

# BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

<b>Chapter: 4</b>	<b>Care and Treatment Services</b>		
<b>Section: 5</b>	<b>Person-Centered Planning</b>		
<b>Topic: 7</b>	<b>Trauma-Informed System of Care</b>		
Page: 1 of 7	Supersedes Date: Pol: Proc: 11-6-18, 5-24-17, 12-20-12	Approval Date: Pol: 12-20-12 Proc: 10-1-2024	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Board Chairperson Signature</i>  <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Chief Executive Officer Signature</i>
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## Policy

Bay-Arenac Behavioral Health Authority (BABHA) is committed to being a Trauma-Informed organization and espouses that everyone may have experienced trauma. This includes people we serve, all staff, and anyone else we encounter while conducting business within our community. In accordance with BABHA’s mission, it is the intent that all staff within the BABHA Provider Network be informed about the effects and difficulties of psychological trauma, and offers an environment which is sensitive to, and facilitates, recovery from that trauma.

A Trauma-Informed System of Care is based on two major concepts: 1) A behavioral health system that acknowledges and understands the effects of trauma and values safety and participation and 2) utilizes evidenced-based and best practice treatment models that have been proven to facilitate recovery from trauma.

## Purpose

This policy and procedure describes expectations for the implementation of trauma-informed and trauma-sensitive services. BABHA is committed to promoting the health and safety of the persons it serves, with an emphasis on client safety. Safety in the therapeutic and service relationship is a foundation for all services.

## Education Applies to

- All BABHA Staff
- Selected BABHA Staff, as follows:
- All Contracted Providers:  Policy Only     Policy and Procedure
- All service providers within the BABHA Provider Network
- Selected Contracted Providers, as follows:
- Policy Only     Policy and Procedure
- Other:

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<b>Topic: 7</b>	<b>Trauma-Informed System of Care</b>		
Page: 2 of 7	Supersedes Date: Pol: Proc: 11-6-18, 5-24-17, 12-20-12	Approval Date: Pol: 12-20-12 Proc: 10-1-2024	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Board Chairperson Signature</i>  <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Chief Executive Officer Signature</i>
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## Definitions

**Trauma** - Refers to the cluster of symptoms, adaptations, and reactions that interfere with the functioning of an individual who has extreme suffering. Trauma includes but is not limited to the consequences of neglect and the resultant deprivation that often accompanies it, severe physical abuse and injury, sexual abuse and/or exploitation, emotional abuse, domestic violence, witnessing or surviving severe accidents including natural or human-caused disasters, war trauma, and genocide, etc. Re-traumatization can occur due to the effects of mistreatment, abuse, neglect, or coercive interventions in the broad context of health services (e.g., outpatient, hospital, residential, employment, or criminal justice setting).

**Trauma-Informed Services** - Are not specifically designed to treat symptoms or syndromes related to sexual or physical abuse or other 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 considered and evaluated in the light of a basic understanding of the role that trauma plays in the lives of people seeking mental health and addiction services as well as the staff that support them. A Trauma-Informed System of Care 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 re-traumatization and will facilitate the person’s participation in treatment. It requires collaborative relationships with other public and private practitioners with trauma-related clinical expertise.

**Trauma Specific Services** - Designed to treat actual consequences of trauma consistent with the need for respect, information, connection, and hope for clients; the importance of recognizing the adaptive function of "symptoms" and the need to work collaboratively in a person-directed and empowering way with survivors of abuse. Treatment providers should recognize a person's right to receive services in the most integrated setting in the community. Traumatized individuals seeking help must be given opportunities to be involved as partners in the planning and evaluation of services offered. They should also be given the opportunity to invite and include family and/or friends in that process.

## Procedure

Substance Abuse Mental Health Services Administration (SAMHSA), defines individual trauma as trauma that is extreme stress as a result from an event, series of events or set of circumstances

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<b>Topic: 7</b>	<b>Trauma-Informed System of Care</b>		
Page: 3 of 7	Supersedes Date: Pol: Proc: 11-6-18, 5-24-17, 12-20-12	Approval Date: Pol: 12-20-12 Proc: 10-1-2024	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Board Chairperson Signature</i>  <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Chief Executive Officer Signature</i>
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and has lasting adverse effects on the individual’s functioning including; physical, social, emotional, or spiritual wellbeing and overwhelms a person’s ability to cope. The impact of exposure to traumatic events affects people in very individualized ways and may have short term or long term effects. The symptoms that are adaptations to the effects of all trauma is sometimes not recognized as associated with prior trauma by survivors, family members, providers or agency staff. The cluster of issues, personal adaptations, problems, and symptoms that are commonly seen in these individuals may result in Acute Stress Disorder, Post-Traumatic Stress Disorder, and other mental health conditions including mood, anxiety, personality and substance use disorders.

The long-term adverse effects of interpersonal violence, abuse, neglect, and other serious traumatic experiences are seen in people from infancy to old age, across gender, race, culture, socioeconomic status, intelligence, or educational level. However, most people who ask for help for themselves or family members do not usually seek services specifically for trauma-related conditions.

Knowing and being sensitive to trauma histories will increase positive outcomes for persons we serve. Without addressing underlying trauma issues, we may continue to treat presenting symptoms and/or initiate services, which do not take into account the root cause, therefore delaying recovery.

Therefore, it is the intention of BABHA to deliver trauma informed services in consideration of the following four (4) assumptions:

- 1) Trauma is central and pervasive. Trauma is central to the development of mental health and addiction problems and impacts many aspects of a person’s life.
- 2) Universal precautions should be taken in working with individuals. An individual should not have to disclose trauma to receive trauma informed services. All individuals should be treated as if they may have experienced trauma.
- 3) Symptoms and behaviors are often attempts to cope with the trauma.
- 4) The goal of trauma services is to return a sense of autonomy and control to the individual receiving services.

It is also the intention of BABHA to deliver trauma informed services within the context of the following six (6) service delivery principles:

## BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

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<b>Section: 5</b>	<b>Person-Centered Planning</b>		
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Page: 4 of 7	Supersedes Date: Pol: Proc: 11-6-18, 5-24-17, 12-20-12	Approval Date: Pol: 12-20-12 Proc: 10-1-2024	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Board Chairperson Signature</i>  <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Chief Executive Officer Signature</i>
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- 1) Establishing a safe environment that feels physically and emotionally safe; and minimizes re-traumatization by being aware of our behavior, attitudes, emotions and words and their impact on the individuals that are served (Safe).
- 2) Using an empowerment model of care that promotes and respects individual’s choice and control to the best of our ability and recognizes, respects, and builds upon individual’s strengths, abilities, and potentials and cultural considerations (Choice, Control, Empowerment, and Cultural Competence).
- 3) Supporting the development of healthy relationships that are a vehicle for healing and are nurturing, empathic, authentic, hopeful, recovery based and empowering (Trustworthiness and Collaboration).
- 4) Building healthy coping skills through assisting the individual in developing emotional self-awareness, using grounding and self-soothing techniques, and making safe choices.
- 5) Providing access to trauma specific services and evidence based programs for adults, children, and families.
- 6) System wide understanding of trauma prevalence, impact and ensuring holistic service delivery of trauma services and programs.

Trauma-Informed Services:

- 1) BABHA and its Provider Network will ensure development and maintaining trauma informed care through the Quality Improvement Committee which includes representatives from all populations served.
- 2) BABHA and its Provider Network will provide ongoing and updated educational opportunities to inform all staff in trauma informed care. Staff training will include; understanding what trauma is and the principles of trauma informed care, know the impact of trauma on a person’s life, know strategies to mitigate the impact of trauma and to understand re-traumatization an it’s impact.
- 3) It is the intent of this policy and procedure to ensure a trauma informed system of care and to continually address trauma issues, re-traumatization and secondary trauma of staff.
- 4) BABHA and its Provider Network through the Quality Improvement Committee will conduct an organizational self-assessment and will update this assessment every three years. This assessment will review agency policies and procedures, identify strengths and barriers, including an environmental scan to ensure a sense of safety for survivors of trauma.

Trauma-Specific Treatment:

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY  
POLICIES AND PROCEDURES MANUAL**

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<b>Section: 5</b>	<b>Person-Centered Planning</b>		
<b>Topic: 7</b>	<b>Trauma-Informed System of Care</b>		
<b>Page: 5 of 7</b>	<b>Supersedes Date:</b> <b>Pol:</b> <b>Proc: 11-6-18, 5-24-17, 12-20-12</b>	<b>Approval Date:</b> <b>Pol: 12-20-12</b> <b>Proc: 10-1-2024</b>	<hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i>
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- 1) BABHA Provider Network will establish a culturally competent, standardized and validated screening tool for trauma for child and adult consumers to identify trauma needs during intake and other points as clinically appropriate. A complete Trauma Assessment will be completed based on the outcome of the trauma screening.
- 2) BABHA Provider Network will adopt best practices and Evidence-Based Treatment modalities to facilitate recovery for those with trauma needs.
- 3) BABHA Provider Network will actively seek the voice and participation of persons served who have lived experiences of trauma, in the areas of systems planning, oversight, and evaluation.

**Secondary Trauma of Staff:**

1. Secondary trauma is a risk factor for BABHA and Provider Network staff working with individuals who have histories of trauma. Ongoing training will be provided to assist staff in identifying secondary trauma and implementing appropriate self-care. Secondary Trauma will be routinely addressed in supervision.
2. Resources will be available to assist staff to evaluate the level of secondary trauma, burn out and compassion fatigue.
3. Debriefing will be conducted of trauma specific incidents
4. EAP options are available to staff who identify they are experiencing secondary trauma.
5. The Wellness Committee posts educational links on compassion fatigue on a quarterly basis.

**Community Collaboration:**

1. BABHA and the Provider Network will collaborate with community organizations, agencies and coalitions to support the development of a trauma informed community that promotes healthy environments for all individuals.

**Attachments**

N/A

**Related Forms**

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POLICIES AND PROCEDURES MANUAL**

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<b>Section: 5</b>	<b>Person-Centered Planning</b>		
<b>Topic: 7</b>	<b>Trauma-Informed System of Care</b>		
<b>Page: 6 of 7</b>	Supersedes Date: Pol: Proc: 11-6-18, 5-24-17, 12-20-12	Approval Date: Pol: 12-20-12 Proc: 10-1-2024	<hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i>
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N/A

**Related Materials**

N/A

**References/Legal Authority**

Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration, Trauma Policy MDHHS/CMHSP Managed Mental Health Supports and Services Contract: FY24

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POLICIES AND PROCEDURES MANUAL**

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<b>Page: 7 of 7</b>	<b>Supersedes Date:</b> <b>Pol:</b> <b>Proc: 11-6-18, 5-24-17,</b> <b>12-20-12</b>	<b>Approval Date:</b> <b>Pol: 12-20-12</b> <b>Proc: 10-1-2024</b>	_____ <i>Board Chairperson Signature</i>  _____ <i>Chief Executive Officer Signature</i>
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<b>SUBMISSION FORM</b>				
<b>AUTHOR/ REVIEWER</b>	<b>APPROVING BODY/COMMITTEE/ SUPERVISOR</b>	<b>APPROVAL /REVIEW DATE</b>	<b>ACTION (Deletion, New, No Changes, Replacement or Revision)</b>	<b>REASON FOR ACTION - If replacement list policy to be replaced</b>
Karen Faydenko	Provider Network Leadership Team	10/11/12	Revision	Triennial review: Updated with Person First Language
Diane Cranston	Provider Network Leadership	10/10/13	Revision	Additions to comply with the MDHHS Trauma Policy
K. Amon	SLT	08/12/15	No changes	
K. Amon	Population Committee's SLT Trauma Workgroup	05/24/17	Revision	MDHHS/CMHSP Managed Mental Health Supports and Services Contract FY16 Amendment
K. Amon	K. Amon	11/6/18	Revision	Triennial Review-Change in name and purpose for the CSI.
K. Amon	Primary Network Operations and Quality Management Committee	12/9/19 1/9/2020	No changes	Triennial Review
H. Beson	H. Beson	10/1/24	Revision	Triennial Review. Deleted the Compassion Satisfaction initiative information and replaced with the Wellness Committee.