

## Policy 13.5

<b>POLICY TITLE: TRAUMA INFORMED SYSTEMS OF CARE</b>		<b>POLICY # 13.5</b>	<b>REVIEW DATES</b>	
<b>Topic Area:</b>	SERVICE DELIVERY	<b>ISSUED BY:</b> Chief Executive Officer  <b>APPROVED BY:</b> Chief Executive Officer	5/5/23	9/8/25
<b>Applies to:</b>	Lakeshore Regional Entity, Member CMHSPs and Network Providers			
<b>Developed and Maintained by:</b>	CEO and Designee			
<b>Supersedes:</b>	N/A			
		<b>Effective Date:</b> May 19, 2022	<b>Revised Date:</b> 9/8/2025	

### I. PURPOSE

This policy ensures that LRE and its provider network promote an understanding of trauma and its impact, develops and implements trauma-informed systems of care, and ensures availability of trauma-specific services for all persons and populations served. LRE will actively support, promote, and monitor trauma-informed practices across the region, including within its own internal operations, to ensure consistent implementation and alignment with trauma-informed care principles.

### II. POLICY

It is the policy that Lakeshore Regional Entity and its provider network develop a trauma-informed system of care that is inclusive of internal staff, individuals and families across the developmental spectrum and throughout the full array of services offered. The following elements should be included:

1. Adoption of trauma informed culture: values, principles, and development of a trauma informed system of care ensuring safety and preventing re-traumatization.
2. An organizational self-assessment for trauma-informed care, to be updated every three years. LRE and its provider network should
  - a) evaluate the extent to which providers' policies and practices are trauma-informed,
  - b) identify organizational strengths and barriers, and
  - c) include an environmental scan to ensure that the internal culture, environment, and building(s) are safe and trauma sensitive.
3. Inclusion of strategies to prevent and address secondary trauma for all staff, including, but not limited to opportunities for supervision, trauma-specific incident debriefing, training, self-care, and other organizational support.
4. Screening for trauma exposure and related symptoms for each population during intake and other points as clinically appropriate
5. Trauma-specific assessment for all populations served should be utilized when indicated necessary through a trauma screening or through information obtained

- during service provision. The assessment tool should be culturally competent, standardized, validated, and appropriate for each population.
6. Trauma-specific services for each population using evidence-based practices (EBPs). Evidence-informed practice(s) are provided in addition to EBPs when EBPs are unavailable or not appropriate.
  7. Collaboration between LRE, its provider networks, and community partners to support development of trauma-informed communities through education, prevention programming, and awareness promote mental and physical health and reduce the likelihood of mental illness and substance use disorders.

### III. APPLICABILITY AND RESPONSIBILITY

This policy applies to LRE, member CMHSPs and Network Providers.

### IV. MONITORING AND REVIEW

This policy will be reviewed by the LRE CEO and designee Clinical Director on an annual basis.

### V. DEFINITIONS

**Populations Served:** Includes children with serious emotional disturbance, adults with serious mental illness, persons with intellectual/developmental disabilities, persons with substance use disorders including co-occurring disorders.

**Re-traumatization:** A situation, attitude, interaction, or environment that replicates the events or dynamics of the original trauma and triggers the overwhelming feelings and reactions associated with them.

**Secondary Trauma:** The emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder. Accordingly, individuals affected by secondary stress may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure.

**Trauma:** The results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or threatening and that have lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being. Forms of traumatizing events include violence and assault, discrimination, racism, oppression, and poverty. These chaotic life conditions are directly related to chronic fear and anxiety and can have serious long-term effects on health and other life outcomes.

**Trauma-informed Services:** Services designed specifically to avoid re-traumatizing those who seek assistance as well as staff working in service settings. These services seek "safety first" and commit themselves to "do no harm" through six key principles of a Trauma-Informed Approach: Safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical, and gender-affirming treatment.

**Trauma-specific Services:** Services or interventions designed specifically to address the consequences of trauma in the individual and to facilitate healing.

**VI. RELATED POLICIES AND PROCEDURES**

- A. LRE Service Delivery Policies and Procedures

**VII. REFERENCES/LEGAL AUTHORITY**

- A. MDHHS Medicaid Specialty Supports and Services Contract
- B. MDHHS Trauma Policy

**VIII. CHANGE LOG**

Date of Change	Description of Change	Responsible Party
5/19/22	New	CEO and Designee
5/5/23	Annual Review	CEO and Designee
9/8/25	Annual Review	CEO and Designee