Trauma-Informed Care Provider Policies and Documentation

Quality Assurance

Learning Objectives

• Participants will understand the concepts of trauma-informed care (TIC) as outlined in the Quality Assurance/Quality Improvement (QA/QI) plan
• Understand the EBA contract language and requirements for service providers
• Review TIC principles in routine documentation
• EBA will address questions relating to the QA/QI plan reviews
Why Trauma-Informed Care (TIC)?

EBA will support the Virginia DJJ and Commonwealth’s efforts to align with Trauma-Informed Care (TIC) principles.

In June 2018, the Governor formed a Trauma-Informed Care for Children Working Group to accomplish work directed by the 2018 Appropriations Act, as well as Executive Order 11.

Interim Recommendation #1 states:
“Virginia’s child and family-serving agencies should adopt the Substance Abuse and Mental Health Services Administration (SAMHSA) definition and framework of trauma-informed care.”
Trauma-Informed Care is

A strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.

According to SAMHSA’s concept of a trauma-informed approach, a program, organization, or system that is trauma-informed:

- Realizes the widespread impact of trauma and understands potential 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; and
- Seeks to actively resist re-traumatization.
GUIDING PRINCIPLES OF TRAUMA-INFORMED CARE

- Safety
- Trustworthiness and transparency
- Peer support and mutual self-help
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender issues

Documentation
Contract
Requirements
Providers are expected to utilize trauma-informed practices and will be assessed in areas such as:

- How does the organization ensure that all staff (direct care, supervisors, administrative, support staff, housekeeping, and maintenance) receive basic training on trauma, its impact, and strategies for trauma-informed approaches across the agency and across personnel functions?

- How does the agency conduct a trauma-informed organizational assessment or have measures or indicators that show their level of trauma-informed approach?

- Is there a system of communication in place with other partner agencies working with the individual receiving services for making trauma-informed decisions?

Sample Questions in the QAR

RSC Model Process

- Referrals will be reviewed and processed understanding the TIC principles and utilizing a trauma informed lens with the goals of fostering family engagement, ensuring responsivity by removing cultural and other barriers, and avoiding re-traumatization.

- When Trauma Symptoms (or a trauma-related diagnosis) are present, the RSC will match the referral to a trauma-informed service provider or trauma-related service type (e.g., trauma focused cognitive behavioral therapy (TF-CBT), EMDR, DBT).
So what does this mean for service delivery?

Provider Contract Requirement  |  Expectation of DJJ  |  Continuous Quality Improvement


Service Plan

Service Plans must be consistent with, and describe a reasonable plan to meet, the goals of the court and must comport with the Youth’s court supervision status, the criminogenic need identified in the referral packet, YASI, and other related assessments. The Service Plan shall include the following:

- Specific measurable, achievable, time-limited goals;
- Related tasks indicators for the achievement of identified outcomes as they apply to the Youth’s discharge from services; and
- Signatures of the Youth, (where applicable) the Youth’s parent(s)/custodian(s), and CSU Staff
How could the TIC principles shine through in a Service Plan or Monthly Report?

- **Safety**
- **Trustworthiness and transparency**
- **Peer support and mutual self-help**
- **Collaboration and mutuality**
- **Empowerment, voice, and choice**
- **Cultural, historical, and gender issues**

**Discharge Reports**

The DSP shall submit a fully and accurately completed written Discharge Report to EBA and the CSU Staff within 20 calendar days of termination of Services. The discharge plan must be completed prior to submission of the final invoice for payment. The discharge report shall include:

- Status of discharge (successful or unsuccessful);
- Overall progress made toward the identified measurable objectives; and
- Youth-specific recommendations for continued services.
Service Extensions

<table>
<thead>
<tr>
<th>PO Request/Referral</th>
<th>RSC review</th>
<th>Approval</th>
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<tbody>
<tr>
<td>PO MUST submit the request for an extension</td>
<td>RSC reviews the progress reports and documentation</td>
<td>Must come from the RSC agency in advance (EBA can not make retro approvals)</td>
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<tr>
<td>DSP should communicate with the PO about needs in advance</td>
<td>Looks for progress and continued needs</td>
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Suggestions?