Summary of the National Native Children's Trauma Center Trauma Informed Care Assessment

Findings	Recommendations
1. Currently no policies/procedures addressing the pervasiveness of trauma in the lives of people using services. Current online training in cultural competence is reported as ineffective at preparing non-tribal providers to provide culturally appropriate treatment.	1. Provide tribally specific cultural education for non-native providers by partnering with local tribal experts to develop curricula and materials. Formalize processes for promoting staff/provider engagement with the community Implement a spiritual assessment to be conducted by primary care. Shortages in BH providers and lack of validated instruments for universal trauma screening exist for the medical setting. As a result all providers may reasonably assume that all patients have experienced a degree of trauma but this increases the importance of education on trauma informed communication and care. Data from patient feedback needs to be assessed systematically as well as case by case
2. Currently no policies/procedures addressing the impact on staff of working with people who have experienced trauma. Secondary traumatic stress or compassion fatigue may affect staff and has not been properly addressed.	2. The use of debriefings has been sporadic and intermittent following traumatic events. These need to be standard. Training for staff on secondary traumatic stress/compassion fatigue and the importance of self-care and creation of a peer support network are needed as well as training of supervisors on response to traumatic events that affect staff. Organized self-care activities and use of EAP need to be encouraged.
3. Currently no policies/procedures promoting the implementation of trauma informed services and supports	3. Prioritize full implementation of the PCMH model at all service units. Consider obtaining consultation from Southcentral Foundation's Nuka System of Care. A PCMH model for cultural appropriateness and inclusion of trauma informed services and supports
4. Some service units report not currently utilizing patient satisfaction surveys	4. Evaluate the format of surveys used to collect patient feedback at individual sites and revise or develop surveys to assess not only patient satisfaction but also success/progress at promoting trauma informed principles. Utilize SAMHSA's 6 key principles of trauma informed approach: -safety -trustworthiness and transparency -peer support -collaboration and mutuality -empowerment -voice -choice Involve community members in survey development

5. Staff at older facilities cited connections between their facilities and historical trauma experienced by their communities	5. The disparities between older and newer buildings appear to have significant consequences related to the emotional and psychological support of staff and service users. It is recommended that renovation be considered a high priority in funding decisions. Prioritize working with tribal leadership, local cultural leaders and community members to assess opportunities for promoting cultural identify through artwork, design changes and other aspects of the physical environment at each site on an ongoing basis.
6. Most facilities have areas for staff self-care but fail to utilize them for this purpose	6. Ensure that spaces available for staff to practice self-care are recognized as serving that purpose and encourage/incentivize for their use for that purpose
7. Security concerns for inadequate safety, door security, patient flow through facility, enforcement of safety policies and reliable communication of threats	7. In collaboration with the tribes, prioritize a plan for hiring/training security guards so that all service units have guards with law enforcement training. Required sign in, appropriate facility access restrictions, redesign areas to ensure patient confidentiality.
8. No training in trauma informed communication or patient /family education has been provided to staff. Outside of BH dept. there is no evidence that SU's are currently educating patients and families about trauma and its effects.	8. Develop internal training capacity by training staff in a train the trainer capacity to provide each SU with a Trauma Informed Care Trainer or team. -Provide training on trauma and its physical and mental effects as well as historical trauma and social determinants of health for all staff -Train medical staff at all sites to educate patients and families on the physical and mental health effects of trauma, to address trauma related concerns during the encounter, and to incorporate trauma awareness into treatment. -Utilize Good Health TV to develop trauma related educational programming
9. Off reservation treatment is frequently traumatizing to tribal members and following discharge there is typically insufficient coordination of care	9. Collect follow up input about patients' experiences obtaining services off reservation and use resulting info to guide future referral and to address issues with other agencies to which referrals are made. Involve providers with multidisciplinary team meeting s in the community Actively seek out opportunities to partner with other agencies for trainings, outreach and community events. Execute MOU with outside agencies to better coordinate care on discharge
10. All sites have physical space available for patients and staff to utilize cultural/spiritual supports. No sites have formal mechanisms for collaborating or referring to cultural/spiritual resources	10. Recommend that each service unit compile a list of local healers and other cultural/spiritual supports, including contact info, and that the list be routinely distributed by providers and other staff.