI organization is an on-going effort, so the completion of the assessment and adoption new strategies is only part of the journey. As the needs of consumers, staff, and community partners change TI processes should be reviewed and evaluated regularly.

## Appendix A: Readiness Checklist



	Overall Program	Yes	No	In-Progress	Notes
1	The organization has a written statement that includes:				
	A commitment to understanding trauma.				
	A commitment to engaging in trauma-sensitive practices.				
	An understanding that an organization-wide change to trauma-informed practices, policies, and procedures is a long-term process.				
	A commitment to report outcomes and results of the change process to leadership, the board, staff, and consumers.				
2	The organization has a written plan that addresses the goal of moving toward a trauma-informed service delivery organization (e.g. see Assessment Timeline template).				
3	The organization a mechanism (personnel and process) in place to regularly measure performance on each of the core trauma-informed care principles (e.g. see Assessment Timeline template).				

4	The organization has a written plan to track data related to each principle.				
5	The organization has a written plan to analyze and use data collected to address challenges and/or reinforce progress.				
<b>Executive Leadership</b>		<b>Yes</b>	<b>No</b>	<b>In-Progress</b>	<b>Notes</b>
6	Executive leadership believes that working to become a trauma-informed organization is important.				
7	Executive leadership has signed a written commitment to becoming a trauma-informed organization.				
8	This signed commitment states that Executive leadership agrees to:				
	Support the recommendations of the trauma committee/ specialist, which may require developing alternative solutions based on organizational capacity.				
	Make resources (e.g., time, space, money) available for trauma training and education.				
	Make resources available for trauma-informed service modifications.				
	Release both direct service and support staff from their usual duties so that they may plan trauma-informed changes.				

	Release both direct service and support staff from their usual duties so that they may participate in trauma training and education.				
	Allocate some of their own time to the trauma-informed change process (e.g., meeting with the TI Committee/champions, keeping abreast of trauma initiatives in similar organization areas).				
	Meet periodically with trauma committee or specialist.				
	To conduct a TIO assessment across the organization.				
	Transparency and a process for sharing feedback, plans, and, results with staff, consumers, and the Board of Directors.				
9	Executive Leadership communicates a clear and direct message that the organization is committed to creating a trauma-informed organization and that every staff is critically important in accomplishing this mission.				
10	Executive Leadership has been educated on the trauma-informed concepts.				
11	Executive leadership can describe the impact of becoming a trauma informed on consumers.				

12	Executive leadership can describe the impact of becoming a trauma informed on staff.				
13	Executive leadership can describe the impact of becoming a trauma informed on workflow and organizational culture.				
14	Executive leadership can describe the impact of becoming a trauma informed on community partnerships and external collaborations.				
<b>Board of Directors</b>		<b>Yes</b>	<b>No</b>	<b>In-Progress</b>	<b>Notes</b>
15	The Board of Directors or equivalent body has been educated on trauma-informed concepts.				
16	The Board is aware of and supports the organizations TI initiative.				
17	The Board agreed to the plan to conduct a TIO assessment across the organization.				
<b>TIO Committee</b>		<b>Yes</b>	<b>No</b>	<b>In-Progress</b>	<b>Notes</b>
18	The organization has a TIO committee or workgroup.				
19	The TIO committee/ workgroup has a TI champion(s)/ chair.				
20	The TIO committee is diverse in staff roles, disciplines, and experience.				
21	The TIO committee/ workgroup has their charge/charter in writing.				
<b>Staff</b>		<b>Yes</b>	<b>No</b>	<b>In-Progress</b>	<b>Notes</b>

22	Staff are informed about the TI initiative/ goals of working to implement trauma-informed organizational practices, policies, and procedures.				
23	Staff believe that working to become a trauma-informed organization is important.				
24	Staff believe that the organization will follow through on the recommendations from the assessment tool.				
<b>Consumer Leadership</b>		<b>Yes</b>	<b>No</b>	<b>In-Progress</b>	<b>Notes</b>
25	The Consumer Advisory Board is aware of the organization's commitment to becoming trauma-informed.				
26	A TI change representative has attended at least one CAB meeting and discussed the TI initiative, solicited feedback, & brainstormed ways to involve consumers in the initiative.				
27	Consumers have been notified about the TI Assessment Process (i.e. flyers or focus groups)				



## Appendix B: Proposed Timeline

Template developed with George Mercer at Albuquerque Health Care for the Homeless.



Goal	Action Step	Expected Start	Expected Deadline
Leadership Buy-In	<ul style="list-style-type: none"> <li>• Receive support from CEO/Executive Director.</li> <li>• Identify other supporters on leadership.</li> <li>• Presentation to Board of Directors on trauma-informed care and the transformation/ change plan and timeline.</li> <li>• Identify leadership liaison for the TIO committee/workgroup.</li> </ul>		
Formation of the Trauma-Informed Organization (TIO) Committee/ Work Group	<ul style="list-style-type: none"> <li>• Review/draft TIO committee charter/charge and member role descriptions, including expected time commitment.</li> <li>• Send an invitation to all staff.                             <ul style="list-style-type: none"> <li>◦ This can also function as the communication to all-staff informing them about the overall TIO initiative.</li> </ul> </li> <li>• Recruit/confirm 5-12 members.</li> <li>• Identify chair/champion(s).</li> <li>• Hold first meeting/huddle</li> </ul>		
Review & Complete the Readiness Checklist	<ul style="list-style-type: none"> <li>• As a committee, review each task, consider the feasibility of the organizations meeting each one, and mark “yes” “no” “in progress” and add comments/notes.</li> <li>• Make needed changes to get a “yes” on each task.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Reach out to NHCHC staff for support or clarification.</li> </ul>		
Map Logistics	<ul style="list-style-type: none"> <li>• Review the TIO assessment manual in detail. Reach out to NHCHC staff for support or clarification.</li> <li>• Complete the timeline for the 4 components.                             <ul style="list-style-type: none"> <li>○ Consider if each will be conducted simultaneously or one-by-one.</li> </ul> </li> <li>• Consider both electronic and paper versions for each component.                             <ul style="list-style-type: none"> <li>○ Consider that paper responses can be entered later electronically.</li> </ul> </li> <li>• Have a self-identified lead for each component.</li> </ul>		
Collect Measures	<ul style="list-style-type: none"> <li>• Review TIO metrics (p. 6 in manual).</li> <li>• Identify lead.</li> <li>• Identify other staff who can assist the lead in pulling numbers.</li> <li>• Identify specific dates for 3 time points:                             <ul style="list-style-type: none"> <li>○ Baseline measure, prior to conducting the assessment</li> <li>○ 6 months after beginning the implementation plan (based on assessment results)</li> <li>○ 1 year following the implementation plan.</li> </ul> </li> <li>• Share data with NHCHC staff.</li> </ul>		
Conduct Assessment – Staff Survey	<ul style="list-style-type: none"> <li>• Determine target goal for number of completed survey</li> </ul>		

Conduct Assessment - Consumer Survey	<ul style="list-style-type: none"> <li>• Determine appropriate sample size</li> <li>• Determine feasibility of paper-and-pencil vs. electronic surveys</li> </ul>		
Conduct Assessment - Observational Checklist/ Environmental Scan	<ul style="list-style-type: none"> <li>• Identify 2-4 observers</li> <li>• Physical Environment Scan</li> <li>• Interpersonal Observation</li> </ul>		
Conduct Assessment - Policies & Procedures Review	<ul style="list-style-type: none"> <li>• Policy Existence</li> <li>• Policy Content</li> <li>• Staff Competency/ Training</li> </ul>		
Compile and Share Results	<ul style="list-style-type: none"> <li>• If submitted electronically, request data from NHCHC.</li> <li>• Review results with committee.</li> <li>• Draft change plan based on results. Request TA/support from NHCHC staff, if needed.</li> <li>• Determine how the results and change plan will be shared with all-staff, consumers, the Board, and community partners.</li> <li>• Distribute results and change plan, accordingly.</li> <li>• Celebrate!</li> </ul>		
Implement Change Plan	<ul style="list-style-type: none"> <li>• Determine the exact dates for the 6 month and 1 year time points identified in the "collect measures" section.</li> <li>• Continue regular/monthly check-ins with the committee.</li> </ul>		

	Request TA/support from NHCHC staff, if needed.		
Collect and Submit Measures	<ul style="list-style-type: none"> <li>• Collect and share at 6 months after beginning the implementation plan (based on assessment results)</li> <li>• Collect and share 1 year following the implementation plan.</li> </ul>		

## Appendix C: Trauma 101 Knowledge Assessment



Please respond to the best of your ability.

1. Trauma has been linked to:
  - a. Heart disease
  - b. Early death
  - c. Substance or alcohol use
  - d. All of the above.
  - e. None of the above.
2. The normal response to trauma can include:
  - a. Increased heart rate
  - b. Difficulty building trusting relationships
  - c. Impediments in cognitive functioning
  - d. All of the above.
  - e. None of the above.
3. When experiencing trauma:
  - a. The brain processes the memory differently.
  - b. A sense of safety is lost.
  - c. The biological fight-flight-freeze response is activated.
  - d. All of the above.
  - e. None of the above.
4. The brain responses to trauma could lead to:
  - a. Depression
  - b. Personality Disorders
  - c. Alcoholism
  - d. All of the above.
  - e. None of the above.
5. Intergenerational trauma results when:
  - a. Disturbing experiences are not addressed and an emotional and behavioral legacy is passed down from parents to their children.
  - b. Because of unresolved trauma they have experienced, parents lack the emotional ability to express empathy and compassion and the cognitive ability to regulate their behavior.
  - c. Because of unresolved trauma they have experienced, parents are unable to build trusting relationships and healthy attachment with their children.
  - d. All of the above.
  - e. None of the above

6. Historical trauma:
  - a. Does not lead to shame in one's culture and identity.
  - b. Can be used interchangeably with intergenerational trauma.
  - c. Is a type of intergeneration trauma caused historical, systemic abuse and injustice.
  - d. All of the above.
  - e. None of the above.
7. Culture is critically important in thinking about the impact of trauma, because culture is central to one's identity and determines how someone reacts to trauma and make sense of their experiences.
  - a. True
  - b. False
8. Trauma screening and assessment are two separate and distinct processes.
  - a. True
  - b. False
9. Which is an example of 'person-first language'?
  - a. Homeless people are experts in their own experience and need to be listened to.
  - b. A person with PTSD may need trauma-specific services.
  - c. Our consumer Mary has incredible communication skills and the ability to connect with people.
  - d. All of the above
  - e. None of the above
10. Responsibilities of staff when providing Trauma Informed Care include
  - a. View trauma responses as adaptive behaviors
  - b. Don't bring up trauma until the consumer does
  - c. If you see a consumer having a flashback, act.
  - d. All of the above
  - e. None of the above
11. Individual risk factors for vicarious trauma include:
  - a. Having poor rapport with consumers
  - b. Not having experienced the same trauma as consumers
  - c. Being younger in age and new to the field
  - d. All of the above
  - e. None of the above

Answer Key: 1.d 2.d 3.d. 4.d 5.d 6.c 7.a 8.a 9.b 10.a 11.c

## Appendix D: Additional Impact Measures

### General Considerations:

- What data best represents these metrics? What data needs to be collected?
- Is the organization already tracking any of these metrics or related data?
- Do any of these metrics overlap with other required data tracking e.g. PCMH, HRSA, other funding agencies, PRAPARE?
- What metrics will communicate that the organization is more trauma-informed?

### Additional Measures:

#### Consumers

- Improve adherence to treatment
- Increase in follow-up attendance, decrease in missed appointment
- increase in consumer knowledge/awareness (how trauma impacts their current health)
- Family respect
- Self-esteem
- Health measures
- Treatment goals
- Improved interpersonal relationships (quality and/or quantity)
- Increase in consumer satisfaction

#### Staff

- Staff understanding and response
- Staff communication and cohesion
- Increase in staff knowledge about the impact of trauma
- Shifts in the way staff are talking about consumers

#### Organization

- Connect people with appropriate resources (Measured by increase in number of referrals, community partnerships, and other external relationships for trauma-treatment)
- Shifts in awareness of staff needs
- Decrease in staff turnover
- Increase in staff satisfaction
- Increase screening for trauma
- Decrease in missed appointments
- Shifts in the way it feels in the clinic (e.g. "our clinic feels calmer")
- Increase in trauma-sensitive problem-solving (e.g. increased curiosity and discussion about the underlying causes of challenging behavior)

#### Community

- Increase in/more aware of local organizations that provide trauma-related services