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At the time of this publication, Elinore F. McCance-Katz, M.D., Ph.D. served as the Assistant Secretary for the Substance Abuse and Mental Health Services Administration (SAMHSA) in HHS. The opinions expressed herein are the view of contributors: Russell Anderson, MPA; Kate Mallula, MPH, LMSW; and Dena Sneed, OTR/L and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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*Missouri Model: A Developmental Framework for Trauma Informed Approaches, MO Dept. of Mental Health and Partners (2014)*
AUTHORS/CONTRIBUTORS

Russell Anderson, MPA
Special Projects Coordinator, Center for Trauma Informed Innovation
Truman Medical Center Behavioral Health
300 W. 19th Terrace
Kansas City, MO 64108

Kate Mallula, MPH, LMSW
Senior Project Manager, Mid-America ATTC
School of Nursing and Health Studies
University of Missouri-Kansas City
Health Sciences Building #2416
2464 Charlotte Street
Kansas City, MO 64108

Dena Sneed, OTR/L
Director, Center for Trauma Informed Innovation
Truman Medical Center Behavioral Health
300 W. 19th Terrace
Kansas City, MO 64108

www.samhsa.gov
1-877-SAMHSA-7
(1-877-726-4727)
TTC TIC IMPLEMENTATION

Based on the Missouri Model*
KEY TERMS

**TTC**: Technology Transfer Center

**TIC**: Trauma Informed Care
<table>
<thead>
<tr>
<th>RELATIONSHIP BUILDING</th>
<th>DESIGN</th>
<th>TRAUMA AWARE*</th>
<th>TRAUMA SENSITIVE*</th>
<th>TRAUMA RESPONSIVE*</th>
<th>TRAUMA INFORMED*</th>
</tr>
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<tbody>
<tr>
<td>Leadership has a clear sense of what resources will likely be needed for each phase of implementation.</td>
<td>Leadership and workgroup are aware of where the organization is on spectrum of TIC implementation and needs for progressing to next phase.</td>
<td>All staff have basic understanding of trauma, its causes, prevalence, and impact, in addition to the medical model of addiction.</td>
<td>Organization has common goals and expectations for what the new standard of care will be and what changes are required to achieve shared outcomes.</td>
<td>Observable shift in culture as staff apply new knowledge to interactions with clients, other staff, practices, and policies.</td>
<td>Mission statement, goals and/or objectives explicitly reference sustaining a TIC culture and environment.</td>
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<td>Leadership has knowledge of the potential impacts TIC implementation will have on staff and clients.</td>
<td>Leadership and workgroup allocate resources (staff time, financial, space, etc.) for implementation of next phase.</td>
<td>Staff know the five principles of TIC, how they are reflected in current practices, and their relationship to organization’s mission.</td>
<td>All staff are aware of organizational commitment to TIC, supportive of this cultural transformation, and begin developing practices to promote staff resilience.</td>
<td>Language is integrated throughout the organization that supports the five TIC principles.</td>
<td>Organization demonstrates a sustainable commitment to trauma-informed values and all employees and volunteers implement trauma-informed practices.</td>
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<td>Projected productivity and financial costs are known so that the organization can ensure sustainable implementation.</td>
<td>Staff recognize own attitudes and may begin shifting their paradigm on coworker and patient behavior.</td>
<td>Information on trauma, ACE’s, and principles for TIC are visible to both staff and clients.</td>
<td>Trauma-specific referrals and/or treatment offered.</td>
<td>Other agencies and community partners turn to organization for expertise and leadership.</td>
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<td>Staff at all levels regularly evaluate organizational practices and policy from a TIC perspective.</td>
<td>All staff respond to internal and external changes, barriers, and growth through a TI lens.</td>
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<td>Internal process of reflection, informal needs assessment, exploration of organizational goals and internal capacity for change, and how a TIC consultant could support the change process.</td>
<td>Implementation workgroup convenes and begins creating implementation plan that will outline the work, formalize roles, set vision, and identify committed resources.</td>
<td>Workgroup selects TIC training curriculum and assigns and schedules awareness trainings.</td>
<td>Conversations about the value of TIC occur at all levels of the organization.</td>
<td>The organization is the primary driver of the implementation plan and actively adapts policies and practices to be trauma-informed.</td>
<td>All levels of the organization drive the implementation plan.</td>
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<td>Leadership discusses motivations, barriers, and concerns about TIC implementation.</td>
<td>Formalize relationship with consultant through contract or Memorandum of understanding/Agreement (MOU/MOA).</td>
<td>All staff attend training.</td>
<td>Implementation workgroup reviews assessment findings, policy and practice review, and other relevant data to develop a detailed implementation plan with clear goals and outcomes for TIC.</td>
<td>Implementation workgroup conducts ongoing evaluation of fidelity to TIC model, client outcomes, staff experience, and other key measures that reflect the 5 principles.</td>
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<td>Leadership begins exploring TIC alignment with organization’s mission and strategy.</td>
<td>Workgroup explores, selects, and conducts individual and organizational assessments of TIC capacity.</td>
<td>Staff ask questions, continue exploring trauma, and consider what the new information means for their practice.</td>
<td>Workgroup conducts ongoing evaluation of fidelity to TIC model, client outcomes, staff experience, and other key measures that reflect the 5 principles.</td>
<td>Staff integrate principles into behaviors, supervision, practices with clients, organization’s physical environment, and hiring practices.</td>
<td>Recruitment, interviewing, hiring, onboarding, and supervision/management all incorporate TIC principles.</td>
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<td>Leadership disseminate initial messaging about TIC and organization’s mission.</td>
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<td>Organization begins outreach to other community providers who can provide resources that support trauma recovery.</td>
<td>TIC training is held at regular intervals and provided to all new staff.</td>
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<td>RELATIONSHIP BUILDING</td>
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<td>Informal assessment: develop a detailed, objective, and compassionate understanding of what motivates stakeholders within an organization.</td>
<td>Guide drafting of the Memorandum of understanding/Agreement (MOU/ MOA) to formalize relationship and scope of work.</td>
<td>Deliver training or assist organization in identifying a trainer/curriculum they want to offer to staff.</td>
<td>Meet regularly with implementation workgroup to review implementation plan and document progress.</td>
<td>Conduct regular check-ins with implementation workgroup, facilitating problem-solving when needed.</td>
<td>Role may become unnecessary at this phase.</td>
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<td>Build rapport with leadership to develop initial understanding of organization’s culture, need for support in implementing TIC, and how this aligns with consultant capacity.</td>
<td>Help leadership select members of the implementation workgroup and support group formation. Identify the appropriate assessments for use to measure TIC capacity.</td>
<td>Promote trainings that are evidence-based and reflective current best practices specific to the organization’s setting or target population.</td>
<td>Intentionally communicate with staff about the design process.</td>
<td>Highlight successes and use them to empower organization for long-term sustainability.</td>
<td>Should be rarely needed for on-site interactions and is still available on an as-needed-basis.</td>
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<td>Provide information on phases of TIC implementation.</td>
<td>Facilitate the planning and creation of the organization’s implementation plan.</td>
<td>Guide the organization through planning for the trainings offered to staff, including identification of desired training outcomes.</td>
<td>Support leadership in developing a message that speaks to why the organization is prioritizing this transformation.</td>
<td>Provide guidance with any modifications to implementation plan and encourage involvement of those with lived experience in the feedback process.</td>
<td>Create mechanism for continued communication.</td>
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<td>Support leadership in understanding potential disruptions within organization.</td>
<td>Provide guidance on best practices for gaining and maintaining staff ownership of TIC.</td>
<td>Engage leadership in exploration of what this new information means, next steps to be taken, and communication strategy for staff.</td>
<td>Assist in creating an ongoing monitoring and reporting system to track implementation.</td>
<td>Collaborate with QA/I and evaluation teams to plan for data collection and outcomes evaluation.</td>
<td>Encourage implementation team to use problem solving tools.</td>
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<td>Utilize an array of facilitation, visioning, and problem-solving tools.</td>
<td>Continue to nurture relationship with organization.</td>
<td>Utilize a coaching process to ensure true knowledge transfer for behavioral and culture change, help identify barriers, facilitate problem solving and conflict resolution.</td>
<td>Remind team to periodically review Sustainability Action Plan to reinforce TIC culture and practices.</td>
<td>Request periodic reports on progress and other measurable to provide encouragement or insights.</td>
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</table>
ORIENTATION GOALS

1. Leadership has a clear sense of what resources will likely be needed for each phase of implementation.

2. Leadership has knowledge of the potential impacts TIC implementation will have on staff and clients.

ORGANIZATION TASKS

- Internal process of reflection, informal needs assessment, exploration of organizational goals and internal capacity for change, and how a TIC consultant could support the change process.
- Leadership discusses motivations, barriers, and concerns about TIC implementation.
- Leadership begins exploring TIC alignment with organization’s mission and strategy.

TIC CONSULTANT TASKS

- Informal assessment: develop a detailed, objective, and compassionate understanding of what motivates stakeholders within an organization.
- Build rapport with leadership to develop initial understanding of organization’s culture, need for support in implementing TIC, and how this aligns with consultant capacity.
- Provide information on phases of TIC implementation.
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DESIGN

ORGANIZATION GOALS

1. Leadership and workgroup are aware of where the organization is on spectrum of TIC implementation and needs for progressing to next phase.

2. Leadership and workgroup allocate resources (staff time, financial, space, etc.) for implementation of next phase.

3. Projected productivity and financial costs are known so that the organization can ensure sustainable implementation.

ORGANIZATION TASKS

- Implementation workgroup convenes and begins creating implementation plan that will outline the work, formalize roles, set vision, and identify committed resources.

- Formalize relationship with consultant through contract or Memorandum of understanding/Agreement (MOU/MOA).

- Workgroup explores, selects, and conducts individual and organizational assessments of TIC capacity.

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- Guide drafting of the Memorandum of understanding/Agreement (MOU/MOA) to formalize relationship and scope of work.

- Help leadership select members of the implementation workgroup and support group formation.

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- Facilitate the planning and creation of the organization’s implementation plan.

- Provide guidance on best practices for gaining and maintaining staff ownership of TIC.

- Utilize an array of facilitation, visioning, and problem-solving tools.
ORGANIZATION GOALS

1. All staff have basic understanding of trauma, its causes, prevalence, and impact, in addition to the medical model of addiction.

2. Staff know the five principles of TIC, how they are reflected in current practices, and their relationship to organization’s mission.

3. Staff recognize own attitudes and may begin shifting their paradigm on coworker and patient behavior.

ORGANIZATION TASKS

- Workgroup selects TIC training curriculum and assigns and schedules awareness trainings.
- All staff attend training.
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- Leadership disseminate initial messaging about TIC and organization’s mission.

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- Deliver training or assist organization in identifying a trainer/curriculum they want to offer to staff.
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- Continue to nurture relationship with organization.
1. Organization has common goals and expectations for what the new standard of care will be and what changes are required to achieve shared outcomes.

2. All staff are aware of organizational commitment to TIC, supportive of this cultural transformation, and begin developing practices to promote staff resilience.

3. Information on trauma, ACE’s, and principles for TIC are visible to both staff and clients.

**ORGANIZATION TASKS**

- Conversations about the value of TIC occur at all levels of the organization.
- Implementation workgroup reviews assessment findings, policy and practice review, and other relevant data to develop a detailed implementation plan with clear goals and outcomes for TIC.
- Workgroup recruits and integrates patients in program and practice planning.

**TIC CONSULTANT TASKS**

- Meet regularly with implementation workgroup to review implementation plan and document progress.
- Intentionally communicate with staff about the design process.
- Support leadership in developing a message that speaks to why the organization is prioritizing this transformation.
- Assist in creating an ongoing monitoring and reporting system to track implementation.
- Utilize a coaching process to ensure true knowledge transfer for behavioral and culture change, help identify barriers, facilitate problem solving and conflict resolution.
1. Observable shift in culture as staff apply new knowledge to interactions with clients, other staff, practices, and policies.

2. Language is integrated throughout the organization that supports the five TIC principles.

3. Trauma-specific referrals and/or treatment offered.

4. Staff at all levels regularly evaluate organizational practices and policy from a TIC perspective.

- Conduct regular check-ins with implementation workgroup, facilitating problem-solving when needed.
- Highlight successes and use them to empower organization for long-term sustainability.
- Provide guidance with any modifications to implementation plan and encourage involvement of those with lived experience in the feedback process.
- Collaborate with QA/I and evaluation teams to plan for data collection and outcomes evaluation.
1. Mission statement, goals and/or objectives explicitly reference sustaining a TIC culture and environment.

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- All levels of the organization drive the implementation plan.
- Implementation workgroup conducts ongoing evaluation of fidelity to TIC model, client outcomes, staff experience, and other key measures that reflect the 5 principles.
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- TIC training is held at regular intervals and provided to all new staff.

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*Role may become unnecessary at this phase. Should be rarely needed for on-site interactions and is still available on an as-needed-basis.*

- Create mechanism for continued communication.
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