

USES OF "TRAUMA" IN THE ISSR

xxx-xxx-xxxx

Purpose and Scope

1) Purpose: These rules prescribe minimum standards for the services and supports provided by addictions and mental health providers approved by the Department of Human Services, Addictions and Mental Health Division (AMH). These rules:

- (a) Promote recovery, resiliency, wellness, independence and safety for individuals receiving addictions and/or mental health services and supports.
- (b) Specify standards for services and supports that are person-directed, youth guided, family-driven, culturally competent, **trauma-informed** and wellness-informed.
- (c) Promote functional and rehabilitative outcomes for individuals throughout a continuum of care that is developmentally appropriate.

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Definitions

(130) "**Trauma-informed Services**" means services that are reflective of the consideration and evaluation of the role that **trauma** plays in the lives of people seeking mental health and addictions services, including recognition of the **traumatic** effect of misdiagnosis and coercive treatment. Services are responsive to the vulnerabilities of **trauma** survivors and are delivered in a way that will avoid inadvertent **re-traumatization** and will facilitate individual direction of services.

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Provider Policies

(2) Service Delivery Policies:

- (a) All providers will adopt written policies and procedures that describe the provider's mission statement and approach to services and supports and procedures for the delivery of services and supports consistent with these rules.
- (b) A summary of the policies will be available to individuals and/or family members upon request.
- (c) Service delivery policies and procedures will include:
 - (A) Entry and Eligibility;
 - (B) Assessment, service planning, coordination and documentation;
 - (C) Person-directed services, including cultural competency and developmentally appropriate service planning and delivery;
 - (D) Service conclusion, Transfer and Continuity of Care;
 - (E) Recovery and Resiliency Services and Supports;
 - (F) **Trauma-informed Services**, as defined in these rules;
 - (G) Confidentiality and compliance with the Health Insurance Portability and Accountability Act (HIPAA), Federal Confidentiality Regulations (42 CFR, Part 2), and State confidentiality regulations as specified in ORS 179.505 and ORS 192.518 through 192.530;
 - (H) Grievances and Appeals;
 - (I) Individual Rights;
 - (J) Quality Assessment and Performance Improvement;
 - (K) Crisis Prevention and Response, and Incident Reporting.

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(L) Behavior support in children's ICTS and ITS programs.

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Assessment

(3) When an individual is admitted for services, an assessment will be completed prior to development of the Individual Service and Support Plan.

(a) When an assessment is not completed at entry, a provisional assessment, as defined in these rules, will document the immediate medical appropriateness of services. If services are continued, an assessment will be completed within a timeframe that reflects the level and complexity of services and supports to be provided.

(b) The assessment will be completed by qualified staff as follows:

(A) A QMHP in mental health programs. A QMHA can assist in the gathering and compiling of information to be included in the assessment.

(B) Supervisory or treatment staff in alcohol and other drug treatment programs, and

(C) Supervisory or treatment staff in problem gambling treatment programs.

(c) Each assessment will include:

(A) Sufficient biopsychosocial information and documentation to support the presence of a DSM diagnosis that is the medically appropriate reason for services.

(B) Screening for the presence of substance use, problem gambling, mental health conditions, and chronic medical conditions.

(C) Screening for the presence of symptoms related to **psychological and physical trauma**.

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General Service Standards

(1) **Service delivery**: All Addictions and Mental Health services and supports will be provided in the least restrictive environment, and will be:

(a) Delivered with reasonable promptness;

(b) **Trauma-informed** and wellness-informed;

(c) Culturally competent;

(e) Matched to each individual's level of cognitive and emotional development; and

(f) Comprehensive, as needed, to achieve desired outcomes.

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Program Specific Service Standards

(8)**Behavior Support Services**: Behavior support services will be proactive, recovery-oriented, individualized, and designed to facilitate positive alternatives to challenging behavior, as well as to assist the individual in developing adaptive and functional living skills. Providers in ICTS and ITS services will:

(a) Take into consideration the neurodevelopment challenges of the individual and not assume negative behavior is volitional in nature;

(b) Develop and implement individual behavior support strategies, based on a functional, or other clinically appropriate, assessment of challenging behavior. The strategies and measures for tracking progress will be documented in the ISSP and will be regularly monitored for effectiveness.

(c) Establish a framework, which assures individualized positive behavior support practices throughout the program and articulates a rationale consistent with the philosophies supported by the Division, including **the Division's Trauma-informed Services Policy**.

(8)Emergency Safety Interventions in ITS Programs: Providers of ITS services will:

(a) Adopt policies and procedures for Emergency safety interventions as part of a Crisis Prevention and Intervention Policy. The policy will be consistent with **the provider's trauma-informed services policies and procedures**.