## Trauma-Informed Care Temperature Check

The Collective Impact Core's common agenda is to become a more trauma-informed and resilient community. We do this work through our Work Groups:

- Cradle to Career
- Lenawee Essential Needs Council (Continuum of Care, Hunger Free Lenawee, Transportation Task Force)
- Lenawee Financial Stability Coalition
- Lenawee Health Network
- OneLenawee

Each of these groups is different and takes a very different approach to the common agenda. As we move into 2023, we want to be able to better tailor our efforts to each work group. This "temperature check" will give us the information we need to better support you and further our common agenda!

If you have any questions, reach out to Jackie Bradley (<u>JBradley@LCMHA.org</u>) or your representative on the Core:

- <u>Cradle to Career</u> Tim Kelly, Kelly McNicol
- <u>Lenawee Essential Needs Council</u> Linda Needham, De'Angelo Boone, Laura Schultz-Pipis, Vickie Pfeifer
- <u>Lenawee Financial Stability Coalition</u> Clint Brugger, Ashley Vandenbusche, Angie Shepherd
- Lenawee Health Network Frank Nagle, Sue Lewis
- <u>OneLenawee</u> Chris Miller, Paula Trentman

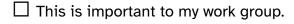
#### Section 1.

- 1. Which work group are you checking in for? *(Please select only one)* 
  - Continuum of Care
  - Cradle to Career
  - Hunger Free Lenawee
  - Lenawee Financial Stability Coalition
  - Lenawee Health Network
  - OneLenawee
  - Transportation Task Force

# Please select the answer(s) that best describe how each statement relates to you and your work group.

- 2. People feel physically and psychologically safe.
  - $\Box$  This is important to my work group.
  - □ I personally advocate for this in my work group.
  - $\Box$  This does not relate to my work group.
  - I don't understand the statement and/or how it relates to my work group.
- 3. Decisions are made with transparency and with the goal of building and maintaining trust among the people impacted.
  - $\Box$  This is important to my work group.
  - □ I personally advocate for this in my work group.
  - $\Box$  This does not relate to my work group.
  - I don't understand the statement and/or how it relates to my work group.

4. Opportunities are created for acceptance, understanding, and validation from people with shared experiences.



- □ I personally advocate for this in my work group.
- ☐ This does not relate to my work group.
- □ I don't understand the statement and/or how it relates to my work group.
- 5. Healing happens in relationship and in the meaningful sharing of power and decision-making.
  - ☐ This is important to my work group.
  - □ I personally advocate for this in my work group.
  - $\Box$  This does not relate to my work group.
  - □ I don't understand the statement and/or how it relates to my work group.
- 6. Every person's experience is unique and requires an individualized approach that builds on what they have to offer, rather than responding to perceived deficits.
  - ☐ This is important to my work group.
  - □ I personally advocate for this in my work group.
  - $\Box$  This does not relate to my work group.
  - I don't understand the statement and/or how it relates to my work group.
- 7. We actively move past cultural stereotypes and biases, are culturally responsive, leverage the healing value of traditional cultural connections, and recognize and address historical trauma.
  - $\Box$  This is important to my work group.
  - $\Box$  I personally advocate for this in my work group.
  - $\Box$  This does not relate to my work group.
  - □ I don't understand the statement and/or how it relates to my work group.

Taken together, these statements describe <u>Trauma-Informed Care</u>. The rest of the questions are about <u>Trauma-Informed Care</u>.

## Section 2.

	Yes	Νο	Don't Know
8. Does your work group use data to validate the need for Trauma-Informed Care?			
9. Have you ever attended a training about Trauma- Informed Care?			
10. Do members of your work group regularly share knowledge about Trauma-Informed Care?			
11. Do you feel confident applying your knowledge and skills about Trauma-Informed Care in your work group?			
12. Does your work group educate its members with foundational knowledge about Trauma-Informed Care?			
13. Does your work group have stable funding?			
14. Does your work group have a low level of chaos?			
15. Is your work group leadership committed to Trauma-Informed Care?			
16. Do your work group leaders model Trauma- Informed Care?			
17. Do your work group leaders embody Trauma- Informed Care?			
18. Are you personally committed to support Trauma-Informed Care in your work group?			
19. Are work group resources being directed to Trauma-Informed Care efforts?			
20.Is Trauma-Informed Care formally identified as a work group priority?			
21. Does your work group have a dedicated group of members who have been identified as Advocates for Trauma-Informed Care?			

If you answered "Yes" to Question 21 – please continue to <u>Section 3</u>.

If you answered "No" or "I Don't Know" to Question 21 – please continue to Section 4.

# Section 3.

	Yes	Νο	Don't Know
22. Do your work group's Trauma-Informed Care Advocates include people with lived experience in your work group's priority area?			
23. Is there a process for the Trauma-Informed Care Advocates to communicate and share information with the rest of your work group?			
24. Do the Trauma-Informed Care Advocates regularly share their knowledge about Trauma- Informed Care with the rest of your work group?			
25. Do the Trauma-Informed Care Advocates call into question policies and practices that are not trauma-informed, including power structures?			
26. Do the Trauma-Informed Care Advocates have a process for gathering information about opportunities for Trauma-Informed Care in your work group?			
27. Have the Trauma-Informed Care Advocates reviewed your work group's policies, practices, and environment with a trauma-informed lens?			
28. Have the Trauma-Informed Care Advocates developed a method to prioritize opportunities for Trauma-Informed Care?			
29. Have the Trauma-Informed Care Advocates created a work plan to address opportunities for Trauma-Informed Care in your work group?			
30.Do the Trauma-Informed Care Advocates monitor the work plan and use it to feed implementation efforts?			

### Section 4.

	Yes	No	Don't Know
31. Does your work group have a process to gain input and feedback from members?			
32. Does your work group have a process to gain input and feedback from the people impacted by its work?			
33. Does your work group use data to identify opportunities for Trauma-Informed Care in its work?			
34. Has your work group started to make a change to its policies, practices, or environment to become more Trauma-Informed?			

*If you answered "Yes" to Question 33 – please continue to <u>Section 5.</u>* 

If you answered "No" or "I Don't Know" to Question 33 – please continue to <u>Section 6</u>.

# Section 5.

	Yes	No	Don't Know
35. Has this change to your work group's policies, practices, or environment been reviewed and monitored?			
36. Has the change been modified, as needed?			
37. Has your work group started to make most of the changes that would be needed to become Trauma-Informed?			
38. Has your work group fully adopted a change to become more trauma-informed?			
39. Has your work group institutionalized a change to become more trauma-informed?			
40.Has your work group institutionalized most of the changes needed to become Trauma- Informed?			

#### Section 6.

41. Is there anything else you would like us to know?

Thank you so much for your time and thoughtful participation! Your answers are extremely valuable to the Core as we plan our next steps. Once we have the information compiled, we'll give all Core members a summary of the responses from their work group.

<u>Got questions before then?</u> Reach out to Jackie Bradley (<u>JBradley@LCMHA.org</u>) or your representative on the Core:

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