Trauma-Informed Care IC Performance Monitoring Tool (PMT)

Tracking progress is an important part of systems change. In order to be successful; primary care organizations should have a clear understanding of where they are starting, where they want to go, and tools to measure their progress along the way. This allows team members and others interested in the work to remain enthusiastic and to determine what is working and what is not. It creates the opportunity for the team to regroup, refocus and monitor momentum. This simple tool is one way to stay on track.

Your team will submit the Performance Monitoring Tool (PMT) to your National Council faculty lead two times during the duration of the Innovation Community. Once submitted; your faculty lead will schedule a team call to review your progress, help you think through your next steps and address any challenges your team might be facing.

Name of Organization_____ Your Name____ Your E-Mail____ Date of Submission





Contact Information

INFRASTRUCTURE DEVELOPMENT

1.	Does your Core Implementation Team (CIT) continue to meet at least twice each month?
	□ NO
	□ YES
	If yes, how often does the CIT meet?
	How long does the CIT meet?
2.	Do you have a larger oversight team or committee that supports Trauma-Informed Care (TIC)? □ NO □ YES (we started this prior to the Learning Community) □ YES (we started/expanded this since we joined this Learning Community) If yes, how often do they meet?
	Who is on the oversight team?
3.	Has your organization expanded the number of staff members involved in TIC related workgroups beyond the CIT? (e.g., domain specific workgroups) NO YES (we started this prior to the Learning Community) YES (we started/expanded this since we joined this Learning Community) If yes, describe your efforts to expand the number of staff members involved in TIC workgroups or
	teams:
Ad	ditional accomplishments, key challenges and future plans related to infrastructure:



Domain 1: EARLY SCREENING AND COMPREHENSIVE ASSESSMENT

1.	Are Medical History/Health Forms or Trauma Screening Tools used to routinely screen for trauma? NO YES (we started this prior to the Learning Community) YES (we started/expanded this since we joined this Learning Community) If yes, what type of instrument do you use? How many clients were screened for trauma? How many clients screened positive for trauma?
2.	Has your medical staff been trained to screen for trauma in a competent and sensitive manner and assist clients to make the connection between trauma and PH/MH/SA concerns? No YES (we started this prior to the Learning Community) YES (we started/expanded this since we joined this Learning Community) If yes, how many staff members have been trained?
3.	Is there a system in place to periodically re-screen clients who were initially screened as having none to few adverse life events? NO YES (we started this prior to the Learning Community) YES (we started/expanded this since we joined this Learning Community) If yes, when is this done? Individual BH Sessions Primary Care Visit Other
4.	Is there a system in place to immediately respond to reports of current and harmful adverse life experiences such as domestic violence or community violence? NO YES (we started this prior to the Learning Community) YES (we started/expanded this since we joined this Learning Community)
5.	Are clients who have received a positive assessment of trauma engaged in considering brief or longer term trauma-specific services provided by the health center or an external provider? NO YES (we started this prior to the Learning Community) YES (we started/expanded this since we joined this Learning Community) If yes, which of the following processes/treatments do you use? Internal Referral External Referral Brief TX Long Term TX

6. For those clients needing referral to internal or external BH services, is a staff member identified to monitor the referral process until the client keeps their first appointment?





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	NO
	YES (we started this prior to the Learning Community)
	YES (we started/expanded this since we joined this Learning Community)
	If yes, what is the title of the person monitoring this process?
	What is the number of appointments that have been kept through this process?
Additi	onal accomplishments, key challenges and future plans related to this domain:



Domain 2: CLIENT VOICE, CHOICE AND COLLABORATION

1.		here a system in place to collect, analyze, and utilize client satisfaction and perception of care
	inci	luding feedback related to physical and emotional safety? NO
		YES (we started this prior to the Learning Community)
		YES (we started/expanded this since we joined this Learning Community)
		If yes, what tools have been used?
		How often is feedback collected?
2.		recipients of care involved in organizational meetings that influence decisions? eck all that apply)
		NO
		YES
		If yes, which of the following applies? Advisory councils/boards/committees
		Formal Focus Groups Other:
3.		e information and education provided to clients to explain the impact of adverse life events on a reson's whole health?
	•	eck all that apply)
	\ 	Trauma-specific informational brochures
		Trauma informational poster
		Trauma education groups
		Other:
Ad	ditio	onal accomplishments, key challenges and future plans related to this domain:



Domain 3: WORKFORCE DEVELOPMENT AND BEST PRACTICES

1.	oo all levels of staff receive education about their role in promoting safe and healing relationships hrough an in-service program and/or external opportunities designed to increase staff skills and nowledge of trauma and trauma informed/sensitive practices? NO YES (we started this prior to the Learning Community) YES (we started/expanded this since we joined this Learning Community) If yes, how many staff members have been trained?
2.	obehavioral health and primary care specialists receive education and training on sensitive creening and assessment practices and procedures? NO YES (we started this prior to the Learning Community) YES (we started/expanded this since we joined this Learning Community) If yes, how many staff members have been trained?
3.	o on-site behavioral health specialists receive education and training to ensure that they are equipped to deliver brief, evidence-informed individual and group treatment interventions? NO YES (we started this prior to the Learning Community) YES (we started/expanded this since we joined this Learning Community) If yes, what types of training have been received?
4.	Have all new and current employees received training on trauma informed care principles and practices? NO YES (we started this prior to the Learning Community) YES (we started/expanded this since we joined this Learning Community)
5.	s a process in place to engage in client-centered, shared care planning between disciplines? NO YES (we started this prior to the Learning Community) YES (we started/expanded this since we joined this Learning Community)





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6.	Does a strong system of collaboration, communication, and team-based, client-centered, coordinated care exist between behavioral health and primary care staff? NO YES (we started this prior to the Learning Community) YES (we started/expanded this since we joined this Learning Community) If yes, what process is this done through (check all that apply): Cross training Informal/formal meetings Team huddles Other Other
7.	Is a system in place to educate all staff about compassion fatigue, secondary traumatization, and burnout? NO YES (we started this prior to the Learning Community) YES (we started/expanded this since we joined this Learning Community) If yes, how many trainings have been held on these topics?
8.	Are policies and procedures in place to address staff wellness? NO YES (we started this prior to the Learning Community) YES (we started/expanded this since we joined this Learning Community) If yes, what types of wellness policies have been developed?
Ad	ditional accomplishments, key challenges and future plans related to this domain:



Domain 4: SAFE AND SECURE ENVIRONMENT

1.	Do all levels of staff receive education about their role in promoting safe and healing relationships? □ NO
	☐ YES (we started this prior to the Learning Community)
	☐ YES (we started/expanded this since we joined this Learning Community)
2.	Is a system in place to monitor and evaluate changes made to the environment that promote safety and comfort? □ NO
	☐ YES (we started this prior to the Learning Community)
	☐ YES (we started/expanded this since we joined this Learning Community) If yes, list changes made to the environment:
3.	Is a system in place to assess and address environmental concerns that may affect safety, security, comfort and respect for both clients and staff? NO
	☐ YES (we started this prior to the Learning Community)
	☐ YES (we started/expanded this since we joined this Learning Community)
	If yes, what types of assessments have been used?
hΔ	Iditional accomplishments, key challenges and future plans related to this domain:
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Domain 5: DATA COLLECTION AND PERFORMANCE IMPROVEMENT

1.	Is a system in place to track and analyze performance on one or more trauma-informed care domains in a way that effectively addresses challenges and reinforces progress? □ NO			
		YES (we started this prior to the Learning Community) YES (we started/expanded this since we joined this Learning Community)		
	Ш	res (we started/expanded this since we joined this Learning Community)		
2.		system is in place to collect, analyze, and utilize data designed to assess the degree to which the ganization is accomplishing its aims related to adopting the principles and practices of trauma-		
	_	ormed care?		
		NO		
		YES (we started this prior to the Learning Community)		
		YES (we started/expanded this since we joined this Learning Community)		
		If yes, through which of the following methods is data collected?		
		EHRElectronic Registries Manual Tracking Logs		
3.	Dat	ta collected includes which of the following?		
	(Ch	neck all that apply)		
		Number of clients screened for trauma		
		Number of clients with positive screen for trauma		
		Number of clients with a positive screen that receive a comprehensive trauma assessment		
		Number of clients referred to on-site trauma-specific services (individual and/or group)		
		Number of clients referred to off-site r trauma specific services (individual and/or group)		
		Number of clients who accept referral and attend trauma specific services		
		Pre and post survey of clients experience of onsite trauma-specific services		
		Client health outcomes specific to the needs of the population served		
Ad	ditic	onal accomplishments, key challenges and future plans related to this domain:		



