

## **Office of Behavioral Health - Colorado Department of Human Services**

The mission of OBH's Trauma Informed Care Program (TIC) is to collaboratively facilitate the adoption of trauma-informed practices, and the creation of trauma-informed environments, throughout the Behavioral Health service delivery system. OBH's TIC Program works with all other programs within OBH's Community Behavioral Health and the Mental Health Institutes to increase awareness of the impact of trauma, to raise the standard of care and improve access to trauma informed services throughout Colorado.

We are asking for your participation in a brief survey about Trauma Informed Care (TIC) with a focus on the extent to which your individual agency or organization has incorporated TIC principles. This information has never been compiled before across Colorado's entire behavioral health system, so we think the results of this survey will make an important contribution to our system's progress.

The survey has three goals:

- To collect information about what agencies are currently doing to develop trauma-informed care.
- To learn how the Office of Behavioral Health (OBH) can play a role in providing training and technical assistance, and
- To identify effective and meaningful models of collaboration to support the implementation of TIC.

The survey should take approximately 30 minutes to complete.

Individual responses will be kept completely confidential. Data will be reported at the agency level based on the aggregate responses from each provider agency's participants. Your individual responses will never be published or identified or shared with your organization.

You may enter your responses here online, or you can print, complete, and then fax/mail us the PDF document version of the survey that is attached to the introductory email. We may want to contact you (or your designee) for an optional 30-minute follow-up interview that will ask for more specific information about the topics covered in the survey, and there is a place at the end of the survey for you to provide the appropriate contact information, if you choose.

Thank you in advance for helping inform our work together,

***Lenya Robinson MA, LPC***  
***Director, Trauma Informed and Integrated Care***  
***Office of Behavioral Health***  
***Colorado Department of Human Services***

**1. Center Name:**

**2. Which option best describes your current position? This information will not be published or shared, it will only be used internally by OBH to better understand responses.**

- Administrative staff
- Peer Support Specialist / Recovery Coach / Family Advocate
- Clinical Staff
- Supervisor/Manager
- Executive
- Other (please specify)

**[Organizational Training](#)**

**3. Has your organization completed a Trauma Informed Organizational Self-Assessment?**

- Yes
- No
- N/A - I don't know or I don't understand the question

**4. Who participated in the self-assessment? Please select all that apply.**

- Consumers / Clients
- Administrative staff
- Peer Support Specialists / Recovery Coaches / Family Advocates
- Clinical Staff
- Supervisors/Managers
- Executives
- Other (please specify)

**5. What has your organization changed/implemented since completing the self-assessment? Please select all that apply.**

- Changed policies and procedure to reflect the principles of trauma informed care.
- Changed the physical environment to be more inviting, safe, and patient-centered.
- Adopted a trauma screening tool.
- Adopted a trauma assessment tool.
- Provided additional training on the principles of trauma informed care.
- Paid for or offered opportunities to attend additional clinical training(s) on trauma specific treatment interventions.

Changed supervision practices to include reflective clinical supervision support, and processes to manage personal and professional stress.

I am not aware of any changes having been implemented.

Other (please specify)

**6. Ongoing reviews are conducted to identify gaps in training for employees in trauma informed care principles and practices.**

- Yes
- No
- N/A - I don't know or I don't understand the question

**7. How often are these review conducted?**

- Monthly
- Quarterly
- Bi-Annually
- Annually

Other (please specify)

**8. Who participates in these reviews? Please check all that apply.**

- Consumers / Clients
- Administrative staff
- Peer Support Specialists / Recovery Coaches / Family Advocates
- Clinical Staff
- Supervisors/Managers
- Executives

Other (please specify)

**9. My organization provides training to clinical staff on evidence-based or emerging best practices in trauma specific services.**

- Not at all true for my organization
- A little true for my organization
- Somewhat true for my organization
- Mostly true for my organization
- Completely true for my organization
- N/A - I don't know or I don't understand the question

**10. When was the most recent training?**

- Within the last month

- Within the last 6 months
- Within the last year
- Greater than 1 year ago

**11. My organization provides training to clinical staff on the impacts of trauma on substance use disorder.**

- Not at all true for my organization
- A little true for my organization
- Somewhat true for my organization
- Mostly true for my organization
- Completely true for my organization
- N/A - I don't know or I don't understand the question

**12. When was the most recent training?**

- Within the last month
- Within the last 6 months
- Within the last year
- Greater than 1 year ago

**13. My organization provides training on vicarious trauma.**

- Not at all true for my organization
- A little true for my organization

- Somewhat true for my organization
- Mostly true for my organization
- Completely true for my organization
- N/A - I don't know or I don't understand the question

**14. Who participates in this training? Please check all that apply.**

- Consumers / Clients
- Administrative Staff
- Peer Support Specialists / Recovery Coaches / Family Advocates
- Clinical Staff
- Supervisors/Managers
- Executives
- Other (please specify)

**15. When was the most recent training?**

- Within the last month
- Within the last 6 months
- Within the last year
- Greater than 1 year ago

**16. My organization trains managers and executives to supervise and support employees in a trauma informed manner.**

- Not at all true for my organization
- A little true for my organization
- Somewhat true for my organization
- Mostly true for my organization
- Completely true for my organization
- N/A - I don't know or I don't understand the question

**17. When was the most recent training?**

- Within the last month
- Within the last 6 months
- Within the last year
- Greater than 1 year ago

**18. All individuals in the organization, regardless of their role, are educated about what it means to be a trauma informed organization.**

- Not at all true for my organization
- A little true for my organization
- Somewhat true for my organization
- Mostly true for my organization

- Completely true for my organization
- N/A - I don't know or I don't understand the question

**19. Who participates in trauma informed care education? Please check all that apply.**

- Consumers / Clients
- Administrative Staff
- Peer Support Specialists / Recovery Coaches / Family Advocates
- Clinical Staff
- Supervisors/Managers
- Executives
- None of the Above

Other (please specify)

### **Staff Support and Supervision**

**20. My organization's personnel policies are written to include the principles of trauma informed care, including staff self-care and preventing vicarious trauma.**

- Not at all true for my organization
- A little true for my organization
- Somewhat true for my organization
- Mostly true for my organization

- Completely true for my organization
- N/A - I don't know or I don't understand the question

**21. What type of support or self-care is encouraged? Please check all that apply.**

- Extra days off.
- Training opportunities.
- Temporarily lower or altered caseloads.
- Job sharing.
- Regular consultation with outside experts.
- Wellness activities (e.g., walks, on-site gym, paid gym membership).
- Other (please specify)

**22. The impacts of vicarious trauma are directly addressed in clinical team meetings.**

- Not at all true for my organization
- A little true for my organization
- Somewhat true for my organization
- Mostly true for my organization
- Completely true for my organization

- N/A - I don't know or I don't understand the question

**23. My organization promotes shared decisions-making across all levels.**

- Not at all true for my organization
- A little true for my organization
- Somewhat true for my organization
- Mostly true for my organization
- Completely true for my organization
- N/A - I don't know or I don't understand the question

**24. My organization has a system in place for staff to share ideas/concerns/opinions across all levels of the organization (i.e., employee advocacy counsel, anonymous surveys, etc...).**

- Not at all true for my organization
- A little true for my organization
- Somewhat true for my organization
- Mostly true for my organization
- Completely true for my organization
- N/A - I don't know or I don't understand the question

**25. Performance reviews include an evaluation of trauma informed care practices implementation.**

- Not at all true for my organization
- A little true for my organization
- Somewhat true for my organization
- Mostly true for my organization
- Completely true for my organization
- N/A - I don't know or I don't understand the question

**26. Managers and supervisors routinely support employee self-care and prevention of vicarious trauma.**

- Not at all true for my organization
- A little true for my organization
- Somewhat true for my organization
- Mostly true for my organization
- Completely true for my organization
- N/A - I don't know or I don't understand the question

**27. My organization routinely screens and assesses for trauma as a part of the intake process.**

- Not at all true for my organization
- A little true for my organization
- Somewhat true for my organization

- Mostly true for my organization
- Completely true for my organization
- N/A - I don't know or I don't understand the question

**28. My organization trains clinical staff to conduct on-going assessment and, when indicated, make updates to the treatment plan to reflect new information regarding the client's trauma.**

- Not at all true for my organization
- A little true for my organization
- Somewhat true for my organization
- Mostly true for my organization
- Completely true for my organization
- N/A - I don't know or I don't understand the question

### [Service Delivery, Participation, and Satisfaction](#)

**29. Customers are actively and directly involved in developing their treatment plans.**

- Not at all true for my organization
- A little true for my organization
- Somewhat true for my organization
- Mostly true for my organization

- Completely true for my organization
- N/A - I don't know or I don't understand the question

**30. Please identify customers' opportunities for involvement. Please check all that apply.**

- Customers can select characteristics of the treatment provider they want to work with, including gender, experience level, training, and treatment approach.
- Customer identifies how they want to work in treatment in terms of pace, skill building, number and duration of session, and treatment modality.
- Customer actively works with treatment provider and/or case manager to develop a trauma informed safety plan (e.g, triggers, strategies to lower stress, identify supportive relationships).
- Other (please specify)

**31. My organization promotes peer support/consumer/client participation.**

- Not at all true for my organization
- A little true for my organization
- Somewhat true for my organization
- Mostly true for my organization
- Completely true for my organization
- N/A - I don't know or I don't understand the question

**32. Customer may request a peer support specialist / recovery coach / family advocate be present during intake, medication appointments, and crisis response.**

- Not at all true for my organization
- A little true for my organization
- Somewhat true for my organization
- Mostly true for my organization
- Completely true for my organization
- N/A - I don't know or I don't understand the question

**33. My organization provides written information for consumers/clients on trauma informed care and trauma-specific treatment options.**

- Not at all true for my organization
- A little true for my organization
- Somewhat true for my organization
- Mostly true for my organization
- Completely true for my organization
- N/A - I don't know or I don't understand the question

**34. This information is provided in the following languages:**

- English only
- Spanish

- French
- German
- Japanese
- Chinese
- Arabic
- Other (please specify)

**35. This information addresses the cognitive, behavioral, and relational impacts of trauma.**

- Not at all true for my organization
- A little true for my organization
- Somewhat true for my organization
- Mostly true for my organization
- Completely true for my organization
- N/A - I don't know or I don't understand the question

**36. In what ways does your organization promote customer participation? Please check all that apply.**

- Directly involved in development of trauma informed care organizational policies and procedures.
- Active in standing committees, task forces, workgroups, staff hiring and advisory boards.
- Customers are employed in various positions within the organization.

- Customers are hired as peer support specialists / recovery coaches / family advocates to help facilitate or co-facilitate groups.
- Trained peer support specialists / recovery coaches / family advocates participate in service planning when requested by a client.
- Customer feedback is solicited regarding their perceptions of safety, choice, collaboration, trust and empowerment.
- Customer receives information about their rights and opportunities as customers.
- Customers provide input into development of educational materials and training on the impacts of trauma, traumatic brain injury, and wellness.
- Customer actively participates in the development and implementation of their treatment and wellness plans.
- Other (please specify)

**37. How are you obtaining customer feedback on your services? Please check all that apply.**

- Online Surveys
- Paper Surveys
- Routine part of sessions
- N/A - we do not conduct surveys
- Other (please specify)

**38. If using online or paper surveys, how often are they utilized?**

- Monthly
- Quarterly
- Bi-Annually
- Annually
- N/A - we do not conduct surveys

**39. Customers are actively and directly involved in developing their after care plans.**

- Not at all true for my organization
- A little true for my organization
- Somewhat true for my organization
- Mostly true for my organization
- Completely true for my organization
- N/A - I don't know or I don't understand the question

**40. Please check all after care activities offered.**

- Activities for self-care.
- Wellness and resiliency activities.
- Political advocacy.
- Identification of early warning signs.
- Coaching.

- Job support.
- Family advocacy.
- Identification of community resources.
- Other (please specify)

**41. My organization consistently promotes recovery and instilling hope in our customers.**

- Not at all true for my organization
- A little true for my organization
- Somewhat true for my organization
- Mostly true for my organization
- Completely true for my organization
- N/A - I don't know or I don't understand the question

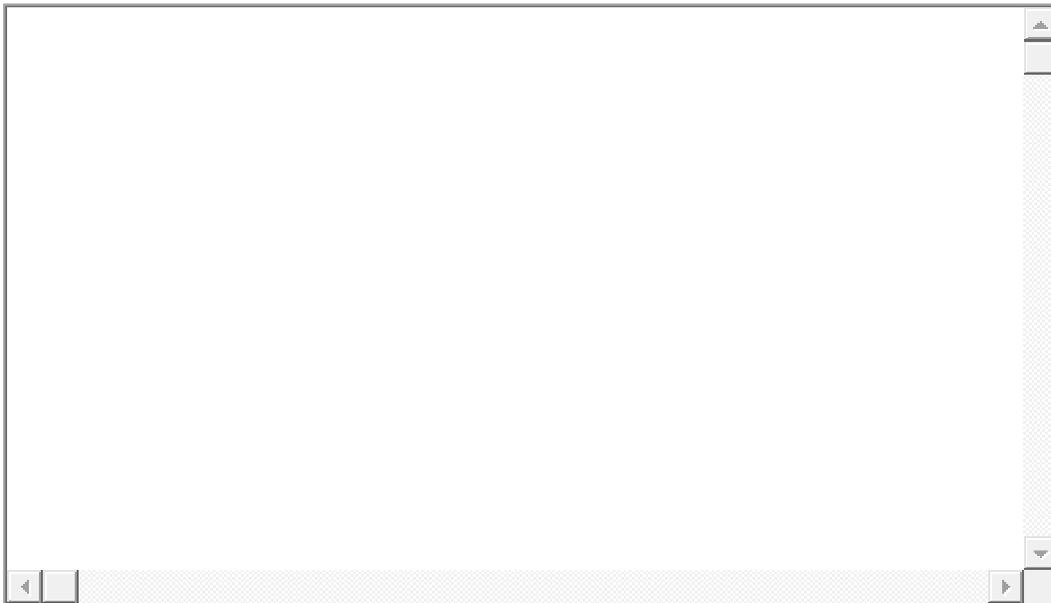
**[Clinic Culture and Environment](#)**

**42. My organization has altered the physical environments of clinics to support trauma informed care principles (e.g., waiting rooms, lighting, noise levels, and line of sight to doors).**

- Not at all true for my organization
- A little true for my organization

- Somewhat true for my organization
- Mostly true for my organization
- Completely true for my organization
- N/A - I don't know or I don't understand the question

**43. Are there other ways you believe your organization could promote a trauma informed care culture?**



[End of Survey](#)

**Thank you for completing this survey. Your willingness to participate and share information related to what your organization is doing to become even more trauma informed is greatly appreciated. Should you have any questions or concerns regarding this survey, please contact Lenya Robinson, Director of Trauma Informed and Integrated Care with the Colorado Office of Behavioral Health at 303-866-7045 or [lenya.robinson@state.co.us](mailto:lenya.robinson@state.co.us).**